Supporting Wraparound Implementation: Chapter 5b

Planning for and Implementing System Change Using the Wraparound Process

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Introduction

Wraparound is increasingly being recognized as both a systems-level and child- and family-level intervention. When implemented effectively, wraparound facilitates changes in a community's mental health, substance abuse, child welfare and juvenile justice systems that reduce barriers to engagement, increase youth and family participation, and achieve positive child and family outcomes.

However, system change is tough to do. First, systems have a strong tendency to keep operating they the way they always have. Second, because systems are complex collections of many parts that interact in a variety of ways, attempting to change what's happening in one area of the system can have unforeseen consequences in other places. Third, since it takes as much effort to change a system as it does to operate it, keeping a system running while you are changing it requires twice as much work.

Because staff at most community agencies are hard-pressed to keep up with the existing demand for services, when wraparound is being installed, communities often find the means to hire a *project coordinator* to manage the change process. This might be through a new hire, or by backfilling an existing position to allow an experienced employee to flex out into the coordinator role.

However, a project coordinator can't change a system by her or himself. A team of leaders and stakeholders committed to improving the way that help is provided in the community is also necessary. This implementation team is made up of the people who will not only design the new system, but also put its various elements into action in the

national wraparound initiative

areas they represent. Ultimately it will evolve into the *community team* that forms the foundation for wraparound's integrated services. Part of the budget for implementing wraparound should cover the cost of convening the implementation/community team and supporting participation by stakeholders who might not otherwise be able to attend—such as parent and consumer representatives.

A third element that wraparound brings to a community's system of care is *flexible resources* for children and families that cannot be obtained anywhere else. As the wraparound values of strength-based, family-focused practice are implemented, it often happens that non-standard assistance is needed to pull together an effective plan of care for a child and family. Ad hoc support through the participating agencies can help fill these gaps while more sustainable alternatives for flexible and creative service responses are being established.

When communities implement the wraparound process, they develop a cohort of people who are trained to *facilitate teams, provide direct social support* and stabilization while the teams are forming, and act as *family partners* with enrolled families. Provisions should be made for training and technical assistance for the people filling these three positions. The initiative should also ensure there is peer consultation for these individuals, available practice and training materials, and resources to allow them to attend state and national training opportunities.

Facilitating Proactive Change

The adoption of the wraparound process for serving families with complex needs is an example of a *proactive change process*. Reactive system change happens all the time because of the rapidly shifting environment in which human services are delivered, but proactive change is rare. Effective change efforts should be intentional, reflective, well informed and meaningful. While each community has its own set of strengths and needs, its own culture and ways of getting things done, and its own context of political, funding and communication networks in which change must occur, certain core insights, skills and strategies can be used to facilitate a proactive change process even as it follows the unique pathways appropriate to a given community.

While a variety of articles have described the values and process steps of wraparound, this one will examine the process of change that communities go through as they adopt a new way of providing services. It will discuss the reasons why change is necessary in our child and family services, review the keys to successful change, describe some of the theories that can help us understand and guide change efforts, outline the basic steps of a system change process and discuss the role of leaders and community teams in helping make change happen.

Why Change?

This is an important question to ask because system change can be troublesome and disruptive. The answer is that because the challenges our human service systems must respond to have changed, as have the tools for addressing these challenges and the outcomes our systems are expected to produce, our systems must change to keep up.

It is often stated that communities always ask our agencies to provide more services for less money. But it might be more productive to say that what people want is better services at a reasonable cost. And it is the system's job not only to make these services available, but also to provide the most efficient and effective way of connecting people needing assistance with the services most likely to produce good results.

Patricia Miles, a leading national human services consultant, puts it this way: "The central task of an effective system of care is to get the right help to the right people at the right time for the right price, so we can produce the outcomes desired by the community and deserved by our system's customers."

This is no easy task. Which are the best services? How can we be sure which kind of help will be most effective with a given person or family? What should good services cost? How can we tell whether we are doing what we said we would do and whether it is helping? How do we deal with funding sources that require actions that may no longer be clinically sound or operationally efficient?

Despite these challenges, the demands, expectations and needs are there and must be dealt with: in the changing social and cultural environment in our communities, in the regulatory, political, legal and economic requirements, in the rise of research-informed service approaches, and in the continuing evolution of the consumer movement.

As a result, change is needed to accomplish a wide range of goals. Rebecca Proehl (2001) lists seven reasons why change in human service systems is essential:

1. To increase quality and client value,
2. To decrease the cost of internal coordination and management,
3. To introduce innovations more efficiently and effectively,
4. To reduce response time when clients present with acute needs,
5. To motivate staff to contribute wholeheartedly to the effort to assist children and families with complex and enduring needs,
6. To manage change at a faster rate as our agencies adapt to continually changing community needs; and
7. To demonstrate worth and effectiveness so that the public will value and support the work that we do.

Keys to Effective Change

After examining studies of system change efforts in several contexts, Nicole Allen and her colleagues found that to be successful, the staff expected to implement an innovation in human services need to know how the innovation works, understand why it works that way, and be taught the core skills required to use the innovation in daily practice.

To make that happen, Allen's group identified five key management inputs that are required for the successful introduction of an innovation into a human service system:

1. Incentives for implementation
2. Disincentives for failure to implement
3. Removal of barriers to implementation
4. Provision of resources to support the use of the innovation, and
5. Meaningful support from leadership.

Even when staff agree that an innovation is important and needed, the natural resistance to change in human service agencies (and most other organizations as well) will impede adoption, unless this full range of elements is present.

These principles help to illustrate the depth and range of change necessary to fully implement wraparound. Since wraparound includes a cluster of innovations that operate at not only the practice level, but also at the levels of program management, inter-agency coordination and community involvement, adopting this approach over the course of a change process implies a commitment to a large-scale transformation of the entire human services network.

At the *practice level* line staff in all participating agencies need to know how to use a strengths-based and family-centered approach in their overall work, so that enrollment in wraparound is not considered an aberration, but rather a specialized aspect of how services are delivered generally. The first challenge is for each agency to define this practice approach with enough clarity that line staff, supervisors and managers can tell when it is occurring and when it isn't, and figure out how to help it happen more often. Only then can realistic incentives, disincentives, and sup-

port be offered.

Spanning the *practice, program, interagency and community levels*, a key skill in the wraparound approach is convening and coordinating the family team planning process. Not only do the people who are designated as family team facilitators need to know how to coordinate teams and help those teams develop and implement integrated plans of care, but people from the various systems who may be asked to join family teams must know enough about the process to be effective participants. Only then can supervisors and managers provide the guidance and reinforcement needed to ensure consistent and effective adoption of the wraparound approach. Parallel skills for encouraging family involvement and voice have to be gained by the people who are selected to be family partners.

Wraparound recognizes that no service system can be effective unless it is grounded in, reflective of, and has the full participation of the community it is designed to serve.

At the *program level*, using wraparound means redefining the role of the various agencies that participate in the integrated services. This is a more abstract innovation, but important. Staff should know how the work their agency does fits into the overall pattern of effort of the community's system of care, and should have the skills and understanding needed to insure a balanced and effective response, regardless of the portal through which a child and family come to a given agency's attention. From the management perspective, the question becomes, How do we help staff acquire this knowledge and understanding, reward those who gain and use a more integrated approach to their work, and remove barriers to collaboration that line staff may not have the leverage to overcome?

At the *interagency level*, wraparound requires the development of explicit collaborative protocols to guide the operation of the integrated system of care, the maintenance of ongoing communication and quality improvement to insure the effectiveness of the assistance being offered to children and families with complex needs, and the development of a boundary-spanning infrastructure to support large-scale implementation, funding and data-tracking for the system of care. The managers and administrators participating in the various interagency teams and committees required for wraparound to operate effectively must have the knowledge, understanding and skills needed to recognize and resolve the complex political, economic and technical issues that will confound efforts at integration; and they must have the support of their boards and leaders needed to push through these barriers.

At the *community level*, wraparound recognizes that no service system can be effective unless it is grounded in, reflective of, and has the full participation of the community it is designed to serve. Implementing this principle is more difficult than stating it. The community team, which is the anchor of wraparound, requires structure, support and purpose if it is to have the energy needed to make the system of care a reality. The project coordinator selected to guide the wraparound implementation process plays an important role here, and must have the knowledge, skills and understanding needed to bring a diverse group together, motivate their participation, facilitate their agreement on common goals, and help them manage the conflicts that are natural to a collaborative process. But the coordinator isn't the only one who needs administrative support. Every agency representative who sits on the community team, and every consumer advocate and community stakeholder who is named to the community team, must understand the team's purpose and operations, and have the necessary backing and authority to participate wholeheartedly in the process.

Combining these elements, the accompanying box (next page) presents 10 questions for a steering committee or community team overseeing wraparound implementation to consider.

Ten Questions: Implementing Systems Change via Wraparound

1. *How well has the mission for the wraparound effort been clarified?*
2. *What are the specific outcomes that you hope to accomplish by implementing the wraparound approach?*
3. *What are the core values on which you hope to build your integrated system of care?*
4. *In what ways have you incorporated the perspectives of the various types and levels of agencies and stakeholders who will be a part of the wraparound process?*
5. *How has top management's understanding, support and guidance for the project been elicited?*
6. *How central is line staff empowerment to the change process?*
7. *How has family voice and participation been maintained as a focus in the planning process?*
8. *Have all necessary agencies and stakeholders been included in the process?*
9. *How have the information technology requirements of the new model been addressed?*
10. *Who are the leaders for the project, and do they represent the agencies and stakeholders who are needed for successful implementation?*

Adapted from Proehl,(2001) p. 25

Theories of System Change

There are many theories of system change, but they all have two common components: explaining why bringing about structured change is so hard, and what to do about it. The core framework for analyzing the change process was developed by Kurt Lewin in the late 1940's and was expanded and built upon by later theorists such as Edgar Schein. Organizations (or systems) go through three stages in any change process: *unfreezing* the current state, which leaves the organization open to change; *transition*, in which the organization develops and begins to incorporate new processes, structures and beliefs; and *refreezing*, in which the organization internalizes the changes and returns to a stable state.

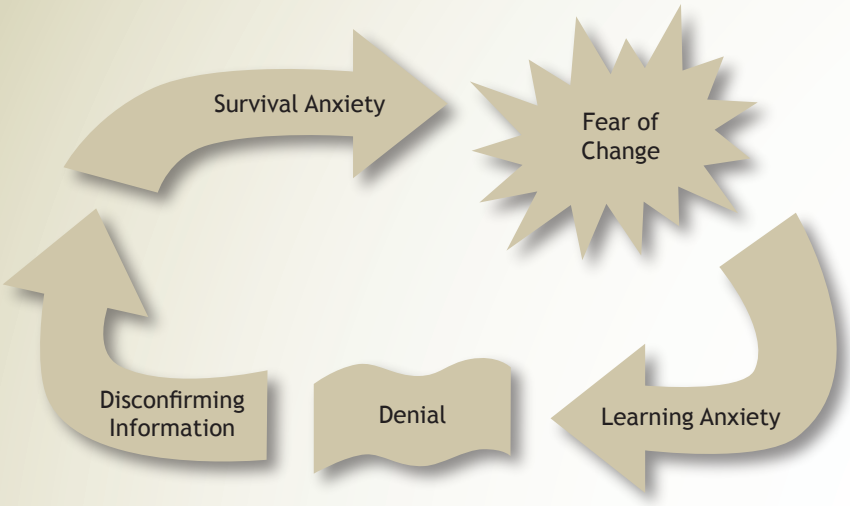
The driving force behind the change process is "disconfirming information"—data from any of a variety of formal and informal sources that indicates that the organization as currently configured is not well adapted to the challenges and opportunities in the environment in which it is located. Strongly disconfirming information will imply that there is a risk to the survival of the organization.

In the case of changes in systems of care for children and families, disconfirming information might take the form of a growing number of children placed out of the home for extended periods of time without resolution of the issues of permanency, safety and well-being. In some cases, disconfirming information comes in the form of lawsuits for failure to take adequate care of children under the custody or supervision of one or more of the agencies. Disconfirming information can be presented through headline cases that overwhelm the rest of what the system is accomplishing, or through an ongoing accumulation of smaller items that gradually convey the sense that the system should be going in a better direction.

The receipt of disconfirming information cues survival anxiety, which motivates change: "If we don't do something different, we may go out of business." However, as the members of the organization begin to think through the challenges involved in doing things differently, the thought of change makes them more and more nervous and resistant: "But doing it differently will be hard, and might not work anyway." The stronger the threat contained in the disconfirming information, the greater the survival anxiety. But the greater the survival anxiety, the greater need for change and so the greater the learning anxiety. This produces a further increase in resistance, which causes the operations of the organization to further deteriorate, and results in more disconfirming information. (See Figure 1.)

The answer is not to eliminate disconfirming information—because then there will be no motivation to change. Instead leaders and change agents must create a situation in which survival

Figure 1. Negative Reinforcement Cycle Created by Disconfirming Information



anxiety exceeds learning anxiety. Simply increasing survival anxiety won't work because learning anxiety will rise along with it. Instead, successful strategies maintain an appropriate level of survival anxiety while using a variety of techniques to lower learning anxiety.

Schein identifies eight options for creating enough psychological safety to open organizations to change. This list is an adaptation of the eight options:

1. Creating a compelling positive vision,
2. Providing useful and functional formal training,
3. Encouraging ongoing involvement of the people who are expected to change,
4. Providing opportunities for the whole group to practice doing things differently,
5. Creating practice fields, coaches and feedback that encourage staff to develop the skills needed for the change process,
6. Providing positive role models so that staff can see how it looks to use the proposed innovations,
7. Establishing structured support groups that help staff work through the stress of change, and
8. Designing consistent systems and structures that support the use of the new approach.

Having observed many unsuccessful attempts at organizational change, Schein counsels leaders and change agents to avoid sending double messages. Frequently, overt change efforts are undermined by covert messages that discourage change. Staff members are sent to workshops where they are instructed on methods for doing things differently, but when they return to the office the negative responses of managers and administrators to their attempts to implement these innovations quickly convey the message that that is not the way things will be done. He states the problem this way:

> What often goes wrong in organizational change programs is that we manipulate some assumptions while leaving others untouched. We create tasks that are group tasks, but leave the reward system, the control system, the accountability system and the career system alone. If these other systems are built on individualistic assumptions, leaders should not be surprised to discover that teamwork is undermined and subverted. (p. 141-142)

Planning for Change

These theories of organizational change help to inform the efforts of leaders and change agents, but generally operate in the background. The overt aspect of the change process is the development of a *strategic plan* to get from the way things are to the way things should be.

System change plans usually have three basic elements:

- A description of the *base state* of the system—how things stand now, what's working and what's needed;
- A description of the *end state*—how the change team wants things to be, what the system will look like when it is operating the way it should; and,

- A description of the *transition state*—what will be going on as the agencies and people involved help move things from the base state to the end state.

Although system change planning processes are usually laid out as linear steps, in reality this planning is highly circular with each of the parts informed by, and informing the others. Schein uses the accompanying figure to express this more complex relationship. (See Figure 2.)

When members of a community's system of care decide to use a wraparound grant as a way to improve the help they are providing for children and families, the RFP issued by the state, while requiring detailed information, still provides a template that can be completed relatively easily. The danger is focusing too narrowly on producing a good grant proposal, while exploring insufficiently the underlying need for change that is the driving force behind the decision to seek this type of support, the nature of the change that is desired, and the means by which the wraparound grant will help to bring about this transformation.

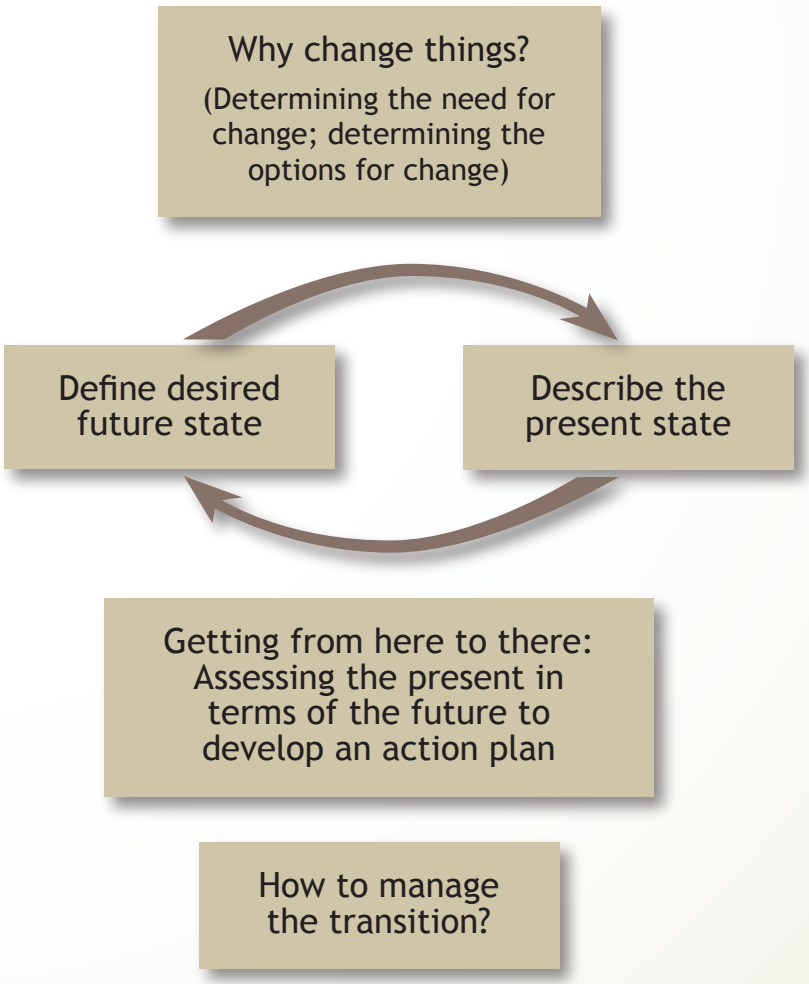
There is no magic to conducting this planning process. The right people need to be at the table, they need accurate data describing the current state of the system of care, they must have the motivation and freedom to creatively examine a variety of potential future states, and a sufficient number of the participants have to be willing to push the group to accomplish meaningful change.

Instilling and maintaining this pressure for transformation is not a mechanical operation. There is a tendency to think of system change planning as a highly strategic and structured process, but good plans for real change are built on passion and vision. Without this inspiration the process quickly becomes stale and predictable.

Kotter and Cohen (2002) put it this way:

> Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings. Both thinking and feeling are essential, both are found in successful organizations, but the heart of change is in our emotions. The flow of see-feel-change is more powerful than that of analysis-think-change. These distinctions between seeing and analysis, between feeling and thinking, are critical because, for the most part, we use the latter much more frequently, competently, and comfortably than the "former." (p. 3)

Figure 2. A Planning Framework



Stepping-Stones to Change

Assuming you have a vision for how you want to make things better, and the passion to make your vision a reality, what should you do?

Proehl (2001) describes eight elements for a successful change process in a human services system. The following list is an adaptation of Proehl's:

1. ***Create a sense of urgency.*** Nothing will happen unless a sufficient number of people feel that change must happen to insure survival. What are the internal and external drivers for change? What choices exist regarding the decision to change? What are the political constraints affecting this change project? What steps will be taken to create the urgency?
2. ***Build a coalition for change.*** Nothing will happen unless a group of motivated and empowered people works together to produce change. Who are the system members who have the credibility, power, and interest to support the change? What steps must be taken to build a team to guide the effort? What strategies will be taken to build broad-based support?
3. ***Clarify the change imperative.*** Nothing will happen unless it's clear not only why change is necessary, but also what that change should look like. What are the problems being addressed? What is the vision for the change and outcomes anticipated? What resources will be needed? How will legitimacy be established for the coalition team? How will the vision be communicated?
4. ***Assess the present.*** Reliable and sustainable change to a future state will not occur unless it is built on a thorough understanding of the present state. What are the present obstacles to change? What are the strengths? What data exist regarding the proposed change? How ready is the system for change?
5. ***Develop a plan for change.*** We need to know who's going to do what, when its going to happen, how they're going to get it done, and how we're going to know whether or not it's happened and whether or not it's helped. What level of planning is appropriate? What strategies must be taken to help the organization achieve the vision? What activities will be taken to accomplish the strategies? What short-term gains will be generated?
6. ***Deal with the human factors.*** The best plan in the world is likely to collapse unless the folks who are supposed to carry out the plan are on board and ready to go. What actions will be taken to deal with communication, resistance, and involvement? What new skills, knowledge and attitudes are needed to make the change? What incentives have been created to encourage system members to change?
7. ***Act quickly and revise frequently.*** The window for creating and anchoring change is often a short one. What immediate actions can be taken? What is the timetable for the change? Who will be involved in the change activities? How will the change be monitored? How will the change be institutionalized?
8. ***Evaluate and celebrate the change.*** If you get this far, bask in the moment. How will organization members know if the goals have been achieved? How will they celebrate their accomplishments? What rewards, if any, will there be?

Each of these eight steps can be applied to the process of implementing wraparound. The next series of sections presents some ideas and examples of how.

1. Create Urgency

Urgency is created by an effective combination of bad news and good news. For example, the bad news might be disconfirming information that the county human services department did poorly on its quality service review (QSR). The good news would be that many communities that have adopted wraparound on a large scale have seen a significant improvement in their QSR results. The urgency behind the change effort must be clearly and consistently communicated to agency mem-

Five Elements for Successful Change in Teams

1. *The team must consist of members who have functional representation across departments, who are open-minded and highly motivated, and who represent the end users.* They also need position power, and expertise in their areas and credibility.
2. *A skilled team leader in a position of authority is key.* Although the team needs performance goals to have the direction and drive to get things done, it also needs someone at the helm who is skilled at group facilitation and who understands the nature and needs of the team.
3. *The team must have both the authority and the accountability to accomplish its task.* Many teams with good ideas flounder because no one on the team has the power to put those ideas into action.
4. *There must be upper-level management and support and involvement as well as adequate resources for the team.* Examples of resources for the team might include providing adequate release time, including direct supervisors of team members, identifying sponsors in upper-management ranks who are committed to the change effort, and providing budgetary and operational support for the team.
5. *Adequate internal and external communication systems must exist.* The team members have to be able to quickly share information with one another, and to get their message out to everyone else who will be affected by the change process.

Adapted from Proehl (2001), p. 129

bers and community stakeholders to build sufficient motivation for action. Why is it important to improve our county's QSR? Why is this more important than many of the other issues that are pressing upon our community? What dire consequences will ensue if the change doesn't happen? What wonderful opportunities will emerge if it does?

2. Build Coalitions

System change is a team sport. Successful change teams need the right personnel, equipment and skills. Teams are not just groups of people working at a shared task. To be a real team, Katzenbach and Smith (2003) have posited that it must be:

> A small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they are mutually accountable." (p. 268)

When asked what was the most important determinant of team performance, Katzenbach and Smith stated that while the role of the leader is important, "having a specific performance goal that is clear and compelling to all team members" is critical to successful team efforts.

The performance challenge and goal is different from the disconfirming information and positive vision that inspires urgency. It must be outcome-based and measurable. For example, disconfirming information might show an alarming increase in the number of families opened for formal child welfare services and a lack of any alternative response options. An outcome based goal might be "reducing the number of families being opened for formal child welfare services by 50% within 12 months, without an increase in the number of children reported as having been abused or neglected following initial system contact." Process-based goals can be measurable, but lack the same connection to the motivation for change. For example, "a minimum of 50 families will have family teams within 12 months." Having family teams may be a means, but keeping kids safe and at home is the end.

Proehl elaborates on the foundation established by Katzenbach and Smith by identifying five elements for successful change teams in human service systems (see accompanying box on this page).

After the change team develops and imple-

ments the plan for system change, the group (or at least some of its members) will evolve into the wraparound community team, charged with ongoing management of the integrated system of services and support. The community team is likely to have a larger membership in order to have sufficient representation and diversity. However, it is critical that the change team convey its sense of urgency, vision and performance goals to the new members of the ongoing community team.

3. Clarify the Change Imperative

In order to convey its message to other people, every member of the change team must understand and be able to explain to others what the team is doing, why it's doing it, its authority for undertaking the project and the outcomes that the team is seeking. When the change team becomes the community team this statement of purpose will be documented in the interagency agreement that is described in detail in other portions of this chapter.

The critical point here is that the interagency agreement must reflect the passion and decisions of the change team and community team, and not be created simply because a grant's RFP or a state statute requires one.

4. Assess the Present

It's hard to get to where you want to go if you don't know from where you're starting. The disconfirming information that contributes to the sense of urgency is not the same as developing a clear understanding of the system's current context, strengths and needs. The change team should use data-gathering tools appropriate to the size and needs of its particular community (i.e., individual interviews, focus groups, record reviews and surveys) to paint a holistic picture of how the system is working at present. This assessment should provide both quantitative (Who's served, how long are they in the system, how are they helped, what happens to them?) and qualitative information (What do staff, stakeholders and consumers like about the current system, what would they like to see different, where do staff and families feel empowered, where do they feel frustrated?) for the baseline.

This assessment should also convey a sense of the system's culture (How do things get done most effectively: formally, informally, collegially, or hierarchically?) and readiness (Who's on board, who has the flexibility and capability to start doing things differently?).

No system is going to be perfectly ready, willing and able to start a change process—if it were, the process wouldn't be needed. Therefore, the assessment of the present isn't about what's wrong, or what's right, but simply what is. That way a realistic plan for change can be constructed.

5. Develop a Plan

At this point you should know why you want things to be different and who will be working together to make change happen, and you should have clarified the change imperative and gained a better idea of what you have to work with. Now it's time to figure out what you're going to do and how you're going to get it done.

One of the characteristics of most system change plans is that they themselves change frequently. Teams almost never do everything they have in their plans just the way that the plans say it should be done. So why plan? Because having a good plan gives you the foundation and flexibility to adapt to changing circumstances and continually incorporate what you are learning as you put the existing plan into effect.

Once the plan is implemented, one major key to success is tracking and celebrating the short term wins. A family team comes up with a delightful innovation that helps a child return home; a

provider agency restructures its personnel roster so that staff have greater freedom to respond creatively to individual family needs; two crusty managers who never got along before suddenly find a point of common ground and their two systems take a major step forward; an unexpected stakeholder joins the community team and brings new life and ideas to the effort. This is the nature of change, and every time something like this happens, the change plan will evolve.

Despite its likelihood of changing frequently, the change plan should be as specific as possible about what sorts of changes are being proposed and where the changes will take place. The domains of change are not infinite. Essentially the change team should look at potential changes in several areas. This list is adapted from Grailer (1996):

- The way the integrated system of care will be governed, including the mandate and authority of the Community Team;
- The way the services and supports delivered through the wraparound process will be staffed and funded;
- The nature and extent of interagency collaboration that will occur in the system of care (for example, will the system of care use parallel planning among the participating agencies, shared planning or integrated planning?);
- How the day-to-day operations of the system of care will be managed and tracked, and how accountability for achieving process and outcome goals will be insured;
- How plans of care for enrolled families will be developed, implemented and how the outcomes achieved will be monitored;
- How child and family access, voice and ownership in both individual plans of care and in the overall operations of the system of care will be insured;
- How outcomes will be measured and the tools that will be used to support ongoing quality improvement;
- What training and support will be provided for family members, family team facilitators, service providers, community stakeholders, supervisors and managers, and community team members?[1]

6. Deal with the Human Factors

Having a well-constructed change plan is good. Having folks willing to implement the plan is priceless.

Earlier in this chapter we looked at the how disconfirming information generates resistance by creating secondary learning anxiety. In the same way, just because the change team comes up with a great plan doesn't mean that everyone will be excited about putting it into action. Timothy Galpin wrote a book on this issue and what do about it.[10] He broke the kind of resistance change teams experience when they introduce an innovation into three categories: (1) people who don't know about the innovation, (2) people who know about it, but aren't able to implement it, and (3) people who know about it and are able to implement it, but don't want to.

Analyzing the reasons for resistance this way helps the change team develop appropriate strategies for supporting adoption of the innovation. People in the first category (not knowing) can be brought on board by communicating the basic elements of the change plan to them, including the reason for the sense of urgency and the strategies for dealing with the problem that the team has come up with so far. In addition, these folks may become hidden resources once they hear about the change process and get involved in the effort. Many people in this first category aren't resistant—they just feel left out.

Folks in the second category (not able) can be helped with formal training, but usually they pick up needed skills best by watching other people. Get them on some family teams so they can see how wraparound works. When any of us are faced with doing something we don't feel we are competent to do, we get anxious. Provide some support

1.The organizational domains used in this framework are adapted from an unpublished protocol for assessing systems of care developed by Community Care Systems, Inc, One Sherman Terrace, Madison, WI 53704, and shared with the author by Jodee Grailer. For more information on Community Care Systems, please visit their website at http://communitycaresys.com.

and encouragement to help them progress. This is the spot where Schein's eight tools for overcoming learning anxiety are put into action.

Individuals in the third category (not willing), present both a challenge and an opportunity. As knowing and able resisters, they may have a different perspective about what the change team is trying to accomplish that will help make the plan better. The key is to take the time to get to know them so you can understand why they are opposed to the change plan. The reasons can be personal: ("I'm 62 years old and have been through more organizational changes than I can count and I just don't have the energy to go through this one more time.") They can be practical: ("I know you think you have a good plan for integrating services, but I don't think you've looked closely enough at the needs of schools under all the federal and state mandates.") They can be based on principle: ("Yeah, collaboration is all the rage, but in my experience it just means that service providers spend even more time talking with one another and filling out paperwork, and even less time with the children and families who need help.")

Don't take on the most difficult component of change first. As many consultants counsel, pick the low hanging fruit.

Of course they may also just be ornery and negative and not want to cooperate, but most of the time, third category resisters have important stories to tell. Once they have a chance to be heard, and see themselves as being understood, they may be more willing to talk through the issues that concern them and in this way help you either improve the plan itself, or the way in which you are communicating the elements of the plan.

7. Act Quickly and Revise Frequently

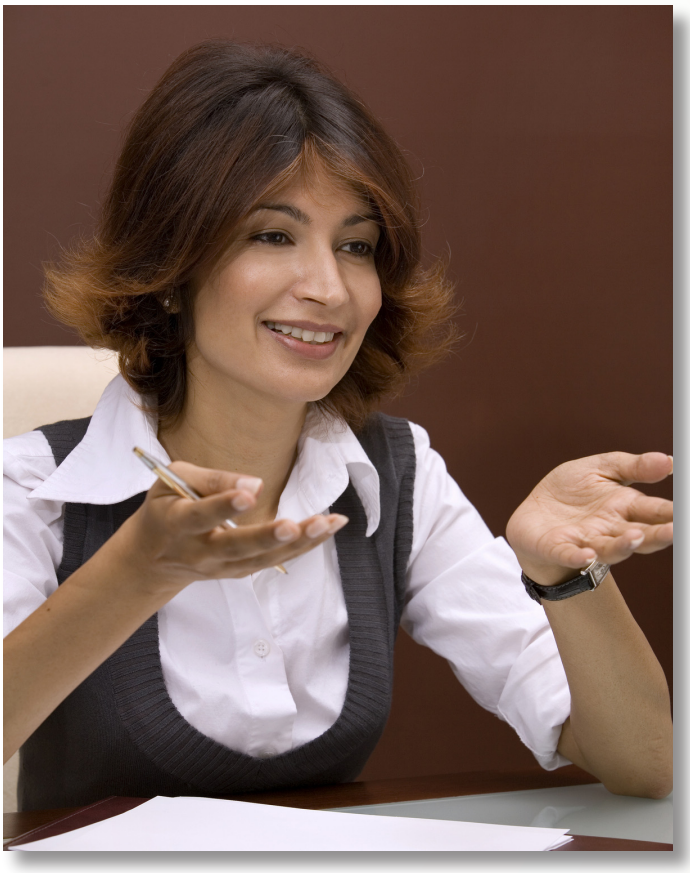
Change teams and community teams are at risk of planning to infinity. This is a subtle form of internal resistance. The way to overcome it is to get out and start doing something. In human services, incremental change is often the best way to make progress. This means that the plan should have manageable segments. Don't take on the most difficult component of change first. As many consultants counsel, pick the low hanging fruit. Also since all the parts of a system are interconnected, you are likely to find that when you make a change in one element, the configuration of the other elements will change, thus requiring an adjustment in the overall plan.

At a minimum, try to spend more time doing than planning. So, if you set a one-year timeline for your rollout, shoot for five months planning and seven months of early implementation.

The following hypothetical scenario is presented to illustrate how a systems change effort in the context of rolling out wraparound might look. It is not intended to demonstrate a typical wraparound model. Instead some unusual aspects are added to let local change teams know that while the principles of wraparound are a constant, there are many ways to put them into practice. After a short overview to provide a background for the scenario, the nature of the system changes the team came up with are broken down into the operational domains listed above.

Kenyon County decided to implement wraparound as an alternative response to support families at risk of disruption and keep them out of formal child welfare or juvenile justice services, or at least reduce their formal involvement to the shortest time possible. An analysis of the families currently open to those two systems revealed at least 50 who probably wouldn't have needed petitions if a family team and flexible resources had been available. About half of the children in those families presented with emotional or behavioral challenges sufficient to obtain a DSM diagnosis. Five of the children had severe emotional or behavioral disorders, and about 60% were in special education. Thirty percent of the parents or primary caregivers were receiving adult services through county mental health, substance abuse, W-2, or developmental disabilities. ten of the children were placed outside the home by court order, either with relatives who were not candidates to become primary caregivers, or in foster care.

A small workgroup was assembled to develop the wraparound implementation plan and Apollina Smith, the retired former DHS director, agreed to chair it. The workgroup included managers from child welfare, juvenile justice mental health, substance abuse and developmental disabilities, the executive directors of two of the main private providers serving the county, the special ed director from the largest district, two parents whose



children had been served through the county's intensive in-home treatment program, an attorney who often served as a guardian ad litem, and the juvenile court judge's intake worker.

The group decided to develop a short, universal screening tool that could be used at the gateways of any of the agencies or school offices that might be points of first contact for families at risk of disruption. When the results indicated that the families might benefit from enrolling in wraparound, first contact personnel would be trained to explain the wraparound system and offer to have the wraparound project coordinator and the lead family partner contact the family to explain it further.

If the family chose to enroll after meeting with the two wraparound representatives, the family partner and coordinator would help them complete the necessary paperwork, arrange to address any immediate needs and assign a person to begin facilitating the family team process. The plans of care developed by the teams would include budgets for both formal and informal services, and indicate the appropriate funding streams for supporting the formal services. The budget for informal services would capture the in-kind and voluntary assistance included in the plan. The workgroup decided to have all the participating county agencies contribute a monthly micro-tithe (1% of their current out-of-home care budgets) to form a risk pool to cover services and supports that could not be paid for through other means. In addition the participating agencies agreed to share the cost of developing a network of family team facilitators and family partners who would be available as needed to support wraparound families.

A Community Team would be formed to develop and support the network, manage the funding stream for paying them, track process and outcome data, and review the requests for flexible funding when the amounts were more than $50 per month for a given family. When family team facilitators were already full time employees in county or private agency positions, some of the funding would be used to pay for their release time from their regular job. When facilitators came from other backgrounds, and for family partners, the funding would provide a stipend for their efforts.

The workgroup decided that since their long-term goal was to have the majority of enrolled families not be open to the formal services systems, they would not develop a single plan of care linking the family team's plan with the dispositional plans in child welfare and juvenile justice. Until families were able to step out of formal services, the wraparound plan would run parallel to the formal service plans. Similarly, the schools didn't want to combine their IEPs with the wraparound plans because they didn't want to be obligated to pay for anything contained in them. However, they were willing to try to schedule IEP meetings immediately after or before wraparound meetings whenever possible to improve

coordination of planning.

With this overview of their vision in mind, here are some of the system change elements they began putting into action:

Governance. *Formerly, any in-home teams operated as resources to either child welfare or juvenile justice. The new system would create a shared network of family team facilitators and family partners managed by the community team who could serve families that were not open to any system, as well as those open to any of the formal systems.*

Funding. *Formerly, the only flexible funding was in the intensive in-home program, which only served children with severe emotional disorders who were at risk of placement in residential treatment centers. The new system would build a relatively small pool of flex funds but also create mechanisms that would make it easier to access existing funding streams for formal services without having to file a petition in juvenile court.*

Interagency Collaboration. *Formerly, interagency collaboration only focused on deep-end children, everything else was ad hoc. Under the new system, collaboration would be moved to the front-end through the use of common screening criteria, equal access to the family team network, and shared supervision of the network and the flex funds.*

System management and accountability. *Formerly, system management remained in each of the county service silos. Under the new system, a project coordinator and lead family partner hired and supervised by the community team would manage the family team network for the use of all participating agencies.*

Care planning and service delivery. *Formerly, care planning for all children and families open to the formal systems was the responsibility of case managers in those systems. Even in the intensive in-home program, the care coordinator's function was often subordinate to the responsibilities of the assigned case manager. Care planning was primarily focused on fitting children and families into available service slots. Under the new system, families enrolled in wraparound would have strength-based, family-centered planning, and the workgroup also decided to roll out a consistent model of family-centered planning in the formal service systems on a parallel change track. Service access for wraparound would be plan driven and the emphasis would be on fitting services to the family, rather than the other way around.*

Child and family advocacy. *Formerly, child and family voice was provided either through self-advocacy or through formal advocates such as defense counsel, guardians ad litem and CASAs (court-appointed special advocates). Only families in wraparound had access to family partners. Under the new system, the network of family partners would be joined with the new network of volunteer family team facilitators to insure that voice and advocacy were intrinsic to the design.*

Information management, outcome measurement and quality improvement. *Formerly, the various public agencies collected voluminous data, but had little meaningful and accessible information about what they were doing and the progress their families were making. No feedback system was in place that would allow line staff and supervisors rapid access to performance indicators so they could adjust their plans of care accordingly. No child or family satisfaction data was collected, except in the intensive in-home program. Under the new system, a few key points would be sampled out of the data stream for quick feedback, all tied to the primary goal of helping families live together safely and positively. Family partners would use a combination of 1:1 interviews, focus groups and surveys to get information about satisfaction. The community team would meet every other month as a quality circle to review the process and outcome information and brainstorm options for improvement. The information management system for the network*

would be built on a simple and straightforward, password protected, web-based data management application.

Training and support. *Formerly, ongoing training on family team facilitation was limited to the staff that worked full time as intensive in-home care coordinators. They received supervision, training and support through their manager and supervisor at the contract agency providing this service.*

Since the new system was going to use a large cohort of facilitators and family partners, each of whom might only be supporting one or at most two families, and who might be working at any of a number of jobs throughout the community, a new training and support system was needed. The work group decided to operate the same way as a CASA program. People volunteering to become facilitators and partners would first go through a 40-hour curriculum. They would start with two days of training on wraparound, and then receive additional instruction through a combination of on-line courses and 2-3 hour workshops by a variety of instructors. Upon successful completion of the curriculum they would be certified in the role they had chosen and go on the list for appointment. Monthly social gatherings would be arranged by the project coordinator and would be open to all of the network members. An annual refresher curriculum would be required to remain in the network. The project coordinator and lead parent partner would be available for 1:1 support at any time.

Implementation timeline. *The hypothesis underlying the workgroup's vision was that by teaching a large group of people how to be facilitators and family partners, they would accomplish several goal. First, the concepts of strength-based, family-centered support would be dispersed throughout the community. Second, enrolled families would be more open to participation since the teams weren't managed by people who had power over them because of their position. Third, bringing the community in would provide a fresh perspectives both to the service agencies and to the community.*

But that was a long-term vision. After receiving the okay from the county board and hiring the project coordinator, they started by recruiting a small cohort of four volunteer facilitators and four people who wanted to be family partners. They tried out a variety of training materials with them in weekly sessions. The new facilitators and family partners shadowed the care coordinators and partners in the wraparound unit. At the same time the implementation team was testing out the screening tool and training the front-end contact staff on how to use it. For their first enrolled families they doubled up the facilitators and family partners. Only after they learned what worked and didn't work with this group did they develop a more structured curriculum and recruit a second cohort. That group began working both with families new to the system (and served informally from the start) and families that were open to child welfare and juvenile justice at the time of referral (with a goal of closing formal supervision as quickly as possible).

It took the work group four months to come up with their design. Startup took another four months after the project coordinator was hired. The first two families were enrolled a month later. The second group of families started with the project four months after that. After 18 months nine families were enrolled and four more had transitioned out. With that foundation, the larger effort was ready to go.

8. Evaluate and Celebrate the Change

To endure, change not only has to produce positive results, the participants in the change process also have to feel like they've done something valuable and worthwhile. Collecting good

data about process and outcomes takes care of the first part, having events and rewards to acknowledge accomplishments as they occur deals with the second.

Three kinds of information help document results: quantitative, qualitative and narrative.

Quantitative data consists of the hard numbers that measure what you're doing, who you're helping, what's happening with them and what you're spending in the process. Using the Kenyon County example, quantitative data would tell you when the screening tool was put in place, how many families were screened, where the screenings occurred, how many families were identified as ones who might be helped through wraparound, how many choose to enroll, how many facilitators and partners completed their training, how long the families were enrolled, the nature and cost of the formal and informal support they received, the percentage of children who stayed with their parents or primary caregivers, how they did in school, how many subsequent abuse reports occurred, and so forth.

Qualitative data would describe how the families and children felt about the help they were getting, their suggestions for making it better, how the new facilitators and family partners felt about it and their suggestions, likewise for the schools and agencies that served as enrollment portals for the families, and other stakeholders.

Narrative data would include stories about how things got started with the project, about what some of the big needs of the enrolled families were and how the teams developed plans for addressing those needs, how the community team was formed and its ups and downs and achievements.

You need hard data to demonstrate your project's effectiveness, qualitative data to show that it is valued, and narrative data so that people will understand and remember what you've accomplished.

Celebrations don't have to be big occasions with cakes, decorated rooms and door prizes. They can be ad hoc recognitions, spontaneous happy dances, unexpected gifts, and meeting for a cold drink and hot wings after work. The important thing is to mark each milestone and pay attention to each positive step.

Leading Change

Successful change in human services requires both good leadership and good management. Leadership brings hope, direction, passion and cohesion to group efforts. Leaders help their teams dream the future and choose to make it real. Management takes care of nuts and bolts like budgets, staffing, planning, organizing and problem solving. Managers make the future work.

Most people have a little bit of leader and a little bit of manager in them. The trick is to know when to use which characteristic, and how to balance leadership and management skills in a collaborative team. Most of the concepts that are discussed in this chapter are framed in a manager's rather than a leader's vocabulary. Bullet points, work plans, measurable objectives, preliminary assessments and interagency agreements are the tools managers use to keep the project rolling along. It's harder to describe the tools leaders use.

Leadership brings hope, direction, passion and cohesion to group efforts. Leaders help their teams dream the future and choose to make it real.

Craig Hickman, in his book *Mind of a Manager, Soul of a Leader* (1992) tries to capture the distinction. Managers, he says, like to use MBO (management by objectives) by setting goals and measuring progress toward them. Leaders like to use MBWA (management by walking around). They prefer to "establish a common purpose or philosophy and then stay in touch with people throughout the organization to make sure they work in sync with that guiding purpose."

His point is that good organizations combine both elements. If everyone tries to be the leader, not much work is going to get done. If everyone tries to be a manager, the organization will stagnate.

However, as they are managing by walking around, leaders can have a profound influence on the change process through the use of a variety of subtle tools (adapted from Schein, 1992)

- Language
- Reaction to crises
- Attention and recognition
- Shared learning experiences
- Allocation of rewards
- Consistency and repetition
- Framing
- Criteria for selection and dismissal

Language

The words leaders use to talk about proposed innovations, even the nonverbals that accompany discussions of those innovations, will tell staff what the leader really thinks about it. Language undermining an innovation can be overt: "They've come up with another stupid idea to make our lives miserable, but if we want to keep our jobs we've got to give it a try." But it can also be covert: "Okay, I need some volunteers for this team thing."

Reaction to Crises

Crises occur when the existing operational strategies of an agency don't match well with a challenge that has been presented. When innovations are being introduced, they won't have the large number of associated "what-if" options that are gradually attached to more long-standing procedures through extended use in varying situations. So, when a crisis occurs in the context of an innovation like wraparound, the way the leader responds will tell a lot about the leader's commitment to change. In the Kenyon County example wraparound was used as an alternative to opening formal child welfare or juvenile justice cases. What happens when one of the enrolled families does something that must be reported as potential abuse or neglect? If the leader abandons or blames the innovation, that will be game-over for the staff.

On the other hand, if the leader acts coherently with the agency's values but looks for ways to continue to use the innovation effectively, staff will be more likely to stick with it. "Safety is our number one objective, but it seems like we should have a better conversation with the family about our reporting requirements during the engagement phase. Let them know what the rules are, but also give them some control. When something is going on that they think we would be concerned about, let them make their own report or do one with us, and show them what will happen next and that the team will stick with them. We also have to look at our training. Facilitators and family partners shouldn't be surprised if a family that's been referred because of a risk for disruption has something like this go on."

Attention and Recognition

This is the leader's corollary to the last step in Proehl's organizational change process (evaluate and celebrate). If staff see that the leaders are paying attention to their attempts to use the new innovation and recognize the positive steps that are occurring, they will be more likely to keep trying. Recognition doesn't take a lot. "Jim, I heard that you and Carrie found a way to engage with that family out in Roxbury. That couldn't have been easy, but it's our first step forward with them in a long time. Good job. Let me know how it goes." One of the characteristics of wraparound is its emphasis on teamwork. This means that leaders should pay attention to and recognize as a group folks who have worked well together as teams, and not undermine them by giving recognition only to one team member.

Shared Learning Experiences

Innovations don't come out of the box fully developed and usable in any circumstance. They are basic ideas that have to be adjusted and adapted and filled out to make sense in a variety of circumstances. Leaders who sit down with staff, roll up their sleeves and say, "Let's figure out how we can make this work," instead of telling people what to do, or worse, abandoning the innovation, are sending multiple positive messages. First, we are an agency that values figuring things out and coming up with new ideas. Second, it's okay to not know what to do, but it's not okay to give up. Third, you are as likely or more likely than I am to come up with a good idea.

Allocation of Rewards

Rewards are a notch past recognition and include substantive tangible responses like promotions, bonuses and positively valued staffing assignments. In public agencies, leaders have limited ability to allocate tangible rewards, so when the opportunity does occur it is important to make sure that the decision is aligned with the values of the innovation that is being adopted.

Framing

Framing is how the leader conveys the meaning of a given event or situation. Is a crisis a learning opportunity or another example of the hopelessness of our efforts? Does our struggle with this family present a search to find the hidden unmet need, or demonstrate that there are some families you just can't help?

When a comprehensive innovation like wraparound is being introduced, it's important that leaders use wraparound principles to frame their examination of challenging situations. For example, a facilitator might come to the project coordinator and say, "I'm really having a tough time with the Jones family. Can you help me?" The leader might begin the response with a wraparound frame: "Sure. Could you start by filling me in a little? Where are you in the process, engagement, planning, implementation or transition?" (As opposed to a deficit-based frame: "What's wrong with those Joneses now? I swear that mother has more mental health problems than her daughter.")

Criteria for Selection and Dismissal

One might think that you could tell when the values and perspective of an innovation have moved to the core of an agency's culture when tag words for the innovation start appearing in the agency's job announcements. However, the real test is who actually gets hired, promoted and fired. The ad may say, "We are looking for social workers who emphasize a strength-based, family-centered approach in their practice," only because that's the current jargon the agency has adopted. What counts are the conversations in the hiring interviews, the hallway chats after someone's joined the staff, and the supervisory reviews during the probationary period.

Refreezing

The change process is complete when it disappears because the new innovation has been so thoroughly embedded in the cultures of the agencies in the system of care that it no longer stands out as anything special anyone is doing. It is just the way things are done.

In some ways implementing a new innovation is like planting a tree. You buy a healthy specimen, make sure the root ball is well wrapped, dig the right size hole, put good stuff in the hole to nurture the tree, fill the hole in and water the tree regularly, and wait. If the tree survives at some point it stops being the tree that has been transplanted into this spot and is the tree that grows there. The transition point is almost invisible, but after it happens you know things are different.

Levine and Mohr (1998) make this point with regard to organizational change. Their model is called Whole System Design. They take Lewin and Schein's three stages of change and divide them into six steps to better capture the shift that occurs during refreezing.

In *step one*, the organization is at stasis—sufficiently well adapted to the existing environment to keep survival anxiety at a minimum.

At *step two*, disconfirming information has begun coming in and survival anxiety has risen to the point where a lot of the operational aspects of the organization are being questioned. People are starting to look for alternative ways of doing things.

At *step three*, concerns have gotten so high that leadership has decided to redesign the organization in some way. During this stage a vision of the new model begins to form, often through the use of small-scale pilot projects that don't threaten the overall structure and culture of the organization.

At *step four*, a model for redesign has been selected, and this cues a sharp spike in learning anxiety throughout the members of the organization. Suddenly people are asking, "Where will my desk be if we make these changes?" Or even, "Will I still have a job under this new system?"

Many organizations dedicate a great deal of money and staff time to reach step four and then… just stop. They lack the energy to make it to *step*

five. Instead of refreezing around the innovation, the organization falls back to the structure it had at the outset and either marginalizes or discards the innovation.

However, if the roots of the transplanted tree find sufficient footing in the ground of the organization, step five occurs. Levine and Mohr call it "crossing the transition threshold." Something happens and the organization shifts from being the way it was, to the new way it is. Then comes the refreezing.

Step six is identical to step one, except that the new point of stasis includes the adoption of the innovation that has helped the organization improve its fit with the environment in which it is operating. Disconfirming information drops. Sooner or later the environment is going to change again, and the organization will once again find itself in a step two situation. But for now it will thrive. And when the next external change happens, the organization should have learned enough from this transformation experience to go into the next one with more confidence.

Conclusion

Wraparound offers a great opportunity for systems of care to acquire new tools and approaches for helping families. It is not a panacea, but it does provide a structured model for delivering strength-based, family-centered and collaborative care in a wide range of situations. Adopting the wraparound process means managing significant changes in the system of care. Understanding the dynamics of these changes can help those who are guiding the process create better implementation plans and deal more effectively with the bumps, roadblocks and distractions they will experience as they work through the stages of transformation. However, for the changes to take root, for the system to make it through the transition threshold, the understanding that the implementation team has of the mechanics of change must be matched or exceeded by their passion for the objectives of the change process. We don't use wraparound to become a better system of care; we use it so that children and families can have better lives.

Author

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