SEARCHING FOR COHERENCE

Volume II

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Seeking Coherence[1]

Volume II: Governance: The Development & Implementation of Social Policy

An exploration of the moral implications of the development & implementation of social policy within local government as it is and might be.

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1 Coherence: Systematic or methodical connectedness or interrelatedness especially when governed by principles; integration of social or cultural elements base on a consistent pattern of values and a congruous set of ideological principles.

VOLUME TWO GOVERNANCE

An exploration of the moral implications of the development and implementation of social policy within local government; as it is and might be.

SEEKING COHERENCE

PROCESSIONARY CATERPILLARS

Processionary Caterpillars feed upon pine needles. They move through trees in a long procession, one leading and the others following - each with his eyes half closed and his head snugly fitted against the rear extremity of his predecessor.

Jean-Henri Fabre, the great French naturalist, after patiently experimenting with a group of the caterpillars, finally enticed them to the rim of a large flower pot where he succeeded in getting the first one connected up with the last one, thus forming a complete circle, which started moving around in a procession which had neither beginning nor end.

The naturalist expected that after a while they would catch on to the joke, get tired of their useless march and start off in some new direction. But not so.

Through sheer force of habit, the living, creeping circle kept moving around the rim of the pot - around and around, keeping the same relentless pace for seven days and seven nights - and would doubtlessly have continued longer had it not been for sheer exhaustion and ultimate starvation.

Incidently, an ample supply of food was close at hand and plainly visible, but it was outside the range of the circle so they continued along the beaten path.

They were following instinct...habit...custom...tradition...precedent...past experience..."standard practice" ...or whatever you may choose to call it, but they were following blindly.

They mistook activity for accomplishment. They meant well, but they got no place."

Roche Performance Management System

THE ROAD TO HELL IS PAVED WITH GOOD INTENTION

Chapter 1 INTRODUCTION

In this volume, we will examine coherence as it applies to the evolution of a systematic connectedness based on the development and implementation of social policy and principles in regard to the management of the delivery of human services. We will examine the failure of public social policy and its implementation. It is our hypothesis that the inability of government to steer [set precise goals both for direction and measurement of accomplishment]; and to learn [identify discrepancies between goals and outcomes and design new alternatives to more optimally meet those goals] has left our society with a human services network which marches toward oblivion with very good intentions. We further suggest that the conflict of explicit and implicit social policy, the lack of consistent patterns of values and incongruous sets of ideological principles, and the technologies in use result in real harm being done to people with problems in living.

We will focus this exploration on the role of the local administrator of human services. Such local administrators might include a Director of Human Services, Children & Youth, Drug & Alcohol, Mental Health and Mental Retardation or a Superintendent of Schools. This focus is chosen, in part, because of the present political emphasis in regard to 'local control' and in part because of the increased business focus on total quality management, which emphasizes decentralization of decision making. The local administrator will need help in finding ways to implement the traditionally conflictual directions of 'public safety' and 'client development'. We will also offer suggestions as to how to overcome the learning disabilities so prevalent in such systems and to improve performance in these forty year old entities which give every indication they are on the brink of collapse.

Performance is always a measurement against a standard. The standard is defined through a clear articulation of a goal, the development of indices with which to measure accomplishment, collection of the data regarding indices and comparing the data to historical benchmarks. Ending finally, with the development and reinforcement of best practice identification. As this learning occurs, it creates the improved methods for reaching the goals. Since present social policy has a conflicted goal, it has allowed the continuation of methods which have proven ineffective for the

explicit mission, while marginally effective for the implicit producing for the local administrator an apparent “no win” situation.

This is also a volume about people with problems in living who are affected by this lack of coherence and the organizations that are set up to help them. The question of coherence in managerial methodology is every bit as concerning as that of direction[2]. While much of the enclosed material is oriented to the mental health system, this is simply to illustrate the worst case scenario. All health, education and welfare services suffer to some extent from the same chaos of structure and purpose. If there is anything to be learned by this discussion, it is applicable to all such systems.

Background

Services to the mentally disabled have historically been a responsibility of state government, which prior to 1965, was largely oriented to the maintenance of public institutions for persons suffering from mental disorders. Even now, approximately two-thirds of the per capita expenditures of state mental health agencies go for mental hospital programs [Schinnar - 1989]

This scenario describes vividly a public social policy which emphasizes *protection of society* from people with problems in living with an *out of sight, out of mind* service delivery process. Recently, public social policy has begun a shift as Congress in 1985 encouraged a new review of current implementation. This review, occurs some forty [40] years after public outrage at the *snake pit* facilities which housed our most atypical people and reflects the failure in that forty years of reform.

The state mental health service planning encouraged by Public Law 99-660, Title V. was supposed to create a very different process from the service planning of the previous decades, with the result that there would be decidedly different outcome. The service planning stimulated by this new legislation was to be influenced by a philosophy and a set of values that contrasted markedly with past service planning [Anthony, et al -1990].

"Stimulated by a developing consensus about the underlying philosophy of community support and rehabilitation [Anthony - 1982; Parrish - 1989; Turner & Tenhoor - 1978], mental health planning is riding a wave of optimism about what could be..."[Anthony, et al. - 1990]

Despite legislation, new philosophies and enthusiasm, the mental health system continues to be highly medical model oriented, controlled by physicians and without real change. In examining that failure, with the hope of avoiding its replication, we might start first review planning process itself;

Developing Social Policy[3]

> *"*...the problems of public policy are not given. They are constructed by human beings in their attempts to make sense of complex and troubling situations, often in the context of the *disaster produced by the last solution*. Problem settings are artifacts in their own right, and they determine the directions of problem-solution" [Schon - 1980]. [Emphasis added]

The development of social policy for the local community is a major function of the human services administrator and is a critical element in the development of a learning organization. While it is true that much of that social policy is developed and handed down from the federal and state level, the task of local exploration cannot be simply ignored. Our society is politically a representative democracy and the local community has elected officials who have employed an

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2 For a more complete view of the theory and methodology of practice, see Seeking Coherence - III

3 In setting the stage for an examination of the local human service administrator's responsibilities in the development and articulation of social policy at the local level, I was fortunate enough to come across Scott Buchanan. Mr. Buchanan's writings, often prepared for discussion with associates at the Center for the Study of Democratic Institutions most often focus on the law and the educative content that the development and implementation of the law hold for the common man. As part of that discussion, Mr. Buchanan in 1967, wrote "So Reason Can Rule", which discusses the Constitution and the segmentation of executive, legislative and judicial duties. I found that discussion particularly apt to the development of social policy. Since I am changing the context of Mr. Buchanan's meaning, I do not wish to impugn his work by blaming him for this interpretation. However, I owe many of the words to him. In order to give credit to his words, but not the new meaning, I have italicized those I have used.

administrator to shape local public policy to their needs. Additionally, we have begun to understand that in ecological terms, the microsystem has as great an influence upon the macrosystem, as the other way around. Thus the incumbent administrator, multiplied by his/her peers helps to create state social policy; and state human service administrators, multiplied by their peers, helps to create the national policy.

No governmental administrator is 'held harmless' in the development of policy. The local administrator cannot simply pass along federal and state policy. This is consent through silence. The process of such localization requires local decisions and despite the similarity of direction received by each locality from the state, any examination of local programs will demonstrate local differences. The question that must be addressed, is whether these differences are to be developed consciously with an awareness of content and process [*reflection and choice*], or whether they are to happen by accident and force.

If the local administrator is to develop social policy by reflection and choice, it will require both theoretical and practical reasoning. *The aim of practical reason is different from the aims of [theoretical and speculative] reason and its criteria of rigor and validity are different. It necessarily aims at the good, and cannot escape the question of value. Although it needs to know how events take place and must account of causes, it is directly concerned with the ordering of means and ends, with final causes.*

Final causes, outcome expectations, must therefore be a significant part of the practical reasoning process if the social policy is to have the impact of workability. In the final analysis it is the matching of such outcome expectations with stated social policy that allows for review, measurement and ultimately, improvement. The local administrator is charged with making the local human services system work. The development of workability requires that the local administrator develop a process which defines not only outcomes expectations, but the means for identifying and measuring whether such outcomes have been met. It is very important to note that the outcome or final cause indicators are *cumulative*, not *formative* or *summative*. By this we mean that social policy or mission indicates what is expected to take place in regard to *many* people, over a *series* of events over a period of *time*. As we shall see later, the emphasis on

consumer determination of quality and direction will demand, in addition, an *individual* goal and outcome expectation which will contribute summatively to the cumulative outcome.

This is a rough description of a very complex process, but one feature of it seems to be crucial - the first grasp of the [policy] *hypothesis. This corresponds to, if it is not identical with, Aristotle's intuitive induction.* Aristotle, as we note elsewhere, has indicated the need for a **fundamental truth** which is intuitively understood although it can be neither proved nor disproved. The fundamental truth of local social policy must grasp the local reality and discover the means to reach local outcome needs. [This] *intuitive induction - the generalization of information - is demanded, but it is also helped by the imperative to do justice, make order under freedom, and restore peace to the community. His agency and his insights are like those of a judge. He must see the justice and injustice in the complex situation and find the* [policy] *that will discharge the community's responsibility, not only in the instant case but for all similar cases.*

This means that a [policy] *hypothesis is not merely a generalization from facts and verifiable by facts; it must meet additional criteria. If it is to become* [policy]*, it must transcend the welter of facts and pressures of persuasion and become* ***a rule of reason*** *that will persuade free human beings to cultivate new behaviors, actions, habits and new institutions as means to the common good. Too often* [social policy] *reason tries to meet these criteria by simply adding a penalty to the primitive* [policy] *hypothesis. There is some semblance of validity in this appeal to force, since a behavior and habits can be formed by coercion, and it is said that a political community has a monopoly of power to accomplish that. But for any human community, it its a* ***cruel regression to the lower levels of civilization****, and it is merely an illusion to suppose that coercion is the basis of law and order.* [emphasis ours]

The leverage of persuasion is the reasonableness that can be imbedded in the [policy] *and it is to this that the consent of the governed is given. This consent can be reduced to the superficial consent that exists in popular opinion and it is in this sense that a* [policy] *seems to be the generalization from particulars. There is an illusion in this as there is in the use of coercion. The literal expression of the will of the people...can be very deceitful. If the* [policy] *is to take root in*

the habits of free citizens, it has to be framed so that it is available to the intelligence of everybody. As a good teacher must respect the intelligence of his pupils, so the law must appeal to the sense of justice of the community.

The problem is essentially a generalization from problematic conditions and needs of the society in all their variety and complexity. The human service administrator must keep in mind that the policy represents and must be consented to by the people it serves as well as those it might be conceived to protect. People with problems in living are a part of the community and part of the governed who give consent. Even if reasonable people would choose to debate that at some points, the consent of the "unreasonable" is not necessary, it cannot be affirmatively argued that such unreasonableness is always the norm, even in the most "psychotic" of the people.

This is the truth that lies behind the myth of the social contract: the citizens have made a contract to surrender their individual rights to the popular assembly or its representative parliament, which in turn has agreed to ***abide by the process of deliberation and the rules of reason****.* [Emphasis ours] *It does not change this fundamental constitutional process to admit that the results are sometime imperfect and have to be supplemented by police action. The sanctions are not the basis of law; they are auxiliary aids of law to deal with the gap between reason and habit. If the* [policy] *turns out to depend for its effectiveness just on force alone, it is not a* [policy].

To be sure the [Administrator's] *power of persuasion is very great because* s/*he is acting under the law, but it is still only persuasion. ...The executive operates under an assignment to administer a general rule of reason so that it can be carried out by many groups and individual citizens.* The social policy must not only be reasonably developed, but must be articulated in a manner which enables the provider organizations and their individual staff members to participate in its implementation in a reasonable and planned manner.

The men [and women] *who fill the offices of government* [or act on behalf of the government, as in the case of provider organizations]*...have to understand in order to obey, and they have to understand well if they are to enlist the obedience of other men* [and women]. *The sequences of*

Hegelian logic would seem to be more apt: the superior officer issues an order or a thesis; the lower officer or officers assert an antithesis that is more specific and full of circumstantial considerations; and these are followed by executive deliberations which result in synthesis.

The shaping of social policy is an interactive one which requires the skills of both teaching and listening. The local administrator cannot be in a position of ignoring local opinion any more than they can accept a literal interpretation of it which allows social policy to be protective of the majority at the literal destruction of those with problems in living. *The major premise of practical reason is the statement of an end or purpose that requires the discovery and ordering of means. The* [policy] *may indicate what these are, but the application may involve the invention of institutional and technical means and their actual management in order to achieve the* [policy] *intent. If the enterprise is novel enough, there may have to be new skills acquired on the job. Know-how will have to be added to expertise. Goodwill and morale will have to be added to patience and fortitude.*

The development and implementation of "know-how" will be particularly important if the development and implementation of social policy is different than it had been in the past. One cannot merely be an implement of that past. *...It appears that the officers of the bureaus, having been chosen in the first place from the knowledgeable members of the private organizations, are acting in collusion with their former associates, and the regulated are the regulators.*

To those concerned with the rule of law and reason, administrative law presents a vast problem in jurisprudence in an increasingly bureaucratic and technological society. The development of social policy is dependent to some extent upon the development of a body of abstract reasoning [theory and philosophy] *If the ... social sciences wish to become professional, they need to discover and formulate such judgments both for themselves and for society. But in order to do that they will have to become* ***philosophical enough to distinguish between truth and workability****.* [Emphasis ours]

Local administrators who fail to identify the "ordering of means" to reach an "end purpose" or who eschew "philosophy" as only a waste of time are failing to understand the importance of their role and function and become only custodial representatives of an inarticulate majority.

Planning

Planning is essentially a process of collecting information which will enable one to make decisions about some future point or goal. When one talks about planning in the context of human services one needs to collect a great deal of information from diverse fields; reach consensus about the relevance of that information to groups and individuals; to make decisions about various components of systems regarding the best possible strategies and tactics to meet an agreed upon mission.

One of the most consistent failures of human service planning concerns the failure to identify and articulate a clear and agreed upon goal. Generally human service goal delineation falls into two disparate parts; first, there is the goal to help individuals with problems in living improve their functioning so that they can improve their lives, and second, there is the goal of protection of society from those people who, because of their problems in living, are unlikable, poor, powerless, unclean and possibly dangerous. This is, to some extent, the traditional political debate in regard to individual rights and social justice. While any political debate in a democratic society must seek a balance between freedom and equality, it cannot become workable when the polarity rather than the balance is emphasized.

The failure of goal delineation happens in two ways: first, there is a tendency of government bureaucrats to not define any goal in a manner in which one could be held responsible for failure to attain it, and second, there is often a dichotomy of interest which is left unaddressed. The result is often a goal statement that means different things to different people and/or one which explicitly articulates a goal which is *implicitly* contrary to the stated intent. Social planning and policy thus becomes an exercise in rhetoric, rather than a principled debate leading to an agreed upon plan of action to meet intended outcomes.

Ultimately, the process of planning leads to decision making about the development of systems [problem solving mechanisms] and the participants in the decision making process often include a group of people with widely different frames of reference. Often the information about such decisions is unevenly dispersed and the critical concepts of the decision making are *incoherent* to many of the participants. Incoherent, in this context, means that the people involved are unable to relate to these concepts with their present belief system and therefore find them at best, *metaphors* for what they want to believe and at worst, reject them out of hand.

Reasonably simple concepts such as "community support" ranges in a participant's understanding from a) being a service which is located in the community [meaning a highly medical, restrictive program become community-based if it is located within a non-traditional site], to b) being the development of normal supports in valued settings by nonprofessional lay people who happen to come into contact with the person with problems in living[4]. Such widely disparate interpretations of the concept are debilitating to the planning process and tend to enable the status quo to be maintained.

Concepts

When talking about management, there are certain concepts which might seem to be quite apparent, but are often hidden by their obvious nature. The three concepts that are important to us here are the concepts of systems, networks and negotiation.

Dictionary definitions are not always helpful to understanding these concepts although they do give us a place to start. Webster's Third New International Dictionary gives system this definition: *a complex unity formed of often many diverse parts subject to a common plan or serving a common purpose.* What is of most importance to us in this definition is the reference to the unity of purpose. What is required in any system is a unity of purpose. The number of

4 The "cutting edge" concept of community programs is to provide supports to individuals with problems in living through members of their family and the community; provide whatever professional service that needed to subsidize the community in places "where people are", meaning in normal settings where these people would be if they did not

diverse entities are not relevant as long as such a unifying principle exists and is pursued. What is more, the system ceases to be a system when it is no longer unified, thus a self corrective system will always have **corrective response** which will enable the purpose to be met. This corrective response obviously cannot be effective if the goal, purpose or outcome is unmeasurable.

The traditional method of describing a system is to compare it to a plumbing or electrical system. These systems have a single purpose and every effort is made to see that the system stays on that purpose. Leaks and shorts are fixed as soon as it becomes apparent that the system is no longer supplying sufficient power or water, and in fact, meters are used to monitor the level of pressure or energy so that rapid correction can take place. In this analogy, we *contain* the water or electricity, *direct* its flow and *monitor* its intensity to assure that the system is still working. When we attempt to translate this analogy into a human services system, we create a traditional management system, which is know as a "*command and control"* system. Using this metaphor for a human service system, management's job is to *control* the energy and activities of staff to assure that things get done in a manner which will achieve the expected ends; and then to monitor the progress towards that goal and *fix* problems. The control of energy and activities is through the development of credentialing and regulatory procedures. We insist that each person have the credentials to carry out the process and then specify the ingredients of which the process and context shall consist. i.e., there will be one staff per five clients; the records will contain...; the process shall include..., etc.

This analogy has led to forty years of command and control management through an *expert* model, in which the expert [top manager in the case that we are to examine, often a person at the state or even federal level] plans exactly how everything is to be done, and then the local manager credentials his or her staff and commands them to follow all regulations. Monitoring is done through various *meters*; audits, license reviews and internal management objective reviews. This focus on **process** has generally led to dismal failure. Not only does it reward the wrong things [strict observance of rules; credentialing of input, not output, etc], the purpose for which

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have problems in living, and using the strength and dignity of the individual to participate in full community membership to the full extent possible.

the system was designed is not even clear and goals are never met. The management system ignores the real experts [those being served and those who work directly with them] and in fact, blames the worker for everything that goes wrong when they fail to meet regulations. Thus *no good deed goes unpunished* -- staff who break rules to help people, often lose their jobs.

If we would like to improve our analogy for human service systems, we might try a comparison to a living organism. In a living organism, the *mission* or purpose, is imbued in the DNA. This code tells each part of the system how it is to function and each carry out the individual functions to reach the teleologic goals. However, even this analogy has difficulties since the cells of the body form in concert with the teleologic goals embedded in the code, but they cannot do otherwise. Individual cells do not make decisions about what is right and wrong; but human beings do. And as humans, we often disagree about what is best and how we should do things. Thus the first factor necessary is to get free decisions from each individual that they accept the mission of the organization. This is not quite as easy as it seems since language is quite ambiguous and allows for great latitude in interpretation. So our dilemma is how to get individual people to freely accept and support the concept of a teleologic intent. So perhaps we need to reconsider our disavowal of the command and control system; perhaps, staff have to be told what to do and how to do it.

Of course we all know that this doesn't work and we have many years of proof. We suggest that a new management focus on **outcome** holds at least the potential for such group unification of purpose. In this management style, the manager attempts to gain an understanding and agreement on a limited part of the overall system functioning and that is the expected outcome. The debate for human services then is directed towards what we hope to have happen as the result of the systems existence and the services and supports that it provides to people with problems in living.

There is still the difficulty in getting the nuances of language to define outcome well enough that people can understand it sufficiently to commit themselves to it. Unlike a profit making business in which profit is a concept that is well understood by all, human services still have to deal with a dual focus: 1) growth and development of the individual with problems in living, and/or 2)

protection of society from people with problems in living. However, it would seem apparent that even the most ardent supporter of societal protection might be able to agree that the only *ultimate* solution to potential danger from people with problems in living is to resolve the underlying problems so that these newly mature, educated, well-balanced citizens will avoid doing those aberrant things from which society will need protection. The difficulty with this propositions is, of course, the concern that such successful outcome of help is not possible. And in circular fashion, this contention is "proven" by the history of failure.

As a result, many of the stakeholders may simply not believe that people with problems in living can be helped [or at least helped sufficiently to eliminate the threat]. And this is critical to the potential for success, since all staff **must believe** that the people with problems in living can and will, with proper supports, learn to live as the majority of people in our society do if it is ever to happen. Without such a belief, any system of service delivery is doomed to failure. This is the glass half full/half empty test. As Henry Ford is reported to have said "If you believe you can or you believe you can't; you're right". No amount of credentialing will do it for you. In fact, with the present credentialing methods, it is highly likely that the very people with the best credentials are the *least* likely to believe that people with problems in living can learn to live better since they are overwhelmingly oriented to pessimistic explanations of why people have problems in living in the first place.

If such ambivalence is to be overcome, it will only be able to happen based on *evidence*. Client improvement on an individual and collective basis will need to be demonstrated. The glory of the outcome oriented system is that it is a **self correcting** [learning] system. If it does not demonstrate the appropriate outcome, the process must change until the outcome is reached. This is not true of the traditional command and control system which concentrates upon process. In the traditional system, outcome failure can always be blamed on some breach of procedure or rules which indicates that the organization and/or its staff is not carrying out the process properly. We can always find such examples, particularly when the process is so banal and fraught with flaws that the direct service worker breaks the rules with aplomb either because it is the only way to help those being served, or more often perhaps, because of a feeling that the monitors will need to find something wrong in order to justify their jobs anyway, and the things

that are asked to do make no real sense, so why do them. Therefore the process is never done exactly as required and thus **never** needs to be changed except perhaps to take more stringent action or get more money to hire more people or do more training or whatever. Thus the construct is that we identify process breakdowns and that if we can make the process work correctly, it will have a positive impact on clients. This thesis, of course, cannot be tested, since we have never done the process correctly. And, so the theory goes, **if** unlimited resources were available, we could improve the process and everything would work just fine.

The role of management in the outcome oriented system is, as Gaebler and Osborne [1994] have defined, to "steer, not row". Management has a responsibility to define the purpose of the system so specifically that the staff and the general public will have no difficulty in understanding what outcome is expected. Then it is to a large part, up to the people providing the service to decide how to best reach these outcomes. The creation of alternative process, which are tested and then improved is what is critical to this focus.

This does not mean that there is no ability to address means; management has a responsibility to ensure that the means are humane, dignified, legal, moral and ethical. They may also scan the environment for "**best practices** which *work* and provide these ideas as suggestions to their subordinates and provide training in these areas if the subordinates desire it. But the major responsibility for **how** the outcomes are reached belongs to the subordinates. Each person in the chain of command has a *responsibility* to contribute to that outcome expectation and to be creative in their approach. Thus the group mind becomes a part of the creative process of designing programs to reach outcomes. More importantly perhaps, the dignity of each individual in the process and their contribution to the outcome is recognized and supported.

Management also has a responsibility to develop indices with which to measure outcome and to collect data which will identify what innovations are working and which need to change. The development of best practices can only occur if such data are clearly collected and used. We will pursue this further in other areas of this book, but the collection of *formative*, *summative* and *cumulative* data and comparison against a baseline, over time, with appropriate corrective actions will begin to define a system which has a *continuous quality improvement* focus. Such a system

is a **learning** system, designed to review what is happening, compare that performance against benchmark data, try new technologies, define those that work and those that do not [also the staff that are productive and those who are not] and make the necessary corrections. The "learning disabilities" of the command and control system are thus corrected.

This process harkens back to the Hegelian dialectic, as presented by Fukuyama and discussed earlier, which suggested that the first [thesis] and second [antithesis] order of thinking are prone [upon rigorous analysis] to develop into a third [synthesis] order of thinking in regard to self-contradiction. The first order [demons], replaced by a second order [environment: nurture], replaced by a third order [biogenic: nature], replaced by another order of creative self-determination; each order leading to more satisfactory, less self-contradictory order of thinking. The policy makers learn through emerging contradictions that new, transformational forms are needed and seeks to develop new *ideologies* which support the natural growth towards more satisfying experiences.

But how would we know whether there will be 'contradictions' in the proposed order? There are essentially two approaches to this problem. In the first, we would test the proposition, observe the actual course of historical development to see whether there is a demonstrable pattern to history that indicates the superiority of one particular form. This is the "learning organization" process being described. Just as a modern economist does not try to define a product's "utility" or "value" in itself, but rather accepts the marketplace's valuation of it as expressed in a price; we would allow a "market test". In general, however, social policy is devoid of a market test in the true meaning of the term. There is no *competitive* market to fashion customer preference. Even so, there is every evidence that the traditional order of thinking and the problem solving system that it engendered, has failed. Self-contradictions abound in the biomedical/psychodynamic model which would quickly collapse, except that those who are demeaned by it have no voice and all others gain substantially. The master/slave result of a battle over prestige is the outcome and the slaves are the only ones dissatisfied.

But how do we know that an apparently victorious social system, such as we hope for our proposal, is not illusory, and that the progress of time will not reveal new contradictions

requiring a further stage of human historical evolution? Without an underlying concept of human nature that posited a hierarchy of essential and non-essential human characteristics, it would be impossible to know whether this apparently satisfying social policy represented true satisfaction of human longings. With such an underlying concept of humanity, we have the opportunity to compare our new ideologies with our conceptual understanding. This alternative approach might be termed a "trans-historical" one, an approach based on a concept of nature. That is, we would judge the adequacy of the transformational system from the standpoint of a trans-historical concept of man. We would appeal to an understanding of human nature, those permanent, though not consistently visible attributes of man as man and measure the adequacy of contemporary against this standard. This approach would free us from the tyranny of the present, that is, from the standards and expectations set by the very system we are trying to judge.

The mere fact that human nature is not created "once and for all", but "creates itself in the course of historical time", does not spare us the need to talk about human nature. Either as a structure within which man's self-creation occurs, or as an end point or *telos* toward which human historical development appears to be moving. This *philosophic* definition of preferred outcome and the debate regarding how to develop a problem solving mechanism [system] which is capable of dispensing "solutions" is critical to true policy development. We cannot discuss the long-term prospects for this transformational system, its appeal to people who haven't experienced it, and its staying power for others long used to living by its rules, by focusing only on the "empirical" evidence presented to us by the contemporary world. Such evidence is too contingent upon the beliefs and actions of the masters. There is some leap of faith required to develop such a social policy and to seek its implementation.

This perhaps brings us to the concept of networks. Webster defines network as : *a fabric or structure of threads, cords, or wires , that cross each other at regular intervals and are knotted or secured at the crossings.* This is not overly helpful definition for our purposes, but the concept of a net which is held at one corner might help to give sense to the network of human services. Ultimately, it is a pyramid, with linkages down the ladder to a single point as well as up. In human services, there are systems built upon systems in a network which goes upward to what?; perhaps the President of the United States, and downward to the individual person with

problems in living who is to be served. The local human services administrator is somewhere in the middle of that network. If we start at this point, however, we see that there are at least four different systems underneath: finance, personnel, information and operations [service delivery], although we will argue strongly at a later point that research and development is an enhancement that is virtually mandatory in an outcome focused system.

Each of these technical systems is connected to the administrator and can be traced down its own pyramid. Each much be as connected to outcome as the other. These four systems then connect to vendor organizations, which equally have at least these four systems underneath, each of which goes on down the line, until finally the direct service worker has a series of systems to work with [clients and their families; collaborative agencies; community; etc.]. Each one of these individual clients is a part of a system as well; family, community, etc.

The interesting thing about a net [and our network] is that you can turn it upside down [hold the opposite corner, and it appears the same. The individual client must steer, not row. The person with problems in living must decide what is the appropriate outcome for them; they must define quality. Failure of this individual to define quality leads to continued failure of the system to help. Like the old adage, good advise is that which agrees with what you have already decided; good services can only occur if the goals, objectives and desires of the person with problems in living is **coherent** with the expected outcomes of the serving organization and the serving organization is only **coherent** to their clientele if they are striving to reach outcomes defined by the person being served.

Resistance to services is often seen as part of the client's problems in living, instead of part of the system's problem in delivering services. In fact, it is probably not either/or, but is a problem of and for both. At each point in the network, there is a responsibility for coherence. There must be an agreement to goals, but a freedom of processes. People closest to the action usually have the best perceptions about what will and will not work. They need to be given the freedom to seek creative solutions. At the same time, management **must** measure outcome and if outcomes are not reached, changes must be made. In addition, they must measure both system outcomes and individual outcomes, and recognize that they may distort each other. We will discuss this

construct more later. Failure is not pathological. It is part of a learning experience; or should be. If we abandon unworkable solutions and try to improve better solutions, the system becomes a learning organization; one of continuous quality improvement.

A major system skill, therefore, becomes **negotiation**. Webster suggest that negotiation is *to communicate with another so as to arrive at a settlement of some matter: meet with another so as to arrive through discussion at some kind of agreement or compromise about something.* Managers must negotiate and reach agreement with subordinates about outcomes and practices. The author disagrees about reaching **compromise** in this context, however, since the mission of the organization cannot be compromised at each turn. But the staff must agree, in principle, with the intentions of the organization, and individuals who find such agreement impossible must leave. This should be a professional judgement by each individual, but often the need for employment is more salient than the need for professional principles. The potential for the outcome oriented system to "weed out" such nonbelievers and maintain a coherency is substantial. Those who do not believe in the mission are likely to fail to achieve outcomes, and if they do not fail, their belief systems become irrelevant. However, if they do fail, this must be identified and changed.

Service workers in turn must negotiate with clients about expectations and results. The world does not owe people with problems in living; part of the difficulty in living that many people have is their inability [or unwillingness] to take responsibility for their own lives. The outcome oriented management focus demands responsibility of **all** the people in the network, including the people being served. The proposed human service system will no longer be seeking "dead men" [The dead man test implies that the more people with problems in living act like dead men (not misbehave) the more "cured" they are], but rather seeks **functioning citizens** and such functioning requires the taking of individual responsibility. Just as the staff are self directive in seeking solutions to the required problems in order to reach appropriate outcomes of growth and development, so too the clients are required to be self directive as well. This is a network and the whole human fabric must function responsibly if it is to work. Thus, responsibility is **rewarded** in place of compliance.

The whole network must become a **learning environment** through the collection of formative, summative and cumulative data. Process can only be improved when measured against a standard, and the ultimate standard is the nature of man. To be coherent, this network of human fabric must have a systematic or methodical connectedness or interrelatedness *especially* when governed by principles or values. Management must assure the principles and overarching goal in order to develop a coherent network.

Strategies

It is fundamental that 1) the objectives of such group planning decisions, 2) the purpose for which the decision is made 3) the outcome which will satisfy that purpose, and 4) the indices with which to measure that outcome be agreed upon and articulated in a mission statement as the result of planning. It is the failure of this initial agreement on mission which hinders proper outcome even in ideal decision making situations. If a system is a problem solving mechanism, it first requirement is to frame the problem and to make a "solution" statement indicating what results will satisfy the need. Unless implicit agendas of all the stakeholders become explicit, there can be no plan which can be successfully implemented. Thus, good planning must, in some context, be *confrontational*; each participant must challenge directly the ideas, beliefs and values of others to determine the appropriateness of what is being discussed. In this sense, planning becomes an evaluation of what is possible. What will the system accept or at least tolerate in its transformation? Even "ideal" systems do not work without the commitment of the participants. Since the prophecies become self-fulfilling, the planners are in search of the "best" or most fitting results possible under the circumstance; not the "right" or "ideal" results.

Unfortunately, human service people tend to avoid confrontation and keep their opinions about what is right and good to themselves. There is little Socratic dialogue. The most important issue seems to be *political correctness* rather than a true confrontation of the significant issues regarding services to people with problems in living. Those that are exposed are articulated in terms of *thymos* [the desire for recognition], rather than reason. The issues become the prestige over which we battle. Reason must prevail.

Once the mission statement has been defined and accepted, the strategies and tactics for implementation may be developed. “There are many ways to skin a cat” and the selection of strategies should identify many alternative ways to achieve the mission outcomes. In selecting strategies, it is important to know what the *key decision determinants* are. Tregoe & Zimmerman [1980] suggest that there are nine basic strategic areas for making decisions regarding profit making businesses. While all nine areas are critical for every company, *one and only one* should be the Driving Force for the entire organization.

- **services offered** includes whatever an organization offers to the market it serves.
- **market needs**: A market is a group of current or *potential* end users who share a common *need* [e.g. mental health]
- **technology**: is a learned body of knowledge which is reproducible and subject to frequent update and extension and includes the skills and knowledge possessed by those within the discipline [e.g. Cognitive behavioral management OR psychotherapy]
- **production capability** includes the production know-how, processes, systems and equipment required to make specific products. In service organizations, the production capability includes those processes and skills required to provide the service(s) and any necessary support materials, procedures, programs, etc.
- **method of sale** is the *primary* way an organization convinces current or potential customers or users to buy [uses] its services.
- **method of distribution** is the way the services reach the customer. In recent years human service organizations have expanded the shift from *facility based* distribution to *where the client is* distribution. This would also include *time* availability, as one organization is open evenings and weekends, while others continue on a nine to five basis.
- **natural resources** are the actual and potential forms of wealth supplied by nature including coal, oil, metals, wood, water, etc. As such there is probably no legitimate human service comparison.
- **size/growth** of an organization is defined as its overall size and/or rate of growth as measured by the most appropriate indexes. For some organizations, size is most

important and rate of growth is how to get there. For other organizations, rate of growth is most important and size is only the result. Since size/growth is often an interim Driving Force, all organizations will occasionally choose it.

- **profit or return** is the financial result of an organization's effort.

These key determinants provide subtle clues as to how planning participants perceive the world and can be helpful in framing the mission statement and securing its validity. For example, if the overriding decision determinant is the market, [mental health clients], the question regarding use of medication, psychoanalytic therapy or cognitive/behavioral skill building is easier to debate. On the other hand, if any one of these technologies is the *predominant* concern, it is easier to discuss the full range of people with problems in living who may benefit from it. If participants are unwilling to discuss the make up of the market; perhaps the discussion should develop around the technology and vice versus.

All of the determinants are important decision tools, and the ones that are not predominant become secondary scanners. The decision about predominance, or the key determinant can help to shape the strategy decision regarding the best possible method of meeting the mission and carrying out social policy in the local arena. For example, if the decision is that the technology is predominant, the unifying of public agencies whose target populations can be effectively served by the technology becomes a possible strategy; on the other hand, if the market is the *driving force*, such a outcome is unlikely, if not impossible.

"[M]uch of an organization's resources and capabilities, its plans and structure, its decision making and problem solving- in short, all of its important activities - are ultimately directed toward its [services] and markets. Thus, the most fundamental strategic decision is: What should be the scope of our [services] and markets be" [Tregoe & Zimmerman - 1980]? Not many human service organizations answer this question. Such organizations seem to go where the funding takes them without regard to the realization that *awareness* about the determinants and the decision that flow from them can open potentials for alternate funding. "Top managers who do not consciously set strategy risk having their organization's momentum or direction developed

implicitly, haphazardly or by others inside or outside the organization" [Tregoe & Zimmerman - 1980].

There "are two facets which are critical to the survival of all organizations: *what* the organization wants to be and *how* it should get there. While both these facets are integral to long-range thinking, they must not be confused." "Since what an organization wants to be sets direction, it must be formulated prior to long-range planning and the day-to-day decisions making that follow from such planning" [Tregoe & Zimmerman]. If the local governmental agency decides on a strategy of steering, not rowing, its organizational architecture is quite different than if it decides to implement direct services themselves. These are local decisions based on local needs.

The *conscious awareness* of the *personal*, *professional* and *organizational aims* and their integration into a conscious mission, goal, direction, are critical to the organization's ability to perform and to measure that performance. It is not a question of what is *right*, for that is a value judgement that can never be identified. It is a question of an organization consciously choosing what it will do and then making every effort to develop strategies and tactics to accomplish that mission. Organizations without such awareness can be quiet efficient, but this simply makes them arrive at the wrong intention more quickly. More usually, such situations result in an organization pulling itself in several different directions at once.

Tregoe and Zimmerman compare the strategy and operations relationship in the following illustration:

TURN IT OVER

WHAT HOW	CLEAR	`UNCLEAR
EFFECTIVE	I Clear strategy and effective operations have equaled success in the past and will in the future.	II Unclear strategy but effective operations have equaled success in the past, but success is doubtful in the future.
INEFFECTIVE	III Clear strategy but ineffective operations have sometimes worked in the past in the short run, but increasing competition makes success doubtful in the future.	IV Unclear Strategy and ineffective operations have equaled failure in the past and will in the future.

If an organization or system lacks direction, its functioning is likely to be incoherent. The sets of beliefs [organizational truisms] will merely be a combination of the personal truisms of each of its members. Such a collection is quite capable of functioning with the dichotomies of conflicting values as long as no one is willing to *specify* definitions and/or confront others on precisely what they intend. What results is an organization or system, which is capable of fulfilling unintended or hidden agendas without regard to the explicit statement of intention.

The use of the driving force concept is to insist that leadership stakeholders become aware of exactly what is their personal driving force; the key determinant which leads them to make decisions and to make these observations available to others. That each individual's cutting edge decision key is likely to be incoherent to the other participant will merely indicate the state of the field. It is the sharing and confrontation of views which uses the creativity of the individual members to creatively shape a direction and goal.

Tactics

After the development and choice of mission and strategy, the process for the development of operations or implementation tactics must begin. Since public social policy has been quite incoherent over time; reaching for explicit goals without clear awareness of meaning, implementation has resulted in repeated failure. After forty years of chaos, with both professionals and clients alike in a limbo of progressive professional values and regressive professional implementation, change to services which can be effective in meeting positive client growth and development operational objectives will be difficult to articulate and define. One of the tactics which *must* be undertaken after reaching a clear and articulate mission and driving force, therefore is *training*. Failure to train direct service staff with regard to the *mission* and *strategies*, is to have people operating on their own personal truisms, which can lead to very incoherent service system indeed.

For our purposes, it is useful to recognize that change has both a technical and a social aspect. "The *technical* aspect of the change is the making of a measurable modification in the physical routines of the job. The *social* aspect of the change refers to the way those affected by the change think it will alter their established relationships with the organization" [Lawrence - 1963]. The best results are delineated through the variable of social change. "...a real understanding, in depth and detail, of the specific social arrangement that will be sustained or threatened by the change or by the way it is introduced..." is vital to the planner. Defining the best way to do the job and getting the people involved to do the job that way are quite different things. The technical aspects are relatively easy. The social aspects require a true understanding of who gains and loses power...whose "ox is being gored".

It has been suggested that the planner/change agent is likely to have blind spots - "One such blind spot is "self-preoccupation". The change agent becomes so engrossed in the technology of the change s/he is interested in promoting that s/he can become wholly oblivious to different kinds of things that may be bothering people" [Lawrence - 1963]. Another blind spot is to acknowledge the strengths as well as the weaknesses of firsthand experience. Change agents often fail to appreciate the fact that even though they themselves may have a superior knowledge of the technological process involved, the present system operators may have a more practical understanding of how to get the changes made. They can not only spot practical difficulties in the ideas and iron them out before it is too late, they can also take advantage of their intimate acquaintance with the existing social arrangements for getting work done. Finally, Lawrence suggests that they can use this kind of knowledge to help detect those parts of the change that will have undesirable social consequences.

The last blind spot of planner/change agents is the recognition that it takes *time* to put changes successfully into effect. Time is necessary even though there may be no resistance to the change itself. When planners begin to lose patience with the amount of time these steps take, the stakeholders begin to feel that they are being pushed. The situation is aggravated if the change agent mistakenly accuses the stakeholders of resisting the idea of change, for there are few things that irritate people more than to be blamed for resisting change when actually they are doing their best to learn a new and different procedure.

In the final analysis, however, resistance to change is seen as best overcome by <u>getting the people involved in the change to participate in making it</u>. However, participation, as Lawrence points out, is not just an activity. "Participation is a feeling on the part of people, not just the mechanical act of being called in to take part in discussion. Common sense would suggest that people are more likely to respond to the way they are customarily treated - say, as people whose opinions are respected because they themselves are respected for their own worth - rather than by the stratagem of being called to a meeting or being asked some carefully calculated questions."

Change, then, involves the possible; and the possible is contingent upon the aspect of trust and respect between the participants. “Resistance” and “participation” are variable things that must be considered when change is entertained. Planners must understand and respect the social and psychological relationships that exist prior to the change effort if they are to effectively understand and cope with the individual stakeholder’s vested interest.

It seems that as we examine people and their institutions and systems, we must be struck by the similarities of thinking processes and behaviors. We have discovered, for example, that the individual person has basic learning propensities. Pinker and Seligman have indicated that there are certain evolved capacities which prepare the individual for learning. Pinker’s language instinct, which allows for common grammar, and Seligman’s self-preservation instinct, which allows for food and violence avoidance, provide a selective basis upon which individuals quickly acquire the skills necessary to speak a language, avoid high places, poison, trespass, and attack. Such learning propensities might be expected to develop quickly into norms of behavior which develop cultural contexts. Thus, ways of speaking, attitudes towards property and the like become culturally supported.

In a similar fashion, individuals create mental schema in regard to self, others and future. Sociocultural entities may create similar structures [norms] with regard to self and privacy, a way of relating to others in a particular social context [manners], and ways of looking at future events [e.g., the Mayans expect the world to end on December 23, 2012] which seem to be the remnants of a collective schema.

People have explanatory styles and narrative stories. “We are the stories we tell” [Meichenbaum & Fong - 1993]. Cultures have their myths and religions; heroes and victims.

> *Stories are our habitation. We live in and through stories. They conjure worlds. We do not know the world other than as a story world. Stories inform life. They hold us together and keep us apart. We inhabit great stories of our culture. We live through stories. We are* ***lived*** *by the stories of our race and place.* [Mair - 1988]

Individuals try to maintain the integrity of their individual personality and resist change, even when such change is in their best interest. Meichenbaum & Fong, for example, in an article outlining reasons for individual nonadherence to healthy behaviors, indicate three levels of response, which seem quite compatible with how systems resist change, no matter how obvious the potentials are.

Level 1. Evidence based reasons:

- examine the validity of theory about required change
- examine the individual's risk
- examine the validity between intervention and consequence

Level 2. Self-relevant reasons:

- barriers - expense, time, demands, etc.
- concerns with negative social consequences of adherence.
- perceived positive aspects of nonadherence.
- perceived low self-efficacy

Level 3. Schema related reasons:

- expressions of dysphoric affect [e.g., depression, paralysis of will, anxiety, fear].
- negative models of the world [e.g., helplessness, hopelessness, fatalism]
- denial and avoidance

Such reasons probably sound familiar to any manager who has attempted to change a system. It should be obvious, as well, that the first level of evidence based reasons holds the most potential for influencing a change of behavior, but that the third level of schema related reasons are most powerful. This is because these schema provide a sense of control over the environment. They dictate how a person selects what to perceive and how that perception is interpreted. However,

even at the less emotive, evidence level, prerequisites of information and analysis are needed, since the evidence can be ignored [or unseen] because of the expectations caused by the mental schema. The individual schema of a regularly organized group of people as one would see in an institution or social system, have a tendency to both modify the individual mental schema [this is a socialization process which requires that the individual be sufficiently adaptive to fit into the group] as well as develop some group norms which are acceptable to a range of individuals. Thus, a group composed of people who believe that the world is likely to soon end, will tend to support the perceptions of individuals who see and identify signs of such an end.

When there is an expectation of *transformational* change, the individuals in the system are likely to report such reactions as uncertainty, fear, disorientation, confusion, loss of equilibrium. These feelings, which are expressions of inconsistency between what was expected and what is in fact perceived, cause disruption in the group's frame of reference; they no longer know what to expect from themselves [will I be able to do the job?] and others [what will they think of my attempts?] Crisis, then is the result of a breakdown in the established relationship between an individual and his/her expectations of the environment [Conner - 1978]. The whole system or institution can begin to express depression, paralysis of will, anxiety and fear. Such representations are often in terms of *ideology*: that is, the generalized representation of the institution does not allow for such transformation.

In regard to human service systems, most seem to use the third level denial and avoidance excuses even to the extent of collection of the information which would be necessary to determine the validity of changing institutional behavior. Thus, they continue to collect custodial or process data [how many units of service were delivered] instead of outcome [how effective was the intervention], which would allow them to question the potential need for new direction.

The self relevant and schema related reasons are highly emotionally charged. The question of expense, time and demands are rarely viewed from the perspective of the expense, time and demands of continuing to do things ineffectively. The fact that people with problems in living improve their performance to the same extent whether or not they get help from the helping systems would seem to indicate that the expense of such services is far too high, the time spent is

wasted, and the demands of continued failure are contradictory. Further, if as Meichenbaum & Fong indicate, past failures to cope will increase the likelihood of schema related reasons being offered and cause transformational change agents a great deal of difficulty. Thus, responses of "this system could never function correctly", "we can't do that because of politics [rules, regulations, policy, etc.]", "people in the system are anxious and afraid of the change [and we are not good people if we don't comfort them]", will not be unusual responses considering the continued failure of the human service systems.

Whether the negative models of the world preceded or followed the design of the human service systems is difficult to tell. Certainly the "pathology" or "defect" perspective is derivative of helplessness, hopelessness and fatalism. Thus, the collective human system seems to have much compatible with the individual human system and some of each may need cognitive/cultural restructuring as well as competency skill building.

In attempting to get the institution or social system to *change its mental representation* of itself and therefore allow for the potential to absorb new evidence and take on new roles and functions, the return to molecular examination of the activities in which people engage, may hold some merit. As indicated by Vallacher [1993], as an activity becomes mastered people adjust their representations upward into more generalized representations or *ideologies*. A return to the molecular steps of that activity seems to allow for a revisions of such general representations. Deming, in his Total Quality Management approach has developed the constructs of *flow charting* specific processes with the direct service or production staff. This appears to be a clear illustration of examining specifically the molecular steps of the activity process, and the effectiveness of allowing for organizational change which the Deming method has displayed, seems to support that the implications of Vallacher may be valid for institutions and systems as well as individuals. If this is so, the idea of causing people to examine closely the individual steps and building from this molecular activity a training development could lead to a potential method to transform a system despite third level reasons why it cannot happen.

Two things seem to happen for the individual and group mind in this process. First, the change is *partialized* into segments which are not so overwhelming to the individuals. The molecular level

allows for specific observations, which if encountered on the macro level would be quite disorienting to a general representation. The molecular focus allows for control and predictability which might be absent in a larger order. Second, the molecular examination allows for evidence to be developed and rigorously analyzed. This would indicate that human services would do well to emulate industry and develop flow charting groups of direct service staff which take each step from intake to discharge and examine each person's perspective of that activity as well as making suggestions regarding improvement.

We note later that the anthropologist, Harris [1979] suggests that the most likely outcome of any cultural innovation is system-maintaining negative feedback. Change, it has been said is difficult unless you are the one making the change. The advice to focus direct service workers on the molecular steps is directed towards gaining participant commitment to the change and then give it time to evolve. This certainly is a strategy for transformational change that may have merit.

But what happens when we are talking about a life and death situation? How long can we ethically wait for human service stakeholders to come to terms with their own needs while clients lives are gravely affected? How do we deal with the lack of coherence caused by a paradigm shift of such magnitude that the people involved have their own blind spot and can not even understand what is being discussed? At what point do policy makers have a moral responsibility to seek better solutions without the support of shareholders? The change sponsors and change agents have the authority to make change regardless of resistance, but only if they are willing to make the commitment.

Seeking coherence is a process of helping individuals rigorously analyze their own belief system [personal truisms] through a process of seeking and identifying evidence of ability to predict and control outcome in better ways. Coherence in this context is to help individual stakeholders identify their own *personal* goals and make them coherent with the organization or system *mission*. This is a very time consuming process. While it certainly has validity for the participants; what is the validity for the recipients? Kuhn, in his History of Scientific Revolution implies that many scientist are never able to change their truisms, and the paradigm shift is not completed until such people die off. Since one might assume that scientists are by nature and

training, rigorous in their thinking, what does this say about the generally "soft" thinkers within human services.

Business has also attempted a paradigm shift in management philosophy and terms of quality and consumer definition of quality, and has done so with a great deal more success to date than the human service component. Could it be that ownership is the ultimate convincer? One would suggest that in business the "fight, yield and grow" slogan of the functional school of social work is buttressed by the potential of separation from employment if the yielding and growing does not take place in a timely manner. Human services in general tend to care more about the employees than about the clients, and this is escalated in an environment of government civil service where mediocre employees are able to foil good management change with impunity.

It is the reduction of uncertainty that is most important to decision makers. Helping reduce the unknowns in the making of the difficult decision can help speed the process of change or provide the impetus for finally getting things rolling." Planning is the process of reducing uncertainty by making things known. Few if any participants can be expected to abandon their interests in light of new information, but they may well abandon their positions. The "social' interests of the stakeholders are concerned with levels of relationship, influence and power. These are personal goals; not professional goals. Can we expect that when professional and personal goals conflict; professional behavior will come to the fore?

One could suggest that the development of social policy and the articulation is not a *democratic* process and that the reduction of uncertainty through the clear articulation and specification of system expectations, using the authority of the office and the support of the local policy makers will offer *less* resistance in the long run. However, this can be true only if the local policy makers are firmly committed to such change. Local policy makers, like national policy makers are prone to *political* pressures and any systemic change of any magnitude has the results of threatening people and their livelihood; thus the expectation of major political upheaval is appropriate.

Planning for mental health and other human services means coming to terms with often conflicting goals and objectives. As the primary goal of *quality services* potentially conflicts with

the secondary goal of *cost containment*, so also do other concepts compete: *symptom focus* with *function* or *capacity focus; continuity of care* with *self determination*; *program funding* & *capitation* with *fee-for-service*; *governmental responsibility* with *provider independence*; and *the right of the individual to deny services* and the *need for the professional to supply service when needed*. These represent only a handful of the places that values clash[5].

Complexity

Modifying a system of care is a process of such exquisite complexity that, often, when it occurs, we do not seem to understand what made it happen. We typically experience great difficulty both in identifying the precise variables that led to the change and in explaining the ways in which those variables interacted" [Santiago - 1990].

"It is not surprising, therefore, that efforts to introduce reform often fall short of intended goals. Lacking an understanding of the complexity of the process of change, we are apt to view the most obvious, although not necessarily the most relevant, variables as the effective agents" [Santiago - 1990]. Or as Jay W. Forrester states so succinctly "A social system tends to draw our attention to the very points at which attempts to intervene will fail".

What is needed according to Santiago, "is a more global understanding of the multivariate nature of social reform, since much of the change does not occur as the result of manipulation of a single variable." He further suggests that "progress only rarely occurs from a single attempt at reform..." He recommends a succession of several strategies designed to bring about change over time so that there are several potential opportunities for success. This bemusing idea negates the fact that most social policy is developed by elected or appointed policy makers who often do not have more than one chance.

Smelser [1963] has suggested that collective behavior directed toward changing existing conditions can only occur when six preconditions have been met: 1) a preexisting pattern of

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5 Choices become *ethical* decisions when one chooses between values. Choosing between good and bad is not concerned with ethics - choosing between good and good - that is the ethical dilemma.

social organization conducive to the development of collective enterprise, 2) the presence of strain in the form of a difficult and intolerable situation whose eradication would bring relief to a substantial portion of the community, 3) a shared and generalized belief that provides the rationale for change, 4) precipitating or triggering events, 5) mobilization of agents [i.e., the formation of a group with a common identity and common understanding of the problem to propel change], and 6) the presence of social control mechanisms to channel, hinder, or reinforce the collective behavior.

What is Smelser really saying? It seems that if there is enough discomfort (1) with the present situation and most people want to change in order to alleviate stress (2) at a sufficient level to plan collectively (3) and some "last straw" event (4) causes them to rally (5) - change will happen if the "powers that be" (6) allow it. This seems to be a lengthy way of indicating that people make decisions in what they perceive to be their best interest.

The social policy planner is usually struck with the need to effect change in systems which have strong reinforcers to resist, over short periods of time, often with very little political power to accomplish these tasks. The administrator of public services has the power to do exactly what s/he can get away with and no more. Thus, in essence, the social control mechanism unless present naturally through a powerful constituency, is unlikely to be able to be formed. Nonetheless, strategist in social policy would be well considered to absorb these six factors and consider their role in any attempt at change. It may well be that the authority of the Office and the "political" support of local policy makers provides both the strain and the social control necessary to make change happen.

The concept of "organizational transformation" has emerged as more managers are recognizing the importance of incorporating *values* into their thinking about change. The "awakening" of values has been described by Buckley and Perkine [1984] as the first step in the process of organizational transformation and change, a process that also includes a "reordering" or "re-prioritizing" of values, followed by an "embodiment" or crystallization of those values, and finally an "integration".

Barker [1989] reports that among the most prevalent value-laden themes regarding change were those related to 1) *misoneism*, 2) *culture*, 3) *control*, and 4) *communication*.

"Misoneism" is a term coined by management guru Tom Peters and refers to a hatred, fear or intolerance of innovation or change. Change involves giving up the comfortable , the predictable, and having to experience certain existential *angst*, psychological death and mourning, and [in an organization] often very hard work.

"Culture" in an organization relates to unspoken habits, rituals or relationships that exist - the [generally] unquestioned way things are done.

"Control" in organizations generally refers to some manipulation of resources, either financial or personal and is also generally perceived to be a top-down process.

"Communication" entails a process in which not only must there be a sender and a receiver, but just as important the message must be *meaningful* to the receiver.

Barker suggests that one way of minimizing the impact of change is to *collectively* determine the ideal state and which of the old values are most counterproductive to achieving that ideal and then to transform them into more positive goal statements and behavior. This seems to take us back to the group decision making problem with which we began.

While each of these theoretical arguments have merit, they seem to miss the point about the participants in the change process. The ease of change is directly related to issues of power and reward; what's in it for me? All people act in their own best interest, at least as they perceive it. In fact, no matter how beneficial the change for the system, the clients or other staff, if it wasn't beneficial for me, I will tend to believe that management was out to get me. So powerful is this cultural narcissism, that very bright, articulate, intellectual people will continue to support a human service system as it has been operated over the last forty years, despite the fact that every evidence suggests that it not only is it not effective, but that it is harmful.

Reality

Michael LeBoef begins his book *The Greatest Management Principle in the World* - [1985] with a quote by Edgar R. Murrow - "The obscure we eventually see. The completely obvious, it seems, takes longer." The completely obvious to LeBoef is "That which gets rewarded gets done." If we accept this principle, we must first identify what the present system rewards; and then re-engineer the system to reward those things which we feel are important. These are not simplistic tasks. Many of the rewards in the present system may be obscure, hidden in the *social* or informal context of the system; but if we believe Murrow, we will eventually come to see them. More difficult, perhaps, given our present state of affairs, is to be clear about what we want to happen. Our options seem to be to 1) create an "expert" social policy based on professional values and beliefs and attempt to make it work; 2) develop a "community consensus social policy which the "powers that be" can agree on; or 3) we may even need to consider the customers preferences.

Whatever the elements of change, mental health and other human services are contained in some extremely complex systems which frustrate politicians, bureaucrats, managers and clinicians alike. Within this complexity there unfortunately exists the ability for all of us to blame our inadequacies on the others in the system [most often we seem to blame the people with problems in living], while being unable to come to terms with appropriate remedies. The author does not have any final solution for these dichotomies. He offers that some relief can be garnered by making choices and sticking to them. Thus, the either/or dilemma is resolved by the *decision* if not by the logical resolution of the problem by creatively developing a third option.

The decision making process will attempt wherever possible to combine the elements of each "horn" of the dilemma, but will in many cases fail to accomplish this goal. We cannot know if our decisions are the "right" ones and would be precocious to assume that there is a "right" decision. But we seek a better decision and a better system, which would be demonstrable

through a rigorous examination of the outcome. The point of the decision is that it reduces uncertainty. The decision can always be modified in light of experience.

It is clear, however, that our decisions about management will take a position that raising expectations will improve performance and boost productivity. Douglas McGregor's influential Theory X and Theory Y approach to management helped set the stage for the total quality management and Pygmalion approaches. "Theory X assumptions are that people are naturally lazy, hate work, shirk responsibility, have to be controlled and coerced into exerting effort on behalf of organizational goals, and are concerned primarily with security. In contrast, Theory Y assumptions holds that work is as natural as play or rest, that people can learn to accept responsibility and to be resourceful, creative and imaginative at work, that workers exert great efforts to achieve goals to which they are committed, particularly when attaining those goals leads to a sense of ego fulfillment and self-actualization, and that current organizational arrangements engage only a small part of their members' productive potential." [Eden - 1990]

The Pygmalion approach as we have earlier indicated makes both of these Theories coherent. If management chooses to approach people from the perspective that they are lazy and incompetent, they will be; and if management chooses to approach people from the perspective that they are competent and energized, they will be. In Rensis Likert's [1961] management theory, managerial leadership is a major causal variable that determines the level of intervening variables. "The intervening variables are social-psychological in nature and include such crucial determinants of organizational effectiveness as subordinates' loyalty, identification, sense of responsibility, motivation, and production norms. These intervening variables in turn influence the end results that the manager obtains through his subordinates...." [Eden - 1990].

These concepts of high [*positive*] expectations are equally applicable to the way the manager relates to the subordinate staff and how the manager organizes the policy, protocol and procedures to influence the relationship to clients. The management of people, whether they are staff or clients with problems in living, is of the same type. Staff and clients both need to have 1) clear normative expectations [procedures indicating how they *ought* to behave] and 2) clear

probability expectation [positive belief about how they are *likely* to behave] in carrying out their duties of work and life.

Thus, two important mental constructs arise for the human service manager. They must articulate clearly and often a normative expectation and they must equally articulate and place a positive expectation of probable behavior. People must know what they *ought* to do and *believe themselves capable of doing it*. The failure of human services management to understand and implement these constructs has allowed the development of failed systems. The negativity of human service approaches has supported and maintained a society of victims, where *feeling good* is more important than *achieving*.

To orient the local staff, community and people with problems in living, local human service managers must spend inordinate energy on the development of a rigorously analyzed and coherent *social policy* which includes the concept of *client self-determination* as the predominant element of a new system. As will be seen, this is not only for *pragmatic* or utilitarian reasons which are supported by both economic and competency perspectives, but from an *idealistic* or *theoretical* framework as well. This idealism, supported through the perspective of organismic psychology, suggests the basic belief that people cannot be helped unless they sanction that help; and because of a belief that self appreciation, a critical element of mental wellness, is based, at least in part, upon the ability to feel and exercise power. We feel that these compelling arguments make it necessary that client self-determination be the *fundamental assumption* upon which a new system is built.

In order to substantiate this assumption, we will review it from a variety of perspectives in the three parts.

Values

We have referred elsewhere to the fact that values are held at three levels: as *ideals* which may never be reached but are what we hope for; as *goals* which we will work towards with the expectation that some day we will get there, and as *commitments* which means that every person

is working on these values NOW! Often values are not held as commitments by staff people even though they are held as commitments by organizations. This is sometimes due to the vague manner in which they are articulated. The following articulates an understanding of values which have currency in today's market.

Choice is a very important value to human services helpers these days. The idea is usually expressed as the client becoming a *partner* in the planning of services and supports. Of course, they are rarely an equal partner and often do not completely understand the jargon of the helper in discussing future services. They are often asked to *respond* to service initiative of the human service experts, but rarely asked to give prior input. This is justified on the basis of "how would they know what is best?" The service plan is developed around the client's *needs*. This is another major value. However, client need is difficult to determine. The helper may make a determination that a client needs a *structured* environment, but what really is this based upon? Presumably, the helper has identified that the client, when in structured environments performs better. But what is better? Most often better in the eyes of the helper is that the client is no longer a problem. But what is a problem? A problem is that which bothers me; a barrier which interferes with my reaching my goals. If something about the environment or the people in it bothers me, that's a problem. But who's problem is it? *One man's meat is another man's poison.* Clearly such a determination of need through the expertise of the professional is either a labeling of the helper's problem or an identification of problem from *respected* adults [teachers, parents, etc.], who may have their own problems with the client. Thus the identification of need is often an identification of what others think the client should be or have. But what happened to choice? If choice is a major value, perhaps we need to ask the client about *his/her* problem. We may find that the major problem in the client's life is the helper and the adults that the helper's respect. Of course, we could decide that this is so because of the client's deviance.

The essence of this discussion is that we cannot *give* the client the right to decide what is in their best interest; they are already deciding that. In fact, a major choice that a client in the human service system makes is whether to *willingly* go along with what the helpers want or to *willfully* resist. If they make the first choice, these are *good* clients, but if they choose the is the latter, they are obviously resistive, hostile or aggressive. In either case, the client will do what s/he

determines is in his/her best interest. The argument that is often espoused that the client, because of his/her disability, is *unable* to make decisions is inherently false. Clients, even profoundly disabled people, make these decisions every day. Whether they make *informed* decisions is another question entirely .

In order for people to have the ability to make *informed* decisions will require a great deal more information than professionals are presently used to giving. This book has consistently claimed that the client is the *agent for change*. No change can happen without their sanction, for without sanction, the client will resist change. Thus it is profoundly important, if we are to maximize the person's strength in the helping process, to understand that person's *preferences*. In outlining a client's needs, we must start by identifying the personal *goals* [wants, desires, dreams] and to identify what barriers exist to inhibit attainment of those goals. Only in this way can we determine if a) the person's goals are appropriate and reasonable to capacity, and b) how the barriers can be overcome through an increase in capacity or otherwise. The personal goals reflect the person's formal or informal expectations and hopes for the future. The helper may assist in the consideration of personal goals with help from peers and other close friends or family as appropriate.

If the personal goals are beyond the individual's apparent capacity, how does the helper know? It is not true that the goal is beyond the person's capacity simply because the helper *believes* that to be so. A helper's decision as to the quality of the goal is also unlikely to change that person's perspective, thus setting in motion a resistance of the helper to the goal or the of the client to the helper. The goal can only become inappropriate or unreasonable based on a re-decision by the person him/herself. The helper's responsibility is to discuss with the client the starting point, barriers, effort, time and consequences of actualizing the goal. This should be done in a positive and realistic manner. Discussion of difficulties in overcoming barriers should always be oriented towards the eventual achievement. If the individual decides it is too hard to overcome the barriers, demanding too much of their time or effort, or that the desired goal doesn't hold the reward expected, s/he will probably decide that the goal is inappropriate or unreasonable.

The value of choice [decision making, self determination, etc.] is always the driving force for change. Operating in the clients *best interest* [or "for their own good'] is likely to simply generate resistance, frustration and anger. Providing a process of information gathering and evaluation is likely to help the person hone his/her *preferences*. In addition, such a process develops a clear understanding of outcome expectations and measurements. If the customer should always determine quality [as Deming tells us], this is the process with which quality is developed. A person may choose poorly, but never wrongly. There is no right or wrong about a person's choices, only better and worse. If the individual chooses poorly, the helper must help him/her think through the potential consequences of such choices in order to help the client reshape his/her perspective of the choice; but can never question the choice itself. To do so is simply to disrespect the chooser.

Planners of services and supports therefore should not individualize service and supports by identifying needs, but rather by identifying preferences [where do you want to live, who do you want to live with, would you like to work, what do you want to learn, etc.]. The idea of a needs assessment as a means of making the plan person centered is probably not effective if the helpers interpret this as *their decision* about what the individual needs. The client as a *participant* in planning is probably not effective if helpers see themselves as the major planner and the agent for change. If helpers see themselves as *enablers* and their function as enabling the person to reach his/her goals, then, perhaps the value of choice becomes a significant process worthy of the name and culminating in the empowerment of the client's will toward achievement.

Helpers must "walk around" these concepts several times if they hope to get it right. It is too easy to fall into the trap of our own experiences and expertise. We are too quick to conclude and project the capability or lack of such for people with obvious disabilities without recognizing that the person's commitment to fulfilling a preferred goal is a salient force for success, if it can only be supported and sustained. True helpers must avoid at all costs, *diagnosis*, for this is simply a projection of our expertise onto the client. Good helpers are concerned with *dialogue*. They recognize that they have no ability to diagnose, since the person's behaviors will change based on whatever diagnosis [label] and prognosis we give, thereby making any prior prediction a self fulfilling one. Through dialogue the helper can discover the strength of purpose and

intentionality of the person and use this powerful force to achieve successful aims. In the process, the helper empowers the individual to strive ahead even further. The limits of the person's capacity are defined by *default* limits. Those limits are fulfilled by the process of dialogue and personal evaluation, not by prediction. And even the identification of a limit can become a strengthening element, as the client can now take stock about the degree of *effort* and time s/he might want to expend to overcome that limit.

Personal choice then become an *interactive* process directed by the client and supported by the helper until either the goal is attained or reoriented. In either case, the client is likely to feel that the outcome of this process was one of quality. The desire of the helper to reach *absolute* outcomes based on their own knowledge and understanding of people and their behavior sets *artificial* limits on the client that are not individualized, nor even relevant. The helper's ability to predict the limits of a person is much more contingent on their ability to behave in a manner that makes the outcomes self fulfilling, than on their prescient skills.

An unfortunate problem is that the helper's status is so powerful and vulnerable clients are so trusting, that many have already been well trained to believe the helper actually knows more about them than they do. This has enhanced the client's self depreciation while elevating the status of the helper, placing the helper in the position of power. This is, perhaps, an attractive position for the helper, but inappropriate. The client is powerful; the helper is there as a servant. The helper is not there to speak for the client, but to help the client speak.

Another value that might need some specificity is that of *valued* settings. Often referred to as serving people in community-based services, this gets interpreted as placing the service in a different setting. A partial hospital program placed in a school becomes a "community-based" program even though the child is just as isolated from the value of the setting as s/he would be if s/he went elsewhere. To serve someone in a valued setting is to go to where the individual would be if they were not in service. Thus school, work, home, and community become valued settings and providing services within these settings requires a very different set of supports. If you intend to provide services to the child in school, regular school, in their regular home room, you better be prepared to work with that child *in situ*, dealing not only with the child, but with the

environment and the people who populate it. The helper is not helpful if they merely stigmatize the child in valued settings. The ability to involve the relationships within that setting in the helping process is critical to maintaining the value. Thus a helper who involves bullies and children who ridicule in the process of helping the recipient child gain confidence and competence is operating on this value as a commitment, not an ideal or a goal.

The helper may help the child form relationships so that a "circle of friends" from school, work and neighborhood emerges to provide *natural* support. The helper becomes *mentor* in demonstrating how to deal with teasing and problem solving *in* the situation. Whether as a job coach, therapeutic support staff person, or as a companion, helpers will need to operate as independent contractors, not factory workers. That this will demand a restructuring of the provider organization goes without saying. The idea is to change the way we do business, not simply change the location of the business. Local public administrators will need to understand and address the stress that this puts on local providers and recognize that some of them will be unable to change.

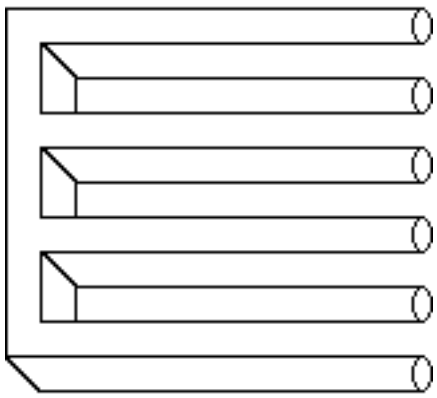
The final value which needs to be articulated because of its currency is that of *strength*. Human service types are increasingly talking about the strengths of the client as important elements in service planning. However, there is little articulation about what this means. Often strengths are identified as being those things which the helper does or would like to do. There is a failure to recognize the strength in some things that the helper would probably never do. Leadership strength is often demonstrated negatively in getting others to commit criminal or negative acts. Defiance is often misunderstood as hostility, since it is expended against the helper, when it might be viewed as strength of character. Hallucinations or delusions might indicate great creativity in responding to crisis which seems impossible. Resistance might be a strength of will.

Human service workers tend to place labels on almost everything and the behaviors just described are labeled good or bad, depending on one's perspective. Helper's will need to draw on broader perspectives if they want to truly identify strengths. The focus on strength also has implications on the construct of competency. Capacity to expectations. With training, these strengths may provide such capacity. The strength of character to stand up for one's own rights

however misdirected can be improved by helping the individual understand the context of expectations and the specific skills in using this strength. Human beings, including helper's tend to fear emotions, particularly their own. When the recipient's behavior draws upon the helper's emotions it is sometimes difficult to identify the strength of personality, will or character that this might imply.

Increasing the clients strengths through training is one of the major method of using the ability of the client to learn and implement a series of intrapsychic, interpersonal and utilitarian tactics which will increase their performance in living. The overriding value which underlies these three is the belief that people with severe and persistent problems in living *can* improve their performance and want to do so.

LIKE OUR SOCIAL POLICY



Chapter 2 EXECUTIVE DIRECTION

Management

When talking about management, there are at least two managerial variables which are worth discussion: who the manager is and what the manager does. While a great deal has been written about what managers do, very little concentration has focused on who the manager is. And yet, the personal belief profile of the manager has major impact on how s/he views reality and how s/he manages within that reality. At least two concerns are apparent here. The first is that managers who believe that the world is a dark and foreboding place are likely to wish to *control* it through some mechanism or another. The second is that what managers believe about themselves, they are likely to project upon those who work for them.

> "Superior managers have greater confidence than other managers in their own ability to develop the talents of their subordinates. Contrary to what might be assumed, the high expectations of superior managers are based primarily on what they think about themselves - about their own ability to select, train, and motivate their subordinates. What the manager believes about himself subtly influences what he believes about his subordinates, what he expects of them, and how he treats them. If he has confidence in his ability to develop and stimulate them to high levels of performance, he will expect much of them and will treat them with confidence that his expectations will be met. But if he has doubts about his ability to stimulate them, he will expect less of them and treat them with less confidence." [Livingston, 1969]

These doubts about self and the placement of expectations upon others has been noted before as the *Pygmalion* effect. What a manger expects of his or her subordinates largely determines their performance and ultimately the outcomes. While it is true that the manager's expectations must be credible and accepted if they are to influence productivity, they are also more likely to be sanctioned if they are placed with confidence and assurance. As we will delineate more fully later as we discuss relations to clients, the subtle aspects of the manager's behavior directly

contribute to how the subordinate feels about their own ability to perform. While it is true, that staff people with strong personal belief profiles are likely to be able to overcome labeling and low expectations [although over time labeling and low expectations are quite corrosive], people with moderate or weak personal belief profiles are quickly eroded by such conditions.

Eden [1990] suggests that managers are discriminating when it comes to allocating their leadership resources and that they bestow their best leadership upon those they expect to perform best. For the manager in situations like public management, where the potential of selection of subordinates is at best, limited, this can be likened to wasted effort. Those people will perform best anyway, while the others become career bureaucrats skilled in *survival*, but little else. We have mentioned the "greatest management principle" - that which gets rewarded gets done; Eden suggest another adage, *Managers get the performance they expect*. A practical response of course would be to get managers to expect more. In civil service/union situations, however, which are highly political environments, a manager is often faced with people who have many years of experience with low expectations and expect little from themselves.

For these situations, there is some need perhaps to use more than the Pygmalion effect, but to identify ways in which one could raise the subordinates own individual expectancy for success. Eden has identified this phenomenon as the *Galatea* effect, referencing the statue in mythology and the fact that there is direct impact instead of through the manager. "In this sense the Galatea effect is not an *inter*personal expectancy effect raising self-expectations, but relies on the subordinate's capacity to mobilize his *own* resource to perform better. In the Galatea effect, the *subordinate* is the one who functions as the prophet. He fulfills his own prophecy. Getting managers to believe in subordinates' potential is one way, and important way, but not the only way, to raise the subordinates' self-expectations and boost their performance" [Eden, 1990]

Eliza Doolittle in Shaw's *Pygmalion* explains that "the difference between a lady and a flower girl is not how she behaves, but how she is treated." It is more rewarding for a subordinate to be managed by a supervisor who expects more of him or her than by one who expects less. "Such rewarding benefits are called outcomes in *equity theory* [Adams 1985]. According to equity theory, individuals who receive more outcomes than others investing equivalent inputs should

experience dissonant feelings of overpayment. Such feelings should motivate them to invest greater effort in order to restore equity, resulting in higher performance" [Eden, 1990]. Thus Eden identifies two different psychological mediators of the Pygmalion effect: *self-expectation* and *equity*. For those "survival" bureaucrats, the question is whether the feeling for equity can overcome the history of low self-expectation.

Management

Style Comparison

"Command & Control is a traditional management style which most managers still use. It is based on an "expert" model, in which the Manager as the expert, is responsible for designing the "program of activities" which will be carried out by subordinates. The "*command*" function is a directive of how to or *normative* role functions in regard to performance of the duties and often the more specificity [rules & regulations] the better the program design is considered to be. The "*control*" function is to ensure that the duties are carried out as specified, as an accountability to the rules & regulations. Therefore, the major **performance[6] measure** is *compliance* to the commands. When the organizations goals are not met, it is assumed that there is a lack of compliance and the staff are "commanded" to increase their conformance to the commands

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6 It is important to separate out the use of *performance* as it is used here. Performance as required by regulations and rules is the person's *behavior* on the job. It is expected that all things being equal that if a person performs on the job there will be an achievement of *outputs* or goods and services which will have an appropriate impact in the form of expected *outcome*. However, all things are rarely ever equal and the continued emphasis on *credentials* and *performance process* without clearly identified outcome expectations leads to performance measures which measure how we *feel* about a persons involvement in the process, as opposed to how a person *produced* in that process. The continued fallacious use of *consumer satisfaction* as a measure of performance emphasizes this lack of achievement focus. If one could choose between a person feeling good about the services they received, and the effective reduction in problems in living and the material improvement in quality of life, it is the latter with which we should be concerned. This does not imply that having clients feel good about their involvement is not a worthy value, merely that it should not be the *primary* value. Nancy Thayler [1993], Deputy Secretary for Mental Retardation in Pennsylvania has stated it well: "...quality is not something to be grasped once and for all. Rather, it is the art of reaching. It requires tolerance for constant dissatisfaction. Satisfaction is the enemy of quality. We must celebrate our accomplishments only while planning our next move."

already given **or** as a last resort alternative, some managers decide to *centralize* decision making in order to overcome the "incompetence" of subordinates.

Many difficulties occur with this model. Probably the major one occurs when the "commands" are not appropriate to the activities that are taking place "in the trenches" or to the outcomes that are expected. Occurrences of "its not my job", "its policy", or "I only work here" [which simply attempt to excuse, but not deny, the fact that the activities being carried are inappropriate] are examples of the breakdown. Often the manger in frustration increases accountability [control] measures in an attempt to correct the outcome problems which, of course, escalates the alienation of the direct line staff. Command and control management places almost *no* positive expectation on the staff. Creativity is a *problem*, not a solution. Really strong personalities with high creative potential among subordinates [those with a good self image, security and the ability to risk] who are unwilling to participate in "fraudulent" activities, probably will quickly choose to leave the command and control organization. People with some strength, may simply capitulate to a fatalistic, "I just work here" attitude. This *self-selection* process is one which deletes the strength of the organization through a selection for staff with low self expectancy. These subordinates, helpless to resolve the problem and unable to get out of the situation, often become indifferent, bureaucratic, and occasionally quite nasty to the customer. If the original commands were unproductive, increasing the control increases the lack of productivity and escalates the personal conflict between staff and management, while making a productive arena for labor activity.

Some managers, intuitively recognizing these problems or because they have the confidence to believe that they can effect change, think that the way to resolve performance problems is to change the "commands" [redesigning the "how to" manual]. This may have some short term positive impact, but is unlikely to resolve the issue since it continues to see subordinates as having little to contribute. Direct line staff will often resist change because they have already found the best way to survive in the old regimen[7], and by self-selection, are risk adverse. It is

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7 Additionally many civil servants who have lasted for long periods of time and know how to "survive" have formed relationships with the political decision makers that cannot be duplicated by a new manager from the "outside". Thus,

also unlikely that the manager who is hired from within will be able to stray far from what has already been designed since our most dominant thoughts are those which tend to be habitual and common; the "safest" and most acceptable to other managers.

Some managers, following the management precepts of Deming, have begun to recognize that there is a difference between performance and *outcome*. They have begun to recognize that the people in the "trenches" often have the clearest understanding of what constitutes appropriate performance, as long as management is clear in its delineation of *outcome*. In human services, as we have suggested, this question is conflicted by the social policy positions of protection of society and client development and this dichotomy must be rectified if outcome management is to be effectively implemented. The use of "quality circles" in which people from all levels of the management hierarchy are asked to first define their perceptions of the performance process and then to recommend ways that it could be improved sends quite a different message to subordinates than command and control. It places a responsibility on subordinates, and if done with *positive expectation* has shown dramatic effect. Failures have appeared in some attempts however, probably due to the "learned helplessness" and angry frustration of many of the direct line staff, the fact that the most creative of the direct line people had refused to tolerate the old "commands" and had left, or because once the new idea had been delineated, it became immediately incorporated into the old ways of thinking, made a "command", and then "controls" were set up to assure that it happened.

The focus of such incorporation efforts continues to be on defining the "How to" command. What happens is that such managers "command" their staff to create quality by improving the command regulations. True "quality management", from which the quality circle idea had come, offers another, much more important construct and that is it's focus on **outcome**. Outcome management is quite different in structure than "command and control". In outcome management the manager is responsible for defining the mission, major principles [values] and outcome

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these personal relationships give them a certain level of confidence that they can outlast this newcomer. After all, they have probably outlasted many others.

expectations [indicators] that are expected of the organization[8]. These outcomes are explicitly stated to all relevant staff and a process of data collection in regard to the outcome measures is undertaken. This historical information becomes the **baseline** against which the performance is measured. The implications of this are that the staff performance is measured only against themselves. No arbitrary standards are used.

Management must additionally identify the **resources** available to perform the duties. The local public administrator cannot continue to hide behind the *lack of resources*. Management is not a one way street of expenditure. It requires that the manger develop new and different ways of finding resources, and failing that, finding ways to reallocate present funds so that they will accomplish the social policy mission. The failure of local public administrators to take positive action in this regard is unconscionable. One of the ways of reallocating funds is to target outcomes which will reduce costs in the future. The staff and management **target benchmarks,** which is a new level of achievement which both agree is attainable. If 100 widgets an hour are being made now, perhaps 110 an hour can be made under the new rules. The new rules are that the *local staff* must decide on "how to" best allocate the resources and perform the activities that will reach the outcome expectations [target] without violating the principles [values] of the mission. This demands a *decentralization* of management decision making, Management **influences** the activities by *providing supports* through identification of **best practice** models [methods that have worked effectively elsewhere] for consideration by local decision makers and providing training where required and requested; *measuring* the outcome according to predefined and agreed upon indicators; and *responding* to the performance through reward, retraining, or dismissal.

Since the local staff are responsible for making the decisions about how to best use resources [financial and human] to attain the outcome expectations and have participated in the setting of

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8 It is important to note here that in human services a *paradox* exists, in that client outcome expectations and organizational or system outcome expectations, may differ. As we shall discuss later, the customer is always right, but the increase of customer information for better decision making might help bring the outcome expectations into congruity.

those targets, they are given **power** to accomplish the tasks. They are not **empowered**, however, unless they are also given the **competencies** [tools, skills and knowledge] to accomplish the task.

Since the creative abilities of the entire staff are part of the development and implementation of the model, since circumstances change constantly and since incremental increase never quite reach perfection [quality is not an absolute, defined outcome, but a infinitely enhanced outcome]; there is an opportunity for continuous improvement which is quite satisfying to both management and line staff.

Discussion

The major management difference between the two models is that one has a focus on performance as *process* while the other has a focus on performance as achievement or *outcome*. But another factor comes into play and that is the development of an environment in which positive expectation of high performance is placed upon everyone in the organization. In the Command and Control model, the management is focused on the **process** of making the product or delivering the service. In Outcome Management, the management focus is on the **outcome** of the transaction; i.e., the product or the results of the service. In traditional human services, the outcome becomes almost irrelevant because even the "customer" becomes confused as to what the outcome *ought* to be. The similarity of what we are asking of management with subordinates and what we are asking of direct service workers with clients should not be lost. The placement of positive expectations, the *pygmalion* effect is a major focus of both scenarios. However, as long as the "avowed" mission, or purpose of the organization is to help clients improve their quality of life, while the major *expectation* is to protect society, the customer of the system is the funding source and the *important performance issues* becomes pleasing the funding source [usually the state] through compliance to rules and regulation, rather than improving the lives of the clients being served.

Command and control management is very difficult to abandon both because of habit and because of the commands and control activities of the funding source. When in crisis, most of us revert to the behaviors that we are used to, and in crisis [for management, often defined as

reduced resources], the need to control come forward. This leads to the interesting paradox that just when creativity is most need, it is least tolerated.

In human services, the concepts need to be examined one step further in regards to the **expert** command and control activities we use with clients. It important to note that in both subordinate staff and client relations high expectations must be buttressed by skill building. While the following section will identify ways in which staff can provide remedial services to children with low self-affirmation, it is important also to remember Lewin's [1951] principle that it is easier to change individuals' behavior by changing group norms than by trying to change each individual's attitudes" [reported by Eden, 1990]. In providing services to people with problems in living, a similar refocus must take place which helps to *seed* the sociocultural environment with positive expectations [part of cultural restructuring].

Finally, a caution exists in that "too-high expectations are liable to erode the credibility of the source of those expectations, will not raise productivity, and may trigger indifference and even scorn. Unattainable goals can produce demotivating feelings of failure and frustration...a goal could be perceived as so hard that an individual would not only give up trying to reach it, but would even give up trying to get close. Total apathy could result" [Locke & Latham - 1984, as reported by Eden - 1990] The quality of expectation is based on the *belief* of the subordinate as effected by the *belief* of the manager or other significant persons. "Bandura has stated that 'the efficacy judgements that are most functional are probably those that *slightly exceed* what one can do at any given time. Such self-appraisals lead people to undertake realistically challenging tasks and provide motivation for progressive self-development of their capabilities' [1983] [report and italics by Eden].

The fact that people can stretch beyond where they presently are functioning seems to have been tacitly approved by Yankelovich & Immerwahr [1983] who reported that only twenty-seven [27] percent of the workers they surveyed claimed to be working to the best of their ability. "However, it is *not* reasonable to expect people to perform at levels that far exceed their ability. Moreover, people should not be expected to put forth supreme effort and do their best all the time. Only the mediocre work at 100% all the time. Expectations should be raised to a level that

is high, challenging, and difficult to attain, but realistically within reach of the individuals so challenged.

Better leadership through outcome management can signal greater expectation and provide positive opportunity for managers to train subordinates to take on new tasks. The command and control aspects of humans services are particularly debilitating to good management and local administrators must struggle to not only free local entities from dichotomous missions, but must work to free them from state command and control regulatory functions if they hope to move forward to effective services to people with problems in living.

Outcome oriented management requires certain specific functions and responsibilities. First, management [board, trustee and executive personnel] has the responsibility to develop and articulate the *intention* of the organization. This requires that the *governance* responsibility be carried out *consciously* through *rigorous analysis* and *persuasion*. Usually, in human services this is defined as the *mission* and in government as *social policy*. The intention should be singular or, at the very least compatible, congruent multiple purposes. Much time should be spent honing to a coherent intention. This is an on-going task requiring a *deep understanding* of the nature of the organization and the sociocultural environment in which it operates.

- Management must develop a set of *values & principles*.

These theoretical and philosophical underpinnings define the parameters of acceptable practice. Values and principles should be constantly challenged and restated as the theoretical propositions develop. *Rigorous analysis* must assure coherence with the *intentions* of the organization. Managers, like many other people, see thinking, or at least rigorous thinking as subordinate to doing. Yet doing without clear intentions creates good intentions gone wrong. This is not simply an intellectual exercise, but it is a method of helping people understand and *value* as a commitment the direction and methods of the organization.

Without this rigorous thought, the organization cannot *learn*. Learning happens when evidence is compared to standards leading to either alterations of the events or of the context for new

comparisons. “If you continue to do what your doing, you will continue to get what you’ve got.” Are present results satisfactory? If so, you have lowered your expectations since the problems are so complex that they are unlikely to be ever satisfactorily resolved; only continuously improved. This improvement can only happen by rigorous comparison of actual occurrences to expected occurrences. Testing of hypothesis. Each human service intervention is an *experiment* and must be evaluated from a variety of dimensions if we are ever to improve.

- Management must *communicate* its belief system, intentions, principles and values.

It must hold itself up to redress by the public through clear identification of what it is about. The *integration* of intention and values defines the belief system of management and per se of the organization. The belief system must be *coherent* throughout the organization. There must be a systematically or methodical connectedness or interrelatedness which is governed by principles; an integration of social or cultural elements based on a consistent pattern of values and a congruous set of ideological principles. This communication should be clear, consistent and *redundant*. People don’t hear, absorb, understand, become aware with one hearing. Every person in the organization must have the opportunity to *rigorously analyze* this belief system and find it coherent or incoherent with their own personal belief system.

Cultivating identification with the general public and philanthropic giving is also contingent upon a well articulated and well documented [see cumulative data] belief system and organizational performance.

- Management must *identify* and *take remedial action* regarding *personal incoherence*.

Management must have a way to identify people within the work force who do not believe in the organization's intention, value and principles. Management must either provide further information, enhance further analysis or oust persons who have personal incoherence with organizational beliefs, since their beliefs will predispose them to behaviors which are incongruent with organizational intentions. This does not mean that people who disagree are wrong or bad, only that they will not behave in ways that support the mission of the organization.

Certainly sufficient opportunity for discussion should be allowed so that improvement of organizational intention can be gradually developed, but continued conflict will result in both a dissatisfied employee and a dissatisfied organization.

- Management must provide a *structure* for enhancing intentions.

Management must have a *research & development* capacity in order to:

a. provide *best practice* models & training.

While management must allow the local practitioner to decide what will meet the outcome criteria and hold the local practitioner to the outcome, not the process; it is incumbent upon management to be always seeking and dispersing best practices that have proven effective. The organization and the individual staff people in it should be constantly alert to new ideas to improve their functioning.

b. delineate organization belief system and provide to management updates on theoretical or technological improvements.

c. develop *consumer quality targets*.

In human services the intentions of the organization are not the *goals* and *objectives* of the operation; nor are the *standards* applicable. Rigorous thinking should indicate that the organizational performance can be a comparison of standards **of** quality; while the organization can only supply for the individual client, standards **for** quality. Since each individual client will determine quality uniquely for his or her own self preference and self actualization; the organization can only develop standards that attempt to ensure that such an individualized process takes place. Thus "priority outcomes that people with disabilities indicate are most important to them,...such as individual choice, dignity, respect, social inclusion, security, personal relationships, rights, insurance, and satisfaction" [Gardner - 1993] may be standards that the organization is going to target, but they may not be chosen by individuals. Some people

may choose to *not* have personal relationships or *not* to be integrated, preferring to stay with other disabled people. This then creates a dilemma for the professional organization. Should they help the client meet his or her *personal preferences*, or help them obtain the *right* outcomes.

One sees staff dealing with this dilemma regularly and the answer is usually, *we know best*. Since we are changing the world view and stating *a priori* that the client knows best, how are we now to perform? Should we capitulate, and how far will we let this self-determination go ---to *suicide*? Part of the response needs to be the concept of helping people make *informed* decisions. If something has value, you cannot and have no need to sell it. Nor can you or should you have the need to force it on people. What you are required to do is to help them *understand* it sufficiently to see its value. Thus, the staff have a responsibility to *exhaust all remedies* to help the client evaluate and re-evaluate his/her position in light of new information. The cognitive process, particularly the focus on cognitive errors about self, situation and prospects are often the key to helping people with problems in living understand how they have unconsciously skewed data to arrive at the decisions they have made. In situations which are life threatening, the negotiation is like that which is done with a terrorist at a hostage situation; they are not left alone, they are given option after option, they are helped to review the consequences of their act in many different lights, and finally, they will make the decision. It is unfortunate that such negotiators are not always skilled enough to get the terrorist to abandon their original decision, and the same will be true in human services. But at least each will have taken action in a manner which supports the dignity of the individual making the decision, while rejecting the decision itself.

The organizational intention *should be* something like enabling people with problems in living to improve their functioning in valued setting and through this competence improve their quality of life. The goals & objectives [*quality*] of the service would be defined by the client; meaning that each client has an *individualized* goal and objective based on their own conception of what is a *valued* setting and what is a *quality* life, and the service provides supports to reach their goal.

d. develop *formative* data feedback mechanisms.

Individual helpers will make individual decisions about individual client plans and actions to implement those plans. Formative information helps these individual staff members support more positive client decisions and help to alter those decisions *in process* as they prove to be less helpful than desired. "Quality of life is subjective; it is defined and redefined by each of us over the course of our lives" [Smull - 1993]. Formative data should help to identify changes in the client's subjective definition(s) as they happen, to avoid the tendency of individual staff members to operate through inertia as though nothing has changed. Such data should also help the professional supervision focus in on issues of staff *personal* disappointment after a client has changed his or her mind on something to which the staff person has committed.

An area of particular concern to staff people who care deeply about people with *severe* exceptionalities is to identify the *balance* between self determination and *protection*. "Reasonable protections must be ensured without denying individuals opportunities to choose from the lifestyles typically available in their communities" [Smull - 1993]. But how should the professional make that decision. Recognizing the "dignity of risk" is one thing, how about the potential for quite dangerous failure? While this is quite difficult to answer, part of the balance can be achieved by assuming a different role.

Historically, as the primary decision maker, professional staff members were *personally responsible* for their [as they perceived them] *wards*. "While professionals should not be cast aside in a rush for community participation, their role should change. The individual, *with their families and friends* [emphasis added], should determine the vision of the future while professionals help in achieving that vision" [Smull - 1993]. The implications of this statement are two: first, that the professional has a responsibility to help the client connect with and relate to family and friends. The facilitation of this relationship either through negotiation with those who already care, but do not feel competent to carry such relationships, or with the provision of opportunities to develop new sets of intimate companions is an important concern which historically has been ignored. Professionals should "...encourage the use of natural supports while assuring that the health and well being of the individual participants are protected by

requiring that training be commensurate with duties and responsibilities" [Smull - 1990]. Such training requirements must provide the lay person with increased knowledge about the individual and the unique aspects of the exceptionality as well as focus on specific and potentially needed skills [such as CPR] not attempt to develop professional workers.

The second, implication of Smull's proposition is that the professional takes the responsibility of helping to build in the necessary safe guards to make the *vision* work. As staff may be prone to point out potential *problems* with a life style decision, they now must assume the responsibility for helping to determine solutions to those problems. The question is *not* whether or not the client can participate in their chosen life style, but how to optimize the opportunities to do so safely. This is a dramatic shift in focus from how most people operate as we seem to be much better at identifying problems than offering solutions. This again provides an opportunity for professional supervision around *formative* information to assure that the change in role and focus is achieved.

e. develop *summative* data feedback mechanisms.

Individual clients will accumulate information about their approximation and/or attainment of goals & objectives. This data summarizes their experience(s) with the organization and constitutes the client's goal attainment record. This contributes to cumulative client data.

Individual helpers will accumulate information about helping clients approximate and/or attain goals and objectives. This data summarizes their experience(s) within the organization and constitutes a staff goal attainment record. This contributes to personnel records and individual performance, while at the same time providing evidence for potential *best* practices. In the case of negotiation with a *suicidal* client, each experience should help the staff develop increased capacity to deal with the next situation, for while each person is unique, all have similar human needs and expectations.

f. develop *cumulative* data feedback mechanisms.

The organization will accumulate information about *all* clients over time in approximating and/or attaining their goals & objectives. This data summarizes the *overall* experience and constitutes a record of *organizational performance*. This data is most necessary for measuring *effectiveness* and for developing strategic and tactical plans for continuous quality improvement. An organization cannot learn without evidence to measure against a standard.

g. develop *cost/benefit* data feedback mechanisms.

Cost has traditionally been defined as the total expense of providing an individual unit of service. However, costs can also be grouped around outcomes. This includes direct service cost, program administrative cost *and* overhead costs. These costs can be grouped summatively to identify how much is being spent on individual clients and cumulatively to identify overall cost of the organization in attaining outcome.

Benefit can be defines as a unit of goal attainment [outcome]. These units [objectives] can be grouped summatively and cumulatively.

This data is most necessary for measuring *efficiency* and for developing strategic and tactical plans for cost containment. As with other business, human services must be concerned with short term and long term costs. Effective outcomes, while expensive perhaps to achieve in the short term, have long term cost reduction through avoidance of recidivism. Presently services tend to be unending and even if inexpensive each year are cumulatively expensive.

- Management must evaluate and communicate *organizational performance* or *efficacy* [effectiveness & efficiency] in regard to intent.

Simply indicating how much service has been provided is irrelevant. Only measurement against intention and outcome is relevant. Otherwise the data is purely custodial.

- Management must provide *technical supports* for the operation.

This includes financial, informational, communication, facility and human resource support. Whenever possible, these technical supports should be required to perform as *intrapreneurial* aspects of the organization. This means that their goods and services should be developed in a manner which can be sold in an open market at a competitive price and quality. So developed, there is the opportunity to sell such goods and products *internally* at cost, and *externally* at cost plus. This makes for better quality, more productivity and contributes to the efficiency of the organizational performance. *Program funded* technical components have the same problems as program funded services. They become wasteful and attempt to solve quality problems by expending more time, money and energy rather than dealing with fundamental issues. Managers should always consider purchasing technical services outside rather than escalating costs inside. Technical services need to *compete* to maintain their edge.

Technical functions are not decision making functions of the organization. In public human services, the financial department has traditionally participated in [if not controlled] public policy and service delivery decision making, by controlling financial resources to other parts of the organization. Making the function of financial accountability and forecasting, a vendor/supplier to the operations [service] departments and making the operations [service delivery] departments capable of purchasing such services elsewhere, places the decision making where it needs to be and focuses the technical departments on their responsibility of serving their customer [operations].

These are the minimal management responsibilities of public human service organizations which must be carried out. Many are not presently considered. Few local administrators see social policy development, planning, research & development and other functions as their responsibility. Those that do are on the leading edge. The failure of technical supports in government are profound. Program funding combined with civil services makes a difficult problem for management. Intrapreneurial enterprise allows the civil servant the opportunity to become their own boss and be in their own business within the structure of security. But the potential of privatization should also be a significant motivator to high performance.

Administrative Process

A major part of any organizational plan is to ask the question - "What business are we in?" To understand the nature of that question for human services and their relationship to governmental "purchase of service", we must examine both the statutes and the public administrative processes that have developed over the years. The simple functional definition of the public administrative process of a governmental unit is: "the implementation of statues by the executive agencies of government" [Robinson, et al., 1986]. Legislative bodies often prefer not to legislate in detail because of the heavy burden such an approach would impose; the need for frequent statutory amendment as conditions change and the need for frequent presence on technical matters over which they are not knowledgeable. Thus, to manage the development of special knowledge regarding complex and often rapidly changing processes, bureaucracies have been developed which can more flexibly respond to protecting from harm, instead of trying to allocate loss after the fact, as does most judicial relief. In this context, the administrative process has been defined as *rulemaking when not done by the legislature and adjudication when not done by the courts*.

Thus the role and function of public administrative agencies and their hierarchy of subordinate bureaucracies is one which contains elements of - developing the systems as well as developing means for accountability, while within some context making discrete decisions about what are appropriate actions within the regulations, and what are not. The whole basis for public, government action is to develop "public goods and services" which cannot optimally be produced in the private market place.

Our concern is with those goods and services arising from concern with the discrepancy between public wants and private supply. This discrepancy exists either because of the existence of externalities [or third party effects] or because of resources used or outputs produced that are undervalued by the private sector. Thus, simply for efficiency's sake, collective concern and public action seems to be required to allocate resources in accord with true valuation. "The output of those goods from which one cannot be excluded as a consumer - and for which one cannot be compelled to pay his share of the cost of provision - play a large role in the thinking of

those who have been concerned to derive a legitimate role for public activity" [Robinson et al., 1986].

The complexity of these factors need not be delineated here. It is sufficient to state that to administer through regulation and/or adjudication imprecise statutes on a local level has some very difficult aspects. Not the least of this complexity can be attributed to the political structure and process. In this regard, there is a significant point of view that "the political process is a market - like mechanism that coalesces the views of the members of society. Here the political process is a facilitating and implementing one, not intrinsically a formative one. An efficient government, like an efficient market, quickly and accurately translates inherent preferences into explicit consensus" [Steiner - 1974].

Steiner goes on to suggest that people discover their preferences best by confronting real alternatives, so that government helps people discover as well as fulfill their collective preferences. This suggests that the political process must forge a public interest through discrete activities which are then constrained by individual preferences. In either case, it is suggested that the public administrator operates within a market context in that individual preferences either support or reject substantive activity.

The decisions about what substantive activities in which to locally participate are somewhat prescribed by the regulations propagated by higher levels of agency administration. Clearly, the local authorities can often do more than the regulations, but cannot do less. The regulatory activities [commands] are thus constraints which are ever increasing from the federal agency through the state to local administration. The adjudication or decision making process, however, is not constrained in the same manner. While the regulatory function is constrained in both degree and type, the adjudication process is constrained by type only. Within the constraints of regulation, the local administrator has the same degree of freedom to act as does the head of Health and Human Services.

Such adjudication is constrained only by the “possible”. What this means is that the local administration can do anything within the regulations it wants to as long as the political [and judicial; it must be legal] process allows it.

The functions of the administrative process at the local level therefore seem to include local regulation and decision making which shape public political preferences regarding the activities undertaken by the office. Further, they imply that a major part of the administrative process needs to be the shaping of public policy on a local level by “marketing” to the externalities [or third parties] regarding the service implementations. The ability of the local administration to function in this manner which meets the needs of the end user is specifically related to the ability to influence the political powers to support quality services. Since it is expected that elected officials will respond to the wishes of their constituents, the development of public opinion regarding atypical people and the services to which they are entitled, is of major importance.

This differs from a perspective of “marketing” to the elected officials themselves. Such efforts, while effective in the short run have potential long term negatives. The “public” may choose not to continue with the incumbents and the whole base of local administrative power and authority could not only erode, but be overthrown. The outcome of this is often a dramatic change in administration and chaotic behavior within the system itself due to continual change in focus and direction. For a group of systems in which “continuity of care" is a major doctrine, such reversals are particularly significant. It is more hopeful that the “public” market will continue to keep electing officials who support their preferences and will shape even those who do not. Thus a consistent local focus can provide continuity for the system and the end users.

Failure to influence the political market will result in the inability of the administration to carry out its functions in the manner it feels are the best possible options within the constraints of administrative regulations handed down from above. Community education takes on new meaning in this light. Its value to the local administrator is almost as important as the functions of accountability, resource allocation and the acquiring, disclosing and protection of information.

The "business" of the local office is predicated upon these four variables [marketing, accountability, resource allocation & information management], which are interdependent. Accountability [enforcement of regulation] is often seen as the predominant function since such regulations are the most obvious constraints handed down from above. It can be argued, however, that it is not the constraint of regulation [which are rote procedural activities at best], but the latitude within the regulations for adjudicative decision making that is the essence of the local authority. The ability to allocate resources, for example, is indeed limited by regulation, but it also has a great deal of discretionary latitude and provides the ability for the local authority to provide substantive activities upon which the public can develop its preferences.

Thus the development of new resources and the reallocation of old resources can be seen as a method of shaping and honing local public policy and of providing the "power" to accomplish goals. The management of information is also important in that it is the collection and analysis of information that documents [or should] outcome, that is necessary to help the public understand the impact of social policy. While constrained by confidentiality, astute collection and dissemination of appropriate information is a cornerstone to shaping public opinion, and therefore public policy.

In short, the local administrator can take the half empty glass philosophy of how much s/he can't do because of constraints from the state and federal government; or conversely, the half full philosophy seeking to creatively manage as much as they can within the constraints. As you might assume, these are significantly different administrative positions. The half full position should cause the local administrator to ask questions such as:

- While I need to be accountable to regulations; might I not also be accountable to locally determined outcomes?
- While substantial portions of the available revenue are categorical; what is the constraint upon raising revenue elsewhere and what waivers might be requested?
- While I am bound to report certain data to the state and federal government; what other data should be collected to help local planning?

Osborne and Gabler [1992] provide an additional perspective. According to them government's function is *governance*; the process by which we collectively solve our problems and meet society's needs. Government is the instrument we use and as one elected official suggests: "In government the routine tendency is to protect turf, to resist change, to build empires, to enlarge one's sphere of control, to protect projects and programs regardless of whether or not they are any longer needed" [Hudnut - 1986].

In reviewing the historical development of government, Osborne & Gabler suggest that such bureaucratic structures were developed in response to the political machines and their abuses and that "In making it difficult to steal the public's money, we made it virtually impossible to *manage* the public's money". With the observation that the product of government was slow, inefficient and impersonal, Osborne & Gaebler suggest ways to change this ethos by focusing on government structure. Despite protestations about the difficulty in managing without structural change, they then proceed to define *philosophical* changes which are predicted to save the day.

Ten principles are suggested:

- promotion of *competition*,
- *empowerment* of citizens by pushing control out of the bureaucracy and into the community,
- measurement of performance, focusing not on inputs but on *outcomes*,
- being driven by *mission*, not by rules and regulations,
- *prevention* of problems before they emerge, rather than simply offering services afterwards,
- decentralization *of authority,*
- *use of market mechanisms*, instead of bureaucratic mechanisms, and
- focusing not just on providing services, but in *catalyzing* all sectors - public, private and voluntary - into action to solve community problems.

While one cannot argue with these principles and much of this paper will focus on their implementation, Osborne and Gabler us give very little information about how to change a

system which they have described as “virtually impossible to manage” into one in which these principles can be implemented. Nor do they discuss thoroughly the “social” and “political” implications of retained power. Nonetheless, these principles or *values* are the basis for potential change. Local administrators of human service agencies have some of the structural steps already taken, since they contract with private [generally not-for-profit] agencies to provide the services. Unfortunately, the “social” and “political” territorial imperative displayed by these organizations seems to imply that they might have become a *part* of the government bureaucracy and as described by Hudnut, lost their mission through bureaucratic structure.

Peter Drucker suggested in 1977 that these “public service” institutions were the real growth sector of modern society. “They are, so to speak, load-bearing members of the main structure. They *have* to perform if society and economy are to function...” Yet, despite this expectation, he indicates that “the evidence for performance in the service institutions is not impressive”.

If Drucker is correct about the necessity of this sector of society to perform, local administrators will have to take some degree of responsibility for enhancing the performance of those organizations with whom it contracts. Since presently the administration merely purchases *services* from these “privately organized” “public service” organizations, its method of enhancement has been necessarily indirect. Direct effort through regulation have been relatively fruitless. This type of regulation has brought the same detail process problems that the legislature has wished to avoid and the vendor’s complaint of *micromangement* has the ring of truth. These difficulties exist, we believe, because the contracting concentration has been on *services* or the process of providing help, rather than the *outcome* of the help provided.

Normally when government contracts, it buys a product or outcome, not a process. If the mission - or social public policy is not clear, performance outcome is also not clear. As we have already stated, part of the difficulty may stem from the fact that government is not as concerned with “improved products [better functioning clients] as it is with quieting larger social [third party externalities] concerns.

Performance contracts based upon the *outcome* of the services offer a very different potential from what presently exists in most human service government/private relationships. Within the constraints of regulation, local administrators have the sanction to contract for outcome; but very few have the *power* to do so. Placing such an expectation on contracted providers would threaten the "social and power relationships" that these entities have built over time and such direct action is sure to bring about "political" ramifications that will at minimum test the authority of the local administrator to act. It may also cause political anxiety for elected officials and policy makers by contrasting the explicit mission [client growth and development] with the implicit mission of social control.

Both the performance levels of contracted provider agencies and the shaping of public social policy are enhanced through the decision making in regard to resource allocation. While there are interactive limitations [political interjections] to these decisions, generally speaking, contracts which direct performance utilization, process and *outcome*; provide financial incentives for the "*right results*" and produce *documentation* which provide the public with an understanding of "successful" performance, will do much to reach the goals of positive local administration as long as local leadership is able to make client growth and development its explicit and only goal.

The tradition of not-for-profit organizations, however, does not lend itself to outcome orientation. "... The [public] service institution is a fundamentally different "business" from business. It is different in purpose. It has different values. It needs different objectives. And it makes a different contribution to society. "Performance and results" are quite different in a service institution from what they are in business. "Managing for performance" is the one area in which the services institution differs significantly from a business. "Public service institutions do not perform because they are not managed for performance" [Drucker - 1977].

If this perspective has any validity, it becomes a function and *responsibility* of local administrators to provide the technical assistance on the one hand and the contractual accountability on the other, to help service institutions meet the needs of the end users. The local administrator is not merely in the business of passing along funds and monitoring. It is in the

much more proactive business of seeking the "possible" through best practice efforts. It therefore stands the real test of becoming obsolete through a rote, traditional pattern of activity. Social efforts at enhancing services to "people with problems in living" are to a large extent contingent upon the development of technology.

This obsolescence[9] has become apparent recently with the advent of the Managed Care Organization [MCO] contracts with Medical Assistance. These contracts are indicative of the frustration in regard to the failure of the County Offices to *manage care*. This failure was brought about through the failure of local administrators to meet either the explicit or the implicit mission very well. Local administrators often do not control either the entry into the market or the information about market utilization. Thus they ignore the basic social policy issues and became a conduit for funds and the accountability unit for regulation. This ignored the latitude available to them to develop local social policy, but also reduced the conflict with contracted provider organizations.

The result is a system of custodial care which only hides the problem created by people with problems in living sporadically [while they were out of sight], and the lack of personal growth and development and functioning has created a back log of "incorrigible", "hardcore" or "chronic mentally ill" people who are becoming more and more obvious. Meeting both the explicit and implicit concerns will, in the final analysis demand attention to the *fundamental* issue of actualizing client growth and development. As people with problems in living are better able to function in and contribute to society, the need to protect oneself against them and to hide them away in institutions will diminish. Thus the process of trying to serve two masters has

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9 One can easily predict the same failure in this abortive attempt, if for quite different reasons. The Managed Care Organizations are being held to outcome by the Office of Medical Assistance Programs, but those outcomes are economic, not social. The expected outcome of *cost containment* without regard to developing client competencies is absurd. Further, the MCOs have none of the new technology since they have not served people with serious problems in living and in fact, do not serve serious and persistent problems well at any level. They will thus resort to the most intrusive and expensive technologies moving the profession backward twenty-five years. Finally, since the MCOs have no *final responsibility* for local constituents, they can ignore need with abandon, thereby easily meeting outcome expectations and expanding profit. Government as the *service provider* of last resort will find these people available to serve in other public systems under some other guise, thus increasing the cost and ignoring the fundamental problem.

caused failure to both; where it is conceivable that orientation to only one master [client development] would serve both.

To truly develop and implement *effective* practices which will have the outcome of people better able to function in life, local administrators will need to 1) shape a social policy which is locally acceptable both to professional values and the community at large, 2) develop and maintain a data collection system capable of measuring and documenting those technologies which produce outcome which meets the standards of the mission 3) overcome the theatrics and mysticism of the present paradigm which portrays people with problems in living as so pejoratively difficult that the helpers become viewed with a awe by the uninitiated and with despair by those being helped, 4) reallocate funds *through* the people with problems in living to avoid the monopolistic service set of the past and empower the best in each individual, while at the same time, 5) maintain sufficient control to avoid "moral hazard [the overuse of services by anyone individual] while assuring that people are served to the point of being able to benefit by improved functioning,

This transformation will need to take place at a time of both opportunity and challenge. Cultural values are in a dynamic state of flux at the moment. The view that people are victims and not responsible for their own behavior has peaked, which means it will begin to dissipate. The "abuse excuse", which is an expansion of the "innocent by reason of insanity" plea, is increasingly becoming a negative perspective for the populace as they weary of the high profile court cases which allow people to factually "get away with murder". The recent conservative surge tends to assert individual rights and responsibilities and is indicative of the desire for change. At the same time a major backlash can be expected as the fear grows that conservative views will criminalize and punish every behavior without regard for extenuating circumstances, before a "guilty, but insane" balance is found.

In the meantime, these new individual responsibility values have combined with technological breakthroughs to lead to a movement away from the institutional phase into the community facility phase of service delivery. New technologies are now available to develop more market driven, self help, community membership levels of service. The local administrator has a

responsibility to develop these technologies and to implement their usage as part of the public policy shaping activity to be supported by performance contracting and allocation of resources. These new technologies will allow the crippled local administration to restructure their provider system; making "voucher" or escrow contributions to individual clients so that they can 'shop' in a preferred market and providing personal support[10] to assure that 1) services are rendered appropriately, 2) moral hazard is avoided, 3) outcomes are being met, 4) new technologies and service configurations are introduced where recalcitrant problems arise, and 5) clients move out of the system into more productive lives.

This new "market driven" style will allow cost containment efforts to stretch the base dollars into useful participation in the lives of people with problems in living. One could hope that other administrators could learn from the obsolescence of mental health administrators that now is the time to restructure before their allocations go to someone else to fail first. On the other hand, such a crisis as system collapse surely provides for Smelser's six preconditions for collective change behavior.

New technologies, performance contracting and resource reallocation based on outcome, lead the local administrator to a responsibility for *service delivery design*. The "architectural design" of the system has major impact upon the quality, quantity and cost of the services. Part of this architectural design is developed from mental constructs about why things happen as they do. "Current cost-containment strategies adapted by Medicaid have assumed that hospitals keep patients beyond the point of maximum benefit primarily because of inefficiencies or financial incentives. It is not a matter of dispute that both of these considerations may play a role in service patterns. However, this assumption does not address the possibility that hospitals also keep patients longer than necessary, particularly the severely and persistently disabled, because adequate community services are not available[11]. Raising this possibility does not deny the

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10 Personal support must be tied to a broker advocate who is capable to helping the person with problems in living shape the questions and decisions to extract the most productive services form the available choice set at the most reasonable cost. This function must be separate from the provider system, but with strong ties to the local governmental authority.

11 Again, the point could be made that the implicit public policy of social control and "out of sight, out of mind" is made explicit by this failure.

potential importance of financial incentives, but rather points to other factors influencing hospital stays such as the complicated problem of interaction between fiscal factors and program structure" [Dickey, et al - 1989].

"Two approaches, conceptually different from one another can be used to study the relation between costs of service and structural changes in their delivery. One approach, resting on the economic concept of substitution, hypothesizes that under certain conditions less expensive treatment will be substituted for more expensive treatment without a change in outcome. The second approach is based on the clinical concept of differentiating treatment-related clinical intakes into levels of care. The hypothesis here is that a better match between patients' needs and the services available to meet them will help to reduce the use of the most restrictive setting and improve clinical outcome" [Dickey et al - 1989].

The suggestion is that contract agencies operate on two levels; financial and clinical and while financial incentives may adversely affect clinical decisions, they do not obliterate them. The difficulty arises in that "...there are few conceptual models for characterizing the population in treatment which coincide with the planner's perspective. Prior to promulgation of deinstutionalization policies, most severely disabled patients were long-term residents of hospitals and were expected to remain there [Craig & Laska - 1983]. Planning for service needs of patient populations could be carried out by locus of care. Inpatient bed need was determined from projections of current inpatient population sizes, as outpatient service requirements were-determined from outpatient enrollment. However, present mental health philosophy has resulted in widely dispersed community-based services for patients of all levels of disability. Thus locus of care can no longer singly serve to identify the level of disability of patients and their expected service needs. Severely disabled patients may be successfully utilizing community-based services, and therefore, be expected to have long and sustained service requirements that are both intramural and community-based" [Pepper, Kirshner & Ryglewicz - 1981]. [Siegal, et al - 1989]

Needed level of care is also not any longer able to be defined by diagnosis. People with severe and persistent disabilities are often found living independently with little connection to the public system; and in fact, this is the avowed goal. Therefore, the ability to come to some agreement

about how to define functional abilities and to assure clinical agreement as to needed services becomes a major part in shaping the structural system.

However, in many ways the reallocation of resources to provide incentives to enhance different levels of services and the creation of appropriate levels of care to meet clinical needs are hands that wash each other. The use of financial incentives, must be tied to a social policy posture which suggests the "right results" since clinicians do not always agree on what "right results" are needed.

If the system's clinicians agree with the local government administration about what is needed, financial incentives merely sweeten the pot and make it easier for management people to meet the needs of the organization's clinicians. However, the use of financial resources is absolutely necessary when the local administration is asking the organization to change the way it thinks about the provision of services and financial incentives cannot be developed for events which are not part of implicit public social policy.

As we have indicated, the issue of clinical choice is further eroded by the externality of services to the mentally disabled, in most cases, a third party benefits from the restrictiveness of the services offered [to a lesser degree this is true of all human services]. Therefore, decisions to keep clients in least restrictive settings fully involved in the community may be met with resistance by both family members and members of the community-at-large, both of whom have vested interests. Clinicians, like most people [including administrators], will avoid conflict whenever possible and it often becomes easier to modify a decision which might promote independence because of the fear of liability if such a decision is wrong.

"Underlying these efforts is the belief that the systems that can tailor services to client needs[12] will be more effective [and perhaps more efficient] than procrustean systems that over- or

12 McKnight [1989] points out that seeing individual primarily in terms of their "needs" leads to having "experts" giving each perceived deficiency a label. "The negative effects of this diagnostic process have been thoroughly explored in the literature regarding labeling theory. As a result, we are generally aware that to be diagnosed and labeled "mentally ill" or "disadvantaged" carries a heavy social consequence." But more than that, McKnight points out that such an

underserve clients. Some argue that if these specialized services could replace some [or all] of the days spent on inpatient units, the goals of improved patient care and cost containment would both be served" [Dickey, et al - 1989]. Such an event, if effectively produced, would provide solace to both the protectors of society and the protectors of individuals within society who have problems in living.

Finally, the administrative process demands a networking with other administrative agencies. This is not only for the purpose of seeking unified social policy and systems, but also as a means of enhancing resources. From the unifying aspect, this networking is to avoid a fragmentation of services for those people who are labeled as having a "dual diagnosis". For administrative and planning purposes a "dual-diagnosis" client is nearly always a dual system client. From this point of view, dual diagnosis clients are "produced" by the service systems with diagnosis specific programs [Rice - 1989]. This means that funding and regulations are driving the services. In order to get the services designed around the person, the agencies need to develop unified, not separate approaches. Since diagnosis is unlikely to provide the unifying factor; *functionality* perhaps can. Since clients with differing diagnoses often function in the same manner and competency technologies provide the best practice notions of the day, such functional positions pose the best opportunity for single program approaches to multiple problems.

Since human service public agencies have developed sporadically around individual interest, they have evolved into conflictual entities who have the propensity to allow needy clients to "fall through the cracks". The fact that some are developed on the basis of age and others are developed on the basis of disability, allows for the mental retardation agency to opt out of services to children who are the responsibility of the school, and the Agency on Aging to opt out of services to people with mental retardation who are over sixty-five. The fact that only education is mandated to provide services allows for an avoidance of services to young people and prevention takes a "back seat" in the process.

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approach denies opportunities for people so labeled to "express and share their gifts, skills, capacities and abilities with friends, neighbors and fellow citizens in the community. As deficiency-oriented service systems obscure this fact, they inevitably harm their clients *and* the community by preempting the relationship between them."

On the resource side, if the development of public service institutions is a reflection of an economic surplus caused by economic activity [Drucker - 1977]; a turn down in such activity leads to potential constriction of these services at the very time that the impact of such a turn down would be expected to increase need. Searight, et al [1989] indicate in their review of the literature, that (a)ggregate-level economic decline has been significantly related to utilization ranges of public mental health services. "Between 1914 and 1967, mental hospital admissions increased during economic downturns and decreased during economic growth." They further indicate that this relationship has strengthened in more recent years.

Catalano and Dooley [1979] have suggested two models to account for this relationship: the "*provocation*" and the "*uncovering*" hypotheses. In the provocation view, economic changes result in stressful life events for individuals which "provoke" psychological disequilibrium. While some people are able to adapt to these changes, others [who are "vulnerable"] come to evidence psychological symptoms or disorders" [Searight, et al - 1989].

In the "uncovering model", it is postulated that community-level economic change disrupts the tenuous stability of the social roles of already symptomatic or disordered individuals. Catalano and Dooley also noted that the two hypotheses are not mutually exclusive and that both could be involved in mediating the economic change-admission rate relationship [Searight, et al - 1989].

Searight also goes on to indicate that the difficulty of potentially increased need is additionally exacerbated by resulting in fewer hospital beds through cutbacks in public mental health funding. The "overall results suggest that changes in the number of public mental health inpatient admissions were, at least in part, a function of the economic and political systems within which the public mental health system operates.

In any event, the public administrator needs to develop potential for a reversal of fortunes at the very times that the resources available for increased services are most likely not to exist. Networking relationships not only offers the best chance of a unified front to legislative cut-backs, but additionally provide for cost sharing opportunities when they are needed. This network potential can only be achieved through a thorough understanding of the political process

and of an organizational performance which is documentable and marketable in a tight market. It must be seen as an investment, not a cost.

The local public administrator then is responsible for the "public" marketing of a pointed social policy which will address the third party external needs regarding the service outcomes for people with problems in living. This marketing not only provides for a *continuity of services* through changes in political leadership, but buffers the system against hard times. To build an adequate marketing strategy requires information which delineates acceptable outcomes; documenting the effectiveness of the system to all concerned. An information system capable of such collection and analysis is mandated, but a focus on collecting the right data: outcome, is also a requirement.

The local public administrator enhances the ability to gain appropriate outcome through a clear definition of the "right results". Such a development probably demands a research and development arm in order to both identify and measure the results of "best practices", but also to develop new technology and to train the people in the system. Finally, the local public administrator is required to allocate resources based on rewarding the "right results" demonstrating that, that which gets rewarded gets done

Steering

All managers manage systems, A system is a community of interest. A system may be described as a group of interdependent components that are in a relationship for the purpose of carrying out some stated mission. The manager's job to some extent may be described as putting together the parts of a system in such a way that the most workable combination is found. There are several major aspects to systems. The first is *hierarchical arrangement*, i.e., one system is included within another - there are different levels or ranks with one system subordinate to another; and the second is *interdependence*, i.e., one system must interact with another to carry out its mission.

These two perceptions lead to an inevitable conclusion that the interrelationship between and among systems is infinite. System and subsystem become interchangeable terms depending upon one's point of reference. Thus examination of a system requires a definition of what *set* one will examine. A "set" may be described as an arbitrary separation of a part of an infinite network which relates to a specific hierarchical pattern. This means that the set you choose to examine must have a hierarchal stand alone arrangement and not take parts of an interdependent network which have direct superordinate/ subordinate relationship. Such a set, be it the financial department of a larger system or the local humans service system, will have a "head" or leadership entity.

It is in a leadership position of a set that includes subsets of technical and operational aspects of the organization, that top level management takes place; remembering that "top level" is relative within an infinite network - thus the head of a provider organization has top level management responsibilities, but is subordinate in the network to the local administrator and the state administrator. His or her independence within his or her own organization is modified only through the acceptance of the leadership of those above. It is these top level managers for whom the issue of goals and direction are of major concern. In the network the goals and direction are protected or compromised through the interrelationship.

Two other aspects of systems have been identified. First, that goal and/or direction which is usually referred to as the *mission* of the organization. As a community of interest, there must be a common goal. People get together in systems to reach goals. Where the goals are clearly identified and agreed upon and each subsystem is focused upon achieving these goals, a system may be described in terms of its *wholeness*, which is another aspect of systems in general. It is the connection and relationship among subsystems that project the wholeness or coherence. Thus it is the commitment to mission, purpose, direction and/or goals that makes a system whole.

The manager's responsibility is then to *steer* the system, to provide a common direction [wholeness] and interrelate with subordinate systems which have similar missions which are coherent. Clearly, if wholeness exists, management becomes much more technical than charismatic. The weakness of a system may be identified by the level of motivation as expressed

in the available *energy* of the people in the system to strive toward achievement of the mission. This level of wholeness is monitored by the level of coherence between the individual beliefs about mission and that articulated by the governance. The management task is how to motivate employees in the most effective manner. Commitment can best be sustained by the coherence of personal and organizational goals. Where the vested interest of the individual and the system meet, there is the best potential for successful implementation of wholeness.

The difficulty, of course, is that when dealing with people, there is a principle of uncertainty. While we know that people will respond to reward, we cannot always be sure that we know to what reward they will respond. Or even what they would consider a reward. It is often problematic even to ask, as the uncertainty about what we want, beyond what we need, is often uncertain even to us. The manager's desire for *intentionality* in staff to actively use their energies towards reaching the goals of the organization, therefore can only be implemented through trial and error [testing peoples personal goals against mission goals and finding out what they value] or reward/punishment [providing incentives to act in an appropriate manner thereby making it more likely that the individual will desire to get the reward and avoid the punishment or lack of reward].

But management success is not only the expression of energies, but also through the mastery of that energy. The ability of management to *focus* the organization on the common goal, and then to provide the *architecture* which *supports* activities which promote the mission by placing *incentives* for performance. The ability to identify those areas of activity in which variation from scheduled performance occurs, is critical to the ability to administer the energies of the people in the system.

Thus the two major elements of a system are people and procedures or ways of doing things. While you cannot always motivate the energies of people to act in specific ways; you can specify the manner in which they will act. As Confuscious has suggested, "if you want a polite man; first have him act politely." You do not accomplish this goal however, by regulation or command; you accomplish it by positive expectation, modeling, retraining or "weeding out" those who do not meet the criteria. The second step of management [after creation of the mission] is to develop

values about ways of acting or doing things which are specifically oriented towards supporting attitudes and activities which promote the goal or mission i.e., teaching the appropriate cognitions and behaviors.

The creation of cognitive behavioral management procedures, however, is not sufficient to assure that the activities are taking place. There must be two further applications if assurance of conformity to the principles of the mission are to be maximized. First, there must be the ability to *identify variations* from valued behaviors and second, there must be a remedial response.

The ability to identify variation from valued behavior is contingent upon the ability to develop performance standards of implementation and outcome in a manner which can be measured. Once measured, the variations from the norm can be computed and the manager can create hypothesis about why the deviation has occurred. Once having developed and determined the hypothesis, the manager can develop a remedial response of reward/punishment or retraining which is appropriate to support the expected behavior.

The potential for paradox may occur, where the staff person does not follow the valued behavior supported by the organization, but continues to meet the outcome expectations of clients. While this appears to be implausible, once can develop the analogy between slavery as a means of full employment, or starvation to meet the need of weight loss. In most cases, a manager might assume that a failure to meet the moral, ethical and ideal principles invalidates the successful outcome, but this may not be so. A manager will need to examine these cases individually to determine whether the valued behavior is limiting and can be expanded to include the behavior of the 'maverick' who achieves with it. Thus outcome alone, is not sufficient merit to validate behavior.

In summary, managers manage systems, and the manageable elements of those systems are people [individually and in groups] who organize themselves and develop ways of behaving in order to achieve goals. When the commonality of goal is sufficiently precise the system can be described as whole or coherent, the people will, of their own volition, act appropriately to

achieve the mission purposes. Thus, the development, articulation, discussion, reiteration, and ownership of a clear, concise mission is the *primary directive* of management.

When the commonality of purpose is not sufficiently precise, which is certainly the case in the articulation of public social policy regarding human services, we can expect a failure of expectation. The overriding directive then is to clarify and articulate a clear mission. Such a statement must be precise in outcome expectations. If the mission is to 'cure', indices for 'cure' must be measurable. This is the 'steering' of which, Osborne and Gaebler speak in Reinventing Government.

Once governance, through appropriate management leadership has been able to articulate the mission, mastery of energy becomes the follow up.

- The first step in such mastery is, of course, recruitment and selection of employees who have a *personal coherence* with the mission.
- Failing that, there is the need to orient and train people in the behaviors necessary and to assure that they understand the outcome expectations.
- There needs to be a means of collecting information regarding the variations of outcome performance.
- There needs to be and appropriate response; reward for achievement; and retraining or termination for failure.
- There needs to be a means of identifying *better* practices, so that the initiatives can be continuously improving. This is the place that management allows the direct service worker to improve the system through front line knowledge and performance.
- There needs to a compilation of outcome information from a cumulative basis.
- Finally, there needs to be a projection of future expectations and goals.

Altruism, despite the idealist nature of human beings is not a primal need and is easily offset by the need to personally survive and gain. This is particularly so when the people involved in the delivery of human services are often less than self-sufficient themselves in the areas of protection and acquisition. As a group, human services helpers are likely to be idealist who are vulnerable

to the nuances of life themselves. The additional benefits of a mission oriented management is that it gives a concrete measure to people about their contributions and failures with the potential for reward for strong performance. This gives better definition to their own lives as a buffer against losing sight of the altruistic goals in order to serve their own.

The Economic Perspective

Medical services are not an ordinary purchase. The purchaser hires someone else [typically a doctor] to tell him or her what to buy. Most risk is borne by the patient - payment is not contingent upon the success of treatment [Steinberg - 1988]

Payment for services may be prospective or retrospective and is often the responsibility of third parties [insurers or government], though responsibilities are shared by the purchaser [through copayments, deductibles, caps, restrictions on eligible providers and restrictions on covered services] and the general public [financing through implicit tax expenditures].

Within this unusual market, the market for mental health and other services such as drug and alcohol abuse is unique. In many cases the purchase of treatment is a direct response to what might be described as antisocial activity by the customer. Sometimes the purchase of treatment is voluntary, though it is commonly coerced, either implicitly [through threats of more dire experiences] or explicitly [through involuntary commitment].

Ideally, the service would change the client's preferred life activities in order to eliminate the behavior that has been considered not acceptable, but this has not proved to be easy. Realistically, we often measure our success more by our ability to minimize the social side effects by isolating, masking or reducing symptomology than by our ability to change the person's functioning. This is an "out of sight, out of mind" philosophy in which the individual with problems in living is placed "away" until they can control their antisocial behavior.

For organic illnesses, society has considerable sympathy for the victim. Sometimes, the reason for this is obvious, as when the onset of the illness is completely outside the victim's control.

The limits of public compassion, however, are tested by calls for public subsidies for treatment of the "mentally ill". The public is inherently aware of the *metaphor* of "illness" and understands very well that people so labeled have more ability to control their activities than most mental health professionals would like to accept. Further, the activities that are most disturbing are those which interrupt the lives of members of the public, often in most unacceptable manners. Finally. As a matter of "common sense", the public labels anyone who commits atrocious acts "crazy" or "sick".

Thus if services are to be funded through tax dollars for this population they must be made to benefit non-consumers as well. Again, this leads to a bias towards "out of sight, out of mind", since community members would just as soon not be aware of the assumptions and pain of the problem.

Consumer Sovereignty

Steinberg reminds us that economist are, with just cause, reluctant to prescribe what is good for a person. Generally, a person's own "revealed preferences" are taken as data, so that any change in consumption resulting from an enlargement of an individual's choice set [the set of feasible combinations of goods or services] is regarded as proof of betterment. This reverence for consumer sovereignty is natural when consumers are well-informed and preferences are stable. Further, economists are typically wary of social decisions to overrule individual preferences, for they fear that this opens the door to the worst kind of paternalistic excess.

The "medical need" paradigm overrules individual preferences entirely, replacing them with a determination by physicians of the amount of care a person should have to obtain the highest state of health possible within the constraints of current medical knowledge[13]. Despite these objections, most economists remain unpersuaded that the state can do better than individuals in determining what is good.

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13 The fact that there are no treatment standards for person labeled "mentally ill" merely exacerbates this concern.

One can justify intervention by rejecting the principle of consumer sovereignty as it applies to the mentally "ill". Society can continue to care about the well-being of each of its citizens, but reject the notion that the mentally "ill" are the best judges of their own well-being. Mental health treatment may be a "merit good" - a good which the mentally "ill" systematically undervalue. The problem with such an approach according to Steinberg remains - where does the paternalism stop? Should society reject the self-valuation of skiers, Democrats or listeners of disco music?

A valid distinction could, perhaps, be drawn in the case of the mentally "ill". We might reject self-defined interest anytime behavior leads to objective decreases in physical well-being. If we accept the "multiple personality" theories, we could draw a finer distinction. Such theories assert that the "psychotic" state alters the person's preferences between goods, in effect making them into another person.

Consumer sovereignty is not so well-defined - which personality is the one whose interests society should protect? Society need not accept the individual's resolution to this conflict. We could reject the self-defined interests of the "ill" person in favor of the self-defined interest of the rehabilitated person on the grounds of objective physical well-being. Is it really paternalistic if the former "patient" will thank you someday for interfering with his precious preference? Or, on the other hand, what if the rehabilitated person reviles the helper even after presumably being helped[14]?

Another way society could decide which of the many consumer preferences possessed by an individual to respect is to use the legal concept of duress. Decisions made under duress are legally suspect. Certainly the person suffering from psychotic stress is under duress. Thus protests against treatment in crisis may be suspect and perhaps, not respected, But the coercive nature of involuntary commitment and treatment is also duress. Therefore, ethical doubts about the wisdom of such a policy will remain.

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14 The fact that psychiatrists are regularly pillared by former clients underlines the fact that many, if not all, are genuinely disturbed by the choices made on their behalf.

From both an economic and philosophical perspective, it seems that the *transformational* system must be built on the concept of self-preference or self-determination. In architectural terms, this indicates a leaning towards a consumer [or market] driven system.

Market Force

The political system in the United States operates under the presumption that, whenever possible, activities should be carried out through the free market. This concept is of course underpinned by the concept of consumer self-determination.

Government generally becomes involved only when the market fails to bring about public objectives. This is so to a large extent because the public sector is constantly under suspicion of being wasteful and inefficient in the absence of an automatic disciplining mechanism such as the market.

To some extent, such a market force has been tested in the public sector with regard to the Job Training Partnership Act [JPTA] and it may be that some of that experience can be helpful.

It is clear in the JPTA evaluation [Bailey - 1988] that the use of performance standards shifted the regulatory focus from the training process to its outcomes. This, in and of itself, created the appropriate atmosphere for a market model to be considered. Nevertheless, the application of the market model to employment and training demonstrated at least three problems:

1) Although increasing profits is a reasonable incentive for private firms, the motivational basis of financial reward and sanctions in this case was less clear. There was an indication of a potential that the financial incentives, even though not sufficient to have significant effect, caused some shift of mission.

2) Although the profit rate and, in some cases, the market share are direct measures of the success of the private firms, the performance standards were related in only the most tenuous fashion to the objectives of JPTA. Because of weak definitions of goals, they

could not measure with certainty the absolute relationship between the standards and the goals.

3) Although private firms must pay more for higher-quality inputs, JPTA operators can use less effort and resources to acquire higher-quality "inputs" [clients who are easier to place in jobs] than lower quality "inputs" [harder to place clients].

In a simple conception of how the market works, the fundamental purpose of a private firm is to make a profit. As long as the firm breaks no laws, its profit level serves as a measure of its success[15]. In effect, the standards of its profit performance is an exact measure of its goal. This is not true for public policy, which must be justified on the basis of *substantive achievement*. Thus the performance standards have meaning only to the extent that they are related to the goals of the policy.

The development of standards must be tied to the specific goals and objectives of the program in a way that outcome measures can be ascertained in absolute relationship. The ability of the program to define clearly the underlying intent for each service rendered and relate that intent to the broader goals and objectives will enable linkage to be developed to outcomes which have meaning.

In most humans service programs "intent" is a often simply a description of what the program does; its activities, not what outcomes it is expected to accomplish. Thus residential services are described as having the intent [or purpose] of providing residential services; not as having an intent of teaching people to live independently. The fact that the service then meets its intentions and becomes a custodial service is indicative of the need for precision in defining outcomes. A major step in correcting the problem of performance measurement for an individual service is thus related to the ability of people in the field to redefine their services into quantifiable and qualifiable outcomes which are directly related to the goals and objectives of the intended social policy.

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15 It is only recently that American business enterprises are realizing that long-term profit may be more important than short-term. In that regard, social conscience and quality become assets.

The second major problem arises from the difficulty in separating the effects of the program from the effect of other factors [in particular, the selection process that brings clients into the program]. Increasing management efficiency is only one way to improve outcomes as measured by performance standards. Selective enrollment of the best applicants among the eligible pool can also affect these outcomes. The JPTA evaluation unveiled real concern about the tendency for a performance driven provider agency to underserve [through failure to include] potential participants with the most serious problems.

This experience demonstrates the limitations of the present approach. One failure of the market analogy lies in the fact that operators do not face a "price" for their clients - that is, their "inputs" - that reflects the services needed to prepare them appropriately. A more straight-forward and effective method for influencing client mix must be found through quantitative or expenditure requirements for services. We neither know much about the response elasticities to change in performance standards nor have a coherent 'theory of change' about what brings about such responses.

For the program to be successful, therefore, it must find the means to overcome the selection option either through incentives which make it less beneficial to "cream the crop" or through some other control of the selection process. In addition, it will need to be able to identify with some specificity the expected amount of energy necessary for each individual to reach the intended outcomes of the program and to quantify these energies in financial terms.

Finally, the market model is itself too simple even for most of the private sector as a final organizational performance measure. The limitations of quarterly profits as a measure of success are well known. High short-term profits may indicate inadequate long-term capital investments as much as good performance. Thus, well-run firms also consider long-term profits, market share and other measures. And of course, outcome measures of the performance of a large firm's divisions, departments or work teams are impossible. Private firms therefore must rely on bureaucratic procedures to evaluate and improve performance.

That being the case, important differences between public and private-sector remain. Whether the objectives are profit or market share, the production of goods or services is only a means to achieve those goals. In the public sector, by contrast, the substantive objective should be the only reason for carrying out activities and even successful financial incentives carry an inherent danger that a shift, marginal or total, in the mission from substantive action to profit will take place. Standards are no substitute for good management.

Utilization

According to Steinberg, the issue of moral hazard [the tendency of an insured to consume more services than s/he would if personally liable for the full costs], is more complex when treatment has external benefits. Moral hazard causes individuals to consume more treatment then their "private optimum", but this is precisely what, in the present system, we want the mentally "ill" to do since we expect the continuation of treatment to produce external benefits.

An external benefit or "externality" is an effect of market transactions [production, consumption or trading activities] on third parties who do not control the transaction. When a market transaction directly affects the well-being or productivity of others [a technological externality] there is a presumption in favor of governmental intervention. Thus the development of an effective social policy regarding the services rendered to people with mental health problems is predicted upon its ability not only to serve those people in need of services, but also to have a positive impact upon the rest of society.

The development of a market model in which the client is self-determining in his/her choice of services leads to the development of the potential for moral choice. The client might devote expenditure increments to increased comfort during treatment [such as upgrading to a country club type of residential facility] rather than more *effective* services, a clear moral hazard problem.

Services can only create external benefits when they are in some sense effective. One dimension of effectiveness is whether treatment results in a reduction of symptoms, but this is not the only criterion; there is also the increase in functioning. While symptom removal may benefit others by

reducing interference with their personal lives, it does not reduce the financial burden created by the functional dependency. The development of optimal functionality creates the opportunity to reduce both financial burden and personal/social incidents.

Selection of services has complexities whether self selected or assigned involuntarily. Because higher levels of aberrant behavior increase the likelihood that the person will be ordered into treatment, the sample of those initially referred for treatment will include both deterministically heavy users and those who used more than their personal average. Users in this second group are likely to consume less in the following period [regression toward the mean] regardless of treatment, but simple correlation measures make it appear as if treatment caused this improvement.

Self-selection bias is, perhaps, an even more troubling source of difficulty. Those coerced into treatment represent a non-random sample of the population, but voluntary admissions according to Steinberg are non-random as well for two reasons. First, those with less severe problems have a different [presumably lower] probability of entering into treatment. Second, those who aren't psychologically ready to cope with their problems are less likely to seek treatment. The impact of the second effect is clear - those who are ready to cope with their problem would be likely improve regardless of treatment so before/after comparisons exaggerate the causal relation between the two. The impact of the first is less clear, since one needs to know whether those with less severe problems would be more or less likely to respond well to treatment.

A third complication, already mentioned, is cream-skimming. Profit seeking hospitals have an incentive to admit for treatment only those patients who are easy to treat. Thus studies on such patients exaggerate the benefits available from more widespread availability of the program. To some extent government, and the not-for-profit organizations which act as an arm of government get a "bum rap" for ineffective services when compared to private profit corporations precisely because government as the *service of last resort* must deals with the most difficult problems.

Another variable is what is called the Freudian effect. Freud allegedly argued that when people have to pay for treatment, they work harder at getting better. If this applies, then programs that subsidize costs would reduce the effectiveness of treatment.

Different people require different sorts of service. Although self-selection between programs leads to statistical biases, completely random assignment would over-compensate, for certain people would be assigned to programs that were less appropriate for them.

Finally, approaches vary in their attractiveness. To the extent admissions are voluntary, attractiveness can be quite important. A program which is less effective can dominate a more effective program if it is capable of attracting a larger proportion of those needing services.

All of these complexities lead to difficulties regarding the utilization of services and therefore the ability to define the expected costs of such utilization for each individual. Additional complexities exist when one considers service delivery on a macro level. If government increases its service provision, does total service provision rise or does the government merely take over treatment for formerly paying customers?

Taken together, the issues raised above in regard to steering, consumer preference, outcome development, measurement and the like, seem to require that local public administrators of human services make substantial transformation from the traditional method of providing human services, if they expect to be successful. The local public administrator has a responsibility within her stewardship not merely to maintain the status quo, but to reshape the expectations of the society as well. An informed public, an aware staff, and a market architecture based on consumer preference seem to be important ingredients in a system with any potential for being efficacious.

What is clear is that the local administrator must be able to: rate inputs [client need and the amount of service that is necessary for reaching outcome expectations; measure outcomes; and reward those organizations which take the most problematic inputs, reach the outcome expectations in the most timely fashion and minimize recidivism.

CHAPTER 3 SERVICE DELIVERY DESIGN

The local human service administrator is operating in a turbulent environment caused by changes in technology, world perspectives or paradigms in both human service and political arenas, and the call for economic prudence. The public will is no longer prepared to settle for inefficient and ever growing public services which identify larger and larger numbers of recipients who, despite inordinate service, never seem to improve. While the public will is ready to try anything from reincarceration to ending such services, the local public administrator is likely to react with the same clarion call of the past: "If only I had more money, I could do the services effectively." This is likely to be met with scorn, however since the public seems unlikely to continue accepting this rationale. Despite the dispersal of *ownership*, individual vigilance over spending issues has increased as a *concentrated* public interest in tax and budget reduction has led to a coalition of taxpayers who are demanding improvement, with less, instead of more money.

This review of the common good which determines the need for collective enterprise is substantial and provides the local human services administrator with the opportunity to develop a dialogue to determine the public will which then can be shaped and articulated as a new public social policy, articulating the values and principles upon which *means* are based and the baselines, indicators and measures upon which *ends* are defined.

If such a new public social policy clarifies the conflict of purpose and articulates specifications of outcomes in a manner acceptable to the new public will, it has a chance of becoming the vehicle in which to accomplish transformation. The public administrator will then need to determine a system architecture which optimizes the social policy. Three options seem apparent: 1) direct service delivery where the employees of the local government are paid to provide these services, 2) privatization through purchase of service from either profit or nonprofit organizations, or 3) direct subsidy of the individual with problems in living for a consumer preference driven market. Each of these options has strengths and weaknesses, but it seems to be fully established that consumer sovereignty is a powerful method of shaping the qualitative outcome of the system. While it may be true that the government can negotiate better rates as a collective bargaining agent for individuals than individuals attempting to negotiate for services

on their own, the importance of personal vulnerability for a cost risk as well as devaluation of impersonal choice cannot be underestimated. Whatever architectural decision the local administrator makes, however, s/he will need to place emphasis on articulating outcome specifications, certifying providers, providing consumers with pertinent information to enhance prudent decisions, and analyzing and rewarding outcomes.

If the local administrator chooses to carry out the collective task through employees, s/he will need to find the technologies which can make quality inexpensive. If s/he chooses to contract either collectively or individually, s/he can allow the market to explore these technologies, but would be required to develop specific outcome performance contracts, which are helped by the provision of cutting edge best practice information to all providers through training people in these technologies. The information and training used to seed the provider system with the productive capacity to meet local needs at reduced costs. Two demonstrated cost saving aspects are the less expensive technology of cognitive behavioral management and skill building [which includes both the cost of providing the service and the less restrictive settings in which the services are provided] and the resultant increase in level of quality which allows people with problems in living to improve performance thereby reducing the need for services.

Contracting

In the long standing debate on the merits of direct government provision of services versus government contracts with the private sector [including both for- and not-for-profits]. Paulson - 1988] nicely summarized the issues as they apply to human services. The four most commonly cited advantages to contracting are lower cost and greater efficiency, increased flexibility, greater competition with enhanced consumer choice, and a better quality, more effective service. He finds little evidence supporting these claims as applied to human service industries. Thus, the paradox of contacting in public human services needs some exploration.

Part of the problem is due to the failure of what has come to be called "...'privatization' , the practice of delegating *public* duties to *private* organizations" [Donahue - 1989]. This is certainly not a new idea as John D. Donahue points out: "Business writer Peter Drucker was using the

term as far back as 1968 and a Rand Corporation analyst discussed in detail the private delivery of public services in a 1972 study. Large fractions of federal, state, and local budgets have always gone to purchase goods and services from suppliers outside government. The durable American taste for free enterprise has long imposed a bias for the private alternative. The former Bureau of the Budget issued a directive in 1955 discouraging federal agencies from producing for themselves any 'produce or service [that] can be procured from private enterprise through ordinary business channels'. This policy was restated routinely and amplified periodically. The successor agency, the Office of Management and Budget, reformulated it as Circular A-76 in the late 1960s. Circular A-76 - which would become familiar as the institutional label for federal-level privatization - was revised and amended but essentially reaffirmed by both Democratic and Republican administrations."

The present method of arranging for services in the governmental human service system has been through purchase of service contracts largely, but not completely, from not-for-profit organizations. For some reason, the term *privatization* has generally implied for-profit organizations, and the aspects of privatization and its difficulties in such local human service arrangements have been largely blamed on the inefficiencies of the nonprofit organizations who provide most of the service delivery. We seem to hold onto the expectation that all of these problems will disappear if the government simply contracts profit making agents, since such agents are *pro forma* considered to be more efficient. Two issues arise from such assumptions: first, the question as to whether avowed profit-seeking organizations *are* more productive and, second, what has been the role of government in that contractual arrangement, and how has that role contributed to the inefficiency.

In order to begin to address these issues, it would be helpful to start at the beginning. In regard to this new wave of for-profit privatization, the general public should again consider through rigorous analysis whether human services should continue to be a collective responsibility of the government. While we will not debate this issue and accept that new, rigorous thought on the subject will continue to support the responsibilities of government in this area; we do suggest that the scope, range and extent of governmental involvement is due for major reconsideration.

In that process we need to identify the parameters of obligation and the accountability of government to the public at large.

"Accountability means that government action accords with the will of the people the government represents - not the will of individuals who happen to work in the government, and not what those individuals *think* the citizens should want but what the people by their own criteria, count desirable" [Donahue - 1989]. This question of what citizens want is an interesting one for local administrators. While it is clear that John Q. Public, like most other people is likely to be satisfied with anything that keeps people with problems in living from causing problems for himself; this is a minimal expectation. To some extent, it may be that John Q. believes that this is all that can be expected, little understanding that it is the very agents who have been employed to "handle" the situation that help to exacerbate it.

The failure of local human service programs to effectively resolve the problems in living that people are having is to some extent a product of the second concern, that of selecting the right system architecture for the public task of carrying out the public will. "Selecting the right structure of accountability for public tasks raises the basic problem of agency. [The word agency, confusingly, holds several meanings, Here it refers to a type of relationship, not a governmental office.] The central idea is simple: A *principal* commissions an *agent* to act on the principal's behalf" [Donahue - 1989]. The principal, for our purposes is represented by John Q. Public and there are two agents working in this collective enterprise. The first is the local administrator and his/her staff. If we take seriously the admonition that "government should steer, not row", we begin to understand that this employed *agency* is responsible for assuring that the government first, understands *the will of the people that the government represents*, and then determines how to best select the right *structure for accountability for the public task*. Local administrators have traditionally spent little time considering either of these major questions if their public social policy position is understood to be represented by the conflicting notions of social protection and personal development. While it is likely that the people represented by John Q would settle for a policy of societal protection, it is probable that they would prefer a policy of remedy.

The problem with the present structure is that "In general, the agent's interests do not entirely coincide with those of the principal; the principal does not have complete control over the agent; the agent has only partial information about the principal's interests; and the principal has only partial information about the agent's behavior. The agency *relationship* consists in the reliance of a principal upon an agent with an agenda of his own. The agency *problem* is the difficulty, in all but the simplest such relationships, of ensuring that the principal is faithfully served and the agent is fairly compensated" Donahue - 1989]. The agents [nonprofit social service agencies] have their own agendas and the failure of the local governmental agency to be explicit about the public will and to demand acceptable outcome of the activities of human service delivery, has allowed the purchased structure, rather than public interest, to control the system.

"The agency approach is one formulation of the fundamental problem of mutual responsibility in human society: individual interests are overlapping but not identical; we must constantly rely on others whom we can influence to a degree but cannot fully control. It engages the root social challenge of accountability to which cultural devices like law, ethics, and the market are meant to respond. A culture's capacity to get things done depends greatly on the quality of the institutions it develops to allow people to delegate tasks to others, or to undertake tasks for others, without fear of exploitation" [Donahue - 1989]. This fundamental problem of mutual responsibility must be addressed with rigorous analysis, continued awareness and coherence of intent, and constant energy placed in maintenance. To blame the agents is not relevant to the issues of taking responsibility.

Once we have decided to pay collectively to accomplish some task, we have to decide on the form of the contract with the people who will carry it out. Local government must recognize the problems of *agency* on two levels. For each collective task, choosing the right kind of structure often requires comparing public and private alternatives by the criterion of *efficiency* [emphasis added]. "In practice, *publicness* and *privateness* are contingent, even slightly artificial categories. The profit-seeker, in exchange for a *price* agrees to *deliver a product*. The civil servant, in exchange for a *wage*, agrees to *accept instructions"* [Donahue - 1989]. Both the outside and inside agents are subject to the same criteria of needing to know what is to be done and to be held to a level of accountability. Donahue talks about the energy of maintenance and

the *slack* that happens when government is involved because of the distance between the principal [public] and agent. Such slack in large measure might be due to the fact that local administrators treat the profit-seeker [here we refer to any organization that seeks government contracts as a means of funding] as through they were civil servants; meaning that they give instructions, rather than accept that "(t)he agent's sole obligation to the principal is to deliver the goods as promised; how he does it is up to him" [Donahue - 1989].

Donahue, however, indicates the potential for chronic inefficiency as a special peril for collective endeavors because "(I)n the public sector, *ownership* comes with citizenship, and its inalienability ... makes a concentration of ownership rights impossible. Dispersed accountability is not a remediable flaw of public management, but an essential [albeit complicating] feature of the common realm" [Donahue - 1989]. The role of ownership is thus played by the primary agent [local administrator and his/her staff]. This primary agent has attempted to develop accountability to a process which the administration has defined, rather than focusing on the outcome. Thus instead of "(a)ccountability ... enforced transaction-by-transaction through the principal's ability to judge the quality of the product, and to opt out of the relationship with agents who fail to deliver" accountability to a process and regulations has become the norm. The slack between the public will and the public ends is substantial.

If public outcome [this assumes a clarity of public will] were the norm, accountability could be enforced economy wide through competition with some hope of real public accountability. Unfortunately, since the accountability is to 'process', the margins of slack are considerable and the agency network is able to work on these margins with political strategies. Provider agencies become the "constituents" of local policy makers, rather then the constituency made up of consumers. Bad public spending is the result. "Bad public spending is wasteful or exploitive, setting in motion resource flows that are inefficient [helping beneficiaries less than they hurt those who pay], or unfair [allocating burdens and benefits in a manner at odds with the society's values], or both" [Donohue - 1989]. One could speculate that both the beneficiaries [people with problems in living] and the public [taxpayers] are hurt by the vagueness of the obligation evoked by the local administration and the all systems failure that has resulted. The issues of whether

privatization of human services is not a question of making it so [since it already is], but rather making it effective.

While it is of particular concern that local administrators have not spent enough time in learning [and educating] the public will, they have accepted a nonprofit "privatization' architecture, which has distinct problems. In reviewing some of these difficulties, we may review some of the allegations about nonprofit organizations themselves. As we have already indicated, theorists have alleged that not-for-profit firms are less efficient because the nondistribution constraint [restricting distribution of profits to owners, but not the accrual of profits] which legally define the sector eliminates the financial incentive for cost minimization. This inefficiency is apparently constrained only by survival considerations.

"Nonprofit organizations can earn profits, they just can't distribute them to the owners of the firm" [Hansman - 1980]. This nondistribution constraint underlies the chief advantage of the nonprofit -- its trustworthiness. For-profits have an incentive to take advantage of their superior position and exploit the consumer in subtle ways. Profits from such exploitation directly add to owner income. If the nondistribution constraint is even partly enforced, nonprofits lack this incentive to cheat customers. Nonprofit organizations have also been reviled for their wastefulness. The same nondistributional constraint which removes their incentive to exploit also it seems, removes their financial incentive to minimize the cost of obtaining their objectives.

Another serious problem with the not-for-profit institutional form is that it does not appear to respond as rapidly to emerging market opportunities . The not-for-profit [market] share fell when demand grew rapidly. One reason not-for-profits are slow to respond to increased demand is the difficulty of securing capital, as the nondistribution constraint effectively eliminates equity financing options. Exemption from the corporate income tax serves as a crude corrective for difficulty in expanding, but cannot help in providing capital for starting a new organization.

This is a pertinent consideration if a client driven market model is developed since it will ultimately require an increase in consumer choice set through an increase in and/or different services. The not-for-profit provider system will not only need to demonstrate a volition to

become and active developer of new services, but will need to be provided with capital for such changes. Certainly the "market test" could have an impact upon the inefficiency of management, but it will not support, in and of itself, the development of cash.

While the failure of the nonprofit model to be efficient may be true, other issues have certainly exacerbated that situation in the modern world of governmental subsidy. A major difficulty has been the government's failure to employ competitive bidding practices, which is another form of competition which creates a partial "market test". What Paulson calls "the most complete study of contracting for human services to date" found that minimal competitive bidding has occurred. When bidding did occur, inexperienced social service agencies made unrealistically low bids which led to cuts in service and/or a lowering of quality. Paulson concluded that the failure to employ competitive bidding procedures may be inherent in the political system.

But there is an additional order of problem for the human services administrator in regard to bidding. For competitive bidding to be effective, it must be done on a regular basis. This creates an untenable situation in the human service sector because of the desire for continuity of care. Most human service professionals would operate on an assumption that continued care with familiar and trustworthy people would be superior to regular changes, even if service improvements were the result of that change. Thus bidding itself is probably not the best mechanism for development of quality services. This may support the conclusion that the best method for developing quality is to cultivate competition and a market test, through providing the opportunity for direct consumer choice by means of voucher or other direct purchase mechanisms.

Another reason why the present system may not be the best system architecture is indicated when Paulson notes that "The political economy of human service delivery systems tends to limit competition. "...agencies tend to create a negotiated environment in which each agency in the system stakes out its own territory [domain] and has a monopoly within that market segment. Instead of competition developing, there is a system of market shares resembling a collective oligopoly."

While this concern might be addressed through competitive bidding [if the participants actually bid on other people's turf; which is unlikely with local organizations, although outside organizations which have no local loyalties as well as no local political base may be willing to enter the process], such contracting is probably not as effective as a market model which places the organization at the mercy of the individual consumer's self determining choice, thus promoting competition through revealed preferences.

Another factor Paulson feels mitigates against efficiency gains is due to the complexity of the services provided. In many cases, he indicates, a public bureaucracy must be established to monitor and coordinate contract compliance. This, he suggests, reduces the efficiency gains associated with contracting out. This is certainly true as long as the monitoring and coordinating organization is reliant upon *instructing* the agent as to how to provide services, instead of focusing the agent on the specifications of outcome.

Paulson also suggests that a general inapplicability of "greater consumer choice" for services where it is quite difficult for consumers to evaluate differences in quality. He also argues that consumers of human services have the least capacity to make such evaluations. Others, including the author, would argue that such self-determination is valid despite the presumed reduced capacity, all else being equal, to allow greater consumer choice. Paulson, too, recognizes that even if consumers do not benefit from greater diversity, society benefits from the experimentation that diversity allows. In addition, he concedes that since the record of contracting out for social services does not support the conclusion that consumer choices are thereby greatly enhanced, he suggests that, to the extent that the goals of diversity and choice are desirable, *a voucher system would be a superior option* [emphasis added]. Under such a system, people would be given a voucher which could be redeemed at any certified service program.

John McKnight [1987], taking another tack entirely, suggests another limitation in the way local human service systems operate, is that we "create crime-making correction systems, sickness-making health systems, and stupid-making schools based upon a social model that conceives of society as a place bounded by institutions and individuals". He essentially argues that "(b)ecause the gross national product is the sum of the goods and *services* produced each year, many policy

experts have come to believe that the well-being of our society significantly depends upon the amount of commodities called services that are produced by institutions and used by consumers." Thus, in a convoluted manner, society *creates* people with problems to use the services and keep the institutions functioning.

He suggests that present thinking in regard to the architecture of human service delivery systems has three fundamental problems: 1) many individuals continue to reject their roles as consumers resulting in an increasing focus on *compliance*; 2) the sum of the costs of such service programs can exceed the nation's wealth; and 3) the services are increasingly ineffective and counter productive.

McKnight ultimately suggests that the exclusion of the social domain of "community", "meaning family, friends, neighbors, neighborhood associations, clubs, civic groups, local enterprises, churches, ethnic associations, temples, local unions, local government, and local media" is the exclusion of a unique social tool unlike that represented by the managed institution particularly in the institution's need for control.

He recommends, on the other hand, the structure of association as the result of people acting through *consent*. "A person who has been labeled deficient can find a "hammock" of support in the collective capacity of a community that can shape itself to the unique character of each person." However, as "institutions gain power, communities lose their potence and the consent of community is replaced by the control of systems; the care of community is replaced by the services of the system; the citizens of community are replaced by the clients and consumers of institutional products.

Finally, he recommends a *community vision* with its goal of "recommunalization" of exiled and labeled individuals. He sees the community as "the basic context for enabling people to contribute their gifts and community associations as contexts to create and locate jobs, provide opportunities for recreation and multiple friendships, and to become the political defender of the rights of labeled people to be free from exile."

McKnight espouses a mental construct which is a major strategic element for human service planning: *community membership*. Not only must the system be "market driven" by revealed preferences, but the choice set must be in the community and of the community, not in the institution. If there are to be human service providers and consumers, providers must begin to understand that the consumer is *everyman* and the context for learning is *everywhere*. The role of the provider will not be to control the person, but to "design and implement the process" by providing supports to the individual within the community context to enable the person to fully use the resources of the community.

Thus the systems architecture, and the architecture of the organizations that provide services have much to rethink. The inefficiency of management may not be only the product of the nonprofit focus, but of the *relationship* of the local policy makers and administration and the contracted organization and the consumers; the lack of clarity of purpose and the a contract system that benefits the provider more than the consumer. The power of economics has in many cases overcome the power of mission and the desire to achieve outcomes in regards to people which would diminish the need for *services* and therefore the very organizations which supply them, becomes a subconscious, if not conscious motivation to compete with consumers for funds. Such an economic underpinning would increase, not diminish, with a system consisting predominantly of for-profit provider.

The choices of local administrators remain as to whether to 1) contract in some manner with vendors to provide services or to 2) provide the services themselves, or finally, to 3) allow the consumer to contract with the provider on their own behalf. Part of this consideration process is the need to address just what the contract negotiation entails and what the vendor is being asked to do. Contracting for a service should allow the administration the right to specify goals and outcome expectations and provide the vendor the flexibility to select alternative means of service delivery. Thereby reducing the administrative control which the contractor has over service delivery with the exception that he contractor can retain the right to terminate the contract with a given notice if performance is judged to be inadequate.

But this is rarely how local contracts are developed and implemented. Allowing for the fact that goals and expectations are based on *custodial* factors inherent in the *implicit*, not explicit goals of the social policy, even these are rarely articulated in a manner which demands performance. Local contracts usually specify some level of service units which will be delivered but are not often precise even in deliberation as to whether these have been delivered. One set of contracts, for example, articulated an expectation of a 90% utilization rate, but did not define the 100% target being sought. Therefore the vendor counted 90% utilization by those clients who were registered, but ignored that the program was under registered. Thus, a 98% utilization rate turned out to be only 47% utilization of the available services that were being paid for by the county administration. Thus based on an interpretation of the contract, the provider received 100% of the taxpayer's money for 47% of what most prudent buyers on the market would expect.

Such mistakes are hard to correct, particularly when they have developed into a tradition by passage of time. Even the right to terminate the contract because the performance is judged to be inadequate becomes difficult because such performance has been rewarded with continued contracts in the past. The vendor can argue effectively that a) they have a positive track record as demonstrated by repeated contracts, b) that they have met the performance guidelines of the contract, and c) that this is a "political" ploy by a new administrator to gain power and build an empire. New administrators tend to lose these arguments in a political arena against human service agencies with local [political] roots.

To return to the negotiating table not only with increased vigilance regarding such indices of outcome expectations, but with the additional hope of changing the nature of the relationship through and expectation of *explicit* goals and outcomes having to do with the growth and development of the personal functioning of people with problems in living, which even if the vendor wants to accomplish are much more difficult to attain, **and** with a change in reimbursement processes which empowers the clients themselves, makes for some very difficult negotiations. New administrators might be well served by requiring that local policy makers [elected officials] suspend **all** contracts without expectation of renewal at a convenient point [perhaps the second year] to place the onus on the vendors to give up their oligarchic domains and come to the table prepared to negotiate.

Miller [1981] suggests that "Negotiations are the process of parties agreeing to anticipated behaviors and outcomes - making commitments for the future." For changing local government, this process is made more coherent if the systematic principles and values are made clear. Vendors who are unable to understand these values and principles because of their own contrary organizational truisms, cease to be compatible partners in the anticipated behaviors and outcomes. The local administrator must be clear as to what issues are negotiable and which are not. Negotiating custodial agreements [programs] which do not include market decisions by an empowered clientele are not appropriate issues. Negotiating the specifics of individual growth and development and its measurement, costs, distribution [location and time availability] and the like are.

All the technologies and resources required to achieve the desired objectives are not within the local governmental unit and they are therefore dependent upon organizations beyond the boundaries of their own environment. It is the management of this dependency which is important. The local administrator must neither be so dependant upon specific organizations that it is unable to have the flexibility to change, nor have such loose affiliations that other organizations are destabilized though such contracted relationships and their inconsistency. "An organization will have severe difficulties acquiring resources, perfecting and protecting its core technology, and serving its consumers if it is totally dependent upon others in its task environment" [Miller - 1981]. While there is validity in a government keeping its options open regarding alternative vendor possibilities, the concepts of quality management have suggested that cooperative strategies which decrease uncertainty between contractor and supplier have a great deal of merit.

The question will remain as to whether the administrator is able negotiate mutually agreeable contracts within a context of dramatic change. Miller [1981] suggest three areas of influence on such negotiations: the Structural Context [Strauss - 1978] which includes the values, expectations of the stakeholders and the public/private, profit/not-for-profit, type aspects which come into play; the Negotiation Context which pervades the power, size and expertise of the negotiating team as well as the importance of the issues at hand and scarcity of the resources at

hand; and finally the Negotiating Process Characteristics which focuses on style and information adequacy.

It should be apparent that having local policy makers [elected officials] as a presence in the negotiations is critical to the ultimate change success. However, such involvement has certain risks if the elected representative does not have a real grasp of the change issues and has long standing relationships with vendors organizations and their leadership. This negotiation is taking place in a "political" arena, containing critical changes not only in the way people do business, but in how they will get paid for their services. The change in paradigm regarding service technology will be incoherent to many in the media and general public who have had forty years to hone their truisms about human services and the inadequacies of government bureaucrats in implementing effective responses to human need. Often the incoherence will lead to an attack on the present way of doing business as a justification as to why it should not change.

It should be apparent that a wise administrator will exert effort to manage the Structural Context of the negotiations not only through helping the intimate stakeholders understand clearly the expectations, but to seek to have an informed media and general public as well. The question of whether the elected official should become a part of the Negotiation Context as a member of the negotiating team is one which must be decided on its individual merits, however, the wise administrator will certainly wish to have the "presence" of those officials very apparent in rhetoric, if not in person.

Under simple negotiating circumstances a perceived set of outcomes could be defined as *win*, *lose* and *draw*. These perceptions are, of course, multiplied exponentially by the number of parties represented. "Filley [1975] stated that when the resolution contains compromise, both parties will be locked in antagonistic cooperation, feel defeated, and will exhibit more distrust, personalization and distortion in communication. Zartman [1976] argues that unless the outcome is 50/50 other compensations must exist for there to be successful outcome." [Miller - 1981] If we assume that by 50/50, Zartman means win/win, [which really should be articulated as 100/100] we begin to understand that all parties must be successful for the negotiations to be effective. The local administrator must remember that this is not a solitary negotiation, but is

likely to be repeated to some degree each year. “Within this new framework, negotiating is a cooperative strategy designed to establish commitments which will reduce uncertainty and increase independence [power]. The win-lose model, thus, is misleading and inappropriate” [Miller - 1981].

One area of independence that can be achieved by the vendor which has been of concern for many years is that of providing the vendor the flexibility to select alternative means of service delivery, thereby reducing the administrative control which the contractor has over service delivery. In other words, ending the micromanagement of present contractual systems. The local administrator should be concerned with controlling the outcome [individual growth and development] not the process. If this can be tied to a reduction in accountability of money and credentialing of personnel as well [leaving the provider to decide how much to spend in what areas and hire productive rather than credentialed people], this should be a boon to most vendors.

For those who are concerned that the author has abandoned the shift in technology which is also necessary, it should be pointed out that there is little expectation that the outcome expectations can be met with present technology and that if they are, objections to that technology would dissipate[16]. With a firm belief that new technologies are the only method of fulfilling the obligations of the contract; the local administrator should be prepared to provide best practice training to the vendor as a means of accomplishing the contracting goals. Thus the outcome of such negotiation dramatically changes not only the vendor, the governmental unit and its role as well [Government should steer, not row.]

Contract negotiations then are a form of bargaining process by which parties agree to anticipated behaviors and outcomes. “The weaker side must be strong enough to be able to have an impact on the other side and protect its territory to some extent” [Miller - 1981]. Such negotiations need not be associated with conflict, but system change is likely to result in such emotions. Some vendors, who have never competed in an open market will find the results incompatible with their own survival and will therefore fight even the process of negotiation. Their position is often

16 Although it is likely that the costs would be excessive compared to a cognitive behavior management technology, assuming both were effective .

suicidal since failure to find agreement might mean exclusion from their only source of being. Thus, such panic become a self-fulfilling prophecy.

The Structural Context is a very difficult one to deal with. “The social order - “who negotiated what in the past with whom, when, and with what outcomes” [Miller - 1981] and the structural properties of which social systems and markets are at stake present major obstacles. “Bargaining behavior can be regarded as a form of social influencing and consequently be analyzed through social influence concepts.” The local administrator must influence both the overall context of the negotiation [public and political opinion] and be prepared to suggest a behavior of concession and cooperation. [Talk softly, but carry a big stick - T. Roosevelt]

“...bargainers attain higher and more satisfactory outcomes when they begin their interaction with extreme rather than more moderate demands” [Miller - 1981]. The position of changes in market, financing and outcome expectations are extreme indeed. On the other hand “...a bargainer who makes [positive] concessions is more likely to elicit cooperation from the other than one who makes either negative concessions or no concessions at all” [Miller - 1981]. “Negotiators are likely to find themselves stuck in pointless dead-end discussion if they try to argue the other side into changing its stated position” [Main - 1983]. The local administrator, if able to set the tone of the Structural Context, has the cards [providing there are alternative vendors available: the local administrator therefore, must make every effort to identify such alternatives and indicate these potentials to local policy makers] and find ways to help the vendor make the changes necessary for survival. It is not the intent of the local administrator to destroy the provider system, but to strengthen it. This is so regardless of whether the system architecture becomes one of agents funded through contractual arrangements with local administrators or through a market system of consumer purchase from certified organizations.

“The structure of power today means you can’t just tell people what to do, even within an organization. The art of negotiation becomes almost the key skill you have” [Main - 1983]

Government/Nonprofit[17] Relations

"Many people believe that nonprofit firms, unsullied by considerations of profitability, provide needed social services in a trustworthy and efficient fashion. Others deride nonprofit firms, believing that without a profit motive there is little incentive either to produce services in an efficient manner or to accommodate the desires of consumers. Believers in the first school of thought are likely to stress the advantages of publicly subsidizing nonprofit firms through grants, tax exemption, deductibility of donations, and exemption from onerous regulatory requirements. They may even propose that for-profit firms should be legally prohibited from providing certain services [such as day care or nursing homes). Believers in the second school wish to remove subsides, arguing that they promote unfair competition that worsens the overall quality of service provisions" [Steinberg - 1987].

It is fair to say that today we are seeing a balance shift which is moving from the nonprofit model to the profit model particularly as it applies to managed care. This movement begs the issue since the critical concern is not what the motivations of the provider are; but rather, what are the motivations of government. As Stienberg suggests "Overall, market structure seems to determine both behavior and performance." It is government which has increasingly determined the market structure. "Government is defined by its monopoly of legitimate coercive power, and governments can obtain resources in any fashion supported by a majority of citizens and allowed by relevant constitutions. Governments set the rules of competition, and they have set different rules and regulations for the nonprofit and for-profit sectors" [Steinberg - 1987].

Lester M. Salamon [1987] in an article exploring the scope and theory of government-nonprofit relations *concludes* "For better or worse, cooperation between government and the voluntary sector is the approach this nation has chosen to deal with its human services problems." This is an interesting conclusion to a compelling paper, whose implications, including this conclusion, are apparently about to go astray. Salamon explored the "extensive pattern of government

17 While I greatly prefer the not-for-profit designation because of its more functional accuracy, it is both cumbersome to use and out of step with much that I will be citing and therefore may become confusing to the reader if I jump back and forth. Therefore, for continuity, I will use the nonprofit terminology. In addition, this discussion is largely about the 501(c)3 organizations which provide charitable social services.

reliance on private nonprofit groups to carry out public purposes" while "in the process, government has become the single most important source of income for most types of nonprofit agencies".

Before we continue our exploration of this relationship, it is perhaps important to note that governments everywhere are suddenly abandoning the nonprofit model for the profit side of the public sector, hoping that the desire to make money will cause the delivery of services to be more cost containing. Perhaps we will be better able to understand that this is simply another failure to rigorously analyze the situation and an incoherent response which is likely to lead us to further difficulty in the future.

It is the failure of government to determine its role and responsibilities in this relationship that have allowed the creation of nonprofit oligarchies which ignore the needs and wants of clients, while struggling to serve the needs of the government in order to maintain and enlarge the amount of government money that they are diverting from amelioration of public services. In what Salamon charitably calls "vendorism", but which could easily be labeled "prostitution", such nonprofits have failed in their challenge. Forgetting that for which they were intended; they strive to survive and grow.

This conclusion is a harsh one, but one which, if not quickly addressed, will allow private profit organizations to steal the money more quickly and with little rationalism or conscience. The local public administrator must find the means to overcome the traditional politics and practices to make some new form of public/private relations work.

In his exploration, Salamon points to a long history of such government-nonprofit involvement. "Well before the American Revolution, for example, colonial governments had established a tradition of assistance to private educational institutions.... ...Massachusetts, for example,...not only enacted a special tax for support of Harvard College but also paid part of the salary of the president until 1781 ...." " A survey of seventeen major private hospitals in 1889, ..., revealed that 12 to 13 percent of their income came from the government [Stevens - 1982]." "..., in the District of Columbia, about half of the public funds allocated to the poor went to private charities

as of 1892." He finishes up this history by indicating that by 1981 "...the central conclusion of the Filer Commission that government is a more important source of revenue to nonprofit service providers [exclusive of churches] than all private giving combined." In fact, government had become the single largest source of support for the nonprofit sector, outdistancing the other major sources of support at least for those agencies which provide health and human services.

Despite this massive undertaking over several hundred years which showed ."..dramatic expansion of government social welfare expenditures that began in the Progressive Era, and accelerated during the New Deal and the Great Society..." "no government wide overview of such support to nonprofit institutions is available." This cavalier attitude is prevalent throughout the government-nonprofit approach. The failure of the government in general, and local government in particular, to account for the expenditure of funds in relationship to the outcome expectations of social policy is the equivalent of throwing taxpayer money away.

One might wonder how and why government decided to get into this situation. Salamon suggests that "where existing institutions are already performing a function, government can frequently carry out its purposes more simply and with less cost by enlisting them in the government program, thereby avoiding the need to create wholly new organizational structures or specialized staff." [Others]..."argue that the use of outside contractors lowers costs by stimulating competition and promoting economies of scale,..." [Fitch - 1974, Savas - 1984, Spann, 1977] though they quickly add that "evidence here is far from conclusive." We would concur.

Salamon suggests that "Both the theory of the welfare state and the theory of the voluntary sector have been deficient - the former because of its failure to differentiate between government's role as a provider of funds and its role as a deliver of services, and the latter because of its tendency to explain the existence of the voluntary sector in terms of failures of government and the market, and thus to make involvement by these other sectors in the world of nonprofits appear suspect at best."

Two other suggestions by Salamon have ominous overtones: 1) "... to increase the role of government in promoting the general welfare without unduly enlarging the state's administrative apparatus." sounds a little like a political shuffle, while 2) "To secure needed support for a program of government action, it is frequently necessary to ensure at least the acquiesce, if not the wholehearted support, of key interests with a stake in the area", goes to the heart of controversy. By ensnaring providers in "feeding at the public trough", the people in government supporting social policies of enlargement have created a constituency for continued support for such programs. And one could add, whether they are successful or not.

At a time when the body politic is pruning back the "great society", the most articulate advocates for continuation of these programs are the many nonprofit agencies who provide them. Who can determine whether this is because of their traditional role of advocacy for their clients or their traditional role of receiver of subsidy? And as we shall see later, McKnight indicates that they may, in their feeding frenzy, be *in competition* with those they propose to serve, for the money.

It is interesting to note that Salamon reports that "...early turn-of-the-century students of government-nonprofit cooperation objected to government support of nonprofits not because it would hurt nonprofits [the current concern] but because it might inhibit the development of the new welfare institutions of government, which were more comprehensive and fair." One could suggest that this perspective has shown merit in the test over time. One of the major difficulties that government has shown an inability to deal with over time, is the "particularism" of the non-profit sector. "...the private nonprofit sector has long had a tendency to treat the more "deserving" ..., leaving the most difficult cases to public institutions" [Salamon - 1987]. This contract failure between government and nonprofits has been a particular sore point. Government contracts with nonprofit human service agencies to act in their stead, but the very "experts" employed to cover this aspect for the government refuse to deal with those most in need of services. The contracted provider group has rarely developed the willingness and skill necessary to agree to a "no reject" contract, while at the same time, government has few other alternatives.

It is little wonder that there exists a conflict "in American political thinking between a desire for public services and hostility to the government apparatus that provides them" [Salamon - 1987]. Government has created for itself a no win situation unless it can negotiate a no reject contract.

Not only is this 'particularism' or favoritism a serious problem for government, the nature of the development of nonprofit human service systems can leave serious gaps. Warner [1894] in reviewing American charity: "The charities of a given locality, which should for useful result be systematically directed to the accomplishment of their common purposes, are usually a chaos, a patchwork of survivals, or products of contending political, religious, and medical factions, a curious compound, in which a strong ingredient is ignorance perpetuated by heedlessness." The very nature of the human services organization, which demonstrates this pattern of specific interest, has characterized the incompleteness of the governments involvement in truly solving social problems. The design cuts across age [childrens' services, aging services] on the one hand and disability on the other [mental health, mental retardation, drug and alcohol] leaving aged mental health clients or children with retardation at the mercy of the local administrator as to whether they will even be considered for services.

Salamon outlines the basis of theory regarding the non-profit sector and points out its shortcomings. Two basic theories emerge:

1) 'Collective goods' are products or services like national defense or clean air that, once produced, are enjoyed by everyone whether or not they have paid for them. Providing those goods exclusively through the market thus ensures that they are in short supply since few customers will volunteer to pay for products they can enjoy free. In economic theory this is known as the free-rider problem. The need to produce such collective goods serves in traditional economic theory as the rationale for government, since government can tax people to produce such goods.

But there are circumstances in which one part of a political community feels a need for a range of collective goods but cannot convince a majority of the community to go along. It is to handle such circumstances... that a private voluntary sector is needed. Private nonprofit organizations

thus exist to supply a range of collective goods desired by one segment of a community but not a majority.

2) The central notion of 'contract failure' [Hansmann - 1980] is that for some goods and services, such as care for the aged, the purchaser is not the same as the consumer. In these circumstances, the normal mechanisms of the market - which involve customer choice on the basis of adequate information - do not obtain. Consequently, some proxy has to be created to offer the purchaser a degree of assurance that the goods or services being purchased meet adequate standards of quality and quantity. The nonprofit form, in theory provides this proxy.

...Since government agencies might be expected to have even less reason to betray the trust than nonprofits, this theory might lead one to expect more reliance on government agencies than on nonprofit ones. However, ...governments have often had to accept that the services of the prevailing network of providers could supply rather than seek those the needs of the target population required. What is more, because performance criteria have been difficult to fashion and apply, government has often resorted to accounting controls and application and reporting procedures that increase the burdens on agencies without providing an effective means of oversight for government" [DeHoog - 1985].

It would seem that both government and nonprofits are responsive to the same desire for collective goods, and that where this desire is mutually strong both government activity and nonprofit activity are extensive. The relationship has not taken sufficiently into account, however, the favoritism of the nonprofit sector nor has it clearly differentiated between government's role as a provider of funds and direction and its role as a deliverer of services. The Osborne-Gaebler admonishment that "Government must steer, not row", is also part of this equation. Instead, of direct implementation government has developed a broad pattern of government action which Salamon has called "third-party government" [Salamon - 1981]. Such a third party position should allow for government to steer effectively. However, the failure to consciously develop the mechanisms for such steering have resulted in the situational failure that we now encounter.

Part of this difficulty continues to revolve around the imprecision or incoherence of the social policy. The sometimes mutually exclusive needs to a) provide for the common good and protect society from people with atypical behaviors, and b) to provide training and support for growth and development for people with problems in living, have contributed to the overall incoherence of the government-nonprofit relationship. Government has a *covenant* with it constituency in regard to atypical behavior and that constituency is the public at large. Nonprofits have their constituency as well, but it is not the public at large. One could imagine that if nonprofits had not entered so readily into a relationship which provided funds through an inept social policy, that they might be concentrating more on quality care for clients; even though these would be a limited portion of the population. Instead, they have entered into a Faustian contract in which they have lost their soul, but fight vehemently to maintain the body.

Several implications arise for local government public administrators. First, is that they must spend a great deal more time and energy in developing their "steering" techniques. This will require clear and specific direction. Second, there is evidence that the mechanisms for funding have propounded the problem. "These differences in mechanisms of assistance have important implications for the nature of the relationship between government agencies and nonprofit providers. Generally speaking, [government] influence is greatest in those programs where the form of assistance is a direct contract or grant between a [government] agency and a particular nonprofit organization. It is weakest where the assistance is provided to private citizens who are then free to purchase services from providers of their choice in the market. At the same time, however, the direct route is more certain, whereas nonprofits have no guarantees of aid when the assistance is channeled through the client [Salamon - 1987]."

The implications of this degree of influence is interesting. For nonprofits, the less influence the better, for three reasons: "...first, loss of autonomy or independence, particularly the dilution of the sector's advocacy role; second, "vendorism", or the distortion of agency missions in pursuit of available government funding; and third, bureaucratization or overprofessionalization and a resulting loss of the flexibility and local control that are considered the sector's greatest strengths" [Salamon - 1987]. We suggest that these losses to varying degrees in differing organizations have already shown themselves. So while on the one hand, government subsidy

has cushioned the survival rate of these nonprofit agencies, it has, on the other, made their continued survival questionable.

"...government's need for economy, efficiency, and accountability must be tempered by the nonprofit sector's need for a degree of self-determination and independence from governmental control; but that sector's desire for independence must in turn be tempered by government's need to achieve equity and to make sure that public resources are used to advance the purposes intended" [Salamon - 1987]. One major way to make that happen is to diminish government influence through direct payment to clients. This enhances personal preference, competitive market tests, and reduces direct government influence on the nonprofit's independence. There is not a need to completely abandon a more specific relationship between the governmental unit and the nonprofit agency. "Preferred provider" status can be developed through government *certification* of individual provider agencies. Such status would not *guarantee*, governmental funding since clients would still need to choose to get their services from such providers; but it would *channel* services in such a direction. Loss of certification would only come if the market determines that the provider is not adequate. The contractual process would enable government to maintain a position for helping to *steer* agencies around such pitfalls; without requiring them to do anything.

Potentially, at least, the certification contract, client funded model, places government is in a position to:

- generate a more reliable stream of resources than a pure free market,

- set priorities on the basis of a democratic political process instead of the favoritism displayed by particularism, especially in regard to the most difficult cases,

- offset part of the paternalism of the charitable system by making access to care a right instead of a privilege,

- improve the quality of care by instituting quality-control standards,

- permit a degree of competition among service providers.

"Government officials ... must worry about the problems of exercising management supervision, ensuring a degree of accountability, and encouraging coordination when a decision-making authority is widely dispersed and vested in institutions with their own independent sources of authority and support."

"Because a number of different institutions must act together to achieve a given program goal, this pattern of government action seriously complicates the task of public management and involves real problems of accountability and control" [Salamon - 1980, Smith - 1975, Staats - 1975]. However, such complexity is reduced when the government is clear about what it wants to purchase. Government seems to have little difficulty purchasing automobiles, not because these are private for-profit organizations, but because the specifications are clear.

"Although more effective means of control are potentially available in the direct-grant and purchase-of-service arrangements, things have often not worked that way in practice because of the absence of some of the crucial prerequisites of cost-effective contracting - such as meaningful competition among providers, effective measures of performance, and government decision making geared to performance" [Salamon - 1987]. The next section will address some of these issues, but they are not the panacea of the system. Government will need to:

- clarify its social policy goals,
- learn to separate organizational performance from individual client performance,
- accept that the organizations and clients need to define quality for themselves although government need not accept such definitions unless those outcome expectations meet the test of social policy,
- learn how to steer
- learn how to evaluate.

Salamon suggests that we "...reject the view that the voluntary sector is merely a residual response to failures of government and the market and to see it instead as the *preferred mechanism* for providing collective goods. Government would then be viewed, under this theory, as the residual institution, needed only because of certain shortcomings or failings of the voluntary sector." Such preference can only be *certified* through cohesive action. The private for-profit sector has little to offer in the way of social values for the common good. Therefore, a switch to them simply because of the failure of the present government-nonprofit relationship is not sound. The same factors of this failure would be applicable to a government-for-profit relationship without the redeeming social values that the nonprofits have at least in tradition.

"The enemy to survival [of the nonprofit human service organization] is not from without, i.e., the government, but from within the agency's own management practices" [Hartogs & Weber - 1978]. These organizations must return to their roots even with the flaws of favoritism and social policy gaps that such a return entails. They must retain their autonomy by becoming responsible for their own performance on the market.

"...government agencies must ...guarantee that some features of program operations remain standard..." " ...effective financial management and accounting, maintenance of minimum quality standards, promotion of basic program objectives, and adherence to certain ...policy goals" [Salamon - 1987]. The *standards* are developed in regard to organizational performance and assure *nonstandard* supports and services in an individualized service delivery system.

"...this relationship has involved excesses on both sides because of a failure to examine it closely or to develop a reasonable set of standards to guide it" [Salamon - 1987]. Such excesses will only escalate through a government/for-profit relationship unless government is prepared to develop the appropriate mechanisms for such relations.

Government/private profit relations

In light of concerns about nonprofit inefficiency which may or may not be exacerbated by local government inadequacy, State Public Welfare agencies across the country are trying to deal with

inefficiency in light of taxpayer rebellion and bloated and unbalanced budgets. One major area concerns focus on expanding alternative health care delivery models for persons eligible for medicaid. The alternative models are inevitably various forms of *managed care* systems and include, usually for profit health maintenance organizations [HMO], which are often subsidiaries of larger health insurance companies, and health insuring organizations [HIO], which are governmentally sanctioned insurance organizations developed for the specific purpose of providing governmental service.

These alternatives are being developed because of the explosion of costs in medicaid and the need to find ways to control these expenses. Managed care means "controlled care". To manage is to direct, oversee, control, handle, manipulate or cope. All elements of control. The focus of the state is to control costs.

The control of costs has been historically viewed as simply finding ways to spend less. Unfortunately, expenditures are usually made for specific reasons and those reasons are often causally related to identified *problems*. The problem in health care is usually defined as illness. The expenditure of monies, therefore, must have an outcome - *cure* the illness. The delineation of "cure" determines the *quality* of the expenditure process; the services rendered. There is, of course, another outcome of sickness - death. Usually customers prefer cure as a quality outcome over death.

Is the goal of the reduction of expenditures that result in cure, death, or no cure? Those that result in *cure* can be conceived as quality expenditures - having achieved a quality outcome. If the expenditure that achieves this quality outcome is in addition, *prudent*; i.e., judicious, careful, economical, frugal - the expenditure can be defined as **inexpensive**.

If however the expenditure results in a non-quality outcome - death, the expenditure might be defined as **cheap**. While cheap and inexpensive are often used interchangeably to mean bargain, the actual difference is based on outcome. Cheap means inferior, poor, shabby or worthless. There is a vast difference between economical and worthless. The first is an expenditure which

met quality goals and did not cost much; the second is money that has been wasted on something of no value.

A third type of expenditure, however, is possible and that is one that achieves no outcome at all; neither death nor cure. This is a situation that leaves the circumstances unchanged. Thus, no matter how little is expended, it must be expended again. If the first case merits expenditure, then each succeeding case merits expenditure. The expenditure in this case must be defined as **expensive**; each cost is more that it is worth. No matter how little is expended in each incident, the accumulation of expenditure will be very expensive since nothing results from the expenditure.

The control of expenditure is not the control of costs. We can spend less in each incident, but end up with increased, not reduced, illness; thus increasing costs. The control of **outcome** is a necessary component in the control of costs. Managed care has little technology for the control of quality in behavioral rehabilitation. Managed care is oriented towards control of costs through the reduction of expenditures. While a great deal is said about quality outcomes, there is little evidence in the literature to support that claim.

What managed care does well is to manage *utilization*. The control is over what is done, not over how well it is done. It is a question of doing the right things, but does not address whether things were done right. While the control over doing the right things is a positive step which keeps people who do not have direct responsibility for the payment itself because of insurance, and doctors who can only benefit by providing more and more services, from overusing health services; it does not deal effectively with the down side issues.

Generally speaking, this is not an overwhelming concern in health care. Most health procedures are reasonably well defined and both the process of providing the services and the level of expected quality outcome is reasonably well established. This issue becomes salient when two variable are established: 1) the illness is complex and the process is unclear, or 2) the illness is chronic and the outcome is unclear.

When dealing with the variable of chronicity, the managed care approach is detrimental to the individual needing care. Since managed care focuses on the control of utilization, it tends to limit utilization regardless of the chronicity of the illness. Thus, people with chronic illness are seen as insurance risks and are avoided in managed care environments. The managed care entity [MCE] will quickly understand that such people will be costly over time and that there is no clear end to expenditures in sight.

The first response is *avoidance* [don't include such a person in the risk pool] and second *underservice* [provide as little service as possible and perhaps they will go away]. Both are effective methods of reducing *expenditures*, but not **costs**. Over time [unless the person dies] someone, somewhere, will need to come up with the money to provide appropriate and adequate services to these people: usually this is the government.

The first variable [chronicity] is often avoidable for the MCE, the variable of complexity, particularly as it exists within behavioral rehabilitation, is not. Who knows who is going to get that very complex illness for which the process of providing services is unclear and often hit or miss. These are the illnesses that make actuarials so important because it is possible to statistically predict how many of these situations will arise, while it is impossible to say which individuals will be so stricken.

Since avoidance is, in most cases impossible, limitation of utilization becomes the only option for expenditure reduction. Even though the actuarials have identified the potential for such events and the potential has been built into the fee, limitation of utilization is sought. This is so because of the motives of the MCE, which are not really quality outcome orientated, but are oriented towards profit. The expansion of profit does not come from the everyday event, it comes from the unusual. Each costly event that has been predicated and paid for, but does not happen or is not expensed, increases profit.

Two overaching questions have been raised about the process of managed care: first, the question of whether control of expenditures adequately addresses the question of costs and, second, whether the motives of the MCE are compatible with the desire to seek quality. It needs

to be understood that the MCE is "held harmless" for people who are unserved. There are three options for unserved people; they continue unserved, they are served by charitable organizations, or they are served by the government either directly or through the provision of funds. [A fourth option of personal financing is very limited.]

Of course, the MCE in this incident is being involved in a government process and therefore they cannot *not* serve [government being the service of last resort]. The government, once it takes the responsibility for the provision of goods and services "for the greater good" cannot limit who will be served among the eligible recipients. But how is the government going to hold the MCE responsible for providing adequate services for those with complex and chronic needs? The provision of marginal services in chronic and complex cases can always be justified in general, if not in specific. In fact, such marginal service meets the avowed governmental goals of cutting expenditures.

The concept of continuous quality improvement [CQI] is one that needs to become a part of the managed care process. CQI is a management strategy specifically oriented at identifying and managing quality. It is a method of reviewing processes in regard to outcome and provides a method for the establishment of quality outcomes. CQI can enhance the expenditure by targeting and placing expectations of quality outcomes, therefore demanding that such expenditures be inexpensive, not merely cheap. Over the long term such expenditures should diminish substantially since wellness should improve reducing demand for health care services and thus, the expenditure outlay. CQI can also help to identify process improvements in complex cases and appropriate outcomes in chronic cases, thus focusing the appropriate utilization process and expected results.

Unfortunately, CQI cannot change the motives of the management entity. It can demonstrate **savings** in behavioral health over the long haul, but it is likely to diminish **profits** over both short and long term. In the short term, funds will be needed to implement the CQI process and service provision will need to be focused on adequacy, not utilization limits. Expenditure will not be reduced until the impact of the outcome results is felt; i.e., fewer behavioral rehabilitation problems in the population.

In addition, good services will result in a **reduced market** [at least to the extent that the health care needs of a generally healthy population can be defined], not something very appealing to a profit organization. In addition, the savings in this situation would accrue to the government, not the MCE. The motivations of profit, therefore, conflict with the desire for a healthier and therefore less active market. The motivations of government, however, are quite compatible with the reduction of market and the improvement of quality which stimulates this impact.

Further, when government is providing the funds to the traditional MCE it is skewing the traditional model. MCEs normally are playing with their own money [money paid directly to them by the people they serve]. Failure to provide appropriate outcomes to the people they serve means that their funding will reduce since subscribers will not renew. This justifies undeserving complex or chronic cases. Savings, in such a case, is profit; and frustration leading to dropping out of the insurance programs is an additional incentive for the MCE.

On the other hand, when the MCE is playing with the government's money, just the opposite effect is felt. The money will continue as long as the market is available. Once the quality improves, the money will diminish. The complex and chronic cases, however, will need to continue under this model, but the profit motive will seek to serve it poorly.

The movement by government towards the managed care model is a step in the right direction. However, its implementation strategies are flawed at least in regard to what is now being euphemistically referred to as behavioral health. Government itself is the insurance of the poor and disabled. And government must manage care with a continuous quality improvement process. This is not to imply that the individuals in government may not have motives that will conflict with the process of improvement and market reduction. But systems must be designed in a manner which channels individual motivations in the right direction. The proposed system is being designed to enhance private motives of greed, not diminish them.

Human systems are conceptually like physical structures which contain water; even when they leak, they keep most of the water on track. This conceptual perspective must be the way we view

human systems as well. Will the system support or control those good or bad human impulses? A direct government MCE can be structured in such a manner to assure that **all** people will receive services and that there is no individual gain in keeping the population ill. There may be leaks, but the political process will provide an outcome inspection and correction mechanism.

Of particular concern are the questions of motives and quality. It is doubtful that the best practices can be developed under the present model of options. Those who have a special interest in problems that are both complex and chronic have a particular concern about the models being proposed. Mental health is such a special interest. Procedures and outcomes in mental health are not well established. There is little psychiatric protocol that can indicate that if a person is psychotic a regimen of ten days in the hospital and regular doses of therapy over the next year will result in cure. Almost all cases are perceived as complex in the nature of process and many are severe and persistent.

Further, the medical needs have recently been focused on the use of *social prostheses*, if such a term can be used. Research evidence indicates that residential, vocational and social supports are necessary prerequisites to therapeutic intervention. Such rehabilitative efforts are likely to be abandoned by the private MCE model. The result will be stand alone treatments which are used more often then they might be needed in a rehabilitative environment and with less potential for qualitative outcome.

Because of the special needs of this population and because the MCE will have the ability to *dump* this population out of the service arena, these initiatives for behavioral rehabilitation seem particularly expedient and short sighted. This is of special concern since the structure for a governmental MCE in the local public administrator and a contracted preferred provider system is already in place and likely to be abandoned by the new model.

Organizational Performance

All of these questions focus the question of how one determines whether or not a human service organization is performing effectively and efficiently. “Efficiency is defined as the ratio of

output to input; in other words it is concerned with the amount of resources such as time, effort and money that must be invested in achieving a desired effect. Out[come], or effectiveness, is an aspect of efficiency" [Taubman - 1991]. One cannot normally assume that an activity is efficient if it is not effective.

The key, of course is that effectiveness is measured by the cutting edge of *intent*. Such intent is usually referred to as the *mission* of the organization. Mission is the sense of purpose, direction and desired future that guides and motivates activities. It is the source of energy that inspires individuals toward some desired outcome" [Robey et al - 1991]. Paul Binner [1991] has made an interesting point regarding the need for a new measurement paradigm to match the changing mission paradigm of service delivery. "While the service paradigm changed from custodialism to active treatment 25 years ago, the measurement paradigm for program performance did not. Consequently, many program performance measures now in use may potentially mislead program administrators. The increasing importance of managing for results and for quality makes this a favorable time to change.

Binner goes on to suggest that a "critical difference between the older custodial care paradigm and the newer active treatment model is the objective of the treatment service system. The older paradigm assumed that most patients with severe mental disorders needed extended, if not lifetime, custodial care in an institution." "In contrast, the active treatment paradigm assumed that most [people], even those with severe mental disorders, could be helped sufficiently to return to living in the community. Some might need continuing support in their living arrangements, but most were expected to resume some degree of independence."

Binner then demonstrates how data collection regarding utilization of services may indicate that a custodial program is outperforming a treatment program since "(t)he measure was consistent with the primary objective of the traditional custodial program." "Indeed, the more effective the active treatment program became at returning [people] to the community, the fewer days of service each would require. And the fewer days required, the worse the active program would look on the units of service measure." Instead of the cost per unit of service, Binner suggests a cost per unit of results obtained.

Such conceptual shifts regarding data collection are not required of human services alone. Robert Eccles [1991] suggests that within the next five years, every company will have to redesign the way it measures business performance because the existing system, which is largely financial, undercuts strategies which are focused on customer services. Eccles is, of course, referring to profit companies. And yet, for human services the performance tactics focus often on elements that are not only not useful, but are often detrimental.

The first performance measure is, as with profit corporations, financial. Inordinate amounts of time and energy are spent to assure that the financial data are collected and that they meet regulatory criteria. The second major focus is on utilization. If an organization's services are well used and financially accountable, its organizational performance excellence is assumed. Unfortunately, these performance measures are not at all tied to the mission and strategies of the organization and do nothing to measure the achievements in relation to public social policy.

The mission, or intent of the human service organization is nominally to eliminate, through prevention and/or remedy, the problems people are having in living. Failure to accomplish that lofty goal, more limited objectives of diminishing the effects of disabilities are usually espoused. Finally, failure at that level would admonish us to provide continued support to people so disabled. This hierarchy of objectives, however, places prevention or remedy first. Organizational performance should be connected with some indices that indicate how and to what extent the organization is able to *decrease* these disabilities or their effects.

Instead, the measures, reward the *increase* in the numbers of disabled people who use the services. "That which gets rewarded gets done." In order to address a true organizational performance measure we must ask as Eccles does: "Given our strategy, what are the most important measures of performance?" "How do these measures relate to one another?" "What measures truly predict long-term ...success in our business?"

We must develop appropriate tactics and events to develop key systems performance measures. We must balance between short- and long-term goals and avoid the pernicious effects of short-

term thinking alone. Eccles's suggestion that "many managers worry that income-based financial figures are better at measuring consequences of yesterday's decisions than they are at indicating tomorrow's performance." - should strike a particular chord for organizations providing human services. The dramatic technological changes and paradigm shifts of service delivery will often conflict with the financial bottom line. And even this performance will potentially deteriorate because of unnoticed declines in quality or customer satisfaction if the environment of consumer choice continues to develop.

We must develop a *total quality* movement similar to the business environment which sees "quality as a strategic weapon", not just as an adjunct to our bottom line. "Attention to customer satisfaction, which measures the quality of customer service, is a logical step in the development of quality measures. However, this is a question of customer satisfaction with *substantive* improvement, not satisfaction with the comfort of the service delivery. We need to demonstrate that we are effective, not just *good people*.

Companies will continue to measure quality on the basis of internally generated indexes [such as defect rates] that are presumed to relate to customer satisfaction. But they will also begin to evaluate their performance by collecting data directly from customers....[Eccles - 1991]. This process is not simply to gather client satisfaction data, but to relate the collection of data to the measures of quality outcome and for human services to the *substantive* impact on quality of life.

Eccles also points out the importance of developing competitive benchmarking. Such benchmarking which identifies the best practices in some activity, function or process to which to compare your own performance has a transforming effect on managerial mind-sets and perspectives. "In contrast, internal yardsticks that measure current performance in relation to prior period results, current budget, or the results of other units within the company rarely have such an eye-opening effect. Moreover, these internally focused comparisons have the disadvantage of breeding complacency through a false sense of security..."[Eccles - 1991].

Eccles goes on to state "it is easier to preach revolution than to practice it. Even the most favorable climate can create only the potential for revolutionary change. Making it happen

requires conviction, careful preparation, perseverance and a decided taste for ambiguity, As yet, there are no clear-cut answers or predetermined processes for managers who wish to change their measurement systems. New measurement indices will need to be generated, discussed, tested, evaluated and revised. This is echoed by Binner who suggested that ...a... reason the measure of results did not change readily was that the new logic called for a measure of results and there was no traditional or widely accepted measuring instrument available.

Eccles suggests five areas of activity that need to be addressed in the development of a new measurement paradigm. The first is the design of a new system of information architecture, an umbrella term for the categories of information needed to manage, the methods used to generate the data and the rules regulating information flow. He emphasizes the importance of tieing this architecture to the mission and strategy of the system. He also suggests that as "part of this identification process, management needs to articulate a new corporate grammar and define its own special vocabulary....

In addition, Eccles cautions us that how the system generates the performance data is an important part of the informational architecture. "Not surprisingly, methods for measuring financial performance are the most sophisticated and the most deeply entrenched. Accountants have been redefining these methods ever since double-entry bookkeeping was invented in the fifteenth century." "Placing these new measure on an equal footing with financial data takes significant resources." "Methods for making new performance measures should evolve as the [system's] expertise evolves. Historical comparability may suffer in the process, but this is a minor loss." What matters is how the organization compares with competitive benchmarks, not with its own past.

"The last component of a(n) ...information architecture is the set of rules that governs the flow of information. Who is responsible for how the measures are taken? Who actually generates the data? Who is responsible for changing the rules?" While advances in information technology make the advantages of making information widely available obvious, the data's integrity and security must also be of concern.

Determining the hardware, software and telecommunications technology a [system] needs to generate its new measurement information, is the second activity defined by Eccles in performance measurement. After that, he suggests "the next step is to align the new system with the [system's] incentives - to reward people in proportion to their performance on the measures that management has said truly matter." Eccles suggests that this may be the most difficult shift of all since people will perseverate in their belief that the old measures are all that really matter and because of the difficulty in creating appropriate linkages between activity, performance, outcome and reward.

Binner also cautions that "another understandable, but less admirable , reason that the change in measurement did not come easily is that the confusion over these measures provided a fertile battle ground between advocates of the old and new treatment paradigms." Use of the old measures clearly favored the old methods and made new programs look less productive and more expensive. But, in the final analysis, Binner also concedes that "perhaps the most powerful reason the conceptual shift did not take place is no more sinister than the well worn habits of mind that make traditional measurements and definitions seem so "natural"...

To overcome many of these developmental delays, outside authorities must also become a part of the reward system since the organization itself must realize successful support. Trade associations are picked out as third party organizations that can play a helpful role in identifying key performance measures, researching methodologies for taking these measures and supplying comparative statistics to their members. Such comparisons can then take place anonymously in both the provision and delineation of data.

While our inability [or unwillingness] to measure performance from new perspectives has lasted for almost twenty-five years, there are signs that the times are changing. Even the Joint Commission on Hospital Accreditation has acknowledged that its "existing standards are process and procedure oriented and do not clearly demonstrate good results." [B.S.H. - 1987] "Without the clear guidance of a measure of the purpose of the systems, attempts to manage it will continue to have an ambiguous quality." This ambiguity works to emphasize the dichotomies in the system and leaves both managers and clinicians confused as to their own abilities to reach

goals. To overcome conservative forces both within and outside the system, someone needs to take the lead and ultimately, this needs to be the top person in the system or organization. But this person cannot make it happen. “Developing an information architecture and its accompanying technology, aligning incentives, working with outside parties - “all require many people and a lot of work.” Sometimes it is helpful if the new function is headed by a new person, recruited from the outside. The problems must be attacked with new principles. The extent to which managers focus on the new initiatives will be dependent upon their ability to think in new ways about old problems.

CHAPTER 4 TECHNICAL COMPONENTS

One of the more interesting things about managing in human services is the requirement to find resources. Unlike the profit oriented organization which gains revenue through a pricing strategy which is oriented to excess revenue over expense ["whatever the market will bear"], a human services organization [not-for-profit or governmental especially] are required to seek funds through grants or third parties for the delivery of their primary services. The term - not-for-profit - is used quite specifically rather than the traditional term - non-profit. As cited elsewhere[18] Wyndham Blanton [1980:41] suggests that:

> "*...there is not such thing as a non-profit ...[agency]...all...[agencies] must turn a profit in the sense that each must complete the financial reporting period with an excess of revenues over expenditures.*
>
> *No organization can endure with a deficit. All...[agencies]...without exception, must complete their financial performance over time with a surplus - or go down the drain.'*

Such organizations are not in business to make a profit, but the are also not in business to avoid a profit. They are business for other reasons [mission], but require funds [surplus of revenue over expenditures] in order to stay in business. Similar to all other organisms, not-for-profit organizations have two goals, to achieve some purpose and to stay alive. It is when the second purpose becomes the first that the organization fails.

Raising money other than through a pricing strategy is thus a major responsibility of these managers. However, this process is not expounded in business or management classes or manuals of MBAs, CPAs or other profit oriented learning. Added to the Peter Principle [a person is promoted until s/he reaches his/her level of incompetence] and you have identified a major failing. Often the responsibility for raising money is ignored by managers who rely totally on

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18 Gardner, Jerome R., The Ethics and Responsibilities of the Not-for-profit Manager, Journal of Voluntary Action Research Volume 16, Number 4, October-December 1987,

the dole - the money is someone else's responsibility. The vision of such managers swarming on government centers claiming that government is responsible for the downfall of their organizations when funds are cut back [or more likely not increased as much as is desired] is one that is quite current, and epitomizes the 'victim' thinking in the culture. The fact that these managers are in direct competition for this money with their own clients is ignored by the managers, advocates and the media. Most of the 'welfare' money of government is spent goes for non-cash programs for services and commodities. In 1989, John Knight[19] states"

> *As a recent federal study showed, between 1960 and 1985 federal and state cash assistance programs grew 10 percent in real terms, while non-cash programs for services and commodities grew 1,760 percent.*

There is no reason to believe that these ratios have changed. So the next time you see an advocate demanding more money for this or that deprived or oppressed group, understand that the self serving relationship is more than ten to one.

This is not to suggest that the responsibility for funding these services is a simple thing. The degree of complexity is immensely increased by the very language of the term 'nonprofit', as though any organization can exist without a profit, and the exorbitant regulations which prohibit any innovative thinking in regard to money. In fact, not-for-profit 'caring' leadership should not be thinking about money, it is somehow, not considered ***pure***.

Unfortunately, not for profit managers must constantly run the risk of offending their constituencies by making good sound financial decisions. Often this leads to suspicion that they must be somehow 'breaking the rules'. It is far safer to be the manager of a run down, inefficient and ineffective organization and continually be in the papers haranguing government officials for their 'hard heartedness', than to run a well funded efficient and effective organization, even if your salary is less than your competitors.

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19 Knight, John, Do No Harm: Policy Options that Meet Human Needs, Social Policy, Summer 1989, page 8.

So how might the not-for-profit manager seek to maximize funds for the mission. An interesting possibilities is available in the technical services - finances, personnel, information management, facility management, etc. In most organizations, the technical aspects drain the resources away from the mission - service delivery. Being 'program funded' [essentially this means that they receive funds to cover costs, they are prone to require more and more to do less and less [or at least to do more less effectively]. If a personnel manager for example is asked to carry out a new function, the usual process is to request funds to do so. And the funds are taken directly from funds allocated to do 'good'. This is not to imply that the functions are not necessary in order to do 'good', only to note the correlation.

Under the pressure of 'command and control' governmental regulations the primary third party funder for most human service organizations, there is inordinate amount of bureaucratic responsibility which must be funded. Very little of which is productive either in meeting the mission or in providing efficient use of funds. In addition, there is a tendency for the least adequate applicants to surface in these agencies since the salaries are traditionally much higher in the profit sector. Again, this is not to imply that there are not some excellent technical people in the human service system, but the tendency is for those who are outstanding in their fields to get very high marks and high salaries in the profit sector. Since 'charity begins at home' very few give up this opportunity in order to do 'good'.

These conditions [program funding, bureaucratic regulations and lower salaries] make intrepreneural opportunities rather appealing. The concept is relatively simple and operates on several principles:

- good people like to take responsibility, do good work and be properly paid for it - MacGregor's theory.
- if a well run technical office is efficient and effective, it can become an outsource for other like organizations.
- this requires that the office create a cost/price list and that the price internally is the cost, and the price externally is cost plus.
- thus each office can become a profit center.

What this means essentially is that you can take a person who desires to be an entrepreneur and allow them to grow the business. For example, a personnel office in a typical organization, run on program funding, tends to increase in cost exponentially with the growth of the organization, while at the same time, generally contributing very little to the mission of the organization except to keep them out of legal and bureaucratic hot water. Let us assume, however, that the person running that shop envisions it as an employment agency. The primary mission is to supply highly trained and skilled staff to the organization. S/he decides to develop a training program for welfare recipients and, after training, places them in the organization. As an employment agency, the office would take from 15% to 50% of the first years salary as payment -**after the probationary period**. Thus the organization is receiving top notch people to whom they need not commit until after the probationary period is met. The problem is, who will pay for this? If the employment agency is able to place people **outside the parent organization** and charge 'whatever the market will bear' - the profit motive - this profit can be used to a) cover the cost of the training which is a tremendously important area of continued failure of not-for-profit human service agencies, b) to pay for the cost of the organization and c) to reward the office staff. Incidently, I once proposed to the Internal Revenue Service a 'profit sharing' plan for not-for-profits and got a prior letter approval although the plan was never implemented.

Notice that we have provided to the entrepreneur a reduced risk option, for s/he

- does not need to seek 'venture capital' to be paid back - the present program funding is available for venture capital
- can test the market without risk within the organization
- is not reliant on the outside market to stay in business

S/he can only benefit by hard work and ambition, but there is very little down side - unless the supervisor is demanding some margin of surplus over expense. Even so, it is a lot easier than doing it outside the organization.

Each of the technical divisions has an equal opportunity to develop in this intrapreneural manner. If each was efficient and effective enough to become a profit center, contributing, rather than taking money from the organization, the organization could spend almost all third party funds directly on the mission.

But remember, you will be considered a 'seedy' character for even thinking such things - so proceed with caution.

Human Resources

The single most important characteristic of a human service agency is the quality of its personnel. Because the agency provides services through the medium of human interaction, the quality of this interaction determines the acceptability and effectiveness of the organization's services [Austin - 1987].

In the business of mental health services, at least 75% of the dollars spent go toward paying for the people who provide and support services to clients. Finding, attracting, training and keeping caring and skilled people is a critical part of our work - and our planning [Davis & Moore - 1990]. Given the trends of a slower growing work force, an aging of the work force, fewer college graduates, and increased personnel costs; human service systems need to find ways to redeploy personnel and find methods to increase employee satisfaction.

The only way any system can expand or achieve a steady state and avoid the consequences of entropy and the second law of thermodynamic characteristics of a closed system is to assure that input is at least equal to output. As long as productivity increases as the result of either labor or labor saving ["capital intensive"] machines, we live in an expanding universe not subject to the ways of entropy and decay [Powell - 1958].

Up until 1965 the United States was able to retain at least a steady state condition in its economy vis a vis the external world by initiating a Second Industrial Revolution which was both capital-

intensive in nature ...and which carried out the principle of doing more with less. Consequently, labor force requirements changed creating excess workers across the entire spectrum of skills...

However, eight years later as the rest of the world increased its technological advances and productivity it became clear that we have not held our lead or even kept pace... One result is that over half the work force is engaged in service activities rather than products per se and these workers are only half as efficient as general manufacturing workers [Ehrle - 1973].

Since each worker is concerned about his ...personal viability, we rely increasingly on restrictive union agreements, professional licensing arrangements, equal employment opportunity mandates and other featherbedding tactics or "institutionalized inefficiencies" to maintain a high level of employment. Employers are similarly concerned about their viability, hence they lobby for all sorts of import quotas, protective tariffs and subsidies.... The government also contributes...by means of wage & price control, devaluing the dollar and other tactics. The tragedy of all this is a shrinking economy in which win-lose or lose-lose forces are set in motion as each group or sub-group attempts to place the "blame"...[Ehrle - 1973].

Now suddenly in the midst of this, Manpower 2000 tells us that by the year 2000 the numbers of people available for work in our system between the ages of 25 and 40 will be virtually non-existent. Combine this with the very low salaries and high stress [combined, because of the present technology utilization, with equally low satisfaction] rates and the picture looks extremely bleak. Incentives need to be developed which will not only provide incentives for the employers [provider agencies] to *do the right things*, but incentives need to be developed which will attract workers capable of *doing things right*.

While the local authority is *responsible* for community services, it does not normally have direct involvement with the hiring, recruiting, retaining or even the training or the workforce. But the *responsibility* for the services means that the local public agency planners must forget who provides the paycheck and focus on planning for the availability of a workforce to meet the needs of the persons they are responsible for helping. The problem is somewhat escalated by the standards regarding qualifications of staff that are promulgated by the state governments.

The local authority can perhaps best address the workforce issues by recognizing that community-based services differ dramatically from the facility-based services of the past and that new roles in the service system need to be defined. These new roles may demand skills that the current workforce does not have and will require training and retraining. This is an area in which the local administrator can provide leadership both by developing direct training to new and retained staff, but also by developing cooperative relationships with higher education programs to ensure that appropriately trained people will be available. In addition, the system would probably benefit by getting the State to re-evaluate its regulations regarding staff qualifications.

Presently the regulations require certain credentialing which do not contribute to productivity."...planners must consider not only the trends likely to affect the number of available workers, but also worker characteristics that are likely to determine employees' expectations [Ewalt - 1991]. "Working conditions have two important aspects: 1) assigned roles and tasks, and 2) expectations that individuals bring to those tasks" [Austin - 1987]. The changing paradigms away from the *symptom* model expertise and towards functional *competency* models have the potential to develop two major incentives for future workers: 1) the level of *psychological satisfaction* has the potential of increasing as the worker has new perspectives of achievement through attainment of competence. There will be a specific product to be developed [competent clients] which will be measurable and for which individual staff will be able to attach a certain amount of "credit" and resulting pride of workmanship, and 2) the skills necessary to *teach* competency will be more knowledge utilization and less academic oriented; allowing a true "paraprofessional category to develop within the system.

While certainly these satisfactions will help, they are probably not sufficient in and of themselves. It will be a "sellers'" market and able staff people will be sought by many potential employers. Local administrators will probably need to take a proactive position to ensure the recruitment, selection, orientation, training, and promotion of people who are able to function well in a market driven system where their own productivity is more important than credentialing. Such options as working with institutions of higher learning to develop people

who are more skill utilization than theory oriented; or working with two year colleges to develop an associate degree will require the authority of the Local Office.

Financial incentives need also to be developed. Provider agencies will need to transfer some portion of the incentives for positive outcomes that they receive directly to the workers achieving those gains. For example, it is possible to conceive of counseling staff being offered a base salary and a *draw* against future earnings and then be compensated by the number of actual face to face hours [with different clients] and successful outcomes enabling the most energetic and successful workers to earn substantially more than workers who just meet the status quo. To carry the sales analogy even further, it is potentially possible that the most successful counselors will organize their own sales staff [using materials and criteria set by the provider agency] and through such successful organization and supervision develop their own counseling units in the same manner that Amway or Mary Kay has allowed the development of business under their auspices and following their rules to successful sales people.

Magner [1989] states that students usually enter graduate school intending to enter private practice, while at the same time estimations by Barker [1987] and the Bureau of Labor Statistics [Rosen et al - 1987] agree that fewer than 2% of social workers are employed in private practice. Future satisfaction in agency employment could change this practice.

Provider agencies will need to free workers to achieve, and reward the entrepreneurial among them, while benefiting from the success of their endeavors. Specialist will develop. People with particular expertise in teaching coping or problem solving skills may make themselves available at their own set rates. Agencies unable to create more attractive agency environments and allow staff to have more freedom to establish schedules and activities could find themselves competing with the very staff they wish to retain.

Intraprenurial enterprise within the program funded *technical support* staff will also be an important consideration. Information, human resource, financial, and property entities within the vendor agencies can be encouraged to develop their services on a *fee per service* basis and then sell these services to the service delivery units. The advantages of such a focus are two fold: first,

it requires the technical staff to become aware of generating income and the concordant responsibility of customer satisfaction; and second, the technical unit is then positioned to sell these same services outside the organization. If the services are sold internally at cost and externally at cost/plus, the technical units can generate revenue instead of just expenditures.

Human resource training units that develop skill utilization models and teach these skills to people who have emotional stability and caring attitudes will be able to capture whole labor markets by using professional entrepreneurs to create paraprofessional experts.

The community membership focus built into the competency model, offers services to people where they are and emphasizes intensity of services rather than restrictiveness of settings. Along with requiring a person who is capable of operating in "alien" territory without direct supervision, this is a labor intensive involvement which works contrary to the sparseness of labor predicted by the year 2000. We will need therefore to begin to develop the new labor market we need. The technology is there to teach both the staff and the clients the skills they need to be competent. But we must escape the notion that we need academic skills in all positions and place specialist where they can be most effective.

In ***The Case Against Credentialsim***, [1985] James Fallows suggests that as a society we are enamored by "professionalism" and feel that all positions need to be "professional" because of three changes which all took place in the past hundred years: conversion of jobs into professions to protect positions; the use of the scientific measurement of intelligence to "match" large intellect with "important" jobs; and the use of governmental power to "channel" people toward certain occupations based on a preconceived notion of what they are capable of achieving. In this *meritocracy*, there is a general misallocation of human resources based on credentialism rather than productivity.

For staff the most promising route to security often seems to be to enhance the prestige of the occupation by professionalizing. As a means of transmitting the knowledge on which the new profession's authority was based - and of reserving for themselves control over who would enter the profession - the profession dramatically increased the educational requirements for new

aspirants. Because meeting “objective standards so often meant getting an academic degree, professional competence soon was measured by *input*, not *output*. “

However, controlling entry into a given occupational field by “professonalizing” it, should be of less importance in the coming diminishment of staff availability. The shift to performance measures [outcome] and away from credentials [input] will be critical to opening the way for increasing staff satisfaction and participation of less traditional labor.

One important method of defining outcome in human services is through the use of competence approaches. The advent of competence approaches is a fairly recent development in human services. Until recent years, the professions have been dominated by defect approaches, the medical and psychoanalytic models being the best know examples. Adherents of defect approaches assume that pathological, socially deviant behavior is the most important feature to observe about human functioning. Deviant behavior is attributed to stable states inside the person, the cause of which occurred at some time removed from the present [Wine - 1981].

Competency models are concerned with a fuller range of human functioning, stressing positive capacities. The ongoing interaction between individual and environment is emphasized; the two are regarded as mutually influencing and the relationship between them is fluid and changeable. This interactivity is described as a transactional relationship. Competency models represent that the most important features of human environments are other people and the most essential human competencies are those that contribute to mutually satisfying, rewarding interpersonal relationships” [Wine -1981].

“Competence, therefore, means possession of and ability to use interpersonal and relationship skills in social and productive environments. These skills are usually seen as acquired by some combination of the developmental process and learning, although personality factors and the role of motivation must also be considered. At any given developmental level, incompetence in interaction [or ineffectual behavior] may be viewed as caused by attentional, informational and motivational defects” [Saranson - 1981].

Ineffective behavior occurs because an individual has never had an opportunity to learn effective responses appropriate for a particular type of situation. The complexity of social behavior and the difficulty an individual may have in developing a set of useful rules about what is appropriate and when, contribute to the difficulty in simple attempts to teach interpersonal skills.

What is needed is the ability to learn the interpersonal skills in the living, learning and working environments in which one exists or would like to exist. Interpersonal competence increases the likelihood of optimal development along *self-determined* lines. These skills depend on the uniquely human cognitive processes of suspended action, abstract memory, reverie, foresight, reflection and imagination [Wine & Smye, eds. - 1981]

Staff will need to be able to teach behavioral skills along with a whole range of wholistic wellness areas including both cognitive and overt behaviors; the pragmatics of daily living skills such as: mobility, budgeting, cooking, shopping, making friends, developing and avocation, etc. And skills of personal initiative such as planning, problem solving, coping, avoiding negative thoughts, assertiveness, emotional expression, etc.

Competency workers must attempt to generate vocabulary and concepts that are not simply translations, but are qualitatively differing alternatives to defect model terminology and constructs.

In the final analysis, staff will need to be empowered to participate more effectively in and share more fully in the benefits of their efforts if we hope to attract them in sufficient numbers and to encourage them to sufficient productivity to be able to make the system work. People, like the organizations that they make up have a basic need to identify goals and accomplishments. Because of the inadequacy of the mission of human services, these individual goals are often missing. “The first important work required of the manger/supervisor and employee ...is for them to establish a mutually agreed upon set of expectations of what results...the employee will achieve...for the planning period” [Roche - 1978].

"The most troublesome factors that managers and employees cite in the use of goals relate to the level of predictability and control over the demands that are made of them. Quite frequently managers and employees will state that since they cannot predict or control the demands made on them that there is no point in writing goals. The argument is that 'if we can't predict or control why take the time to write things down.' In these situations, which are quite common in most organizations, managers and employees then tend to operate in a reactive mode. During the course of the work year, they are apt to be quite busy, but they have less sense of accomplishment in terms of specific result at the end of the year" [Roche - 1978]

In fact, their reactive mode is 'crisis management'; managers respond to crises that occur, rather than develop methods to reduce the number and impact of the crises. But perhaps worse than that, managers tend to respond as the Roche Performance Management System of 1978 indicates, "... situations with little predictability or control are most likely suitable for performance standards than performance goals." Roche then defines performance standards as "the levels of *performance* that an employee should meet to perform and acceptable job." [emphasis ours] A close reading of the material would change the word performance, to *activity*; in other words, Roche indicates that if we control the process of performance that will have some impact upon outcome.

This has been the same response that the human service system has used for forty years and one would expect that by now Roche would no longer recommends such an inadequate response. The issue we must concern ourselves with is not how unpredictable the activities of the employee are, but how predictable the outcome expectation is. The control of process ties the hands of the employee in reaching quality, often providing the procedures that keep them going round in circles like the processinary caterpillars in our introduction; leaving the employees quite busy, but without accomplishment. Frankly, it is even worse than that because employees can be rewarded for this lack of accomplishment by following the process around in perfect circles.

The question of defining goals is highly inflated. The goals of an individual employee working with people with problems in living are simply stated; what is the intention of the relationship? The problem is that we do not wish to articulate that the traditional intention is to *control the*

behavior! This is where the 'rubber meets the road' and the implicit social policy becomes explicit. The traditional test of outcome is the 'dead man test'; meaning that the closer the client performs to a dead man, the more satisfactory the treatment; i.e., the "bad" symptoms goes away. It is not important that the psychotic become coherent; the incorrigible become socially adept, etc. It is simply important that they stop whatever got them here. How they feel about that also tends to be irrelevant. Since employees in the vineyards of human services tend to be quite dedicated to the ideals of actually helping people, they end up "burnt out", which is another way of saying frustrated at the way the system keeps them from any meaningful subservience. Yet full exploration of the concept would examine closely the constructs of obedience and fidelity.

Gabriel Marcel [1951] does such an exploration in depth and although his focus is on religion, some of his thoughts bear consideration. He suggests that we must first, reconsider the construct of obedience: "An adult who was obedient in his whole manner of living...would be unworthy of the name of man." "...[obedience] is a function, hence the duty of obedience does not fundamentally and necessarily involve the being of him who obeys." Marcel is limiting the obedience to that which one has committed himself. And even here, there are parameters: "Would it not be better ...to recognize that the only true fidelity is fidelity to myself, and that it is by such fidelity alone that I can give proof of what is incorrectly regarded as fidelity to another? In other words, I may make it a point of honor to perform certain actions which are to the advantage of another person, but in the last analysis my only real obligation is to myself."

Marcel does not mean, of course, that we can therefore whimsically decide to be obedient to one master one day and a different one tomorrow. To be true to oneself is a rigorous activity which demands first, that one commit him or herself to obedience and fidelity only with clear awareness and deliberation. Frivolous commitment is to avoid one's own sense of right and wrong. Using Donahue's construct of *agency*, one must commit to the principal's intent in order to become an agent. Having made the commitment, however, one is required to continued awareness. "If I admit without discussion that to be faithful to myself means to be faithful to certain principles which I have adopted once and for all, I am in danger of introducing into my life a foreign, and we can even say ... destructive...element." "If I were absolutely sincere I should have to *compel myself to examine these principles* at frequent intervals, and to ask myself

periodically whether they still correspond to what I think and believe" [Marcel - 1951 - emphasis ours].

Awareness, consciousness of our thoughts and actions is a requirement of duty, obedience and fidelity. Taking a position as a public or human servant requires that the individual, and through these individuals, the organization, rigorously analyze their own behavior in light of coherence to their avowed beliefs. This is not easy to do, particularly if the principal's goals, expectations, etc are nebulous. Such rigorous thinking takes energy, and we may not be prepared to deal with the consequences of what we find needs to be done. But this is the requirement of duty and service. And the public and human service person has a higher duty to maintain.

The principal's principles which each individual needs to examine need to be spelled out in mission, values and contract by the local governmental authority, and might include the following considerations.

Duty to not reject or abandon

Two affirmative actions must be embellished in the contractual relationship:

* That there can be no rejection of services for a person who would be the responsibility of the local governmental authority if they were not served by the provider.

  One cannot expect to take on the responsibilities of public service only when it is convenient. The government has two options in fulfilling its responsibilities to its citizens; it can contract for services or provide them. If it contracts for services and the providers do not provide them, then the government should seek to cancel the contract. Why should the government contract for only those services which are easy to provide? If the government is required to provide the services to the people with the most difficult problems in living, they might as well provide the services to the people with lesser problems as well.

- There can be no *abandonment* of the person in service under the same circumstances.

  It follows, that if the provider cannot refuse, the provider cannot abandon. Yet when the going gets tough, this is exactly the position taken by many provider organizations. That such deteriorations says something about organizational performance and that the abandonment results in a breach of fiduciary duty as well is often ignored.

Duty to least restrictive alternative

Government must pursue its ends in a manner that least intrudes or infringes upon individual rights. The implications of this duty have been virtually ignored by both government and contracted providers as the rationalization of a *continuum* of services has had extremely negative consequences for the people being served. The question of restrictiveness is one that has been rigorously examined by Steven Taylor [1988]. He identifies seven specific pitfalls of the least restrictive environment as practiced by present practitioners.

- It legitimizes restrictive environments. "A principle that contains a presumption in favor of the least restrictive environments implies that there are circumstances under which the most restrictive environment would be appropriate" [Taylor - 1988].

- It confuses segregation and integration on the one hand with intensity of services on the other. "As represented by the continuum, LRE equates segregation with the most intensive services and integration with the least intensive services" [Taylor - 1988].

- Least restrictive environment is based on a "readiness model". "Implicit in LRE is the assumption that people with ...disabilities must earn the right to move to the least restrictive environment" [Taylor - 1988].

- Least restrictive environment supports the primacy of professional decision making. "...LRE is invariably framed in terms of professional judgements regarding "individual needs"." "The phrase "least restrictive environment" is almost always qualified with

words such as “appropriate”, “necessary”, “feasible”, and “possible” [and never with “desired” or “wanted”] [Taylor - 1988].

- The least restrictive principle sanctions infringements on people’s rights. “The question implied is not *whether* people with ...disabilities should be restricted, but *to what extent* [Turnbull - 1981, p. 17]” [Taylor - 1988]

- The least restrictive principle implies that people must move as they develop and change. “As LRE is commonly conceptualized, people with ...disabilities are expected to move toward increasingly less restrictive environments” [Taylor - 1988].

- The principle directs attention to physical settings rather than to the services and supports people need to be integrated into the community. “As Gunnar Dybwad [personnel communication, February, 1985] has stated, “Every time we identify a need in this field, we build a building” [Taylor - 1988].

The outlining of such pitfalls should remind us that even the best values can be used perversely if we are not diligent in our rigorous analysis of what is actually happening and what we are participating in.

Duty as fiduciary

While fiduciary is usually used as a financial term, it has great value for public providers of human services. Black’s Law Dictionary defines fiduciary as “a person [or entity] having the duty created by his undertaking, to act primarily for another’s benefit in matters connected with such undertaking.... One is said to act in a fiduciary capacity when the business s/he transacts, or the money s/he handles, is not for his/her own benefit, but for the benefit of another person....” The responsibility to act on the behalf of the *client* and for no other purpose, either your own or your organization’s has salient implications which need to be regarded.

Duty to act for the good of others

A fiduciary involves, in essence, a duty to act for the good of others rather than for one's own benefit. The chief fiduciary duty of the staff is to exercise powers for the benefit of the individual client. Each event in the process of service delivery with each client must meet this fiduciary [beneficent] test of personal benefit to the individual client. The test will clearly be most difficult at times of stress and therefore, it is advised that the organization develop a decision-making protocol to examine whether the fiduciary test is being met during such times.

Fiduciary conflict

A particular area of organizational responsibility is to carry out the responsibility to each client individually and separately, while being, at the same time responsible to all clients. When these two duties appear to be in conflict, it may be necessary to request an outside agent to bolster the fiduciary responsibility to the one atypical client. [Such situations arise for example when the actions of one client might be harmful to others.] This does not, however, remove the responsibility of the organization to continue to assure this duty to each person individually. The atypical client cannot be abandoned and/or refused services simply because of this potential harm, but must be treated individually in a fiduciary manner.

Duty to act on the acts of others

This requires that an individual staff person, when they see another individual acting in a manner which is contrary to the fiduciary responsibility and not for the good of the individual client, *must take immediate steps to abate that action*. Since the fiduciary responsibility is held by both the organization and the individuals who work for the organization, this is a *contractual* obligation which needs to define both levels of responsibility and duty. The organization must make it both the responsibility for implementation and corrective action easy for individual staff members through both policy and procedure.

Duties of the organization

Incompetence of an employee is in and of itself, not a basis for a breach of personal fiduciary duty, but it can be a breach of organizational responsibility. Each organization has a management responsibility to recruit, select, orient and train competent [as opposed to credentialed] staff. Thus, failure of a staff person to act in a fiduciary manner will reflect upon the organization's ability to effectively carry out this management responsibility.

Breach of organizational duty

An apparent or alleged breach of organizational fiduciary responsibility requires a systematic investigation to be carried out by the local administrative office and/or its designee. Remedial action could include technical assistance and training or, in cases of clear contract failure, decrease or termination of the contract.

Duties of individual employees

Staff members are usually held to a standard of diligence, skill and care of an *ordinary man* in a like situation. This is a vague enough standard to make it necessary to decide practically every event on its own merits. Despite the fact that staff may be paid or voluntary, or that they are adequately or inadequately trained for their positions, this does not justify actions which are careless or of gross stupidity. Incompetence is, in and of itself not cause for him/her to be held personally liable for any losses caused by this inadequacy. If, however, s/he omits the reasonable precautions established by the fiduciary test protocol or by ordinary common sense, s/he may be grossly negligent and may be held personally liable for resulting injury or losses to the client.

So long as the person exercises reasonable diligence and care s/he is free from personal liability --- when poor judgement causes loss or injury. *Good faith* is the principle [but not the sole test] of the adequacy of a person's diligence and care.

Breach of individual duty

An apparent or alleged breach of individual fiduciary responsibility requires that the organization's management investigate the alleged breach and make a report that includes a remedial response and a plan of correction. Failure to act in a fiduciary manner because of a lack of training or judgement requires that the individual must be given sufficient support and experience to improve the quality of judgements. Repeated failure to make good judgements requires that actions be taken to separate this employee from like situations.

Worse position or state

Common law recognizes the principle that a person rendering an affirmative duty cannot leave the person in a worse position or state after being rendered aid. This common law position is similar to the ethical position of "do no harm" which McKnight suggest needs to be added to human services. It is distressing to note that this lack is apparent even while the common law exists. It raises serious question as to who is "watching the store".

Restitution

In all cases of fiduciary breach or failure, an investigative report must assess and document the loss or injury [worse position] of the individual client and must indicate appropriate action for *restitution* by the party of cause. Regardless of whether the person is *legally liable*, harm to a client becomes the responsibility of the organization and restitution becomes mandated.

Administrative requirements of provider organizations:

The provider organization is required to have and show evidence of:

- a policy regarding acting on the acts of others and a procedural protocol concerning behavioral expectations of staff who identify potentially nonfiduciary actions.

- a decision making protocol which is to be followed when a question arises as to whether an action is beneficent.

- an investigative protocol to determine failure of *individual* fiduciary responsibility.

- a standing or ad hoc committee capability to review evidence of loss or injury and to determine restitution.

- a process of orientation and training regarding fiduciary duties for all staff.

- signed statements of all staff that they have learned and understood their fiduciary responsibilities.

- archives of the investigative committee.

Administrative requirements of the Local Administrative Office:

Standard of care

A breach of duty consists of a failure to follow a standard of care established by professional guidelines with the local system. The standard of care is generally developed through identification of the ordinary expectations of like professionals within a geographic area and is mitigated by individual expertise within the profession. The fact that psychiatry does not have a standard of care which is common with other medical practices suggests not only the gap between psychiatry and formal medicine, but also the failure of human services to come to terms with their own performance.

A standard of care for an administrative agency might also include some indication of the ***fundamental assumption*** of the administrative agency concerning the etiology and characteristics of the population to be served, and a ***theory of change*** which the agency supports

regarding the manner in which the interventions used are expected to impact on the population being served.

The is because the standard of care is also determined by what common law has termed the *reasonable man test*. Simply stated, conduct that would be attributed to a reasonable person or from which a reasonable person would refrain establishes a guideline for conduct. The test is subject to several practical qualifications. People employed in provider agencies specifically to provide an affirmative, beneficent and fiduciary duty to a vulnerable individual are held to a higher degree of care than others in similar circumstances. Consideration will also be given to the person's level of training and experience. In addition, while somewhat eroded by the communication explosion, the norm is generally established geographically.

The local administration should provide a *peer review* committee [or committees] which will help provider organizations and staff to determine whether particular actions breach the degree of care and duty expected. In the final analysis the local governmental entity is responsible for delineating the local standard of care and assuring its implementation.

Financial support

In order to meet the responsibilities and duties as well as a standard of care, fiscal and human resources must be available. While the absence of such resources does not relieve the provider from the duty, there is a clear recognition of the need for government support. Government has both the responsibility for doing what is necessary to preserve the safety and welfare of its disabled citizens and to do so in the most *judicious* manner possible. The local government, therefore, must take an affirmative position on providing additional support for the *prudent* fiscal decisions made at the time of crisis and in order to carry out the duties listed in this section. The provider organization must do *what ever it takes* to meet its legal, ethical and moral duties with

the trust that the local administration will provide realistic financial support to meet those needs[20].

Technical Assistance

When the local governmental administration is not in a position to provide services to people, it should also not be in a position to micro-mange the decision making capacity in regard to the implementation of those services. It can and should be available to provide technical assistance in regard to social policy, best practices, collaboration and potential resources other than financial; i.e. competent consultants or available facilities.

Management Information

Rigorous analysis is driven by evidence in the form of information. Presently, as we have already indicated, the data collected by human service are not useful for providing evidence in regard to the outcome of the services. Instead, they are usually *custodial* in nature.

Purpose:

- to assure that the human services *intervention* [context, relationship, process content] is within specification tolerances. *Quality Control*
- to assure that the intervention has the intended *outcome.* *Quality Assurance*
- to assure that specifications are *continuously improving*. *Quality Enhancement*

20 It is the author's opinion that local government offices cannot hide behind limited resources to deal with the basic policy issues needed to carry out effective public social policy. Administrators are responsible for the development of resources as much as for distributing them.

All services that are provided to human beings hinge on four variables which demand specification if the vendor is to be successful. These variables *context, relationship, process* and *content* have attributes which make up the specifications of the service.

- *context*: the context in which the service is provided has two major attributes: *location* and *rationale*.

  Increasingly a specification of the location of the service has been on valued settings. This means providing the service in a context which is valued by typical people and not artificially created for the purpose of separating the individual from full community membership. Thus an individual vendor might define valued settings and through that definition indicate the *tolerances* allowed in variation.

  Rationale for the service is another element of context. Since if the service is *voluntary*, its location is more likely to be valued. The vendor must again define the specifications under which the services are rationally offered.

- *relationship* the relationships within the service rendering also have two major attributes; they are *personal* and *utilitarian*.

  Personal relationships are either significant or insignificant. If significant to the end user, the service delivery is likely to be enhanced.

  Utilitarian aspects of the relationship include whether the participants are subordinate, supraordinate or peers. While rhetoric indicates that the *new* service ideal is a peer relationship, the real issue is the role, not the function, of the expert. There is increasing demand for *enabler* roles which use expert skills to enable the end user to reach their own goals.

The extent to which these tolerances are spelled out is important to the vendors ability to test tolerances.

- *process* Process attributes include *intent*, *methodology* and *time.*

  The *intent* of the service must be clear. Often the intent of the service is described by the service. e.g., residential services are provided to provide residential services. The intent of most human services are to reduce *symptomology* and/or to increase *capacity*.

  The methodology of a service delivery is often *"eclectic"* which is a euphemism for letting the direct service worker do what ever they want. The means have attributes of their own including: *invasiveness* and are thereby open to a great deal of interpretation without specification.

  The question of time has many dimensions, not the least of which is *convenience*. Often human services are scheduled to the convenience of the vendor, not the user. Additional tolerances to *length* and *intensity* need to be spelled out.

- *content* content has two major attributes of *abstract* and *pragmatic* aspects.

  Abstract content can be *rational* or *emotive.* Whether the content meets the intellectual or emotional requirements of the end user should be of major concern.

  Concrete or pragmatic content would include behaviors or goods. Are they permanent or perishable.

All information is developed for the purpose of assuring either effectiveness or efficiency. Since specific tolerances are prevalent in financial areas, efficiency is usually well audited and the

information collected is utilized by the people who receive it. Since the service delivery aspects are not often given specification tolerances [or if they do, they are enumerations of credentials (inputs) which have little relevance to the variables discussed above] and therefore the audits of service delivery are negligible and the information collected has little relevance and/or use.

If the purpose of information is truly for the purpose of total quality management, which is what is purported here, the information must be relevant to the variables and serve the purpose of helping individuals in and outside the service delivery system understand the efficacy [effectiveness plus efficiency] of the services delivered.

Need: There are several variables regarding the *need* for information. These include:

- *Distribution* — What are the *number* of people who have a need to know, and *security* to assure that those people know only what they need and no more.

- *Data Elements* — Data must be collected in elements which answer the questions raised by the specifications. Units of service is not as clearly important as outcomes of service in a service delivery system which sets a priority on reaching goals.

  The intensity level of data, either *incident* level or *summary* level is based on the need to know, but also to make data information. If analysis is necessary, the data is open to interpretation.

  Information can be *personalized* or *informational*. Strongly connected to confidentiality.

- *Reports* — Reports reflect the need to know *security* and need for an informational *organization* to the report which precludes analysis of the data elements. Reports also must be *timely*, which has a

major relationship to *utility* which is concerned with the usefulness of the report.

Personal and organizational utility are the purpose of information collection and distribution; if the reports are not useful, don't make them. Usefulness, must relate to the ability to improve quality. The information must in some way enhance the performance of the individual receiving it and through the collective individuals or through the feedback about them, the performance of the organization.

For the administrator then - "It is a question of organizational architecture, and the measure of that architecture is how well it deters opportunism and irresponsibility and promotes faithful stewardship" [Donahue - 1989]. The design of the system architecture must contain elements which promote the outcomes and qualities that the social policy has articulated.

Quality Management

The search for the development of organizational and consumer quality in public human services has been a sometimes thing which has created much more smoke than light. A recent review [RESOURCES -1992] of Total Quality Management [TQM] in the service and public sector has indicated the troubling garbled expressions of the expert leadership. If I may cite from that article some unrelated expert opinions:

Berwick and Sterret [judges for the federal government's Malcolm Baldridge Award for Quality] also point out that there is a high variation in service-customer needs. They say that the 'dynamic, non-linear dimensions' of services are more difficult to understand and manage. They also point out that in the service sector, individual workers provide more variation in quality and in opportunities for improvement. They write that 'contact behaviors of staff leave the door open for the old style of looking for CULPRITS [when mistakes are made] rather than focusing on CAUSES [which will point the organization to places where quality can be improved.

There is a difference between being served and feeling served, says [Ron] Zemke [author of "The Emerging Art of Service Management"] Taking into account how a customer feels about an organization's service can be a more accurate barometer than asking him how he rates the service. Unlike quality control in technical fields of manufacturing, however, creating standards to measure service performance - such as employee behavior and consumer perceptions - can resemble a psychology experiment.

In applying the concepts of TQM to mental health, the two biggest challenges seem to be defining who the customer is and specifying the measurable outcomes.

William George, professor of marketing at Villanova University, did not hesitate: 'Your customers are your communities', he said. Not every mental health provider would agree.

Walter Leginski, assistant chief of the Systems Development and Community Support Branch at NIMH, notes that states adopt 'widely different definitions of who is their customer, leading to equally different ideas about the product that is being provided.

W.C. Enmon, advising the state of Texas on TQM as part of the Xerox Loaned Executive Program notes that when public sector customers of services are devalued by taxpayers, as in the provision of welfare or mental health services, 'the job of the organization is to negotiate between the needs of all its customers and stakeholders and to find a win-win solution...to find ways of meeting the needs of all.' This very tension, held by the organization for years, may be the dominant factor that keeps mental health organizations from clearly defining customers and outcomes.

Leginski points out that 'effectiveness ' and 'outcome' might be two different things in the provision of mental health services: 'Effectiveness can be measured from patterns of service utilization...information which most information systems collect. If case management once a week is indicated and the client receives it one in three weeks, you have a measure of effectiveness.' Outcome measures, Leginski says, are different. Based on a system-wide study of

outcome measures, he says, 'my impression is that not too many states have done routine outcome assessment because their products are not defined.

'It may be that consumers will have a more homogeneous sense of outcome measures than professionals have had', he said.

With the exception of the last sentence, we can barely identify a lucid statement regarding quality. The reader must remember that these are supposedly experts, not people who are rebelling against the implementation of total quality management. Many of these people are being paid to help implement TQM in human services. Yet, each in turn fails to hold firmly on to the concept of quality. Berwick and Sterret, because of the perceived complexity of individualized services turn to managing the *process* of service delivery and worry about CULPRITS & CAUSES instead of outcomes. Zemke is concerned about how the customer feels about the organization rather than matching outcome to expectations.

After acknowledging the conflictual goals of human services, George comes down on the side of protecting society. Quality for him, therefore, will probably prove to be incarceration of people with mental health problems in large institutions where the public won't see them. It is hard to see how the general public, led by professional ledgerman to believe that this population is both dangerous and incurable, would come to any other measure of quality. Leginski notes the wide range of definitions caused by lack of rigorous thinking and Enmon feels that there should be negotiation with consumers [ignoring perhaps, that it is the professional experience of the last forty years that has devalued this population]. Imagine Ford Motor Company taking a similar position: "Let's see, you [the customer] can have a Lincoln or a Ford, lets negotiate!" Leginski then points out that effectiveness and outcome are different because [in mental health at least] effectiveness is measured custodially and outcome isn't defined.

This is frightening! Fortunately Leginski finally comes to the conclusion that the customer might be able to define quality, which is what total quality management is all about. It really is not that hard. Certainly, one needs to make distinctions between organizational outcomes and client outcomes. The organization needs to focus in on creating a vision [mission or social policy

statement] which indicates some overall outcome expectations regarding its performance. It needs to set standards of quality **for** its performance. It also needs to understand that individual clients will need to create vision statements for themselves, defining in the process, the outcomes by which they will measure quality. While it is likely that each will have compatibility with the organization's standards, they may not be congruent. The organization may believe in *full community membership for **all** clients*, and the client may not value nor desire full community membership. Organizations that think *rigorously* will be prepared with an attitude about what then, but they do not change the client's definition of quality to meet their own.

In fact, the percentage of individual outcome expectations that conflict with the organizational outcome expectations should send a message to the organization that they are out of step with their own definitions of organizational performance. Quality is essentially a measurement against a standard. The problem is whose standard and to what is it applied? TQM says that it is the **customer's standard** which counts. You don't have to manage this way, but then it is not total quality management. Dennis O'Leary [1991] in writing about the attempt of the Joint Commission on Accreditation of Healthcare Organizations states "We sometimes use the term *quality* in a glib fashion. There are those who would characterize quality as something akin to beauty or pornography which can be appreciated but not easily defined." He then goes on to define **his** definition of quality. I have no argument with his definition, but he is not my customer and his definition does not take into account *his* customer. Like *truth* [I am not sure about pornography], quality is in the eye of the beholder. And the beholder to whom I am a servant is the client. Therefore, that client must define truth and quality. I must, within reason and legality, meet *his* expectations[21].

Further, the standards which measure *my expectations*, those organizational standards must *not* be standards of performance meaning *process*, but standards of *outcome*. Standards of performance are epitomized by the regulatory standards now in place. They define specifically who is to do and what they shall do, without reference to what is expected as outcome. If I develop standards of process, such as Berwick, Sterret and Leginski are concerned with, I duplicate those regulatory standards regarding **means**. This does not deny that there need to be

[21] The only other alternative is to refuse services based on an ethical position that the client's outcome expectations are not acceptable.

certain guidelines about means in public organizations. We understand that there are constraints on how one intervenes and have spent a great deal of time reviewing ethics, duties and responsibilities for just this purpose. But the construct that Deming, at least, is trying to help us understand is that the staff are capable within these constraints of designing the **means**, providing they are very, very clear on what **ends** are expected.

This change of focus from means to ends comes at a difficult time for public human service agencies, since they are dealing with another paradigm shift regarding **ends**. Ends in public human services are shifting from organizational ends to end user ends, at the same time. The "experts" indicate some confusion with both shifts. Public human service organizations must spend a great deal of time with their boards, staff, clients and stakeholders defining the *organizational ends* which will support *individual* ends. The Joint Commission, with such rigorous analysis, might find that the outcome expectation of the organization is to **prevent** illness and accidents and that this is a total retooling about what business they are in. All of the standards about how they provide services may be inappropriate because what they really should be doing is preventative health care.

I have referred throughout this document to the classic/quantum physics change because I feel it has the same contextual feel as the classic medical [command and control]/ transformational[continuous quality improvement] model conflict in which human services is centered. Newtonian physics still has a place, but the Schrodinger construct is the operational mode. Medical model human services may still have a place, but not in human services. This is not a pejorative statement, it is a statement of coherence as I see it. But just as it took the young Turks of Bohr, Heisenberg, Born and Pauli to carry the construct forward, so too it will take some young turks to take hold in human services. The old guard does **not get it.**

"Current 'quality assurance' approaches, which are based on collections of hundreds of detailed standards applied uniformly in every setting monitored, are not producing desired results. Clearly the current approach in 'assuring' quality lacks efficacy." "The current approach also lacks reliability. Given the same setting, different monitors cite different deficiencies. Finally the current approach lacks validity. One often cannot distinguish, in quality of life measures,

between ...[programs] ...intended to cause dozens of good outcomes [safety, comfort, freedom from exploitation, opportunities to learn, therapies as needed, good diet, etc.] as written and implemented they may unduly emphasize paperwork, environment, and health and safety issues at the expense of other quality of life measures."

> "...quality is different in different settings ...for different people." [Lakin, Prouty, & Smith - 1993]

Individualized services require individualized quality measures. "Quality is thereby manifested in the achievement of *desired* outcomes" [Lakin, Prouty & Smith - 1993] [emphasis added]. It is the personalization of services, quality outcome expectations, data collection of formative and summative focus, and the responsiveness to the changes in the client's expectations as achievements are attained that will contribute to the quality organization. It is the *cumulative* data of many clients across time that will be the ultimate *organizational performance standard.* "Our shared goal is to develop processes and concepts useful for reconceptualizing and redesigning services that honor the distinctive contributions of people with disabilities, their family members and friends, service workers, and other community members. "This action learning approach contributes to organizations learning by creating time and space for reflection and creative problem solving" [O'Brian & O'Brian - 1993]. It also helps to set up a learning process in which the learning entity [client or organization] can begin the process of learning over time how to define quality and measure results through experience.

The first responsibility of the manager of public human services is to help his/her organization decide who the customer is going to be. "In the service system as it has existed to date, the customer primarily has been the government agency that certifies, operates or funds the service system. Providers have had to satisfy the regulators, not the people they serve." "When agencies write mission statements and policy documents, it is not uncommon to see ...documents espouse lofty ideals such as 'empowerment', 'individual choice', and 'inclusion', and remain virtually silent about these political and self-interest forces that in reality shape much of the decision making" [Sundram - 1993]. If clients are not the customer, this should be made clear to the public and potential clients alike. Sundram goes on to ask the pertinent [or impertinent according

to your point of view] questions of "a) how can people be empowered unless they have effective control over the money being spent on their support, and can choose to spend it differently; b) how do we truly make the person with a disability the customer whose expectations must be met as an *essential* component of quality; and c) how does the current provider-driven system, with its need for predictable budgets and revenues, accommodate to a world where the negotiations will occur not with a single state official for "beds" and "slots", but with dozens of consumers with their own ideas of what they want and are willing to pay for? [Emphasis added]"

If the customer is the client, the client must be placed in a position to have his preferences [outcome expectations] respected. The free market accomplishes this through a vote with feet and fee. Sundram echoes this author when he says "...it is clear to me that one cannot redesign quality assurance without redesigning the service system as well. Thus the task must start with ensuring that the service system itself is built on a firm foundation that promotes quality. Quality begins with explicitly and honestly articulating the values that undergird the system, and maintaining simple, clear and consistent expectations for performance." Philip Crosby, in his book, *Quality is Free: The Art of making Quality Certain* tells us that quality is conformance to requirement: it is precisely measurable. To paraphrase Democritus, ***Quality is performance equal to preferred expectation; all else is rhetoric***. There is no mystery here! There is decision making and measurement. Managers must 1) decide *who the customer is*; 2) allow the customer to make his/her requirements clear; 3) develop *each* customer's specifications for outcome in a manner in which both they and the organizations' staff are clear as to what is to be done, what is expected, and how performance will be measured; 4) perform [act] in a manner which will support the outcome expectations that have been defined; and, 5) measure the performance consequences against preferred expectations.

There are debatable areas which will need rigorous analysis. Who is the client is not simply a decision between the community and the customer. We will refer in the last segment of this volume to the child/family as a single unit. It should be clear to anyone that children and their families do not always think as a single unit. But two things need to be recognized: 1) that until the child reaches age 14 for mental health, age 18 under most circumstances, and after twenty-one for some severely disabled children the parent is the *decision-maker*, and 2) that if the child

does not consent, the service in his/her regard will be unwarranted, since without the child's sanction, they will probably sabotage the process. Therefore, even in setting quality outcomes, the helper will need to help the child and adult family members negotiate a win/win agreement. Failing this, who is the customer?

Another area for rigorous thinking is the development of process regulations. If what the customer wants is inconvenient or requires doing something in unfamiliar ways, it is incumbent upon the helper to create the means [capacity] to meet those expectations. This cannot happen if the organization has developed such stringent process standards that the helper is unable to comply. In fact, such regulation often results in such statements as -"Its against policy" and "I just work here". Child/family customers of human services will tell you that they have heard those statements before.

Deregulation of process is as much a requirement as standardization of expectation. The helper must have freedom to decide the *how*, while always conforming to the values and expectations of the customer and the organization. If the customer's choices are to be real, they must be empowered to affect the provider system, be able to ask for unique and varied services and be able to define expected outcome.

It is nice to find that at least one "expert" has been able to fathom the quality paradigm and provide positive guidance for designing a quality assurance system. Clarence Sundram, suggests that once the customer is defined and the value base is established, the manager [local public administrator] should:

- Establish a careful process for deciding whom to entrust with the welfare of vulnerable people.

- Instill curiosity about how well the values, plans and policies are actually being implemented.

- Inculcate a passion for the truth and willingness to hear it, and give license to all, especially consumers, to speak it.

- Emphasize spending time listening to and seeing the real conditions of people's lives through their eyes rather than on examining provider processes alone.

- Teach and spread success by calling attention to the places where you find it, and take prompt and effective corrective or enforcement action against deficient performance.

- Rediscover common sense, and focus on improving the quality of service rather than extracting plans for improvement.

Public human service administrators must define the perfect world. Extract through partialization and prioritization, the activities that need to be done and the outcomes expected. Develop the strategies and tactics to carry out these activities. Collect data on the *outcomes* formatively, summatively, and cumulatively. Think rigorously. Evaluate. Talk about values. Improve. These principles hold equally for organizations and individuals.

Service Delivery Technology

Planners of a new comprehensive community integrated system must be armed with new knowledge. "How to help with severe mental [disability] is no longer a mystery. Technology that contains applied knowledge that can be easily used in a replicable fashion is being developed. Technologies exist or are emerging to change program structure and staff competencies in ways that will lead to decreases in clients' symptoms and improvements in clients' skills, supports and role performance." [Anthony, et al - 1990] [emphasis ours].

Technological information from Fountain House, Horizon House, Ellis, Beck, Shure, Seligman, Liberman, Goldstien, Batche, Kendall, Brasswell, Neuro Linguistic Programming and others, is available in varying detail. The information on competence, developmental psychology, cognitive and behavioral management, social skill training, mental control and other approaches

is emerging into specific training form. While it still may be necessary for providers to seek out and put together the curriculum, clinical protocol and adaptations which best suit their own needs; the technology for teaching people with problems in living to function better in their chosen environments is there. Service delivery designs which promote services to people where they are, in valued, normal settings are available. We no longer need to separate people from their loved ones and their citizenship in order to provide help.

It is both as old as Fountain House and as new as mental control[22]. The technology is not anti medical in its values and approach as it is nonmedical. It is a "wellness" concept that drives the technology. The technology is oriented around attitude and skill. The professionals must have an attitude of hope, rational optimism and empowerment. The skills are based on learning and cognitive theory and help people restructure the way they think as well as develop a repertoire of skills for every occasion.

The technology accepts that "long-term studies indicate that people who have suffered from schizophrenia for many years may still recover or significantly improve" [Harding -19xx]. Studies which say that people get better include Manfred Bleuler's study in Zurich; Huber's study in Bonn, Germany; Ciompi's study in Lausanne, Switzerland; the Iowa 500 Study; The World Health Organization International Pilot Study of Schizophrenia; the Rochester First Admission Study; the Alberta Hospital Study of Canada; and the Boston State Hospital twelve-year follow-up. "All of these studies found that the outcome for schizophrenia, over the long term. can be very positive" [Harding - 19xx]. And these gains were made during and despite the old technology of pessimism and despair.

Integral to the new technology is a set of *values*, *judgements*, and techniques. "Values find expression in the person at three different levels, each reflecting increased involvement with choice and action. First, they are expressed as *ideals*, that is , as concrete or abstract preferences independent of a situation requiring choice or activity. Second, values operate as *goals*, desired future outcomes. Finally, they operate as motives or *commitments*" [Wrubel, et al - 1981].

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22 We will explore the questions of technology and give specific protocol designs in later works.

"(M)ans ultimate concern is not just to achieve some goal which is the end of a series; rather, interest in the goal is present at each moment structuring the whole experience and guiding our activity as we constantly select what is relevant in terms of its significance to the situation at hand" [Dreyful - 1972].

A judgement is an opinion or decision which is formed by the process of gathering information through our perceptions and coding that information by our own schema or frame of reference. Thus the judgements may be faulty based upon either the perception or the code. Judgements made in building the technology must be based not only upon what we sense, but what we *believe* and the belief or value must be at the level of commitment; just do it.

It is not sufficient in building or utilizing an emerging technology to simply have ideals that man is, might be, or should be a positive goal seeking animal, nor even to have that construct as a goal. One must be committed to the concept and make judgements that are motivated by such a perspective.

It is important therefore, to define some basic principles which underpin the technology. These cannot be inclusive, but merely a beginning framework for the development of the value system that must support the technology.

Staff Keys:

- They are enablers: They authorize and empower others to act.
- They do not judge: They are effectively amoral in their perceptions of the acts of others whom they serve[23]; listening without judgement and accepting without condemnation at least until they have "walked a mile in the other's shoes".
- They have no points to defend: defense mechanisms are normal and inherent; they are not professional. They justify our self importance *over* others.

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23 They are clearly not amoral in their other responsibilities as they must act on the acts of others when they are detrimental to the people served [see Seeking Coherence - Belief, Theory and Implementation].

- They see their status as a responsibility, rather than as a rank and privilege: it is a duty that demands that they give of themselves to exhaustion without expectation of receipt.
- They believe in the inherent desire of everyone to reach success, happiness. Power and status and recognize the need to offer new opportunities for achievement.
- Their beliefs and actions are at least compatible; if not congruent. They need not be clever, only consistent.
- They are fiduciaries: they act only on the behalf of others, never for the self interest of themselves.

Environmental Keys

- Human behavior is unpredictable: Each individual chooses his or her attitude and action in the given moment and context. There is no action/reaction in the generally accepted sense of the concept. Yet, paradoxically, all human behavior is influenced by others. These two mutually exclusive concepts present us with the environment within which we must function.

  To work with people with problems in living is to *actively participate*. While most theorist of human behavior would prefer intellectual pursuits and words, the severely and persistently disabled prefer pragmatic pursuits and action. To intervene is to act, not talk. The immediate influence of behavior is always more effective than words.

  Put off continued pursuit of knowledge and corral curiosity. We cannot delve into history, but rather deal with the here and now as a point of departure into the future. Looking back has significance only to the therapist.

- Overcome the desire to comfort. Mental health is based upon a degree of tension. The unsettledness that demands that we reach and grow.

Service Keys

- Change lies with the client, not the practitioner.
- Unconditional positive regard is attributed to the client.
- There is a pervading climate of positive expectation.
- The arrow of time points toward the future.
- Deal with interactions, not insights.
- Activity oriented, not talk oriented.
- Help each individual establish an altruistic responsibility.

Two other concepts which tend to be contrary to present value principles would be 1) to understand the person *and* the situation as factors that mutually influence each other, and 2) that each person is ultimately responsible for his/her own behavior, if not for the situation in which s/he finds him/herself. The second concept is difficult to hold to if one believes that people with severe and persistent disabilities are not responsible for their own behavior and need to be controlled.

From these concepts, we begin to understand that people with problems in living must learn *controls from within*. The question is not whether a person hears voices which tells him to act in a certain manner; the question is whether the person will *obey*. People with problems in living will learn that "they are only going to be held accountable for what they do. They are not going to be held accountable for what they think or how they feel [Perkinson - 1991].

Consequential thinking must be a major teaching task with analysis of the behavior chain an integral part of the skill learning. Trigger -> a thought -> a feeling -> a behavior -> a consequence. There are many points along this behavior chain where a person can take a different action and change things. There are also many points upon which the enabler can teach new approaches. We can address stimuli avoidance if we see that there are certain stimuli that cause difficulty. We can begin to understand that the coding process often makes people think negatively and they can be taught to control those automatic thoughts. We can deal with the

client's emotions and moods and find different ways to help them express these emotions when they occur. We can teach a new repertoire of behaviors with which to respond. Finally, we can help clients think about the consequences and try to predict what the outcome of their behavior may be and how they can control these outcomes toward more positive focus.

We do not need to enter into the discussion of whether biomedical approaches are sound. It is better to understand the need for sanction and cooperative approaches. Therefore, if medication or time out are felt to be helpful by the person involved, they will actively adopt them for themselves. However, if they reject them, the alternative is not to coerce compliance. It is to help the person evaluate the consequences. If failure to use medication leads consistently to pain and suffering; the choice to not use the medication must be joined with a responsibility to find acceptable alternatives. People can weigh these consequences if they are helped to understand them and not get caught in simply protecting themselves from us.

Finally, the question of technology must be tied to the question of outcome expectations. If the desire of the technology is to diminish symptomatic behavior, the new technology will probably not prove as effective and efficient as the old. However, if the expectation is that people will function better in their everyday lives, we need to focus not on the defect, but on the development of competencies.

The techniques of the new technology are many. They include model programs such as the Fountain House Club, the Horizon House School, and the Self-help Drop In Center. They include competency approaches which are concerned with effectiveness of the individual's interaction with the environment. "(T)hey usually emphasize, in combination with effectiveness in overt behaviors, cognitive capacities such as response repertoires, coping skills, problem solving abilities, (and) the capacity to generate appropriate matches between behaviors and situational requirements" [Wine].

"Though competence definitions share basic characteristics they differ in emphasis, some defining competence as possession of intraindividual traits and dispositions [Doll -1953; Smith - 1966] , or as primarily a property of motivation [White - 1959], or in terms of a simple listing of

accomplishments [Zigler & Phillips - 1961]; others focus on specific overt coping skills [Hamburg & Adams], yet others on cognitive capacities [Goldfried & D'Zurilla - 1969]" [Wine - 1981].

All have in common, of course, the value that humans are growing, changing, learning and in continuous interaction with their environments. They lend themselves to helping individuals build skills and competencies for dealing with their world, rather than to the identification, understanding and elimination of defects.

Competence models prescribe positive modes of functioning...; they provide professionals with templates for determining which individuals and groups are leading the good life. Thus quality of life becomes a conscious commitment.

One aspect of the technology that must be in place for a *growth oriented* system is the measuring indices which will identify where the person is, what areas of growth and skill development are needed, and when have they been reached. Such scales are usually called functional assessment scales and many exist, although continued improvements must be made. Many of the so-called functional assessments continue to look at deficits, not maturation. While it is true that any measurement which intends to identify areas for growth must identify deficits, the emphasis needs to be on the identification of all areas of maturation, not just a focus on those which the assessor thinks need correction. Such a focus defeats the principles of a technology which sees people as competence seeking and capable of responses to a culture of positive expectation even though such responses may not be available in a culture which seeks pathology.

"Competence" has been defined in terms of "positive characteristics particularly the capacity for coping with life situations" [Sundverg, Snowden, & Reynolds - 1978]. When one becomes unable to cope with life situations, one is, according to this definition, incompetent, and the probability of becoming a psychiatric patient increases dramatically. It is natural then, that psychiatric diagnosis systems are focused on inadequacies, breakdown, and symptoms such as anxiety, depression, fear, disordered thinking, hallucinations, and so on. Such an emphasis on symptoms is the *modus operandi* of the medical establishment and so when it turned its attention

to social behavior, medicine could hardly do anything other than look at symptoms and pathology" [Benjamin -1981].

There has been legitimate scientific debate about the adequacy of psychiatric diagnostic systems which led to the advent of the DSM-III. "Despite the increasing specificity and increasing methodological sophistication within psychiatric nomenclature,..., there is still a need to organize the variables within some kind of coherent theoretical framework" [Benjamin - 1981].

An assessment tool must allow for the classification of individuals in a manner useful for research and should suggest options for addressing the areas of inadequacy, without being so rigid as to get caught in the trait-state problem. Ultimately this assessment tool must serve the needs of those who use it and therefore each local system may need to adapt its own. Nonetheless, the necessity of such a tool is critical not only for the carrying out of the system's mission, but for the ability to document that such action has been successful.

No assessment can ever be made of a person, however, without the comprehensive involvement of that person. People are not machines; they can tell us what is most disturbing to them and where they feel that intervention can help. They define quality for us through an articulation of desired goals and objectives. Personal goals are the defined needs from an internalized perspective. By emphasizing these personal goals, we involve the person in a commitment toward improved performance.

Research & Development

No entity can become a *learning* organism without the time, energy and creative thinking required for collecting and rigorously analyzing data. While one can optimistically suppose that this occurs naturally in the form of executive leadership in small organizations, no organization of any size and complexity can survive without a research and development capacity. Organizations which are a network of systems, such as those of local public administration where government purchases service delivery from others is simply irresponsible if it functions without evaluative data.

More importantly, perhaps, we have postulated that *all* human service delivery should be treated as a *human experiment*. In that context, the development of evaluative tools which will enable the experiment to be assessed and improved, is a *mandatory* requirement of human services organizations.

Learning organizations require a clear *intentionality,* studied for coherence. While multiple purposes are possible, they cannot be mutually exclusive. For human services, such exclusivity is built into a system which pretends to the common good ***and*** individual rights. While these constructs can exist in general, they are untenable in specific. The inability [or unwillingness] of policymakers to address this type of dilemma leads to the lack of trust that people have for government, in general. Who is the customer of local social policy as manifested in the delivery of human services? Precise analysis by an outside observer would probably decide that the true winners are staff, and that neither the society nor the individual are well served. This may be offensive to people who have dedicated their lives to the delivery of human services often at less than market value compensation, but learning organizations search for truth and coherence, and it is unlikely that an objective analysis of the data could make a case otherwise.

It is from this intentionality that the organization develops a coherent understanding of its own values and principles [belief system] and makes them *conscious*. Like individuals, these belief systems are often complex, overlapping and sometimes dichotomous. It is important that the research unit be constantly alert for cognitive or behavioral errors of incoherence. This requires 1) a clear articulation of the beliefs: values, principles and standards, 2) collection of data regarding inputs, processes, outputs *and* outcomes in regard to the values, beliefs and standards, 3) ability to analyze in a demanding fashion such information and to *compare* performance consequences to preferred expectations, and 4) to be able to respond to these variances in corrective fashion through either a change in the belief system, or an enhancement of performance.

The functions then of the research and development unit then become:

1. Operational Research: this is a *management* function which is a systematic way of data collection and analysis undertaken to determine the value of operational activity in relation to expectations as an aid to management in planning, staff training, public accountability and public relations. It includes six suggested dimensions:

Strategic: concerned with the etiology of social problems for long range planning.

This is concerned not only with basic research in regard to clients of the organization, literature search, and the like; but is equally connected to the world view of the organization, the development of intent and definition of customer. The R&D unit become the *conscience* of the organizations constantly searching the environment for incoherence to present thinking and bringing such incidents to the awareness of the organization for analysis.

The R&D responsibilities would also include continuous market assessment. This is a process of identifying the nature and extent of social problems which concern the organization within the market area and establishing priorities for the creation of service delivery which can reduce or eliminate the social problem universe. This would also include assessment of utilization. If the universe is xy, but the utilization is only x, Why is this so and what can/should be done about it? How much are these issues connected with:

- acceptability [a predilection by people to use and continue to use the services],
- availability [the amount of various types of services and supports an organization can provide at any given time],
- accessibility [the ease of engaging services including the dimension of time, geography, cost, as well as psychological and cultural preference], and finally,

- awareness [the knowledge about the existence, type, conditions and appropriateness of the organizations services and supports].

For local governmental units, these factors are essential to planning. Any such unit that does not have a knowledge of the potential *universe* of need and have some plan for addressing it, is abdicating its responsibilities. A social policy that suggests that it should be implemented only partially is an unsound social policy. This is not to imply that the social policy itself cannot be limiting; most human service organizations limit the scope of the organization by age or social problem.

Compliance: concerned with the monitoring of adherence to organizational intentions: coherence between intentions, activities and outcomes.

- Rigorous examination of the intentions, beliefs [values & principles] of the policy makers and the development of plausible hypothesis of how these factors influence the activities of the organization. This leads to the development of a *philosophical* position upon which social policy [mission] is based and includes the articulation and debate of such social policy.

- The development of *standards*. If quality is a comparison, the organization must establish the point of comparison. It is important that in the present world view, ***two sets*** must be considered: organizational standards, and organizational standards that assure the potential of individual standards. Too often human service organizations have been evaluated without clear understanding of what they were to accomplish. The evaluation of regulatory and licensing bodies, have been from the perspective of inputs, and process or even output documentation, with little regard to outcomes. The standards of measurement therefore are static; having to do with credentialing and documentation with little regard to the intentions of the organization.

  Not only must standards be developed, but they must be articulated to *all* concerned parties as the basis for evaluation. Thus they must not only be clear, they must be

understood by all of the major managers of the organization. Organizations must not only state explicitly what is intended in terms of outcome, but in complex organizations, must be prioritized along value lines so that when staff make independent decisions regarding individual outcomes, they do so along the parameters of organizational values, not personal ones. *Individual performance [actions] must be coherent to the organizational belief system and intentions*. This may require not only clarification of terms, but a negotiation of managerial values, prioritization, orientation, and reinforcement.

These processes are *lifetime* projects. Just as individuals are always growing and developing, so too, must organizations grow and develop. To *assume* that this will take place with managers who are concerned with operations and/or technical aspects of the organization, is to expect too much.

- Information capability must be in place. We have stated elsewhere that the dimensions of the information must be formative, summative and cumulative on one dimension. In addition, on a second dimension, the information must review organizational performance, individual staff performance, and individual client performance, using the term performance to indicate both the activities ***and*** the outcome of those activities; means and ends.

  Little value is gained by attempting a measurement with inadequate tools. Without specific data with which to assess discrepancies between the standards and the performance, we are left to speculative opinion and are unable to objectively implement reward, remedial or corrective action to support and reinforce the organizational intent. It is important therefore to recognize that the ability to articulate measurable effective process is not only limited by our ability to articulate measurable and agreed upon objectives, but equally by our inability to collect data upon which to assess performance and outcome. Lacking a sophisticated system for collecting all of the data we need, we are better off measuring only that which we can *effectively* articulate and measure, rather than

try to exaggerate our capacity and create a system which will be distorted by those that it is intended to reinforce.

- Facilitation systems must be in place. It is one thing to articulate standards and collect data for measuring them, it is another to use it effectively. Too often day to day pressures from the environment cause us to negate that which is available and to effectively implement actions which can *alter* the way we do business. In order for the process to be effective, people within the operational system must feel the *impact* of the data collection results. Thus when no discrepancy exists between our expectations and outcome, or when the discrepancy is to the positive side [we have done better than expected] *reward* responses including praise, recognition, promotion and compensation must be implemented to reinforce these positive behaviors. On the other hand, if there is an identification of inconsistencies which are not beneficial and indicate an inconsistence in performance, "two behaviors would ideally occur before any corrective action is taken. The first is hypotheses generation in which managers identify possible explanations of inconsistency" [Pauley, Chobin & Yarbrouch - 1982]. Were there extenuating circumstances: poor expectation judgements which led to inappropriate standards, data collection disruptions which led to negative discrepancy, etc.? Hypotheses generation is ideally followed by hypothesis confirmation. When the hypotheses are unable to be confirmed, the manager must take remedial action which could include training, increased supervision, or disciplinary action to remedy the situation and get it back on track. Each of these three response actions: reward, remedial and corrective, must take place on a consistent basis if the operational evaluation process is to have an impact on the organization's functioning.

More specifically perhaps, there are at least four distinct, though overlapping areas for accountability, all of which can be enhanced by operational research: dollars, services, clients, and staff. Their systems and accountability factors and needs tend to break down as follows:

Dollars: Control and appropriateness of receipts and payments.

Major system: Accounting. Sub-systems: Operational Research, data collection, personnel, purchasing, etc.

Need for procedural manuals for all systems and sub-systems; codifying and creation of tools. Communication of results.

Services: Cost/benefit ratio; effectiveness; impact; magnitude and scope.

Major system: Operational Research. Sub-systems: data collection, accounting, personnel.

Need major system design; flow charting; content attribution; baseline, benchmarks & expectations; individuation; etc.

Clients: Movement, growth & development.

Major system: Operational Research. Sub-system: data collection, personnel, etc.

Need creative tools. Planning formats, facilitators, ethical guidelines, etc.

Staff: Fair Labor Standards, performance evaluation, training.

Major system: Personnel. Sub-systems: Finance, Operational Research.

Need: Personnel manual, Ethical code, Quality and technology training, incentive development.

Service Delivery Design: concerned with the measurability of the impact of the organizational activities and the potential for actions decision and recommendation regarding retooling.

The design of human service delivery has taken a dramatic change over the last twenty years from an industrial/standardized model to a temporary service/individualized model. Presently, very few human service organizations have been able to retool themselves to effectively function in this new capacity. Such transformation requires a look at staff, style, systems, strategy, skills, structure and superordinate goals. The superordinate goals [intentions] are often articulated without the dramatic changes necessary. Local County Administrators, through a Research & Development capacity are in an ideal position to help organizations retool. They can develop structural and style models that differ from centralized industrial capacity of most traditional organizations and develop transformation strategies to help contracted providers deal with the issues of staff training, disposal of facilities, credit and cash flow concerns and the like that such retooling will demand.

In designing a *quality* system, managers must be aware of the need for *continuous quality improvement*. From this perspective, the design process is on-going. Initial steps include the development of flow charts which establish in the minds of all staff what *actually* takes place. The development of such flow charts should be the responsibility of front line staff in order to separate the formal procedure from the actual procedure. Staff who must deal with the process everyday are in a position to both be clear about what actually happens and to make suggestions for improvement. The process is one that seeks *coherence* between what ought to be and what is *fitting* in regard to the social policy expectations. Policies will be developed regarding *oughts*, but freedom of staff to seek *fitness* in unique situations must be a part of the new design.

A second major area of design consideration is in the area of content attributions. Each nuance of our activities carries with it a *force*, which we call attribution. If the receptionist yawns a great deal when greeting clients, they may attribute this to her boredom and feel that s/he is not interested in them and their welfare. What the real reason for the yawn is to some extent, irrelevant. The impact of the attribution causes a reaction by the recipient of this force and that reaction may not be helpful to the goals of the service delivery system. We discuss elsewhere the

powerful force of attributions in crisis management, but this is a priority area for exploration. Since the force of attribution is subtle [but often substantive], it will take full exploration to identify and correct.

Service delivery design also includes the development of "cutting edge" technologies and the training of staff to carry out such technologies. Local county administrators can play a major role by not only creating and teaching the technologies, but in *certifying* them for the system. Such certification will help in the process of changing credentialing regulations which insist on the employment of personnel skilled in biomedical/psychodynamic models, but often providing little productive [quality] outcome.

It is important to recognize that the "command and control" design is a much more simplistic model. The transformation design must on the one hand provide standardization [in ethical considerations, for example], while at the same time providing an *organismic* opportunity for alteration at any point in time for specific event considerations. The balance of limits and opportunism is quite complex and requires a mature management.

Management Functionality: concerned with the efficiency and effectiveness with which operational managers use their available resources to achieve organizational and individual outcomes.

Transformation is usually inhibited by middle managers who are either on their way up, and therefore unsure as to what person, style or philosophy to hang onto, or on their way down and trying to "hang on". Without some system of review of managerial performance across a whole spectrum of management dimensions, the organization will often find that it is strangled by its own leadership.

Operational evaluation by employing a *judgmental* quality by comparing "what is" with "what ought to be", establishes clearly the areas of weakness in a service delivery strategy and directs the organizations managers towards potential solutions. A major example of this difference between "what is" and " what ought to be" that is not readily apparent is the decision making

hierarchy. In business, the major decision makers are *financial*, because the purpose of the business is *financial*. In human services, however, the financial officer often continues to be the point of decision making - we can't do that because it is not in the budget, is too expensive, or is not an expenditure I like. In fact, the financial officer is only an advisor to the service manager. The service manager needs to have information about costs, budget and the like in order to make prudent decisions, but may choose to take a risk because the needs to the clients merit such a risk.

Operational evaluation translates the evidence into quantitative terms and deals with topics which a are operationally derived rather than theoretical. In short, it holds management responsible for accomplishing its intents and provides clues to puzzling problems and hints at creative solutions. Managers who learn how to take and use criticism mature to the task.

The fact that the Operational Evaluation employees have a function which is separate from that of operations [service delivery] management allows an objectivity which is unlikely to be found when both are mixed. To assure this separation, the lead staff person should relate directly to the chief staff officer. The presence of such a unit solves another problem of wresting the data collection system away from finance, which allows the emphasis to shift from accounting to organizational performance.

Outcome Impact: concerned with establishing the linkage between service interventions and the preferred outcomes.

On the basis of *organizational performance*, management and governance must be concerned with more than simply ultimate ends. Management has the responsibility for the development and communication of the vision, the action plan, the recruitment, selection, training, evaluation and promotion of staff, the delegation of tasks, the maintenance of technical systems and most importantly the normativity and viability of the organization.

Service Delivery Impact: concerned with assessing the actual attainment of organizational goals.

Program audits are concerned with both baselines and benchmarks. Baselines would identify the outcomes of traditional practices and benchmarks would be the present accomplishments. It is the expectation that management will seek to have continuous quality improvement in the area of reaching quality outcomes. Since organizational outcomes are *defacto* an accumulation of personal individual outcomes, the measurement must include a comparison between and an adjustment of organizational goals to reflect this experience.

Organizational Architecture

It should be with some caution that we approach the question of system structure as part of our organizational architecture. We are all aware as Waterman, et al [1980] have so aptly stated "that much more goes on in the process of organizing than the charts, boxes, dotted lines, position descriptions, and matrices can possible depict. But all too often we behave as though we don't know it; if we want change, we change the structure."

When we earlier addressed the ideal of reaching the "possible" solution, not necessarily the best solution, we addressed this very issue. Forty years ago, in Administrative Behavior, Herbert Simon developed the concept of "*satisficing*" to mean the settling for adequate instead of optimal solutions to cover the same way of thinking. The need for satisficing is because organizations and systems "learn - and adapt -very slowly. They pay obsessive attention to internal cues long after their practical value has ceased" [Waterman, et al - 1980].

Assumptions are buried in the minutia of "habitual routines whose origins have been long obscured by time." "Organizations are basically large social structures with diffuse power. Most of the individuals who make them up have different ideas of what the business ought to be. The few at the top seldom agree entirely on the goals of the enterprise, let alone on maximization against one goal. Typically, they will not push their views so hard as to destroy the social structure of their enterprise and, in turn, their own power base" [Waterman, et al - 1980].

Mere structural change, therefore, does not take into account all of the necessary factors; structure does not equate to organization. "...effective organizational change is really the

relationship between structure, strategy, systems, style, skills, staff, and ... Superordinate goals " (or mission) [Waterman et al - 1980].

With these cautions firmly in mind, the structure of the system still needs some clear thinking and functional definitions. The introduction stated six specific conflicts inherent within the system: 1) quality/cost containment, 2) symptom focus/function focus, 3) continuity of care/self determination, 4) capitation/fee for service, 5) governmental responsibility/provider independence, and 6) the right to refuse treatment/the need to provide treatment. These conflicts demand consideration from a structural perspective as well as from other positions.

The system carries other problems: 1) it lacks the ability to define need, 2) it lacks a template for success, 3) the funding is diagnosis specific, 4) regulations inhibit good management, financial and data collection incentives reward custodial attitudes and activities, 6) regulations support professional guilds, 7) vested interest conflict towards information, case management, performance tests, etc. Such issues imply the need to look at structure as at least one means of reducing problems and reaching toward effective solutions as long as we do not lose sight of the fact that the other perspectives do not necessarily change with structural refocus.

Often human service systems get caught in the belief of organizational client ownership [my clients], while at the same time it is implicit that the client should somehow move through and out of the system. The public system has a particularly difficult problem since it not only provides human services for which it is difficult to determine positive outcome; they additionally are provided within a preferred provider system which makes the end user helpless in choosing that service which is most satisfactory; in other words there is no *competitive market test* which can determine that providers will "...supply goods and services at the quality and price that represent maximum social efficiency" [Hansman - 1980].

"At its core, business ...[profit]...is a feedback system. Capital owners, employees and consumers are members of the same system. They coproduce its output. In the ideal, each member contributes value to the system processes and requires in return a share of the system's output... Owners risk capital and expect to be paid a fair profit. Employees supply energy, knowledge and

imagination in exchange for appropriate monetary and psychological income. Consumers supply the essential revenues out of which come wages and profits" [Sherwin -1983].

"It must be recognized that this feedback system does not exist in the [government] not-for-profit human service system. In the not-for-profit human services environment, the characteristics of ownership are fragmented between the community-at-large, the fiduciary board, the funding source, and management, each of which is at times plays an ownership role. The employees, while not fragmented like the other variables, receive large swings between psychological reward and exhaustion, but have difficulty establishing a basis for appropriate monetary income, which affects the feedback apparatus as described for the business system. The consumer is split between the buyer [funding source] and the user of services [recipient of services]. Perhaps the final irony is that the user of human services is the buyer's product, in that "improved" clients are the funder's outcome of choice" [Gardner - 1987].

Thus the structure for the humans service systems are not feedback systems that make sense to all members through the full participation in outcome. Many of the goals of the various members are conflicting. Providers of services get paid to provide services whether they are successful or not; whether they are satisfying or not; and do not get paid for reaching the goals of reduced need for services. In fact, they can be punished for doing so since the client number and/or waiting lists will go down.

Organizations can be looked at as a set of components including the tasks, the individuals, the organizational arrangement, and the informal organization or system. Between each pair there exists a degree of congruence or "fit". Congruence can be defined as "the degree to which the needs, demands, goals, objectives and or/structures of one component are consistent with the needs, demands, goals, objectives and/or structures of another component" [Nadler & Tushman - 1987].

These authors go on to suggest that "just as each pair of components has a degree of high or low congruence, so does the aggregate model display a relatively high or low total system congruence." They suggest as a hypothesis that "other things being equal, the greater the total

degree of congruence or fit between the various components, the more effective will be organizational behavior at multiple levels. Effective organizational behavior is defined as behavior which leads to higher levels of goal attainment, utilization of resources, and adaptation. Caution needs to be held that the effective organization is also one which has defined and is meeting the "right results".

Failure of the system to reach a level of congruence would be tantamount to failure to reach the goals and objectives of the system. Further, the lack of congruence indicated would tend to lead to discordance between the components which tends to further diminish organizational performance. "Government funding sources assume that not-for-profit human services need strong regulation because of the need to guarantee the humanistic attitude and, at the same time, to overcome pragmatic lapses of such an idealistic group. Additionally, the previously mentioned supposition that consumers cannot make adequate comparisons adds support to the regulatory need and seems to imply that "someone" had better watch very closely" [Gardner - 1987].

What results from all of this fragmentation is the pitting of one member of the system against the other. The community-at-large has little commitment to the public human services system finding it suspect and stigma oriented; government is seen as bureaucratic and stifling or lax and wasteful of taxpayer funds; government suspects that providers are wasteful and that government will be blamed, or are too profit oriented and don't care about "our" clients; providers see government as overregulating and nonsupportive; and clients somehow become the pawn in this tug of war.

The need to develop a system which provides mutual feedback satisfaction to all the stakeholders, thereby increasing congruence, is the most difficult conundrum to be faced. Part of the solution must be sought in negotiating goals and philosophy, but this is not the final answer. The key seems to be in our ability to turn the clients back to their own responsibility. To do this we will need to overcome the historic difficulties of developing adequate comparisons between services and find ways of measuring performance and outcome. Without such measures, a market system puts us right back into the difficulty of pleasing the clients without helping them. In that case the benefit of attractiveness becomes more important than the benefit of efficacy.

We do not want to emulate the business cycle for we do not want to diminish the not-for-profit motives. At the same time we need a balanced feedback system and a performance measure for both organizations and client growth and development. Part of this will be to Identify the right results. “The right results are not easily defined within a conflicting system. What is “right” for one faction is wrong for another. “Right”, therefore, can only be achieved through a “definition of terms”. Specific players must be asked to choose their *right* results. Managers and fiduciary boards must then ethically choose which results to pursue and measure” [Gardner - 1987].

As a human service system we must *decide* what our performance criteria are and then measure our results against this criteria. We should not be overly concerned that we have chosen the best results, for over time, we will find out. Thus, attractiveness and/or client satisfaction may not have sufficient merit as variables to determine acceptable provision of service. Two measures: 1) market performance and 2) contract performance become the focus of developing a definition of right results. The method of bringing these two measurements into a single system test seems to be best met through a brokerage activity.

Webster defines a broker as one who acts as an intermediary; an agent who negotiates contracts of purchase.... What is of equal importance to our definition, is the need for the broker to be a fiduciary. Black’s Law Dictionary defines a fiduciary as “a person [or entity] having the duty created by his undertaking, to act primarily for another’s benefit in matters connected with such undertaking.... One is said to act in the fiduciary capacity when the business s/he transacts, or the money s/he handles, is not for his/her own benefit, but for the benefit of another person,....” Thus, a fiduciary broker role is one to which to give consideration as the linkage between the appropriate client choices and the performance outcome of the experience.

In the stock exchange, there are investors, brokers, businesses and regulators; each with their role to play. This analogy seems to have considerable merit as a mental construct as well for thinking about the fiduciary orientation which protects beneficiaries as well as for defining roles and functions. In our system, we have the equivalent of investor/beneficiaries in our clients; broker equivalents in our case managers; business equivalents in the provider agencies; and the government regulators in the local agency offices. We could do worse than to use this analogy in

our attempt to build a mutually beneficial system, since it seems to begin to define an equivalent "win" model and in the final analysis we need to build a system in which all participants win.

From both economic and philosophical parameters a market driven system seems to be an important ingredient. Most would agree that there needs to be assurances that the market [and the individual which make it up] makes *good* choices. The reason for this is that we do not simply want to take "profit" from the system as our "win", but we want to create more productive citizens.

The combination of performance contracting and brokers who are fiduciaries working for the beneficiary presents the opportunity to develop adequate comparisons between services. The brokers [case manages/service facilitators], familiar with the broad spectrum of services available, cost, and performance prospectus are able to help clients make appropriate decisions. A strong provider system which can be freed from onerous regulation and able to operate from a cost/price basis and compete on the open market provides a healthy competitive base. And government regulations which set social policy, purchases services through performance contracts and regulates both the brokers and providers seems to offer workable potential. The test of *right results* [productive citizens] will be demonstrated by the combination of market selection which implies client satisfaction with performance which indicates cost containment and client improvement.

In order to assure that a true system is developed, it needs to be understood that every stakeholder must "win". We must recognize and accept the vested interest goals of each segment and find ways for them to become reality if such a transformation is to take place. Potential rewards through unified system resources and personal satisfactions of seeing "functioning clients" become independent citizens are available if such a shift can happen.

"To make human service institutions perform requires a system. The essentials of the system must be created, they do not exist. They may ...not be too different from the essential performance in a business enterprise, but their application will be quite different. Unless we can create a system by defining collaborative goals for all of the factions, or by *arbitrarily* creating

"right results" by which to measure performance, we will not succeed and survive" [Gardner - 1987].

Motivation

"We have met the enemy and he is us." - [Pogo]

Fritz Perls, the father of Gestalt therapy, has said, "Don't push the river; it will flow by itself". The message inherently states that people flow in directions that they themselves consider to be their best alternatives for success, happiness and eventual serenity. When people are blocked or misdirected from such successful events, they develop frustration, lack of morale and energy. The core issue is to adapt to the vicissitudes of change through identifying and using the motivational energies which are within each individual. Unblocking the system through a process of making it rational and rewarding makes for energetic, highly motivated people.

One way of unblocking the system is to reframe it into an interesting and challenging contest. Kenneth Byalin [1989] has gone so far as to frame the public system as a game, which is interesting to participate in and in which one can win. He suggests that the challenge is to create realistic objectives, alternate rewards, and avoid negative sanctions as a means of instilling competitive energies towards even impossible ends. He points out that shifts in high-level management, with its concurrent shifts in priorities, objectives, and rules of resource allocation are viewed by the cynic as breaking the rules of the game. "The cynic seeks an easy game and sees only chaos. The winner seeks a challenge and discovers order where none was apparent before."

"Losers want the game to be easy. They want to race sailboats in environmentally controlled domes. But the essence of sailing lies in the continually changing winds which cannot be controlled and which are to a significant degree unpredictable. The public service game is also played in an environment that cannot be controlled and can be predicated only imperfectly. It is a game of "guesstimates" and contingency plans, but it is not inherently an unfair game. It is an

extremely complicated game. Losers refuse to accept this and continue to lose. Winners accept the challenge and more often win."

While Byalin suggests that the public service game is winnable, people are only motivated to play if they believe his premise. One part of motivation may be to reframe the circumstance to free the energies blocked by the present perspective. Another may be to level the playing filed by making the game easier. There is a great deal at stake to balance the excitement of playing a very complex game. Playing for pennies frees the person up to lose and try again. Playing for lives changes the character of the involvement.

When considering mental constructs around which to effect change, one must consider the motivation of the individual stakeholder to even consider entertaining the change process. People are generally rational; that is, they behave in various ways because they expect to satisfy certain needs. Whether a person performs a certain act depends on whether or not s/he believes the behavior has a good chance of satisfying some underlying need and whether or not the need is important.

The strength of the individual's motivation is based on several constructs:

- *expectancy*: what is the probability that I will get what I want?
- *instrumentality*: will the attainment of what I want satisfy one or more of my needs?
- *valance*: is it worth the effort?

As powerful as these constructs are in motivating people to act, there is a weakness that reflects less on the theory than on human nature. The weakness is based on the ability of the individual concerned to weigh realistically the constructs. Even quite mature people sometimes act inconsistently because they are not truthful with themselves. They deny links between behavior and results and endeavor to alleviate the cognitive dissonance by rationalizing the outcomes. Sometimes behavior can become so habitual that we ignore more creative possibilities.

Despite this, however, the model makes a great deal of sense in understanding basic motivation. It suggests that the stakeholders in the change process will take the steps necessary to change the system only if they get something out of the change that is worth while and that it will not take a great deal of effort.

Another construct of interest is the Political Frame, which is one of the four frames of reference for looking at organizations suggested by Bolman & Deal [1984]. This frame of reference views organizations as arenas of scarce resources where power and influence are constantly affecting the allocation of resources among individuals or groups. Conflict is expected because of differences in needs, perspectives and life-styles among the different individuals and groups. Bargaining, coercion and compromise are all part of everyday organizational life. Coalitions form around specific interests and may change as issues come and go. Problems may arise because power is unevenly distributed or is so broadly dispersed that it is difficult to get anything done.

Such a perspective suggest that power and influence are the major motivators of the stakeholders and that a redistribution of power is necessary to change the organization. This is supported by Greiner in discussion of patterns of organizational change, when he suggests that no successful change exists without redistribution of power and that such redistribution occurs through a *developmental process* through a number of phases, each containing specific elements and multiple causes that provoke a needed *reaction* from the power structure, which in turn, sets the stage for the next phase of the process.

Greiner suggests that there are six phases starting from *pressure and arousal*. There is need to shake the power structure at its very foundation until they are sufficiently aroused to see the need for change. The pressure can develop from internal crises or environmental change. Like personal crisis, organizations find their present coping skills no longer competent, find the need to change amenable.

The second phase is the phase of *intervention and reorientation*. Pressure itself does not assure that correct action will be taken. Intervention by an outsider who comes into the top of the power

structure and a respect for his/her skills at improving organizational factors is important to successful change. The newcomer is in an ideal position to reorient the power structure to its own internal problems. *Diagnosis and recognition* is the next phase that in which information is assembled and collaboration in seeking the location and causes of the problems occurs. Once the problems are recognized, it is required that effective solutions be developed and need to obtain full commitment for implementation. This is the *invention and commitment* phase which is followed by *experimentation and search*. Finally, the *reinforcement and acceptance* phase indicates the strong reinforcing effect of positive results. The most significant effect of this phase is probably a greater and more permanent acceptance of the methods used to bring about change. The use of *shared* power becomes a more institutionalized practice.

The implications of these patterns of organizational change seem to indicate that the pressure for change is the motivating force which makes the effort worth the goal and allows for a redistribution of power and influence. Thus successful change begins with a crisis which is unplanned from the organization's point of view.

The political frame also indicates that individuals and interest groups differ in their values, preferences, beliefs, information and perceptions of reality and that such differences change slowly if at all. Thus the construct seems to suggest that without crisis OR expectation of some valued good, participation in change will not happen. While some negotiation of values and finding of a common *desire* for change can work, it is a very slow and unsure process.

The motivation for system change therefore must apparently come from crisis [threat] or from reallocation of power [reward] and is most successful when both potentials exist.

Incentives

A critical question that has surfaced throughout this material is, "Is this a system?" Without appropriate feedback, the parts of the whole are even debatable. The system, in terms of mutual feedback and interdependence is between the funding source and the provider of services on the one hand; and the provider of services and the client on another. But even though the provider of

services provides linkages, there is not a qualitative relationship between the client of services and the funding source. This is not the organizational architecture that Donahue has called for which deters opportunism and promotes faithful stewardship.

It would seem that only the most tentative system exists and if the human services system is to make changes to eliminate such fragmentation, it needs to address several of the mental constructs developed in this material. The primary, and what appears to be the overriding construct, is the concept of self determination or "revealed preferences". This seems to be a pivotal construct in that as long as consumer preference is not the driving force of the system; a non-feedback system, with strange and nonproductive loops, persists.

The critical relationship [covenant] of the present system is between the provider and the funding source. The failure of this equation is the lack of place for the client. At least in theory, a provider agency can please the funding source through activities that have little to do with pleasing [helping] the client. There is not a focus on *substantive achievement* which is [or should be] the driving force of the public/not-for-profit system.

While certainly we would not like to believe that such omission of client concern does occur, the focus of the relationship is on the pivotal contractual relationship between these two parties and this does nothing to hone the mission of *right results*. The relationship is built on program boxes which are funded by the funding source and which must be maintained with compliance to regulations and kept full. The "driving force" of this relationship is "dollars"; which is exactly the opposite of what is sought.

Thus set in motion through contract are a series of *nonproductive loops*.

- First, <u>the client must meet the needs of the program.</u> Since the program has already been designed and funds committed, the client must either fit or go without services. Changes in the design for individuals are probably a breach of contract with the funding source and obviously a provider who goes too far in trying to fit the program to the client's needs and desires is the worst offender.

- Second, custodial attitudes prevail in the sense of guaranteeing utilization and a desire to keep good clients because they are easier to handle. The funding source wants to be assured that the services for which they are providing funds are fully used and therefore collects data on a custodial, rather than results oriented basis. Good results [i.e., improved client functioning] can lead to *less* utilization and therefore breach of contract. More services reduces the cost of services; therefore the goal is to provide more services, not substantive achievement or right results.

- Third, the concept of *duplication* of services arises. Duplication of services is never an issue in a market driven system because it is the very competition that hones the services to meet the need of consumers. Failure to achieve such consumer satisfaction successfully ends the program and thus the duplication. The present system must deal with the issue of duplication by creating oligarchies or serial monopolies thereby limiting client choice, creating turf and exacerbating issues.

  Duplication, contrary to the attitude that prevails in the present system, is an increase of the choice set in a market driven system and it provides individuals with choices.

- Fourth, once the program box is full; *waiting lists occur*. This is not possible in a market driven system because the need for the provider to attract the maximum market leads to quick responsiveness in the developing of new and expanded services[24].

Thus the nonfeedback system [or at least feedback which occurs only around the dollars] which is focused on the contractual relationship between the funding source and the provider creates the very issues which concern the system. Quality conflicts with cost containment; symptom focus with function focus; etc. The market can bring quality and price together; the market can decide

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24 The issue of capital identified in the beginning may be addressed by the Human Services Administrator providing a *Venture Capital* fund, which administered by local bankers, would provide funds for expansion based on the development of a business plan and certification by the administration.

whether it prefers symptom or function focus; the market [revealed preference of end user] shapes the quality and quantity of services by its collective decisions.

Yet the concept of market driven systems for human services remains problematic for at least two substantial reasons.

The first [need for public action] is found in the historical development of not-for-profit and governmental services in the first place. The concept of collective concern which leads to "outputs of those goods from which one cannot be compelled to pay his share of the cost of provision..." [Robinson, et al - 1986]. Defense, public health, law and order, and mental disability are familiar examples.

The second level of perspective is in the concept of inability to judge the value [quality and price] of a given service. The difficult problem of determining whether your therapist has been good, even though you do not feel helped. Human services have been particularly vulnerable to such imprecision.

These two constructs will not go away. Those enamored with voucher systems and consumer driven models will need to address these issues if we are to make the change effective. These difficulties seem to be addressable by the constructs of functional needs identification and performance standards.

The concerns about the price of inputs and moral hazard are real in market systems in which both inputs and outputs are uncontrolled. This is a unique and unusual market with a certain level of unknowability in outcome. It is additionally a market which is coercive; not free. There must be concern about the *philosophical notions* which drive the coercive decisions and how they might impact upon the self determining market. If we assume, for the moment, that these philosophical arguments are negated by the market approach, we can continue to examine the possibilities. However to do so is to jeopardize our conclusions with a potentially damaging flaw.

When people cannot be excluded nor charged for the value of services, the payment becomes the responsibility of the government. This does not exclude, however, the idea that people will need and use these services or goods at different levels. Thus, while still taking responsibility for the cost of services, the cost unit identified need not be the service itself. The cost can be developed around the need and use by vesting the person with sufficient funds to enable them to use the services to the extent that is satisfactory to them or until outcomes are met.

Such vesting of funds requires several levels of consideration.

- a clear identification of issues to be addressed.
- a consideration of alternative resources.
- an indication of volition.
- a price index.

Need cannot be considered within the context of defect, it can only be identified in the context of competence to perform in those areas one chooses to function: 1) what barriers exist which inhibit the person's ability to achieve self actualization without continued supports, 2) what competencies can be developed to diminish or remove those barriers, and 3) how much will it cost to develop those competencies?

Within the vesting of financial resources to individuals with problems in living, one reduces both the potential for "moral hazard" and the "acquisition of higher quality inputs". The individual will not be in a position to overuse services without developing a deficit in their own budget. This does not mean that the vested budget cannot be reviewed and revised, but it does indicate that the onus of moral hazard activity falls back to the individual in a way that can cause them harm. Whereas the funding of programs essentially holds the individual immune to negative feedback regarding overuse of services.

The difficulty, of course, is to be able to define the *vested budget* accurately. Like any budgeting process, some of this will develop out of trail and error. However, we will also have a better basis to consider creation of such vested budgets when we are able to concentrate on *results* and

competencies. Consider the following: A child with severe and persistent problems in living is identified and seeks recompense. The initial phase is to elicit from the child the goals and criterion to measure substantive success. The child perhaps suggests that s/he seeks to find more and qualitatively more intimate friends. The specifications and tolerances will need to be determined. How many friends and what levels of intimacy. Starting then from a baseline [no friends] and the specified criterion [five friends, one of whom is a best friend determined by contact, secret sharing, and mutual respect (each defined in measurable terms)], the 'expert' then begins to design a series of steps [which include activities and time lines] that are necessary to reach that outcome[25]. Each phase has a 'benchmark' of attainment, and reaching a benchmark will require review of the goal and the plan of change to see if revisions are required. At both the initial and revision times, a cost can be projected in terms of staff [quantity and quality] and the time cycle that might be required, plus any subsidiary 'costs of doing business'. These costs can then be allocated into a vested budget over which the client [in conjunction with the broker] makes decisions about provider price and cost.

The acquisition of higher quality inputs will likewise become less important. Higher quality inputs in human services is defined as an individual who is easier [and therefore, less costly] to help. Thus, the provider who is able to "skim" the cream of the crop can provide services cheaper than those who are faced with more difficult challenges. When a *rate* is set through contract, skimming becomes a popular activity. When the rate is vested in relationship to degree of difficulty, one can assume that there is no financial benefit to skimming since the payment will be less for those who require less services.

Thus, the development of vested budgets with individuals instead of with providers allows the individual to develop their preferences within the choice set available. This choice set may be expanded beyond traditional service systems simply because the revealed preferences identify other possibilities and opportunities. But this leads us directly to the ability of the client to judge the quality of the services offered. A great deal of "snake oil" has been sold to unsuspecting

25 Note that the outcome cannot just be the presence of friends, but the presence of the skills to make friends. Such skills are teachable and the cost of teaching and of experiencing is to be considered.

buyers and “let the buyer beware” is hardly sufficient admonition to eliminate the potential of taxpayer’s dollars and vulnerable people from going to shysters.

Thus it is important that performance be measured. Three suggestions come to mind as a means of enhancing that ability. They are not either/or suggestions, but a tandem package suggestion. Part one, is to provide the individual consumer with an experienced and prudent buyer of services, [an account executive] as a broker who can help the individual weigh cost/benefit circumstances. Part two, is to build upon the competence model defined in the vesting budget to develop contractual relationships based on substantive achievement between the individual, the account executive and the provider of services. Note that a contract for results [substantive achievement] should be developed between the individual and the account executive[26] which specifies what is to be accomplished by that account executive, including negotiating a contract with the provider of service for specific substantive achievement.

These contractual agreements both provide the empowerment of the client to be able to hire/fire both account executive and provider of services, but additionally focus the ability to expend funds within the results oriented vested budget.

An additional safeguard is to develop a performance prospectus for individual providers of services which is again based upon substantive achievement or “right results”. This performance development is results oriented based on the contractual obligations with individuals and concerned with standards of quality and efficiency. The role of the funding source in monitoring the provider of services moves dramatically away from an accountability of how the funds were spent to a consideration of whether substantive achievements were met in formative [individual training events] , summative [individual clients over time] & cumulative ways [all clients across the long-term]. The role of the funding sources moves dramatically away from an accountability of how the funds were spent to consideration of whether substantive achievements were attained.

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26 Obviously this account executive position must be separated from the ongoing provision of services and placed in a position of some authority. I will outline in a later Volume how the authority might come from the local community.

Service delivery organizations have personalities just like other companies and some do some things better than others. Of particular interest is the organization's skill in providing support to those who need and seek support and providing opportunity to those who seek achievement. The desire of people to seek security or opportunity is a common ambivalence explored extensively by Otto Rank and developed by the existentialists.

Some people will choose to "stay in the system" and be secure in their disability; but most will seek growth and outcome. The caution is that the system does not ignore the need for security, but at the same time does not allow malingering without striving for growth. Further, funding sources should not pay high rates or provide large vested budgets for those individuals who display no volition to improve their own plight.

The ability to rate the quality of outcome and fiscal performance of providers who provide services to people under the auspices of governmental responsibility is critical to the ability of government to allow and support a market or self preference system. The fact that there are, at the date of writing, 463 legitimate [as per the American Psychiatric Association] psychotherapies and innumerable unrecognized or undocumented methods suggest that there are as many ways to treat a psychological problem as there are ways to get one.

The qualitative measures therefore are unlikely to be effective if they address method or process [except to assure that aversive measures are not utilized and even this aspect will be diminished with the client's ability to seek new services elsewhere] as the determining factor. Focus must be on outcome with peripheral assessment of ambiance, client satisfaction, cost/price, time, etc. Such measures of outcome are reasonable and attainable. Further, they give government some leverage over the market through the development of standard measures of outcome, which gives the government the ability to define *substantive achievement* by its expectations and focus the attention of the service delivery system on those intentions.

A final word must be said on the assessment of input capacity. Self-fulfilling prophecies are a well known phenomena in psychological realms. The assessment of change goals and capacity to meet such change is one fraught with potential for negative prophecies. One of the major

difficulties of human services today is that the 'prognosis' is so poor. The process must be approached from the perspective of personal preference or internally set personal goals; not from expert opinion of need. The process must include substantial negotiation to ensure that the person, in fact, is committed to reaching these personal goals. Having accomplished that aspect, the focus of assessment becomes the most positive expectation that a) the goal will be met provided the client continues to seek to meet it and effort is given, b) that the baseline data can be established, c) that the benchmarks can be articulated and measured, d) that the 'experts' can establish an algorithm for moving from the baseline to the goal, and e) that within these parameters, a time cycle can be established.

This is a much more precise activity than human services are used to. Even mental health, the most well articulated of the services has few, if any, standard protocols to meet expressed outcomes. If a person is depressed, the established procedure is to mask the fundamental issues with medication and deal with the depression *ad infinitum*. This process of assessing input capacity will need to be much more precise as to what it intends. What is depression? In this person? What would need to occur for the person to no longer be depressed? How is this manifested? What changes must occur for this to be manifest? What is the protocol to be followed? What are the benchmarks that will indicate whether or not the protocol is being effective? Where are the decision points regarding a change in protocol? [This is not abandonment of the goal, but a new path to reach the goal.] And finally, What is the time cycle required?

This is almost impossible to achieve from a frame of reference in which the person is to be changed is not the one seeking change - since the strength of resistance is unknown and the amount of force necessary to overcome resistance may subsequently make the fulfillment of need impossible. Thus transformation of thought [philosophy] is only one part of transformation of reality. One must find and utilize alternative solutions as well.

CHAPTER 5 DISCUSSION

Donahue [1989] has stated that "Choices about what to pay for collectively are usually made through political processes. People involved in carrying out public programs ... are likely to care about both the level and the disposition of public spending. They will also be political actors in their own right, entitled and inclined to make their voices heard. Choices about *how* to carry out collective undertakings may reconfigure the political forces that fix the pace and the pattern of public expenditure." How far away from reality has governmental human services really strayed? McKnight [1989] believes that we have gone so far astray that governmental agencies and provider organizations are as Donahue predicted, at the point of competing with their clients for the public purse. "They rarely recognize or acknowledge, however, that the net effect of their lobbying is to limit cash income for those they call "needy" and increase the budget and incomes of service programs and providers."

"As a recent federal study showed, between 1960 and 1985 federal and state cash assistance programs grew 105 percent in real terms, while non-cash programs for services and commodities grew 1,760 percent."

"Nonetheless, we have no effective measures that allow legislators or policymakers to assess whether public investments for services would be more enabling as cash income."

These are quite damning statements, but they seem to be further substantiated by the inability of public services to perform. The result is a subsidy for professionals at the expense of people with problems in living.

Peter Senge suggests that the difficulty we are experiencing in developing appropriate human services can be identified as a "shifting the burden" problem. "Beware of the symptomatic solution. Solutions that address only the symptom of a problem, not fundamental causes , tend to have short term benefits at best. In the long term, the problem resurfaces and there is increased pressure for symptomatic response. Meanwhile the capability for fundamental solution can atrophy." "Insidiously, the shifting the burden structure, if not interrupted, generates forces that

are all-too-familiar in contemporary society. These are the dynamics of avoidance, the result of which is increasing dependency, and ultimately addiction" [Senge - 1990].

These seems to adequately describe our human service system. People with problems in living are given platitudes and a great deal of process without dignity nor help. Staff are degraded and degrade. Governments and human service agencies waste money and effort dealing with symptomology without ever coming to terms with the manner in which they *cause* problem. From the structured *victimization* of people on welfare to the physical hazards provided to people with severe and persistent emotional problems, we continue to try to meet the "dead man test". This is a test formulated on the premise that if the people with problems in living would perform like "dead men", every thing would be fine. Since "dead men" do not perform at all, this requires a total elimination of symptoms.

And local governments continue to "row like hell" , in order to keep up. The goals are not defined, the issues and values are not clarified, and useful. As early as 1953, the Southern Regional Board [1954] sponsored a study of mental health resources. "The study made clear that a national mental health program for children could not be based on traditional psychotherapeutic methods because of their high costs, their *uncertain effectiveness* [emphasis ours] and their demand for highly skilled professional people..." [Hobbs - 1983].

In all systems Failure [1993] Koyanagi & Gaines not only document the failure, but had this to say: "Over the past twenty years, numerous reports have chronicled the lack of appropriate services to meet the needs of children and adolescents with serious emotional disturbances. These previous studies report that children in need of mental health care often do not receive it or receive care that is inappropriate or inadequate" The studies they report on include "The Joint Commission of Mental Health of Children [1969], the President's Commission on Mental Health [1978], the Office of Technology Assessment [1986], the Institute of Medicine [1989], and the House Select Committee on Children, youth and Families [1990] all concur that there are too few resources and that too many of the services that do exist are *uncoordinated, inefficient,* and *ultimately ineffective*" [emphasis ours] [Koyanagi & Gaines - 1993].

And what is more frightening, the expectation is that services will get worse. In that aspect, it needs to be recognized that adult service are even more coercive, with the major technology being virtually limited to the use of "*major tranquilizers*". To emphasize the horror of this expectation, I could not improve than Perter Breggin and quote liberally from Chapter 5 of his book, *Neurotoxity of the major Tranquilizer*.

> *The major tranquilizers are highly toxic drugs; they are poisonous to various organs of the body. They are especially potent neurtoxins, and frequently produce permanent damage to the brain.*
>
> *The liver is often adversely affected...develops jaundice without other severe symptoms.*
>
> *A variety of blood disorders have been reported.... In rare cases, agranulocytosis [a decrease in certain white blood cells] renders the patient susceptible to life-threatening infection.*
>
> *Many cardiovascular complications may develop, usually based on disturbance of the autonomic nervous system, including abnormalities of electrical conduction of the heart and various arrhythmias. ...A drop in blood pressure.*
>
> *...Patients complain of dry mouth, stuffy nose, blurred vision, urinary retention, constipation and impaction, and, in extreme cases, paralytic ileus [inhibition of the intestine]. In men ejaculation may be inhibited, or reversed into the bladder, in a painful manner. Glaucoma may be aggravated.*
>
> *Endocrine disorders are not uncommon, including increased appetite and obesity, edema, breast engorgement in women, menstrual irregularities, gynecomastia [mammary growth in men], impotence in men, and hypersexuality in women.*

Skin changes ...including allergic reactions ...photosensitivity to the sun...sometimes...a disfiguring gray-blue pigmentation of the skin,....

...Accumulation of opaque deposits in the lens and cornea of the eye.

...Suppressing perspiration,.....may also have suppressed the heat-regulating centers of the brain.

I could continue, but you get the point. This is the *cure*! What type of social policy is it that offers this as the technology. Is it any wonder that consumers of this service rebel? Is this the future we want for our children? And if we cannot effectively serve our children, what other future can they expect? It seems we are doomed to create another generation of "incurables". What will it take to make these activities worthwhile? One thing is certain, it will take change!

Frankl has remarked that you cannot always be responsible for the circumstances you find yourself in, but you must be responsible for your behavior in those circumstances. Local public administrators are in difficult circumstances, no doubt. They are limited by regulations from both federal and state [and sometime region], they are given social policy which is often inept, they are given unfunded mandates and must perform their duties within an ever inscribed political sphere. They can choose, like the welfare programs they run to see themselves as victims and suffer stoically or otherwise. Or they can reframe their own circumstances as they must reframe the circumstances of their clients.

They can seek the **latitude** within the limitation and hone in on it. The regulations regarding mental health and mental retardation state that "all regulations herein can be waived by the Secretary". I would assume that other Secretaries have the same power. So why are the administrators not developing local justification for waiver? Why do they accept state policy that is detrimental to the systems they are trying to develop without creating positions that would cause change. Through cybernetics II we have learned that all parts of the system influence each other. The federal government does not only influence the state; the states influence the federal posture as well. The same is true for local governments with regard to the state posture.

The state officials, in the meantime, must begin to take a unilateral position with regard to **outcome expectations** and place the burden of how to meet those outcomes on the local counties or parishes. "Focusing on outcomes entails shifting the justification for programs from the activities they sponsor to the improvements they achieve in the lives of the children and families they serve" [Wagner - 1995]. Clear and defined outcomes define the **direction** in which our state desires to go. The methods and designs necessary to meet those outcomes would therefore become the responsibility of the local administrators. But are the local administrators ready to lead? They certainly have not demonstrated that desire. Only time will tell.

"...all people must have a degree of influence over their environment. "Influence" is the power to affect other people or the power to "make things happen". When a person's attempts to influence the environment are ignored or thwarted [as is often the case with persons with severe disabilities], he or she may become frustrated and choose to behave in ways that are disturbing" [Pitonyak -1990].

This critical fact has been ignored by the very people who should know better, the architects of human service delivery systems. Predicated upon substantial argument that a market system was unworkable, we have created a pact between provider and funder that operates often to the detriment of the client because it reduces the requirement of influence. While it seems to be possible to create a *fiduciary market* for human services, such a transition will not be easy. Several factors will inhibit change:

- providers will fear a loss of their own influence.
- the public, based on our own professional promulgation of stigma will be correctly skeptical.
- government bureaucrats will find it difficult to give up the power of the program model.
- clients who have been taught that we are the experts and that they are helpless in the face of their disabilities will reject change.
- elected officials will seize the opportunity of market shifts to save money.

All of these are substantial arguments not to entertain change will be advanced. As this is linked to the economic necessity of controlling costs of human services, this forged necessity for downsizing the human services oligarchy will be too powerful to overcome. Therefore, a market driven system seems inevitable. An effective market driven system is not totally disruptive. The ability of social policy makers to look at the issues of service delivery from new perspectives and to design a system which accounts for the obvious and traditional concerns will be critical to success.

This does not even deal with the profound difficultly of transfer. How do you keep a contracted provider operational and vest dollars with clients at the same time? We must start with the development and applications of the tools of assessment and the performance standards. Once these have been tested, vesting of individual clients within the present system can take place; meaning that the client remains in place, but they now have the opportunity to challenge service delivery in different ways. This will allow providers to try to meet the comfort level necessary to maintain clients [market share] with their agency. Finally, the system would cease to contract with the provider, but only with the individual client through the account executive.

The original historical source of the concept of self determination, John Stuart Mill, stated “The only purpose for which power can be rightfully exercised over any member of a civilized community against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant” [Mill - 1912]. We need to understand that it is not just in the best interest of the person being served, but in fact, in the best interest of an enlightened and civilized society, that we ensconce revealed preference within a framework of balancing forces to empower people to regain control over their own lives.

“As the power of profession and service system ascends the legitimacy, authority and capacity of citizens and community descends.” “The consequence of this professional persuasion is devastating for those labeled people whose primary “need” is to be incorporated in community life and empowered through citizenship” [McKnight - 1989].

We have attempted to develop the information necessary for the reasonable development of local social policy and to review some of the implementations processes with regard to that function. Because there is a *network* of systems and organizations, each having a management function in implementing, and in the process conforming to and reviewing the social policy implications; seeking coherence, the implementation process is likely to raise new, specific considerations which concern the local populace and require a review not only of the particular event, but of the social policy as well. Just as rigorous analysis of individual propositions may make the individual re-examine his personal belief systems; so to these points of *horrible examples, require* the administrator and the commissioners re-examine the local *belief system* [social policy] to determine whether it is still coherent. Coherency of social policy is based on experiential evidence, and therefore the process of "judicial review" must take into account the evidence of precedents and compare these with the *policy hypothesis* to see if it is still workable. Social policy development is an on-going, *learning experience*.

In order for the implementation to meet the demands of this process, certain functions are required. The managers of the network of human services systems, which include the local administrators and the provider organizations have similar responsibilities.

1. Management[27] must develop and articulate the *intention* of the organization.

   This requires that the *governance* responsibility be carried out *consciously* through *rigorous analysis* and *persuasion*. In human services usually defined by the provider agencies as a mission and/or, by government human services as the *social policy*. The intention should be singular or, at the very least compatible, congruent multiple purposes. Much time should be spent honing to a coherent intention. This is an on-going task requiring a *deep understanding* of the nature of the organization and the sociocultural environment in which it operates. The local administrator must use his/her *power* of persuasion to seek coherent performance throughout the system network. "Power in this sense involves a belief accepted and obeyed" Buchanan - 1964]. While each level of the

27 Management here refers to trustee and executive functions: i.e.., the policy makers and direction setters of the organization. Different organizations may have different designations for these roles.

network will hone its specific mission/policy for its own purposes, it must be coherent with local social policy to be effective in providing a network of services and supports which meet the goals of the governed.

2. Management must develop a set of *values & principles*.

These theoretical and philosophical underpinnings define the parameters of acceptable practice. Values and principles should be constantly challenged and restated as the new theoretical propositions develop. *Rigorous analysis* must assure coherence with the *intentions* of the organization. “If the ... social sciences wish to become professional, ...””...they will have to become philosophical enough to distinguish between truth and workability” [Buchanan - 1961] Horrible examples cannot drive a system built on values and principles developed with reason.

3. Management must *communicate* its *belief system*.

The *integration* of intention and values defines the belief system of the management and per se of the organization. This belief system must be *coherent*. There must be a systematic or methodical connectedness or interrelatedness which is governed by principles; an integration of social or cultural elements based on a consistent pattern of values and a congruous set of ideological principles. This communication should be clear, consistent and *redundant*. Every person in the organization/system/network must have the opportunity to *examine* this belief system and find it coherent or incoherent with their own personal belief system.

Cultivating identification with the general public and philanthropic giving is also contingent upon a well articulated and well documented [see *organizational performance*] belief system and organizational performance.

4. Management must *identify* and *take remedial action* regarding *personal incoherence*.

Management is responsible for the recruitment, selection, training, evaluation and promotion of the people who staff the organization and the beliefs and skills of these people are a critical necessity for carrying out the intentions of the organization. If poor quality people or people with beliefs and skills that don't match the organizations are apparent; management must take appropriate corrective steps.

Management must have a way to identify people/organizations within the entity who do not believe in its intention, values & principles.

Management must either provide further information, enhance further exploration or oust persons who have personal incoherence with organizational beliefs, since their beliefs will predispose them to behaviors which are incongruent with intentions.

How staff people use themselves, their time and their priorities is vital. If a person has valuable skills, but is never able to use them because of organizational or personal barriers, they become useless. The management must decide what *won't get done* as a means of assuring that necessities always get done.

5. Management must provide a *structure* for enhancing intentions.

Management must develop Research & Development capacity in order to:

- provide *best practice* models & training.
- delineate organizational belief system and provide to management updates on theoretical or technological improvements.
- develop *client quality targets*

In human services the intentions of the organization are not the *goals and objectives* of the operation. The intention *should* be to enable people with problems in living to improve their functioning in valued settings. The goals & objectives [*quality*] would be defined by the *client*; meaning that each client has an *individualized* goal and objective and plan of action to reach that objective.

Defining individual quality will require a formative process which is coherent with the intentions, values & principles of the organization/system/network.

- Develop *formative* data feedback mechanisms.

Individual helpers will make individual decisions about individual client plans and actions to implement those plans. Formative information helps these individual staff make more positive decisions and alter those decisions *in process* as they prove to be less helpful than desired.

- Develop *summative* data feedback mechanisms.

Individual clients will accumulate information about their approximation and/or attainment of goals & objectives. This data summarizes their experience(s) with the organization and constitutes the clients goal attainment record.

Individual helpers will accumulate information about helping clients approximate and/or attain their goals & objectives. This data summarizes their experience(s) with the organization and constitutes a staff goal attainment record.

This data is most necessary for the development of training, remedial response and human service decision making.

- Develop *cumulative* data feedback mechanisms.

The organization will accumulate information about *all* clients over time in approximating and/or attaining their goals & objectives. This data summarizes the *overall* experience and constitutes a record of *organizational performance*.

This data is most necessary for measuring *effectiveness* and for developing strategic and tactical plans for continuous quality improvement.

- Develop *cost/benefit* data feedback mechanisms.

Cost can be defined as the total expense of providing an individual unit of service. These costs can be grouped summatively and cumulatively.

Benefit can be defined as a unit of goal attainment. These units [objectives] can be grouped summatively and cumulatively.

This data is most necessary for measuring *efficiency* and for developing strategic and tactical plans for cost containment.

6. Management must evaluate and communicate *organizational performance* or *efficacy* [effectiveness & efficiency] in regard to intent.

7. Management must develop *resources* [human and financial] to enable the intention to be implemented at an appropriate level.

   Management is not simply responsible for the control of expenditures, but has a major responsibility to identify, solicit and otherwise acquire the financial, human and other resources necessary to carry out the intentions of the organization.

8. Management must provide *technical support* for the operation.

This includes financial, information, communication, facility, human resources and research and development.

Whenever possible, these technical supports should be required to perform as *intrapreneurial* aspects of the organization. This means that their goods and services should be developed in a manner which can be sold in an open market at a competitive price and quality. So developed, there is the opportunity to sell such goods and products *internally* at cost, and *externally* at cost plus. This makes for better quality, more productivity and contributes to the efficiency of the organizational performance. *Program funded* technical components have the same problems as program funded services. They become wasteful and attempt to solve quality problems by expending more time, money and energy rather then dealing with fundamental issues.

Technical functions are not decision making functions of the organization. Traditionally, finance participated in [if not controlled] decision making by controlling financial resources to other parts of the organization. Making the function a vendor/supplier to the operations department and making the operations department capable of purchasing such services elsewhere places decision making where it needs to be.

All systems deteriorate. The ability to design a system, whether it be for service delivery, accounting or information is an art as well as a science. Management must appreciate the art and recognize good design; while protecting the design from deterioration and recognizing when it is passe.

9. Management is responsible for *normativity*. The ethical, moral and legal behavior of the organization is largely contingent upon the sense of these issues displayed by the leadership. Governmental and not-for-profit organizations are particularly vulnerable because so many of the decisions and actions must walk the boarder between justifiable compromise and capitulation to “getting it done”.

10. Management is responsible for *viability*. How the organization is perceived internally and externally in its effectiveness in carrying out its services is critical to the organization's continued success. In the final analysis the belief that we have impact on the mission is the explicit evaluation of organizational performance.

The local human services administrator is the primary agent for the *public will*. S/he is responsible to the public will and therefore, must spend sufficient time learning about the public will and where necessary educating the public so that its will is based on *information*. This dual role is a difficult one since it at once demands that the administrator be both leader and follower, but is inherent in the responsibility. The leadership aspect is a teaching, training, *informing* responsibility which helps the public *examine and understand* the issues at hand in order to make an informed decisions about public policy. The follower role is to take seriously that decision and to follow the direction of the public will. Neither role precludes the other as decision making, like all other developmental processes, never ends; times and circumstances change and new information must be brought to light so that the public *awareness* is sensitized to determine whether a modified social policy is now appropriate.

As the primary agent, the local administrator must provide the *energy* to maintain the policy deliberation and the implementation system. Since all systems deteriorate, vigilance must be placed on the rigorous and continued examination of what business the local government is in, and whether it should be. "This sad tendency for productive relationships to go slack is controlled only to the extent that someone is both inclined and able to resist drift, deter waste, and focus resources on the organizational mission." "Collective endeavors [generally] lack the regulating factors of competition and of individual vigilance over spending decisions, as the dispersal of *ownership* weakens pressures for productive efficiency" [Donahue - 1989].

One major problem of a lack of vigilance is that self-seeking agents may be able to dominate the spending agenda to the detriment of the public at large and the constituency which is to be helped. "*Concentrated* interest in an issue motivates political activism" [Donahue - 1989]. Since other citizens often have only marginal interest or feel little involved and/or affected by the inadequacies of the public human services delivery system they often do not find it worthwhile

to place energy into counteracting the special interests. When these special interests also claim special status [i.e., special expertise that the lay person cannot really understand] and form coalitions with organized citizens groups that benefit disproportionately from such publicly financed endeavors an "iron triangle" of producer groups, key constituencies, and well-placed elected officials can *distort* the public agenda.

Such distortion is quite apparent in the uproar created by the congressional actions in "balancing" the federal budget as rhetorical distortions abound about *cuts* when most of the revisions merely reduce the projected increases. The local administrator can become a part of this coalition or seek coherence within the context of a) public social policy, b) system architecture, and c) intended outcomes to achieve appropriate administration of the public trust. It should be apparent that reaching *preferred* outcomes in valued settings through new technologies will demand dramatic changes in the "business as usual" attitudes of most political appointees. The loyalty to provider preferences must be overcome if both the public agenda and the improvement in the lives of people with problems in living is to be achieved.

There are complications to such change and these complications include measurement, risk and incentive. Presently, providers are paid on the basis of *input*, not *output* and the historical rationale for that decision is based on the *risk*, involved in dealing with very serious social problems and the ineffectiveness of the then prevalent technologies. The prudent agent is likely to decline to enter into a purely outcome based contract if s/he feels inadequate to meet the expectations. The fact that these expectations were conflicted and that the technologies were less than adequate made the decision to concentrate on outcome a high risk incident. This risk was escalated by the fact that there was little ability to measure outcome as it was generally stated. Helping a person with severe and persistent problems in living make a friend, get a job, or develop appropriate living arrangements were not outcomes in *program* settings. Sheltered workshops, partial hospital programs and group homes were *means*, not ends, but were often described as outcomes.

The architectural designs from which the local administrator may choose is extensive. The possibilities according to Dennis Young include 1) unrestricted laissez faire; 2) private service

delivery with free entry but licensing or certification requirements, 3) private firms [profit or nonprofit] competing for customers within an area, but with restrictions on the number of competitors; 4) franchise systems, in which government grants a firm exclusive right to serve an area; 5) government contracts with private firms; or 6) strictly public service delivery. Experienced human service administrators will recognize several of these models. The questions which need to be answered in regard to the decision regarding design need to include:

- Clarity of purpose: One is unlikely to get to the intended destination, unless you know where you want to go.
- Philosophical lucidity: The values and principles of the system define the acceptability of *means*, which for human services have a degree of magnitude larger than say, garbage collection.
- Consumer sovereignty: both economic and human service theory are converging on the importance of personal preference.
- Outcome specifications: Failure to specify expectations makes the ability to hold the agent responsible unlikely.
- Data collection capacity: All analysis is dependent on appropriate and coherent information.
- Measurement capability: Inability to measure performance against standard makes the exercise fruitless.

While the author certainly has preferences in regard to design, what is most important is that the local administration make awareness of these issues and rigorous examination part of the design decision and not simply follow the status quo. “There are several degrees of potential breakdown. Attenuated responsibility for results invites simple inefficiency. Or contracts may be too loosely drafted, or too weakly enforced, to keep agents’ claims on the public reasonable. And the circular agency relationship peculiar to collective undertakings - where suppliers are also political actors - may give agents potent incentives and opportunities to shape public spending decisions. Even when no specific peril looms, management is a struggle against entropy” [Donahue - 1989].

Other issues will also influence the design. A focus on *competency*, for example, rather than pathology results in the potential to allow the client to define the outcome expectations and since they tend to bring life issues and functioning to the table, the ability to measure outcome become increasingly real. Finally, the issue of *incentives* must be addressed since the present method of incentive rewards tends to move the system away from those outcomes which we believe will ultimately be demonstrated to be the public will. When a local administrator can be "held harmless" for sending difficult clients to state or other institutions, such incentives can quickly defeat even the most altruistic intention.

The consequences of doing business in a defect oriented, command and control system with dangerous products which frustrate clients and reward providers of service should be obvious; it creates a situations where services are provided with too little care and creates adversarial components. These agents have developed advantages which insulates them from the threat of replacement. They follow the requirements of employment [they *follow the instructions*], without the requirements to deliver to the principal the predetermined product. Donahue suggests that the appeal of privatization increases "the more the principal cares about *ends* over *means*. The more the local administrator is able to define the *ends* that are expected, the more they are able to place the provider in a *competitive risk* systems which enhances the creative ability of providers to come up with the appropriate *means.* The more the discipline of competition erodes the insulation of the provider system, providing the basis for a task to task evaluation of performance and allows the local administrator to determine changes in architecture which constantly improve the system. The more likely that local administration will develop a system which meets the outcome expectations of the public will.

Those who remain in the circular procession of the past by simply continuing to demand more money and bemoaning the fact that the system doesn't work because of deficiency in resources; those who following instinct...habit...custom...tradition...precedent...past experience..."standard practice" ...or whatever they may choose to call it, go blindly, mistaking activity for accomplishment. They mean well, but they go no place, for they truly have no place to go.

You don't have to be sick to get better.

TURN UPSIDE DOWN

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