

Guiding Organizational Change
A Casebook for Executive Development Programs
in the Human Services
Nineteenth Edition
2015

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PREFACE

This casebook is very unusual. It represents the experiences of very busy county social services and human services department directors. It seeks to capture the daily pressures and opportunities to promote innovations and organizational change. The cases reflect the changing economic and political environment in California over the period of 1992-2010.

The contributors to this casebook are members of the Bay Area Social Services Consortium (BASSC) founded in 1987 with the assistance of the San Francisco Zellerbach Family Fund. The Consortium represents a policy/research/training partnership between fourteen northern California counties surrounding the San Francisco Bay, four university graduate social work education programs, and two foundations. Since 1992, the Consortium has functioned as a Think Tank for its members exploring issues of common concern. The evolution of BASSC is described in Chapter 1. BASSC's current Vision Statement appears as Chapter 2. In nearly all of its meetings and retreats, members have presented case descriptions of either innovative practice or administrative challenges and responses.

The set of cases reflecting the experiences of top management in the public human services has been compiled for use in preparing senior managers for top management positions. The Consortium members identified as one of their top priorities the development of a cadre of their most promising senior managers, primarily women and minorities for a regional talent pool which could be accessed when seeking to fill top management positions in the future. The contributors dedicate this casebook to their future successors; as one county director said, "These are the professionals who will be running our agencies when we all have retired to the golf course."

In addition to thanking the contributors, we want to acknowledge the valuable assistance of all the BASSC Research Assistants. They spent many hours researching topics of interest to the members, transcribing and editing the cases, and assisting each contributor in locating the missing pieces of their stories. We also wish to express our appreciation to our BASSC Staff Director, Professor Michael J. Austin at the University of California School of Social Welfare, for serving as general editor of the casebook and ongoing facilitator of the rich and rewarding deliberations of the Consortium members.

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I.

**BASSC—
PAST AND FUTURE**

History of the Evolving BASSC Partnership

LOREN FARRAR AND MICHAEL J. AUSTIN

The roots of BASSC can be traced to people with ideas. For decades, those who have served as directors of county social service agencies have sought each other out to exchange ideas and find support. In the San Francisco Bay Area, a group of “county welfare directors” met quarterly during the 1970s and 1980s to share ideas over lunch. In 1987, this group included Ernie Hiroshi (San Mateo), Helen Knutson (Alameda), Dick O’Neil (Santa Clara), Jim Ridingsword (Contra Costa), Ed Sarsfield (San Francisco), and Yolanda Rinaldo (Marin/Sonoma/Santa Clara) who joined in 1989. Among the many topics they explored was the perceived inadequate attention to mental health and child welfare in the curriculum of local schools of social work. They welcomed the opportunity to talk with the deans of social work programs. Dean Harry Specht of the U.C. Berkeley School of Social Welfare, with the encouragement of Ed Nathan (Executive Director of the Zellerbach Family Fund) seized the moment to begin a dialogue between agency administrators and university educators.

Dean Specht had been instrumental in reshaping the mission of the School of Social Welfare in the early 1980s to reflect a commitment to the public social services. In the mid-1980s, he sought out the “county welfare directors” to assist the School in implementing the new mission and began to participate in the quarterly meetings by hosting them on the U.C. Berkeley campus. By 1987, he had encouraged Ed Nathan, his long-time colleague with extensive contacts among the Bay Area agency directors, to join the discussions. Ed had long sought to promote the improvement of social services through increased attention to service integration among public and community-based social service organizations. As a result of the foundation’s involvement, the first Zellerbach grant of \$7500 to promote regional training activities was provided to a newly formed Bay Area Social Services Consortium (1987) and Bart Grossman (Director of Fieldwork at the UCB School of Social Welfare) became the first staff director of BASSC (1987-1989).

Based on these training activities (on topics of child welfare risk assessment, homelessness, HIV infants, etc.), BASSC members became increasingly interested in the

potential for securing federal training funds to attract MSW students to the field of child welfare. As a result, the idea for a statewide consortium of schools of social work and county social service agencies took hold. With the help of the Ford Foundation (where there was interest in training social workers for implementing the federal 1988 Family Support Act), a grant provided the seed money sought by the BASSC directors to launch CalS-WEC, the California Social Work Education Center at U.C. Berkeley in 1990. Bart Grossman became its first director. From 1989-1992, BASSC continued to provide regional training programs with staff assistance from U.C. Extension.

By 1992, BASSC was searching for a new focus, following its success with regional training events. Harry Specht and Ed Nathan had been successful in convincing Dick O’Neil (Santa Clara) to become the chair of BASSC. At the same time, Mike Austin had just joined the U.C. Berkeley faculty as Professor and Chair of the MSW Management and Planning specialization. He joined Ed, Dick and Harry in developing a new approach to BASSC, away from quarterly lunch meetings to bi-monthly day-long sessions in the form of an Executive Think Tank. BASSC membership grew from the primarily large counties to include the smaller North Bay and South Bay counties along with the deans of other Bay Area schools of social work.

The first activity of the reconfigured BASSC was the development of a “BASSC Vision Statement on Human Services in 2000” (See Figure 1). Throughout these discussions, BASSC members were encouraged to share some of the challenges and successes that later became part of a casebook for training on administrative practice. Many different ideas began to emerge as part of the Think Tank, including the need to recruit more minorities and women into senior management positions. Based on a decision to “grow their own talent,” the BASSC Executive Development Program was launched in 1994 under the leadership and support of Stan Weisner and Barbara Weiss at U.C. Extension. It was designed to meet

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FIGURE 1
Human Services 2000: An Evolving Vision Statement (adopted in 1993)

- I. Building a community service system that serves all families in need where neighborhood-based constituencies are both service users and owners of the services by:
 - Serving all people who do not have an intact or strong personal support system (nuclear or extended family to help meet basic needs for survival and growth)
 - Educate consumers to utilize available service supports and empowers them by fostering self-sufficiency
 - Prevention-oriented system where outcomes are measured on the basis of community health and social supports, not by the impact of services on individuals
- II. Specially designed family-focused neighborhood community center
 - People are valued for their individuality and diversity
 - Use of a community approach to problem-solving, not just individually focused
 - Use of “behind the scenes” universal non-categorical government programs that maximize the accumulation of social and financial resources to preserve families
 - All services reflect a commitment to racial and cultural diversity
 - Substantial commitment to the promotion of employment and economic self-sufficiency, along with the provision of role models for working people and youth
- Comprehensive array of inter-disciplinary services for children, families, adults, and senior citizens.
- III. Core values
 - Collaborative community approach to meeting the needs of individuals and families
 - Professionals and service consumers work together as partners in managing the family-focused neighborhood center
 - Connecting the regional economic marketplace (employment) with the human service marketplace (housing, food, medical care, etc.)
 - Use of tangible outcomes for neighborhood betterment using the following assessment criteria:
 - Community response to changing neighborhood demographics
 - Degree of involvement of extended families in service programs that utilize culturally competent practice
 - Degree to which temporary family supports are complemented by long-term supports,
 - Extent to which professionals work together in inter-disciplinary practice
 - Degree to which neighborhood service systems include advocacy for the total community
 - Extent to which the needs of middle-income families are integrated with those of low-income families.

the challenges of a changing organizational environment and the need to develop strategies to better serve client and community needs. Each year middle managers from Bay Area social services departments are selected by top management to participate in this innovative management training program. The program received the “Best Program in the Professions Award” by the University Continuing Education Association in 1999.

The Executive Development Program operates annually from September to May and includes three one-week modules and an internship. Module One covers leadership and organizational context; Module Two covers core knowledge and skills; and Module Three covers the integration of learning and practice. A 15 day internship project and case study help to stimulate collaborative exchanges of information and creative learning opportu-

nities across participating counties. The case studies are published each year as part of a Participants’ Casebook. Funding is provided by the individual counties as well as from a federal Title IV grant and state matching funds through the California Social Work Education Consortium (CalSWEC) for participants working in the area of child welfare. Launched in 1994, this innovative training program is now in its fourteenth year with over 300 graduates.

As the Think Tank format continued, other new ideas emerged. Based on a shared concern about the lack of in-house research capabilities in county social service agencies, the BASSC Research Response Team was launched in 1995 within the U.C. Berkeley Center for Social Services Research. During the first five years, a series of county-specific exploratory studies were completed in

consultation with the BASSC Children's Services Policy Group composed of Bay Area Child Welfare Directors (also operating as the CWDA Regional Children's Committee since the 1980s). During the second five years, the focus shifted to multi-county exploratory studies (the issues and needs of foster children in public schools (2000), child welfare and the courts (2002), and participant and staff perspectives on welfare to work services (2003). In 2002, the BASSC Children's Services Committee produced a public education document addressing the important questions related to the redesign of Child Welfare Services. The publication, entitled "Promising Bay Area Practices for the Redesign of Child Welfare Services," was designed to inform opinion leaders, elected officials and the media about issues and practices that affect the redesign of the Bay Area's Child Welfare Services and was distributed to them during the summer of 2002.

Beginning in 2004, the focus of the BASSC research program shifted to pursuing evidence for practice in the form of structured literature reviews related to low-income families in low income neighborhoods (2004) and evidence for child welfare practice (2005-present). Over the past twelve years (1995-2007) the BASSC Research Response Team has completed over 20 studies and ten structured literature reviews described elsewhere in this volume.

In addition to research, the multiple challenges facing the county directors led to a continuous stream of BASSC policy reports. One of the most comprehensive BASSC reports, "Social Welfare at a Crossroads," was the first BASSC attempt to educate opinion leaders and elected officials involved in the development of the CalWORKs welfare reform legislation.

The flood of human resource challenges regarding the implementation of welfare reform led to the formation of the second BASSC policy group on Human Resources composed of senior staff development and personnel managers. The Bay Area Human Resources Committee (BAHRC) works to help transform public social service agencies into learning organizations and has developed multiple reports on creating the learning organization, staff recruitment and retention and promoting the transfer of learning. The "learning organization" principles and practices continue to be the top priority for BAHRC where members continuously share information, explore different ways of resolving common issues, learn from each other and develop innovations in the area of human resources.

In 1997, BASSC secured substantial Title IVE funding for a new regional child welfare training program called the Bay Area Academy designed to provide professional development services for BASSC county child welfare staff. Today the Academy utilizes the oversight guidance of BASSC through its Training Advisory Board (comprised of child welfare managers and trainers led by the Vice Chair of BASSC) and the administrative guidance of San Francisco State University School of Social Work.

Since 1998, the Academy has grown from a single-funded contract providing training to Child Welfare staff (primarily funded through the California Department of Social Services) to a regional training institution funded by multiple regional, county, state, and federal contracts. Most services focus on training workshops such as Foundations of Child Welfare Supervision, Ethnographic Interviewing, Risk Assessment, Issues in Domestic Violence, and The Effects of Trauma on Brain Development. Other significant activities include policy summits and conferences including Managing the Workforce Crisis: Issues in Recruitment & Retention in Public Social Services, Meeting the Educational Needs of Foster Youth, and Identifying Barriers and Building Bridges in Domestic Violence. The Academy also provides technical assistance and consultation in curriculum development, technology integration, facilitation, research dissemination, videoconferences, mentoring, and strategic planning.

To complement the extensive investment in child welfare research, policy development and training, a third BASSC policy group was formed in 1999 to focus on adult and aging services. The first results of this collaborative effort was the BASSC publication, "Riding the Wave: Charting the Course of Adult and Aging Services into the Next Decade" (2000) which is summarized elsewhere in this volume. The BASSC Adult and Aging Policy Workgroup is committed to adopting policies and values to improve adult and aging services. These values include fostering consumer choice and independence, integrating service systems, and promoting cost benefits within a flexible service system to support consumer independence. The workgroup's attention has been primarily centered on policy issues related to In-Home Supportive Services (IHSS).

By the year 2000, BASSC members had developed their second vision statement that reflected the era of welfare reform (see Figure 2). In addition, a total of 22

FIGURE 2
**Supporting Low Income Workers in the 21st Century:
 An Evolving BASSC Vision Statement (adopted in 1999)**

This Vision Statement is organized around the following principles:

Social Development Approach: Social development focuses on enhancing the capacity of the needy to participate in the economy by targeting investments in specific communities and individuals.

Building Community and Fostering a Civil Society: A civil society recognizes the importance of private, voluntary associations, as well as the ability of government to organize broad initiatives, mobilize resources, and build infrastructure. Social service agencies in a civil society therefore need to work as partners for change in multiple collaborations in order to create healthy families and communities.

Developing a Career Resilient Workforce: Social service agencies have an important role to play in supporting workers and employers in order to ensure that skill development keeps pace with the rapidly changing economy.

Supporting the Family: Social service agencies must seek to help working families to move out of poverty through family-centered investment policies that provide support for child care, transportation, housing, and health care.

Family-Focused, Neighborhood-Based Human Service Systems: Human service systems should be based on values of social inclusiveness, community development, and social investment.

Changing Professional Roles: In order to support workforce development and empower families, agency staff need to blend the current responsibilities of assessment, counseling, referral, advocacy, and program development with a new social activism based on an understanding of the work-related values and skills of entry-level employees.

Social Service Agencies as Catalysts for Private Action: Social service agencies need to expand their roles as catalysts for change in order to ensure that communities do not abandon the neediest families.

Promoting New Public Policy Directions: The unfinished business of welfare reform will require new, more targeted public policies to increase the income and assets of low income families and address the inequities of the private market for those who are working to support their families (e.g. earned income tax credit, child or family allowances, and asset development or micro-investment programs).

case studies were developed and published by BASSC to capture the promising practices emerging from welfare reform implementation in order to share the experiences across BASSC counties, the state of California, and the nation. The discussions of these cases led, in 2002 to the formation of a new BASSC Welfare to Work Policy Group (related to research, training, and service delivery issues) to address issues of welfare to work and to prepare for the reauthorization of federal and state welfare reform legislation. The initial activity of the group was related to the design and monitoring of BASSC's first regional study of welfare participants and services. The second issue related to the training of welfare-to-work staff and the planning for implementing CalWIN. The third issue involved an array of service delivery issues, from culturally competent practices and programs to service integration and one-stop centers.

Since 1994, BASSC has demonstrated an ongoing investment in analyzing current public policies, seeking alternatives to existing public policies, and deriving lessons learned from public policy implementation. Most of the BASSC policy analyses, implementation discussions

and reports are supported by BASSC policy groups in the three service delivery areas of child welfare, adult and aging, and welfare to work. In addition, BASSC members engaged in international video conferences with colleagues in England to foster comparative views of social policies and practices. These exchanges led to reports on welfare reform implementation and evidence-based practice in the United Kingdom and noted elsewhere in this volume. The national and international reach of BASSC was further enhanced by the launching in 2002 of the BASSC website, www.bassc.net.

From the Past to the Future

Given this brief history, it is clear that BASSC represents an unusual partnership of county social service agencies, universities and local foundations. BASSC's current mission statement is described in Figure 3. Over the past decade the following deans and directors have represented their various social work institutions as part of the Bay Area Social Services Consortium: Simon Dominguez and Sylvia Rodriguez Andrews (San Jose State University), Michael Reisch, Marvin Feit, and Eileen Levy

(San Francisco State University), Terry Jones (California State University, East Bay), Brian Simmons (California State University, Monterey Bay), and Harry Specht, Neil Gilbert, and James Midgley (University of California, Berkeley). The following county directors have retired or moved on to new challenges, and several continue their involvement in BASSC as former directors: Dick O’Neil (Santa Clara), Brian Cahill and Michael Wald (San Francisco), Yolando Rinaldo (Santa Clara and Sonoma), Dan Corsello (Napa), John Cullen (Contra Costa), Rodger Lum and Chet Hewitt (Alameda), Marie Glavin (Monterey), Don Rowe (Solano), Tom Peters and Nancy Rubin (Marin), Maureen Borland (San Mateo), Dianne Edwards (Sonoma), and Chet Hewitt (Alameda).

The current membership of BASSC members celebrating the 20th anniversary of BASSC include: Elliott Robinson, BASSC Chair (Monterey), Patrick Duterte, BASSC Vice Chair (Solano), Dan Corsello (VanLobenSells/RembeRock Foundation), John Cullen (former director, Contra Costa), Cecilia Espinola (Santa Cruz), Yolanda Boldavinos (Alameda), Alice Hines (San Jose State University), Beverly Johnson (San Mateo), Diane Rush Woods (California State University, East Bay), Rita Takahashi (San Francisco State University), Will Lightbourne (Santa Clara), Larry Meredith (Marin), Lorraine Midanik (University of California, Berkeley), Ed Nathan (Founding Director), Trent Rhorer (San Francisco), Brian Simmons (California State University, Monterey Bay), Randy Snowden (Napa), Joe Valentine (Contra Costa), Ellen Walker (Zellerbach Family Foundation), and Jo Weber (Sonoma).

As we celebrate the 20th Anniversary of BASSC, we salute the founding directors and honor one of our founders, Ed Nathan, who has guided the entire process, first as a foundation executive and now as a loyal BASSC member. As a Think Tank, BASSC has become a dynamic regional partnership that explores and supports collaboration and provides an arena where people with ideas can create innovative programs and practices. Part of the future of BASSC can be found in its current vision statement noted in Figure 4.

In reflecting back over the twenty year history of BASSC, it is clear that the consortium provides a mechanism to launch regional training, research and policy activities that would be difficult for individual counties, universities or foundations to accomplish on their own. As an intermediary organization, BASSC has evolved as a think tank and support group for its members. The evolution of the various BASSC vision statements reflects the

FIGURE 3 BASSC Mission Statement

As an agency-university-foundation partnership that promotes social service research, training, and policy development, BASSC seeks to respond to the changes in public social services in the San Francisco Bay Area. It operates with a set of core purposes and programs.

Core Purposes:

- Fostering of regional communications and understanding about the changing nature of social services in the public and non-profits sectors;
- Serving as a catalyst for new ideas that have legislative, administrative, public education, and training implications; and
- Providing a forum for innovative regional programs related to research, training, and policy development.

Core Programs:

- bi-monthly meetings designed to promote a Think Tank on public policy and program issues.
- a multi-county research program on topics selected annually by the BASSC members.
- a multi-county training program related to Executive Development for middle managers, a Senior Executive Development for deputy directors, and a Bay Area Academy serving the training needs of line and supervisory staff in child welfare and related fields.
- a multi-county policy development program that develops and publishes policy reports for opinion leaders and case studies on policy implementation for agency staff.

The leadership that guides and sustains BASSC emerges from the active participation of eleven county social service directors, five university deans/directors of social work programs, two foundation directors, emeritus county directors, and the BASSC staff located at the School of Social Welfare and University Extension, University of California at Berkeley as well as the School of Social Work at San Francisco State University.

results of numerous discussions. The most current vision reflects a strong need to “get the house in order” by transforming organizational cultures to be more responsive to the demands related to changing client demographics and increased accountability in the form of measuring service outcomes. When BASSC celebrates its 25th anniversary in the year 2012, much progress will be made on reaching the vision of transforming human services systems into learning organizations.

FIGURE 4

Transforming Human Services Systems into Learning Organization Networks: An Evolving BASSC Vision Statement for 2015 (adopted in 2007)

Introduction

In order to provide a guide for transforming human service systems by the year 2015 into learning organization networks, members of the Bay Area Social Services Consortium have identified a process for envisioning the future of public human service agencies. The process includes accounting for the context of agency life related to affirming current agency commitments, enduring values, and major trends that impact agencies on a daily basis. The agency context provides a preamble to key principles that can guide the discussion of a vision for each county as staff members seek to transform their systems into learning organization mechanisms and networks.

AGENCY CONTEXT

Agency Commitments

- Improve the health and safety of children, the self-sufficiency of families, and protection of vulnerable adults and the aged in our communities
- Improve our ability to assist people in their efforts to make life better for themselves and their children
- Assist communities to increase their capacity to support families, children and adults in order to enable communities to provide a healthy environment in which their residents can prosper;
- Serve as a catalyst for change in the governmental and non-profit sectors
- Strive to become learning organizations to promote knowledge management by gathering information and problem-solving, experimenting, learning from the past, learning from promising practices, and transferring knowledge.

Agency Enduring Values

- People are capable of significant change when treated with respect and involved in defining their own hopes, dreams and goals;
- Communities can be strengthened through partnership efforts with public and private entities and the shared commitment to measure outcomes over time;
- Public and private agencies are committed to organizational self-assessment and renewal in order to better meet client and community goals

- Social policies and practices are informed by disseminating and utilizing administrative data and evidence from the research community.

Current Trends that Impact the Agency

- **Substantial change in community-agency relations** (based on changing client demographics, increased need for inter-agency collaboration, increased demand for outreach and prevention services, increased involvement of nonprofit partners in service delivery, and the increased impact of advocacy organizations)
- **Increasing accountability for public funds** (due to increased competitive and categorical funding, demand for revenue blending and leveraging, demand for documenting performance outcomes, and to engage in community planning to address changing client needs);
- **Increasing use of technology to manage and improve organizational operations** (based on the increased demand for identifying and using promising practices, the need to retain the workforce and engage in succession planning, the challenges associated with managing the transition of an organizational culture from reactive to more proactive, and the need to assist with capacity building among nonprofit partners)
- **Increasing need to strengthen agency-university partnership related to workforce development and applied research** (based on the need to link program evaluation expertise with the increased demand for service outcome measurement, to monitor and improve the transfer of learning outcomes of pre-service student learning and in-service staff development programs, the need to strengthen the role of agency-based field instruction, and to promote knowledge management related to disseminating and utilizing evidence to inform practice).
- **Increasing interaction with the business community** (based on the need to promote workforce development for welfare-to-work participants as well as children aging out of foster care).
- **Increasing interaction between human services, health and mental services, and criminal justice services** (based on the need to develop a seamless, integrated network of services that reflect the values and commitments of human service agencies).

FIGURE 4 (continued)

Transforming Human Services Systems into Learning Organization Networks: An Evolving BASSC Vision Statement for 2015 (adopted in 2007)

VISIONARY PRINCIPLES FOR TRANSFORMING HUMAN SERVICE SYSTEMS INTO LEARNING ORGANIZATION NETWORKS

The following principles for transforming human service can be used by county agencies and their partners to frame their respective vision.

Principle #1: Make *community-oriented client-centered services* a top priority in order to:

- Integrate services across programs using comprehensive screening and evaluation tools;
- Involve clients across generations in developing multi-disciplinary service plans that strengthen families
- Create mechanisms for consumer input, complaints, and feedback.

Principle #2: Create a *supportive organizational culture* to enable staff to focus on client-centered services related to:

- Promoting more participation in agency decision-making
- Promoting team functioning across service programs
- Increasing collaboration with community nonprofit partners
- Engaging in evidence-informed practice.

Principle #3: Restructure agency operations to promote *knowledge sharing and management* in collaboration with universities by:

- *Maximizing IT resources:*
 - track evidence and integrate it into programs and operations (knowledge management);
 - utilize technology and information to increase effectiveness and improve outcomes (continual quality improvement); and

- incorporate research generated by practice and informed by client and community outcome improvements into in-service and pre-service curricula (evidence-informed practitioners).
- *Improving planning processes:*
 - develop mechanisms for communicating and educating communities, partners and public officials
 - engage in service planning with other county departments including community-based agencies
 - enhance financial claiming mechanisms to maximize funding
 - establish research priorities to improve practice and service outcomes, including the use of agency-university proposals to foundations.
- *Improving training processes:*
 - develop systems for leadership and career development for agency managers and staff
 - incorporate evidence-informed practice principles into pre-service and in-service curricula
 - evaluate outcomes by capturing the changing nature of practice in infuse pre-service and in-service training programs (especially community-oriented client-centered practice).

AN EVOLVING VISION FOR 2015:

Bay Area human service organizations and their partners will provide truly community-oriented client-centered services by using a supportive organizational culture that enables staff members to pursue excellence through the sharing of knowledge to inform practice.

Revisiting the Learning Organization: Future Directions for the Transfer of Learning

RITA HAYES, MEGAN MCQUAID, AND MICHAEL J. AUSTIN

Introduction

When the Bay Area Social Services Consortium (BASSC) established the Bay Area Human Resource committee (BAHRC) in 1997, members of the committee recognized the need for agencies to adopt a more responsive and flexible work model as reflected in the research on learning organizations. A key element of organizational learning is the improvement of agency performance and one approach to this process includes the strategies related to the transfer of learning. There are three goals for this report:

- 1) provide a regional progress report concerning Bay Area Human Service Agencies progress towards transitioning to learning organizations,
- 2) use the current research on the transfer of learning to explore the perceptions of supervisors and staff development directors, and 3) identify some recommendations for next steps in helping county social service agencies continue on their path to becoming learning organizations. In addition, the attached Guidebook to Promising Practices in the Bay Area, provides an array of county strategies to be used as a reference for counties interested in exploring current county models to strengthen their learning organization strategies.

Transfer of Learning

Although BASSC directors and BAHRC committee members have had on-going exposure and experience with learning organization principles, the Transfer of Learning (TOL) is a fairly new concept to many Human Service Agencies. Therefore it is important to incorporate a brief overview of TOL and its relationship to the learning organization, which provided the framework for some of the information gathering in this report.

Research has supported the philosophy that isolated learning activities with minimal reinforcement events are often inadequate for the development of needed skills and knowledge. Even training programs that exist explicitly to change behavior are not always able to foster actual behavioral change (Bregman & Jacobson, 2000).

Training requires substantial financial, as well as human, resources and research indicates that only about 10 percent of learning actually transfers to improved work performance. As a result, the training field is looking beyond the design and delivery of training events to focus on the importance of pre-training and post-training strategies that are needed to support the actual learning (Holton & Baldwin, 2003).

A commonly accepted definition of the *transfer of learning* is the application of learned skills to the workplace, which includes a **transfer system** composed of all factors related to the trainee, training, and organization that impact job performance (Holton & Baldwin, 2003). Figure 1 below provides an illustration of the transfer system.

Efforts made by key stakeholders (trainer, trainee, supervisor, peer level staff, middle management and the agency director) can significantly influence many of the factors identified in figure 1. Therefore, explicit communication regarding stakeholders roles is necessary to create a supportive transfer system.

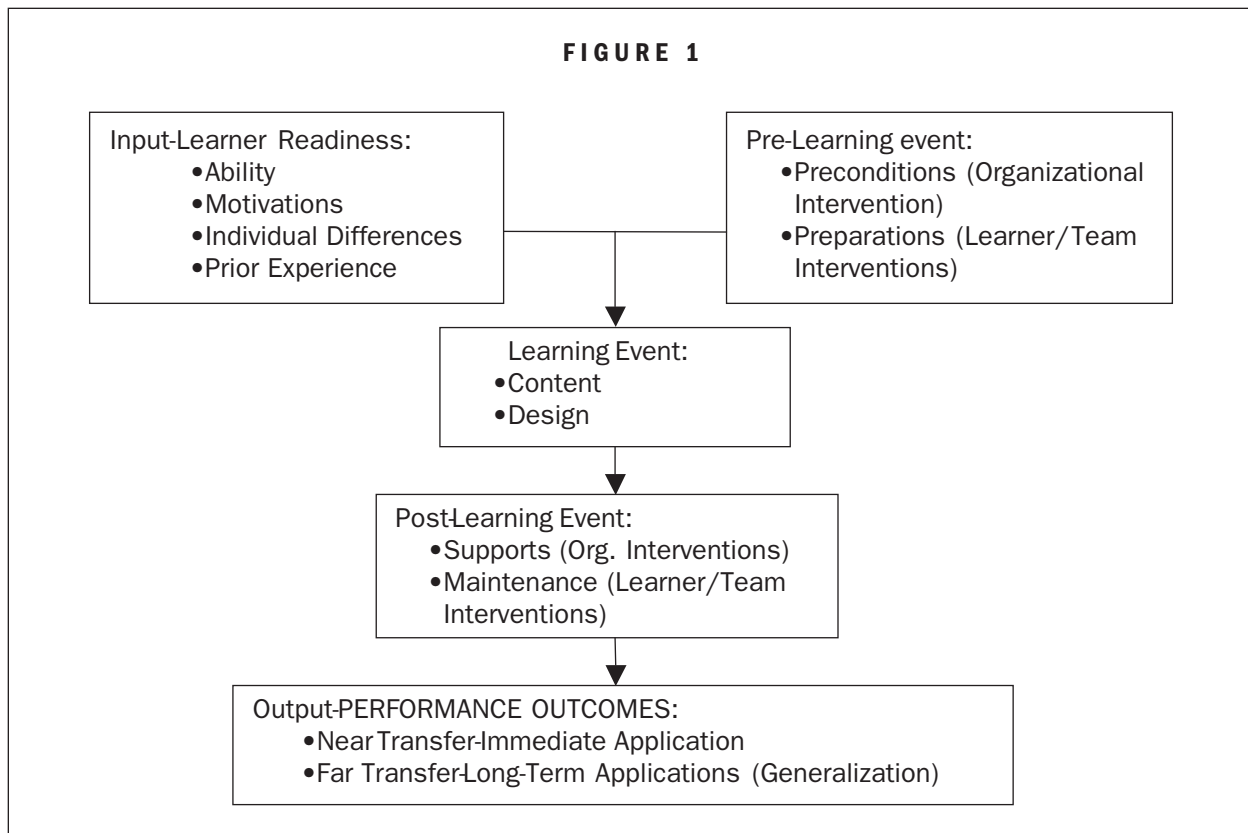
Six reasons for considering the creation of a transfer of learning system in organizations include (Danielson & Wiggenhorn, 2003):

- 1 Becoming an **employer of choice** where learning is a key to staff recruitment and retention
- 2 Building the **culture of a learning organization** is needed to promote new initiatives, share promising practices, manage change, and promote cohesion
- 3 Promoting **leadership development** is demonstrated by providing a safe environment for risk taking and learning from failures as well as providing challenging job assignments and developmental opportunities
- 4 Providing a **source of innovation** through windows to the world, incubating new ideas, and creating learn-

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ing laboratories is needed to build capacity for generating and disseminating new knowledge throughout the organization

- 5 Creating a **value-added organization** where learning experiences are designed to improve client services, attract new partners with the benefits of a learning culture, and improve public perceptions
- 6 Promoting **organizational excellence** through defining high levels of operational competence, linking knowledge transfer to day-to-day staff performance, and strengthening organizational competence

Regional Information Gathering

During the summer of 2005, regional information was collected in the following areas from either agency staff development directors or front-line supervisors: 1) interviews were conducted to assess progress in implementing prior BAHRC recommendations regarding the development of a learning organization as well as examples of organizational learning not related to specific training events, 2) e-mail surveys were completed by ten counties related to agency environment and support for the transfer of

learning, and 3) interviews were conducted with eighteen supervisors in seven counties regarding their perceptions and practices related to the transfer of learning. The regional findings include the following:

Regional Progress Report on Organizational Learning Strategies

- Considerable progress has been made regarding the creation of positions and structures to support transitioning to learning organizations.
- In addition to classroom training, counties reported multiple strategies to reinforce supervisors roles in training, including: training supervisors first and having supervisors conduct the trainings.
- Many agencies have implemented career development strategies in order to support recruitment and retention efforts, but further effort needs to be made to connect isolated strategies and emphasize their importance with staff.
- Limited progress has been made regarding the development of learning transfer assessment and evaluation tools.

The Perspectives of Staff Development Managers Regarding the Transfer of Learning

- Supervisors are supportive of staff but primarily in reactive activities (assisting in problem solving) and supervisors provide less proactive support (ie: communicating expectations).
- In order to maximize use of outside training expertise, strategies to increase control of training design need to be in place to ensure training content and design facilitates learning transfer.
- Although respondents overwhelmingly believe trainees have opportunities to apply learning, peers and supervisors are only providing limited support in identifying opportunities and therefore trainees need to take the initiative.
- Supervisors and managers are not communicating training and performance expectations before or after trainings.
- Agencies should develop formalized reward systems that are linked to staff development, performance, and evaluation.
- Work environment was identified as the most critical factor in facilitating TOL and the majority of counties are working to create an agency culture that supports TOL.

The Perceptions of Supervisors Regarding the Learning Transfer System

- When provided, supervisors usually utilize materials provided by trainers.
- Supervisors desire more control and input in training content and structure (but also expressed frustration because of a lack of time to be involved in the process if they have the opportunity).
- Time and workloads are the major barriers preventing more involvement from supervisors in their supervisees transfer of learning.
- Supervisors want to provide support (primarily by addressing supervisees expressed needs, questions, and problems, but few are aware of the need for *proactive* support).
- Supervisors prioritize day-to-day tasks and therefore function in a reactive mode.
- Agencies do not model nor provide assistance on how supervisors can provide more proactive support for the development of the transfer of learning or for increased professional development for their supervisees.

Recommendations

As Danielson and Wiggenhorn noted, learning transfer involves a cultural overhaul” (2003, pg. 21). The findings from the regional progress report indicates that Bay Area counties have already started this overhaul process by implementing many learning organization strategies. In order to document and promote the continuation of this progress, BAHRC utilized information gained through literature and the findings from this report to develop the following five recommendations:

Recommendation #1: Dialogue at the Top: Staff Development Managers and Agency Directors need to engage in on-going dialogue related to progress made in becoming a learning organization and the potential for creating a transfer of learning system; agencies are encouraged to utilize the self-assessment tools located in appendices A and C.

Recommendation #2: Career Development: Staff Development Managers, with the support of the Agency Directors, need to conduct an in-house review of development systems including identifying opportunities to model career development support throughout classifications, exploring implementation of an internal certification system as a way of professionalizing and recognizing growth, and considering a shift from conducting annual performance reviews to implementing developmental evaluations.

Recommendation #3: New Policy on Supervision: Senior management needs to explore the feasibility of establishing an agency-wide policy on supervision to explicitly identify the role of supervisors in promoting a learning organization.

Recommendation #4: Recognition and Reward: Senior management needs to explore the use of reward and recognition programs to promote recruitment and retention, including possible links between information on worker satisfaction and client satisfaction.

Recommendation #5: Promoting the Transfer of Learning: Senior management needs to identify and establish strategies to strengthen the transfer of learning from both training events and organizational learning activities in order to ensure the use of pre and post event support by supervisors, managers and peers.

II.

ORGANIZATIONAL RESTRUCTURING AND SYSTEMS CHANGE

Implementing Welfare Reform and Guiding Organizational Change

SARAH CARNOCHAN AND MICHAEL J. AUSTIN

Introduction

Following the passage of the federal welfare reform legislation in 1996, California responded with the enactment of its CalWORKS program in August 1997. Counties have spent the last several years engaged in the planning and implementation of welfare reform. Members of the Bay Area Social Services Consortium (BASSC), a consortium of county social service agency directors, social work deans, and foundation executives, have sought to capture the dynamic process of change occurring in county social service agencies in the era of welfare reform. The goal of this exploratory study was to identify the core organizational challenges faced by the BASSC directors in implementing welfare reform along with the values and strategies employed to address these challenges. The ultimate goal was to document some of the preliminary lessons learned from implementing a “work in progress.”

The county directors had a specific interest in this exploratory study. In the early 1990s, they had challenged themselves to develop a vision of social services in the year 2000. That vision included such themes as fostering family self-sufficiency amidst extensive diversity, engaging clients and the community in neighborhood-based service planning and delivery, and fostering prevention-oriented integrated services utilizing blended funding. For many directors, the massive scope of welfare reform implementation seriously challenged their abilities to implement this shared vision. They wanted to use the findings of the study to update the vision by taking into account the impact of welfare reform on such internal operations as human resources (job redesign and expanded training), fiscal and information systems (performance-based budgeting and outcome assessment), and greatly expanded community partnerships.

Methods

This exploratory study focused on the experiences of ten county social service directors in the San Francisco Bay Area of Northern California. The data were collected

in the Spring of 1999. The primary goal of the study was to identify the first set of perceptions and impressions emerging from the early phase of implementing federal and state welfare reform legislation. The following research questions served as the foundation for in-depth interviews of 1-2 hours with each director conducted by the first author:

- 1 How have your prior work experiences and education impacted your efforts as the agency director to implement welfare reform?
- 2 What are the major organizational changes in your agency that are emerging from welfare reform implementation and how would you describe the implementation processes?
- 3 What are the major values which underlie these organizational changes and guide your actions?
- 4 What are some of the lessons learned from implementing welfare reform as you reflect on your role as director?

These general questions, with follow-up probes, were developed in collaboration with the ten directors prior to the interviews, resulting in increased clarity and focus. The interviews were recorded, transcribed, and edited. The editing process included input from each director to check on the accuracy of each case description and to capture the “voice” of each director. The cases were then content analyzed by using the four categories reflected in the major questions and a cross-case matrix was developed to facilitate data analysis.

It is important to note the several limitations to this exploratory study. First, it reflects only the perceptions and views of the social service agency directors. The views of senior management, middle management, line staff, elected board members, contract service providers, clients, and local opinion leaders are not included in this study. While efforts to triangulate these multiple perspectives would have made an interesting study, it

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would have resulted in a much larger investigation. Second, this study captures only one point in time (January, 1999), namely twenty-eight months following the August 1996 passage of the federal welfare reform legislation and twelve months following the implementation of California's welfare reform legislation (passed in August, 1997 for January, 1998 implementation). While there is value in reflecting on a change process in mid-stream, there are significant limitations given the fast pace of change and the absence of documented staff reactions to implementing major change. And third, it is difficult to generalize from the perceptions of ten county social service directors in Northern California. While their experiences may parallel those of directors in other counties or states, the variability in local economic, political, social and population characteristics greatly limits generalizability. Despite these limitations, this study captures the rarely documented perceptions of busy administrators in order to add to our knowledge base of public sector organizational change and program implementation.

Major Findings

The findings discussed here relate to the directors' description of organizational change and culture, the guiding values they articulated, and the lessons they identified in reflecting on implementing welfare reform. The primary themes identified in the content analysis are illustrated with quotes from the interviews with the directors. The findings are then interpreted with the use of Senge's (1990) learning organization framework as the directors sought to transform their agencies into learning organizations. While the study did not originally seek to assess the change process with reference to learning organization principles, the learning organization framework emerged as a useful tool for interpreting the findings.

Organizational Change and Culture

In the area of organizational change, the directors identified five primary challenges. First, cultural change has been a fundamental goal in implementing welfare reform, as agencies move from determining eligibility to fostering employability and self-sufficiency. Second, the demands of delivering the new self-sufficiency oriented services have required substantial organizational restructuring. Third, agencies are engaging in partnerships and collaborations with a wide range of partners, including other county departments, community-based organizations, and for-profit businesses. Fourth, integrated services linked to the collaborations and inter-disciplinary

teams are being developed in a number of counties. Finally, the demands of welfare reform have increased the importance of data-based planning and evaluation for staff at all levels of the organization.

Cultural Change: Changing the culture of the organization emerged in the interviews as the dominant theme. The new culture being sought was described in terms of a transition to a customer service orientation, a shift from people processing to fostering self-sufficiency, and transforming an insular bureaucratic organization into an open, community-based agency as reflected in the following comments from the interviews:

- "Our bureaucracy was seen in the county as an indifferent federally-funded operation. When I first got here, the mission statement indicated that the primary goal of the agency was to administer state and federal programs in a legally efficient and ethical manner."
- "The old routines that eligibility workers do, and do very well, are now totally out of place in the context of welfare reform. . . . In our business, you have long-term civil servants and we can count on the union culture to clash with the new demands for systems change. For example, it's a big change to move someone from eligibility case processing and regulation compliance to assessing employability, providing initial counseling, and developing a case plan to foster self-sufficiency"
- "The new agency mission indicates that we're here to improve the quality of life in the community through the services and programs that we provide, using strategies that include collaboration and partnership designed to handle the current wave and future waves of reform . . ."
- "The organization had a history of being very punitive and dictatorial . . . I would call the climate a 'fear-based' environment' . . . The new organizational culture needed to operate on mission related-principles, whereby: a) everyone needs to be treated with respect; b) diverse opinions are to be valued; c) the emphasis on customer services was non-negotiable; and d) risks are inherent in creativity and innovation . . ."
- "First, I think I'm trying to create an organization that can learn as it functions . . . issue number one is trying to build a learning culture in the agency."

In many agencies, staff resistance to changing the organization's culture was a significant phenomenon,

often appearing at all levels of the organization. One director noted that “resistance to change went from the top of the organization to the bottom.” In contrast, others stated that their staffs presented very little resistance to the redefinition of the agency’s mission. A number of methods are being used by directors to address staff resistance including the extensive use of staff training on customer service orientation (shifting from a recipient to a customer orientation) and the use of role modeling and coaching by senior managers to instill in staff a customer-friendly service philosophy.

Organizational Restructuring: Many directors are engaged in major restructuring of their agencies, including the creation of new departments, merging of old departments, integrating previously separate divisions, and redesigning job classifications. In some counties these structural changes preceded welfare. The primary goal of restructuring has been to create agency structures more responsive to client and community needs. As with cultural change, extensive training has been required to assist staff throughout the restructuring process.

Major restructuring in one urban county took the form of reorganizing two major departments, the Department of Economic Services (AFDC, General Assistance, Food Stamps, MediCal) and the Department of Employment Services (the GAIN program, Food Stamp Employment Training Program, and Private Industry Council) into two new departments. The Department of Welfare to Work now integrates benefit determination and employment services to create a more holistic approach to serving families in need. The smaller Department of Workforce and Resource Development uses the recent workforce legislation to help the Private Industry Council operate as a community resource department working closely with community groups to promote early intervention and prevention programs, especially through the use of school-based services. The director noted that organizational restructuring helped to reduce the historic tension between employment services and economic services staff.

Community Involvement and Collaboration: All of the directors described a shift in the focus of their own work and the activities of their agency to fostering more community involvement. An extensive array of new collaborations and partnerships were being formed, with significant financial resources being contracted to community groups, and outposting of agency staff into neighborhood-based service centers. These collaborations included new relationships with the business community, as well

as with other county departments and community-based organizations. For example, one director noted that:

“In an effort to rally the management team to proactively respond to Welfare Reform, we engaged immediately in a joint planning process with the Human Service Commission, which was a new role for both them and us . . . I had never undertaken a community planning process on this scale before, although I had chaired various task forces and committees on special projects. The effort was a success for both the management team (supporting the agency goal of shared decision-making) and community members (affirming a commitment to partnership) . . . We’re also working very closely with the community-based organization that provides para-transit services under a contract with the transit district . . . We’re working to develop some collaborative efforts around housing with other commissions and coalitions that frankly we’ve never worked with (the Housing Commission that is advisory to the Planning Department, and another commission that works with the Redevelopment Agency) . . . Our community college has been a major partner – I can’t speak highly enough of our local community college . . . We believe strongly in fostering open communication and in partnering with the community and the client. We try to involve clients in all aspects of our work, including the community planning sessions, work groups, or task forces.”

Service Integration and Teamwork: A central element of the restructuring and culture change involves the integration of services, the use of inter-disciplinary teams to deliver services, and efforts to consolidate and blend funding streams to support integrated services. A suburban county director described a comprehensive integration initiative as follows:

“(W)e began working with neighborhoods, particularly those which had a high concentration of our clients. We created school-linked services by outposting our staff and working together with the health department and education systems, using multi-disciplinary teams to work with at-risk families . . . We weren’t reforming just one thing, but were really trying to reform the entire system of services, using prevention and early intervention approaches to strengthen families and communities . . . We were very clear that

the Family Self-Sufficiency Teams had to work in a multi-disciplinary environment, with a prevention and early intervention orientation. The changes for our eligibility workers were also significant because we created a comprehensive screening and assessment process and had to retrain staff to become effective in interviewing and assessment . . . The way our eligibility workers had functioned had been quite fragmented, with workers responsible for either AFDC eligibility, MediCal eligibility, or food stamp eligibility. We changed all this, creating a generic eligibility worker position, and offered training initially on a voluntary basis.”

Data Based Planning and Evaluation: A number of directors described the importance of data in the planning process as well as in evaluation. Data permits effective targeting of resources and development of predictors to guide interventions. Several directors pointed out the many problems associated with trying to use the externally-reported state and federal data for local and/or internal decision-making. One director noted:

“The planning wasn’t driven from the federal or state level. It was grassroots work, building on what we had done through the community strategic planning process. Our strategic plan called for using data to inform the planning process . . . To ask, ‘What do we know?’ and then planning on the basis of information. Particularly with welfare reform issues, people take ideological positions and that’s not always helpful when you’re trying to build common understanding and directions . . . There were a lot of stereotypes about the large sizes of families on welfare, when actually the majority were moms with two kids reflecting a real mix of races and ethnicities. People also had incorrect assumptions about the length of time families spent on welfare. What we found was that we had two populations, one group that wasn’t on aid for very long, and a second group that was on a long time, concentrated in about six communities. We also created a geo-map showing exactly where the families lived according to zip code that really was an eye opener for people. The use of this kind of data in the planning process allowed us to target resources and programs.”

Throughout these examples of organizational changes related to culture, restructuring, partnerships, teamwork, and data-based decision-making, the core

values guiding the implementation process can also be traced.

Guiding Values

The core values articulated by the directors as guiding their work in implementing organizational changes included: social and economic justice; self sufficiency; dignity and respect; equity; and building a learning organization. The values, noted in Figure 1, provided personal guidance to the directors, and often became part of the agency’s revised mission statement.

A number of directors also noted their desire to promote these values as a central feature of the agency’s culture:

- “The core values guiding the agency, and my personal work, are social and economic justice.”
- “*Self-sufficiency* is a central value; I firmly believe that we need to hold people accountable and that parents ought to be expected to support their children and that self-sufficiency is a value that we should all be encouraging people to work toward.
- “I focus on respecting the client and I teach at all of the staff induction sessions that when people come to this agency for service, in the great majority of cases they have given up a great deal of dignity to get to this point. We have it in our power to build on their strengths to help restore their sense of dignity. I also recognize that staff cannot treat clients with dignity if they are not also treated with dignity.”
- “I’m really interested in building a learning organization, where we gain insights from our mistakes, and develop a culture where individuals feel valued and take calculated risks, where honest dialogue is encouraged and respected, and creativity and innovation are the norm.”

Lessons Learned

The directors identified a number of lessons that they had learned from guiding the agency’s change process (see Figure 2). Some of the common themes include the difference between the demands for strategic and incremental change; responding to staff resistance; developing patience and realistic expectations; relinquishing control; and the need to work in an environment of uncertainty. In describing the striking difference between the traditional agency approach to incremental change and the new demands of strategic change, one director used the metaphor of a hurricane, an avalanche, a tornado and an

FIGURE 1
Values Guiding the Change Process

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| <p>I. Promoting client self-sufficiency and moving away from dependence, blame, and people processing</p> <p>II. Fostering community involvement, shared responsibility and outreach, outcome-based community control, and integrated partnerships.</p> <p>III. Demonstrating participatory management (respect, risk-taking, collaboration, anticipatory cross-system thinking and planning, flexible and open communications and problem solving, dealing with diversity and conflict, fairness and honesty, and balancing creative chaos with structured implementation)</p> | <p>IV. Empowering staff to participate in change processes, internalize change values, and build a learning organization</p> <p>V. Valuing clients with a customer service orientation that invests in clients by treating clients and staff with dignity</p> <p>VI. Focusing on outcomes for adults and children using performance-based assessments</p> <p>VII. Advocating major social values related to equity and a living wage, adequate health care and child care, and social and economic justice.</p> |
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earthquake all rolled in to one to describe the magnitude of change and noted, “I think there’s a need for a new definition of change here we’re not used to this depth and breadth of change. We’re used to dealing with incremental change such as a new mandated program, a new classification of staff, or a new child care contract. We really were not prepared to deal with the depth and breadth of concurrent change required in nearly all of our systems.”

Although the directors generally thrive on promoting change, they have recognized that many members of their staffs have very different responses. The directors reported that some staff members expressed sadness at the change of old relationships following major restructuring, as well as doubt about their abilities to maintain good job performance in an environment which demanded new skills and responses. Some staff feared that the new changes were a response to the staff’s poor performance in the past. In contrast to this kind of apprehension, several directors noted that staff members were excited and pleased about new job assignments because of the new found freedom to address the needs of clients.

In order to guide agency staff through a massive change process, a number of directors noted that patience has been essential, although not always easy to find. One director stated “I’ve learned to have much more patience and it’s probably a good thing that this is happening as I’m getting older and less driven. The slower pace of change is hard for me since I’m the type of person who really likes to see things get done sooner rather than later.” Directors often initiated small changes by allowing staff to engage voluntarily at their own pace rather than the pace that public policy seemed to dictate. It was also important for many to learn to set more realistic expectations for themselves and others. This was necessary to reduce stress

levels among staff, as well as protect against loss of credibility if unrealistically high expectations were not met. One director noted that “one of the lessons I’ve learned is that more attention needs to be given to setting realistic expectations, internally and externally, in terms of significant change. We do a lot of educating of others about what’s coming and what we’re going to be doing, but we do not develop realistic expectations on what we will get accomplished and by when.”

Additionally, the volume and pace of change led many directors to the realization that it was necessary to relinquish some control, or the illusion that they could maintain control. This involved trusting partners in collaborations, delegating responsibility to staff, and embarking on initiatives without having fully completed the planning process. As one director stated, “One of the biggest lessons I’ve learned is that welfare reform and related changes have helped me to put more trust in the collaborative process, where partnering is built on the values of true collaboration, which doesn’t require a lot of management control . . . The volume and speed of the changes related to new and modified programs makes it impossible to use the old command and control accountability model.” Another noted that “An important aspect of my administrative style is that I don’t expect to do it all myself and really have learned how to rely on staff. I try to select and hire staff who are self-starters, able to keep me informed and comfortable handling delegated responsibilities.” However, some directors noted the importance of providing direction and modeling a change management style. One director noted that at times she had to be far more directive than she really wanted to be, in order to ensure that implementation was successful.

For several directors, the rapid pace of change re-

FIGURE 2 Lessons Learned

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| <p>I. The Nature and Pace of Change</p> <ul style="list-style-type: none"> • Massive and rapid change cannot be completely planned • Change takes time, requires patience and incremental steps, and some agreement on the value of change • Comprehensive change is very different than incremental change, especially in unfamiliar territory • Change yields tension, as interests shift and stress levels rise <p>II. Adapting One's Management Style</p> <ul style="list-style-type: none"> • Control must be replaced by influence, featuring the participatory styles of negotiating, educating, persuading • People have limits on the amount and pace of change they can tolerate • Need to set realistic expectations, internally and in the community • Need to get comfortable with the inability to accurately foresee all that will occur in the change process • Need to relinquish some management control in light of volume and pace of change in order to trust the collaborative process • Sometimes need to be more directive in articulating and modeling core values • Importance of relying on staff for information and delegation | <p>III. Balancing Internal and External Relations</p> <ul style="list-style-type: none"> • Implementing change requires attention to internal operations, especially internal customers • External and internal relations need to be balanced since they can no longer be separated • Importance of senior managers being out in the community <p>IV. Dealing With the Political Environment</p> <ul style="list-style-type: none"> • Agencies are in a political environment which requires special skills • Increasingly political nature of agency director's job • The community leadership role goes beyond traditional human services <p>V. Handling the Demands for Leadership</p> <ul style="list-style-type: none"> • Need to persevere in order to affect massive change • Need to exercise power with caution by being aware of perceived power • Need a vision to help staff view the agency as a temporary way station for clients in order to avoid fostering dependency • Difficult to create climate conducive to change without generating fear among staff • Value of peer support, especially when it gets lonely at the top |
|--|--|

quired endurance and skill since the policy changes required numerous and extensive adjustments in both internal and external operations. Other directors focused on the need to take risks in decision-making in the absence of clear data or relevant precedents. Several directors emphasized the complexity of the change process, which in their words required the ability to thrive in chaos or the capacity for "multi-tasking". And finally, several directors relied heavily on their experience and seniority to draw upon an extra dose of steadiness amidst uncertainty as they negotiated among competing interests, unraveled the complexity of the change process, or engaged in strategically planned change initiatives.

Reflecting on the Organizational Change Process

As noted at the beginning of the article, this study was undertaken inductively in an effort to explore and describe the change process from the unique perspective of the agency directors. The goals of the study and the interview structure and questions were developed in collaboration with the directors; they were not drawn

from the extensive academic and professional literature on organizational change processes. In analyzing the findings however, the learning organization model developed by Senge (1990) began to emerge as a potentially useful framework. Not only were the directors describing processes of organizational learning, some made explicit reference to their interest in "building a learning organization" or to "trying to build a learning culture in the agency". While describing organizational learning directed at developing the concrete staff skills and knowledge required by new roles throughout the agency, the directors were also describing processes that represent the fundamental characteristics of learning organizations.

This section looks at the study findings from a learning organization perspective, identifying examples in which the changes described by the directors of these ten agencies reflect Senge's (1990) five learning organization principles: 1) systems thinking, 2) mental models, 3) shared vision, 4) personal mastery, and 5) team learning. Although these principles are familiar to many in

organizational practice and studies, it is helpful to describe them briefly.

- Systems thinking refers to a process in which people identify complex interrelationships and underlying patterns of causation, rather than simple linear “cause and effect” relationships.
- Mental models include the internal images we hold about how the world works; in a learning organization, these mental models are continually surfaced, tested and reformulated.
- Shared vision is created through the integration of the visions of all members in an organization, and is based on individual choice rather than compliance or persuasion.
- Personal mastery refers to an ongoing process involving the juxtaposition of an accurate picture of one’s current reality and a clear vision of a desired future.
- Team learning describes a process in which team members become aligned and function as a whole with a common direction, achieved as a result of operational trust, insightful thinking about complex issues, and dialogue and discussion (Senge, 1990).

Systems Thinking: A number of the directors described the importance of data in planning and evaluating their programs, especially to base decisions on information rather than ideology or stereotypes. It is important to be able to identify underlying patterns of relationships when the organizational mission involves the complexity of helping human beings make changes in their lives. The process of systems thinking requires agencies to look at the numerous factors related to client outcomes, including economic, service, and personal characteristics, and explicitly engage in identifying patterns that result in particular outcomes.

Mental Models: All the directors emphasized the importance of cultural change taking place in their agencies. Intentional cultural change involved a change in staff’s mental models about clients, the role of the agency and community support. However, as one director noted, this process continues to evolve: “It’s still hard to get some staff to think differently . . . to get them to conceptualize work in a different way and to build something new.” Although Senge (1990) notes that systems thinking is the central principle defining a learning organization, the directors in this study described the changing of mental models as the key element in the organizational changes required by welfare reform:

“The most significant change in this agency is the change in culture. I stress culture because I think

welfare to work or CalWORKS is synonymous with changing the culture of the organization to make it more adaptable and flexible to handle the current wave and future waves of reform, such as child welfare and adult protective service reform.”

Shared Vision: The importance of vision in effective leadership is a persistent theme in much of the organizational change literature (see e.g. Tichy & Devanna, 1990; Schein, 1986). Senge (1990) argues that vision in a learning organization must be a shared vision that integrates the perspective of all members. The directors in this study described a number of initiatives directed at developing a shared vision for the agency. One director described a process in which internal planning groups that included staff from all levels of the organization “came together to help define the challenges and what we’re going to do about them . . . to get common understandings of where we’re going”. Some agencies went beyond the boundaries of the organization to include the community in developing a shared vision through collaborative community planning processes. However, it is also clear that the directors brought a clearly articulated set of personal values to the process of vision development. Without interviewing staff, it is difficult to determine the extent to which the perspectives of staff were integrated into the agency’s vision.

Personal Mastery: A number of directors described the increased demands placed on staff by the shift from eligibility to employability services. Personal mastery on the part of workers directly responsible for interacting with agency clients takes on added meaning. The goals of welfare reform related to employment and self-sufficiency are dependent upon the ability of line staff to master the new job functions of providing effective services. It was clear to the directors that achieving such personal mastery would take time and require special training supports. As a result, staff development and human resource managers began to recognize the need to help staff develop personal goals for career development as well as education pathways involving training resources outside the agency including community colleges. It remains to be seen whether the demand for the personal mastery of new skills and knowledge will translate into more effective services for those served by the agency.

Team Learning: As part of the organizational restructuring process, many of the agencies developed service delivery models that included multi-disciplinary teams at the managerial, supervisory and line staff levels. These

teams offer an opportunity for team learning that generalizes learning across agency boundaries. However, teamwork also present challenges, as senior members are called upon to listen to new perspectives, and line staff assume new responsibilities for generating ideas rather than simply relying upon directives from above.

Conclusion: Practice and Research Directions

The directors participating in the study identified a number of lessons learned about guiding organizational change processes. First, fundamental organizational change often requires a change in the organization's culture. The directors noted the importance of identifying and addressing resistance to these changes through extensive training, mentoring and role modeling. Second, traditional managerial command and control processes need to be examined and changed through the use of participatory management, delegation, and teamwork. Third, without the use of current data in the planning process; new programs and services are likely to be based upon ideology and stereotypes about clients and communities. Finally, the ability to tolerate chaos is essential to helping staff function in an environment of uncertainty. They described two simultaneous processes operating in their organizations; searching for accurate data and articulating values and vision, while at the same time implementing changes without sufficient data and using an evolving vision.

Further reflection on the change processes described by the directors revealed that they were striving to transform their agencies into a learning organization as defined by Senge (1990). The directors described their ongoing efforts to uncover and change mental models about clients, organizations, and communities. Many have engaged in developing a shared organizational vision for the agency. In using data to identify the actual characteristics of the clients and communities they serve, directors and their staff members were using systems thinking to identify complex factors and relationships underlying service outcomes. All these initiatives reflect learning organization principles which are related to implementing the significant organizational changes stimulated by welfare reform.

However, welfare reform is neither the first nor the last major policy initiative requiring significant change on the part of public social service agencies. As public agencies, these organizations are subject to an ongoing stream of reforms generated by policy makers that may require changes in organizational goals, structures and

operations. It remains to be seen if the learning organization framework offers a sufficiently robust model that can assist agencies in addressing mandates for continuing change. The directors in this study identified the need to become "more adaptable and flexible to handle the current wave and future waves of reform." The learning organization principles involve a constant reflection and learning which may prove to be the key ingredient in helping agencies develop flexibility and organizational adaptability to changing environments.

A number of questions remain however, regarding the value of the learning organization model for public agencies. First, while this study begins to identify some examples of initiatives implemented by public agencies that exemplify learning organization principles, more work is needed to develop and implement the learning organization framework in these settings. Additionally, specific avenues for inquiry can be identified with respect to each of the learning organization principles. Second, while many agencies have created team-based structures to deliver services, it remains to be seen if these teams are able to coordinate services based upon trust, dialogue, and discussion. Third, while agencies have begun to identify the complex range of variables relevant to assessing client outcomes, more work is needed to determine whether underlying systems or patterns of causation exist. Fourth, with regard to personal mastery, it remains to be seen if the challenges associated with the assessment of individual ability and achievement can be addressed by a continuum of educational opportunities ranging from in-service training, certificate programs, and college degree programs. Finally, as organizational goals and operations are subject to repeated external reform pressures, there is continuing demand for public agencies to develop new shared visions using new mental models. It is not clear how much time is needed to stabilize the focus on new visions before being challenged to come up with another set of new directions.

It is clear that the benefits of learning organization initiatives for public agencies need to be evaluated over time in terms of their impact on client and staff satisfaction, staff recruitment and retention, and relationships with community stakeholders. Finally, the ultimate test of the implementation of learning organization principles is on the service outcomes for the individuals, families, and communities served by public social service agencies.

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Overview of Innovative Programs and Practices

JONATHAN PRINCE AND MICHAEL J. AUSTIN

The 1996 federal welfare-to-work program (Temporary Assistance to Needy Families, or TANF) contains federal dependency-reduction measures such as benefit sanctions and time-limits. Despite these policy constraints, social service agencies and their community partners are transforming themselves as they make the change from eligibility determination to employability enhancement. The shared goal is to build a more comprehensive social service system that enables low-income individuals and families to become self-sufficient.

The passage of TANF legislation required social service organizations to engage in a substantial reassessment of its mission and organizational structure. To gain a better understanding of the change process, Carnochan and Austin (2000) interviewed nine Bay Area directors of social service agencies in Northern California to gather their perceptions of the process of guiding organizational change during the first eighteen months of implementing welfare reforms. Their major findings included: 1) cultural change is a fundamental goal in implementing the family self-sufficiency model, 2) the demands of delivering new services requires substantial organizational restructuring, 3) agencies are engaging in partnerships with a wide range of partners, including other county departments, community-based organizations, and for-profit businesses, 4) integrated services and inter-disciplinary teams are being developed in a number of counties and 5) the demands of welfare reform have increased the importance of data-based planning and evaluation (Carnochan & Austin, 2000).

According to the Bay Area directors, new directions emerged out of multiple discussions with local community groups, including provider agencies, business organizations, elected officials, and the community at large. As new services, partnerships, and organizational practices were unfolding, the old conventional ways of operating began to give way to the creation of a new culture. One way to describe this process of organizational change is to use the concepts of Cameron and Quinn (1999), namely a shift from a hierarchy culture (characterized by rules, impersonality and accountability) to a clan/adhocracy

culture (characterized by cohesiveness, participation, flexibility and creativity). Social service agencies are becoming less bureaucratic and isolated from the community as they seek to evolve into “learning organizations” that are able to develop and implement new structures and services in response to changing client needs and new policy mandates (Carnochan & Austin, 2000).

This collection of case studies represents the first set of reports from “the front line” of organizational change. They describe innovative programs and practices which were chosen by county social service directors based on one or more of the following criteria: 1) a new approach to delivering social services, 2) practices that enhance public/private community partnerships, and/or 3) a unique administrative process or change. This overview chapter briefly describes the twenty cases in this casebook and identifies several cross-cutting themes and challenges as well as lessons learned from innovations emerging during the first two and a half years of welfare reform implementation (January 1998 – June 2000). The case study method was used to develop the program and practice descriptions within the context of welfare reform implementation.

The Case Study Method

According to Yin (1992), a case study represents an empirical investigation of a contemporary phenomena within its real-life context using multiple sources of evidence (agency documents, staff perceptions, and client perceptions). The purpose of a case study is to analyze in detail an individual, a situation, or a single phenomena in order to identify new understandings and/or lessons learned (Dufour & Fortin, 1992).

Karbo and Beasley (1999) describe four types of case studies. The first type is an atheoretical study that “describes holistically” a phenomena but is not guided by hypothesis-testing or theory-building. The second type

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is an “interpretive” study that uses concepts to understand the case. The third type (the “heuristic” study) investigates a case in order to build a theory, and lastly the “plausibility” study determines whether the phenomena is consistent with existing theory. The cases in this book are both descriptively holistic and interpretive (Types 1 and 2) in that the innovative programs and practices are fully described with “lessons learned.” Interpretation is provided in this overview chapter whereby conclusions are drawn by comparing the cases with each other. Karbo and Beasley (1999) refer to this interpretive process as the “comparative case study method” that is designed to systematically examine patterns within and across cases in order to trace change over time and offer an interpretation of the findings.

Each case study is based on information obtained from interviews with Bay Area social service agency staff and consumers as well as written documents (along with a brief literature review) relevant to each program or practice. Data was collected by social welfare graduate students from June 1999 to August 2000. They were guided by following questions:

- 1 What are the major goals of the program?
- 2 How did the program get started?
- 3 What have been some of the difficulties or barriers to implementing the program?
- 4 How would you describe some of the program success as well as lessons learned from implementing the program?

The cases are clustered into three areas. The first set features new approaches to service delivery that help low-income working individuals find employment and become self-sufficient. The second group includes neighborhood and community-wide partnerships that help to provide low-income individuals with affordable housing, education, job training and a variety of social, health and behavioral health services. The third cluster involves organizational changes inside social service agencies brought about by implementing welfare reforms.

New Approaches to Service Delivery

The nine cases on service delivery innovations are divided into two categories: 1) removing barriers to work force participation, and 2) promoting self-sufficiency through support services.

REMOVING BARRIERS TO WORKFORCE PARTICIPATION

In the booming post-welfare reform economy many TANF recipients have been able to find work without help or with limited vocational assistance. It has become clear, however, that in order to participate more actively in the labor force, a significant percentage of welfare recipients (about 20- 30%) need services that address barriers to employment such as low basic work skills, mental health problems, chemical dependency, medical problems and lack of child care or transportation (Danziger, Corcoran, Danziger, Heflin, Kalil, Levine, Rosen, Seefeldt, Siefert & Tolman, 1999; Kramer, 1998; Olson & Pavetti, 1996; Pavetti, 1996; Pavetti, Olson, Nightingale, Duke & Isaacs, 1997; Urban Institute, 1999). This section describes several new Bay Area programs that are designed to address obstacles to self-sufficiency.

Connection Shuttle: Lack of transportation is one of the most common employment barriers for TANF recipients (Edin & Lein, 1997; Urban Institute, 1999). To address this issue, Santa Cruz County created a TANF-funded Connections Shuttle that provides about 133 free rides per day to family members who can prove that they are unable to commute to and from work, job training, school or child care using existing public transportation. It is designed as a temporary solution until participants are able to find permanent solutions linked to self-sufficiency. The Shuttle program includes a seven-month training experience for interested TANF recipients with clean driving records and negative drug tests to become paid drivers and dispatchers. As a result, the Shuttle program provides both publicly supported employment and responsive transportation needed to remove, temporarily, a major barrier to labor force participation.

Guaranteed Ride Home Program: Also designed to address the transportation needs of TANF recipients, Santa Clara County’s Guaranteed Ride Home Program (launched in 1999) offers car rides to and from the workplace and home, including necessary stops (e.g., child care facilities, schools, medical centers). In addition, transportation is provided in situations that include: 1) non-scheduled overtime requests from employers, 2) car breakdowns, 3) when the participant or his/her dependents become ill and must leave work, 4) household emergencies, 5) when a carpool is unexpectedly not available, or 6) when a change in schedule makes alternate transportation unavailable. Participants are eligible to receive a total of 48 rides over a six-month period, and the service is always available (24 hours a day, 365 days a year) in all of

the fifteen Santa Clara cities. In the first eight months of operation, over 900 people have been able to get to work despite the lack of a vehicle or alternate transportation, resulting in the increased job placement and retention of TANF recipients. Furthermore, participants have become educated about travel options and have learned to develop effective transportation plans.

Training Child Care Providers: In addressing the widespread lack of affordable child care for low-income working parents (Edin & Lein, 1997), the Exempt Provider Training Program in San Mateo County helps to build the capacity of high-quality child care providers in the community by encouraging TANF recipients and others to launch and improve their own child care business. The training program focuses on the promotion of healthy infant and toddler development by recruiting, training and supporting unlicensed (exempt) providers who care for their own children, the children of relatives and/or the children of only one other family. After the learning needs of providers are assessed, they participate in a sixteen hour English- or Spanish-speaking training session (four Saturday sessions of four hours each) and can access home visits, support groups, referrals, educational literature, mentors, child care (for their own children during sessions) and transportation to and from sessions. The Project offers incentives (\$20) to encourage attendance at the training sessions, scholarships (\$40) to attend CPR/first aid training and other financial assistance (as needed) for obtaining licensure and/or registering with Trustline to assure parents that their child care provider does not have a criminal conviction. The program has grown tremendously since its inception in 1997, with class sizes increasing from three or four people in the first class to as many as sixty arriving to participate in later classes. Each year the program assists hundreds of providers in delivering quality as opposed to custodial child care. The ultimate goal of the program is to increase the amount of affordable and accessible child care that assists low-income working parents maintain labor force participation.

Co-locating Support Services: In addition to the societal barriers of child care and transportation, several studies have found that personal issues such as mental health problems or substance abuse can interfere with employment (Bush & Kraft, 1998; Gardner, 1997; Grayson, 1999; Young & Gardner, 1997). Until recently, support services that address these issues were not a formal part of the welfare-to-work program (Pavetti, Olson, Nightingale, Duke & Isaacs, 1997). Sonoma County has responded to this need by co-locating mental health and

substance abuse services for TANF recipients near the social services agency. This co-location makes it possible for a consumer in a single visit to apply for aid, get program information, set up child care services, get a child support order, check out an array of County employment services and access community resources through an Information and Referral Service. The county also provides cross training for social service, substance abuse and mental health staff which is critical to the success of co-located services. The co-location of these services: 1) makes access more convenient for consumers, 2) improves the show rate for appointments, 3) enables staff to communicate efficiently, 4) allows consumers to receive support services for up to one year after they are no longer be eligible for TANF, 5) increases the use of services, 6) contributes to a declining unemployment rate and 7) facilitates job retention.

Sheltered Workshop: Building upon the success of a traditional vocational rehabilitation facility, the San Mateo County Human Services Agency utilizes its Workcenter (founded in 1967 on a \$200 grant) to address the work skill deficits of hard-to-place TANF recipients by employing them to assemble, package and ship products while they look for permanent employment. Personal problems relating to substance abuse, health, mental health, literacy or domestic violence are assessed by Human Service Agency staff, and if necessary referrals are made to other County departments. Additional assistance includes: 1) a week-long job-seeking skills class and a ten-day work assessment (if indicated), 2) access to a Network Center that is staffed by job search specialists and equipped with computers, telephones, job listings, and other resources that assist in seeking employment, 3) availability of home visits to help resolve issues that interfere with attendance and 4) ongoing case management. The Workcenter offers on-the-job training to hard-to-place welfare recipients and provides them with a temporary income while they address personal barriers to work force participation.

SELF-SUFFICIENCY SUPPORT SERVICES

After TANF recipients have addressed barriers to work force participation and have found employment, Edin and Lein (1997) have demonstrated that they: 1) continue to be underpaid, 2) have little chance of promotion, 3) have increased expenses and 4) have almost as much difficulty balancing their budgets as they had on welfare. Social service agencies are helping TANF recipients to maintain self-sufficiency through family loans, mentor-

ing, job retention telephone hotlines, and special access to training and employment.

Family Loan Program: With the support of the McKnight Foundation's (Minnesota) Family Loan Program, San Mateo County launched in 1998 a program for working families to help them deal with large or unexpected one-time expenses. It provides loans of up to \$3,000 to eligible low-income individuals to help temporarily with vocational or educational expenses that include typically car purchase, car repair, work or school uniforms, tools for a trade, and child care. The loans are serviced by one of three local banks that are able to qualify for low-interest federal funds under the Community Reinvestment Act. Of the first 203 applications received, 89 (44%) were approved and 91 percent were repaid. In addition to benefitting from the financial assistance, consumers learn how to apply for, obtain, and repay a bank loan, and report: 1) a 90 percent decrease in work absenteeism, 2) a 93 percent reduction in travel time to work and 3) a 26 percent increase in attendance to job-related educational activities.

Adopt-a-Family Program: In addition to material support to help families make the transition to self-sufficiency, the Adopt-A-Family Program in San Mateo provides mentoring to low-income families over a period of one year by matching consumer families with "godparents" who are carefully screened individuals and/or employees of local businesses. Godparents are encouraged to develop a relationship with the family and, in the tradition of holiday donation programs, contribute needed second-hand items (typically pots, pans, toys, clothing, bedding and cribs). In the first 18 months, the program has matched approximately 100 families with godparents and has the advantage of being easy to replicate and expand as it is based exclusively on donations of time and materials and requires only one quarter-time employee. Furthermore, as the poorest families are at a high risk for social isolation (Wilson, 1996), the program can increase low-income family interaction with the larger community.

Helping Participants Stay on the Job: Designed to help TANF recipients retain their jobs and help the unemployed gain access to needed resources that may help them find a job, the Santa Clara County JobKeeper Hotline provides round-the-clock counseling, crisis intervention, and referral services. When calling JobKeeper, recipients reach trained, volunteer phone counselors who can actively listen and provide linkage to a network of community resources, including child care, employment services, education and training programs, legal services and

transportation. JobKeeper is developing a "seamless system" in that individuals calling with child care questions, for example, are transferred directly to a child care coordinating agency, and callers seeking employment are transferred directly to job search professionals. The hotline is utilized widely (between 45 and 65 calls per month, totaling almost 800 calls between July 1998 and June 1999) by people who are transitioning from cash assistance yet are able to retain support services (for a period of up to one year) that help them to maintain long-term employment and self-sufficiency.

Hiring Your Own Clients: While businesses have been encouraged to hire former welfare recipients, it is equally important for social service agencies to demonstrate employer responsibility as well. As an example, the San Mateo County Human Services Agency offers jobs to TANF recipients by employing them as welfare eligibility workers and support staff. In the MediCal Benefits Analyst I position, for example, former TANF recipients process applications for public health insurance and provide ongoing monitoring of individuals' eligibility for benefits. Applicants for the Analyst I position complete seven weeks of on-the-job, classroom and computer training in groups of ten to twelve individuals. Out of the training group approximately six are offered positions (others do not pass training tests, have poor attendance, or elect not to continue). The recipients who are hired and then assisted in passing the civil service test are offered full-time, permanent employment with comprehensive benefits. This practice enables the Agency to address staffing shortages, set an example for the larger community, and assist former welfare recipients with work experience, training and becoming self-sufficient.

Partnering With the Community

The next set of cases features social service agency practices that enhance public/private community partnership. In order to address more comprehensively the needs of low-income individuals who are transitioning from welfare to work, several Bay Area counties have begun to develop partnerships with local organizations in order to better provide housing, education, training, and a variety of social, health and behavioral health services. The following seven partnership cases are divided into two categories: 1) neighborhood partnerships, including self-sufficiency centers and a jobs program, and 2) community-wide partnerships, including a coalition to address homelessness, a transitional recovery community, a coalition of non-profit agencies, a community college

collaboration and a collaboration to protect the elderly from financial abuse.

NEIGHBORHOOD PARTNERSHIPS

Neighborhood Jobs Program: The first illustration of partnerships responding to welfare reform is the Alameda County public-private Neighborhood Jobs Pilot Initiative (NJPI). The NJPI was launched in 1997 with a Rockefeller Foundation planning grant to develop one-stop employment resource centers in three low-income neighborhoods. The primary goal was for all the centers to be self-supporting within two years through membership dues, community volunteer time, public and private job service contracts, contracts with corporations, and space rental from local colleges for job skills and basic education classes. Currently the county provides welfare-to-work funding and most of the services are delivered by community-based organizations. These one-stop centers are located in ethnically diverse neighborhoods characterized by poverty, low educational attainment and high numbers of welfare recipients. The unique characteristics include: 1) a common intake form and computerized data base that facilitate service referrals, 2) the inclusion of linguistic and cultural experts along with assessment tools in five languages, 3) an on-site community living room with comfortable furniture, television, videos, reading materials and emergency child care, 4) assistance to individuals who are ineligible for county funds and 5) information and referral assistance available from collaborative partners.

Neighborhood Self-Sufficiency Centers: To increase low-income working parents' access to the resources they need to care for their children, Santa Clara County businesses, community groups, public and private agencies and public assistance recipients began to collaborate with the county Social Services Agency (SSA) in 1996 to develop one-stop, single point-of-entry neighborhood centers (six). In order to receive SSA funding, the centers have to provide TANF recipients with: 1) vocational skills training, skills upgrade training, case management, job placement services, job retention assistance and a variety of support services, 2) age-appropriate educational and recreational child care activities so that parents have time to receive assistance and pursue self-sufficiency, and 3) specialized classes on topics of interest to TANF recipients. Furthermore, all centers must demonstrate a collaborative partnership with a minimum of three providers and be able to leverage additional revenues or in-kind services, and the centers' ability to maximize fund-

ing has been a major success. For example, in addition to receiving \$175,000 in SSA welfare-to-work funding, one center leveraged from several organizations an additional \$722,000 for housing, family and employment services. In relation to service delivery, the collaborative partnerships have increased the continuity of care received by TANF recipients, and are promoting inter-agency dialogue about service effectiveness and improvement.

COMMUNITY-WIDE PARTNERSHIPS

Coalition to Address Homelessness: A community mobilization effort rarely influences decisions made by count social service staff regarding resource allocation. Typically there are funding constraints that directly influence community service providers. In Napa County, however, a community coalition developed a proposal and received funding from the federal Department of Housing and Urban Development (HUD) to support an integrated network of services for the homeless in Napa. The homeless were not being adequately served by existing local programs (e.g., domestic violence survivors and their children and individuals with substance abuse issues). While the county human services department served as the lead agency, community-based non-profits provided the outreach services related to rental subsidies for transitional housing, case management, and referrals. The success of the new program is due, in large part, to its ability to effectively capitalize on the strengths of each of its partners, including: 1) the ability of community-based agencies to reach the homeless and to provide effectively services to them, and 2) the county's ability to assist in the leveraging of federal funds.

Building a Transitional Recovery Community: In order to assist homeless families recovering from substance abuse, a fourth unique partnership was undertaken in 1998 by several Monterey County human service agencies. The directors of housing, health, behavioral health and social services developed "Pueblo Del Mar," a transitional recovery community offering eligible substance-abusing homeless families a variety of transitional support services (up to 18 months). The services include substance abuse treatment, child protection, job training and employment, counseling, child care, independent living services, and parent education. In addition to assisting with program planning and development, community-based organizations deliver all of the direct services while the county Housing Authority is the property manager, property owner and grant recipient of HUD funds earmarked for the maintenance of 56 housing units on a former military

base (Fort Ord). Clinically, the program has been a success as indicated by a low relapse rate (12%, or six relapses among the 49 families served in 1999). Administratively, the county directors found that bureaucratic opposition decreases substantially when all potential stakeholders, especially local government officials, participate actively in program planning meetings.

Coalition of Non-Profit Agencies: A fifth unique partnership which anticipated welfare reform is seen in the 1996 formation of the Napa County coalition of non-profit agency directors. The coalition sought to develop a comprehensive human service system for all individuals, regardless of their ability to pay, that addressed the multiple service gaps and fragmentation resulting from program closures. The Napa coalition of social, health and behavioral health service representatives obtained foundation and endowment support to subsidize a variety of services available to all in need, including: 1) outpatient psychotherapy, 2) par-professional lay counseling and crisis counseling, 3) crisis hotlines, 4) in-home support services, 5) group counseling, 6) psychological assessments and evaluations, 7) family and play therapy, 8) youth development services and 9) school-based supportive services. As a result, these services have all become much more accessible, and the coalition has new-found political and economic power in the community. It has grown in membership and is increasingly called upon to provide input on a range of city and county issues.

Community College Collaborations: In addition to an increased number of partnerships with community-based organizations, county social service agencies are also working more closely with community colleges. Before the passage of TANF and WIA legislation, the San Mateo County social services agency had recognized the merits of increased partnership with community colleges in order to help educate and train low-income individuals for employment as well as assist social service staff with skill enhancement. To address these shared objectives the local community colleges collaborated with the county departments of social service, health and rehabilitation in order to develop a Human Services Certificate Program. The Program prepares current human services staff, service consumers and other interested individuals for entry-level occupations (e.g., mental health case manager, job coach/employment specialist, community health worker and social service intake specialist). It includes five core courses and four electives related to case management and employment assistance. Each course includes 48-54 hours of instruction (3 hours per week) that is completed

in 16-18 weeks, and more than 150 employees of the social services agency and about 200 other adults have attended within the first three years of the program.

Protecting the Elderly from Financial Abuse: The recent increase in the American senior citizen population has been accompanied by a growing number of financial abuse cases against them, prompting the Santa Clara Department of Aging and Adult Services in 1999 to develop the Financial Abuse Specialist Team (FAST). Designed by a county Adult Protective Service (APS) stakeholders committee consisting of 46 community advocates, FAST is a multi-disciplinary team of cross-trained staff from APS, the Public Guardian's Office, the County Counsel and the District Attorney's (DA) office that provides immediate intervention in cases of financial abuse against elders. After a report has been made to a 24-hour hotline, the Response Team (consisting generally of one staff member from APS and one from the Public Guardian) quickly visits the alleged victim and makes an assessment. If deemed incompetent, the senior citizen is assisted (e.g., Temporary Conservatorship), and any illegal activity of the alleged abuser is addressed by the County Counsel, the District Attorney's office, a police officer (the DA investigator), and the local judicial system. In a process that had previously taken months, the FAST program intervenes in a matter of weeks to quickly to prevent loss of senior citizen assets, recover assets that have already been lost, and prevent future abuse. In addition, FAST can address all aspects of senior citizen well-being by utilizing the expertise of multi-disciplinary staff.

Social Service Agency Restructuring

The last set of cases reflect some of the organizational changes brought about by the implementation of welfare reform in county social service agencies: 1) the hiring of an Organizational Development specialist to assist with changing the agency's culture, 2) merging a workforce investment board and a social service agency into an employment and human services agency, 3) blending multiple funding streams into county welfare-to-work programs and 4) restructuring agency programs to foster intra-agency collaboration between child welfare services and welfare-to-work programs.

Introducing Organizational Development: For assistance in managing organizational changes such as these, social service agencies rarely hire an internal organizational development (OD) specialist. However, as early as 1996, it became apparent that transforming an agency's culture would require an internal OD function in the San Ma-

teo County Human Services Agency. A department-wide staff assessment indicated that personnel were struggling to keep up with the myriad of recent policy, organizational and personnel changes, including the emergence of welfare reform. Top management supported the hiring of an OD specialist to help improve the agency's problem-solving and learning processes, particularly through a more effective and collaborative diagnosis and management of the organizational culture (McLagan, 1989). OD in public agencies can work particularly well with modest goals that relate to reducing conflict and improving communication, and can tackle manageable issues but not an entire system at one time (Golembiewski; Proehl & Sink, 1981; Stupak & Moore, 1987). The agency found OD to be especially helpful in the implementation of welfare reform and in addressing staff issues arising from partnerships with a variety of community-based organizations.

Merging Employment and Social Service Agencies: Currently the California "one-stop" employment centers are managed and operated jointly by the Workforce Investment Boards (WIBs were formerly called Private Industry Councils) and the county social service agencies to promote universal access to welfare-to-work services. The Workforce Investment Act of 1998 created new Department of Labor funding and functions for the WIBs that overlapped with TANF funds and services. In some locations, such as Contra Costa County, the two organizations have actually merged into a single Employment and Human Services Agency where the CalWORKs funding continues to flow through the newly restructured social service agency. In a break from tradition, the WIB Executive Director directly oversees CalWORKs policy instead of the social services director. While it has been a challenge to blend the different staff perspectives (e.g., WIB staff tend to be more employer-centered and CalWORKs staff tend to be more employee-centered), the merger has increased the communication, cooperation and resource-sharing between the two program areas.

Blending Funding Streams: In addition to the restructuring processes related to organizational development and agency mergers, Bay Area social service organizations have utilized the flexibility of the TANF block grants to creatively pool funding streams in order to design more client-responsive programs. The Sonoma County social service agency, for example, pooled financial resources to support community-based service programs (e.g., the Summer Youth Conservation Corps and Social Advocates for Youth). While some funds are kept by the county to offset administrative expenses, the majority of

funds are distributed through cost reimbursement service contracts based on specific eligibility criteria. For example, in keeping with CalWORKs funding guidelines, 40 percent of children in the youth programs must be TANF eligible. To satisfy WIB funding requirements, 30 percent of total funds to each program must address the needs of "out-of-school" youth aged 14-21. One advantage of pooling CalWORKs and WIB funds is that social service consumers can receive WIB services after their eligibility has expired for the CalWORKs program. In addition, the social service organization can ensure the survival of programs that are struggling financially by blending funding streams. The ultimate value of using alternate methods of funding services is reflected in situations where the state funding formula does not always fit the needs of the local residents.

Linking TANF to Child Welfare Services: In addition to restructuring their administration and funding, social service agencies are finding new ways to increase their intra-departmental collaboration. For example, to meet the needs of social service consumers who are involved with both child welfare programs (designed to protect children from maltreatment) and welfare-to-work programs (designed to facilitate economic self-sufficiency), there is a growing recognition that 40 to 60 percent of the consumers are participating in both programs. This percentage is referred to as the "cross-over" rate (Riverside County, 1998; Zeller, 1999). The necessity of addressing the needs of this cross-over population becomes very apparent when a single parent must be in court or parenting class at the same time they are required to participate in employment activities to maintain their welfare-to-work benefits. Failure to fulfill child welfare responsibilities could result in the drastic decision to place a child in foster care. Similarly, the failure to meet welfare-to-work requirements could result in the loss of financial benefits. After a crossover case has been identified, Contra Costa social services agency staff deliver cross-over services by connecting the workers in both programs, promoting a dialogue about the consumer's program needs and collaborating with the consumer to develop a coordinated plan of action. This method of cross-over service delivery helps to resolve conflicting consumer obligations. In addition, the increased communication between divisions helps to prevent the inefficient use of resources and the duplication or fragmentation of services.

In summary, the cases are clustered in Figure 1 in relation to service delivery, partnership and organizational restructuring.

Discussion

Using the comparative case study method to assess this array of innovative programs and practices emerging during the era of welfare reform implementation, the following themes emerge: 1) the cases cluster into the three categories of innovative service delivery, new community partnership and organizational restructuring, 2) the cases reflect a new service delivery model that can be described as a social development framework, 3) the cases provide an array of implementation challenges, and 4) there are a variety of lessons to be learned from the development of innovative programs and practices.

CROSS-CUTTING THEME #1 – INNOVATIVE SERVICE DELIVERY

Several common themes in service delivery have emerged as well. Social service organizations are *ensuring universal eligibility* to employment services (e.g., Alameda County's Neighborhood Jobs Pilot Initiative), behavioral health services (e.g., the Napa County coalition of non-profit organizations), and services for the substance-abusing homeless population (e.g., the Napa County Transitional Residential Alliance). The scope of services has also expanded, as social service organizations *are more actively assisting community residents with transportation* (e.g., the Connections Shuttle in Santa Cruz County and the Guaranteed Ride Home in Santa Clara County) *and child care* (e.g., The Exempt Provider Training Program in San Mateo). In addition, the personal obstacles to labor force participation such as low basic work skills, mental health problems, chemical dependency or medical problems are more easily addressed when they are *co-located in a single facility* (e.g., integrating mental health and substance abuse services into the Sonoma County welfare-to-work program). Services are frequently co-located in one-stop employment centers to increase consumers access, service utilization, staff communication, employment in the community and job retention.

Furthermore, social service organizations are *actively engaged in promoting the employment of welfare participants* by providing them with jobs and training, addressing public agency staffing shortages, and setting an example for the larger community (e.g., hiring TANF recipients to work in the San Mateo County Human Services Agency). Publicly supported job creation often *combines business with rehabilitation* in, for example, the San Mateo County Workcenter where participants are employed to satisfy the job demands of private industry

(e.g., packaging and shipping) and at the same time receive support services and assistance with job training, placement and retention.

CROSS-CUTTING THEME #2 – NEW COMMUNITY PARTNERSHIPS

Social service organizations are *increasingly involved with community-based organizations and coalitions* in building partnerships as seen in the neighborhood-oriented approaches to service delivery in Napa, Sonoma and Alameda County. County social services agencies often serve as lead administrative agencies due to their access to resources and their ability to leverage funds. In a similar way, community-based non-profits take the lead in delivering many of the services because of their more intimate understanding of local needs and neighborhoods. In working more closely with community-based organizations, social service agencies *are increasing their partnership with community residents*, as is evident in San Mateo County's Adopt-a-Family Program that recruits godparents to provide material and social assistance to TANF recipients.

Furthermore, social service agencies are expanding collaboration within their organizations as seen in the coordinated case planning in Contra Costa County's child welfare and welfare-to-work "cross-over service" programs. In addition, social service agencies are increasing internal collaboration between all programs and staff members when they involve organizational development specialists to improve staff collaboration in order to prevent the fragmentation of services.

Increased collaboration between agencies is also evident in Contra Costa County's comprehensive one-stop employment centers, Monterey County's Pueblo Del Mar wraparound services program, and the San Mateo County community college Human Services Certificate Program.

CROSS-CUTTING THEMES #3 – ORGANIZATIONAL RESTRUCTURING

As part of helping low-income working individuals find employment and become self-sufficient, social service agencies are finally able to design and implement innovative employment and training programs. This change emerges, in part, as a result of the increased flexibility of federal TANF and workforce legislation which allow for *combining funding streams in order to be more responsive to the needs of local residents*.

Social service organizations are also finding more

FIGURE 1
**Case Studies Involving Service Delivery,
 Partnership and Organizational Restructuring**

New Approaches to Service Delivery

Removing Barriers to Workforce Participation

- The Connections Shuttle
- The Guaranteed Ride Home Program
- Child care Provider Training
- The Co-location of Support Services in Welfare-to-Work Programs

Self-Sufficiency Support Services

- The Workcenter
- The Family Loan Program
- The Adopt-a-Family Program
- The JobKeeper Program
- The Hiring of TANF Recipients in Social Service Agencies

Practices that Enhance Community Partnership

Neighborhood Partnerships

- The Neighborhood Jobs Pilot Initiative
- Neighborhood Self-Sufficiency Centers

Community-wide Partnerships

- The Transitional Residential Alliance and Integrated Network
- Pueblo Del Mar
- The Behavioral Health Committee of the Napa County Coalition of Non-profit Agencies
- Collaboration between Community Colleges and Social Service Agencies
- The Financial Abuse Specialist Team

Social Service Agency Restructuring

- The Introduction of OD Principles within Social Service Agencies
- The Merging of Workforce Investment Boards and Social Service Agencies
- The Blending of Multiple Funding Streams into Welfare-to-Work Programs
- The Provision of Cross-over Services to Individuals receiving both Child Welfare and Welfare-to-Work Services

effective ways to deliver services by *merging* with other organizations such as Workforce Investment Boards, housing organizations, and health departments. Mergers frequently increase communication, cooperation and resource-sharing between two organizations despite the complexity of the process. In addition, the combined expertise of personnel in merged organizations can increase the quality of service planning and delivery, especially when funding streams are blended.

Finally, social service organizations are *improving problem-solving and learning processes* by actively using organizational development techniques (e.g., staff feedback and self-assessment tools) to address such issues as increasing cultural competence or feedback on implementing strategic plans. The techniques are also used to increase attention to program outcomes as well as increase staff capabilities in fostering teamwork.

A Synthesis of Cross-Cutting Themes

It is helpful to examine the underlying forces fostering unique programs and practices in order to understand the cross-cutting themes of innovative service delivery, new partnership and organizational restructuring. The

restructuring of social service agencies can be viewed as part of an ongoing process of increasing public accountability. The accountability process incorporates private sector principles (e.g., organizational development and a greater emphasis on accountability and cost-effectiveness) in order to foster increased flexibility (e.g., the combination of funding streams and cross-over services) that is needed to address a wider range of human needs (e.g., in health, housing, transportation and child care). In addition, social service organizations are restructuring in order to improve services by focusing on the removal of barriers to labor force participation (e.g., mental health or substance abuse problems) in order to promote job training, placement and retention. Service availability and effectiveness are enhanced through partnerships with other county or state public agencies (e.g. the housing authority or the department of transportation), community coalitions (e.g., the Alameda County Neighborhood Jobs Partnership Initiative), and community service providers (e.g., the San Mateo County Exempt Child Care Provider Training Project). Typically community-based organizations deliver many of the services while county social service agencies provide financial, supervisory or

technical oversight along with seeking the continuous input and involvement of local residents.

The Emergence of a Social Development Model

In addition to describing the cases in relation to service delivery, partnership and organizational restructuring, the innovative programs and practices can be analyzed in relation to current concepts of social development. Midgely (1997) defines social development as “a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development” (p. 181). The model is based on four principles: 1) participating in a productive economy is the preferred mechanism for meeting economic and social needs, 2) investing in individuals and communities can create opportunities and enhance capacities, 3) the free market is not adequate to meet all social needs and government is needed to promote and facilitate self-sufficiency in partnership with individuals and communities, and 4) a minority of individuals require long-term social and economic supports.

Midgely (1997) describes three types of social development programs that promote economic growth by investing in social welfare. *Programs that emphasize employment* (labor force attachment) help low-income individuals and welfare recipients to participate more fully in the labor force, thereby reducing welfare dependency and increasing tax revenues. *Social capital programs* enhance: a) the volume and intensity of cooperative networks and social relationships in communities, b) social and economic infrastructure (e.g., clinics, schools, housing), and c) individual asset accumulation (e.g., matched savings accounts). Finally, *human capital programs* promote economic growth by investing directly in individual welfare (e.g., education, health care, nutrition). In Figure 2, the cases are clustered according to the definitions of the three types of social development programs.

Within this framework, most of the cases reflect an investment in employment and social capital related to the self-sufficiency emphasis of the TANF legislation. As a result, there appears to be a greater need for investment in human capital. In other words, the first wave of “work first” strategies have been successful in reducing welfare caseloads, promoting employment and building community networks, yet future efforts are needed to help the low-income working population: 1) further their general education, 2) advance in their careers, and 3) access community supports that are needed to maintain long-term family self-sufficiency.

The Challenge of Sustaining Innovations

Underlying these cross-cutting themes are continuing challenges that impact the innovative programs and practices. They reflect the three themes of service delivery, partnerships and organizational restructuring.

One of the biggest challenges to sustaining innovative services involves the hard-to- place CalWorks participant who must contend with a very competitive workforce environment and then retain employment by managing new work-related expenses (i.e., transportation, child care, medical care and work clothes).

Despite having obtained consumer consent to release information, and training staff to understand the funding and services of other programs, it is a continuing challenge to maintain client confidentiality in integrated service environments which rely on inter-agency communication, resource-sharing and collaborative case planning.

Creating and maintaining collaborative partnerships is also a major challenge, as coalition building takes time and is often difficult due to diverse political perspectives and personalities. Furthermore, when relying on several different agencies for service delivery, it is often difficult to maintain consistency across the agencies in terms of the services clients receive, staff responsibilities and organizational objectives. Finally, sustaining a collaborative vision is a challenge when program implementation is often seen to be more difficult than program design, especially when there is a loss of momentum following the institutionalization of the innovation.

These case studies of innovative programs and practices provide the first glimpse of the changing role of social service organizations in the era of welfare reform implementation.

Lastly, several challenges relate to organizational restructuring. First, when new policies and procedures have not yet been fully operationalized and staff positions are changing, there can be considerable confusion. For example, when social service staff who had engaged primarily in client screening and eligibility take on new client employability mandates, it is not surprising to find role confusion and disorientation. Second, maintaining highly qualified staff members is a challenge for most social service agencies, as there has been much staff turnover and new employees must be trained in the new family self-sufficiency service delivery model. Third, it has been difficult to structure multi-functional service delivery teams to deliver a wide range of employment and social services within the guidelines of welfare-to-work

policy and, more generally, difficult to address the needs of local residents within categorical funding constraints.

Lessons Learned

Dealing with these challenges requires consensus building, motivation for organizational reform and maintaining momentum. These case studies illustrate several lessons learned that are organized into the categories of client services, staff support, partnership development and community building.

LESSON 1:

In relation to client services, social service agencies have learned that it is necessary to *provide extra staff support and transitional time to individuals leaving welfare for work*, as this contributes significantly to job retention and career advancement, especially through mentoring relationships and expanded work internship opportunities. Additionally, social service agencies need to *build strong working relationships* with local businesses, landlords, transportation agencies and child care programs in order to better *assist consumers with these common obstacles to labor force participation*.

LESSON 2:

In supporting staff, social service agencies have learned to select *for planning committees the staff that are most committed to promoting significant change*, and to clearly define the direction of the expected change in order to maximize committee progress. They have also learned to *anticipate and proactively address merger-related personnel issues* to help staff understand that the issues will be resolved eventually, yet not perhaps in the immediate future, and that change and risk are inevitable. Furthermore, social service agencies have learned to schedule a *substantial number of staff meetings to clarify changing roles in an evolving system*, and provide information to all levels of staff at the same time.

LESSON 3:

With respect to developing partnership, social service agencies have learned to carefully identify and *include all potential stakeholders* (especially local government officials who need to support new ideas) in program planning meetings in order to decrease bureaucratic opposition, facilitate project investment and strengthen working relationships. It is equally important to *promote team-building opportunities* for different public and private agency representatives in order to enhance partner-

ships, pursue common community goals, and build the high level of communication and trust that is necessary for collaborative partners with different values or cultural practices.

LESSON 4:

Finally, in relation to community-building, social service agencies have learned to *assess comprehensively the needs of the community* and balance these needs with programs or services that funders will support, especially *locating unrestricted funding* to cover administrative and start-up costs for pilot projects as well as for services. They have learned to expand their media relations capacities in order to increase public awareness of new services through the use of flyers, phone calls, web-sites and presentations in order to reach a greater number of needy individuals and enhance community support. Social service agencies have also learned to expand their capacity to provide outreach efforts that are culturally and linguistically appropriate in order to address the needs of local residents (self-referral is not always effective in reaching socially isolated, low-income community members) and to minimize bureaucratic procedures and costs in order to facilitate consumer access to services.

Conclusion

This collection of case studies describes programs and practices that were chosen by Bay Area county social service directors for their innovative contribution to welfare reform implementation. Guided by questions relating to program goals, history, challenges, successes and insights, the cases are based on information obtained from interviews with Bay Area social service agency staff and consumers as well as written documents.

The cases cluster into three categories. Most examine new approaches to service delivery, including the removal of barriers to workforce participation and self-sufficiency support services. In this category, most new programs involve vocational rehabilitation, transportation, child care, loans and other temporary assistance that facilitates self-reliance. Practices that enhance community partnership is the second largest category, and most cases involve local inter-organizational relationships that address issues relating to employment, housing, income, education, mental health and substance abuse. Finally, only a few cases describe social service agency restructuring, including the introduction of organizational development, the merging of employment and human services, the blending of funding streams, and the linking of TANF to child

FIGURE 2
The Case Studies in a Social Development Framework

Programs/Practices that Emphasize Employment (Labor Force Attachment)

- The JobKeeper Program
- The Neighborhood Jobs Pilot Initiative
- Neighborhood Self-Sufficiency Centers
- The Merging of Workforce Investment Boards and Social Service Agencies
- The Blending of Multiple Funding Streams into Welfare-to-Work Programs
- The Hiring of TANF Recipients in Social Service Agencies
- The Family Loan Program
- The Co-location of Support Services in Welfare-to-Work Programs

Programs/Practices that Invest in Social Capital

- The Connections Shuttle
- The Guaranteed Ride Home Program

- Child care Provider Training
- The Transitional Residential Alliance and Integrated Network
- Pueblo Del Mar
- The Financial Abuse Specialist Team
- The Adopt-a-Family Program
- The Behavioral Health Committee of the Napa County Coalition of Non-profit Agencies
- The Introduction of OD Principles within Social Service Agencies
- The Provision of Cross-over Services to Individuals receiving both Child Welfare and Welfare-to-Work Services

Programs/Practices that Invest in Human Capital

- The Workcenter
- Collaboration between Community Colleges and Social Service Agencies

welfare services.

Within these categories, the successes and challenges reflected in the case studies can be best understood by an examination of cross-cutting themes. In relation to service delivery, human service organizations are ensuring universal eligibility, more actively assisting community residents with transportation and child care, co-locating services in a single facility, and actively promoting the employment of welfare recipients. The partnerships that are emerging are typically with community-based organizations, neighborhood coalitions, other agencies (state, county and city), and community residents. Organizational restructuring themes relate to program funding, program integration, intra-agency collaboration and organizational learning processes.

The innovative programs and practices reflected in this casebook represent “works-in-progress.” Some will grow and become permanent and others will struggle and phase out. Predicting the sustainability of innovations is difficult. However, some lessons have been learned to date. In relation to service delivery, human service organizations have learned to: 1) provide extra staff support and transitional time to individuals leaving welfare for work, 2) build strong working relationships, and 3) assist consumers with obstacles to labor force participation. In relation to partnership, they have learned to: 4) select for planning committees the staff that are most committed

to promoting significant change, 5) proactively address merger-related personnel issues, 6) schedule a substantial number of staff meetings to clarify changing roles in an evolving system, and 7) carefully identify and include all potential stakeholders. Finally, in relation to organizational restructuring, human service organizations have learned to: 8) promote team-building opportunities, 9) assess comprehensively the needs of the community, 10) locate unrestricted funding, 11) expand their media relations capacities in order to increase public awareness of new services, 12) expand their capacity to provide outreach efforts that are culturally and linguistically appropriate, and 13) minimize bureaucratic procedures.

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Launching a Family-Centered, Neighborhood-Based Human Services System: Lessons from Working the Hallways and Street Corners

KATHERINE ARMSTRONG

Introduction

The BASSC Vision Statement (Working Paper #1) presented a framework for the development of neighborhood-based human services in partnership with community leaders and residents. Despite the almost unanimous desire among BASSC members and other stakeholders to see this vision put into action in the Bay Area, it is not yet clear whether social services departments can truly play a significant role in transforming the existing hodgepodge of fragmented, categorically-funded, crisis-oriented services, controlled by a complex web of rigid state and federal regulations, into this magnificent vision. This paper seeks to address such hesitations and reservations by describing how Contra Costa County is implementing its Healthy Families 2000, the County's vision of neighborhood-based, family-centered, comprehensive integrated services. A systematic review of the process and a delineation of the operating practices and principles guiding that County's significant change effort can shed some light on how the BASSC vision could become a reality throughout the Bay Area.

The Process of Organizational and Community Change

Nearly five years ago Contra Costa County began its long journey toward the development of neighborhood-based, family-centered services when its leadership made a commitment to translating the County's successful Inter-Agency Family Preservation Program into system-wide change. The County's success with Family Preservation taught a number of valuable lessons. Through an inter-agency commitment to families it had prevented out-of-home placements, reduced foster care costs, and helped improve the family life of participants. The County now had tangible evidence that concentrating on the entire family, engaging families as active partners, and assisting families within the context of the community resulted in better functioning families and cost savings. Just as significant as these improvements, the County had learned that Social Services, Health Services, Probation, and

Community Services could work together successfully when presented with a common goal, a unified structure for delivering services, and a mandated reporting of results.

Both the Board of Supervisors and the Youth Services Board (YSB—the County's inter-agency board made up of the County Administrator, Directors of the Departments of Social Services, Health, Probation, Community Services Administration, Juvenile Court Judge, the Superintendent of County Office of Education, and the children's advocates) were committed to creating a human services system that was community-based, family-centered, comprehensive and involved inter-agency collaboration. All involved were committed to improving the well being of the County's children and their families and preventing the costly family crises which now absorbed most of the county's resources and attention.

Within a year of the YSB commitment a consultant was hired for a three-year period to assist the YSB realize this goal of strengthening families. During the next three and a half years the consultant: drafted the vision statement and strategic plan, obtained feedback, made necessary improvements, and communicated the vision to every significant group in the county; staffed and directed the work of the YSB and its newly created inter-agency managerial planning body, the Service Integration Management Team (SIMT), in carrying out the day-to-day work of designing and implementing community-based service integration; completed the analysis needed to select the key neighborhoods for development; engaged and motivated neighborhood residents, leaders, and community agencies in the two communities selected for piloting the new system of services; participated in extensive negotiations with unions, agency staff, and community-based organizations; helped develop the programmatic and physical infrastructure for re-locating inter-agency,

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integrated services into the neighborhoods; consulted on the development of a proposal to become an AB1741 pilot county, the State's fast track for state waivers; and assisted with training and staff development issues.

Developing a Vision and Strategic Plan

The YSB faced the daunting challenge of determining how to decentralize county-wide services into a neighborhood-based service delivery system while confined within a rigid web of State and Federal regulations and categorical funding. In addition, YSB members were preoccupied with making severe budget cuts. In this environment it was important to carve out a change process that allowed for risk-taking, and gave staff time to learn from mistakes, but also imposed as little disruption as possible on the entire human service system.

The first step was to create a unified vision, agree on a set of operating principles and draft a strategic plan. This process took a year and entailed intensive communication and collaboration with staff at many levels within each of the County Departments of Social Services, Health, Probation, Community Services, and the Juvenile Court, the schools, community groups, and children's advocates.

YSB members soon agreed that the development of neighborhood-based, family-centered, integrated services should be targeted to those communities with the highest number of residents living in poverty, and to neighborhoods in which there lived a significant number of clients known to three or more departments or receiving at least four different services. Members decided to pilot this new approach in the identified high risk neighborhoods that also had community leaders receptive and willing to form partnerships with the County.

The process for targeting communities included a data match of the client files from Social Services, Health Services and Probation. Through a geographical mapping of the data match findings, the YSB identified nine neighborhoods where service utilization was greatest, where there lived a large number of families using four or more services of the departments of Social Services (Child Welfare and Income Maintenance) Health, and Probation. High on the list of the nine eligible communities were the County's unincorporated areas of North Richmond and Bay Point/West Pittsburgh. The population characteristics of these unincorporated areas reflected many high risk factors (for example, 50% of residents have not graduated from high school, 34% are unemployed, a high number of children are in kinship foster care, the immunization rate is lower than average, and the infant

mortality and morbidity rates are higher than average).

Fortuitously, at the same time the Board of Supervisors and the YSB were completing the strategic plan and finishing up the analysis of the county's service utilization, both North Richmond and Bay Point community members were beginning to organize. Leaders from these communities had recently approached the Board of Supervisors demanding changes in the way all services (including police, transportation, and employment) were delivered to their residents. This new pressure on the Board to dramatically change the way services were provided to these two neighborhoods influenced the YSB to chose North Richmond and Bay Point for its first two pilot service integration centers.

Learning About the Neighborhoods and Engaging Residents

One of the key operating principles guiding the service integration effort was a commitment to design the neighborhood services system to meet the needs of families and residents. This required an extensive needs assessment of the communities and establishing new opportunities to hear from clients and residents about what they needed and wanted. The vehicle chosen for this endeavor was to join with the local schools to apply for a Healthy Start planning grant. With funding obtained via Healthy Start each community was able to conduct focus groups, interviews, and town meetings, and to complete a resource mapping of the available services, programs, and strengths in the community. The Healthy Start planning process brought many people to the table that had never participated in the past, and it created new opportunities for parents, community-based organizations, schools, and county services to begin a dialogue about community needs. This was particularly true in North Richmond where, for the first time, Verde Elementary School became a key partner with the County and the community.

During the next year, as the Healthy Start planning effort was under way, North Richmond residents successfully advocated for the creation of a local governance structure, the Municipal Advisory Council (MAC), that reported directly to the Board of Supervisors. Community leaders now had a means to advocate for more access to and accountability from the Board with regard to issues facing their community. The North Richmond MAC developed its own strategic plan, incorporating the results from the Healthy Start needs assessment as well as findings from their systematic review of county-delivered services in the community. The North Richmond MAC

leadership worked closely with the consultant and county staff guiding the process of county service integration for the North Richmond community. With support from the Zellerbach Family Fund, the MAC was able to fund identified community priorities and hire local people to work on community projects. In the Bay Point community, a MAC had been authorized during the previous year and a MAC council member was involved with the Healthy Start needs assessment planning process and service integration planning and implementation.

The motivation of the YSB to improve local access to services and pressure from the grassroots to respond to community consensus created the needed catalyst to spark dialogue and established the practice of a shared planning process. The natural tensions between the community and human services providers insured that the system changes were responsive to clients and families who lived in the neighborhoods. The consultant helped establish a mutually supportive and interactive process that allowed community building efforts to proceed independently, but in relationship to the extensive, internal department-level planning required before any services could actually move from central offices to the neighborhood or shift from categorical services to a family-centered and holistic approach.

Negotiating With Staff

Preparing staff for work in the new neighborhood-based, family-centered, service integration teams had two stages. The first stage involved staff selection and training, including: deciding what programs and staff, in what combinations, would be located in the neighborhoods; developing new job descriptions and determining how staff would be supervised and managed; drafting a training curriculum; gaining union support; and recruiting and selecting staff.

The second stage began immediately after all staff members had been selected, trained and located in the neighborhood centers. This stage required a reassessment and modification of everything that had been decided and begun during the first stage. A range of unanticipated conflicts emerged when staff were transferred from categorical programs, with no history of working together, into new teams responsible for serving the same clients and community.

Language was a huge problem. Workers used similar words, but the same word often had completely different meanings to the social worker, the eligibility worker, the public health nurse, the probation officer and the sub-

stance abuse counselor. It took some time together before the team members realized that they were all using different definitions, and even longer to develop common language and definitions of “family-centered, community-based, comprehensive, inter-agency case management”, “community involvement” and “partnerships”.

Personnel had difficulty respecting each other’s work. Tension ran high between disciplines as they struggled with each other in forming a common approach to clients and their needs. Categorical rules and regulations continued to obstruct team relations and cause daily frustration. Departments found it challenging to cope with members of their own staff who were now functioning very differently from their mainstream workers. Turf issues among service providers remained at the heart of every discussion.

Contra Costa County staff struggled with the notion of self-managed teams because the traditional top-down supervision and control did not fit the demand for flexibility in a de-centralized service system. However, the concept of a self-managed team was very troublesome for practically everyone—unions, managers, and staff—and continues to evolve as a new form of practice with more experience and training. The county engaged in extensive union negotiation for at least six months before the teams were recruited and selected, and union negotiations continue to be a key aspect of the implementation process. Union members participate in the SIMT and are among the staff operating in the two neighborhood centers. Five different unions were involved in negotiations about every operational issue and assignment of work tasks. Individual unions had concerns which dealt primarily with their own membership; thus, complying with one union’s request sometimes placed management in conflict with another union. It was management’s responsibility to help everyone reach some consensus before operations could proceed. Many of the initial discussions revolved around issues of safety, workload, and people working outside of existing job classifications. Together, labor and management worked through the design of the management information system, site selection and renovation, site configuration, job descriptions, confidentiality, training, staff development, and how the self-managed team concept would work.

The multitude of day-to-day frustrations quickly became serious obstacles to changing service delivery, raising many reasons to question the whole concept of neighborhood-based service integration. Commitment had to be constantly articulated and communicated by

the Board of Supervisors, the YSB, and the County Administrator to all participants to keep everyone on track and moving through these difficulties. This was a top-down change process, but many at every level wanted the same changes. Throughout the entire process participants continued to struggle with a simple fact: while most of us are in favor of making improvements, few like to make changes in their own world; almost all of us prefer that someone else do the changing.

Negotiating With the State

At the same time the SIMT was working through the operational issues, a study was completed which documented a list of state and federal waivers needed to blend categorical funding streams and re-direct staff time from paper work into prevention activities. This in-depth analysis of departmental operations documented how clients moved through the programs, from intake through exit, noting non-productive activities and requirements imposed on the departments. The county applied for and obtained AB1741 status, which allowed five county pilots to receive waivers needed to support service integration.

Negotiating with Community Representatives

There were two key aspects to team members' work with communities. One involved establishing new kinds of relationships with the Center's new clients, those who receive direct services from the team members. The other aspect required establishing a positive working relationship between the team and the community as a whole. This meant working with the MACs and with the Healthy Start Program as well as other community groups and representatives. This was a new experience for staff and involved considerable on the job learning and experimentation.

Staff were able to establish new positive relationships with their clients more easily than developing a community-wide perspective necessary to build constructive neighborhood relationships. All client participation in the neighborhood centers was voluntary. Team members had to go door to door and persuade clients to transfer their cases from the central office to the neighborhood center. This dramatically changed the relationship between workers and clients and set the stage for the kind of individualized attention clients are now receiving. Because workers had to persuade their clients to join the Center, staff members felt very responsible for adapting services to better meet client needs, and they assertively advocated with department management to change rigid

policies and procedures that affect client services.

While the county engaged in restructuring, re-configuring and dealing with internal issues, the neighborhood representatives were becoming more organized and began advocating for specific service priorities: jobs, increased public safety, and increased after school recreation. There was ongoing tension between what the community viewed as its primary needs and what the county could actually provide under existing categorical funding until the waivers were approved.

The teams continue to learn how to work with neighborhood leadership. Turf struggles exist in the neighborhoods and it is not always clear who is speaking for whom. It is not uncommon to find significant disagreements among neighborhood groups about what is best for the community. Staff have found that the best methods for adapting to community work involve patience, perseverance and relationship-building.

Practice Principles for Managing Organizational Change

The management principles that impact leaders in the process of change center on four broad tasks—making a personal commitment, re-defining ourselves and our roles, planning for implementation, and moving from planning to action.

MAKING A PERSONAL COMMITMENT

Implementing a new vision of human services is time-consuming, tedious, and hard work, but not impossible. It requires a personal investment in converting the existing set of mandated department activities into a transforming vision. There usually is broad consensus about the merit of a family centered, neighborhood-based strategy. However, if one lacks passion and the necessary energy, it is impossible to move through the overwhelming inertia that exists in the public sector or to cope with the multiple roadblocks and barriers faced at every turn. Directors of Departments of Social Services interested in promoting family-centered, neighborhood human services should consider the following soul-searching questions:

Does the vision of a family-centered, neighborhood human service system truly reflect our own vision of the ideal?

Do we really believe that this vision, if implemented, will make the difference in the lives of our clients, workers and the community?

Is this a good time to handle the increased responsibilities associated with the needed changes?

Are we prepared to deal with the inertia, ingrained

practices and the resistance we will uncover as we try to change ourselves and our department's practice?

Are we willing to devote the necessary attention to managing change while handling the ongoing pressures imposed on us by the state or county?

Are we willing to invest the effort to learn new habits and competencies related to:

- *re-engineering techniques and entrepreneurial approaches;*
- *communications, public relations, public education;*
- *organizational development processes; motivating and engaging clients as partners;*
- *identifying and working with strengths; supporting self sufficiency and responsibility;*
- *worker self management/decentralized decision making and community governance?*

Individuals usually come to the point of implementing a vision because they are “called” and are compelled to do whatever is required to make it happen. For example, one director became committed to such a vision after a soul searching and an “up close look” at the daily operation of his department. His beliefs about how staff and clients should be treated were so different from the way they were being treated that he had to change the department or give up his career.

RE-DEFINING OURSELVES AND OUR ROLES

A second major decision involves determining how we personally will participate in day-to-day change efforts and how involved we will be in overseeing the efforts required to transform our departments. For example, will we be out front, highly visible and attached to this effort? Or, will we delegate this responsibility to a high level person who can handle the day to day planning, communicating, and implementing and provide the support necessary for success?

Most directors of social service departments are so busy that they have few opportunities to observe how their departments are working, how workers' needs are changing, and how clients are treated. Most directors work under incredible pressures and spend much of their time on budgetary crises, smoothing relations with the Board of Supervisors, and coping with state and federal officials. Middle managers and their supervisors handle day-to-day operations. Even middle managers are not always clear about how their clients move from intake to termination and what services look like from the clients' perspectives.

It is essential that directors find ways to understand more fully how their organization functions, what must be changed, and how it would function if it were truly a client-centered, community-based, integrated system of support for families. This does not mean that the director needs to micro-manage the operation, but time must be spent on understanding what is going on before identifying strategic opportunities for improving service delivery. In Contra Costa County it made a big difference that two of the County Supervisors and the County Administrator were 100% invested in this endeavor and knew the details of what was going on.

PLANNING FOR IMPLEMENTATION

After struggling with the issues of assessing one's commitment and re-defining one's role, one can turn to the hard work of planning and preparing for the implementation requirements. The actual work of implementing the vision is akin to flying a plane while making design improvements, knitting a sweater while wearing it, or renovating a house while living in it. In order to get started, Contra Costa County found it worked best to create a neighborhood-based system of service integration within and parallel to the existing county operations. In this way a “micro world” could be created for learning and testing how to do this work. This approach is less risky than throwing the entire department into upheaval; however, one must be comfortable with operating in two different and sometimes conflicting worlds at the same time. Also, one must be vigilant that this experiment is not just another project with no tie to real policy. Everything learned must be connected to improving services county-wide or else stakeholders will lose faith.

Staff must be found within the department that can work on two interdependent efforts—that of building a new infrastructure to support neighborhood services and that of community organizing and mobilizing. An individual who is very good at action planning and program and systems design, who knows the county services and how these fragmented services must be re-structured, is not always the best person to work in a community involving community residents and clients in neighborhood improvement. But, the two efforts are mutually supportive and must operate with common agreement about priorities and expected results.

There are four sets of tasks that must be addressed in this planning stage. These include: 1) developing the programmatic frameworks and infrastructure for supporting community-based work; 2) determining how to

obtain active community participation and partnership; 3) creating staff “buy-in” and ensuring staff success; and 4) building intra-and inter-organization collaboration. The elements of each are noted as follows:

Program Infrastructure

- Adopting prevention-oriented service models
- Creating a unified, coherent management information system
- Obtaining county, state and federal waivers
- Building a management structure for operating decentralized teams
- Developing community-focused budgets, which reflect blended funding sources

Community Development

- Unlearning the past and building trust
- Supporting the creation of neighborhood leadership
- Clarifying community priorities
- Creating a local governance structure
- Bolstering self-help and mutual assistance
- Employing neighborhood residents
- Directing funds to community-identified priorities

Staff Development

- Building trust and developing vision
- Facilitating consensus on vision and values
- Ensuring appropriate skills and competencies

Collaboration

- Creating partnerships between county departments
- Forging links with local businesses, funders, civic organizations and community-based organizations

The successful accomplishment of these tasks requires certain organizational and leadership qualities. The organization must be a “learning organization” that uses data and information to correct operations. It must be organized to learn by doing, utilizing information from the management information system to improve day-to-day practice. In addition, the organization must replace protecting the department’s image with a willingness to take risks and learn from mistakes, and it must ensure that everyone involved feels responsible for success and shares a comparable personal vision. Organizational leadership qualities that are required include “walking the talk,” an ability to make and communicate decisions that are consistent with the vision. The leader must function as a cheerleader and rewarder, creating and providing incentives, as an educator, motivator, sales person and mobilizer. He or she must practice persistence, persever-

ance, and patience, be willing to “make it up as you go,” and correct mistakes with little rancor. Most importantly, the leader must clearly and constantly communicate successes, lessons, and implications of changes as they occur.

Moving From Planning to Action

The action steps which must be undertaken to transform an existing system into a family-centered neighborhood human service system can be overwhelming. However, success can occur if all those involved work together with a well organized action plan. Multiple activities and tasks can be carried out simultaneously and within common time frames if all agree on the operational plan for dividing up the tasks and responsibilities. For example, in Contra Costa County, the entire process from beginning to test-pilot stage took three and a half years by taking small steps, one day at a time, which produced significant progress.

Figure 1 outlines elements of the four action areas that needed to come together to ensure project success. Each of these areas involved a number of specific action steps that kept the project moving forward to create an effective systems-level change. All were interactive and moved forward with overlapping time frames.

Establishing the vision involved educating and informing as well as listening and soliciting feedback at many levels within the County and the community. Participants needed to be allowed and assisted to articulate their reservations as well as their enthusiasm in order to develop and affirm their ongoing support. Developing the program infrastructure encompassed the “nuts and bolts” of program planning, while creating the community action plan and building the collaborative teams involved the promotion of strong and effective working relationships between individuals and organizations. The community action plan process required facilitating mutually-supportive working relationships between the neighborhood governance structure, schools, agencies and residents. The collaborative team-building process focused on effective working relationships between neighborhood center staff and clients and community members. A final step involved the selection of a neutral party to evaluate the efforts and communicating with all parties to improve the quality of life in the neighborhood.

These steps are only highlights of a complex process of systems change. Much of the change process involves exploring uncharted territory. Once a vision is developed and key leaders adapt it as part of their own personal quest, the journey begins; however, it has no predictable

end point. Much of the progress made and speed of the change process will depend upon the process used to bring people together, the personalities of key individuals, success in focusing participants' energies on joint, positive action, and, of course, seizing unusual opportunities as they present themselves. If leaders have a great deal of energy, are passionate about this work, have good partners, and are patient and persistent, it can be done. Staff reported that working in the neighborhood Family Resource Center is the most difficult work they have ever done, but it is also the most meaningful. Over and over again staff report such comments as, "this is the first time in 16 years I actually enjoy coming to work everyday." Workers believe they are making a difference in the lives of their clients. Clients reported that they are shocked by the difference in the way they are treated. Any for the first time are served in a helpful, respectful manner.

The Consultant's Role in Facilitating Change

There are many different definitions of what a consultant is and what a consultant does. To some, a consultant is an expert who helps people clarify their intentions, helps design a process for achieving the organization's goals, and coaches everyone through an implementation process.

Each consultant also brings a value system and, in this case, a commitment to neighborhood-based, family-centered, inter-agency service integration. This involves promoting community participation in all aspects of neighborhood life and insuring that resources are distributed consistent with the needs and wants of the neighborhood.

The consultant's role changes over time in response to the presenting needs and requirements of the job. There were three phases of the work in Contra Costa County: the start up phase or the visioning process, the implementation planning and designing of a new system, beginning operation of the pilot.

During the first phase the consultant was responsible for drafting the vision, the set of operating principles and the strategic plan. The consultant was charged with gaining commitment and "buy in" from multiple agencies, levels in the organizations, communities, and decision makers. This was a full time job of motivating, communicating and listening to many different groups. During this stage, all of the disparate interests had to be brought into some form of agreement about the future. The consultant along with the YSB was identified with the effort, but it was the consultant's responsibility to keep everyone moving forward together.

Once the Board of Supervisors passed a Board Order in December 1992 mandating community-based, family-centered, inter-agency service integration teams to be located in the two neighborhoods of North Richmond and Bay Point, the Service Integration Management Team (SIMT) was created. As a result, the neighborhoods became associated with a larger group of concerned people, representing the departments and programs.

The consultant was the technical expert to the SIMT and helped guide the implementation planning process, structuring the work committees, overseeing the participation of all departments in making decisions, communicating with various county departments and coordinating with parallel projects related to neighborhood services. It was the consultant's responsibility to be well informed about all of the possible methods for structuring service integration and to know and understand the "state of the art" information about the myriad of infrastructure issues that had to be dealt with (for example, financing, management information systems, self managed teams, and evaluation) and tracked through written records of the plan, time lines, accomplishments and agreements. The consultant was a cheerleader that kept the process moving forward, serving as an activist in the community-building process and responsible for much of the day to day work of assisting the Healthy Start planning efforts, developing the North Richmond MAC, and creating communication channels between the community and the SIMT.

With the launch of the neighborhood family service centers, the County appointed a high level manager responsible for the operation and management of the neighborhood pilots. The consultant became more of an observer to the operation and shifted to a liaison role between the county and outside parties (foundations and state agency representatives), making the necessary connections to resources and expertise that could facilitate the full operation of the neighborhood centers. Specifically, the consultant conducted a technical review of all programs to determine which state and federal waivers were required to support service integration. This was done in collaboration with the County Administrator's analyst who was completing a full scale review of the existing financing mechanism and making recommendations for actions needed to maximize existing funding sources and waivers required to blend categorical funds to support the service integration efforts.

During all three steps the consultant was the person who reminded everyone about the shared vision,

since everyone had many other priorities throughout the change process. The consultant maintained the County's memory on this entire enterprise and ensured communication links to the many different people who needed to be included.

The greatest challenge was coping with the slow pace of the change process. This was the consultant's only assignment, and she wanted everything to happen now. Her preferred pace was impossible for department management staff who had many competing demands on their time and energy. Allowing others a more relaxed pace, while maintaining the forward motion of the project was an ongoing balancing act.

In reviewing this experience, it seems that the consultant may have two major advantages over the appointment of an internal department manager when helping the county plan and implement neighborhood service integration. A consultant has the freedom and opportunity to speak his or her "own opinion about the truth of the circumstances" to upper management, the Board of Supervisors and the children's advocates without fear of reprisal. The consultant holds a neutral position with respect to any department or particular discipline; he/she is not required to promote the interest or defend the reputation of one department over another.

In a bureaucracy, middle managers, supervisors, and front line workers often find it difficult to say exactly what they think to upper management. Usually there are limited opportunities for their opinions to be heard and included in upper management discussions and when there is a chance to speak one's views, many worry about the repercussions of speaking up or being overly candid. Staff from different departments often reflect different organizational cultures and "ways of doing things." Even when they find it difficult to rationalize the decisions of their superiors, they are often expected or personally believe that they should present their department's "best possible face."

In contrast, the consultant's job is to present as truthfully as possible an impartial view of the circumstances and a thorough analysis of the options for action. At times, during this particular project, the consultant's opinions about what should be done in negotiations with the unions, departments and community were ignored. She walked a fine line between pushing a position that was vital to the success of the effort and accepting that others may actually better understand what is best for the program. She learned from her mistakes as to which decisions required more persuasion and which circumstances

needed an accepting, open attitude. This is a luxury which a consultant can indulge more easily than a civil servant.

The consultant is often alone when presenting an unpopular view. When staff see that upper management's response to unpleasant facts is constructive, then agency staff become more actively involved by seeing how safe it is to advocate for change.

A second advantage of hiring a consultant is that the County can hire one person who has the skills and experience required to work with both public agencies and neighborhood advisory groups. While most departments have staff who could perform in either arena, they are more than likely functioning in job classifications and current assignments which make them invisible or inaccessible to upper management. Many eligibility workers are community leaders in their neighborhoods. Many front line supervisors have learned how to get different agencies to work together when serving the same client. However, it is uncommon for a public agency to search through the bureaucracy and find these people and reassign them to a team to work inside and outside the organization. Most social services departments do not function with the kind of flexibility needed to maximize the talents and abilities of employees, regardless of classification and formal education.

Conclusions

In Contra Costa County the process of integrating services has caused some very dramatic changes in thinking and in practice. At the beginning of the change process, no one knew how it would end up or how it would look, and no one really knew exactly how to manage the process. The project was successful because participants learned to share a strong, sustained commitment to the vision of community-based, family-centered, inter-agency service integration over an extended period of time. This commitment led to shared planning, shared operations, and mutually supportive communication. Changing the system required the following critical elements:

Commitment and leadership from the top levels of county government were needed to keep the process on track. Commitment and leadership from the community were necessary to keep the system changes responsive to the neighborhood's needs and to mobilize local participation and ownership.

At least one person, in this case an outside consultant, was needed to keep an eye on the larger picture, bridge gaps and keep the dialogue open; thereby keeping everyone working together toward a shared goal.

New ways of thinking about government, communities, workers, purposes, and service provision were needed, along with a thorough understanding of the technical information available on systems change and systems improvements.

Participants in the process recognized the need to celebrate small changes as precursors to a larger change.

Discussion Questions

- What aspects of your organization would facilitate implementation of the “actions steps” described in this case and what would be barriers?
- Discuss the pros and cons of utilizing consultants versus staff to lead the development and implementation of major new programs.

Developing a Public Information and Community Relations Strategy in a County Social Service Agency

SHERYL GOLDBERG, JOHN CULLEN, MICHAEL J. AUSTIN

Introduction

When public social service agencies develop a public relations function to improve their communications and relationships with the community, they face several challenges. When dealing with the media, for instance, social service agencies encounter the following obstacles: (1) Fear of and reluctance to use the media (Brawley, 1995); (2) Concern about violating client confidentiality (Jones, 1991); (3) A lack of credibility as a result of the public's perception that social service workers do not know what they are doing (Brawley, 1995); and (4) Public antagonism toward the clients and the services of government-run social service agencies, including the journalists working for the various media (Brawley, 1995).

This is a case study of the efforts of a county social service agency in California to address its capacity to disseminate and gather information relevant to its mission and the needs of the community. It describes a feasibility study of the need for a formal public information capacity to strengthen its relations with and visibility in the community. The goal of the feasibility study was to find a way to provide public education about the department's programs and services and obtain public input regarding the department's various activities and objectives. In the next section, a brief review of the literature places this case study in a larger context.

Background

The goal of public relations is to provide education and information to the public in order to promote positive awareness and reduce negative perceptions (Osborn & Hoffman, 1971). Effective communications to specific target groups or publics is based upon an evolving relationship between an institution and its publics (Bernays, 1986). As the role of public relations in social service agencies has increased in recent years, public information offices have been established to serve as a centralized contact point for two-way communications between an agency and its various audiences. The goals of such public information offices is to bring the agency to the

attention of the public and to generate community understanding and support by: (1) supporting/advocating the development of programs to address the needs of special client populations, such as recruiting foster parents (Levy, 1956); (2) improving the image of the social service agencies and their clients by featuring successful programs and participants (Osborn & Hoffman, 1971); and/or (3) providing information to the public that will benefit the public, such as public service announcements, community service programming, local television, radio stations, or weekly newspaper columns (Brawley, 1995).

The challenge facing social service agencies is to foster and improve relationships with their different stakeholders, especially local taxpayers (Ayres, 1993). Stakeholders can be differentiated into the following categories: (1) the clients who want to know what services are available and how they might benefit from them (McIntyre, et al., 1991); (2) interest and/or concern of the larger community who want to be assured that their taxes or philanthropic funds are being used wisely, along with cost-effective outcomes; (3) the detractors who are philosophically opposed to the notion of providing public services and often need to see how the cost-effective utilization of resources prevents fraud and abuse so that their lack of support might be reduced from active antagonism to at least passivity (Osborn & Hoffman, 1971); and (4) policy-makers

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and opinion-makers who require specific public relations strategies in order to educate and inform such bodies as City Councils, Boards of Supervisors, and state legislatures (Levy, 1956)

There may be different public relations goals for each of these target audiences and therefore messages need to be tailored to particular audiences (Brawley, 1995). Since good news does not generally leak out of the agency, systematic ways need to be established to ensure that stories about agency successes are routinely available to the media (Jones, 1991).

In addition to disseminating information about programs and services, social services agencies need to be able to monitor services and operations by gathering input from clients or from the community at-large (Thomas & Penchansky, 1984). Consumer surveys have become increasingly popular as tools to help agencies monitor the quality of care and service (James, 1994; Press, Ganey, & Malone, 1992; Inguanzo, 1992; Kritchevsky & Simmons, 1991; Berwick, 1989; Gold & Wooldridge, 1995). In addition, public forums, focus groups, suggestion boxes, comment cards, and selected interviews are other methods for gathering the opinions of clients and consumers.

Methods

The case study utilizes qualitative methods including in-depth interviews and focus groups with four different populations: (1) public information officials located in different parts of the country, (2) senior staff in the social service agency, (3) representatives of local community-based organizations, and (4) local opinion leaders. A total of eight public information officials representing public, private, and non-profit organizations throughout the country were identified and interviewed based on their reputation for operating a model public relations program. The model public information programs included a diverse group of agencies. A health maintenance organization was selected because the health care and social services have recently received a great deal of public and political scrutiny in relationship to health care reform and welfare reform. A community foundation was selected because foundations work closely with the community and providers and often have a well-developed public relations capacity. In addition, state social service and human services departments were selected that resembled California's state supervised, county-administered programs. One state program was selected based on substantial national media attention to addressing welfare reform legislation and one California county department with a

model public information program. The purpose of the interview questions to model programs participants were: (1) to define the public information office and its background and history; (2) to determine the organizational structure and context within which public education and public input is officiated; (3) to obtain a more detailed description of the office itself; and (4) to determine the organization's audiences and publics and to ascertain which methods of communication are used to target each audience.

Four county employees including senior managers were interviewed to assess how the agency and other county departments currently engage in disseminating public information and their vision for expanding its public information efforts. The purpose of the questions was: (1) to delineate background information concerning the division management and division objectives for public information; (2) to determine the structure and function of public information within the division and the agency; (3) to investigate communications internal and external the division and to discuss how a proposed Office of Community Relations could facilitate communications for the agency; and (4) to describe the agency's audiences and key media relations functions and resources.

A focus group was conducted with representatives of eight community-based organizations which worked closely with the social service agency. The goal was to identify different ways that the agency could improve its ability to gather public input. The focus group included representatives from the following types of organizations: food banks, housing agencies, child abuse prevention agencies, advocacy organizations, counseling agencies, parent education services, senior services, and neighborhood community organizing. The purpose of the focus group was to obtain the following information: the public relations functions as practiced within the eight participating agencies; their perceptions of the strengths and areas for improvement of the social service agency's public information function; and perceptions of the merits of a proposed Office of Community Relations within the social services agency.

Finally, a select number of opinion leaders in the county were interviewed to gain their perceptions of the agency. These participants included representatives of the County Board of Supervisors, the Grand Jury, the Area Agency on Agency, and a staff person for the Department responsible for administrating two key advisory committees.

Findings

The findings from interviews and focus groups reflect the perceptions of: (1) staff representatives of existing public information offices in a variety of organizations; (2) senior managers; (3) representatives of community-based organizations; and (4) selected opinion leaders.

The findings from the *representatives of public relations programs* in the public, non-profit, and private sectors provide an array of approaches to organizing public information offices (Figure 1). Media relations constitute the primary feature of all the public information programs surveyed, followed by developing/disseminating publications, coordinating a speaker's bureau, coordinating with legislative offices, conducting public education and charitable campaigns, and responding to public inquiries. The most frequently cited public information methods of model programs used in media relations are: (a) press releases, (b) editorial page, (c) newsletters, (d) media campaigns; (e) broadcast interviews, (f) feature newspaper articles, (g) public service announcements, (h) advertising campaigns, (i) distribution of publications, (j) special events, (k) presentations, (l) Internet and World Wide Web resources, and (m) legislative advocacy. Staff of public information offices often come to their positions with extensive media and communications training.

While few offices among those surveyed have a formal communications plan with evaluation procedures, all respondents identified their communication goals which included providing accurate information, promoting a positive view of the organization; and describing efforts to utilize funds effectively. These goals are frequently met by targeting specific messages to specific audiences.

Very few of the respondents from public information offices have public input responsibilities but provide staff at the program level with assistance in designing consumer satisfaction surveys, conducting focus groups, and working with advisory boards (Figure 2). In response to questions about the future role of public information offices, these respondents identified the increased need for the publication of fact sheets, the development of issue-specific public information campaigns, increased communication and collaboration among social service agencies, and the importance of developing and maintaining strong communication links to professional groups and providers.

Senior county staff emphasized the need to improve the quantity and quality of information currently shared with community-based organizations and other county

departments. Some of their concerns identified included communicating changes to programs and policies, providing referral information about shared clients, and increasing the department's visibility at community events. Senior staff noted that messages about programs and services need to be conveyed in a coordinated, strategic manner which build upon current practices and expand medial relations strategies.

In addition to external communications, senior staff called for increased internal communications. Current gaps exist in communication between bureaus and among line staff and managers. While this need is considered important, there is also resistance among employees to having their workload increased by requirements to attend more meetings or read more announcements/mailings. Therefore, a public information office should have responsibility for coordinating internal communications, including establishing a Speaker's Bureau and administering an ombudsperson program. Staff will need to be educated about the role and function of a proposed public information office by utilizing training resources at county and state levels as well as the opportunity for service staff to educate the public information staff about the agency's various programs.

Community-based organizations focused their attention on the process of obtaining public input. Several respondents noted the difficulty of involving the community in decision-making when there is a bias against being associated with the county social services agency. Suggestions for fostering community participation included annual or bi-annual community needs assessments, service evaluation surveys, and input from advisory groups.

The major concerns of the five opinion leaders were the need to address the negative public perceptions of the social services through effective media relations. They noted that the public needs to see "success stories" about consumers, profiles of individuals and organizations serving the community, the impact of state and federal legislation on the community, information about client demographics and service outcomes, and descriptions of current social service programs. The opinion leaders shared a perception that a public information office should: (a) serve as a centralized media contact (distributing flyers, television news, feature stories, etc.); (b) coordinate internal and external communications; (c) track legislation; (d) serve as the primary office responsible for community relations (conduct needs assessments and utilize input from advisory boards); (e) reflect a capacity to communicate with non-English speaking and ethnic

FIGURE 1
Description of Public Information Dissemination Utilized by Model Programs

<i>Media Relations</i>	<ul style="list-style-type: none"> • This is often the primary function of the public information offices. • Protocol for media calls is referral to the public information officer in order to: a) ensure that calls are promptly returned, b) safeguard client confidentiality issues, c) guarantee that a consistent message is communicated, d) ensure that media response reflects an agency-wide perspective and an understanding of policy nuances, and e) monitor all media inquiries and contacts. • Methods for contacting the media include the issuing of press releases, holding press conferences and producing and distributing public service announcements. • A proactive stance toward the media involves building good rapport and relationships with reports and helps ensure consistent and balanced media coverage.
<i>Internal and External Publications</i>	<ul style="list-style-type: none"> • Widely circulated internal publications are often in the form of newsletters. • External publications include brochures, pamphlets, flyers, posters and billboards. • All publications reflecting agency-wide issues are usually approved by the public information office. • Most frequent publications often relate to specific public educational campaign.
<i>Speaker's Bureau Coordinated by Public Information Office</i>	<ul style="list-style-type: none"> • Coordinate speaking engagements sponsored by a variety of community groups. • Maintain a list of speakers, usually consisting of employees who have technical expertise in specific program areas. • Designate spokespersons for each division who are prepared to provide information with minimum briefing. • Foster successful public speaking events which address topical issues and open up a dialogue with the audience (e.g., responses to crisis situations or impact of new federal or state legislation).
<i>Public Inquiry</i>	<ul style="list-style-type: none"> • Public information offices will respond to calls from the public on a variety of programmatic and policy issues. • A separate office usually handles the bulk of these calls, since many calls often require referral to program staff.
<i>Public Education</i>	<ul style="list-style-type: none"> • Educate the organization's clientele and various publics through the media, special events and other free information. • Education campaigns are developed in conjunction with specific divisions but strategy and coordination is provided by the public information office. • Messages are focused on public education--particularly messages aimed at prevention or notification about changes in programs and policies. • Within larger organizations, education is a function of a separate education office.
<i>Legislative Briefing</i>	<ul style="list-style-type: none"> • This function serves to increase awareness of legislation among management and staff and assists the organization in working toward desired policy changes. • Legislative advocacy is usually a function of the management team or a separate legislative office; however, communication legislative information to the public and within the organization is the responsibility of the public information office. • Legislative tracking and lobbying is usually handled by other offices in collaboration with the public information office when it comes to issuing press releases, drafting and distributing reports, or conducting briefings.

communities; and (f) participate on the department-wide decision-making team.

The following themes emerged from the interviews and focus group data representing all who participated in the feasibility study:

- Public relations are of great value to the agency and community.
- The way to increase public awareness of social services agencies is through the provision of clear, consistent information about the agency, its programs,

FIGURE 2
Description of Public Input Methods Utilized by Model Programs

<i>Questionnaires</i>	<ul style="list-style-type: none"> • While surveys and questionnaires are often used, rarely is the public information office responsible for administering them. • Program managers are usually responsible for the content of questionnaires and if there is a research or quality control department, this is the location for instrument design and administration. • Some survey items are identified by scanning the media and by listening to advisory group members, staff, and clients.
<i>Focus Groups</i>	<ul style="list-style-type: none"> • Viewed as a non-traditional and helpful approach to getting input. • Sometimes focus group training and coordination are provided by the public information office. • Some programs utilize focus groups only when organizational programmatic changes are being considered, often as an option to a survey. • Alternatives to focus groups are public meetings with the program's advisory and policy committees.
<i>Advisory Groups</i>	<ul style="list-style-type: none"> • Advisory groups are often viewed as part of a public input structure (e.g., priority setting for funding decisions and/or giving advice). • Sometimes advisory groups are used to help manage negative media attention by using an advocacy database with the names and telephone numbers of program supporters.
<i>Toll Free Numbers</i>	<ul style="list-style-type: none"> • Sometimes 800 numbers are used for particular programs; however they are not always a useful approach to obtaining public input.
<i>Office Tours</i>	<ul style="list-style-type: none"> • Office tours for public officials and other citizen groups can be an excellent way of providing information for generating feedback.

services, and clientele as a way to clarify the role of social services within the larger community.

- Public relations needs to include community relations and outreach functions, especially collaboration between public and private agencies in order to involve a cross section of the community and ensure the availability of services to those most in need.
- A critical function of public information offices is to centralize media relations and foster strong relationships with reporters through a proactive approach to the media.
- Effective external communications are based on effective internal communications and when they are most connected, they both suffer.
- There is value in the participation of the public in-

formation officer in formulating agency policy and making decisions. Also, the public information officer was seen as an implementor of policy and a communicator of decisions.

- Formal evaluation of the effectiveness of public information is needed on an on-going basis.
- The methods used by public information offices ought to include: (a) determining and evaluating the agency's audiences (e.g., the general public and the internal audiences); (b) helping to shape relevant messages to communicate (e.g., welfare reform, human interest stories); (c) use of multiple methods to communicate these messages (e.g., publications, presentations, etc.); (d) use of multiple media relations tools (e.g., public service announcements, press re-

leases); and (e) ongoing use of public input methods (e.g., surveys and focus groups).

Recommendations

Based upon these major themes, the following steps were identified to develop an effective public information program: (1) establish a formal public information function, (2) strengthen internal communication, (3) develop external communications infrastructure and strategy, (4) expand community relationships, and (5) implement communication strategies. The five broad steps include ten specific recommendations as noted in Figure 3.

The recommendations build upon a number of internal and external communication activities already in place. Internally, there is strong management support for the development of an Office of Community Relations (OCR) as reflected in the earmarking of funds and resources for a communications program. Based on these recommendations, a staff person with considerable marketing and media expertise, as well as ties to the political and social service communities has been hired. Externally, there are currently in place numerous supports including access to a legislative liaison, strong local media outlets, and partnerships with community-based organizations to foster public education.

In expanding its communications and community relations efforts, the department also faces a number of internal and external challenges. Internally, the lack of a formal communications function has resulted in fragmented efforts which are not necessarily focused around the central mission of the organization. There is a lack of consensus among mid-level managers in terms of the need for a formal communications program. There is also concern that such a function may increase the “turf wars” which have increased due to recent funding cutbacks and restructuring efforts. Among employees, there is some anxiety that the proposed OCR will, at worst, identify additional eligible individuals who cannot be served due to lack of resources and, at best, only serve to increase the workloads of current staff.

External challenges to an expansion of communications and community relations are present on both national and local levels, especially the erosion of public trust in government institutions and the public’s negative perception of social service programs. The current uneven coordination with other government agencies and community-based organizations provides another challenge to fostering structured communications. Exacerbating these external challenges are the demographics of the

county, with its multiple languages, diverse ethnic perspectives, and geographic areas marking disparate preferences and points of view.

While not all of these challenges can be addressed via effective communications and community relations efforts, the absence of a strong, purposeful communications program is likely to prevent the agency from achieving its stated goals and objectives. The recommendations reflect the primary objectives that need to be accomplished in order for the agency to remain a strong and viable force in the community by targeting messages and receiving input from different audiences (Figure 4).

Next Steps

The feasibility study recommendations were adopted immediately as part of a work plan to establish a new Office of Public Information. No sooner was the ink dry on the report than an experienced professional from the field of advertising was hired full-time and soon thereafter an administrative assistant was hired. Reporting to the agency director, the new Public Information Officer (PIO) engaged in the start-up phase which included reviewing all existing agency publications and establishing standardized formats related to logo, color, photography, paper quality, clarity of messages, and typeface. The PIO collaborated with staff on several advertising campaigns related to the need for temporary beds for abused/neglected infants and the need for more child care providers. Building on prior relationships, the PIO also engaged in extensive outreach to the media by pitching story ideas about agency services (e.g., adoptions) and policy changes (e.g., welfare reform). Given the strong anti-press perceptions among staff due to a history of being misquoted, considerable effort was devoted to preparing/training staff to deal more effectively with the media. One of the goals was to raise the status of reporters in the eyes of staff and this required extensive listening and educating. As a result, new forms were developed for receiving and routing calls from the press along with follow-up evaluation forms. With the new system in place, an average of three news articles and publications are released each month.

The feasibility study was also used extensively in in-service training to educate staff on the role and importance of a public information office. With the support of staff liaisons to the public information office involved with staff training on public presentation skills, a Speaker’s Bureau was launched and expanded to include representatives in 15 local Chambers of Commerce. This

FIGURE 3
**Recommended Steps for Establishing a Public Information Program
 in a County Social Service Agency**

Step 1: Establish a Formal Public Information Function Within the Social Service Agency.

The development of a centralized, coordinated public information function within a new Office of Community Relations (OCR) will require trained personnel to ensure that the agency's public information goals are met and the development of a community-oriented advisory group to advise and monitor the work of the Office of Community Relations.

- Recommendation 1: Assemble a multidisciplinary advisory committee to advise the OCR on its purposes, plans, and activities.
- Recommendation 2: Establish the Office of Community Relations with Public Information Manager, Publications Specialist, and Community Relations Officer.

Step 2: Strengthen Internal Communications Infrastructure and Understanding of Public Information Function

Staff understanding and awareness of the activities of other programs within the Department will contribute to cooperative working alliances between divisions and strengthen the common sense of mission among staff.

- Recommendation 3: Educate staff at all levels regarding the necessity for and benefits of a structured public information function.
- Recommendation 4: Improve the internal communications structure both horizontally and vertically.
- Recommendation 5: Work toward developing a sense of employee pride and commitment to the Department.

Step 3: Develop External Communications Infrastructure and Strategy.

Research and planning will be needed to produce and ensure the consistent transmission of written, electronic, and oral communications as well as ensure that the communication vehicles match the needs of target audiences.

- Recommendation 6: Research and develop public input structures.
- Recommendation 7: Research and develop public education structures.
- Recommendation 8: Develop key messages and ensure their consistency via a coordinated information dissemination strategy.

Step 4: Expand Relationships In the Community.

There is a need to intensify communications efforts within the community, especially with community-based organizations, in order to promote opportunities for networking and two-way communications.

- Recommendation 9: Create strong relationships with community-based organizations, private funding sources, local policy makers and elected officials, the media, and the public at-large.

Step 5: Implement Communications Strategies.

Successful implementation depends on a coordinated, targeted strategy to achieve multiple objectives with an economy of effort.

- Recommendation 10: Utilize a variety of public information methods, including accessing media outlets, sponsoring of public events, attendance at community events, hosting forums and town hall meetings, producing publications, and airing CCTV programming, and maintaining a comprehensive Internet web-site.

“Chamber Corp” includes a group of specially-trained staff who are members of local chapters of the Chamber of Commerce and make presentations on new developments related to welfare reform and other program changes. At the same time, an internal monthly staff newsletter, called FYI, was developed to increase the flow of information about changes in agency services and organizational processes. Increased attention was given to staff recognition by developing and presenting a new Director’s Award for developing innovative practices. Like the feasibility study, new publications are also used as part of staff training, especially with regard to orienting new employees.

The start-up activities were launched with the full support of the agency director who displayed a strong commitment to disseminating high quality and readable information, internally and externally, even if it cost more money than had been expended in the past. The director was also interested in experimenting with new and innovative approaches. He consistently recognized the extra staff effort to launch and utilize a new public information system. With the same concern for high quality communications among staff and with the community, the director acknowledged the importance of improving the work environment by authorizing the hanging of pictures of people reflecting the Department’s mission on office walls, hallways, and conference room walls as well as installing more welcoming furniture and carpeting. These indirect forms of communication were seen as equal in importance to direct written communications. Staff support was also communicated from the Director’s Office with the launching of a new OZ Fund whereby middle and senior managers have access to \$25,000 to address immediate staff or organizational needs. The array of fundable projects includes funds for new equipment, redecorated office space, employee recognition, and/or staff retreats.

All these examples of start-up took place during the first two years of operating a public information office. The next phase of activity includes efforts to develop and disseminate a new client newsletter, called Opportunity Knocking. Similarly, there will be further expansion of agency booths at community festivals, expanded use of a new video on client rights and responsibilities, and expanded participation in “transportation kiosks” located at public facilities and shopping centers.

The success and impact of activities to date can be measured in several different ways. Internally, there is increased staff awareness of the public information function

as evidenced by increased involvement in the monthly newsletter, in the Speaker’s Bureau, and in appreciation for the multiple approaches to staff recognition. Externally, there is positive feedback from the elected officials and business community about the way that the agency is assertively telling its story in the community, the receipt of state and national awards for several different public education campaigns (see Attachment 1 for “Kids Like Maria”), the increased staff use of the PIO for developing brochures and related publications, and the increased interest by other county departments for securing the expertise of the PIO.

Two major areas of unfinished business are on the agenda for future action. First, a system needs to be developed to monitor and evaluate the impact of the public information office internally and externally. Collecting and analyzing staff and community feedback will require the investment in evaluation research capacity either inside or outside the agency. Planning and implementing this component of public information processing will most likely require substantial staff creativity and effort. A second area of unfinished business relates to some recommendations emerging from the feasibility study, namely the capacity to regularly collect and analyze feedback and input from the community. The study highlighted such mechanisms as surveys, focus groups, hotlines, and advisory groups. Keeping tabs on the pulse of the community involves considerable community organizing and evaluating skills. For example, simply analyzing the input from existing agency advisory groups, charged by the agency to provide advice and feedback, requires significant staff effort. Similarly, dealing with some of the negative community perceptions of the publications produced by the public information office (“why are they spending money on fancy annual reports and brochures that should go to poor people?”) will require skillful public relations in its own right. Clearly the costs associated with the work of a public information office will need to be evaluated in terms of benefits/outcomes/impact as well as explained to those with the questions about the allocation of scarce resources.

Conclusion

This case description of a feasibility study and its early implementation covers a four year period, from the time the agency director requested the study based on the support of several senior managers to the completion of the first two years of operating a new public information office. From the perspective of agency management, this case

FIGURE 4
Summary of an Audience Grid

AUDIENCE	GOAL	SAMPLE MESSAGE	POSSIBLE VEHICLE
The media	Expand positive coverage.	"We've got good stories."	Monthly communications via media newsletter and/or pitch letters.
Program Managers	Support managers in their job functions.	"We are here to make your job easier; we won't increase your workload with more paper."	Training in the following areas: media and public speaking, employee education, etc.
Line Staff	Demonstrate how employees are valued.	"You are valued because"	Employee recognition ceremonies.
Community-Based Organizations	Clarify roles of the agency vis-a-vis community-based organizations.	"Here's what we can (and can't) do for you."	Regular meetings with community-based organizations for networking, brainstorming and sharing.
Professional Community	Increase visibility of the agency and awareness of its services.	"This is who we are and what we do."	Informational letter publicizing the activities and services of the agency.
Advisory Groups	Improve the information-sharing process.	"We want your ideas to make things better."	Regularly scheduled advisory group meetings.
Clients	Help clients become self-sufficient.	"We provide only temporary assistance."	Special events featuring successful clients (e.g., graduation ceremonies)
Advocacy Groups	Minimize attacks on the agency.	"Here are all the things that we are doing ..."	Meetings and community forums focused on policy and service delivery issues.
Taxpayers and General Public	Counter negative public image of social services.	"Family supports are an essential element of a just society."	Media coverage profiling successful programs and their contribution to the community.
Government Representatives and Policy makers	Enact supportive legislation.	"We are using funds responsibly and have the facts and figures to show for it."	Testifying at hearings (especially involving successful clients).
Grant makers, Funders, Donors, Foundations	Increase funding.	"We are developing innovative programs that are sustainable."	Meetings with program officers with materials which profile successful programs.
Business, Private Industry Councils	Develop partnerships.	"You are investing in your community by hiring graduates from our programs."	Fact sheets listing demographics and outcome statistics.

study of innovative practice provides several important lessons for current and future administrators:

- 1 Whether or not the agency is a public or non-profit community agency providing social services, a public information function is an important element in the process of communicating how tax dollars or philanthropic dollars are being spent as well as a focal point for collecting information relevant to service delivery.
- 2 Planning for the introduction of a new organizational function like public information benefits greatly from the use of a feasibility study which documents best practices, internal and external lo-

cal perceptions of need, and reflects the continuous monitoring and guidance of senior management.

- 3 When there is limited in-house expertise, it is important to search outside for talent with the capacity to understand and appreciate the work of the agency. Such experience and expertise is needed to help the agency tell its story while at the same time "turning up the volume on the voices from the community" so that feedback and input can be understood and addressed.
- 4 The guiding vision of an agency director regarding the centrality of effective internal and external communications is critical in order to overcoming ob-

stacles to implementation and finding the funds to develop a successful public information office.

- 5 In most social service agencies, considerable effort is needed to educate and assist staff in gaining an understanding and appreciation of the importance of BOTH delivering high quality services AND regularly sharing with the community information about what is working and what is not working and WHY.

These are some of the lessons which can be gleaned from this case study. Given the different experiences of the reader, it is assumed that many other lessons can be derived from this example of innovative management practice in a public social service agency. It is increasingly clear that public relations will have an expanded role within the changing organizational structure of social service agencies. The rationale for this projection is based on some of the following realities: (a) a political climate that is unsympathetic to large-scale social service programs; (b) an enhanced need for accountability in the administration and allocation of public funds; (c) the need for quick access to accurate and up-to-date information; (d) an increasingly competitive environment for public funds, and (e) a growing emphasis on collaboration between public agencies and community-based organizations.

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ATTACHMENT A

WHAT WORKS

Contra Costa's foster and adoption outreach program wins awards, increases placements.

Finding Homes for "Kids Like Maria..."

By Danna Fabella

A little girl, abused and neglected by her parents, is provided protection by Children's Services and placed in a foster home. Time passes, but for this child, family reunification fails and she is placed for adoption. All too often, this scenario plays out in counties throughout California.

Last year, the Children's Services division of Contra Costa County's Social Service Department received more than 19,000 calls reporting the suspected mistreatment of children. Approximately 5,900 reports alleged physical abuse; 2,800 sexual abuse; 8,100 neglect; 2,000 abandonment; 600 emotional abuse; and 40 reports alleged child exploitation.

Currently, we have more than 2,200 children in foster care. These children live with relatives, in group homes or in one of the 420 county foster care homes, which we license and supervise.

The county serves an ethnically diverse 883,000 residents. Our population is 69.7 percent Caucasian, 11.4 percent Hispanic, 9.1 percent African-American, 9.2 percent Asian/Pacific Islanders and 6 percent American In-



**Kids like
Maria
need
families.**

*Interested in
Adoption or
becoming a
Foster Parent?*

Call
313-7788

CONTRA COSTA COUNTY
SOCIAL
SERVICE
DEPARTMENT

Twenty-three county libraries distributed bookmarks promoting the foster-adoption campaign.
Courtesy of Contra Costa County

dian. Although our median household income exceeds \$70,000, we have areas of great wealth and abject poverty.

Meeting Special Needs

Children's Services has an ongoing need for families who can take in children who have a variety of special needs. This includes infants who were born drug addicted, young children who have been so neglected that they are clingy and need much attention, and teenagers with a history of abuse and neglect who need strong parental figures to guide them into adulthood.

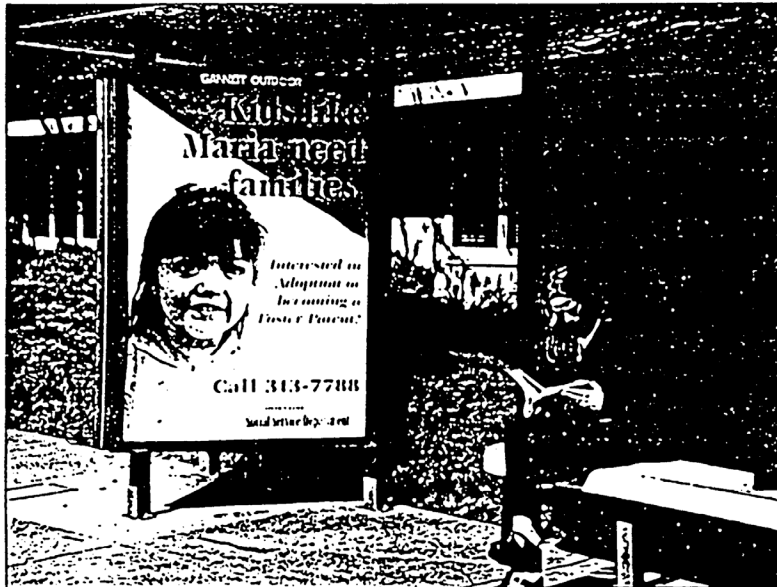
We also need emergency and short-term care providers for no more than 90 days after a child is removed from the home. This gives us time to prepare court orders either for Family Maintenance or Family Reunification or for a child's placement with a family who is willing to adopt him or her if reunification is not possible.

Reaching Out

Our approach has evolved to include long-term permanency planning, right from the moment the child is removed from his or her biological parents. This Concurrent Planning Program (Foster-Adopt) ensures that while we are working with the biological family toward reunification, we have in place a back-up plan for permanency.

Finding homes for foster and adoptive children who have been abused, neglected or abandoned by their natural parents is a common problem for counties across the nation. To this end, our department created a spe-

WHAT WORKS



In the first five days after they were posted, advertisements in bus shelters brought in 74 calls from people interested in adopting or foster parenting. All photos by Lynn Yaney, public information officer, Social Service Department, Contra Costa County

cial committee to develop strategies for recruiting not only foster parents but also individuals who are willing to adopt a child if reunification does not occur.

This committee includes all levels of staff in our organization: the assistant director, a division manager for children's services, two casework supervisors, the foster parent recruiter and our public information officer. Because we need creative outreach programs to support the changes in children's welfare, our task is to find solutions that work.

Finding homes for foster and adoptive children who have been abused, neglected or abandoned by their natural parents is a common problem for counties across the nation.

Campaign Launch

The "Kids like Maria..." campaign was a new approach for us. For the first time, Children's Services used commercial advertising and marketing techniques. An

outdoor advertising company that contracts with our county has an agreement to provide free bus shelter advertising space to county departments who want to create public service messages.

We achieved a 40 percent increase in adoption placements. Applications by potential new foster parents have tripled. For the first time in two years, foster parent licensing has increased—by 9 percent.

This advertising space gave us an opportunity to reach out to prospective foster and adoptive families in a new way. Our public information officer designed the four-foot-by-six-foot posters and arranged to have them printed. These posters featured a Hispanic child (actually the daughter of one of our employees) and the headline, "Kids like Maria need families." Five bus shelters were selected in the central part of the county to launch the campaign in January 1997.

Our public information officer notified the largest newspaper in Contra Costa County that these bus shelter posters were being installed and that our campaign had

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WHAT WORKS

"MARIA" - FROM PAGE 15

begun. The paper published a feature story with photographs, and within five days, Children's Services had received 74 phone calls from people wanting to know more about foster parenting and adoption opportunities.

Billboards and Bookmarks

In February, taking advantage of the commitment many private businesses have to non-profit and charitable projects, we contacted the outdoor advertising company again and asked about its public service policies regarding the donation of more advertising space. In response, Children's Services was given five billboards that measured 10 feet-five inches by 22 feet-eight inches, and the "Kids like Maria..." campaign expanded.

These boards featured Maria and four other ethnically diverse children, two African-Americans, a Caucasian and an East Indian. The headline read, "Kids like these need families like yours." The billboards were featured in west and east Contra Costa County, where the majority of at-risk families and children reside.

In March, we expanded our "Kids like Maria..." campaign to include 23 county libraries. The four-foot-by-six-foot bus shelter posters were reprinted and installed on the wall of each library. Additionally, we created bookmarks featuring the five children from the billboard. Librarians inserted them into books as they were being checked out.

California Assembly Bill 2129 provides funds to recruit foster and adoptive parents. These funds are used for training and recruitment efforts, such as the printing of the posters for bus shelters, billboards and libraries, which cost \$1,650. The bus shelter and billboard space were provided at no charge. All campaign concepts, designs and artwork were created in-house by our public information officer with input from Children's Services staff.

We printed 50,000 bookmarks at a cost



An outdoor advertising company donated five billboards to further the Children's Services' outreach program.

For the first time, Children's Services used commercial advertising and marketing techniques.

of \$1,600. Again, the models were the children of Social Service Department staff. We had their pictures in our files from a previous project, so we incurred no new photography fees. The total "Kids like Maria..." campaign cost was \$3,250.

Adoptions Up 40 Percent

And the results? Prior to the "Kids like Maria..." campaign, the department averaged between 12 and 15 people attending initial Foster-Adopt orientations. During the campaign, that number increased to between 20 and 30 people. We achieved a 40 percent increase in adoption placements. Applications by potential new foster parents have tripled.

For the first time in two years, foster parent licensing has increased—by 9 percent.

Our department received a positive Grand Jury report recognizing our efforts to place children needing permanent homes. In addition, our "Kids like Maria..." campaign won a California State Association of Counties 1997 Challenge Award for Excellence, a First Place from the California Association of Public Information Officials (CAPIO) honoring Excellence in Communication for 1998 in Special Events and Campaigns, and a 1998 National Association of Counties (NACo) Achievement Award.

We continue to receive several calls a week resulting from the library bookmarks. These bookmarks are also used as

handouts at the Social Service Department booths at various county festivals and community forums throughout the year. The local newspaper is now running feature stories on adoption, foster parenting and the availability of children who need safe, loving homes.

Foster and adoptive home recruitment must be an on-going endeavor, not a one-time effort. Strategies must combine broad-scale education and information dissemination, as well as targeted, specific child recruitment. In combination, these efforts will result in more families opening their hearts to children in need, to "Kids like Maria...". ■

Danna Fabella is assistant director, Children's Services, Contra Costa County Social Service Department.

III.

ORGANIZATIONAL ASSESSMENT

Clients as Customers: **A County Social Services Agency Listens to its Primary Constituency**

RICHARD R. O'NEIL, MICHAEL J. AUSTIN, SETH HASSETT

Introduction

This case study focuses on client satisfaction research conducted at Santa Clara County's Social Services Agency as part of a county-wide initiative to "enhance customer service." The initiative, entitled "County Service: Collaboration for Excellence" is notable for at least two reasons. First, the initiative brought a unique "customer service" perspective to public county services. Secondly, it took place during a time of budgetary strain and cutbacks, when the predominant value in most government agencies is survival and efforts at quality improvement are often deferred.

Background

As was the case with most county governments in California, the late 1980s and early 1990s were challenging times for Santa Clara County, which was confronted with increased demand for services at a time of diminishing economic resources. Located in the southern Bay Area, Santa Clara is the fourth largest county in California with a population of about 1.5 million. During the 1960s and 1970s, the metropolitan area of San Jose, the largest city in Santa Clara County, grew rapidly and became known as the "Silicon Valley," a leading center for the computer and microchip industry in the U.S.

Although the booming economy of the Silicon Valley helped provide a high standard of living for some, it did not benefit all equally. Amidst the growth and prosperity, significant areas of poverty and social need continued to exist. By the early 1990s, a slow down in some sectors of the computer industry, combined with cuts in defense industries and competition from other technology centers in the U.S. and abroad, led to painful economic readjustments in the area.

Many middle class families were experiencing unemployment and increased economic insecurity. In 1990-91, an estimated 100,000 people received some form of public assistance in Santa Clara County and the county faced the prospect of even greater demand for services. The county

faced the increasingly complex needs of its population at a time when crisis in state government, and a shifting and unpredictable local economy limited its financial resources.

While the demand for services was great, county administrators and political leaders also sensed that many community residents were dissatisfied with the quality of services. For Santa Clara County Executive Sally Reed, this was an issue that could not be deferred. "Even with fewer resources," she argued, "we know we can be courteous, we know we can be polite, we know we can be efficient and effective, and we know that we have a work force that we can be truly proud of."

This perspective was shared by the Director of Santa Clara's Social Services Agency. For him, creating a customer service ethic was an essential part of making services work and improving staff morale. He seized the county's "customer service" mandate as an opportunity to assess the need for change in his own agency. He noted that, while social service clients may be dependent on the agency for financial assistance, the agency is dependent on the clients for its existence. In his opinion, the interdependence between the agency and the users of its services entitles the service users to be treated as customers. While they may not have the choice to take their "business" elsewhere, he argues, these customers have a right to be treated as if they did have that choice.

When the agency fails to hear its customers' concerns directly, he says, they will be heard indirectly when they vote, sue, move or protest in the press or in the streets. A continuing focus on customer satisfaction provides a necessary discipline for agencies with a monopoly on a particular service or governmental function and creates an incentive

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for consistent attention to quality improvement. A customer service approach also provides useful criteria for the agency to evaluate and understand itself better.

Assessing Customer Satisfaction

For the Director, it was especially troubling to hear complaints that a component of county social services—public assistance eligibility services—were an inhospitable and unhelpful environment for clients. “I got consistent feedback that welfare department people were rude, arrogant, etc,” he said. Yet it was not clear whether these complaints were representative of all service users or just a vocal minority.

To get a better handle on this issue, he decided to systematically examine “customer satisfaction” with the agency. He brought in the private research firms Strategic Research Inc. and Hamlin Harkins, Inc. to “identify the satisfaction level of clients served by the agency and to provide input for setting up an on-going satisfaction measurement process.” The research process that was conducted had three phases. First, preliminary interviews were conducted with selected “stakeholders” (staff and administrators) in the system to understand their perceptions of what were important priorities for the agency. Second, a group of college students was hired to play the role of customer and complete a mock application process and give their comments on the experience in a focus group. Third, client surveys were conducted by mail and in person with social service users as they left the agency. The results of this research included a range of client perspectives.

During the first phase of preliminary interviews with thirteen staff and administrators, agency personnel were asked to share their perceptions of an “ideal” agency, along with their views about current agency strengths and limitations. While they expressed satisfaction with the overall management and “general attitude” of the agency, there was also an interest in improving interactions with and responsiveness to clients.

As stakeholders, they placed a high priority on good management, adequate staff levels to handle caseloads, training and staff development and sufficient compensation. Their perceptions of qualities of an ideal agency with a customer service perspective, included: 1) responsive, 2) helpful, 3) effective, and 4) sensitive. The greatest gap between their assessment of current services and their vision of an ideal agency was in the areas of “helpful,” “sensitive,” and “responsive.” Suggestions for ways to improve organizational functioning included increased staff training, more bilingual and bicultural staff, more computer equipment to reduce paperwork, and increased community liaison. Yet

as useful as these responses were, they were still based on a perspective within the agency. The results were encouraging, especially the positive staff attitude toward the agency and the commitment to improving the quality of customer services. The Director hoped that the next two phases of the research would enhance the understanding of how customers viewed the agency.

Results from the focus group of college students seemed to confirm the director’s worst fears. The students, who had been hired to go through an actual application process without telling staff that they were involved in a research test, had overwhelmingly negative reactions to the experience. He noted that “not a single redeeming thing was said in that focus group.” Students pretending to be clients shared their observations about the unfriendly atmosphere of the lobbies, the unpleasant staff attitudes, the intrusiveness of questions they had to answer, and the difficulty of getting assistance. Some students commented that the numerous bureaucratic signs and lists of rules and regulations posted in the lobby created an unpleasant and unwelcoming atmosphere. Others felt that staff were curt or rude to them. Some were also incredulous that, in order to get a small amount of financial assistance, they would be required to document all personal assets and might not be allowed to keep some possessions. Overall, the results of the student focus group painted a bleak picture of the agency, leading the Director to expect similarly negative results from the survey of service users.

Yet the customer satisfaction survey of actual clients revealed a much different perspective. A total of 3000 questionnaires were mailed to service users and 1200 responses were received, a respectable 40% response rate. In addition, 60 phone interviews were conducted. In general, these respondents were surprisingly positive about the Social Services Agency. Among the overall findings were the following:

ELIGIBILITY WORKER:

- 91% of respondents said that their eligibility worker was willing or very willing to help them;
- 89% said that their eligibility worker took just enough time to hear their story; and
- 84% reported that their eligibility worker told them everything they needed to know about their case.

PERSONNEL ATTITUDE:

- 83% of respondents rated telephone receptionists as either good or very good;
- 87% rated office workers as good or very good;
- 90% rated their eligibility worker as good or very good.

COURTESY OF PERSONNEL:

- 78% of respondents reported being treated courteously by telephone receptionists;
- 77% reported being treated courteously by office workers;
- 83% reported being treated courteously by their eligibility worker.

WAITING TIME:

- 74% of continuing clients felt that the wait for their initial visit was not too long; and
- 45% of intake clients felt that the wait for their initial visit was either a little too long (20%) or much too long (25%).

While these results did not show a perfect record of customer satisfaction, neither did they reflect the pervasive dissatisfaction that might have been expected given the consistent complaints that had prompted the research and the negative reactions from the student focus group. While the Director found these results encouraging, he also thought that it was also important to examine the results in more depth. While the positive results could be used to give a morale boost to front line staff who had so often borne the brunt of complaints and criticism, it was also important to read “between the lines” to understand the implications of the findings. Why, for instance, had the results differed so significantly from those of the student focus group? One partial explanation could be found by comparing the responses of service users who had been on aid for less than six months to those who had been on aid for longer periods. In general, respondents who had been receiving aid for the shortest time were more critical and less satisfied with service than those who had been receiving welfare assistance for a longer time, although the differences were not profound. Among the responses showing this pattern were the following:

- 12% of respondents on aid for less than six months said that it was “very difficult” to get the information they needed from office receptionists compared to 6% of those on aid between six and twenty-four months and 5% of those on aid for those on aid more than two years.
- 14% of those receiving aid less than six months said it was “very difficult” to get information they needed from their eligibility worker compared to 12% of those on aid from 6-24 months and 6% of those receiving aid over two years.

- 18% of those on aid less than six months said it took “much too long” for them to get their first appointment with an eligibility worker, compared to 12% of those on aid from 6-24 months and 5% of those on aid more than two years.
- 14% of those on aid less than six months said that their eligibility worker was “not helpful at all” compared to 11% of those receiving aid for 6-24 months and 6% of those receiving aid for over two years.

While there were a few exceptions, this general pattern of declining rates of dissatisfaction showed up throughout the results. There was little reason to believe that these changes in customer satisfaction had much to do with changes in caseload sizes or changes in the waiting periods for first appointments since these had remained fairly consistent over the period covered in the study. Instead, it seemed that some changes were taking place in the way customers or clients were experiencing the services. A number of explanations were possible. It was possible, for instance, that clients and workers developed positive working relationships over time that made clients view the services and workers more positively. While this interpretation might explain the improved evaluation of eligibility workers with whom service users interacted on a regular basis, it did not seem to explain the improved evaluations of telephone receptionists and office workers, who were less likely to develop working relationships with clients due to frequent shift rotations. Furthermore, it was difficult to explain why clients who had been on aid the shortest time were the most dissatisfied with the waiting time for the initial visit.

A second possible explanation was that service users had developed greater knowledge of the system over time and were able to advocate more effectively for their own needs. According to this interpretation, people who had learned to “work the system” would be more satisfied with the services they received. Yet this explanation did not address the differences in satisfaction regarding the length of initial wait for services.

A third explanation was that client expectations about services had diminished over time, whereby increased familiarity and experiences with the system may lead to their decreased expectations of what was possible or changeable. For example, what was once considered rude behavior become more tolerable and even acceptable or what was once “much too long” to wait for service became a routine waiting period.

For the Director, the third explanation seemed most important from a customer service perspective because it raised the issue that the agency might be “training” its customers to accept lower quality service. Such an interpretation of “diminished expectations” could help to explain the difference between the student responses and the client survey results. The Director surmised that students brought a very middle-class perspective of entitlement in terms of what to expect from a government agency as reflected in their comments. People in serious financial difficulty, however, might be more grateful and less critical of any help as well as more experienced in accommodating hostile attitudes from people in authority (e.g., banks, utility companies, bill collectors and government agencies). In this context, an agency offering any assistance might be viewed as positive.

Even when they were somewhat dissatisfied, clients who depended on welfare assistance for survival might be hesitant to “bite the hand that feeds them” by being overly critical. As Santa Clara Supervisor Rod Diridon commented, “It is hard to get accurate data for public service. If people really need the service, they will usually be more positive than they really feel.”

Considering the possibility of an inflated positive response, the Director felt that it would be important to examine small variations in responses for information about possible improvements. Results seemed to indicate, for instance, that clients were less satisfied with receptionists than with eligibility workers. While 83% of respondents had rated the attitude of telephone receptionists as either good or very good, this number was somewhat lower than the 90% who rated their eligibility worker as good or very good. Additionally, most respondents had rated receptionists as good while a much greater number had rated eligibility workers as very good. Examination of specific comments given by respondents showed that many clients had experienced difficulty in understanding and communicating with telephone receptionists, many of whom were Vietnamese and spoke with an accent.

Looking into the issue further, the Director also became aware that it was common practice in the clerical staff to assign the newest workers to telephone or office receptionist duties. Few experienced clerical workers wanted these responsibilities, which were seen as requiring few skills and were stressful. Yet these receptionists were also the first agency contact for most service users. To the Director, placing the workers who were the least knowledgeable about the agency as the first point of contact for clients was unacceptable, yet he understood the need for a sense of status and professional development in clerical work. To help address

this issue, he and his staff developed a “clerical induction sequence” in which new staff were familiarized with agency and county services before being put in the positions requiring interaction with the public. A key ingredient of this induction process is a small desktop booklet entitled “50 Ways to Serve Our Customers” (Figure 1).

FIGURE 1
50 Ways to Serve Our Customers

I. In-Person Techniques

1. Make eye contact
2. Acknowledge customer's presence
3. Welcome the customer
4. Smile

II. General Techniques

5. Ask how you can help
6. Use a pleasant tone of voice
7. Use the customer's last name, address the individual as Ms. or Mr.
8. Be polite
9. Be helpful
10. Be patient
11. Exhibit customer empathy
12. Handle private matters confidentially
13. Maintain the dignity of the customer
14. Wear name tags
15. Say "thank you"
16. Say "we"
17. When appropriate say "I made a mistake"
18. Develop and practice listening skills
19. Give clear and concise explanations and directions
20. Verify customer's understanding
21. Respond quickly
22. Explain any delays
23. Focus on business issues
24. Be complete
25. Understand all procedures and policies
26. Where possible, do everything right the first time

III. Telephone Techniques

27. Speak clearly
28. Identify the office you represent and yourself
29. Give clear explanations to the caller
30. Do not put the caller on hold for longer than 2 minutes

individual you are transferring the call

32. Use an answering machine after hc

IV. Personal Techniques

33. Be aware of the personal image you project
34. Be appropriately groomed
35. Dress appropriately
36. Be aware of your personal hygiene

V. Physical Environment

37. Post clear and language-appropriate signs
38. Post hours of operation
39. Make clear and language-appropriate brochures and information available
40. Provide comfortable and clean waiting areas
41. Provide access to telephones, restrooms and wastebaskets
42. Provide kid-friendly areas
43. Provide a variety of reading, audio and visual materials

VI. Employee Support Techniques

44. Exhibit teamwork
45. Have clear service goals
46. Recognize and publicize accomplishments
47. Make supervisors easily accessible
48. Promote customer feedback and publicize it
49. Ask for help when needed
50. Be proud of your work

The Culturally Responsive Social Service Agency: The Application of an Evolving Definition to a Case Study*

JULIAN CHOW & MICHAEL J. AUSTIN

Since the War on Poverty in the 1960s, social service organizations have been searching for ways to become responsive to the cultural diversity of their client populations. Beginning in the 1970s, concerted attention was given to helping agency staff members become more culturally aware (Green, 1999), more culturally knowledgeable (Cox & Ephross, 1998; Davis & Proctor, 1989; Harrison & Wodarski, 1992), and recently more culturally competent (Devore & Schlesinger, 1999; Fong & Furuto, 2001; Leigh, 1998; Lum, 2003). With regard to training staff, there has been considerable interest over the past decade in identifying the best approaches to enhancing staff involvement in understanding diversity and acquiring cultural competence (Gutierrez et al, 2000; Hyde, 1998; Steiner et al, 2003). Such training differs by fields of practice and the two most prolific are child welfare (Cohen, 2003; Korbin, 2002; McPhatter & Ganaway, 2003; Mederos & Wohdegiorguis, 2003; Miller & Gatson, 2003) and mental health (Gibbs & Huang, 2003; Pinderhughes, 1989; Pope-Davis & Coleman, 1997; Sue & Sue, 2003).

The concepts of diversity and cultural competence have been expanded beyond people of color to include sexual orientation (Appleby and Anastas, 1998; Barret & Logan, 2001; Perez, DeBord, & Bieschke, 2000; Tully, 2000) and gender (Gilbert & Scher, 1999; Gutierrez & Lewis, 1998; Sue & Sue, 2003). The term “cultural competence” has also generated considerable discussion about the multi-dimensional nature of the cultural competence (Deweese, 2001; Sue, 2001). In order to avoid the invidious comparisons between competence and incompetence, this analysis uses the term “culturally responsive” to capture the multi-dimensional nature of organizational responses to diverse populations.

In contrast to the focus on cultural competency over the past four decades, this analysis builds upon the growing

literature related to the development of culturally responsive human service organizations (Dana, Behn, & Gonwa, 1992; Ferguson, 1996; Fong & Gibbs, 1995; Nagda & Gutierrez, 1996; Hyde, 2003, 2004; Inglehart & Becerra, 1995, Nybell & Gray, 2004). As Chernesky (1997) notes, “Agencies today must demonstrate that they value diversity, understand and respect diverse cultures, and plan and provide culturally relevant and responsive programs and services. Agencies need to examine their management and program practices at all levels to determine to what extent they are culturally competent and what steps they can take toward becoming more culturally competent. They must assess what might be less overt and more subtle ways in which they fail to provide effective services and perhaps even offer inappropriate, ineffective, and potentially damaging services to multicultural client populations.” (p 19)

One national organization that has attempted such a definition of a culturally responsive organization is the Child Welfare League of America (Nash & Velazquez, 2003). Its most recent publication includes the following components with respect to: 1) responding to the needs of a diverse client population, 2) attracting a diverse staff to a supportive workplace who are actively involved and valued in the decisions affecting a diverse population, and 3) developing an organization that seeks to balance the needs of clients and staff by promoting cultural responsiveness (Nash & Velazquez, 2003, pp 12 & 24)

While these components provide a useful foundation for non-profit community-based organizations, they require further elaboration when considering public-sector social service agencies that provide and contract out for culturally-responsive services.

The purpose of this analysis is to develop a working definition of a culturally responsive organization and to illustrate aspects of this definition through the reporting of

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a case study of a large public county social service agency. Before considering a more comprehensive definition of a culturally responsive organization, it is important to review some of the relevant organizational literature.

Literature Review

Some researchers predict that the racial and ethnic minority populations will become a numerical majority by the year 2025, while others expect this to happen by the year 2050 or 2080 (Sue & Sue, 1999; U.S. Bureau of the Census 1996). While there may be differences in predicting the precise timetable of this trend, all sources agree that this demographic change is not only inevitable, but has already begun. These major changes signal the need for public and non-profit social service agencies to adapt to the changing demographics related to racial, cultural, and ethnic minorities.

Given the limited amount of research on culturally responsive human service organizations, this literature review categorizes the major contributions to the field in three clusters. The first one features the *developmental* nature of building a culturally responsive organization. The second cluster features the *power* perspective where issues of conflict and changing mental models between dominant and minority experiences are linked. And the third cluster features the management perspective that focuses on managing diversity and its organizational requirements.

Developmental Perspective: According to Jackson & Hardiman (1994) multicultural organization development (MCOD) represents a conceptual framework that is guided by four key assumptions: (1) oppression is thoroughly institutionalized in public- and private-sector organizations in the United States; (2) oppression in an organization cannot be addressed effectively by focusing only on changing the individuals in that organization; (3) striving to create multicultural organizations requires that organizations work on both eliminating social injustice and recognizing and valuing social diversity; and (4) optimal functioning of organizations cannot be achieved without addressing issues of oppression and maximizing the benefits of diversity (p. 231-232). These assumptions structure the development of a long-term multicultural organizational change strategy that includes: (1) the creation of a multicultural internal change team representing diverse social groups and different levels of the organization; (2) a support-building phase, which identifies that the need for diverse personnel, clear boundaries for determining appropriate workplace behavior, and multicultural educational opportunities; (3) leadership support for and commitment to social justice and diversity issues; and (4) a systems change phase that incorporates

MCOD in assessment, intervention, implementation, and evaluation (Jackson & Hardiman, 1994, p. 232-239).

Nybell and Gray (2004) suggest that the slow, developmental transition approach is inadequate to redress the social injustices found in the workplace. Hyde (1998) and Chesler (1994) note that organizational change in the area of diversity involves the redistribution of power, especially since there is a very little empirical evidence on the process of how an organization becomes culturally responsive over time (Gant, 1996; Prasad and Mill, 1997).

Power Perspective: Nagda and Gutierrez (2000, p. 44-45) contend that prior responses to addressing issues of social inequalities and injustices have been inadequate due to the preoccupation with individual change, lack of power analysis, and stereotypical practice. They propose the development of an empowerment perspective which leads to an “ethno-conscious” approach which “celebrate the extant strengths and potential in communities.” Such an approach necessitates an organizational level restructuring of policies and processes that interlinks disenfranchised populations with organizational development (Nagda and Gutierrez, 2000, p. 45).

Nagda and Gutierrez (2000, p. 47) offer specific goals for creating a multicultural human service organization (MHSO): (1) A MHSO is focused on bringing about social change and providing empowering services to its clientele; (2) A MHSO is committed to an empowerment perspective that appreciates, celebrates, and values client strengths, resources, needs, and cultural backgrounds; (3) A MHSO seeks to create workplace conditions that are modeled on its multicultural philosophy and goals; (4) A MHSO is linked horizontally to client communities through its programs and services as well as its involvement in community networks; (4) A MHSO is linked vertically to professional, legislative and funding sources; (5) A MHSO strives to build local, national, and international networks; and (6) A MHSO is a praxis-oriented learning organization that is in a dialectical relationship with its internal and external environments.

Specific strategies and guidelines for achieving this ideal type include the following: (1) a tight coupling of ideology, culture, and practice in order to provide coherency to the long-term change process; (2) client-centered power-building through a provision of a variety of programs and services that meet diverse client and community needs and increase the horizontal power base; (3) coalitional power building in order to gain legitimacy and an increased resource base; (4) consciousness-raising that would involve dialogue among organizational participants about how

structural power, privilege, and oppression operate inside and outside of the workplace; (5) confidence-building that would involve increasing personal and professional efficacy through skill-building and professional development; and (6) connection strategies aimed at increasing collaborative efforts through decision-making teams, small work groups, and cross-department or cross-functional teams (Nagda and Gutierrez, 2000, p. 48).

Fong & Gibbs (1995) found that the changes needed to create a culturally responsive organization can threaten the core culture of an agency, foster resistance, compromise the effectiveness of an ethnically diverse workforce that must conform to pre-existing services, rules and procedures that may not be appropriate for serving diverse communities. Fong & Gibbs (1995, p. 16-18) offer the following recommendations to avoid these negative outcomes at the organizational level: (1) The organization should recognize the impetus for the desire to hire multicultural staff and to clarify desired outcomes (e.g. improvement of service delivery or contract accountability issues); (2) the organization should become proficient in receiving and integrating divergent forms of input from all parts of the community and within the organization itself as it hires and incorporates culturally diverse staff; (3) the agency should strive as a whole to improve diversity; (4) the organization should consider optimal ways to cluster culturally diverse staff to create a critical mass so that they are no longer singled out as tokens in various units; and (5) agency administrators and staff must share a clear understanding about the required level of cultural skills and knowledge necessary to deliver effective services to the target population, ability to develop community ties, and the need for bilingual language skills.

Management Perspective: Pinderhughes (1989) seeks to integrate the client and administrative aspects of cultural competence whereby services are organized to “empower clients, to help them reduce their personal feelings of powerlessness, and to counteract denigration of themselves and their cultural groups do not leave practitioners trapped and overwhelmed with powerlessness themselves” (Pinderhughes, 1989, p. 202). She characterizes staff development programs in a culturally responsive agency according to the following conditions: (1) it must be open to examining policies that disempower and undermine clients, allowing staff to examine together goals and programs in order to determine what constitutes effective programming that offers clients real opportunities to develop competence, mastery, and some control over their lives; (2) in the creation of such policies and programs, ethnic representatives must be valued for the expertise and perspective they bring and their

input must be considered in the determination of needs and services that will be effective with individuals and organizations within their community; and (3) the multicultural staff must be able to engage in dialogue about their difference in perceptions and opinions (Pinderhughes, 1989, p. 205).

Similarly, Asamoah (1995) makes the following recommendations to top management of human service agencies in order to promote an organizational climate that values differences and increases sensitivity to diversity issues that are needed to improve services to diverse populations: (1) recognize the value of flex management that allows employees to have a wider range of options in terms of how they meet work requirements; (2) recognize the cultural relevance of “boundaries” in an organization; (3) recognize the value of diverse feedback; (4) provide opportunities on the job for all employees to learn about other cultures and appreciate the richness of a diverse staff; (5) recognize that problems within an organization may be structural, in which more training would not be a solution; (6) recognize that the agency must create a safe environment for candid discussion of diversity issues; (7) recognize that any diversity training must be done according to a plan over a period of time with adequate evaluation and follow-up; (8) value differences are seen as resources and include respect for difference as part of the organizational language; (9) compile and distribute an annual diversity progress report to everyone; and (10) set up a “diversity advisory committee” made up of staff at all levels to monitor diversity progress and advise management accordingly (Asamoah, 1995, p. 123-124).

Gilbert and Ones (1998) note that an annual cultural audit is one way to demonstrate an agency-wide commitment to promoting diversity. Such an audit could review and assess the following human resource components of any organization: recruitment, retention, promotion, compensation, family-friendly policies, performance appraisal activities, and current human resource policies and procedures. In relationship to such an audit, Cox (1994) notes that the organizational benefits that can be achieved from valuing diversity relate to: a) marketing the organization’s supportive work environment in the community that may help with staff recruitment, b) engaging in more effective problem-solving across gender and racial boundaries, c) demonstrating organizational creativity and flexibility, and d) contributing to the process of acquiring new financial resources. The benefits accruing to an individual staff member can be increased organizational commitment, involvement, and networking; all designed to enhance client services to a diverse population.

When it comes to managing diversity, Cox (2001) fo-

cuses on a top down approach by identifying five components needed to transform an organization into a multi-cultural organization: 1) leadership with respect to vision and philosophy, 2) research in terms of baseline data and benchmarking, 3) education related to modifying in-house training programs and developing in-house expertise already available in current staff, 4) aligning existing systems with respect to recruitment, training, and benefits, and 5) follow-up in the form of accountability and reporting processes. In contrast, Fine (1995) takes a bottom-up approach by focusing on the interpersonal relationships among co-workers. In so doing, she notes that diversity should not be managed from above but rather fostered through the use of “core groups” of staff members who meet regularly to create new values and assumptions about people, their behaviors, and how work gets done. To facilitate this approach, top management needs to demonstrate a commitment to change so that staff-set agendas, continuous assessment, open discussion, and the celebration of diversity can operate amidst a multicultural workforce.

In summary, given the limited amount of research that explicitly focuses on the developmental, power, or management perspective related to culturally responsive organizations, future studies should examine the MCO in terms of a trifocal perspective; namely workforce groups, the organizations, and the communities related to the client population. Finally, quantitative and qualitative studies regarding the impact of multicultural organizational development on client service utilization patterns and satisfaction should be pursued.

Based on this review of the literature, it is possible to propose an emerging definition of a culturally responsive organization. As noted in Figure 1, this definition reflects more of the developmental and management perspectives in the literature and includes five components: 1) responsive services, 2) responsive processes, 3) responsive policies and procedures, 4) continuous renewal and 5) effective agency-community relations. Each of these components is illustrated by the work of Stroud and Friedman (1996), Cross et al (1989), and Cross and Friesen (2005). This definition is used to assess the findings from a case study of a county social service agency.

Methods

To address the limited amount of research on culturally responsive organizations, it is imperative to gather baseline information from those organizations that have been developing services that address the needs of a culturally diverse client population. Because the Santa Clara County Social

Service Agency (SSA) has several decades of experience in this area, we used an exploratory case study approach to capture some of their experiences and lessons learned.

STUDY SITE

Santa Clara is the largest county in the San Francisco/San Jose metropolitan area, and the 5th largest in California. With a size of 1,315 square miles, it has a population of approximately 1.7 million in year 2000. This county population is growing very rapidly. According to the United States Census Bureau, from 1980 to 1990 the population increased by 16%, and from 1990 to 2000 it grew by an additional 12%. The county of Santa Clara is also very diverse. Census statistics reveal that in year 2000, 54% of the population was White. The remaining consisted of 26% Asian, 0.3% Native Hawaiian or Pacific Islander, 3% Black, and 17% of other race or two or more races. Twenty-four percent of the total population identified as Hispanic or Latino. About one in every three residents (34%) was born outside the United States.

CONTEXT OF STUDY

Culturally responsive services at the Santa Clara SSA are observed from several cultural excellence committees at the central organization level and the four Family Resource Centers (FRC) known as Nuestra Casa, Ujirani, Asian Pacific Islander, and Gilroy, at the service delivery level.

Cultural Excellence Committees

The Santa Clara County SSA used multiple strategies to begin its journey toward becoming a culturally responsive organization. Three separate groups, composed of staff at various levels, meet on a regular basis to discuss cultural issues and to work together to promote agency-wide change. The first group, the Coalition for Effective Services (CES), is made up of representatives from different employee committees including African American, Asian and Pacific Islanders, American Indians, Chicanos/Latinas called El Comite, people with disability, and people with lesbian/gay/bisexual/transgender orientation. The CES was initiated by El Comite, which began meeting in the 1960s.

As part of the coalition, they collaboratively discuss and make policy recommendations to the SSA director. The second group, the Council for Cultural Excellence, makes decisions to create, amend, and monitor the overall implementation of policies. It is made up of representatives from the Coalition for Effective Services along with the agency director and various managers. The third group includes the Cultural Excellence Committees that operate in each of the major departments in the agency (Adult and Aging, Fami-

lies and Children, Welfare-to-Work). They monitor the progress being made regarding culturally-responsive policies, procedures, and training programs related to improving client services. The line staff members in each department also have an opportunity to provide input through their departmental Cultural Excellence Committee. All three committee structures contributed to increased intergroup collaboration, the direct involvement of the agency director, increased capacity for employees on all level to be heard, and increased focus on policy implementation.

Family Resource Centers

To supplement their service delivery system, SSA created four Family Resource Centers to address the needs of specific cultural groups in the community. Nuestra Casa Family Resource Center was the first of four FRCs operated by the Department of Family and Children's Services (child welfare services) in SSA. Nuestra Casa was founded in 1992 by a group of Spanish-speaking agency employees who sought to address the problem of the disproportionately high number of Latino children in foster care in Santa Clara County. Nuestra Casa is located in the Alum Rock district of San Jose which is a predominantly Latino area in the largest city in the county. The neighborhood is comprised of many low-income Mexican immigrants and families with children. The center opened with the goal of decreasing the barriers that Spanish-speaking families experience in accessing services that would allow them to navigate through the child welfare system. The barriers addressed by Nuestra Casa include language, long wait lists, high mandatory class fees, and culturally inappropriate curricula in parenting classes.

Although Nuestra Casa began with only three staff members (no funds for additional program development and no community partners), it has grown into a bustling center for both court-mandated participants and those in search of community resources. The services offered at Nuestra Casa focus on intervention and prevention through the use of strength-based activities and skill-building programs. Programs include parenting classes, student tutoring, and English classes. A key to the FRC's success is its ability to offer needed services like childcare, extended hours of operation, bilingual translation, and low/no fees to participate. Many of the Nuestra Casa programs are built on partnerships between community groups and organizations. Local schools, small businesses, and neighborhood residents actively participate in shaping the Center's programs.

Ujirani Family Resource Center is Santa Clara County's second FRC. "Ujirani" is the Swahili word for "our neighborhood." Opened in 1994, the Ujirani FRC sought to

address the problem of the disproportionately high number of African American children in out-of-home foster placement in Santa Clara County. The Ujirani FRC provides services to address the needs of the African American community. It is located on a major street near freeways, bus lines, and a public school in a neighborhood comprised of a high proportion of African American residents. The staff members focus on creating a welcoming atmosphere through the use of a warm office décor, friendly attitudes, and extended operating hours. Much attention is paid to support services, like childcare and youth activities, that make it possible for parents to fully participate in various programs that include educational classes, treatment programs, counseling services, and case management. One key element of the center is the diversity of programs designed for all members of the family, from children and teens to parents and grandparents.

The involvement of community partners is an important factor in the operation of the center. Community groups provide input on programs through their participation on an FRC advisory board. The FRC also participates in numerous community events, including cultural celebrations, holidays, and neighborhood fairs. Much of the success of Ujirani can be attributed to the dedication and flexibility of the staff, whose commitment to the community has remained strong throughout the years.

Asian Pacific Family Resource Center (APFRC) is the third FRC. Opened in 1995 soon after the Ujirani FRC, the APFRC is also the result of the advocacy efforts of Asian Pacific American employees in SSA. One of the primary goals of the center is to provide prevention-oriented, culturally appropriate services in a way that meets the language needs of the Asian Pacific population. One out of every four residents of Santa Clara County is Asian, and many speak a primary language other than English. The language needs of this population are immense; the APFRC operates over 45 groups per week in 11 languages and also offers counseling, parenting classes, home visits, tutoring, citizenship classes, and cultural arts classes designed to meet family needs and enhance cultural development. English language classes, for instance, focus on sharing immigrant experiences with other participants.

The staff members at APFRC are selected for their cultural and linguistic competency skills and are matched by language and/or ethnicity to client groups. Workers focus on building trust with the individual, family, and community. The "personal touch" delivered in the context of long-standing relationships with clients and the Asian Pacific community is the key characteristic of the center.

Gilroy Family Resource Center is the fourth FRC in

FIGURE 1

An Evolving Definition of A Culturally Responsive Social Service Agency

- I. Major Dimensions of a Multicultural Service Delivery Philosophy (adapted from Stroul and Friedman, 1996)
 - *Client-centered* and individualized services
 - *Family-focused services* with full family participation in the planning and implementation of formal and informal services and supports
 - *Community-based* featuring inter-agency collaboration and the integration of accessible and available services
 - *Culturally-responsive* leadership and decision-making at all levels of the organization
- II. Culturally responsive *organizational processes* (adapted from Cross et al, 1989)
 - Values diversity and embraces culture as a resource
 - Demonstrates awareness of the dynamics, risks, and potential conflicts when different cultures intersect
 - Incorporates expanding knowledge of various cultures and cultural issues
 - Provides services that can be adapted to fit the culture of the community served
 - Demonstrates capability of being both:
 1. program-focused (responsive to public policy and funding streams) and
 2. family-focused (respectful and inclusive of families, strength-based interventions, participatory involvement of clients, consumer oriented, and use of support networks and natural helpers)
- III. Culturally *responsive organizational policies and procedures* (adapted from Cross and Friesen, 2005)
 - organizational mission statement
 - service standards
 - personnel management
 - information systems
 - community involvement and feedback mechanisms providing ongoing advice
 - service contracting
 - intake mechanisms (featuring client strengths and effective referrals with follow-up)
 - family-provider collaboration
- IV. Engages in continuous *organizational renewal* utilizing cultural self-assessments (adapted from Cross and Friesen, 2005)
 - Defines service population and its demographic characteristics
- V. Engages in effective *agency-community relations* (Fong & Gibbs, 1995; Nagda and Gutierrez, 2000)
 - Ensures staff and board representation in relationship to community characteristics
 - Creates staffing patterns, job descriptions, performance evaluations, and training programs (including volunteers) that reflects the community's demographics
 - Utilizes continuously updated guidelines for culturally competent practice
 - Demonstrates an ongoing investment in creating a diversity of viewpoints and backgrounds to enhance service delivery
 - Provides supervisory support for orienting and training staff for culturally competent practice
 - Utilizes culturally competent consultants versed in the cultures of the client populations served by the agency
- VI. Engages in effective *agency-community relations* (Fong & Gibbs, 1995; Nagda and Gutierrez, 2000)
 - Engages with an array of advocacy groups representing different cultural and ethnic communities
 - Celebrates the existing community strengths in order to empower disenfranchised populations to assess and monitor culturally responsive organizational policies and procedures
 - Links horizontally to client communities and community networks and vertically to professional, legislative and funding sources (including local, national, and international networks).
 - Promotes consciousness-raising among organizational participants about how structural power, privilege, and oppression operate inside and outside of the workplace
 - Recognize through dialogue with community groups that the changes needed to create a culturally responsive organization can threaten the core culture of an agency, foster resistance, and compromise the effectiveness of a diverse workforce
 - Demonstrate proficiency in receiving and integrating divergent forms of input from all parts of the community and within the organization itself as it hires and engages a culturally diverse staff

Santa Clara County. Instead of focusing on a particular ethnic group or neighborhood like the other FRCs, the Gilroy FRC serves a location-specific clientele. Situated about 35 miles from downtown San Jose, the Gilroy FRC is located in a historically agricultural town in southern Santa Clara County where over half the population is Latino. Because of its location and the demographics of the area, the Gilroy center faces unique challenges. Many of its clients are Spanish-speaking immigrant families. The population of Gilroy is also geographically dispersed and faces significant transportation problems when trying to access the Gilroy FRC.

The Gilroy FRC has responded to specific community needs and service barriers by hiring bilingual staff and scheduling extended service hours to accommodate working parents. The staff members also spend a great deal of their time conducting programs and services off-site. In order to encourage relationship-building and continuous participation, the FRC's policy is to assign one staff to follow a case from start to finish through various programs. The services offered by the Gilroy FRC include mental health counseling, support groups, domestic violence treatment groups, citizenship classes, and a youth leadership program. Special efforts are made to enhance the referral network of accessible services in this largely rural region of the county.

DATA COLLECTION AND PROCEDURE

The data for the study were collected primarily through key informant interviews and the review of SSA documents. Five social welfare graduate students were recruited and trained to collect the data. All students attended an orientation in which the purpose of the study, the research design and methods, the interview guidelines and procedures were explained and reviewed by the senior author.

From January to June 2003, a convenience sample of senior staff members in the SSA and managers, supervisors or social workers in each of the four FRCs were first contacted and interviewed (face-to-face or phone interview) by the student researchers. While the number of respondents was different for each site, typically two to three staff members were interviewed. After the initial interview, additional information was collected through follow-up phone interviews or via email.

Using the definition of cultural responsive organization as a framework, a semi-structured interview guide was developed to elicit from the respondents a description of organizational processes, policies, and procedures as well as the implementation of culturally responsive programs or services. Additionally, special attention was paid to the efforts of the agency to monitor the changing needs of the

culturally diverse communities. The open-ended questions focused on several areas: 1) Understanding current practice and service delivery (Would you describe how your programs at the Family Center work? Who are the major actors/stakeholders in the program? How and why are they involved?), 2) Impact of policies and procedures (How did the program get started? Are there any local, state, or national policies such as legal or legislative language and/or administrative regulations that contribute to or impact the program?), 3) Major successes and difficulties (What would you describe as the major successes, to date, of the program? What have been some of the difficulties or barriers to implementing the program? How would you recognize if the needs of the communities changed?) and, 4) Lessons learned (If you were to meet with your counterparts in other counties, how would you describe some of the lessons learned to date from implementing your program?)

Additionally, supplemental agency documents were collected and reviewed (e.g. agency annual and quarterly reports, program pamphlets and activities schedule as well as related internal documents including memoranda and commissioned reports). After collecting data from both the interviews and agency documents, the student researchers provided a descriptive report for each case (the agency-wide committee structures and the four FRC). Both authors reviewed and conducted a content analysis of the five reports. In particular, we used the emerging definition of a culturally responsive social service agency as noted in Figure I as the analytical framework in order to identify emerging themes and strategies across five case reports.

Cross-cutting Themes

The factors that have contributed to the efforts of the Santa Clara County SSA in becoming a culturally responsive organization include both organizational and service delivery dimensions. Using the evolving definition of a culturally responsive organization noted in Figure 1 as a framework for analysis, several themes and strategies emerge from the experiences of the Santa Clara County SSA.

Component # 1 of the Evolving Definition: Multicultural service delivery philosophy

From the developmental perspective noted in the literature review, one of the most important tasks for an organization to address in order to become culturally responsive is acquiring a new way of thinking about how services should be organized and delivered. The original focus of the Santa Clara SSA family resource centers was to serve those who were clients or at risk of becoming clients of the child wel-

fare system. The staff of the first FRC reached out to case managers within the SSA's Department of Families and Children (to help support clients in completing their court-ordered service plans) as well as to other agencies and resources in the community. It was difficult for case managers to "let go" of their cases, based in part on the feeling that the FRC worker was viewed as the "good" social worker and the case manager was the opposite. This tension was ultimately overcome by having an experienced child welfare supervisor, sensitive to cultural issues and open to new learning, oversee the three ethnically-oriented family resource centers.

As the number of family resource centers expanded to offer specific linguistic and cultural programs, additional staff members were hired. As a result, each center acquired its own supervisor. These supervisors were key to the outreach within their communities, especially as they developed relationships with community-based organizations and school personnel. In addition, they developed their own support network among themselves as they all had similar assignments. It was this cohesiveness that enabled them to successfully advocate for an entry-level managerial position at each center to focus on outreach into the community, program development and facility issues. This allowed the supervisor to address the day-to-day operation and supervision of staff, a management model that has proven to be very effective. In the next phase of organizational development, each FRC emerged with its own unique identity as it competed for resources and departmental as well as community recognition. While each FRC became stronger, they also felt more vulnerable as they sought to become more integrated within the community.

The shifts in the management structures over time were also designed to reinforce the importance of a new community-based service philosophy, namely providing support for child welfare clients and prevention-oriented services to help keep families out of the child welfare system. In the beginning, county staff faced many challenges as they waited for calls instead of reaching out to the community. By outstationing a mental health worker in a FRC, it became easier to think about networking with other agencies. The biggest challenge was convincing other county child welfare staff to use the resources at these centers. The resistance was based, in part, on the lack of information about what services were offered and by whom as well as the need to be reassured that the services were "court approved". This led to working with the local judge to get his support and "approval" of FRC services. This change also helped in networking with the district attorney and parent attorneys. As a result of these changes, staff felt a higher level of confidence in making re-

ferred. While staff training was helpful, the most effective method of service collaboration was co-locating the staff of local non-profit community-based agencies inside the FRCs to provide "hands on" training for county child welfare staff. This was a very new way of introducing change into a public child welfare agency, especially given the differences in status between the unionized county staff with higher salaries, benefits, and professional autonomy and the non-union staff working for community-based nonprofits organizations.

The management structures and community-based service philosophy led to three major outcomes: 1) the partnership with local agencies, other departments and ethnic/cultural communities provided a powerful platform for promoting policy and social change among elected officials and the broader community, 2) a significant reduction in the costly duplication of services between the public and non-profit service delivery systems, especially given the limited pool of experienced bi-lingual and culturally competent staff, and 3) the infusion of innovative and promising practices into a large public child welfare system that is continually assessing and redesigning itself.

Component # 2 of an Evolving Definition: Responsive organizational processes

Responding to the needs of different cultural populations depends on the ability of an agency to establish organizational processes that help reduce existing barriers to service utilization. Throughout the process of becoming culturally responsive, diversity is valued and cultures are embraced as resources. One of SSA's successful strategies for developing a commitment to cultural responsiveness is the involvement of staff members at all levels (line staff, department staff, managers, and executives) in the creation of intra-agency committees and the FRCs. In the beginning, inter-departmental communication made it possible for El Comite to share its concerns and goals with others. Agency staff members with different levels of experience and policy-making power were able to share their ideas and increase their involvement, a key step towards promoting agency-wide change where others were given a chance to become a driving force behind El Comite's vision of cultural responsiveness.

The bridging of traditional communication barriers within the agency made it possible to acquire knowledge, identify the needs of various groups, implement policies in different departments, and increase support for change on all levels. It was unusual for line staff, who were in a position to identify the needs of clients and the changes needed, to have direct communications with top management.

Another important communication barrier between

the FRC employees and community leaders was bridged. Before the opening of the FRCs, there was little contact between the SSA managers and outside leaders in various ethnic communities. Because the FRCs are now located in racial and ethnic communities, the FRC staff members and their departmental managers have been able to build strong relationships with various community groups and community leaders. These alliances have helped to increase community trust as well as foster a sense of neighborhood cooperation and pride in one's community. Working with other community groups also made better use of limited funding and grant resources. Instead of competing for grants and space, groups with similar goals and programs collaborated to reach more families in a convenient and familiar setting.

***Component # 3 of an Evolving Definition:
Responsive organizational policies and procedures***

While organizational processes can facilitate staff recognition of the value of cultural diversity and responsiveness, policies and procedures related to the agency's mission statement, service standards, personnel procedures need to be developed and monitored by staff. At SSA, staff members who either participated in the committees at the agency or the FRC were the driving forces for the successful implementation of changes in policies and procedures.

This driving force is most clearly demonstrated by the agency employees that made up El Comite and the staff that helped establish and maintain the services at the four FRCs. The initiative and commitment of a core group of activist employees who would not give up on their vision of cultural responsiveness was critical. The original El Comite members were so dedicated to their cause of cultural awareness and sensitivity that they met for years on their own time without the recognition of upper management. They took the initiative to identify a need (disproportionate number of Latino children in foster care) and assumed the responsibility for meeting on a regular basis to explore this need. This process took much perseverance, dedication, and hard work.

Likewise, on the service delivery side, a handful of committed employees at each FRC worked hard and endured many difficulties in order to implement the goal of culturally responsive services. At each FRC site, the staff persevered to earn the trust of the community by working in inadequate office space, operating insufficient funding, and working long hours to accommodate non-traditional schedules of working families. It is a testament to the commitment of the staff that many of the original staff members who were part of the founding teams of each FRC are still working at the same site they helped to establish. These committed

staff members have added to the stability of the FRCs and the maintenance of long-term relationships with clients and community leaders. In addition to their deep professional and personal investment in the communities served, the FRC staff members also brought bilingual skills, years of cross-cultural experience, first-hand knowledge of minority cultures, and the creativity needed to develop unique and innovative services tailored to the needs of the community.

Staff did not act alone at SSA. When the agency director and other administrators were initially approached by El Comite, they provided the support needed to develop El Comite and other groups. This underlies the success of each FRC in that none of the sites would have moved from vision to reality without the support of top management. In a similar manner, the involvement of the agency director was critical to the establishment of the Coalition for Effective Services and the Council of Cultural Excellence.

The process of gaining the support of top management began with a group of employees advocating for the specific needs of the Latino community. While managers may have been reluctant to respond, they knew that El Comite members could always "go across the street" to the County Board of Supervisors to voice their concerns. The support of management was a vital in activating effective and long-lasting change by establishing policies and procedures in the agency. Top management was able to effectively deal with complaints and concerns about fairness and favoritism coming from non-minority employees and thereby make it possible for El Comite's vision of cultural responsiveness to reach a larger audience in the agency.

***Component #4 in the Evolving Definition:
Continuous organizational renewal***

As the service population and its demographic characteristics change, so would its needs. Therefore, cultural responsiveness is a dynamic process that needs to be monitored so that appropriate services can be adjusted or developed on an on-going basis. The use of needs assessments was critical throughout the emergence of a culturally responsive organization. The plans that emerged from the needs assessments are reflected in the goals and daily operation of each FRC site. Both formal and informal needs assessments were used to help staff understand the issues, define their concerns, create realistic goals, and evaluate progress made. The information collected from needs assessments also became baseline data for future planning. For example, it took unusual leadership on the part of top management to hire an outside evaluator to conduct a candid assessment of the agency's level of cultural responsiveness by surveying hundreds of

employees and clients. The results were used to guide the development of culturally responsive organizational structures, including committees, staff training programs, and ongoing meetings with top management.

An ongoing needs assessment process occurs at each of the FRC sites in formal and informal discussions about the changing nature of community needs. Based on the extensive contacts with the communities served, staff members were able to identify emerging client and neighborhood needs. The successful programs at each FRC are the result of identifying a community need and taking the initiative to respond to it (e.g. childcare services and extended hours of service to accommodate the schedules of working parents).

Component # 5 in the Evolving Definition: Effective agency-community relations

One of the important components in a culturally responsive organization is the extent to which it works effectively with its community. The tension between what the community needs and what the organization can offer provides a continuous challenge to maintaining effective community relations. The inherent differences between the power of agency service providers and the power of client populations in the community can lead to conflict. Therefore, a culturally responsive organization needs to find ways to work with an array of advocacy groups representing different cultural and ethnic communities in order to facilitate understanding and promote consciousness-raising. There are few easy solutions for addressing the concerns of advocacy organizations.

It is important to note that most of the changes made in the agency and in the FRCs emerged slowly, over time, based on considerable planning and organizing. The changes did not come quickly and, even now, the agency continues to move gradually toward its goal of fostering cultural responsiveness. For example, El Comite members met for years before they were able to gain enough support and recognition to develop a strategic plan and create a policy development structure process in the agency. The relatively slow pace of the change reflects the complexity of the issues and a commitment to establishing a solid foundation on which lasting changes can be made. This strategy effectively led to the development of various councils and coalitions as well as FRCs that took considerable time to earn the trust and recognition of neighborhood and community leaders.

Implications and Conclusions

There are multiple practice implications emerging from this explication of an evolving definition of a culturally responsive organization and its application to a public so-

cial service agency. This analysis contributes to the current dialogue about cultural competence by moving beyond the current focus on staff cultural competence to focus on cultural responsiveness at the organizational level. In addition, the evolving definition represents an important synthesis of the existing, but limited, literature as well as its utility as reflected in practice examples emerging from its application to a public social service agency. There are implications for both public sector and nonprofit social service agencies and they include: 1) the need for top management to assess the evolving definition to see how it might relate to their own agency operations (one approach would be to convert the five major components and related items into a self-assessment checklist for use in identifying the degree to which the agency reflects culturally responsive policies, practices, and service philosophies), 2) given the results of such a self-assessment, an ongoing dialogue among all levels of staff would be beneficial to help create the norms for open exploration of the issues surrounding this complex issue and possibly establishing a representative standing committee of staff members to assess progress over time, 3) a similar dialogue and committee structure could be developed at the inter-agency level between public and nonprofit social service agencies, especially those that serve culturally diverse communities, and 4) some of the most challenging dialogue needs to take place between public social service agencies and community-based advocacy organizations in order to develop/refine culturally responsive social policies that affect the clients served and the staff responsible for those services.

Applying an evolving definition of a culturally responsive organization to the experiences of a public social service agency provides examples of how social service agencies can become more culturally responsive to the needs of diverse client populations. In this analysis evidence is provided for each of the following components of the evolving definition: a multicultural service philosophy, organizational processes, organizational policies and procedures, organizational renewal, and agency-community relations. The application of the evolving definition to a public social service agency demonstrates the dynamic interaction between organization structure (e.g. committees, coalitions, and councils) and the organization of services designed to meet the needs of racial and ethnic communities. In addition, a culturally responsive organization must manage the continuous interaction between the internal forces (staff, management, resources) and external forces (clients and community demand). The efforts of the SSA to become a culturally responsive organization illustrate the complex relationship between develop-

ing a multicultural service philosophy and establishing the processes, procedure, and policies that value diversity.

In conclusion, it is clear that cultural responsiveness needs to occur at multiple levels inside and outside the agency, where clients, staff members, organizations, and community members all play an important role in creating a culturally responsive service delivery system. The support of top management is crucial for both the deployment of a diverse workforce and the commitment to create organizational policies and procedures that facilitate organizational change. Future research is required in order to test the evolving definition of cultural responsiveness in other human service organizations as well as develop the metrics needed to convert the definition into an agency self-assessment instrument for the ongoing monitoring of cultural responsiveness.

The pursuit of the goal to become a culturally responsive organization is a "work in progress" that requires continuous efforts and adjustments to address new challenges. The ultimate goal of a culturally responsive social service organization is to provide effective services for increasingly diverse populations and communities in the years to come.

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IV.

CAREER CHALLENGES

The Politics of Executive Entry: **The First Year as General Manager of the San Francisco Department of Social Services**

BRIAN CAHILL AND NIAZ MURTAZA

The goal of this case is to describe the process of executive entry and the way in which new executives can create a new vision and position the organization for the future. The case includes the experiences of the General Manager (GM), Department of Social Services (DSS), San Francisco, during the first year of his appointment in 1993. The case describes the challenges faced by a senior administrator of a social service agency in a large metropolitan city facing significant social problems, a diverse population, strong interest groups and a shrinking budget.

Executive entry is defined as “the personal process of managing oneself in order to lead others” when entering in an organization new to the executive (Austin, 1989). The process involves the executive in rapid and intense learning about the organization, its staff, and its environment in order to develop a vision for the organization and herself/himself. The new General Manager spent a hectic year making important programmatic changes in the San Francisco Social Services Agency as he quickly became aware of the agency’s politically charged internal and external environment.

While the Bay Area is one of the largest metropolitan areas in the country, the city and county of San Francisco has a diverse population of only 752,000 (47% white, 28% Asians, 14% Hispanics and 11% African Americans). The city and county has been facing increased social problems, especially in the areas of homelessness and violent crime, along with five years of budget deficits (1988-93) related to the recession in the state economy, reduced state support and local collective bargaining agreements. In 1993 the San Francisco Department of Social Services had a budget of approximately \$300 million with 1300 employees serving over 80,000 clients.

The new General Manager is a 52 year old San Francisco native and was appointed at the end of December 1992. Prior to assuming the position he was the President of Hathaway Children’s Services, a private Southern California residential treatment and special education program for abused, neglected and emotionally disturbed children. His previous administrative experiences included the positions of the Executive Director of the California Association of

Services for Children, Executive Director of the San Francisco Boys Home, and Executive Director of ChildHelp, Los Angeles. He was also the President of the Los Angeles Children Roundtable, a group of 70 public and private sector leaders working with county government and the schools to improve services for children and families. He holds a Masters degree in Social Work from the San Francisco State University.

Entering A Highly Politicized Environment

In addition to the significant social problems, the position of General Manager is extremely high-risk and stressful due to the existence of strong advocacy and interest groups and an influential media. The new incumbent experienced a number of politically volatile situations soon after taking charge.

One of the first such experiences involved his decision to remove some children from a foster home who were perceived to be at risk. The case came to his attention since he was also serving at that time as the Acting Assistant Director of Children Services to cover the responsibility of a vacant senior management position. In view of the gravity of the situation, he approached the court to obtain permission to remove the children. The judge denied the request. The GM, while receiving conflicting input from staff, was in a fix as he was well aware of the danger that the children would be in over the weekend at the foster home. Thus, he took the risky and unusual decision of removing the kids despite the court decision. The judge held him in contempt of court and sentenced him to six weekends in the Sheriff’s Work Alternative Program. There he spent time with those held on drug charges, robbery, and assault who found it hard to believe that the judge had sentenced a county agency director to do time.

No sooner had the GM done his time, then the depart-

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ment was awash in negative newspaper publicity related to a senior manager who was arrested on federal drug charges and taken away in the middle of a meeting in the GM's office. The incident seemed to have been preplanned by the District Attorney's office to embarrass DSS as it occurred at 10:00 am and was reported in the 11:00 am morning edition of the local newspaper. This incident reflected part of the adversarial relationships which had evolved among various city departments in San Francisco. The GM decided to retain the manager after he was released on bail, especially since the indictment indicated that he was unknowingly implicated. The GM's decision was criticized in the press and different parts of the community. It became very clear to the GM that the local media had the power to disrupt the work of public agencies. The principle of standing up for staff who are innocent until proven guilty or for children in dangerous situations were clearly tested in the first few months on the job.

The GM also learned about the difficulties involved in dealing with personnel and civil service rules as he attempted to retain an outstanding African-American worker when it was discovered that there were a number of felony charges on her record, most of which were subsequently dismissed. Although the worker had disclosed all felony charges at the time of her hiring application, she inadvertently forgot to mention two misdemeanor offences. The DSS Personnel Division wanted to have her fired for failing to disclose the misdemeanors. In view of the outstanding performance of the worker, the GM worked with Probation, the court, and the DA's office and was able to retain her.

As if public ridicule in the press was not enough, the charged issues of racism also emerged, requiring more attention and problem-solving skills. A white manager turned down a request from an African-American clerk for leave to study French art in Paris on the grounds that it was not relevant for the clerk's job. When rebuffed, the clerk offered to study the French welfare system instead. The manager responded by saying that she could not foresee the benefits from having a clerk study the French welfare system. The clerk, who had worked previously at NAACP, claimed racial harassment and the incident received considerable negative attention from NAACP. The incident highlighted the importance of using more diplomatic and sensitive communication in such situations as well as citing the risks of losing the vacant position due to tight budgetary conditions.

The GM also ran afoul of one powerful state legislator who wanted him to fire a manager from the previous administration. When the GM refused to comply and wrote a letter to the legislator, the letter was reported in the press.

This prompted the legislator to suggest to the Mayor's office that the GM should be replaced. Nothing came out of it, but it was another distraction. These events demonstrate how seemingly small matters can explode into extremely volatile situations in a highly politicized environment and take attention away from addressing the agency's primary responsibilities. They highlight the degree to which political considerations compete daily with administrative decision-making in public agencies.

Providing Leadership On Key Administrative Issues

Besides the external political pressures mentioned above, the new GM also had to give immediate attention to a wide range of programmatic issues within the agency in the areas of General Assistance, Homeless Programs, Family and Children Services, Adult Services and Personnel. For instance, when he took over, the agency was out of compliance with the state child welfare regulations, faced the threat of a law suit by a children's advocacy group, and was requested to eliminate 100 positions due to budget cuts. The GM made a number of strategic decisions to deal with the issues in each of these areas.

General Assistance and Homeless Programs

Important programmatic changes were made in the General Assistance (GA) and Homeless programs. The department worked actively to avoid cuts in the grants for GA clients in view of the high cost of living in San Francisco. In spite of the budget cuts, the county was able to avoid a cut in the GA grant, double the amount spent on employment and training services for GA clients, and maintain the current level of spending for homeless service providers. This was made possible by the approval of Proposition V placed on the local ballot, a controversial initiative developed by the Mayor and DSS. Under its provisions, the county began a program for electronic finger printing of GA clients in order to prevent clients from receiving duplicate aid. The county also increased sanctions for program violations and fraud from 14 days minimum to 30 days, with the provision to increase progressively to 60 and 90 days on repeated violations. These measures were designed to save the county approximately \$1.25 million per year.

It is estimated that two-thirds of the homeless population contacted by DSS outreach staff is on SSI or GA. The county has also assigned additional outreach workers under the Matrix program (the Mayor's controversial program designed to move the homeless off the streets into housing) to go out with police officers. The outreach

workers have contacted over 1000 individuals and have referred 300 of them to emergency housing and signed voluntary agreements with 200 of them for directly deducting rent from their GA checks when assigned to low-rent hotels.

All of these measures, including the Matrix program, Proposition V and mandatory housing, have come under heavy attack from advocate groups who brand them as infringing upon the freedom of choice of clients. DSS expects future litigation over some of these measures, even though the county feels that it is only asking the clients to fully meet the current requirements of the program. The department feels that the success of such measures will allow it to better serve clients and avoid cutting the GA grant.

Family and Children Program

The goal of the children's services program for 1993 was to develop a corrective action plan to comply with state child welfare regulations and a family preservation program to target the disproportionate number of African American children in foster care.

The Department had been out of compliance with state requirements pertaining to performance evaluation and reporting in its child welfare program since 1986. During 1993, the state approved, with some revisions, the corrective action plan developed by DSS. The results for the first quarter of FY 1994 showed that the department was able to make significant progress in this regard. However, the county is still facing the threat of a lawsuit from the Youth Law Center which feels that the DSS has taken inadequate steps to address issues such as visitation of foster children and access to health and dental care. The department feels that a lawsuit at this stage would undermine the progress made so far.

The county is also working on developing a plan for improving family preservation services. The department launched a community planning body composed of representatives from community organizations, parents, foster parents, service providers, schools and other public agencies to develop strategies for early intervention and family reunification. DSS is also participating in the newly formed Children's Collaborative Planning Committee, a group consisting of department heads, community leaders, and elected neighborhood representatives. The group has adopted a set of planning principles to guide decisions on the Proposition J Children's Fund allocations and the development of a comprehensive public/private neighborhood based planning process for all family and children's services in the city. There is an ongoing tension between those who focus on the distribution of the Proposition J funds and those who want

to concentrate on planning and decision making related to all city funding for family and children.

Adult Services

Adult services, like the GA and Homeless program, were new to the GM since he had spent his entire career in children's services. In spite of this challenge, he was able to guide the following DSS initiatives by including senior staff in testifying before the Board of Supervisors and negotiating with state and federal officials to: 1) develop a community-based consortium to improve the quality of in-home support services (IHSS) for adults along with plans to develop a provider referral system to better serve the entire community, 2) obtain a \$ 1 million increase for the GAIN program which will allow increased job training and placement services for AFDC clients, 3) start new outreach efforts to reach the elderly and disabled population in the Food Stamps program, and 4) deploy more Medi-Cal workers at clinics and community centers to better serve clients needing perinatal care.

Personnel Changes

A \$ 15 million cut in the DSS budget led to the elimination of 100 positions (37 employees were laid off while over 60 employees were reassigned). Some African-American workers charged that the layoffs were discriminatory against them and challenged the agency. However, upon investigation, the Civil Service Commission ruled that the layoffs were done in compliance with its requirements without any discrimination against any ethnic group or program. However, the Commission pointed out the need for more sensitivity in communicating layoff decisions.

The department is exploring the possibility of obtaining Civil Service Commission cultural competence waiver to recruit more African-Americans for specific positions in view of the high number of African-American clients served by the agency. DSS is also working under a court ordered mandate to hire workers who speak Spanish, Russian, Cantonese and Vietnamese. As part of the GM's plans to increase the percentage of African American staff at all levels, DSS was able to hire an exceptionally qualified African American Assistant General Manager for Family and Children's Services.

Conclusion

The case highlights the challenges confronting a new director of a large urban county social service agency. It describes the process of dealing with a variety of interest groups impacting administrative decision-making in times of shrinking financial resources. It emphasizes the need for adminis-

trators to be fully aware of political environments and the need to develop skills to deal with the cross-currents of public agency administration. Based on the experiences of the new GM at San Francisco, the following ten lessons can be useful for senior administrators taking up new assignments in public agencies:

- 1 Stick to the important priorities even when distracted by local politics or controversies
- 2 Develop a “thick skin” to handle the assaults on your position and a sense of humor to handle the ridiculous
- 3 Engage in daily management activities with an eye for the immediate issues as well as the more long range issues (it is important to develop and articulate one’s own agenda in the first year but also to understand that only 10% of one’s time will be available to pursue the agenda)
- 4 Use the position as a “bully pulpit” to do what is right for clients and staff
- 5 Pay attention to small problems knowing that they can quickly escalate into large problems
- 6 Understand there is a mentor role with staff (taking staff to Board of Supervisors meetings)
- 7 Assess your preparation for assuming a politicized position by noting your capacity to think on your feet (e.g. prior experience as a crisis intervention worker proved to be very helpful)
- 8 Recognize that dealing with multiple and unexpected crises can be scary but also addictive
- 9 Be open to learning new issues (came from a background of family and children’s services and had to learn quickly about adult services and homeless population)
- 10 Feel secure enough to be able to resign the position at a moment’s notice and make sure to find a supportive spouse prepared to handle change.

Discussion Questions

- What were your reactions to the multiple challenges confronting the General Manager?
- Which leadership qualities are most difficult for you to envision as part of your management style?

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From Vision to Reality and Back to Vision **Reflections on Three Decades in** **Public Social Services Administration**

RICHARD R. O'NEIL

A social services agency director's vision of the way things should be often collides with the reality of the way things are. As a result, the effective administrator must be prepared to deal with roadblocks—sometimes by pushing or pulling, but most often by going around, under or over. Most directors come to their positions prepared to offer vision and leadership in shaping services to better meet the needs of clients and the larger community. But they soon discover that they operate in an environment of constraints and dilemmas involving government regulations, the political process, and conflicting goals and responsibilities. The path from vision to reality and back to vision requires creativity and flexibility in dealing with an environment that is at once rigid and bureaucratic, and shifting and changing. The successful administrator must be:

- comfortable and confident in “working the system” without compromising basic principles;
- vocal and willing to step out on a limb to advocate on behalf of clients with local, state and national legislators as well as the media;
- flexible in trying out innovative ideas on a small scale or in a less than ideal way to ensure that some forward progress is made; and above all tenacious in holding on to his or her vision.

These lessons learned over the past 30 years emerge out of three major domains of administrative practice:

- 1 organizational-environment relations, including working with county and state governments, the impact of Federal policies, community relations, working with the courts and law enforcement, and working within the constraints of limited resources and rigid regulations;
- 2 organization-staff relations, including working with unions, developing effective ways to train and evaluate staff, and facilitating communication between staff and administration; and
- 3 organization-client relations, such as enhancing client satisfaction and balancing the many and sometimes conflicting client needs and priorities.

The following reflections illustrate the array of factors shaping and being shaped by the administrator's actions on a daily basis.

Organizational-Environment Relations

Organization-environment relations occur at multiple levels—federal, state, county and the local community—and involve a range of constituencies including government regulators, elected officials, community-based organizations, the media and the courts, as just a few examples. Working with these various constituencies involves a delicate balancing act between accommodating their ways of doing business while continuing to promote changes that better serve the needs of clients and the community.

Working Within County Government

Santa Clara county is a charter county. It has a county executive rather than a county administrator. One of the major distinctions of this model of government is that the county executive is the appointing authority for the majority of the department heads. Most of my colleagues in other counties are appointed by their Boards of Supervisors and can truly be said to have a “Tuesday to Tuesday” job — Tuesday because that is when most boards meet in California, and therefore on any Tuesday, with a three to two vote a department head can be ousted. In most of the charter counties, the department head is appointed by the county administrator and in effect enjoys a civil service status, which gives a different character to how one goes about managing an organization. I often say I have the best job in the state of California. I work in a very liberal community, I have a very liberal Board of Supervisors and I have an autonomy that is not given to many welfare directors.

My relationship with the Board is through the county executive. That doesn't mean I don't have to deal with the Board directly — I certainly do. But the charter prohibits

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the Board from any direct involvement in agency administration. Board members can have a great deal of influence on the administration of an organization but as a matter of fact, you have that shield — when they get too close you can remind them about the charter and about the role of administration and the role of the Board and the bridge between the two, which is the county executive. Still, Board members have a staff of aides, and that gives them opportunity and authority to involve themselves in a wide range of activities. Their aides are assigned an area and they concentrate on it just like they do with a legislator in Sacramento. So you're constantly dealing with the Board on that aide level, answering questions and dealing with constituency calls through them.

The State Government

The state is our supervising agency and I define them as being in charge of no—"no," not "k-n-o-w". Their view of their role is control in terms of the regulatory process. They create well over 900 rule changes a year between the Health Department, Food Stamps and AFDC. One of the reasons that it is so difficult to automate welfare in California is that it takes over a half a billion data elements to do it correctly. The rules and regulations for food stamps are not the same as for AFDC or MediCal. So basically what we've got is a regulatory agency that spews out regulations, with very little concept of what the client would want or need or what is best for California.

The second aspect of the state is that they're in the "gottcha" business. Instead of looking at things like whether the client benefited from an intervention, they monitor error rates and review compliance — whether you signed the form before the 30th of the month or whether you got the CA-7 processed and looked at it on time or whether the client returned it before the third working day in the month. In my almost thirty years in social services, I have never been asked for an outcome measure, I have never been audited on an outcome measure, and I have never been evaluated on an outcome measure. No one has ever asked me whether the client benefited from the services.

The relationship with the state is influenced by the size of the county. The twenty smallest counties tend to see the state as their principal source of authority for everything they do. If you can get the state to say you must do something, you can compel your Board to fund it. And so you transfer the advocacy for your programs from yourself to the "they made me do it" mode. The middle size counties go back and forth. Sometimes they go to the Board and say, "The state is making me do this. You've got to fund it." And

sometimes they go to the Board and say, "Despite what the state wants to do, I want to do this." The larger urban and suburban counties are more likely to tell the state how we want to do things most of the time. We have our own governmental relations staff with access to the legislature. Santa Clara County has three governmental relations staff members, one of whom works in Sacramento almost exclusively. Thus, we are able to follow and influence the legislative process with the best interests of the client and the county in mind.

The Impact of Federal Policies

The current welfare reform debate is the fifth federal change agenda I've gone through in my 30 years in public social services. This 1995 welfare reform debate is very different from the past, where we made marginal changes. What's being discussed now is really a fundamental and very profound change in welfare. We've always had the basic entitlement structure and universal eligibility. Now, we are talking about a proposal that eliminates federal entitlements. One thing we have never had to do since 1935 is at the front entrance, say "you, you, you, and you, are eligible—you, you, and you are not, because we ran out of money." This welfare reform platform has the potential to put us into that category

When we look at it from the local level, all we see is another group of people who are going to be excluded, another set of entitlements that are going to be denied, and another set of restrictions impacting the families in our community. If the state and federal block grant guidelines result in fewer restrictions, we could potentially do some creative things at the local level. But the fact of the matter is that our time will be devoted to figuring out how to finance former entitlements through state-level and local decision making. It is highly doubtful that we will have a chance to invest that block grant money in a front-end delivery system. In the large urban communities, welfare reform is going to be very, very traumatic and will cause a lot of social disruption. For example, our agency spends \$12 million every day, 365 days a year. We are a significant part of our community. If that were cut in half, it would be significant. I've estimated that we would lose 700-800 workers out of 2400, and I'm not sure how to finance the 1600 that would be left. And all of this is occurring in an environment where our mandate is to move people off the caseload and on to self-sufficiency.

The impact of welfare reform on the local community is going to be most clearly expressed in the child welfare area. There is an estimate that approximately five million children could come into the child welfare system as a result

of welfare reform. How in the world are we going to ration our services to children? Are bad bruises okay? Or is bleeding going to be the criteria? When Board members consider such a dilemma, they absolutely have no idea how to deal with it. When you think about such an impact on the local community, it's overwhelming.

I think the welfare system is not successful and we really ought to replace it. My vision of what welfare should be is that we should never let anyone who is unemployed sit for 26 weeks or 52 weeks on unemployment. We should never let people get near a welfare department if they are able to work. We should have a program that steers them into a training and employment system. I would go back to the that old method of basic social services in which you have social workers who serve families in their homes, and they don't have to be a CPS referral in order to get help. Social services should focus on the families that are really unable to succeed in the labor market. I really do believe we entrap able-bodied people in the welfare system when we should be empowering them to go back to work.

Given the fact that welfare reform is upon us, what we are doing at the local level is trying to prepare our boards for a radical change in how they view welfare. I've already talked to my Board about the fact that they might want to think about starting the process of giving the programs back to the state. You can't get away with that because the welfare and institutions code doesn't really allow a Board to do that. But we have to start thinking about a worst case alternative. I have spent time at Board meetings going through a review of the impacts of welfare reform proposals and what Board members could do about it. In a similar manner, I have approached our local business roundtable with the message that they have been advocating welfare reform for a long time and they think it's a system that ought to be eliminated. If so, it is now time to step to the plate and create the jobs in order to employ these folks. But even if we could get them all minimum wage jobs, it's still going to leave us with a need for a social welfare system.

The Constraints of Resources and Regulations

There are tremendous opportunities for us if we could have a chance to rationally reform welfare. There are all kinds of things you could save money on. For example, I have sixty-five thousand square feet of archival records space that I pay for. We have cases that are three, four and five volumes because the paper builds up so much. We literally have 20-25 worker disability claims a year from staff injuring themselves bending over and picking up case files. It really is Byzantine, and it's a process that just confounds reason. Let's consider

computer automation, for example. I can rent a building for \$10 million a year but I can't buy more than \$25,000 worth of computers without having state permission or more than \$200,000 without federal permission. One of the reasons you don't see automation innovation in California is because of those restrictions. I can buy all the cars I want, but I can't move forward with an automation system.

It would be nice to be able to say that most of the time we're motivated by what's the best delivery model for the client. However, that usually comes second or third. What you hope is it doesn't come last. It's difficult to consistently keep the client service focus in mind because everything you do is defined in terms of dollars. And beyond the dollar, everything in government is prescribed — what you do needs to be written down. You've got to find either a legal justification or some kind of regulatory justification for doing what you do. Money, then regulations, then politics, and at the bottom is the client. When you try to do it differently, you can succeed, but it takes an extraordinary amount of effort, and I don't think you could do it if you were in a "Tuesday-to-Tuesday" kind of job.

Let me give you an example. I wanted to implement family resource centers. I didn't have a complete definition of what a family resource center should be, but I believed there must be a mechanism for a big government agency to serve a community in a way that clients have a role in defining the services they need. I knew I didn't have a budget allocation and I didn't necessarily have permission from the Board of Supervisors. There was nothing in the regulations that would define a family resource center, but nothing that would really prohibit me from proceeding. So I happened to have a building located in the Latino side of town that was used for the summer youth employment program, but in the Fall it was vacant. Instead of returning it to the landlord, I decided to continue paying for it. Then I assigned two social workers to go out there and see what they could make out of this opportunity. I got all kinds of input over the course of the year within Administration to the effect that there was nothing going on out there. "We've only seen two clients in a year. Do you know how much money that's costing?" I got constant feedback about how wasteful this program was. Well, after a year and a half we had a giant open house to establish the Caesar Chavez Family Resource Center, and it is now a model for four other centers we've opened. It was basically the community and a couple of social workers with a vision, without any administrative constraints, putting it together. If I had been a "Tuesday-to-Tuesday" director, the chances are I wouldn't have taken that risk because somebody could have come by and blown the whistle. As it was,

I had the freedom to experiment without an elaborate plan, budget or grant proposal. For me, the best way to change the bureaucracy is to use what Tom Peters calls the “skunk works process” of putting creative people together to build something from the bottom up, and not to direct it from the top down. As these projects mature, however, I begin to see bureaucracy creeping back in. I went to a center the other day and there was a government form posted at the front door. These symbols of bureaucracy need to be less obvious in order to create a comfortable environment for clients, but it’s difficult to get staff to change the way they do business.

Community Relationships

Social services agencies must always contend with local community standards and values. Santa Clara County’s Social Services Agency is seen as the “big kid on the block” because of the scope of our programs, the size of our organization and our impact on the community. If we are late with the monthly warrants, it is not necessarily the clients that call, it’s the apartment owners who want to know why the warrants are late, why the client can’t pay on the first of the month.

Because of our scope and size, we are seen as the organization that gets priority consideration, which can contribute to an adversarial relationship with many community organizations. This is sometimes a “knee-jerk” reaction, but sometimes well deserved. We do wield clout and have veto power over many programs such as Healthy Start, which is a school-funded program but requires clearance through the Welfare Department. The same is true for employment training programs under the auspices of the Job Training Partnership Act (JTPA). The forty plus organizations that contract with us have a different relationship than those that do not contract with us. The ones that can’t get money from us often find reasons, some valid and some not, to be very critical of what we do and how we do it. Those that contract with us tend to be supportive of our organization. They might have disagreements with us, but they typically would not go public with critical comments.

The process of contracting for services in a county can be very political. As a result, we contract with a wide variety of youth organizations, nutrition programs, emergency shelters, drug abuse programs and counseling programs. Of the 42 contracts that we’re administering this year, only about 10% have been initiated by our department to respond to a specific need. For example, Saratoga, one of the richest communities in the nation, with approximately two years of budget reserves, came to the Board of Supervisors and got funding for a senior program at \$16,000 a year. It’s basically

a way for the Board member who represents that district to respond to that community. I don’t mean to be cynical but that’s part of life.

Working With the Courts and Law Enforcement

In child welfare, we’ve got a civil procedure within a criminal atmosphere. In Santa Clara County every case has at least three lawyers. Most have four, five or six, and that’s probably true of most other jurisdictions. You’ve got the District Attorney representing the child, the County Counsel representing the Department of Social Services, the Public Defender representing the parent, and a conflicts attorney representing the non-custodial parent or the non-abusing parent. The costs of the system right now in the urban counties are enormous. Santa Clara County spends \$2.5 million dollars per year on legal services, and we’re only the fourth largest in the state. We have eight court officers who each cost \$102,000 a year. We’ve got many hours of wasted social worker time waiting in court.

My objective is to keep cases from getting to the court because once they get there, we’ve essentially lost. I think we’ve gotten this system to the point where there are too many legal checks and balances, too many procedures and court requirements. For example, a social worker recommends placing a child in a foster home in Cupertino and the District Attorney says, “I don’t think that’s a good home for the kid,” and the Public Defender says, “That’s too far for my client to travel.” Meanwhile, the child is sitting in the shelter or temporary foster care. The social worker comes back and says, “Well, I’ve got a home in Mountain View.” The District Attorney says, “That’s too close to the railroad tracks. I’m afraid my kid’s going to run out and get run over.” The Public Defender says, “That’s closer for my client but it’s still not on a bus line.” Children’s lives are hung in the balance but once you get into court the best interests of the child don’t seem to be a factor anymore. In Santa Clara County 75% to 80% of all of the children enter the system directly from a law enforcement intervention without social service involvement. They’re coming from drug busts, shoplifting, domestic violence, school-reported neglect, and so on. They are coming into the system from law enforcement, which runs counter to the public’s and the grand jury’s perception that social workers are running around grabbing children from their homes and taking them away. Because there is minimal social services collaboration with law enforcement, we really aren’t doing a triage at the front end to figure out if there isn’t something else we could do with a troubled family before they get caught up in the system. Once they are in the system, we’re compelled to do an investigation within a

48-hour time line. We are then faced with putting a child in satellite care or shelter care or with a relative and the family is trapped in the process. As we proceed, we become protective and begin to defend our decisions as the right thing to do. We don't question the decision-making in picking up the child in the first place.

I would like to change the way we do intake. I think we have a fundamental problem in not being able to respond to the family when the crisis occurs; we're always there after the fact. I've placed social workers in two or three police departments, and it really works. They go out with the police officer on the complaint. If a call comes in that there is a drug bust, the police ask, "Are there children involved, or are there children in the household" and if there are, they take along my social worker. This is the type of incremental change an administrator can make to improve services to families, but at the same time we need to continue to advocate for broader systems changes.

Organization-Staff Relations

Organization-staff relations, like organization-environment relations, occur at multiple levels. At the most basic level, we in the social work profession are confronted with the issue of professional standards including using the M.S.W. as minimal qualifications for entry level into child protective services. Maintaining this entry level standard helps to elevate the competency of the entire organization. It also leads to the importance of professional development and staff training in order to maintain a level of excellence. Committing organization resources to staff training programs, conference travel, professional association involvement, and the pursuit of continuing education are all part of the equation. Today labor-management relations are a critical component of fostering effective organization-staff relations. This includes educating union shop stewards as well as learning from them about employee concerns. Formal relations need to be balanced with informal relationships and therefore mentoring has been another essential ingredient in effective organization-staff relations.

Working With Unions

We have a highly unionized work force. We're one of the few counties in California that has case load standards negotiated in a contract, signed by the Board of Supervisors. That means that every time we have a contract negotiation session, we negotiate very specific caseload numbers. This defines our relationship as traditional shop floor concept where the view is that management is trying to take advantage of the workers and the workers constantly need to be

alert to being manipulated. We spend a great deal of time negotiating over changes in forms, redefinition of rules or something else that is viewed as more work by the union but not by management.

When I started with the County I was a union activist. We were working in an environment that didn't value welfare or social work, and we had quite a disruptive transition period. We went on a major strike, the second strike of any county welfare department in the state. We wound up with these negotiated caseload standards and it has been that way ever since. Many administrators think that's a burden and of course it can be a burden, but it is also one of the blessings of life, because it allows you to determine your budget very easily. And since it is a contract signed by the Board of Supervisors and not by the administration, the Board can't really say no to a staffing request. If cases go up, you go to the board with your caseload standard. If they want to change the caseload standard, they've got to direct us to negotiate with the union, and we have never had them direct us to go in and negotiate standards up in order to accommodate caseload growth. We've always been able to find the dollars to maintain our caseload standards.

Training and Evaluating Staff

I think training is probably the most important thing we do and I wish there were ways to make it more compulsory than it is. Our social workers are required to take 50 hours of continuing education a year. Whether they do it or not, that's another issue. I was going to try to tie it to compensation, but was not able to get that approved. We've got union rules that will allow anyone to transfer into a job assignment, whether or not they're good at that job or trained at that job. I don't think you can ensure good practice under these circumstances. If we're going to be permitted to be this intrusive in the lives of families, we have to change the structure of how we go about delivering services. I don't think you can have absolute seniority rights for staff, with limited disciplinary ability. You've got to be able to hold staff accountable for what they do on the job. If we're going to be so involved in the lives of children, we can't have unlimited protections of the sort that a civil servant gets.

In 1975, we had the strike and as part of that strike we eliminated the evaluation of social services employees. You can go to a Santa Clara County Social Services Agency personnel file and you can find nothing in there that describes how an employee has performed on the job. All you know is how long they've been there and whether there have been disciplinary actions. Since 1975 we have had an ongoing battle with grand juries and the Board about whether we

should have an evaluation system in the Social Services Agency. The unions, of course, have fought against it. Employees have fought against it. The problem is that there are a great majority of employees who feel demoralized by the fact that they may do a very good job, but someone next to them who is goofing off gets the same pay, the same raises, the same opportunities.

Instituting an evaluation system is going to be a long, involved process. I'd say the weakest part of the organization is first line supervision. We define them as management in terms of their disciplinary and evaluation functions, but they are still part of the union. As a consequence, that whole area of disciplinary action and employee evaluation gets bumped up to the second line manager. The second line manager or program manager doesn't directly observe the performance of the employees and isn't responsible for daily supervision, which results in a weak case for disciplinary action. We take the case anyway, we do termination or we do suspension, and it goes to arbitration. Usually we lose because the facts are not there and we don't have the support of the first line supervisor. Serious offenses can get taken care of. It's the subtle issues that don't get dealt with — the way workers treat clients, their attitude, the feelings of clients toward workers. It isn't an issue of workers not doing their work. If they have 50 cases, they do 50 cases. But they could treat 48 of those clients very badly and it's difficult for the supervisor to either know that or deal with it if the forms are completed and the checks are going out.

The child welfare area is the most disturbing to me, although I'm not dismissing the attitude and behavior of people in income maintenance. I think the main problem in income maintenance is laws and regulations. I'm afraid what we have developed with the regulations, with the monitoring of error rates, with everything else, is an attitude of "prove to me you're eligible," and I think that's the attitude that most welfare departments in California have for people coming in applying for assistance. But child welfare is the area that concerns me the most. I'm perplexed by the attitude of some of our workers toward the clients. Those are the ones that are so darned hard to get at because everyone says it's their professional style or method, not attitude, that clients dislike. Another big complaint I get is about variance in attitudes on the worker's part. Complaints are in the context of, "Well, the last social worker that I dealt with was different than this social worker," or "I know somebody who did this and their kid wasn't taken away. How come?" And you begin to see a pattern of behaviors. I did some snooping around in Emergency Response about two years ago because there were some problems down there, and I found out that

I had a social worker who had worked there for eight years and had never taken a child into custody. I had another worker in that same unit who took 90% of the children that she saw into custody.

I think the best model of evaluation has got to be peer model, and all of us need to be evaluated in that process. The evaluation needs to be not just a check sheet, but an ongoing dialogue in an ongoing development process between the supervisor and staff. This is tricky to implement with professionals because practice skills are practice skills and we define ourselves as artists, not technicians. I also think evaluation needs to be connected with some kind of incentive. I don't know whether it's monetary or not, but there must be some kind of recognition of positive behavior.

As critical as I am, I'm not going to give up on the solutions. But I really do believe that we, as a profession, have a responsibility to start thinking about how we do business. Consistently when you talk with parents that are involved in the system, particularly those middle class parents who find themselves caught up in the system for one reason or another, the first words out of their mouth are on this issue—"I thought social workers were here to help me. Your staff didn't do a thing for me."

Staff-Director Communications

I have an open door policy. Anyone can call me and get an appointment, but I usually schedule those appointments between 4:30 and 5:30 in the evening so I'm giving up a little bit and they're going to have to give up a little bit. An open door policy can potentially undermine middle managers unless they understand what your role is and what you're doing. If it doesn't work, it's largely my responsibility because I need to communicate with the middle manager. I'll go to the Assistant Director and say, "So and so's coming to see me. There's an issue that has come up from the line and he or she apparently has not been able to get satisfaction." Surprisingly enough, before that appointment, usually those problems are resolved.

Since I grew up at the organization, one of the problems is that everybody knows me, just plain old Dick, you know, that goofball that used to be down in intake. And so staff have felt a level of comfort in coming to me, talking in the elevator, the cafeteria or wherever I am. It's taken about seven years for the mantle of directorship to impact my attitude, and as a result staff attitudes have changed toward me. I have become a distant, unreachable director and they feel that distance. But initially I would get in the elevator and talk to people and they'd tell me about a problem they were having. I think many staff today are intimidated by the

management hierarchy in my organization. As a result, it's hard for people to be very candid and forthright. It's very hard to modify an organization to incorporate an open door policy. It's either there and people accept it and are comfortable with it, or it's not.

Organization-Client Relations

Client-centered administration is at the core of organization-client relations. It requires a constant monitoring of client perceptions of the services provided. Periodic client satisfaction surveys represent core approaches to the monitoring process. Helping staff assess survey results and identify new approaches to meeting client needs involves sharing the courage to "face the music" even if the results are painful to absorb. Client-centered administration includes:

- venerating the client as our sole reason for existing as an organization;
- placing clients at the top of the organizational chart and not at the bottom;
- demonstrating a healthy disrespect for the impossible when it comes to trusting clients to identify and address issues which they feel strongly about;
- maintaining an open mind with which to learn about the changing needs of clients and finding new ways to address them, and;
- assisting staff in finding ways to continuously evaluate the impact of services by soliciting client perceptions.

Client Satisfaction

We did a client survey and we found out, interestingly enough, that about 88% to 92% of our clients described their interface with the organization as being positive to very good. But what we also discovered is that the approval rating went up significantly as the clients moved from intake to continuing eligibility. My interpretation is that we don't necessarily do a better job with the intake, we just teach them how to behave as welfare clients.

In October, we will open a brand new central intake facility in Santa Clara County. We will run extended office hours, from 7:00 a.m. to 7:00 p.m., and we will probably work on Saturdays. We have also redefined the way the clients are treated at intake. There will be no receptionist, but there will be client service advocates. The facility looks like a credit union where instead of standing in line you go up to a window. It's got a day care center, it's got housing services, job services, and other organizations providing ancillary services.

I think it's very important to sit in on an intake interview at least once a year, and to go sit in the lobby as often as

you can. I can't do it with my suit on because I clearly don't belong in the lobby, but once in a while I dress down and sit in the lobby and listen to the discussions and how people feel. I think it's humiliating the way people mispronounce people's names. By golly, if you can't pronounce the name correctly, you shouldn't broadcast it over the loudspeaker. I'm hoping for a different atmosphere in intake. There's a restaurant in Santa Cruz where you place your order at the window and they hand you a pager and when your order is ready, the thing buzzes. So I'm going to do that for eligibility clients. I'm going to give them a pager device, and they can go outside and smoke, they can sit in their car, they can take the children for a walk.

I'm going to try to change the way we interface with the client because I don't think it's good model right now. First of all, there are the forms we have to go through. If you've ever done it, you understand. It's absolutely insulting to everybody. You're asking a couple of nineteen-year-olds how many bonds and stocks they've got and it's demoralizing, humiliating — I don't like the process. So we're starting with changing the physical environment, but we're also looking at the job and the way the eligibility worker looks at the job and beginning to make changes there as well.

The Difficulties of Balancing Client Priorities and Needs

As much as I'd like to say that in child welfare we have a unified practice of evaluating families, it is not a unified practice. We have guidelines and procedures, but quite frankly, when we've got a child in the shelter and that child is Spanish-speaking and we don't have any Spanish-speaking placements available, we place them wherever we can. The pressure is on the worker is to find a placement designed to meet the management edicts that no children under eight should be in the shelter and they also should all be placed in ethnically and culturally appropriate homes. That is often like a mission impossible and the workers have to make some of these decisions on a very quick basis. Sometimes it's not to the benefit of the child.

In the ideal world, I would do strengths-based family assessments. I would try to find a way to give workers more time than that 48-hour window. I don't think that's enough time in today's society to assess situations and develop interventions. I would try to involve the family in more of the solutions, try to seek out the significant extended family members, involve their church or involve their community supports, do some basic social work instead of the kinds of things we're forced to do now. I wouldn't be averse to temporary care but I would try to find ways to make temporary care

different, such as home visitation on the weekends, maybe having the mother come and stay in foster care, do things that are different than the way we do it now. I'm working on starting a program where mentors adopt a family. I would like to investigate the possibility of placing caring persons in the home instead of taking children out of the home.

Reflections on Administrative Practice

One thing I find with many people in my organization is that you'll say to somebody, "Hey, how'd you like to go down to South County and see if you can do something down there?" and the response is, "Well, it's a long commute. Do I get any more money for it?" or "Do I have to do my original job, too?" My advice is to try to look at the opportunities these requests offer. For example, about 20 years ago I was a supervisor of a CPS unit — a prestige job. I got a call on a Friday from the Director saying that Monday morning he wanted me to take over the job of Bureau Chief of Food Stamps. I thought to myself, "I don't want to do Food Stamps. I'm an MSW. I'm the CPS supervisor." I didn't tell him yes or no, but I walked out and I went home and I told my wife, "This is it. I am not going back on Monday. I am not going to supervise their Food Stamp unit." Then over the weekend she talked to me and I talked to me and everybody talked to me and I called a couple of buddies and I called my mentor on Sunday and we had a long talk. Monday morning I walked in and I said, "I'll do it." I went over there and I supervised the unit for a three-month interim period, and it was one of the best experiences I ever had. When they appointed the permanent replacement I started working in Administration and never looked back. So try not to get too stuck on your ego principles. Don't compromise your career or values but be as flexible as you can in taking advantage of these opportunities.

The other thing to remember is that no one is going to tell you what the keys to success are. No one is going to give you those tools — you have to get them yourself. As an example, in 1974 we were cutting back Title 20, and we had a big staff meeting up in the executive conference room. We were told we were going to have to cut fifty workers out of the budget by the end of the month. We were out of money. Al Swanson (who's now a professor at the School of Social at San Jose State) and I decided this couldn't be real. This didn't make sense that we could be out of money. We asked for a copy of the administrative claim, but they wouldn't give it to us. We broke into the fiscal officer's office on Friday evening, took the administrative claim out of his files, went home, learned how the administrative claim worked, walked in on Monday morning and said we can afford not

only not to lay off these people, we can hire about twenty or thirty more. I learned finance that way and wound up becoming the Assistant Director for Administration. I don't recommend breaking into people's offices. It was touch and go, it really was, and if it had come out the other way and the Fiscal Officer had been right, I think we'd have been looking for work. We got written up for it. It was in our personnel files for some time but it was worth the risk.

My final word of advice is to never give up your vision of where you think you ought to be and what your purpose ought to be. This is very difficult in a bureaucracy. It's hard to maintain that perspective. You do redefine what the bottom line is. You're not going support any policy that really hurts the clients or your staff. You draw that line and you say no. But there are a lot of compromises you make in between. For example, there may be an organization you don't want to do business with, but if the Board says fund it, you fund it. But you can and do draw your lines in different areas. Never give up your vision of what you want it to be. And always keep a sense of humor and don't take yourself too seriously. I mean, that's one of the things that most of us get caught up in—we take ourselves so seriously. We think we're so important. We're not. I mean, really, if you wanted to pay somebody to do something, you wouldn't pay them to do what I do.

*Richard R. O'Neil was director of the Santa Clara County Social Services Agency, and he served as a regents lecturer at the University of California, School of Social Welfare in April 1995. This paper is based on several lectures related to social welfare policy and welfare reform, trends in kinship foster care, and the challenges of administrative practice.

The Leadership Challenges in Transforming a Public Human Services Agency

MAUREEN BORLAND

Introduction

When I first arrived in San Mateo in 1992 to assume the Director position of the county human service agency, one of the members of the Board of Supervisors shared her concern with me about the number of families who had complained to her about the fact that there didn't seem to be a single point of contact for somebody who had any kind of a social service need. She wanted to see the system changed so that it would be easier for clients and the community to understand. The goal was to reduce the need to shop around or call multiple locations to address the needs of residents. She felt that clients should not have to deal with multiple, separate services and agencies and tell their story over and over to multiple people in order to receive the services they need. The system was not customer-friendly. This Board member was convinced that there needed to be a better way to serve clients in the community with a single point of entry or contact. Creating such a systems change would require strategic planning.

We began our planning by assessing all the programs administered by the Human Services Agency (HSA). Most of the programs were mandated by the federal and state government and included different populations, policies, forms, and eligibility requirements. We looked for ways that we could serve clients across multiple problem areas. We began to look at the issues from the client or customer service perspective. Our philosophy was that client needs should drive the organizational processes, not the other way around. I had learned from my experience in Florida where they created an integrated organizational structure but were never really able to translate the service integration concepts down to the service delivery level. In San Mateo County we undertook a review of the many different processes utilized in the different programs to determine how much of it was federally or state imposed versus locally designed and how much flexibility there was to change those processes within the confines of federal and state laws or regulations.

Strategic Planning

The Human Services Agency (HSA) was a new agency created by merging programs from 5 different county agencies. These components had been combined in order to locate most of the critical services for children and families together in one organization to promote integrated service delivery. In order to create a common understanding of the community needs, prioritize those needs and create a common direction, a community strategic planning process was undertaken. Given my background in community service, I felt very strongly that you do not just focus on a strategic plan for a public agency, but rather on a strategic plan for the larger community. The main focus of the strategic plan was to improve outcomes for children and families. Prior to 1992, services for children and families in San Mateo County had deteriorated. My charge was to change the declining social indicators in the county by creating an organization that focused on serving people through the use of comprehensive and less bureaucratic services. There were also many human services being offered in the community by community-based organizations (CBOs) under contract with the public programs. In order to deliver comprehensive services, HAS would need to work together with the community to form a network of services that provided a continuum of services that improved the lives of children and families. Our first strategic planning process involved 1 ½ years of intense discussion amongst 600 people representing different segments of the community (e.g. staff from community-based organizations, consumers and former consumers, staff from our agency, business and others) in 12 different work groups.

One of the things that emerged early in the process was the recognition that people did not really have information about how clients were doing or not doing. While community-based organizations had individual client information, they had no aggregate information that reflected trends in their community. A new set of priorities emerged by look-

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ing at data, sharing it together and working with it together to decide what needed to be done. Three common goals for our service system were set: 1) promoting economic self-sufficiency, 2) strengthening family functioning and 3) building community capacity for prevention/early intervention. Three major directions to work on together were identified: 1) monitoring client outcomes, 2) building community partnerships, and 3) creating responsive customer services. By working in a partnership approach, we were also able to improve our communication and develop better working relationships.

As an outcome of the strategic planning process, we created a Human Services Advisory Council to oversee the efforts to improve the system. It was comprised of staff from public and community-based organizations, former clients, political representatives, and a board member from a local foundation. This community group met monthly to oversee the implementation of our plan.

Organizational Planning

Once the strategic goals and directions for the human services system had been set, we focused inside the agency to see what needed to change in order to achieve the strategic goals and directions. We went through an internal process of dialogue among the top managers to critically assess how we needed to structure ourselves and operate differently. It was not just a matter of having strategic planning goals. It was a matter of figuring out how the organization needed to change in order to implement those goals. A new mission, principles and values were identified, written, and rolled out to staff for discussion and input. Getting staff “buy-in” was a struggle. It does not happen over night and it took about three years with the help of some outside business consultants who were very interested in helping government improve the way it was serving the community. They donated their time to work with the executive and management teams, often challenging some of our thought processes. They brought their business expertise to our public sector organizational change effort. This was sometimes controversial because some staff had an anti-business bias and did not see how business approaches could improve our organization or customer service. We decided to approach our organizational change by first focusing on customer service improvements.

Focusing on Customer Service

The organizational changes and innovations in HSA stem from the continual focus on improving the way we serve the customer. Our consultants helped us to think about the es-

sence of good customer service and how to improve it. We conducted client satisfaction surveys to determine both satisfaction and dissatisfaction with all of our services. This enabled us to identify what we could improve and monitor over time. It was based on the continual messages “We are here to serve the community and to serve the customers more effectively.” There was initially a lot of pushback and negativity from staff who were more comfortable with the concept of client than the concept of customer. For example, staff claimed that clients do not have any choice to go anywhere else except our agency for the services they need, so they are not really customers. Continual dialogue with staff at all levels about our values, which included treating customers with dignity and respect and a commitment to excellence in delivering customer services, was necessary to get them focused on what they could do differently. Since the word “customer” seemed to be more an issue than the concept of improving service, we decided to use “customer” and “client” interchangeably. This concession reduced the resistance considerably. The shift to a customer service approach to service delivery involved constantly pointing out where comments or actions diverged from the values identified in our strategic plan. We did lots of customer service training. It didn’t matter what program you were in but rather how you could serve the customer more effectively. More intensive customer service training was offered for staff in areas where customer feedback was most negative. Customer satisfaction questionnaires are now a regular part of doing business in HSA and results are now posted on the intranet quarterly, by office, trends identified and customer service improvement actions undertaken.

Outcomes and Data-informed Decision-making

One of the issues that emerged as we tried to focus on improving customer service was that staff members did not have information on how clients were doing. HSA had several large main frame systems with dumb terminals which staff shared to enter data, but staff and management got only raw data print-outs to work with and did not have information analyzed or presented in a way that was useful for decision-making. The data focus was on tracking task completion and not on client outcomes. As a result, information on community needs and agency-based decisions on resource allocations were being made on anecdotal information. Community-based agencies that contracted with HSA had only individual client information available to them and had no automated, aggregate information on client outcomes. Managers were unable to hold contract providers accountable for performance.

Creating a customer service focus required focusing on identification of client and community outcomes agency-wide and for each program. It also required developing a special strategic plan for information systems that served the agency and its contract agencies. It included contracting with an outside vendor to analyze the current capabilities and gaps of the automation in place in HSA and our contract providers and developing a multi-year plan to implement a new information system. It required agency managers and staff to understand that resources would need to be committed to the development of this automated network, not just to hiring more staff. This was controversial because previous management had taken the position that computers and automation were a waste of money.

I decided to provide concrete examples of how automation could help managers and staff do their jobs better by contracting with our county library system, which had created a database of human services available in the community. HSA had contracted with them for years to maintain and update that data base. We decided to add resources and work with them to apply for a grant from our local community foundation to allow them to acquire staff and mapping software. We then contracted with them to map out all our client data from our multiple systems by city and zip code. These maps then became tools for structuring dialogue, both within HSA and with our community planning groups, regarding what services were needed in which areas of the county. This provided a model for data informed decision-making, rather than the anecdotal approach of the past and was very enlightening for many participants.

The need to analyze data and look at trends has now become an accepted part of decision-making at all levels of the agency. HSA spent several years developing a data warehouse which is capable of providing outcome reports to staff at all levels. Automation has been deployed to the desktops of all staff and information on outcomes is regularly discussed for quality improvement purposes. It is an accepted practice to share information with community groups and partner agencies in an effort to have all parts of the system work more effectively together.

Service System Redesign

While customer service improved within our traditional service areas, the next step in creating a single point of entry for comprehensive services required different strategies. The emergence of welfare reform waivers as a major policy tool for systems change in 1994 provided us with both an opportunity and a challenge. It was an opportunity to put our mission as a “catalyst for systems change” to work. Building

on our successful community strategic planning process and with the strong support of another member of our elected Board of Supervisors, we decided to undertake a community planning process to redesign the welfare system in San Mateo County. Through our ongoing efforts to work with the community, we learned that people disliked the welfare system because they saw it as promoting dependency and preventing people from getting out of poverty. The community planning process included over 500 individuals from the community and HSA staff who were engaged in a series of focus groups and planning sessions. I challenged them to “Forget the system as it is now, forget the rules as they are now. If we are trying to help people become economically self-sufficient (one of the goals in our strategic plan) and get out of poverty, how would we design the system?” It was difficult for many participants to think that way. It took almost a year of continual meetings, focus groups, and draft proposals to reach consensus on a new service design and principles. The final plan (**S**hared **U**ndertaking to **C**hange the **C**ommunity to **S**upport **S**elf-sufficiency (SUCCESS) was presented to and approved by the Board of Supervisors, who charged me with working with the State Department of Social Services to obtain approval to implement this pilot in our county. It took us almost two years to obtain approval for a waiver from State law and regulations to implement our program design. SUCCESS was implemented in four months, between the waiver approval in August 1996 and actual roll-out January 1, 1997. The HSA implementation planning incorporated a single point of contact for comprehensive family screening and assessment, the initial vision for human service delivery in the county when HSA was created. Continual focus on the goals, perseverance, and identifying opportunities had achieved results. SUCCESS sparked many service innovations which are highlighted in the promising practices case vignettes (see Appendices).

Organizational Structure

Once the SUCCESS service model was created, the Executive Team searched for ways to support the integrated service model more effectively. Our controversial organization chart reflects our ongoing struggle to break down the traditional hierarchical governmental structure (Figure 1). Governmental structures tend to be top-down command and control organizations that mirror military structures. Hierarchical structures do not promote open, cross program teamwork, which is crucial to making the SUCCESS model work. Therefore, with the help of our outside organizational consultants, we looked for organizational structures that business was using to change their culture and products. We

developed a matrix organization adapted to meet the needs of the service model. In order to break down the program silos that operated in the agency, we began by looking at the outcomes we were trying to achieve. For example, if economic self-sufficiency is the outcome, how do we need to be structured so that we are bringing all of the resources to bear on promoting economic self-sufficiency? It was a different way of looking at service delivery.

We needed to create teams that focused on designing and building services so that everybody understood the whole system and how they contributed to improving client, program and system outcomes. We took the matrix management concept (originally developed by NASA) and applied it to what we were doing and the organization chart in Figure 1 illustrates the results of our efforts. The organizational model that the Executive Team created recognizes the realities of our environment while still promoting community-focused, integrated services. We were mindful of the categorical nature of federal and state legislation, policy and funding. We needed a way to relate our strategic planning goals to our policy and funding streams and the matrix approach helped us link our integrated service system at the client level with strong integrated management focused on supporting integrated service delivery.

Instead of just having a director for welfare programs, employment programs, child welfare programs and housing programs, we revamped these positions so that they had dual responsibility as lead for their program area and also served as directors of three geographic regions that covered the entire county. As regional directors they are responsible for assessing client trends and needs in their region, promoting working relationships with community-based agencies, city governments, school districts, adult education programs, community colleges and businesses in their region. Each of the three regional directors took the lead on one particular program area (e.g. child welfare, public assistance and welfare-to-work, integrated support services) by chairing a policy team with county-wide accountability for their specific program. For example, the Northern region director was most knowledgeable about children and family services including child welfare and provided leadership for the children and family services policy team. That policy team is comprised of children and family staff from each of the other two regions, as well as the Northern Region. The policy team meets twice a month to assess all the policies, practices, funding and outcomes related to that policy area. This enables HSA to continue its accountability to the state and federal government and to ensure consistent implementation of programs countywide.

Another cross-program team structure was created at the service delivery level as part of the SUCCESS model. These teams were called Family Self-Sufficiency Teams. Three regional teams were instituted and comprised of line staff from welfare-to-work, child welfare, substance abuse, mental health, housing, probation and our community-based core service agencies. The teams are convened by a supervisor in each region who serves as team leader and is responsible for coordinating, scheduling cases for presentation, and scheduling periodic case reviews. Clients are invited and encouraged to participate in their case planning in order to develop and agree to a case plan. One member of the team is assigned as primary case manager, depending on the primary needs of the family.

It was also critical that the agency administrative functions were realigned to support the integration in the SUCCESS model. A Deputy Director was created to coordinate a number of the administrative support functions (e.g. facilities, human resources and staff development, etc.) Particular emphasis was placed on organizational development, job redesign and reclassification, re-training and career development. The financial management, information systems, and research and planning functions were identified as critical to our new way of doing business. Therefore, a Director of Financial Services and Director of Information Systems positions were created from other positions within the agency and reported directly to the Agency Director. A Research and Planning unit (later Planning and Evaluation) was also created reporting to the Agency Director. This unit serves as the link between information systems and programs, provides data analysis for planning and management, and coordinates the knowledge management function and continual quality improvement functions of the agency. In 2005 (as part of the response to a child death crisis described later) some adjustments were made to this model. A separate policy Director for Children and Family services was created to focus more attention on improving the cross-systems relationships in child welfare and on the implementation of the child welfare redesign in the county. At that time, due to a lack of available positions, a Director for Program Support was added which combined the administrative functions, including financial and information systems. The regional matrix model continues.

Organizational Development

The changes in the HSA organizational culture and the dual role assumed by each regional director represented a great deal of change. I knew that the directors, as well as their staff, would need some assistance in making this transition.

The structural changes we were making required staff to operate in new relationships and structures, and required a new level of mutual accountability. I researched the business literature for techniques that could be utilized to promote and implement these changes. Because the change was so large and complex, I decided that HSA needed to create a position for an internal organizational development (OD) specialist. (see Appendix) The OD specialist worked with each regional director to build their policy teams. She also worked with each director (team leader) to help team members understand their roles in sharing information and leading action planning in their regions. Each team reviewed their composition to ensure appropriate representation and developed their mission, operating rules, schedule of team meetings, and other meeting management processes. Minutes were taken and disseminated so that everyone in the agency knew what was going on and the decisions being made by the team. The Executive Team (comprised of regional directors and other senior managers) serves as the coordinating body for all the policy teams.

The creation of policy teams also allowed us to open up the budgeting and financial management functions of the agency to comprehensive review and understanding. Each policy team reviews the allocations for their programs and works with their financial analyst (also a member of the policy team) to prepare the budget and make priority decisions about where those resources are most needed. These decisions are informed by data regarding client, program and system outcomes and linked to commitments to outcome improvement in our outcome-based management system. Annually each team goes out into the community to get input on community needs, how services are working, and gaps in service. We have put together a community mapping process where we use zip code data so that staff can actually see where there are clusters of problems and which neighborhoods and zip codes need attention. This information is shared with the communities in order to inform collaborative community action.

Each director also meets regularly with a regional management team and holds periodic regional staff meetings to share information and obtain input on issues and staff needs. This has helped to create a regional identity across programs and has resulted in better coordination and understanding between the program staff. The OD specialist also assisted the directors with building the operations of these regional teams.

Particular emphasis was placed on developing the Family Self-Sufficiency Teams (FSSTs). The internal OD specialist spent a good deal of time helping these multi-disciplinary

teams understand their role, how to function and make decisions as a team, how to schedule cases and hold productive case planning discussions as equals, and how to monitor and periodically review case progress. These teams became the core of our transformed service delivery system.

Multi-Disciplinary Case Planning

The complicated lives of our clients require multiple strategies. For example, poverty is very complicated and it involves much more than economics. When we look at self-sufficiency in terms of family functioning and community involvement, there are different strategies needed to produce good client outcomes. These strategies vary depending on the family, where they live and the resources, both family and community that are available. We have tried to place special emphasis on working with those communities where poverty and social dysfunction are most prevalent. For example, we work with grassroots planning teams involving the police and a whole array of other organizations dealing with crime in high crime communities. The problems of crime and poverty are so intertwined that we try to work together and develop multiple approaches including job training, job placement, transportation supports, family resource centers, and schools. The Family Self-Sufficiency Teams, which include criminal justice and health representatives, are the mechanism for cross-system case planning when families are involved with multiple systems or have multiple needs. Nonprofit community agency partners, with whom we contract, are also involved in team meetings as necessary.

The FSSTs have become the mechanism for providing integrated services to multi-need families. The creation of those teams moved us toward the initial vision for the agency and the service system. It became clear to us that if we were trying to develop integrated service plans, all the relevant service providers needed to be at the table, with the client, to discuss and understand: 1) all the family issues, 2) the services they were receiving, 3) what they were trying to achieve, and 4) how they wanted to participate in the service plan.

When we initially put these teams together, the team membership was not so all inclusive. It was a struggle to get staff, even from the smaller teams, to schedule cases for team discussion. Staff were accustomed to doing individual case planning and did not regularly consult with multiple service providers. Staff needed to learn how to work in teams. Our OD specialist worked with the team leaders and the teams to clarify relationships, develop team rules, understanding of shared responsibilities, criteria for bringing cases to the team, team meeting frequency, how cases would be followed-

up, and clarify the expectations for the outcome of the team work. We found that while effective team functioning is critical to providing integrated services, a managerial tracking and monitoring mechanism is needed to ensure that staff behavior shifts and that staff are bringing their cases to the team.

Today, staff both within HSA and the community see the FSTs as a critical resource in providing improved services to families. The teams have grown. Staff regularly take cases to the team for consultation and find them helpful. Inviting clients to participate in the team meetings has changed the culture of the way services plans are developed and implemented. Family responsibilities become a part of the discussion, as well. While there was initial concern about inviting families to participate in team meetings, approximately 75% of families are now coming to team meetings. The families are engaged in case planning, learning what to expect from the systems and programs, and agreeing to implement their case plan. Team meetings are now located in the neighborhoods where clients live.

Creating a Culture of Innovation in a Learning Organization

I am a firm believer in identifying what needs to be done and trying to find the funding to do it. My experience has shown me that money often follows good ideas. Too often public organizations limit their planning and thinking within their perceived fiscal constraints, rather than identifying community and client needs and encouraging new ways to meet them. Once you have a broad-based community strategic plan, it is possible to seek out ways to implement it. In San Mateo County we worked closely with foundations to get one-time funding to initiate innovations in our community. Partnerships were developed with the Peninsula Community Foundation, Center for Venture Philanthropy, and other regional foundations. Our partnerships focused on jointly meeting the needs of our community. Since the San Mateo County Strategic Plan had involved representatives from the foundations, as well as those from business, education, cities, community non-profits, health and criminal justice, and clients, it was owned by the community as a whole. We looked for opportunities to leverage public dollars with private matching funds.

The earliest innovative model piloted by HSA was the creation of the FUTURES family resource centers in 1992 (see Appendix). The FUTURES project was a collaboration in Daly City (one of the cities in our county with the largest influx of new immigrant families with children) between the county and local school districts, community-based or-

ganizations and county health and human services. It was the pilot for the concept of neighborhood-based, integrated, prevention/early intervention services for children and families. The involvement of HSA staff in this project informed the larger organization and created a concrete example of what neighborhood-based, integrated services could look like. The staff that were part of the project became ambassadors for the new collaborative model of service and were given great exposure throughout the agency. While some other staff were jealous of the attention and resources committed to the pilot, the message was clear that those involved in implementing the strategic directions of the agency would be rewarded and seen as leaders.

When California's welfare reform program (CALWORKS) was implemented we took the opportunity to use one-time federal incentive funds for the start-up of innovative programs to assist former welfare and low-income families in moving toward economic self-sufficiency (see Appendix). We also used those funds to create the one-stop service and employment centers in our low-income neighborhoods where we could co-locate multiple services. If you have a strategic plan, when the opportunities arise, you can target the funds to the priorities in your plan and interest your partners in doing the same.

Another major step in creating a learning organization resulted from the decisions we made in struggling with the change in job roles and the skills and abilities staff would need as we implemented our service integration program (SUCCESS). Staff needed to become good assessors, interviewers, and case managers. We had staff with high school diplomas, some with AA degrees and some with BA degrees all working as eligibility workers in the old system. We realized we really needed to upgrade the level of skill and promote a culture that valued skill development and education as a part of career development. This message was consistent with the message we wanted staff to impart to welfare clients who were trying to move from welfare to work. Major alliances were formed with the community colleges, who had previously worked as partners in welfare-to-work efforts for clients, to work with us to develop training for human services providers, including HSA staff. The Family Development Credential and Human Services Certificate describe some of those efforts (see Appendix). We also worked with the community colleges to offer an AA degree in Human Services and have been working with them over the past couple of years to co-locate a BA degree program in social work on a community college campus.

We also began to recognize the participation in educational and career development programs as a preference fac-

tor in promoting and selecting staff for special assignments and promotions. A major one-day HSA career conference was held annually to communicate our commitment to learning and education and encourage staff to take charge of their own career planning and development. These actually became models for county-wide human resources approaches.

It also became obvious to the Executive Team that our managers and supervisors needed training and assistance with the role changes we were defining for them. We brought in consultants to work with us on training topics that included facilitative leadership, managing with data, and project management. The Executive Team spent months identifying the core competencies that they needed in managers and supervisors and agreed that these would be rolled into the screening and interviewing processes for the selection of future supervisors and managers across programs. A comprehensive training program was developed for existing supervisors and managers to help them to develop these competencies. This training course is still in existence and is a valued program within the organization. The implicit goal of this training is to foster intellectual curiosity and critical thinking. The message conveyed is that although we may be doing good work, it can always be improved. This has led to an agency commitment to continual quality improvement.

My assumption in creating the original Research and Evaluation unit in 1996 was that by hiring a well-trained research person in HSA we would be more capable of evaluating our own efforts. This never really worked well, partly because the research staff struggled with the organizational understanding and readiness for research and evaluation. It became obvious to us that training and a more collaborative working relationship between research and service programs would be required to build an organizational value for formal research and evaluation. It took time for managers to see how research information could help them improve their outcomes. Today, the Planning and Evaluation unit in HSA has taken the lead on coordinating the Continual Quality Improvement efforts of the agency. This unit is responsible for researching evidence-based and best practices and working with the service programs to review their outcomes and promote dialogue and decision-making on what needs to be changed.

In San Mateo County we have developed many of our own models and programs that we think make sense in meeting client and community needs. We are tracking outcomes and have created a culture committed to improvement. We have struggled with the fact that we have not had the resources to evaluate all these programs and their

impact on client outcomes. Our Planning and Evaluation unit makes considerable use of administrative data and does the analysis for the programs to help them with their decision-making. The limited availability of relevant research in the human services field has forced us to do the best we can through this unit and outside contracts with private research groups to evaluate our programs. It is hoped that the new emphasis on evidence-based practice and the improved linkages between program and researchers in the state will strengthen this effort.

Advocating for Change

In addition to promoting change inside the agency, we have been actively involved in advocacy at the state level with our professional organizations and with the State Departments of Social Services (CDSS) and Health. As we began implementation planning for our SUCCESS redesign, it became clear that our thinking was ahead of the state's planning. We met with the CDSS top management to present our community planning process and the plan we wished to implement and they indicated that they were not interested in approving county pilot projects, no matter how innovative or community supported. It took us almost two years to finally obtain approval for a waiver of state laws and regulations. We were told that a waiver could not be granted to do what we wanted to do because our design was too comprehensive and involved too many different components of the service system. By this time our Board champion had been elected to the State Assembly. I informed him of the CDSS position and we decided to have him sponsor legislation to allow us to pilot SUCCESS. It was only after legislation was introduced that the CDSS Director decided that they did have the authority to grant a waiver.

This was both an education in the State political process for me and my Executive Team and a tremendous challenge to actually implement in four months. We were able to implement our own local version of welfare reform two years before the California CALWORKS program. We had an outside evaluator design a waiver evaluation and work with us as we implemented to track our welfare-to-work participants. We tracked exits from welfare, what kind of work clients entered, the average salary, and the availability of health benefits. We had the largest percentage of caseload reduction in the state and it was because people went to work. The economy was strong at the time and 76% of our participants who had been on welfare went to work. That was a huge change. Subsequent studies have estimated that approximately 40% of the caseload reductions nationally during that time were due to the economy, but we worked

with our community to take advantage of our good economy. Our SUCCESS program informed the thinking behind the design of the CALWORKS program for the state.

Two years into our three year waiver, and after the CALWORKS legislation was passed, we were sued by a statewide advocacy group. Two of our rules in SUCCESS were more stringent than in CalWORKS. The advocacy organizations had fought the battle at the state level for less stringent rules and felt that allowing our project to continue the way it was would undermine that success. We lost in court and had to come into compliance with the CalWORKS process. The two major differences were : 1) in order to be approved for welfare and receive a check, a client had to participate in a week-long employment services seminars and if they did not cooperate, they did not get approved to receive a welfare check, and 2) while we had many services in place, many more than are in the state program (e.g. home visitors from community-based organizations), if clients did not participate in welfare to work planning or efforts they were given a full family sanction. We had the lowest sanction rate in the state (less than 3%), so this final sanction was used very sparingly. However, the advocates felt that they needed to make the point because other counties did not have a rich array of community services in place and might want to move to full family sanctions. We brought our SUCCESS program into compliance by modifying the entry and sanction policies and have been operating according to state rules ever since while still maintaining the comprehensive screening and assessment and integrated case planning features.

While this was frustrating for us, we took the positive lessons from this experience and learned that it is important to advocate for the legislative and regulatory changes that you need to meet your community needs. We later had success in helping to design the Child Welfare Redesign approaches and the California Children and Families Accountability System. While it is a lot of extra work, volunteering to be part of the design and legislation development has great rewards. It often results in a more rational community service orientation in state and federal policy.

The Leadership Role

I have always envisioned myself as a leader of a team. I have worked hard to promote teamwork throughout our organization and in the community. Our organization has an Executive Team comprised of the Regional Directors and the Directors of the key support services. It took several years to develop into a real team. We actually developed rules for how we operate. We agreed to bring major issues and policy team decisions to the team for discussion and input and to

make decisions by consensus. I made the final decision if consensus could not be reached. That was not the environment that top managers had operated in previously. I obviously had a lot of influence in the team process, but if we did not all agree on something we took the time to work out our differences so that we could ultimately reach consensus.

Dialogue is critical to good decision-making. The “command and control” approach to leadership does not promote common understanding and teamwork. Our organization has over 750 employees and an annual budget of about \$185 million a year. Our community has over 700,000 residents. There is too much going on inside and outside the organization to think that you can control all of it. To me, leadership is promoting the vision, mission, values, and influencing the processes to move forward and achieve our goals. It takes constant effort to find ways to get feedback from people on what is working and what is not. I learned that sometimes I thought things were working a certain way, but they weren't. I sometimes think that leading teams by trusting others is my strength and biggest weakness. However, it is really effective in creating shared ownership. However, you can get blind sided, which is why it is so important to continuously look for feedback.

One of the key roles I played as a team leader was to constantly look for opportunities to move our strategic plan forward and link external directions from the federal and state levels with the strategies our community had laid out. Some of the questions we would contemplate in our Executive Team meetings were: “How do the new laws or policy changes mesh with our strategic plan? How do we leverage or harness this new development as a catalyst for moving toward our vision and implementing our strategic directions more effectively?” Leadership is getting the team to think strategically within the framework of the overall vision and goals rather than looking at each change as a mandated program to be implemented separately. Leadership is not waiting for others to do it to us, but figuring out what we think makes sense for our community and then formally putting in place a process to develop a plan that can inform federal or statewide thinking on implementation.

Another role of the leader is to model critical thinking skills. This often takes the form of rigorous inquiry and may be viewed in a negative way by managers or staff who do not think that top management should be probing or assessing ongoing operations. My experience has taught me that if you do not build a depth of understanding regarding how the organization operates, you cannot really change it. Discussions of processes and the need to redesign them were key in creating the organizational and service changes

we made as well as promoting the culture of a learning organization.

Managing Crises

Another key leadership role is to manage crises that affect the organization. One such crisis occurred in the process of creating organizational change. In late 1994 we were working with an external business consultant who was assisting us with the organizational change process. On his advice, I brought in an outside team to evaluate how things were going with the changes we were undertaking in the organizational culture. The team conducted focus groups and sent questionnaires to select staff and worked with an internal team to construct a report for management on how change was progressing and where there were problems that needed intervention. The report was rather candid and laid out many areas which needed additional attention. This was to be expected, since it was early in the change process for such a large organization. The report was intended for Executive Team discussion and action planning. It was an internal progress report that we shared with staff. I really trusted staff to use it in order to improve operations, but it became very politicized. Although I had briefed the county manager on the report and our plan to address the staff concerns, the report was leaked to a Board member with a cover note indicating that our agency was in a “mess”. I had to manage the discussions with the Board and county manager. The business consultant volunteered to join me in those discussions and lauded the openness and commitment to a process of continuous organizational improvement that the Executive Team and I had made. The Board actually put the topic on a future meeting agenda and the consultant did a presentation on the process we had utilized and lauded the agency leadership. Ironically, the organizational self-assessment process was adopted by several other county departments following the consultant’s presentation. Our staff learned a lot from the crisis and the way it was handled. It was a difficult process, personally, however, and I learned that I might be a bit too optimistic about openness and information sharing in a political environment.

The second major crisis of my tenure was a much more serious one. We had a child who was in foster care who went home on an unsupervised visit and became a victim of shaken baby syndrome. The perpetrator was the father. It occurred over the Christmas holidays about three years ago. This was a very difficult situation, not only because of the emotions surrounding a child’s death, but because there was a lot of controversy generated by the juvenile court judge. While the judge had actually approved unsupervised visits

for this child, she criticized the agency for permitting it and proceeded with an open court hearing to investigate the agency’s behavior and decision-making process. It became a major focus of the local media and she used that opportunity to criticize the worker, the agency, the director for child welfare and me. Since she was part of the case decision-making, I believe that she should have recused herself and had another judge oversee any investigation. The child’s foster parent was very attached to the child, had wanted to adopt him and was not pleased with the reunification process before the incident occurred. She became one of the harshest critics of the worker and the agency for allowing the child to go for this unsupervised visit. A detailed internal investigation, including county counsel, had found that there was no negligence on the part of the worker. There was, I believe, some miscommunication between the therapist and the worker. The therapist from the private contract agency was also very critical of the worker. However, there was no proof on either side of what was said back and forth to each other. It did point out some real gaps in the system in terms of the fact that we were not getting written reports and recommendations from our contractor provider agency. Most reports were verbal, as had been agreed upon in the 1980s when the contract was first negotiated. I felt that it was my responsibility to support the worker, especially when there were many people calling for her termination. There was no reason to terminate her and I felt that it was unfair for someone to lose their job because they made a judgment that did not work as planned. All indications in the reports had been that the child would be safe at home. In fact, an older sibling had already been reunified a month earlier and was doing fine.

I strongly supported both the worker and the child welfare director in my court testimony. The judge was not happy with me. It became a real political issue since the judge is a good friend of the editor of the local newspaper who continued to criticize me in print. I had no relationship with the editor and refused to get drawn into a public battle in the press. As a result, the county manager appointed a “Blue Ribbon panel” to look into the controversy. The agency was the only party not represented on the panel. The report issued was very critical of the agency and me. This continued to fuel the press coverage in the local paper. While some of my colleagues thought that I should have fought it out in the press and become as nasty as the judge, I refused to stoop to that level and would not do so today. I believe that leadership sometimes involves taking politically unpopular and principled positions, even at a risk to yourself and even when the political establishment is searching for cover.

In response to these facts, I led the agency in conducting a comprehensive assessment of our policies, and procedures and made improvements in several areas. The grand jury did an outside investigation and made some recommendations for policy, process and service changes which we were already in the process of implementing. I think that our child welfare system today is stronger than ever, including some new service providers and an improved documentation process.

In the spirit of using opportunities (even negative ones!) to promote strategic directions, I volunteered our agency to participate as one of the eleven counties piloting the new California Child Welfare Redesign as part of our child welfare improvement strategy. California had developed a Child Welfare Redesign Plan which was issued in 2003. The plan involved developing a differential response system in which community agencies provided services to families who had been referred for abuse and neglect, but were determined not to need intervention from the child welfare system. This system required the development of a community service system to provide prevention and early intervention services to families. Since HSA had already developed a network of 14 Family Resource Centers in high need areas of the county, an infrastructure already existed upon which the differential response services could be built. The second component of the Child Welfare Redesign was implementation of standardized safety and risk assessment at key points throughout the life of the case. Since this was one of the issues in our child welfare death, our county participation in piloting new tools and re-training staff was part of our improvement plan. We utilized the State's mandate to develop a Systems Improvement Plan to convene a broad-based community and cross-systems advisory committee to review our child welfare outcomes (defined by the federal and state governments) and system. This committee reviewed all aspects of the system, including police and referral sources, court processes and legal representation, and community services and supports, including those from health, mental health and substance abuse systems. This committee was co-chaired by a member of the Board of Supervisors and the Director of the Peninsula Community Foundation. The committee produced a systems-wide Child Welfare Systems Improvement Plan (SIP). The result has been a much better community understanding of the Child Welfare System and the laws and processes surrounding it and a commitment of private foundation funds to help implement the systems improvements. Greater ownership of our strategic direction of building community capacity to support children and families has resulted and services have been ex-

panded in collaboration with schools, cities and community-based organizations.

Knowing When it is Time to Leave

It is very difficult to know how long you should stay in the Director position in the same organization. On the one hand, a long tenure can be a positive because you are in an organization long enough to really make deep changes in the culture of the organization. On the other hand, sometimes those changes are seen as only linked to you instead of the organization as a whole. Resistance to change can become personalized. This is very common in hierarchical organizations where every success and failure is identified with the leader.

There were several points during my 13 year tenure when I thought about exiting, something everyone experiences at some time during a long period of employment. The work environment is very important to me, especially an organizational environment where I believe that I can move forward and make the changes to meet the strategic goals. If I do not think that I am going to be able to move anything forward, then it is time to leave. I think that sometimes you get to a point, emotionally and professionally, where you have taken on enough challenges and think that it may be time for the organization to have new leadership.

Quite honestly, I was ready to leave about 2½ years before I retired. The child death crisis is what convinced me to stay, because my work was not done. It was critical to guide the organization through this difficult time and enable it to make the improvements that needed to be made within the county systems and the community. It was important to re-establish the credibility of the agency in our community and rebuild our partnership approach to service improvement.

Leaving an organization after investing so much of your life in it is very difficult. If you feel that you have hired the right people and that the team really owns the mission, values and strategic directions, the organization can carry on without you, and it makes leaving a little bit easier. That is why it is so critical to spend the time to identify the values, attitudes, and core competencies needed to lead the organization and invest in training and development of managers. Succession planning is about the competencies, philosophies, and skills that you want to be a part of the organization and how you make sure that you are developing a pool of people who could potentially become the director at some point and carry the vision forward.

Reflections and Implications

As I reflect back upon leaving the agency, it occurs to me that one of the most important legacies of my tenure is the fact that the mission, values and strategic plan for human services have been implemented in HSA and in the county. The time that was spent working with senior staff paid off in terms of building a shared commitment to excellence, becoming big picture thinkers, developing a sense of accountability for outcomes and performance, becoming team builders and collaborators and developing flexibility and creativity in the way in which people worked together. These core competencies were much more important to me, and have become much more important to the senior staff, than detailed program knowledge when selecting managers in the organization.

It has also become clearer to me how much organizational change is dependent on leadership setting the behavioral examples. For instance, the functioning of the Executive Team meetings as opportunities for team building and open dialogue on issues leading to consensus decisions set an example for how other teams in the agency could work. You can talk about the mission, values and strategies all you want, but when managers and staff see it in practice repeatedly it becomes ingrained in the organizational functioning. Seeing things change for the better creates hope among staff and unleashes their ability to be creative, think and develop the community relationships necessary to generate innovation.

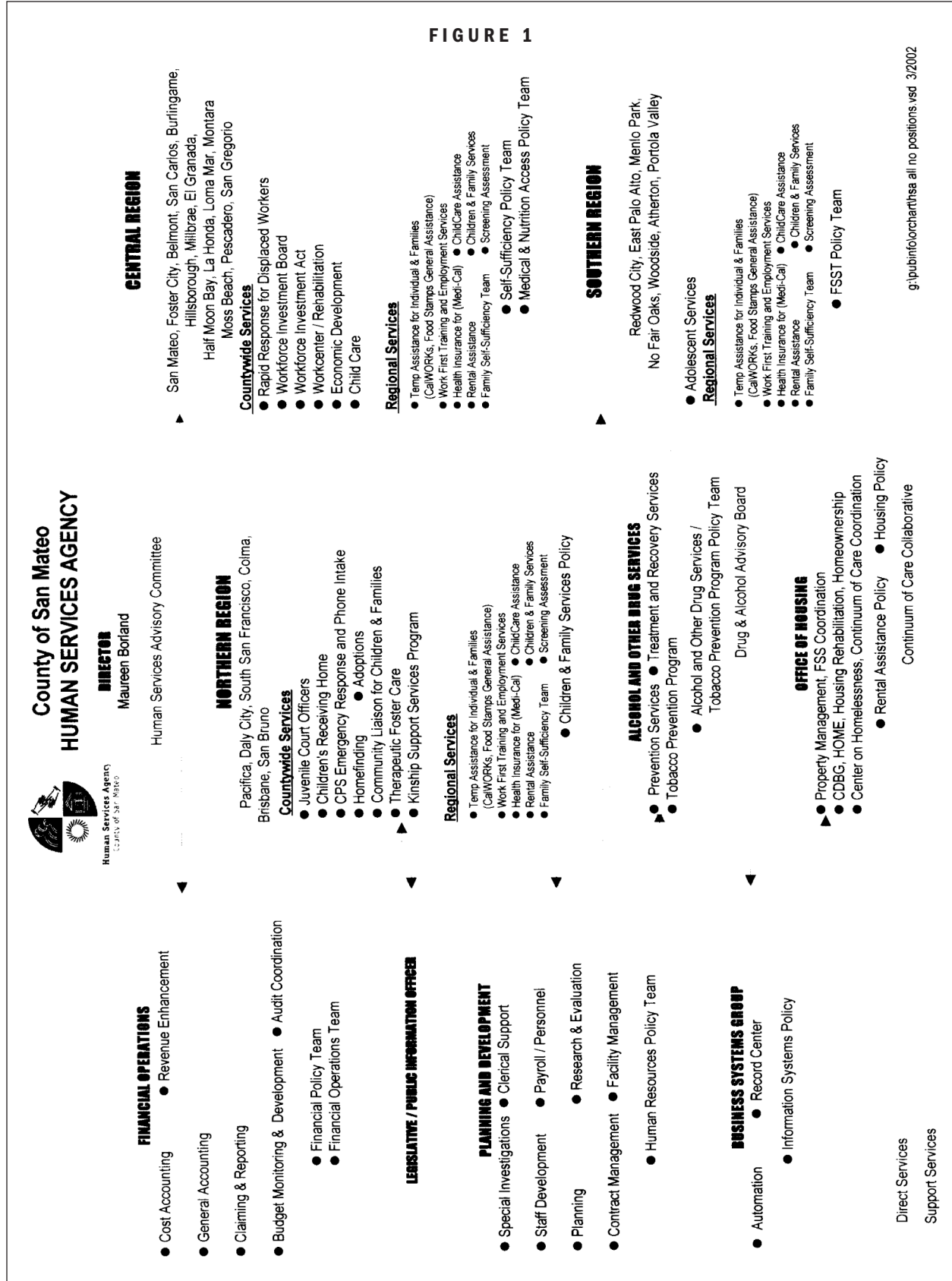
My experiences in San Mateo have confirmed my commitment to proactive management. As difficult as some of the experiences were emotionally, I can see that perseverance can result in significant improvements in social service systems over time. Proactive management involves taking risks and challenging people or institutions. It can generate hostility. I have seen many managers who conceptually supported a direction, but were not willing to take the actions necessary to create real change in operations. Identifying, recruiting, and/or promoting proactive managers is a complicated process because reference-checking can be limited and superficial. It is only when you work with managers and see them in action that you can really access their courage and willingness to work through conflict.

Reactive managers have a strong tendency to “want to be liked”. These are not the people who can promote organizational and systems change. However, they are often the managers who are most liked in public agencies. I believe that it is much easier to survive and thrive in public systems if you are a reactive manager and well liked, but this approach does not always serve the best interests of our clients,

communities or society. Reactive managers in your organization can undermine your best efforts.

Directors and top management can be easily diverted from the strategic vision by organizational crises. There is always something coming at you and there is too much to be managed effectively. I can now see how important it is to continually bring the focus back to the mission and strategic plans. I think this requires the same set of skills that are needed to be an effective parent. Parenting is a balancing act between being permissive and being authoritative (not authoritarian, there is a real difference). Being authoritative (reminding staff of the mission, establishing realistic boundaries, use of caring firmness to help everyone move in the same direction) is the most effective parenting skill and has similarities to effective proactive management. Even with these skills, however, it is clear that both children and staff can wait you out in order to find ways not to change. That is more difficult, however, if the proactive manager is persistent, consistent and follows-through.

My San Mateo experience also made me realize that while public sector leadership and management needs to improve, the vast majority of managers in human services systems work extremely hard and are emotionally committed to the work they do. While skill development and strategic approaches can help them to make these systems more responsive to the real needs of the poor in our society, the political realities with which they contend make this work extremely difficult and frustrating. It is important for each individual to be introspective enough to determine when they have done what they can in that environment and then find other ways to promote the cause of social change.



APPENDICES OF PROMISING PRACTICES*

APPENDIX A

Combining Business with Rehabilitation in a Public Workcenter with Disabled and Low-Income Participants in San Mateo County

Executive Summary

Most work centers operate with the major objective of fully integrating participants into the competitive workforce by assisting them with job experience, training, placement and retention. Vocational rehabilitation services are provided alongside on-site business operations that include assembling, packaging and shipping products for private industry. Often, these activities are accompanied by off-site work (termed enclaves) such as janitorial crews or supported employment in public hospitals and offices. Whether on-site or off-site, the service goal is to find the right balance between rehabilitation services and business operations.

To identify the potential of work centers to address the needs of welfare to work clients before and after their TANF benefits expire, the Workcenter in San Mateo County, California is viewed as a prototype of a welfare reform implementation resource. Founded in 1967 on a \$200 grant, the Workcenter has grown to a two and one-half million dollar a year organization that serves multiple populations, including participants 1) receiving general assistance (GA), 2) receiving County mental health services, 3) receiving County drug and alcohol services, 4) with physical disabilities, 5) participating in a prison work-furlough program and 6) referred by the Family Court for nonpayment of ordered child support.

About two-thirds of current Workcenter participants are referred from the mental health unit and about one-third receive GA, although the number of GA participants tends to increase dramatically during recessions when competitive employment is difficult to find. Other populations of participants represent only a small percentage of Workcenter labor. Participants entering the Workcenter complete an extensive intake process that includes screening and evaluation, a week-long job seeking skills class, and a ten-day work assessment if indicated. After they complete the intake process, participants work at the Workcenter and continue looking for employment and self-sufficiency at the Network Center. The Network Center is staffed by job search specialists and is equipped with computers, telephones, job listings, and other resources that assist in seeking employment. This is what one Workcenter participant said of his experience at the Network Center:

I go to the Network Center three days a week, when I am not at the Workcenter. Everyone is asked to bring in three or four job leads. Sometimes they pan out and sometimes they don't. They teach you how to use the newspaper, how to fill out an application correctly and how to use the phone. We did a couple of mock interviews, where they videotaped us. We also got help using the computer. They even have maps to give locations of where to go and what busses to catch to jobs and interviews. There are only two of us left from the group of eight that I came in with.

Everybody is really taking the initiative to get out of there and look for work. It really works when they help you send out your resume and use the phone. It's so much better than running up and down the street looking for some work.

While Temporary Assistance to Needy Families (TANF) recipients do not work at the Workcenter, they do receive County Vocational Rehabilitation Services (VRS) that work in unison with the Workcenter. Workcenter and VRS staff help participants to achieve self-sufficiency in accordance with recent welfare reform legislation that contains work requirements and places time limits on the receipt of public benefits.

In addition to Workcenter and VRS services, social service clients receiving GA or TANF have access to an additional array of supports. After attending the job-seeking skills class, Human Service clients are mandated to attend the Workcenter and the Network Center until competitive employment is found. On a monthly basis, Human Services Case Managers meet with participants that have been referred to VRS. If they are experiencing difficulty they receive home visits from their Case Manager or are referred to rehabilitation specialists in other County departments (such as health, mental health, substance abuse or domestic violence).

In summary, public work centers offer many benefits to a) participants (job training, work experience, access to rehabilitation services and opportunities for mainstream employment), b) social services personnel who can help participants become self-sufficient, c) taxpayers when participant employment results in reduced public expenditures, and d) the business community through competitive pricing, quick job completion and quality that is able to compete with private industry.

Work centers can serve people with more severe disabilities (health or mental health problems, lack of work skills or education, substance abuse, domestic violence issues, legal difficulties or caretaker responsibilities) who are hard to place in the workforce. Employing "hard to place" individuals is becoming increasingly important, as many welfare recipients that are capable of working will have found employment by the time the first wave of time limits expires. Only those with significant barriers to employment will remain on the welfare rolls. These recipients can potentially benefit the most from workcenter services and support.

More than five years later

By the year 2000, the welfare caseload in San Mateo County had been reduced by 76%. While the SUCCESS evaluation estimated that approximately 40% of this reduction was due to improvements in the economy, this was an astounding success story. The remaining population, however, seemed to be very difficult to engage, despite extraordinary efforts at outreach and home-visiting by both HSA and community partner staff. It became apparent that many of these individuals were dealing with significant barriers to employment, including mental illness and substance abuse. Because of the Agency approach to providing integrated services

*A full description of each of these summaries is located in: Austin, M.J. (2004). *Changing Welfare Services: Case Studies of Local Welfare Reform Programs*. Binghamton, NY: Haworth Press

to multiple populations, instead of creating something separate for the CALWORKS hard-to-serve clients, HSA decided to re-design how the workcenter was serving its current population and include CALWORKS clients in that model.

Vocational Rehabilitation services were offered through the workcenter. Many of the welfare clients required a vocational rehabilitation approach. The workcenter and the Peninsula Works One-Stop Employment Center have been co-located to incorporate the Network Center and Workfirst approach for all clients, including the GA and mentally ill clients who had previously only been served at the workcenter. The workcenter itself has become part of the continuum of options available to all clients seeking employment who are identified with special employment barriers or needs.

Over the past several years the focus of the program has shifted from a sheltered workshop for those with barriers to employment to job development and community employment for that population. Partnerships have been developed with community employers and have resulted in increased job placements for difficult to place clients. Several new business ventures have been developed to increase revenue for vocational rehabilitation services and to place clients. The Workcenter currently operates a joint venture with Goodwill, San Mateo Recycleworks, and Dell computers, which diverts computers from the County landfill. This created 14 new jobs which were filled with hard-to-place clients. A joint

venture with the San Mateo County Library System has created the Library Cafe to serve library customers coffee and treats and created 3 new jobs. A full service cafe located at the San Mateo Hall of Justice was recently taken over by the Workcenter and 16 new jobs created for clients. Responsibility for operating the Imaging Center attached to HSA's Health Insurance Telecenter (MEDICAL call center) was recently given to the Workcenter and will employ 19 clients. Clients are currently employed by an array of community businesses, as well. Some of the employers are Safeway, Mervyn's, Longs, Walgreens, Albertsons, Home Depot etc. Clients placed into these positions are averaging \$8.20 per hour, despite their disabilities, and are working over 20 hours a week. From July 2004 to June 30, 2005, 902 clients were served through the Workcenter network and 115 were placed in community jobs. The job retention rate was approximately 50% at 90 days. For the population with the most severe barriers to employment, this is remarkably good.

The progression of collaborative services offered through the Workcenter network reflects the entrepreneurial approach and attitude fostered within HSA as the "learning organization" approach has grown. The focus on changing service approaches and making the community collaborations necessary to succeed is reflected in the transformation of the workcenter and employment services. Staff and managers have learned to seek out best practice approaches and seek community opportunities to develop them.

APPENDIX B

The Adopt-A-Family Program: Building a Network of Resources in San Mateo County

Executive Summary

The Adopt-A-Family program, founded in November 1997, helps low-income families in their struggle for self-sufficiency. Designed as an expansion of the popular holiday programs of the same name, this San Mateo County effort provides both material and emotional support to low-income families over a period of one year by matching client families with "godparents" who are individuals and/or employees of local businesses. The goal of the program is to facilitate the development of a relationship between client families and middle-class families in the same community.

The program included the following components:

- *Program goal.* Help families make the transition to self-sufficiency through individuals and businesses who "adopt" a low-income family for a period of one year.
- *Client referral.* Families are referred by a variety of social service agencies throughout the county. Families are pre-screened by these agencies and their profiles forwarded to the Adopt-A-Family program for matching. Families develop a "Wish List" of items that they need. These typically include pots, pans, toys, clothing, bedding, and cribs.
- *Godparent recruitment.* "Godparents" are recruited largely through community presentations, publicity and word of mouth. They are encouraged to collect and contribute second-hand items in good condition to fill the family's "Wish List." Although they may spend money on their family, this is not an expectation. The program does not accept cash donations. Godparents are encouraged to develop a personal

relationship with the family outside of providing for their material needs.

- *Program follow-up.* The program keeps track of its adoptions through the referring caseworkers who continue to have a relationship with the client families. Support is offered to the family and the godparents, as it is needed.

In the first 18 months, the program has matched up approximately 100 families with community sponsors. There are three major lessons that have been learned to date:

- 1 Build a strong resource network. The commitment and experience of the founder, Al Teglia, significantly aided the establishment of this program. With over 48 years of public service experience in San Mateo County, his knowledge about the needs of the county's families and the potential resources available was extremely valuable in the implementation of the program. Despite the unique experiences of Al Teglia, this program can be replicated elsewhere by establishing a network of agency and business representatives which focuses on two main areas (1) cultivating relationships with social service agencies who can refer clients, and (2) wide dissemination of program information throughout the community to reach potential godparents.
- 2 Minimize bureaucratic procedures and costs. Unlike most programs for low-income populations, this one is not interested in getting more funding. In fact, the success of its implementation and expansion is, in part, because it is based exclusively on donations of time and materials. Outside of

the staff time that is needed to establish and develop a program like this. The overhead costs are minimal. The program continues to refuse to accept cash donations because it would create too much "red tape." Any money that does change hands goes directly from the godparent to the family without incurring any administrative costs.

- 3 Make it easy to participate. The network-based approach and minimal bureaucracy make it easy for the key players (referring agencies, godparents, and client families) to participate. This program places only a small burden on the staff time and resources of referring agencies. The only requirement placed on clients is that they be pre-screened by a social service agency in the county. And godparents only need to commit to helping their family in whatever way they can for a period of one year. Beyond this the program places no requirements on participants.

The simplicity and strength of this program implies that it will continue to mature and grow as it is only limited by the amount of time, energy and resources to be mobilized without burdening the program with too much red tape. It should be noted, however, that the expansion process will face three major challenges in the immediate future:

- 1 Need for increased public awareness of the program. Continued public exposure of the program is critical for its future, especially keeping the program uppermost in the minds of referring caseworkers to encourage appropriate families to participate. It is also crucial to maintain a sufficient number of godparents who want to adopt these families through the use of flyers, websites, and volunteers who give presentations to local community groups which is the program's primary method of recruiting godparents.
- 2 Need for additional services. The flexibility of the Adopt-a-Family program makes it possible to expand the types of goods and services it can offer to client families. As new resources come to the attention of the program's manager, they should be incorporated into the program, given the changing needs of client families.
- 3 Need for program self-sufficiency. This represents the greatest challenge to the future development of the program. The program is currently dependent on the personality and reputation of its founder, Al Teglia. The Human Service Agency of San Mateo has recently created a Community Liaison position to provide support to the Adopt-a-Family program in

addition to numerous other community outreach projects. Judyt Bardales, the newly hired Community Liaison, is helping to develop the program's operating protocol, advertising materials, and job description for when she becomes the main contact of the resource network. As transition develops, Bardales will be more and more responsible for keeping track of potential godparents and client families. Teglia continues to coordinate the program and the partnership with Bardales at the Human Service Agency will insure that the program continues to flourish.

In the era of welfare reform, programs for low-income families that promote community building are more important than ever to address the social isolation experienced by those in the poorest neighborhoods who have the least interaction with the larger community, although many are located near more affluent areas. As one of the Adopt-A-Family godparents noted: "We all know that there are poor people out there, but we don't realize they live that close to us."

More than five years later

The Adopt-a-Family program has been in continual operation since its inception in 1997. The lessons learned from the implementation of the Adopt-a-Family program are still valid. The Human Services Agency has ensured that the program is coordinated and continues to flourish. Approximately 50 new families are matched with "Godparents" each year. The program has been able to increase the number of families matched each year due to increased sponsorships from corporate employees and small businesses. Participating low-income families have had from one to six children. The value of the "wish list" items provided to each child has averaged about \$275. No cash is accepted and sponsors buy the items that are needed by the families.

While some public speaking at community groups and some publicity from newspapers have helped to spread the community knowledge of the program, most of the growth has come from word-of-mouth endorsements from sponsors who have had positive experiences with their matched families. The community has embraced their role in supporting low-income families and children and is benefiting from this "hands-on" approach to helping. This program is another example of an innovative public/private approach to improve the lives of low-income families within the community.

APPENDIX C

Introducing Organizational Development (OD) Practices into the San Mateo County Human Services Agency

Executive Summary

It is rare that a public county human service agency has the opportunity to incorporate an internal organizational development (OD) function to assist with managing organizational change. This is a case study of one such agency that hired an internal OD specialist to facilitate organizational restructuring related to the implementation of welfare reform. The case study is based on the first three years of implementation (1996-1999).

Organization development (OD) is one approach to managing change within an organization. Organization development is a

top-management-supported, long-range effort to improve an organization's problem-solving and renewal processes, particularly through a more effective and collaborative diagnosis and management of organization culture. However, it is important to develop realistic expectations for what OD can and cannot accomplish 1) OD is long-range in perspective and not a "quick-fix" strategy for solving short-term performance problems (Rothwell, et al., 1995). 2) While OD efforts can be undertaken at any level within the agency, successful OD interventions need to be supported by top managers, 3) OD expands worker's perspectives so that they can

apply new approaches to old problems, concentrating on the work group or organization in which these new approaches will be applied, 4) OD emphasizes employee participation in the entire process from diagnosing problems to selecting a solution to planning for change, and evaluating results, and 5) the process of organization development is most effectively facilitated by a consultant who is either external or internal to the agency.

Numerous factors contributed to the creation of a permanent, full-time organization development (OD) staff position within San Mateo County Human Services Agency. In 1992, a newly reorganized agency and a new director, followed by a strategic plan completed in 1993, marked the beginning of a comprehensive organizational change process. All aspects of the agency were impacted including service delivery, increased use of teams, organizational structures, and community relationships. In 1995, following the implementation of many changes, the agency conducted a self-assessment involving all levels of staff in order to "take the pulse" of the agency and identify staff needs and perceptions. The self-study indicated that agency staff were struggling to keep up with the myriad of changes and needed more: 1) understanding of the strategic plan, 2) feedback on how staff were doing in implementing the plan, 3) honest and open communications from bottom up and top down, 4) attention to concerns about customer service and productivity; and 5) attention to job performance and workplace stress.

The director of the Human Services Agency presented a convincing case to the County Manager for the creation of an internal OD position to help implement a new model of service delivery. The idea for creating an internal OD specialist was further helped by increased attention throughout the county in 1996 to the field of organization development. Because of the high stakes associated with bringing a change agent into the agency through the creation of this new position, the Human Services executive team devoted considerable efforts to developing a job description, recruiting, and using an assessment center strategy to pick the best candidate.

Following the orientation phase, the initial responsibilities of the internal OD specialist emerged as (1) working with the executive staff to create different types of teams that would implement the changes driven by the new service delivery model (such as policy teams, management teams, regional teams, and process teams); (2) working with each team to identify the team's purpose and procedures for accomplishing tasks; and (3) designing and conducting team-building activities and all-staff forums with line staff and supervisors to deal with issues related to the regionalization of services.

After two years of operation, several preliminary lessons can be gleaned from the experiences of the San Mateo County Human Services Agency. It is important to be cautious about applying them to other agencies since each agency responds to organization development in a unique way. Some of the lessons learned include:

- 1 It is important for the internal OD specialist to invest the necessary time and energy in developing a close working relationship between staff and management.
- 2 The internal OD specialist does not develop change recommendations for the agency.

- 3 Provide information to all levels of staff at the same time.
- 4 Organization development is not a solution to all of the agency's problems.
- 5 Relationship-building and sustaining has several levels: (1) creating and nurturing; (2) trusting and supporting; (3) risk-taking and new learning.
- 6 While OD specialists are in a unique agency position to see both sides of an issues since they are not in the chain of command to manage or deliver agency services, they need to help others expand their capabilities to see and sense.
- 7 It is crucial to monitor the changing and multiple staff perceptions of the OD function.
- 8 Moving from project learning to individualized learning requires time and patience.
- 9 Communication and collaboration with staff development is essential for the future viability of OD.

More than five years later

In 1996 the San Mateo County Human Services Agency (HSA) began implementation of SUCCESS, its local community designed welfare reform model, under a waiver granted by the California Department of Social Services. Changing the jobs and functions of hundreds of staff from individuals working in a hierarchical command and control organization to an outcome oriented, team process approach was a major undertaking and staff, supervisors, and managers required assistance in the transition process. The organizational development approach was one tool that was utilized to implement this massive change effort at all levels of the organization.

Introducing the OD function into an organization during a transformative change, such as SUCCESS, has had lasting impacts on how managers and supervisors think and perform their functions. For example, the gathering of data and input from staff is now second nature at all levels of the Agency when designing, implementing and evaluating changes in service delivery and programs in order to produce improved outcomes. Today, as program changes are made the OD approach to dealing with the reactions to implementation of the plan results in identification of necessary changes and quick course corrections. Employee morale has improved as they have seen that their concerns and suggestions are being sought, heard and course corrections made quickly.

In 2000 the internal OD specialist assumed managerial responsibility for the staff development function in HSA. As a result of this shift in function, OD tools and techniques were introduced to the staff development trainers. Staff development trainers became comfortable with utilizing team-building and visioning exercises, cross-Agency strategies for consensus building, and working with managers and supervisors to develop enhanced leadership training and coaching. The OD approach has become institutionalized in HSA and has contributed to the development of a "learning organization" culture.

APPENDIX D

Building the Capacity of High-Quality Childcare by Training Exempt Providers*Executive Summary*

It is nationally recognized that there is an urgent need to increase the capacity of high-quality infant and toddler childcare (The Carnegie Corporation of New York, 1998; The Annie E. Casey Foundation, 1998; Kahn & Kamerman, 1998; Modigliani, 1994). One way to increase the capacity and quality of childcare is to recruit, train and support unlicensed, or exempt providers who care for their own children, the children of relatives and/or the children of only one other family.

This case describes the Child Care Coordinating Council Exempt Provider Training Project in San Mateo County which was established in 1997 to: 1) increase the quality of care offered by exempt child care providers, 2) promote the healthy development of infants and toddlers served by exempt providers, 3) increase the availability of child care for low-income parents receiving services from Medi-Cal's Prenatal to Three Initiative and other community programs, 4) educate providers about the economic benefits of family child care as a profession, and 5) evaluate the effectiveness of services that provide outreach and education to exempt child care providers.

The training program encourages providers to facilitate healthy child development rather than simply custodial care.

Provider training needs are assessed as part of a sixteen-hour training program that includes four training sessions of four hours each. Classes are conducted in Spanish and English and are usually held on Saturdays to meet the needs of participants. Topics include: 1) how quality child care experiences can facilitate healthy early child development, 2) the importance of self-assessment in providing patience and consistent care, 3) teamwork and relationship-building with children and their parents, and 4) creating an environment for infants and toddlers that fosters healthy child development. The Project offers many other services, in addition to training, that include home visits, support groups, transportation, child care, referrals, educational literature and mentors.

Incentives are used to encourage attendance at the training sessions. Initially all participants were paid \$25 for each session they attend and another \$25 for coming to all four, but these payments were reduced to \$20 after class sizes became larger. In addition, the Project offers \$40 scholarships to attend CPR/first aid training and \$90 for registering with Trustline which includes fingerprinting as a way to assure parents that their child care provider does not have a criminal conviction.

In the second year of operation, the Project staff gathered information about the participants to learn more about their characteristics, employment outside the home, and business practices. The evaluation yielded the following information: 1) approximately 75% of the first year participants were Spanish-speaking immigrant women that are married, live with a partner, or one or more adult friends or relatives who provide additional household income, 2) approximately 63% of the first year participants were parents with children under the age of three, and most participants and their partners have low incomes which leads to difficulties finding affordable, adequate housing and providing for the needs of children, and 3) approximately 17% of the first year participants have completed the child care licensing process while many others have made progress towards licensure.

Other program outcomes are difficult to quantify, but the following staff observations include: 1) an increase in attention paid to children in care instead of primarily completing household chores, 2) an increase in the safety and utilization of child care environments such as covering electrical outlets and clearing more space for the children to play, 3) an increase in provider patience and a decrease in over-protectiveness (as well as improved parenting abilities displayed by husbands/partners), 4) an increased connection between participants and public services, leading to increased utilization of support services, and 5) an increased connection among participants leading to continued support of each other personally and professionally.

Several lessons have been learned in the first two years of operation:

- Most low-income women with infants and toddlers that receive health services from Medi-Cal's Prenatal to Three Initiative do not plan to leave their children in child care but instead choose to care for their own children at home while providing exempt care to the children of friends or relatives. Most choose this form of self-employment because it more closely suits the needs of their families.
- When the initial referral process was not effective in reaching the community of exempt providers, staff greatly increased participation through phone calls, fliers and community presentations. Participation increased even more rapidly after the first few groups of participants spoke positively of the Project to friends and family members.
- Parents that care for only their own children (i.e., they are not child care providers) are also interested in attending Project trainings. There is a wider audience for childcare training than simply reaching providers.

More than five years later

The Child Care Coordinating Council's Home-Based Child Care Training Project was established and has been operating since 1997. Over the past 9 years, the funding sources for the project and the name of the project have changed, but the basic goals of enhancing the quality of care provided in license-exempt, home settings, and providing professional development opportunities for these providers have remained the same. The project continues to offer training in the core areas of child development, nutrition, and health and safety in childcare environments. Materials are constantly revised with participant feedback. Courses are offered in both English and Spanish, depending on the need. A playgroup has been developed to connect providers and home visiting is a key part of the program. The program has found that the trainings seem most successful and empowering when they focus on enhancing participants strengths and knowledge. Marketing the program is a collaborative function and was redesigned in 2003 when there was a drop in enrollment. The classes are now held at the San Mateo Adult School as part of their class offerings, providing a wider audience of individuals interested in becoming childcare providers. Since 1997, 2,079 providers have been trained and technical assistance has been provided to 742 providers.

The strategy of increasing both the quality of in-home childcare provided by exempt providers and increasing the pool of licensed

childcare providers has paid off in San Mateo County. Many participants have moved to the status of licensed family care provider. The quality of the care provided by the participants has been reviewed by the Child Care Coordinating Council and has shown significant improvement. This program has contributed to several goals of HSA: improved early childhood development and child

well-being, improved child safety in these settings, increased utilization of support services by providers and parents and increased availability of licensed child care providers in high need low-income neighborhoods, particularly Spanish speaking providers. It is a good example of partnering with the community to improve outcomes for children, families and low-income communities.

APPENDIX E

The Futures Project: School-Based Service Integration in San Mateo County

Executive Summary

This summary briefly describes San Mateo County's experience with the Futures Project, a pilot system of school-based health and human services in Daly City, California. The Futures Project was implemented as part of a consolidation of San Mateo County's human services system and the creation of the San Mateo County Human Services Agency (HSA). It helps illustrate the connections between system-oriented reform efforts and service integration.

The Futures Project was developed to test a more accessible and interconnected system of services for children and families in San Mateo County with an emphasis on prevention and early intervention. It was conceived as a way to create an interdisciplinary teamwork approach to meeting family needs in place of traditionally fragmented and categorized systems of services. Unlike most California counties, where school-based collaborative projects were developed separately from any changes in the larger human service system, the Futures Project was connected to a more comprehensive reorganization process. A major goal of the larger process was to support and develop stronger families. By addressing a wide range of needs for "at-risk" children and families the agency hoped to prevent major family problems such as child abuse and neglect. Linking public services for children and families to school systems was seen as a mutually beneficial approach for service providers, the schools, and families. Locating services at school sites increased accessibility by providing services at a site that families and children were already likely to visit for other reasons and tended to be in their neighborhoods.

Implementation was done on a pilot basis in Daly City, one of the four areas of the county in greatest need. Daly City was selected through a competitive application process, since it required the involvement and commitment of the school districts and city to succeed. Resource limitations also dictated that it be a pilot project. The program design was the result of a complex collaborative network, including: HSA, mental health, public health, probation, County Office of Education and three separate school districts, city representatives and numerous community-based service providers and advisory groups. The county committed 25 county positions worth approximately \$1.5 million worth of services. The Peninsula Community Foundation committed funding for the Project coordinator. The county efforts coincided with the development of the statewide Healthy Start program that funded an operational grant for \$100,000 per year, plus one-time funding for remodeling and renovation expenses. The Futures Centers became operational in August, 1992.

During the first year, top-level administrators worked intensively to make the new model work. The project served as a laboratory for how to do things differently at the service delivery level to improve outcomes for children and families. Although staff

initially found the multi-disciplinary process difficult, they gradually developed a sense of teamwork. The project also showed the difficulties of service collaboration between large bureaucracies. As HSA redefined its role in the community it was identifying the need for changes in the organizations with whom it partnered. Changes in the educational systems were much more difficult to make. This difficulty was intensified by the state regulations around the Healthy Start program and its evaluation design requirements.

Despite these difficulties, however, the Futures Project emerged as a very successful pilot initiative for re-engineering of the service model used in San Mateo County, the state and nationally.

More than five years later

The Futures Project was the pilot for a system of school-based health and human services in San Mateo County. It was unique, in that it was designed and developed as a pilot for a new way of delivering human services within the San Mateo County Human Services Agency (HSA) in collaboration with other county agencies, school districts, cities and community partners. During the difficult times of promoting organizational and culture change in HSA, the Futures Project served as a concrete example of how services could be delivered more effectively in a multi-disciplinary, collaborative, community setting.

The model initiated at Futures has since been adapted in other communities in San Mateo County where a network of 15 Family Resource Centers now exists in high need communities. One of the 4 Futures sites has served as a pilot for the new Differential Response approach which is a part of Child Welfare Redesign in California. Lessons were learned from the Futures pilot and redesigns of the school-based services administration, staffing, training and funding have come from the experience. The Futures approach has transitioned into the Daly City Family Resource Center Network. However, Redwood City has developed the most extensive network of school-based Family Resource Centers in San Mateo County. It is structured quite differently from Futures, but incorporates the multi-disciplinary, prevention and early intervention focus learned from the pilot. Redwood City has made the most progress in systematically evaluating the outcomes of the school-based services approach. Redwood City has also demonstrated that for true strong partnerships, all parties need to be committed to resources, not just oversight. The financial partnership in Daly City could be much stronger and change efforts are underway to modify the relationships. The county still funds much more of the Daly City Family Resource Center Network than any other community.

One important lesson learned from Futures is that management and supervision of Family Resource center county staff is still critical, even though daily coordination and supervision may be

provided by a collaborating partner. Over the past 14 years, there have been difficulties with clinical supervision of mental health and public health nursing staff and problems with quality control on record keeping and documentation when agency supervision

and management have not been strong. Strong partnerships and strong ownership of the collaborative structure and services is necessary for all partners to make Family Resource Centers successful in meeting the needs of their communities.

APPENDIX F

San Mateo County's Organizational Assessment and Service Survey: How Are We Doing?

Executive Summary

Organizational change is a complex process. It is often difficult for top management to determine how messages about change are being incorporated in agency functions. In order to understand staff perceptions and to assess how organizational changes were being viewed throughout the agency, the San Mateo County Human Services Agency (HSA) involved staff in an Assessment and Service Survey in 1994. The survey was conducted by a private-sector consulting organization that donated its time. HSAs reorganization was seen as similar to many private sector businesses experiencing the re-engineering of their infrastructure and mission. There were three purposes for the survey: 1) to measure effectiveness and quality of the work environment, 2) to determine staff assessment of customer service, and 3) to identify opportunities for improving decision making in HSA.

Five broad issues emerged from the results and were to be used to continually improve change efforts. The breadth of the negative comments was surprising to the Executive Directors of HSA. The HSA Executive Team looked carefully at the results to determine what kinds of changes could be made immediately to address staff concerns. In the spirit of openness and shared ownership for the solutions, the survey results were widely distributed to all HSA staff with a memo indicating that the Executive Team was in the process of crafting a plan of action to deal with the survey issues and recommendations and would be discussing with staff once it was drafted. It was stressed that it was committed to keeping the lines of communication open and creating a work environment that would inspire trust, creativity and integrity. The Executive Team action plan was distributed to staff eight weeks after the survey results. Staff members were asked for input and participation in finalizing the plan to further deal with the recommendations.

Other county agency directors were intrigued with the idea, but some felt it was too risky in a political environment. This was reflected when an anonymous copy was sent to a member of the Board of Supervisors with no context, without the memo and with no action plan. This member was satisfied when supplied with the information and was impressed with the level of agency self-examination being undertaken.

Some of the lessons learned include:

- Assessing organizational change through staff input is a lengthy, all-encompassing process for the entire agency. The depth of effort to implement the survey and establish an action plan was not anticipated.
- Organizational changes take time. Staff had difficulty functioning with uncertainty created by the multitude of changes taking place in their environment. Extra effort was required during the transitions in such a bureaucratic and hierarchical structure.

- Develop a communication plan. Direct, timely and consistent communication from management and supervisors through a variety of methods is critical to creating a common understanding.
- The change process can be made easier by dividing the process into four or five specific tasks. Piloting changed ways of doing business can make it easier for staff to understand the change required in their jobs.
- A strategic plan is a living document. Discussing the plan on an individual program and systems level helps to develop the "shared sense of reality".
- Ongoing learning is an important part of staff development and change.
- Managers need to provide leadership in a way that coaches and encourages staff. Staff expects managers to help interpret the strategic directions and provide guidance on how jobs can be modified to achieve the vision.

More than ten years later

The San Mateo Human Services Agency Organizational Assessment and Service Survey was an attempt to utilize the donated expertise and time of a prominent business consultant and member of our community who was interested in seeing a public sector agency undertake major organizational change. The differences in the environments were underestimated on both sides. At the time of the assessment HSA had only been in existence for two years. It was comprised of a multitude of human service, employment and housing programs with multiple cultures and processes. Although the process and results of the assessment were difficult, in retrospect, it was a key factor in communicating a new way of doing business and new expectations and resulted in an action plan that moved the changes in HSA significantly over the next decade.

Organizational assessments require a significant amount of managerial and leadership effort. They are risky in that once undertaken the results cannot be ignored and must be responded to in an open and visible manner. They often produce conflicting feedback that is a measure of the divergent cultures: the old and the new. Organizational assessments can create an expectation that every concern will be addressed, which is not possible. They can, however, provide insight to Executive management about how their actions and messages can be misinterpreted if the context is not communicated effectively. Communication is of utmost importance and all methods of communication must be utilized and messages repeated many times. The San Mateo County Human Services Agency benefited from undertaking this assessment. It was a part of moving the organization to the "learning organization" culture of today.

APPENDIX G

Preparing Human Services Workers to Implement Welfare Reform: Establishing the Family Development Credential in a Human Services Agency

Executive Summary

This case study describes an effort undertaken by the San Mateo County Human Services Agency to train human service workers in collaborative case management to deliver strength-based services within a new multi-disciplinary system as part of the implementation of welfare reform. It focuses on the start-up and implementation of the Family Development Credential in San Mateo County, California.

In order to meet the new work participation outcomes mandated by the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) San Mateo County Human Services Agency (HSA) decided to restructure its service delivery and training approach to promote a comprehensive, interdisciplinary service delivery system. This resulted in significant changes in job functions. Much more emphasis was placed on family screening and assessment, case management, employment services and multi-disciplinary case planning. An in-service training program was developed to re-train former eligibility workers. A partnership was developed with the College of San Mateo, one of the local community colleges, to create a two-year Human Services Certificate program. Many eligibility workers had not attended or completed college. This new program was designed to teach them new skills in "Interviewing and Counseling" and "Case Management." Courses were offered on-site at HSA, as well as at the community colleges. Staff received college credit for all training satisfactorily completed. In some cases courses were offered on work time. It shortly became clear that staff required more training than this program provided. In order to meet this need a collaborative effort was undertaken with the Community College Foundation (CCF) to bring the successful Family Development Credential (FDC) program that had been developed by New York State with Cornell University to San Mateo County.

In August 2000 HSA decided to begin training for its front-line human services workers, as well as interagency collaborative partners, in FDC. The primary goal of FDC training is to empower human services staff to provide services in ways that are family-focused, strength-based, and help families develop their own capacity to solve problems and achieve self-sufficiency. There were three components designed to meet this goal: 1) The Facilitators Institute, 2) Field Instruction, and 3) The Family Development program. HSA viewed this program as a key tool in transforming the culture of the organization to meet its new mandates. In October 2000 training began with two groups of 25 participants. Participants received college credit for the training.

There were both successes and challenges associated with implementation of this collaborative program. The following lessons were derived from start-up and implementation:

- 1 Commitment is essential at all levels of the agency. Supervisors, as well as managers, must provide support for participants and co-workers in order to handle the workload while staff are trained.
- 2 Time management emerged as a critical work and program issue for facilitators, field advisors and participants. Training on time management and problem solving could be added as a half-day component to the facilitators' institute.

- 3 Agency supports (time, tuition, field supervision, etc.) clearly enhance program participation and can reduce resistance to mandatory training.
- 4 It is necessary to address the disconnect between strength-based concepts of FDC and federal, state and HSA forms which are problem focused.
- 5 Adequate time to apply concepts learned in the facilitation and training sessions is critical.
- 6 Diversity of participants and facilitators from different service units and community agencies is essential to learning and future collaboration.
- 7 High levels of satisfaction among FDC graduates may help with future staff recruitment and retention, as well as increased productivity within HSA.

More than five years later

The implementation of the Family Development Credential (FDC) in the San Mateo County Human Services Agency (HSA) proved to be a key factor in re-training front-line staff for the transition from eligibility processing to screening, family assessment and case management functions needed to meet the new vision and outcomes set forth under welfare reform. The partnership with the Community College Foundation and the emphasis on enhancement of skills through education for college credit gave the program credibility and provided incentives to the staff to improve their careers through education and training. It was a critical component to changing the organizational culture in a direction that reflected the messages staff were to be communicating to clients. Staff felt supported and valued during a difficult period of systems change.

As of June 2006, 204 HSA staff and many partner agency staff have graduated from the FDC program since its inception in 2000. The FDC has expanded in the community to include two classes taught by Canada College (another local community college), one in Spanish and one in English. Canada College also offers an on-going class sponsored by the Home Visiting Improvement Project directed at home visitors in community agencies and Head Start workers.

Some of the new lessons learned include:

- Offering the class twice-weekly presented coverage issues that made it difficult for supervisors and co-workers to be supportive of participating staff. Classes were reduced to once a week in 2002-03 and since then the issue of coverage and ongoing support has not resurfaced.
- According to staff, the FDC strength-based, empowerment model does result in increased numbers of individuals and families who implement welfare-to-work plans and move toward self-sufficiency.
- Human service staff in both HSA and community partner agencies report feeling more confident in their work and that their work is more rewarding since participating in the program.
- The implementation of CalWIN, the new automated welfare system, presents special challenges for staff. Techniques for connecting with and establishing rapport with a client while also entering information into the computer system need to be developed and staff training provided.

APPENDIX H

Promoting Self-Sufficiency Through Individual Development Accounts (IDAs): The San Mateo County Experience

Executive Summary

The average American family holds only \$3,700 in net financial assets and nearly one-third of American households operate with zero or negative financial assets. The typical family is only about three monthly paychecks away from financial ruin. The savings rate for U.S. households is under 5 percent. Government policies have not promoted asset building among the low and middle-income populations. Welfare reform legislation passed in 1996 required that millions of families become self-sufficient. Implementation strategies have primarily focused on promoting work and job training. Little attention has been given to asset building, although the highest rates of asset poverty are among former welfare recipients, primarily female heads of households with children.

In an effort to address this issue, a new program, the Individual Development Account (IDA) has emerged. IDAs are special savings accounts designed to help people build assets to reach life goals and to achieve long-term security. Account holders receive matching funds as they save for purposes such as buying a first home, attending job training, going to college, or financing a small business. Funding for IDAs can come from public and/or private sources. Three major federal laws provide the framework for the option of developing IDAs. These are: (1) the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (2) the Assets for Independence Act of 1998 (AFIA) and (3) the 1977 Community Reinvestment Act (CRA). As a result several states have allowed for the creation of IDA programs related to welfare reform or have utilized TANF funds for such programs. California has enabling legislation, but implementation was dependent on additional federal appropriations, which have not been forthcoming. California did establish incentive funding for counties related to implementation of welfare reform. Counties developed plans for use of these funds within state guidelines. This case study describes the implementation of an IDA pilot program by the San Mateo County Human Services Agency (HSA) as part of its plan to move low income former TANF families to self-sufficiency.

San Mateo County Human Services Agency established a public/private funded IDA program in partnership with the Assets for All Alliance in 2000. Alliance investors included HSA, the Peninsula Community Foundation, the David and Lucille Packard Foundation, Community Foundation Silicon Valley, the Candelaria Foundation, Citibank and Bank of America. The pilot program enrolled 50 families through the Peninsula Works One-Stop Employment center in Daly City. Families committed to a five-week money-management class, one goal-specific seminar, and six meetings of the investor club annually. As of May 2001, ninety-two percent of participants had demonstrated a regular pattern of savings, exceeding both the program performance goals and the national average. Eighty-four percent had reached their monthly savings goal. Based on these outcomes HSA extended the program throughout the county with an additional investment of incentive dollars to include 75 new low-income families.

This case study offers lessons learned in the following four areas:

- 1 Resources:** Building on current resources was critical to success. Enterprising staff and the personal relationships

between the workers and their clients were central to the recruitment efforts and initial success.

- 2 Flexibility:** Adapting the program based on participant feedback is critical. For example, after the second set of money-management classes the program content was reorganized.
- 3 Program Development:** It was important to include participants, staff and partners in identifying program strengths and weaknesses in an effort to constantly improve the model. It was agreed that recruitment and retention was dependent on personal contact between case managers and participants, with follow-up mailings and telephone reminders.
- 4 Personal transformation:** The money-management seminars, presented in a family-like environment by friendly professionals, have led to other outcomes beyond financial gains. Improvements were noted in family relationships, healthier lifestyles, and high motivation and self-confidence about improving their and their children's futures.

More than five years later

The first class of families enrolled in The Individual Development Account (IDA) program in the summer of 2000. The final class enrolled in the fall of 2004. The program is continuing with existing funding for program administration, case management and matching savings until June 2007. No further funding has been committed beyond that date. IDA programs nationally are facing similar problems. The program was funded with both public (CALWORKS incentive dollars) and private resources. The foundations that supported the effort advocated for public legislation to establish the program through changes in tax laws and to support the administration and case management aspects of the program through federal and/or state funds. The federal efforts have been thwarted due to the federal budget deficits. California has passed enabling legislation but has not provided new funding in addition to the federal and state matching Temporary Assistance to Needy Families (TANF) funds to establish an IDA program statewide.

The results of the program have been positive at reducing the economic uncertainty of low-income working families:

- 275 families have completed financial literacy classes (as of 12/31/05).
- 72 families have successfully graduated from the program using all their match funds for an eligible asset purchase
- 98 families have made withdrawals for an asset purchase
- 91 families are still actively saving
- 85% of active savers demonstrated a regular savings pattern

The estimated total impact of the program so far is approximately \$1,000,000. This amount includes participants' savings, earned match and withdrawals to date. The following asset purchases were made: 1) 13 home purchases, 2) 21 home improvements, 3) 12 education purposes, 4) 21 education for their children, 5) 5 small business development, and 6) 26 retirement funds.

Considering the average monthly deposit and average income, San Mateo County participants are saving at a rate of 4%. In 2005 the saving rate for the American public as a whole dipped into the

negative realm. This demonstrates that low-income families can be trained and will save with clear goals in mind. Strong emphasis on automatic savings systems has significantly contributed to this success. Clients, however, are struggling to obtain a home in

the San Mateo County high priced market. Clients also require intense case management and support. A longitudinal study is in process on the graduates and should be available by the end of 2006.

APPENDIX I

Collaborative Partnerships Between the San Mateo Human Services Agency and Local Community Colleges

Executive Summary

The events that led to the collaboration between the Human Services Agency and the community colleges in the County of San Mateo are a mixture of legislative and agency-based circumstances. The initiation of managed care, the passage of welfare reform legislation, and the Workforce Investment Act (WIA) made job development and employment outcomes the common objective of all mental health and human services providers. In addition, WIA initiated One-Stop centers, mandating that diverse human services providers work together in one location to help clients attain the common goal of employment success. Noting the lack of trained staff to aid in the rehabilitation and job placement of developmentally disabled, mental health consumers, and public assistance recipients, Edie Covent and Tim Stringari concluded that a community college curriculum responding to the system changes and training needs of mental health and all other human service providers might gain the support of local community colleges.

With these prospects in mind, Edie Covent formed the Human Services Educational Collaboration (HSEC) and invited the participation of all major stakeholders: the State Department of Mental Health, County Department of Rehabilitation, Poplar ReCare, and local community colleges (College of San Mateo, Canada College, Skyline College, Solano Community College, and Riverside Community College). The San Mateo County Human Services Agency became a partner in the Collaboration during the Spring of 1997 upon realizing that their training needs in case management and employment outcomes could also be met by a human service curriculum.

The Human Services Certificate curriculum is designed to prepare students for various para-professional fields, such as mental health case manager, job coach/employment specialist, social service intake specialist, community health worker, and other entry-level human services agency positions. Each course includes 48-54 hours of instruction and can be completed in 16-18 weeks.

The instructors are primarily professionals currently working in the human services field. This adds to the credibility of the program from the perspective of employers who want to ensure that employees participating in the courses are learning pragmatic skills. A majority of students attending the courses are employed full- or part-time in the human service field. Only a few students in each class are not employed or are employed in other fields. To date, approximately 200 employees of the San Mateo County Human Service Agency have attended classes on-site at the Agency as part of job training. Approximately 200 other adults have attended classes at the College of San Mateo and Cañada College from the Human Services Certificate curriculum.

The collaboration is often characterized as a “win-win” in terms of the following benefits: 1) both public and private human services providers get their employees trained in case management and employment strategies, 2) community colleges gain a significant number of students enrolled in the courses, 3) the Human Services Certificate Program is now a part of the community colleges permanent curriculum, offered to any resident of San Mateo County, 4) consumers of human services receive assistance from more highly skilled providers, 5) employees of human services enjoy an increased level of professionalism, and 6) the Collaboration can serve as a model to other counties in the State of California.

Some of the lessons learned include:

- 1 The extensive investment in curriculum development by the community colleges, the Human Services Agency, and a wide variety of human services agencies throughout the community helps to make the curriculum relevant and timely.
- 2 The involvement of agency-based professionals as instructors in a human service certificate program contributes to its credibility in the eyes of the students, the agencies, and the community.
- 3 Fostering collaborations and community involvement contributed greatly to establishing a successful Human Services Certificate Program as a permanent part of the local community colleges' curricula.
- 4 Human services staff need an increasing level of training and professionalism to effectively meet the changing and complex needs of clients.

More than five years later

The Human Services Certificate Program, as collaboration with the community colleges, began in 1997. Since that time over 1,000 students, a mix of both community and agency employees, have participated in the program. Nearly 300 have completed the Human Services Certificate. Both San Mateo County Human Services Agency and community agency staff are tremendously supportive of the program. Some of the new lessons learned from the collaboration are:

- Public and private human services providers enrolled together in classes gain a better understanding of the others' programs and increase their effectiveness as service providers.
- Human services managers, both public and private, report higher productivity on the job from workers enrolled in classes.
- The Human Services Certificate Program has sparked interest from staff in other areas of higher education.
- Staff demonstrate an increased interest in promotional opportunities within the Human Services Agency.

- Other residents of San Mateo County who have enrolled in the Certificate program have become interested in employment with the Human Services Agency. A number of these individuals have been hired and are now valuable employees.

The success of the Human Services Certificate Program has led to more collaborative efforts with the community colleges. A Community Health Worker Certificate program has been developed and 40 students have graduated to date. New classes are be-

ing added to the course offerings, including a new class on Rehabilitation and Recovery, which will be available in fall 2006. These expansions have been initiated by public and private agencies in the county to meet their need to provide more effective services. The community colleges have proved to be invaluable partners in improving the overall quality of services provided by the human services system in the county.

APPENDIX J

Hiring TANF Recipients to Work in the San Mateo Human Services Agency

Executive Summary

While the San Mateo County Human Services Agency had a history of hiring clients for temporary assignments, the Agency's most recent effort to hire clients into full-time, permanent positions occurred with the implementation of welfare reform. The primary goal was to address the Agency's staffing needs by providing meaningful employment for former welfare recipients as well as set an example for the larger community. In 1997, the San Mateo County Human Services Agency developed a new service delivery model called, "SUCCESS" (Shared Undertaking to Change the Community to Enable Self Sufficiency) which included restructuring the Benefit Analysts positions into new case-management roles. The transfer of employees from one unit to another left many vacant positions, particularly in the MediCal program where the County's caseload is the largest. In their effort to fill these positions, the Human Services Agency began hiring their own clients and this case study describes this process.

While former clients were hired in a variety of clerical and support positions, the primary focus of this case is the job description and hiring practices of the MediCal Benefits Analyst I. MediCal Benefits Analysts process MediCal applications, as well as provide on-going monitoring of individuals' eligibility for MediCal benefits. This task requires skills such as information retention, comprehension, organization, and mathematics. Hired as "Extra Help," the position does not include health insurance, sick leave, or job guarantees. While permanent positions are periodically available, applicants must successfully pass the civil service testing process to be hired as permanent employees of the Agency. As of the summer of 1999, approximately 6 to 8 former clients in MediCal Benefits Analysts I positions have become permanent employees of the Agency.

To recruit for vacant MediCal Benefits Analysts positions, the MediCal program Training Specialist sends flyers advertising available positions to SUCCESS Centers, the Income and Employment Services Specialists (case managers), and to the Agency's clerical staff. The lead instructor of Human Services Certificate Program at San Mateo Community Colleges is also notified.

To train applicants for these positions, three cycles of training were completed (July, 1998; January, 1999; and May, 1999) and a fourth will be held August, 1999. Each training cycle includes approximately 10-12 participants. By the end of the training session, approximately 6 individuals are offered positions since some do not pass training tests, have poor attendance, or elect not to continue training. The seven-week training program includes a combination of academic/classroom instruction, on-the-job training,

and computer training. Trainees are tested each week and must achieve an overall score of 80% or better to be hired.

Hiring former welfare recipients to fill vacant positions in the Agency not only addresses recruiting difficulties, but also sets an example for others in the community to hire public assistance recipients. It also helps to increase staff diversity. Former clients are often passionate about the jobs they perform, which is an attitude very much valued by the Agency. Obtaining employment with the Human Services Agency increases the potential of former clients to achieve long-term self-sufficiency, especially for those who become permanent employees.

Some of the lessons learned include:

- 1 In order to maintain the success of the hiring efforts, the Agency needs to address the difficulty of finding job-ready individuals among the rolls of public assistance clients since many welfare recipients with the best employment qualifications have already obtained jobs.
- 2 Extra efforts need to be made to assist former welfare recipients to pass the civil service testing process. Supervisors' support and assistance would help prepare former clients for the civil service testing process. More emphasis is also needed on job performance when determining former clients' promotion to permanent employment.
- 3 Agencies need to find ways to increase the support networks of former welfare recipients as well as address the issue of inadequate health care benefits, sick leave, or job guarantees.
- 4 Developing and expanding mentoring and internship opportunities for former clients would help them make more successful transitions into the work world.

More than five years later

In 1998 the Human Services Agency initiated an effort to hire former welfare recipients to fill vacant positions in the Agency. This effort was initiated as a way to meet two needs: 1) the Agency's difficulty with recruiting a diverse workforce that reflected the demographics and languages of our client population, and 2) to set an example for other public and private employers in San Mateo County in hiring welfare recipients as part of our welfare-to-work efforts. At that time there were 11 clients hired into the Agency's Medi-Cal training unit. Approximately, 50% of this cohort is still employed by the Agency today. The others have either terminated voluntarily or were terminated for issues, such as performance.

The Human Services Agency continues to urge clients to apply for agency positions, but has not undertaken a special training class of only welfare recipients. No tracking is done to deter-

mine which clients are hired. While this effort served its initial purposes, it was not formally continued or developed. Clients are made aware of county jobs as part of their participation in the Peninsula Works One-Stop Employment centers.

The extra effort required of supervisors to assist recipients to pass the civil service testing and the extra mentoring and support required to ensure acceptable performance proved more difficult

than expected. The job may have been too complex for the average level of skill of some of the clients. It may be unreasonable to expect to identify a cohort of clients at one time who possess the level of skill required to be successful in the benefit analyst position. This effort was an admirable attempt to assist clients in getting a good paying job with benefits, but was clearly not a good match for half of them.

APPENDIX K

The Family Loan Program: A Case Study of a Public-Private Partnership in San Mateo County

Executive Summary

Recent federal welfare reform legislation has transformed the way counties serve their low-income populations. San Mateo County has responded with a series of new programs designed to address the changing client needs. One of these new programs is the Family Loan Program, originally designed in 1984 by the McKnight Foundation (Minnesota), which provides low-interest loans to working families to help them deal with large, or unexpected, one-time expenses. The McKnight Foundation, in partnership with the national Alliance for Children and Families, offers a series of matching grants for the local replication of the program. As a result of community collaboration between the San Mateo County Human Service Agency, the Peninsula Community Foundation, the David and Lucille Packard Foundation, and the Family Service Agency of San Mateo County, this innovative family loan program was launched in January 1998 to serve San Mateo County welfare recipients and low-income families.

The family loan program provides: 1) low interest loans of up to \$3,000 to low-income parents to help with one-time job or education-related expenses (most loans used for car purchase, car repair, work or school uniforms, tools for a trade, and childcare), 2) an opportunity for training and education in "real-life" skills involved with applying for, obtaining and repaying a bank loan, and 3) an opportunity to establish or repair a credit history. The client eligibility requirements include: 1) must be employed or enrolled in vocational training at least 20 hours a week and been at their present employment or vocational training 3 months or longer, 2) pursuing post-high school education (at least 9 credits semester), 3) have exhausted other loan sources and unable to qualify for conventional financing, 4) have sufficient disposable income (no less than \$80/month), 5) must be resident of San Mateo County (for at least 3 months), 6) must demonstrate the ability to make monthly payments, 7) loans must be related to helping parents make employment or education a success, 8) availability of loans to qualifying families regardless of race, sex or religious affiliation, and 9) can be custodial parent of child(ren) under 17 years of age, living in household (or 18 if child is in high school).

Loans are serviced by one of three local banks, Borel Bank and Trust, Bay Area Bank and Liberty Bank. Through the Family Loan Program, banks are able to reach underserved members of their community and qualify for low-interest federal funds under the Community Reinvestment Act (CRA). Additional community partnerships such as the free auto diagnostic services offered by the California Chapter of the American Automobile Association (AAA) are constantly being developed.

The San Mateo County program has benefited greatly from the experience of the national model. A review of the first year and a

half of the program's operation yields the following information: 1) of the 203 applications received, 89 (44%) were approved, 2) 71% of approved loans were for car purchase. The remaining funds were used for housing related expenses and child-care, 3) average application processing time was 15 days, 4) 97% of those receiving loans are women, 5) average loan size was \$2,594.00, 6) repayment rate of 91% (compared to the national rate of 70-75%), and 7) clients report an 89.9% decrease in work time missed; a 92.61% reduction in travel time to work; and a 25.9% increase in attendance in job-related educational activities.

The program has helped many families achieve their education and job-related goals by providing them with low-interest loans. This unique blend of business and social services helps to link public sector clients with the private sector resources in order to: 1) alleviate hardship, 2) provide education and training, and 3) contribute to family self-sufficiency.

More than five years later

The Family Loan program has been in continual operation since 1998. Family Service Agency continues to operate the program and fund new loans with repaid loans from former clients. Family Service Agency has been able to secure private funds to support the administrative costs of delivering the program. Existing loans continue to be serviced by the partner banks and approximately 80 new loans are projected for FY 06-07. In order to issue 80 new loans, 2,560 inquiries from low-income families will be reviewed and assessed and 320 loan applications will be processed. Analysis of the zip codes of loan recipients has resulted in identification of the need for more outreach and promotion of the program to East Palo Alto and the Coastside communities. This will be a priority this year.

The most recent analysis of outcomes was completed in December 2005. The following were the results: 1) 91.7% reduction in work time missed, 2) 90% reduction of time in transit to work, 3) 27.8% increase in attendance in job related education, 4) 90.3% maintenance or improvement in earned income, and 5) 34% average increase in monthly gross income for clients with loans.

Clients are benefiting from obtaining a reliable means of transportation to their jobs. They also are improving their credit ratings, and increasing their opportunities to secure additional training and better jobs. The Family Loan program has become a critical tool for promoting self-sufficiency in San Mateo County. It is an example of a public/private partnership approach that has resulted in a program that continues to serve low-income working families, including those transitioning from welfare to work, without on-going public financing.

Leadership Development at the Top: **A Teaching Case on Coaching in a Public Human Service Organization**

ALEXIS FERNÁNDEZ, MICHAEL J. AUSTIN, STAN WEISNER

Introduction

This case study examines the use of executive coaching as a leadership development tool at the top management levels of a rural public human service agency in a large metropolitan area of the U.S. It considers the organizational factors that led to the use of executive coaching and a leadership development program that focused on the development of shared expectations and desired results (individual and team) and required a considerable investment of agency resources.

This case on coaching takes place in a public agency setting and describes in some detail a successful strategy for expanding organizational leadership within a framework of collaborative management. Much of its success is due to the vision and leadership of a committed agency director who chose to make this kind of investment in his top leadership under the assumption that, in his own words, *“the public should expect the agencies it funds to be as productive, effective, and efficient as possible. These are basic organizational attributes that apply equally in the public and private sectors. The surest way to promote these attributes is to adopt evidence based practices in the management of an organization.”*

Setting the Stage

In mid-2007 Suzanne Smith, the department director of 85 to 90 staff, began working with an executive coach with the goal of further developing her skills as an effective agency leader.* With more than twenty years of county experience, and having been a manager since 1993, Suzanne was leading the largest of ten divisions in a mid-sized human service agency and had the full support of the director to continue to do so. Her partnership with an executive coach was the result of a larger agency-wide initiative to move toward a model of collaborative management. The initiative's success required an emphasis on supporting agency leaders in order to maximize their effectiveness as administrators. Prior to her experience with the executive coach, Suzanne's management style was regimented and overly structured. She often

felt she used the right management ideas and tools but was not always able to translate them into an effective leadership style. Her ability to manage the program and meet a range of the outcome goals was strong, but she felt she was missing certain components that would enable her to become a more effective leader of her organization.

The agency she worked for was entering a period of transition that included increased attention to collaborative management strategies. Donald Davis, the agency director, was relatively new to his position, but his prior experiences and keen awareness of the changing state of public sector human services led him to reconsider the agency's traditional structure of service delivery. Regardless of the difficult economic challenges facing the agency, Donald and his staff could no longer focus solely on survival. Donald believed that in order to thrive in the current environment, the agency culture needed to change. One approach was to invest in the development of a collaborative style of management that would require the use of newly acquired leadership skills.

For Donald, the greatest distinction between the current state of the agency and the future he envisioned was a shift toward an organizational structure that supported managers who were given the opportunity to lead proactively, rather than focus reactively to task-based assignments. A collaborative management environment involved the development of skills that would enable managers to: (1) use honesty and transparency to empower staff, (2) strengthen relationships with co-workers at all levels, and (3) actively engage people in the process of reinforcing these skills. Donald knew that Suzanne possessed the capabilities that

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*All names used in this teaching case are disguised to maintain confidentiality.

he saw as essential for collaborative management. His next step was to develop a process that would help bring these capabilities to the forefront of her leadership style.

Donald acknowledged that the agency did not necessarily possess the internal expertise that was needed to efficiently and effectively implement this shift. In Suzanne's case, a professional executive coach was hired to provide her with the additional resources and guidance that she would need to realize the change. Though not common in the public sector, Donald recognized that acquiring new and different techniques needed special supports to provide managers with the tools that would foster success. Having past experience with organizational consultants and coaches, Donald could appreciate their ability to provide a "reality check", expertise beyond the agency's capacity, and make suggestions and present resources based on a wide array of past experiences.

Before committing to employ an executive coach, Donald and Suzanne discussed the reasoning behind the decision, the potential outcomes, goals, and the likelihood of success based on Suzanne's own understanding of the roles that Evonne, her future executive coach, and Suzanne would play during the process. All those involved would need to share a common understanding of collaborative management within the context of the agency.

In addition, Suzanne had time to think through the personal investment she would have to make in the process. She analyzed her own ability to not only move ahead with an executive coach but also to gain something from the experience. This recognition step was a moment of growth and one that is often difficult for any manager to accept that their leadership style developed over many years might need revision. Moreover, Suzanne needed to become comfortable with the possibility of feeling vulnerable and confronting areas for improvement, as opposed to her need to exert power and control in multiple situations. After a period of self-reflection, Suzanne not only was ready to commit to the executive coaching process but had opened herself to the experience in a way that would allow her to find true success.

The next step was to bring Evonne in as Suzanne's executive coach. Evonne holds a Psy.D in organizational psychology and a Master's in Human Services Administration. Her past experiences include administrative roles in government and the judicial branch. After spending more than 15 years in the field, she realized that effective leadership was much more complicated than she had ever imagined. She returned to school to become an executive coach in order to help executives and professional managers find a safe place to talk about their thinking patterns, their behaviors, and

alternative ways to strengthen their management style and leadership capacities. A coach had the ability to present managers with alternative scenarios and challenge a leader's thinking in order to help them explore and improve their management style.

An executive coach is not a counselor or a traditional consultant that might search for the psychological origins of a client's leadership technique. A coach is often an organizational development specialist who assists clients by helping them interpret their behaviors in order to identify techniques to deal with the pressures they face as leaders. The basic framework of executive coaching is to focus on generating new learning or behaviors that need to be reinforced through the use of feedback. A skilled executive coach helps people build these new connections, particularly through the use of alternative thinking. Most executives have already achieved a high level of success which explains how they ended up in executive positions. An executive coach simply helps them become even better at what they do. Evonne describes a successful coach as one who listens carefully to a client's needs and helps them to attain the goals they and their employers have set for them.

The Process

As Suzanne entered into the coaching relationship with Evonne, she began to identify several challenges facing her as a manager. She had a difficult time encouraging staff to improve performance and would make accommodations when the going got tough. Because she was accommodating in these difficult situations, she often found it difficult to give constructive feedback. Instead she would simply assume staff would work harder and eventually get through it. In addition, she had difficulty articulating her vision in a way that was tangible for others. While she felt that she had the right ideas, she seemed to frequently use the wrong approach to communicating her vision of how to proceed. Staff could see her frustration as she got bogged down by the day-to-day tasks that disabled her from projecting the "bigger picture" that she felt should be a larger part of her responsibility as a leader.

Suzanne needed to shift directions. Unsatisfied at many levels, she was not able to effect the change she wanted to see in her department. After initial conversations with Donald and time spent seriously considering whether this was the right step, Suzanne committed to the executive coaching process. She was ready to try something new, something beyond the traditional management training programs and management approaches that she had used in the past. In particular, she was intrigued by the individual-

ized coaching that would be tailored to her specific needs and past experiences.

Donald considered Suzanne's openness about the process as a pivotal component in her initial success and a significant factor of her transformation into a successful leader. Once she made a commitment, Suzanne talked with her colleagues about the process. She engaged people at all levels, both within the department and across the agency management team. She was open about her goals and let staff know that she "wanted to expand her leadership skills" and quickly gain their trust and support. Suzanne's colleagues describe this as the beginning of a long process of staff engagement which still remains today. The level of openness that Suzanne used to initiate the process strengthened her relationship with other managers as their interest and cooperation became an important component of her success. In addition, Evonne engaged staff and colleagues through conversations that focused on Suzanne's leadership style, techniques and strengths. This process emphasized the importance of the total work environment and those relationships that would enable a process of continuous learning.

While the personal relationship with a coach is a key aspect of the process, every executive coaching experience is unique. Goal-setting, outcome specification and frequency of contact are different for each coaching relationship. This is especially true if an employer is clear about his/her expectation, strongly supports the process, and there is a good fit between the executive coach and all of those involved.

Though meetings are confidential, information about the progress that the manager is making needs to be communicated to other leaders in the organization. In this case, Donald was supportive of the process but also wanted to be kept informed. He clearly wanted to see Suzanne succeed because the investment in her success was also an investment in the success of the agency. The total cost of the coaching experience was about \$12,000 and extended over nine months. Donald felt strongly, however, that expending a percentage of the "annual cost of a manager to develop an essential skill is a small investment compared to the alternatives, such as searching for a new manager or abandoning collaborative management and resigning the organization to lower productivity and effectiveness."

Donald's support of the coaching sessions helped Suzanne transfer her new learning into various aspects of her everyday work. She was given the time to meet with Evonne and also the time to engage in self-reflection by writing in a journal on a regular basis. Suzanne practiced and applied the strategies that were discussed during these meetings and

was expected by the coach to share a self-assessment of the process and outcomes.

Executive coaching is a one-on-one program that often begins with an initial "getting to know you" stage where the coach and the client assess the nature of the relationship "fit" in order to see if their working relationship can lead to success. The first meetings between Suzanne and Evonne were held in a casual setting where Suzanne quickly identified the process of inquiry and discovery that Evonne would employ throughout their time together. They also were able to identify their shared understandings and expectations. Suzanne entered a phase of intense individual self-reflection. In this way, her executive coaching experience was significantly different from management and leadership training programs that she had attended in the past. Never before had she invested so much time in such a thorough self-assessment. The focus was on identifying Suzanne's strategies to improve her leadership skills based on her own personal strengths. The ultimate goal was to widen Suzanne's comfort zone and support her efforts to practice new strategies developed during their meetings.

One of these initial assessments was conducted using the "16PF Leadership Coaching Report" developed by David G. Watterson that focuses on the personality dimensions of leadership and how the questionnaire results compare with other leaders. The self-assessment tool is focused on self-awareness in order you increase one's odds of success, by explaining the following dimensions:

- (1) Problem-solving (scale: abstract thinking to concrete thinking)
- (2) Influence (scale: accommodating to influencing)
- (3) Emotional Resilience (scale: stress prone to resilience)
- (4) Extraversion (scale: introversion to extraversion)
- (5) Practicality (scale: receptive to practical)
- (6) Self Control (scale: spontaneous to self controlled)

The results of the assessment were intended to give Suzanne a starting point to begin thinking about the personal characteristics and skills that she possessed and those that she could enhance in order to become a more effective leader. The dimensions in the self-assessment tool are applicable in multiple settings, not just in her work environment. She realized she was fairly balanced in the area of emotional resilience, practicality and self control, even though, she noted that she could learn to be more spontaneous at times. In terms of problem-solving, she tended to rely on more abstract thinking than concrete thinking. Her score on the influence scale was more accommodating than influencing,

which was clearly displayed in her day-to-day work. Lastly, she scored higher on introversion than extroversion scale and recognized that she needed to push herself to get outside of her comfort zone to reach her new goals.

Together Evonne and Suzanne outlined strategies to build upon the outcomes of this self-assessment tool. These included: (1) making efforts to share responsibility and accepting that she could not do everything by herself, (2) learning to present clear expectations and allowing staff to follow through in their own way, and (3) working to more clearly establish and communicate desired outcomes. Using strategies similar to those used in executive coaching, she would set forth goals and coach staff rather than take responsibilities away from staff and over commit her own direct involvement in task-based work. Overall, she would increase her awareness of her own strengths and areas for improvement in order to feel empowered to take on an active leadership role. In this way, she consciously sought to assume a leadership role by pushing herself to practice some of the strategies developed during her own executive coaching sessions.

After her initial meetings, Evonne noticed that Suzanne was experiencing some difficulty in articulating a level of self-awareness (what Evonne referred to as her “authentic self”) that could be carried over into the work environment. She seemed unwilling to let staff and colleagues see some of the same personal characteristics (e.g. humor, care, and fallibility) that are a part of her persona outside of the work environment. Suzanne had expressed difficulty in developing an authentic “work self”, and Evonne recognized this as a potential barrier that would kept Suzanne from achieving the goals she had established during their initial meetings. Evonne observed that first getting in touch with her “authentic self” would be an essential component of Suzanne’s coaching experience. She began to look for additional resources that could help Suzanne address this issue.

Though not usually a component of the executive coaching process, Evonne suggested to Donald that Suzanne attend a retreat workshop called “*Leading from Within*” that was to be held in Colorado. The retreat focused on recognizing authentic leadership and from this foundation help executives develop effective relationships in their everyday work. Evonne checked with Donald on this option first because of the budget considerations, especially since the coaching process was already a large financial investment for the agency. In total, attendance at the retreat workshop, including travel, would come to about \$5,000. She shared her rationale with Donald, explaining that the retreat would be an important experience for Suzanne and would greatly

enhance the coaching experience and would far outweigh the cost. Evonne was confident that a better understanding of her authentic self would prepare Suzanne to make greater gains and make her “learning curve” more manageable. Evonne acknowledged that it was a slight risk because it was not a typical component of her executive coaching, but, if successful, the outcome could substantially enhance the entire experience. Donald agreed and Suzanne was off to Colorado.

The retreat was not only a financial investment for the agency, but also a personal investment for Suzanne where she would address both the personal and professional dimensions of her work. The crossover between her work life and her personal life was a key component of the retreat where finding your “authentic self” included eliminating the idea that you had to keep your work and personal life completely separate.

The objectives of the ‘Living From Within’ retreat were to:

- (1) gain a whole new self-awareness regarding your ability to lead your life with purpose, passion and integrity,
- (2) become aware of how to integrate your true leadership abilities into all facets of your life,
- (3) develop the resources and skills needed to lead your life as an authentic leader,
- (4) identify unwanted patterns of your past and re-create new patterns to live and lead by, and
- (5) create your own unique personal leadership, vision, and purpose that will guide you to optimal performance in both your personal and professional world.

The retreat used an individualized approach, similar to that used during the executive coaching sessions. With only a few participants, the retreat was held in a remote location and Suzanne was given the opportunity to spend time alone reflecting on the learning process and applying concepts to her own experiences. The connections to her coaching process were clear to her.

The retreat consisted of a combination of individual and group work, trust-building exercises, self-assessments, group presentations, and focused on identifying the barriers that often prevented a person from going outside of his or her comfort zone. In addition, near the end of the retreat, Suzanne created a personal strategic plan that would set the direction for her future coaching sessions. The plan helped her maintain a clear vision of where she was going and how she was going to get there.

Attending the “Leading from Within” retreat gave Suzanne the opportunity for reflective observation, something many managers and executives seldom have the time to do. Setting aside this time, not only during the retreat, but on an ongoing basis, gave Suzanne the opportunity to engage in visioning, planning, and alternative thinking. This time investment allowed Suzanne to build the confidence and competence to help her reach her professional goals.

As Suzanne herself describes, moving into the role of leader can be a difficult transition if a person does not have a strong idea of the realities of the new role. Advancement in the work environment is often perceived as holding certain promises or advantages, but once people get there they may not have the support to manage the difficulties of the transition and are therefore not ready to be successful in this role. The opportunity for reflection and self-analysis was a critical component in enabling Suzanne to be as successful as possible in her role as leader.

After the retreat, Suzanne continued her meeting with Evonne on an ongoing basis. For over a year, they would continue to build on Suzanne’s strengths as a leader. Suzanne’s executive coaching continued to be built into her work schedule, and she set aside time for self-reflection and entering thoughts and observations into her journal on a regular basis. She would often refer to additional readings and the application of theories to practice as well as her personal strategic plan as she continued to develop her understanding of effective leadership and collaborative management.. The transformation is ongoing, but Suzanne has committed to her work and her colleagues have seen the changes for themselves.

Impacts on the Department

Suzanne was making noticeable strides as she made the transition from a manager to leader. The changes were evident in her relationships with staff and the resulting positive outcomes. For example, she is no longer directing staff to carry out the work within her department, but rather coaching her staff to set goals and objectives for their own success while at the same time identifying innovative ways to improve organizational processes. Suzanne began leading her own staff through a process of inquiry and self-discovery, similar to what she had experienced with her executive coach. This process emphasized asking questions, allowing a person to articulate what they were thinking and describe how they would worked through the presenting problems and potential solutions. Use of an “inquiry and discovery” technique allows a leader to assist an individual in identifying for themselves the pieces they are missing, where they

are going, and help them to clarify potential solutions. This method is purposely neutral and collaborative in nature and can change the way a department functions.

A trickledown effect began to take place, as department supervisors were practicing the type of coaching relationship exemplified by Suzanne. An often slow and challenging process, management was learning to use Suzanne’s techniques, such as inquiry and discovery, with their own staff. This resulted in a greater sense of shared responsibility, wherein members of the department were held accountable, and Suzanne could let go of some of the fear and frustration associated with the idea that certain responsibilities would not be met. Suzanne was no longer carrying the weight of the department on her shoulders alone and was empowering management, and therefore supervisors and line staff, to set their own standards and meet individual goals. Some staff members have described the process as being slow with some resistance, but Suzanne’s ongoing commitment and continued use of these leadership techniques has fostered ongoing change within the department.

In addition to a trickle-down effect, management and supervisors who have been with Suzanne from the beginning of her executive coaching experience to the present can see other tangible differences within the department. Collaboration, particularly at the management level has improved. Departmental managers hold ongoing team meetings, supporting autonomy and responsibility, while emphasizing the supportive nature of their work. Managers take this back to their staff, adapting the leadership techniques to their own needs and modeling the transparency and motivation Suzanne has shared with them. This has resulted in general improved moral and fewer negative feelings about “management”. With shared responsibility, staff cannot simply blame “top management”. Staff at multiple levels can work together to develop new solutions and build a sense of ownership over improved client outcomes. As one supervisor in Suzanne’s department describes, line staff may not even realize or know that Suzanne went through an executive coaching process, but they can feel the effects of her efforts at becoming a more effective leader.

Staff describe these changes as an evolution, releasing the burden of sole responsibility and accepting failures (as well as success), moving through ups and downs, and maintaining humility throughout the process. It would appear that the agency’s large financial investment in expanding Suzanne’s leadership skills were far outweighed by the outcomes. She has been able and continues to share the benefits of her executive coaching experience with department staff at a variety of levels.

Donald has been able to observe the impact of social leadership with data from outside of the department. Suzanne's team of 85 to 90 staff is large enough to reflect significant trends in the county. For example, there has been a marked downturn in Human Resources complaints related to caseload re-organization and the need for more team-based work. He also saw a general increase in job satisfaction and effective teamwork that translated into lower rates of absenteeism and staff turnover. In addition, a major shift in resources and policies occurred across the agency which enabled Suzanne to more effectively implement changes throughout the collaborative management environment she had developed. Under her leadership the department moved from one that effectively administered public benefits to one that truly believed they could move clients from dependency to self-sufficiency. This belief soon went from the staff perception of an elusive goal to an enthusiastically supported mission that guided the department's work. Donald believes Suzanne would have moved the department in this direction, regardless, because this is what she believes in. But he also acknowledges that the benefits of executive coaching allowed her to move farther and faster. He can easily identify a direct return on his investment, both organizationally and in terms of the benefit to the community.

He described the payoff from the investment in executive coaching as *"immediate and ongoing"*, commenting that one of the major benefits of the coaching experience was that:

"this manager has become a role model in collaborative management practices and a mentor for other leaders in the agency. She has reorganized the management structure within her division, creating a collaborative management team. Staff satisfaction polls have risen. Complaints and employee grievances have dropped substantially. While the economic downturn is certainly a major contributor, it is clear that the changes the manager has made in her leadership style have been key in supporting an increase in productivity of approximately 25 percent across her division in the past two years, measured by caseload per staff."

Concluding Thoughts

Suzanne's successful transformation into an effective leader is an ongoing process. While she can already see concrete changes both in her management style and departmental outcomes, Suzanne continues to make a conscious investment and time commitment in her evaluation as a leader. The executive coach guided Suzanne through a process

of self-assessment and helped her develop new strategies needed to balance the demands of managing and leading. Suzanne continues to employ these strategies as she applies the tools of self-assessment and reflection to new issues on a regular basis. Setting aside the time to add this component to her regular work responsibilities has allowed Suzanne to continue moving forward in a way that is innovative and responsive to her ever-changing work demands.

Suzanne remains in contact with her executive coach, though the coaching component is no longer central to the process. She continues to make entries into her journal and reflects on her personal strategic plan. In addition, she references many of the learning materials used during her executive coaching experience and uses the skills and strategies developed during her coaching experience.

In the five years that Donald has been a director, he has sought out the assistance of an executive coach about five times and organizational consultants another five. He strongly believes that the introduction of outside resources can provide excellent support for leadership goals, particularly for people who can already do their job well, but just need a little extra push to keep moving forward. He understands that managers and executives who have been working for a long time can benefit from an outside resource to help promote change by gaining new perspectives to address old and new problems. In the end Donald feels that the financial investment in coaching and training far outweighed the costs and can actually save public money.

This form of evidence-informed management practice illustrated how the culture of public human service organizations can be changed and improved in the same way that public agencies seek to help their clients. These same agencies need to invest in finding new ways of helping their staff. In this case, a unique, individualized approach supported the successful transition of a manager into a successful leader who in turn helped to transform her staff and work environment. It took the strong commitment of an agency director AND an external executive coach to help Suzanne become and remain a successful leader.

V.

**KNOWLEDGE MANAGEMENT
AND
EVIDENCE-BASED PRACTICE**

Evidence-Based Practice in the Social Services: Implications for Organizational Change*

MICHELLE JOHNSON AND MICHAEL J. AUSTIN

Introduction

The use of research evidence to guide practice and develop policies in the human services has become increasingly important given the limited resources and the pressures to document service outcomes. These pressures have emerged from increased scrutiny of public expenditures and the call for information about the impact of interventions on the reduction or elimination of social problems. The most significant progress in the testing and evaluation of interventions has been made in the field of health care. For example, in the United Kingdom (U.K.) National Health Service, all doctors, nurses, pharmacists, and other health professionals now have a contractual duty to provide clinical care based on the best available research evidence. The establishment of the Cochrane Collaboration, a worldwide network designed to prepare, maintain, and disseminate high-quality systematic reviews of research on the outcomes and the effects of health care interventions began in the early 1990s (Bero & Rennie, 1995). In 1999, the Cochrane model was replicated in the fields of social science, social welfare and education with the launch of the Campbell Collaboration. Meanwhile, empirically-based governmental initiatives such as the Child and Family Service (CFS) Reviews have emerged in the U.S. to ensure that state child welfare agency practice is in conformity with federal child welfare requirements and national standards through the use of qualitative and quantitative information sources.

What has become clear, however, is that the reliance on the random diffusion of a growing volume of research information to health and human service professionals is unlikely to adequately inform staff or improve client services. For example, Kirk and Penska (1992) found that of 276 randomly selected U.S. MSW-trained social workers, 92 percent reported reading at least one professional article a month. However, the extent to which practitioners implement research findings in practice is unclear. Conventional continuing education activities, such as conferences and courses that focus largely on the transfer of knowledge, appear to have little impact on the behavior of health

professionals. The circulation of guidelines without an implementation strategy is also unlikely to result in changes in practice (Bero et al., 1998; Gira, Kessler, & Poertner, 2003).

For research evidence to impact practice and policy, scholars have identified at least five requirements: (a) agreement on the nature of evidence, (b) a strategic approach to the creation of evidence and the development of a cumulative knowledge base, (c) effective research dissemination approaches combined with effective strategies for accessing knowledge, (d) initiatives to increase the use of evidence in both policy and practice, and (e) a variety of action steps at the organizational level (Davies & Nutley, 2001; Kitson, Harvey, & McCormack, 1998). The purpose of this analysis is to consider evidence-based practice in the context of complex human service organizations. We begin by exploring the nature of the evidence base and issues related to the translation of research findings into agency practice. We then review key findings from studies that have examined issues related to the integration of evidence at the organizational level and provide recommendations for future work in this area.

What is Evidence Based Practice?

The concept of evidence-based practice (EBP) was first developed by a Canadian medical group at McMaster University. The group defined EBP as a process that includes “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals” (Sackett, Richardson, Rosenberg, & Haynes, 1997). The process itself involves the following steps: (a) becoming motivated to apply evidence-based practice, (b) converting information needs into a well-formulated answerable question, (c) achieving maximum efficiency by tracking down the best evidence with which to answer the question (which may come from the clinical examination, the diagnostic laboratory, the published literature or other sources), (d) critically appraising the evidence for its validity and applicability to

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clinical practice, (e) applying the results of this evidence appraisal to policy/practice, (f), evaluating performance, and (g) teaching others to do the same (Sackett et al., 1997; Greenhalgh, 2001). According to Gambrill (1999), a notable feature of EBP process is the attention that is given to the values and expectations of clients and to their active involvement in decision-making processes. Evidence-based social work practice involves clients as informed participants by searching for practice-related research findings related to important decisions and sharing the results of such a search with clients. If no evidence can be found to support a service decision, the client needs to be informed and practitioners need to describe their rationale for making recommendations to clients.

Sackett and his colleagues (1997) suggest that the problem-based EBP approach to learning can increase the ability of practitioners to help clients by providing opportunities to access newly generated evidence, update practitioner knowledge to improve performance (which is often subject to deterioration), and overcome some of the deficiencies that are present in traditional continuing education programs.

What is the Best Evidence?

There are differing opinions about what information is considered appropriate for implementing evidence-based practice. In general, research evidence can be divided into two broad categories: primary and secondary research. Primary research includes: (a) experiments, where an intervention is tested in artificial and controlled surroundings, (b) clinical trials, where an intervention is offered to a group of participants that are then followed up to see what happens to them, and (c) surveys, where something is measured in a group of participants. Secondary research includes: (a) overviews or summaries of primary studies, which may be conducted systematically according to rigorous and predefined methods (such as procedures used in the Cochrane Collaboration) or may integrate numerical data from more than one study as in the case of meta-analyses; (b) guidelines that are used to draw conclusions from primary studies about how practitioners should behave; (c) decision analyses that use the results of primary studies to generate probability trees for use in making choices about clinical management or resource allocation, and (d) economic analyses that use the results of primary studies to find out whether a particular course of action is a good use of resources. Traditionally, the import and relevance of evidence has been arrayed hierarchically with systematic reviews considered to be the best evidence and case reviews considered to be the least rigorous as noted in Figure 1.

The hallmark of EBP is the systematic and rigorous appraisals of research related to relevant practice questions. The primary focus is on the validity of assessment measures and the effectiveness of interventions. For example, systematic reviews prepared for the Cochrane Collaboration require reviewers to clearly state decision-making rules for each stage of the process with respect to how studies were identified and the criteria they used to assess the methodology used, the quality of the findings and the ways in which the data were extracted, combined and analyzed (Oxman & Guyatt, 1993).

The development of systematic reviews for the human services is still in its infancy but is growing largely due to the efforts of the Campbell Collaboration, a sibling of the Cochrane organization for research reviews in the social and behavioral sectors, criminology, and education. The inaugural meeting of the Campbell Collaboration was held in February 2000 at the University of Pennsylvania and attended by 85 participants representing thirteen countries that reflected the international interest and momentum. Today the Campbell Collaboration houses over 12,000 randomized and possibly randomized trials in education, social work and welfare, and criminal justice. It provides free access to reviews and review-related documents in these content areas.

However, in considering the traditional hierarchy of evidence, some scholars note that evaluating the potential contribution of a particular study requires considerably more effort than simply examining its basic design. For example, a methodologically flawed meta-analysis would rarely be placed above a large, well-designed cohort study. Further, many important secondary types of research, such as guidelines, economic and decision analyses, qualitative studies, and evaluations of risk assessment, which are of particular salience for child and family services are not included in this hierarchy of research methodologies. As a general rule, the type of evidence needed will depend, to a large extent, on the type of questions asked. Figure 2 illustrates the broad topic categories and preferred study designs for addressing questions that emerge in child and family services. For example, the randomized controlled trial is preferred for the determination of treatment effectiveness, whereas a cross-sectional survey may be sufficient to demonstrate the validity and reliability of an assessment instrument.

Up to this point, the focus has been on the hierarchy of research methods used to generate evidence. However, there is another way of viewing evidence; namely, the multiple sources of knowledge that are available to practitioners who seek to engage in evidence-based practice. Based on the work of the Social Care Institute for Excellence in London,

FIGURE 1
Hierarchy of Evidence from a Research Perspective*

Research Design	Description
Systematic reviews and meta-analyses	Secondary research papers where all primary studies on a particular topic have been critically appraised using rigorous criteria
Randomised controlled trials with (a) definitive results (i.e., confidence intervals which do not overlap the threshold clinically significant effect), and (b) non-definitive results (i.e., a point estimate which suggests a clinically significant effect but with confidence intervals overlapping the threshold for this effect)	Participants are randomly allocated by a process equivalent to the flip of a coin to either one intervention or another. Both groups are followed up for a specified time period and analyzed in terms of specific outcomes defined at the outset of the study.
Cohort studies	Two or more groups of individuals are selected on the basis of differences in their exposure to a particular agent and followed up to see how many in each group develop a particular condition or other outcome
Case-control studies	Participants with a particular condition are identified and “matched” with control cases. Data are then collected on past exposure to a possible causal agent for the condition. Case-control studies are generally concerned with the etiology of a condition rather than treatment.
Cross-sectional surveys	A sample of participants are interviewed, examined, or otherwise studied to gain answers to a specific question. Data are collected at a single time-point but may refer retrospectively to experiences in the past.
Case reports	A case report describes the history of a single participant in the form of a story. Case reports are often run together to form a case series in which the histories of more than one participant with a particular condition are described to illustrate an aspect of the condition, the treatment, or their adverse reaction to treatment.

Pawson et al. (2003) have identified five types of knowledge that could relate to evidence-based practice. As defined in Figure 3, the first domain includes evidence supplied by users or consumers of social services as well as the family members, volunteers, and others who assist service users and are considered to be paraprofessionals (e.g., foster parents, home health aides, volunteers, etc.). This domain of knowledge is rarely captured and reported in the practice literature but represents another perspective on Gambrill’s (1999) notion of client involvement. If this domain is placed on a hierarchy of knowledge, some would suggest that this represents the highest level in assessing the outcomes of services.

The next domain in Figure 3 refers to practitioner knowledge, often poorly researched except in the form of practice guidelines. Practitioner knowledge can be viewed

from the perspectives of both line staff and management staff. The next level in the hierarchy involves organizational knowledge, sometimes codified in policy and procedure manuals and often reflected in administrative data. Similar to organizational knowledge, policy knowledge is captured in both the policy development stage (white papers and legislative testimony) and the policy implementation stage (outcome and process studies). And finally, research as noted earlier in Figure 1 comprises the generally accepted method of compiling knowledge related to service users and providers as well as organizational and policy specialists. Based on these research and practice hierarchies, it is instructive to consider how the translation of other empirically-based materials might improve social services.

BEST PRACTICES AND GUIDELINES

The mushrooming guidelines industry owes its success, in part, to the growing “accountability culture” that is now be-

*Adapted from Guyatt, G. H., Sackett, D. L., Sinclair J. C., Hayward, R., Cook, D. J., Cook, R., J. (1995). Users’ guides to the medical literature. IX. A method for grading health care recommendations. *Journal of the American Medical Association*, 174, 1800-1804.

FIGURE 2
Topic Categories and Preferred Study Designs*

Topic	Purpose	Study Design
Treatment Effectiveness	Testing the efficacy of treatments, procedures, client education, or other interventions	Preferred study design is the randomized controlled trial
Diagnosis/Assessment	Demonstrating whether a new test or assessment is valid (can we trust it?) and reliable (would we get the same results every time?)	Preferred study design is the cross-sectional survey in which both the new test and the gold standard test are performed
Screening/Prevention	Demonstrating the value of tests that can be applied to large populations and that pick up disease at a pre-symptomatic stage	Preferred study design is cross-sectional survey
Prognosis	Determining what is likely to happen to someone whose disease is picked up at an early stage (e.g., risk assessment)	Preferred study design is the longitudinal cohort study
Causation	Determining whether a putative harmful agent is related to the development of a condition	Preferred study design is cohort or case-control study, depending on how rare the disease is, but case reports may also provide crucial information

ing set in statute in many countries and within many fields. Officially produced or sanctioned guidelines, defined as “systematically developed statements to assist practitioner decisions about appropriate care for specific clinical circumstances” (Greenhalgh, 2001, p. 140) are used to achieve several objectives in the provision of clinical care. Practice guidelines are designed to make standards explicit and accessible, simplify clinical decision making, and improve cost effectiveness. Practice guidelines are also used to assess professional performance, to externally control practitioners, to delineate divisions of labor, and to educate patients and professionals about best practices. Despite these benefits, there are drawbacks to the use of guidelines and best practice statements when they reflect “expert opinion” that may have, in fact, formalized unsound practices. For example, Bartels et al. (2002) cautioned that in interdisciplinary fields, the consensus of experts may inadvertently incorporate disciplinary biases. Similarly, practice guidelines developed at national or regional levels may not reflect local needs, ownership by local practitioners, or differences in demographic or clinical factors. The wholesale implementation of practice guidelines may have the effect of inhibiting innovation and preventing individualized approaches to treatment. Furthermore, by reducing practice variation, guidelines may standardize “average” rather than best prac-

tice. The drawbacks include legal and political dimensions. For example, judicial decisions could use practice guidelines to determine competent practice or shift the balance of power between different professional groups (e.g., between clinicians and administrators or purchasers and providers).

Gibbs (2003) recommends the use of guidelines that can be easily interpreted as disconfirming and confirming evidence based on thorough search procedures and objective standards for evaluating evidence. For example, Saunders, Berliner, and Hanson (2003) note that recently released guidelines for the mental health assessment and treatment of child abuse victims and their families were developed by an advisory committee of clinicians, researchers, educators, and administrators for the U.S. Office for Victims of Crime. They evaluated the treatment protocols based on their theoretical grounding, anecdotal clinical evidence, acceptance among practitioners in the child abuse field, potential for causing harm, and empirical support for utility with victims of abuse. The manual advises readers that treatment protocols with the highest levels of empirical and clinical support should be considered “first choice” interventions. Appendix A provides an example of a guideline considered “well-supported and efficacious.”

Groups that have researched the effectiveness of guidelines conclude that the most effective guidelines have been: (a) developed locally by the people who are going to use them, (b) introduced as part of a specific educational inter-

*Adapted from Greenhalgh, T. (2001). *How to Read a Paper: The Basics of Evidence Based Medicine*. (2nd ed.). London: BMJ Books.

FIGURE 3
Hierarchy of Knowledge from a Practice Perspective*

Service User and Care Provider Knowledge

As active participants in the use or provision of services, service users possess often unspoken and undervalued knowledge gained from the use of and reflection on various interventions. Similarly, paraprofessional providers of care (e.g., foster parents, home health assistants, volunteers, etc.) have unspoken and undervalued knowledge gained from the provision of various interventions.

Professional Practitioner Knowledge

Line staff: Practitioners possess tacit knowledge, often shared informally with colleagues, that is based on their repeated experiences in dealing with clients of similar backgrounds and problems. Similarly, practitioners have acquired knowledge how organizations function to facilitate or inhibit service delivery, how policy changes impact service delivery, and how community (neighborhood) factors influence service provision. This knowledge tends to be acquired one practitioner at a time and specific to service settings and may be difficult to articulate and aggregate.

Management staff: Practitioners at the supervisory, middle management, or senior management levels have acquired knowledge about client populations, staff experiences, internal organizational dynamics, and external inter-agency dynamics that also tends to be acquired one practitioner at a time and may be difficult to articulate and aggregate.

Organizational Knowledge

Often assembled in the form of policies and procedures manuals, organizational knowledge also includes administrative data gathered on a regular basis to account for the number of clients served, the outcomes of service, and the costs associated with service provision. The aggregation of this data is captured in quarterly or annual reports to funding sources (government, foundations, and donors) and to the community at large.

Policy Knowledge

Often assembled in the form of legislative reports, concept papers, grand jury investigations, court decisions, technical reports, and monographs from research institutes, this form of knowledge focuses on what is known that could inform policy development or what has been learned from policy implementation that can inform administrative practice as well as future policy development.

Research Knowledge

Often derived from empirical studies utilizing an array of quantitative and qualitative research methodologies, this knowledge is displayed in research reports, service evaluations, and service instrumentation (see hierarchy of research methodologies noted in Figure 1). It is also possible for research knowledge acquisition to focus on one or more of the previous categories noted above (user/carer, practitioner, organizational, and policy)

vention, and (c) implemented via a client specific prompt that appears at the time of the consultation (Greenhalgh, 2001). While local adoption and ownership is crucial to the success of a guideline or best practice program, local practitioners also need to draw upon the range of resources available from national and international databases related to evidence-based practice.

While there are many approaches to the development and implementation of practice guidelines, the research partnership between the Children and Family Research Center of the University of Illinois at Urbana-Champaign and the Illinois Department of Children and Family Services demonstrates an important collaborative effort. Through this partnership, the Department of Children and Family Services (Research Practice Integration Committee) selects and prioritizes Center-funded research projects for use in agency practice. The Center develops the research

questions, methodology, and findings; this is followed by a joint agency-university effort to identify the implications for practice. Members of the partnership draft clinical procedures linked to caseworker behaviors. After a process of discussion and refinement among the partners, the clinical procedures and caseworker behaviors are reviewed and approved by the Department's Best Practices Committee before they are integrated into departmental policies and training programs. The resulting practice guides are shared with staff and illustrated in Appendix B.

EMERGING AND PROMISING PRACTICES

The documentation of emerging and promising practices related to innovative programs and interventions can provide practitioners and policy makers with ideas that may be transferable to other settings. For example, in 2001 the Office on Child Abuse and Neglect (OCAN) initiated a project on the Emerging Practices in the Prevention of Child Abuse and Neglect to feature and share the designs and outcomes of effective and innovative programs for the pre-

*Adapted from Pawson, R., Boaz, A., Grayson, L., Long, A. & Barnes, C. (2003). *Types and Quality of Knowledge in Social Care*. London, UK: Social Care Institute for Excellence.

vention of child maltreatment. For example, new or creative ideas and strategies for preventing child abuse and neglect are illustrated in a program called “Hui Makuakane” (Appendix C). As a first-time effort, OCAN recommended the development of a more precise definition of the universe of prevention programs and the specification of standards to maximize objectivity, standardization, and interrater reliability. In another example of federal leadership, the U.S. Children’s Bureau has begun publishing promising child welfare approaches identified during their reviews of statewide Child and Family Services, such as Delaware’s Child Welfare Staff Training and Retention Initiatives (Appendix D).

Translating the Evidence to Policy and Practice

Despite advances in research and dissemination efforts, a substantial body of literature documents the failure of conventional educational approaches to promote the transfer of various types of research evidence into practice and policy. Rosenheck (2001) notes that the recent evaluations of new mental health treatments is a sequential two-part process that begins with: (a) efficacy research conducted in highly controlled research settings, and (b) followed by effectiveness research in which interventions are evaluated in settings that more closely approximate the “real world.” However, the fit between the intervention or guideline and the context of service delivery is not always taken into consideration (Hoagwood et al., 2001). This dimension of “fit” is referred to as “transportability” or “translational” research that focuses on whether validated interventions produce desired outcomes under different conditions (Schoenwald & Hoagwood, 2001). For example, a randomized controlled trial of an intervention that has been validated in an efficacy study may not be effective when implemented with a different population or in a different agency setting. Therefore, some aspects of the intervention, the population, and the setting may need to be modified for use in “real world” service settings.

Researchers in the field of child mental health have made an important contribution to transportability research by developing frameworks for validating interventions in different settings (Schoenwald & Hoagwood, 2001). The questions that they have applied to transportability research include: “What is the intervention?”, “Who can and will conduct the intervention in question, under what circumstances, and to what effect?”, and “Which aspects of the protocols, practice guidelines, and practice settings require modification?”. At each step in the research and intervention development process, decisions are made about

the variables that are considered the most relevant. The following dimensions and variables have been used to compare conditions in research and practice settings (adapted from Schoenwald & Hoagwood, 2001):

- 1 Intervention characteristics (focus of treatment, model complexity, implementation specifications)
- 2 Practitioner characteristics (training, clinical supervision, types of practitioner such as social worker, physician, parent, etc.)
- 3 Client characteristics (age, gender, ethnicity and cultural identification, family context, referral source)
- 4 Service delivery characteristics (frequency, duration, source of payment)
- 5 Organizational characteristics (structure, hierarchy, procedures, organizational culture and climate, size, mission and mandates)
- 6 Service system characteristics (financing methods, legal mandates, interagency working relationships)

Given that organizational factors can be the most significant obstacles or enhancers of evidenced-based practices, there has been call for “dissemination research” that would bring more attention to the role of organizational life (Rosenheck, 2001). For example, in an implementation study of family psycho-education programs in Maine and Illinois, Rosenheck (2001) found that the external organizational factors (e.g., statewide advocacy and coalition building) were the most important predictor of successful implementation. While developing best practices guidelines, disseminating evidence, and sponsoring research-oriented workshops and conferences are important, one of the major challenges to implementing EBP involves the building of an evidence-based organizational culture inside and outside social service agencies.

Organizational Issues

Several studies have documented the barriers to the implementation of research findings at the individual practice level, particularly in the field of health care (see Bero et al., 1998; Gira et al., 2003). However, less is known about the experiences of organizations that have attempted to develop an organizational culture that supports evidence-based practice and policy. The barriers identified by Hampshire Social Services (1999) in Appendix E include the organizational culture, practice environment, and educational environment. The solutions that they identified are noted in Figure 4. According to Hodson (2003), EBP is an innovation that requires: (a) ideological and cultural change (by winning over the hearts and minds of practitioners to the

FIGURE 4
Organizational Barriers and Solutions*

	Barrier	Solution Suggested
Organizational Culture	Creating the right culture and expectation through reinforcement of expectations and setting specific objectives for individuals	Little history, culture or expectation that evidence is routinely and systematically used to underpin practice
	A belief that achieving evidence-based ways of working is entirely a central departmental responsibility, rather than a joint responsibility with individuals locally	Reflect evidence in operational practice with the approval, encouragement, and guidance of managers; reflect evidence in training, strategy, and policy
	Risk aversion mitigates against taking action in response to new ideas	
Practice Environment	Workload and time pressures of staff mitigate against discovering relevant evidence or generating it through evaluating initiatives or practice	
	Poor systems to establish and share best practice across the department	Encourage formal evaluation of practice and sharing of best practice results within and across areas; establish networks, collate materials in the library; assess research deficits; develop a research agenda
Educational Environment	Skepticism about how transferable or generalizable evidence is, which mitigates against adoption of new ideas	
	Evidence is not available in easily digestible formats which allow simple translations into policy and practice	Raise awareness about available materials, foster skill development in utilizing these resources through training, set up “reading clubs” and learning sets to help digest and disseminate evidence; utilize trainers

value of evidence and the importance of using it when making decisions), (b) technical change (changing the content or mode of service delivery in response to evidence about the effectiveness of interventions), and (c) organizational change (changing the organization and management to support EBP).

Based on interviews with staff responsible for promoting the development of EBP in the U.K., Hodson (2003) found that a combination of “micro” and “macro” approaches is more likely to achieve lasting change; “micro” approaches refer to altering the attitudes, ways of working and behaviors of individual practitioners and “macro” approaches relate to the “top-down” strategy to redesign key systems (such as the system for dissemination of evidence or the system for developing policy). Organizational approaches, which may include micro and macro strategies, focus on the context within which practitioners and systems operate. This approach removes impediments to new ways of working by redesigning embedded routines and practices

as well as established cultures and behaviors. It also supplies the supportive structures that are necessary to sustain EBP processes (Hodson, 2003).

EVIDENCE FOR MICRO APPROACHES

Research reviews on micro approaches have focused on the effectiveness of various dissemination and implementation strategies in the field of health care (see Figure 5). In their review of twelve meta-analyses of multiple strategies, Gira et al. (2004) found that certain types of continuing education and computer utilization demonstrated moderate to strong effects, whereas educational outreach visits and audits showed weaker outcomes. For example, the use of printed educational materials, local opinion leaders, and continuous quality improvement were found to be among the weakest interventions. However, a combination of approaches for changing practitioner behaviors was found to be effective and consistent with other studies. Bero et al.(1998) categorized efforts to promote changes in the behaviors of practitioners as either consistently effective, having mixed effects, or having little or no effect. While their review of eighteen

*Hampshire Social Services *Notes on Our Strategy* (1999)

FIGURE 5
Micro Strategies to Promote Professional Behavioral Change

Gira, Kessler, & Poertner (2004)					
Bero et al. (1998)	Strong	Moderate	Weak to Moderate	Weak	Not Evaluated
Consistently Effective	Reminders (computerized)	Interactive Educational Meetings ¹	Educational Outreach Visits		Reminders (manual)
	Multifaceted Interventions ²		Audit and Feedback ³		
Mixed Effects				Local Opinion Leaders ⁴	Local Consensus Process ⁵
				Educational Materials ⁶	Patient Mediated Interventions ⁷
					Didactic Educational Meetings (lectures)
Not Evaluated		Use of Computers ⁸			

systematic analyses found that passive dissemination of information was generally ineffective, interactive approaches such as educational outreach visits and educational meetings were found to be more effective. More intensive efforts to alter practice are more successful when coordinated with active dissemination and implementation strategies to enhance the utilization of research findings. The central issues for dissemination strategies appear to be the characteristics of the message, the recognition of external barriers to change, and the practitioner's level of preparedness for engaging in change.

¹Participation of health care providers in workshops that include discussion or practice

²A combination that includes two or more of the following: audit and feedback, reminders, local consensus process, marketing

³Any summary of clinical performance

⁴Use of providers nominated by their colleagues as 'educationally influential'

⁵Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problems were important and the approach to managing the problem was appropriate

⁶Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials and electronic publications

⁷Any intervention aimed at changing the performance of health care providers where specific information was sought from or given to patients

⁸For use in accessing clinical data, guidelines, and protocols; making clinical decisions; and in interactive patient education, therapy, and treatment adherence

EVIDENCE FOR MACRO APPROACHES

In contrast to the large number of studies on efforts to change individual behaviors, the research on macro approaches to changing organizational cultures related to EBP is limited by the small number qualitative studies (Barratt, 2003; Hodson, 2003). For example, Barratt (2003) found that few individuals within organizations in the United Kingdom held common views about the nature of evidence along and little consensus on how evidence could be effectively utilized. In addition, there was little clarity about the types of mechanisms needed to promote and sustain an evidence-based organizational culture. However, Barratt (2003) found considerable consensus on the need for organizations to share a common understanding of what constitutes "best evidence" by fostering continuous dialogue about the nature and relevance of evidence. Such dialogue was needed before practitioners could be expected to effectively manage the dissemination, implementation and adoption processes at either the management or line levels. In addition, there was a high level of agreement that responsibility and accountability for EBP should be devolved down through an agency. The active leadership of top management using coordinated strategy groups is needed to support the continuous use of evidence-base practice throughout the organization. At the same time, there was equally strong agreement that accessing evidence and reflecting upon its relevance should be an integral part of everyone's job with time allocated during

the work week to read and reflect.

Hodson's (2003) found that the major barriers to the implementation of EBP were: (a) lack of time to fulfill the EBP role, (b) isolation within their agencies in terms of driving EBP initiatives, (c) lack of resources, and (d) a lack of a sound knowledge base of relevant evidence. The major strategies to address these barriers included a willingness to address organizational issues, specific EBP leadership competencies, and leadership support in the form of regional meetings and seminars to maintain momentum. Some of these strategies can be handled internally in the agency while others (e.g., developing or enhancing EBP competencies, discussion facilitation, and accessing networking opportunities) may require external assistance or training.

In addition, Hodson (2003) identified the following competencies related for introducing EBP into an agency: (a) setting agency directions and expectations for staff, (b) increasing staff competence, supporting and enabling critical thinking about practice, (c) using evidence to improve services, (d) generating and sharing evidence, and (e) creating strategic partnerships through networking and personal skills. In addition, the modeling of appropriate EBP behaviors included: (a) a demonstrated commitment to one's own personal development (i.e., "still learning" rather than "burnt out"), (b) demonstrating a belief that research evidence can be used to advance practice, (c) seeing the connection between research and practice whereby EBP is part of everyday work, and (d) demonstrating awareness of key issues and being sufficiently well-read to identify research evidence relevant to key issues.

EVIDENCE ON ORGANIZATIONAL APPROACHES

Based on work with more than 900 Veteran's Affairs programs, Rosenheck (2001) identified four major organizational factors for consideration in the implementation of evidence-based intervention. The first is the development of decision-making coalitions at the top and/or bottom of the organization. He noted that if the impetus comes from the higher ranks of the organization, the initiative has a higher potential for widespread impact. At the same time, if the impetus comes from line staff, it is more likely to succeed because consensus is easier to achieve with fewer stakeholders. His second factor is the degree to which the new initiative is consistent with current organizational goals and objectives. The third factor is the verification and dissemination of implementation results and the fourth factor involves the development of "learning subcultures."

In a similar manner, Sheldon and Chilvers (2000) identified the following organizational strategies for supporting

the provision of evidence-based social services: (a) regularly scheduled staff training programs that make reference to research (on the nature and development of social problems as well as what is known about the effectiveness of different approaches designed to address them), (b) staff supervision that regularly draws upon research to inform decisions about cases and projects, (c) staff meetings that regularly include references to research on what has been tried elsewhere, regionally, nationally and internationally, (d) support facilities to assist staff in efforts to keep abreast of relevant research, (e) a workforce that would take personal responsibility for acquainting itself with the empirical evidence on service effectiveness, and (f) a range of collaborative arrangements between social services departments and local and regional research institutes and universities. Both top-down and bottom-up strategies are noted in Figure 6.

Future Directions

In the context of limited resources and accountability pressures, agencies need innovative strategies to harness information for the benefit of the individuals and communities that they serve. Based on the literature reviewed, evidence-based practice appears to operate best within an organizational context that supports practitioners at each stage of the EBP process, which is noted in Figure 7. Future directions suggest that agency-university partnerships, staff training, and the modification of agency cultures may be an effective place for organizations to begin considering EBP.

Agency-university partnerships can be used to identify the data that will support evidence-based practice. Key questions that need to be addressed are: (a) how will human service agencies develop the research questions needed to guide the systematic search of the literature? (b) how will research questions be addressed by researchers?, and (c) how will results be shared and incorporated into practice?

Staff training, within human service agencies and on university campuses, that feature problem-based learning approaches are in the best position to support the introduction and utilization of evidence-based practice. Major questions might include the following: To what extent are practice guidelines needed and how can they be incorporated in staff training programs? How can training become more "problem-based" in order to apply evidence-based research? How can the transfer of learning be efficiently/effectively assessed?

Finally, the modification of agency cultures may be necessary to support and sustain evidence-based practice. The modification of an agency's culture needs to include strategies that address the reality that practitioners gener-

FIGURE 6
**Creating and Sustaining an
 Evidence-based Organizational Culture in Social Service Agencies***

1. Team or unit level strategies:

- Develop and disseminate an in-house newsletter on relevant research
- Form and support monthly journal clubs to discuss an article or book of relevance to practice and to encourage knowledge sharing among practitioners
- Include research on the agenda of supervisory meetings, unit meetings, and departmental meetings
- Involve students in agency field placements to search for, summarize, and share relevant research
- Create a library in every supervisor's office of relevant research articles, reports, and books
- Help staff access existing databases (Cochrane and Campbell Collaboratives) (cont'd)

2. Department or agency level strategies:

- Develop an organizational environment that recognizes the importance of research in making decisions at all levels of the organization
- Identify champions for evidence-based practice (chief information officer, knowledge manager, etc.)
- Demonstrate ownership of evidence-based practice by senior and middle management (may require special orientation sessions)
- Provide resources for evidence-based practice (internet access, training, library materials, etc.)
- Establish a steering committee responsible for implementing evidence-based practice
- Support the design, implementation, and utilization of service evaluations
- Create a climate of continuous learning and improvement (learning organization)
- Promote evidence-based training and evidence-based decision-making
- Develop system of email alerts of recent, relevant articles
- Create a policy on supervision that includes evidence-based practice
- Consider mandatory in-service training on evidence-based practice and lobbying for similar content in local pre-service university programs
- Promote protected reading time for staff to review relevant research
- Structure student placements around evidence-based practice

3. University/institute research development and dissemination strategies:

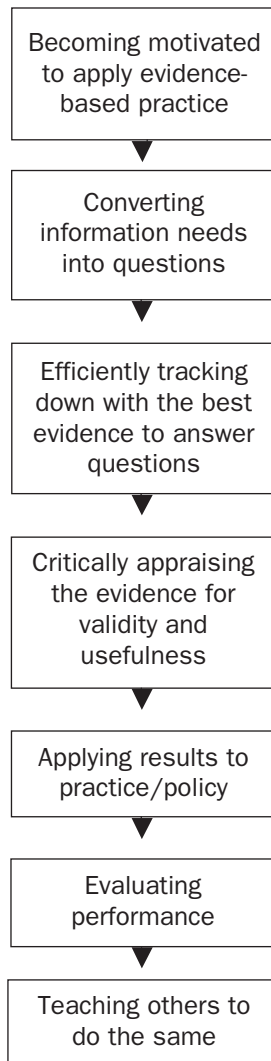
- Provide clear, uncomplicated, user-friendly presentations of research findings
- Conduct research relevant to the service mission of the organization
- Develop research and evaluation partnerships between agencies and universities/institutes
- Utilize multiple methods of dissemination
- Build dissemination into all research projects
- Engage practitioners in research topic identification and development

4. Implications for senior management

- Develop and circulate a policy statement that clearly identifies the value-added qualities of evidence-based practice including:
 - An approach to assessing service effectiveness
 - A way of finding promising practices for adaptation/incorporation
 - Provide evidence to support decision-making at the line and management levels
 - An approach to making decisions about the effectiveness of contracted services
- Develop an orientation program whereby senior staff become thoroughly acquainted with evidence-based practice and begin to redesign the organizational culture to make it possible to install this new approach to service delivery
- Identify a champion from the rank of either senior management or middle management to serve as the agency's chief information officer (knowledge manager) to guide this organizational change (based on a well-defined job description or work portfolio)
- Identify a university/institute partner to conduct systematic reviews of existing evidence by involving agency staff in:
 - selecting the areas for review,
 - reviewing the results of the reviews and recommendations,
 - designing the strategies for incorporating new knowledge into ongoing practice and evaluating the outcomes
 - coordinating all agency efforts to promote evidence-based practice through the agency's chief information officer or knowledge manager.

*Adapted from Center for Evidence-based Social Services (2004). *Becoming an evidence-based organization: Applying, adapting, and acting on evidence – Module 4. The Evidence Guide: Using Research and Evaluation in Social Care and Allied Professions*. Exeter, UK: University of Exeter

FIGURE 7
Steps Involved in Implementing
Evidence Based Practice
(Sackett et al., 1997)



ally do not consult the research literature to guide practice decision-making due to an overwhelming volume of information, lack knowledge about searching techniques, lack of time, and lack access to information and libraries (Bunyan & Lutz, 1991). In essence, what does management need to do to build and sustain the supports for evidence-based practice? What do supervisors need to do to assist line staff in the process of adopting evidence-based practice? And what adjustments do line staff members need to make to incorporate evidence-based practice into their daily routines?

Conclusion

Evidence-based practice seeks to integrate the expertise of individual practitioners with the best available evidence within the context of the values and expectations of clients. While the development of evidence that is based on randomized controlled trials in the human services is still in its infancy, other types of knowledge hold promise for improving practice. This knowledge is increasingly available within agencies as well as at state, regional, and federal levels. The strategies related to agency-university partnerships, problem-based learning in training programs, and the transformation of agencies into learning organizations hold much promise for building evidence-based organizational cultures within the human services.

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APPENDICES

APPENDIX A

Trauma-focused Cognitive-Behavioral Therapy (CBT)

(Adapted from a summary by Judy Cohen, M.D. and Esther Deblinger, Ph.D.)

Brief Description:

Trauma-focused cognitive behavioral therapy, an intervention based on learning and cognitive theories, is designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to the abusive experiences. It also aims to provide support and skills to help non-offending parents cope effectively with their own emotional distress and optimally respond to their children. See references for theory and rationale.

Treatment Components (12-18 sessions):

- 1 Psychoeducation about child abuse, typical reactions, safety skills and healthy sexuality
- 2 Gradual exposure techniques including verbal, written and/or symbolic recounting (i.e., utilizing dolls, puppets, etc.) of abusive event(s).
- 3 Cognitive reframing consisting of exploration and correction of inaccurate attributions about the cause of, responsibility for, and results of the abusive experience(s).
- 4 Stress management techniques such as focused breathing and muscle relaxation exercise, thought stopping, thought replacement, and cognitive therapy interventions.
- 5 Parental participation in parallel or conjoint treatment including psychoeducation, gradual exposure, anxiety management and correction of cognitive distortions.
- 6 Parental instruction in child behavior management strategies.
- 7 Family work to enhance communication and create opportunities for therapeutic discussion regarding the abuse.

Treatment Manuals or Protocol Descriptions:

- Deblinger, E., & Heflin, A.H. (1996). *Treatment for sexually abused children and their non-offending parents: A cognitive-behavioral approach*. Thousand Oaks, CA: Sage.
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Treatment Outcome Study References:

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APPENDIX B*

To bridge research and practice, the Children and Family Research Center and the Illinois Department of Family Services have designed a client satisfaction inventory to highlight 24 caseworker behaviors identified as important to parents, describe the clinical implications of the behaviors, and identify specific casework interventions that can be implemented to address each issue.

An example of Caseworker Behavior 1 is presented here.

Caseworker Behavior 1: My caseworker encourages me to discuss times when things were better in my family.

Clinical Implications: Encouraging clients to discuss times when things were better in their family offers them the opportunity to identify and acknowledge family strengths and resources. Through recognition of sequences of positive patterns, families can begin to make conscious use of their strengths and resources to work toward a desired future.

Casework Interventions:

- 1 Ask the clients to discuss the positive patterns they observe in themselves and their families.
- 2 Tell clients about the positive patterns observed in the clients and/ or their families.
- 3 Ask the clients how they will know when things are better.
- 4 Discuss with the clients what changes DCFS is wanting to see to ensure their child's safety.

These activities can be done periodically throughout the life of the case.

APPENDIX C

The Hui Makuakane Program developed a program to engage fathers in home visitation programs and increased the involvement and participation of fathers in family home visits. The program description, as it appeared in OCAN's Emerging Practices in the Prevention of Child Abuse and Neglect, is presented here.

Hui Makuakane aims to recognize and support the role of fathers in the family through the following services goals:

- 1 Increase fathers' understanding of how their babies grow and what to expect as they grow
- 2 Increase fathers' knowledge of the kinds of activities they can do with their children to help them grow and develop
- 3 Increase the amount of time fathers spend with their children in play and in fulfilling their day-to-day needs (e.g., changing diapers, feeding)
- 4 Teach fathers how to set limits and enforce them using positive disciplinary techniques
- 5 Help fathers feel good about themselves as parents and to have loving, nurturing relationships with their children
- 6 Help fathers set personal goals and make progress toward those goals

The program engages fathers in the following activities in order to increase their participation in the services for the entire family: group activities, home visits, career development, job help, support

in crisis, referral to other community resources, and outreach to fathers in correctional facilities. Home visits by Father Facilitators for all fathers enrolled in the program are the primary service provided by Hui Makuakane. Father Facilitators provide personal help with answering fathers' questions about their children and learning new and fun activities to do with their children including:

- 1 Infant massage instruction is provided during home visits as a way to increase positive parent-child interaction
- 2 Help fathers establish and reach vocational and educational goals
- 3 Making referrals to other community resources to help fathers meet their goals
- 4 Providing fathers with 24-hour access to Father Facilitators via cell phones in case of a crisis
- 5 Group outings are available for the entire family, for just fathers in the program, for just fathers and children, or for just fathers and their partners

*Source: *Parents' Expectations of Caseworkers: An Abbreviated Summary* (Adapted from John Poertner, Dennette M. Derezotes, Ellyce Roitman, Casandra Woolfolk, Jo Anne Smith, Children and Family Research Center, School Social Work, University of Illinois at Urbana-Champaign)

APPENDIX D

Promising Approach: Delaware's Child Welfare Staff Training and Retention Initiatives

I. Identifying Information

Agency Sponsor: Delaware Department of Services to Children, Youth and Families

Target Population: Child welfare caseworkers and supervisors

Required/Funding Source: personnel budget.

Length of Operation: 1997 to present

Personnel procedures: Educational requirements for prospective child welfare caseworkers include a bachelor's degree in a field closely related to child welfare.

II. Description of Promising Approach

Staff retention is one of the challenges facing child welfare agencies, which typically experience significant staff turnover in short periods of time. The Delaware Department of Services to Children, Youth, and Their Families has put in place procedures for stabilizing their workforce, building on a legislative initiative enacted in response to several child fatalities.

The Child Abuse Prevention Act of 1997 established systems designed to improve the training and retention of State child welfare caseworkers, using an "overhire" process that supports new staff development. Through these changes and other new procedures, the department is hiring faster, providing more staff training, and improving staff management.

APPENDIX E*

The barriers identified by Hampshire Social Services (1999) in the U.K. (organizational culture, practice environment, and educational environment) represent common challenges and some of the solutions are noted in Figure 4.

Introduction

The requirement for Social Services Departments to use empirical evidence in developing policy and practice is becoming increasingly important with the growing focus on best value and performance results in terms of effectiveness. Evidence-based practice is defined as "the conscientious, explicit and judicious use of current best evidence in making decisions about the welfare of service users." (adapted from Sackett et al, *BMJ* 1996; 312; 71-72)

Evidence is based on the results of soundly based effectiveness research published in refereed journals. However, evidence can also include unpublished work by practitioners if it is methodologically sound and transferable. Professional experience about "what works" built up over many years of practice may also constitute evidence and must not be ignored. The key imperative is for "judicious use" of the "best evidence" available from the full range of sources.

Reliance only on "practice wisdom" means that we do not challenge what we are doing. When we intervene in the lives of others, we should do so with the best evidence available about the likely outcomes of that intervention. The goal is to get the Social Service organization into a position where:

- there is both an expectation and a desire to know what evidence says about how best to approach interventions,
- there is ready access to and awareness of best available evidence,
- where evidence is not available, steps are taken to plug this gap,
- staff are able to understand and interpret evidence in order to inform policy development, training and practice decisions,

- service delivery reflects what the evidence is saying about best practice,
- the results of policy and practice decisions are routinely evaluated to gauge outcomes,
- evaluation results are disseminated in order to add to the body of available evidence.

There are multiple barriers to implementing evidence-based practice in the social services and they include some of the following:

- little history, culture or expectation that evidence is routinely and systematically used to underpin practice,
- a belief that achieving evidence-based ways of working is entirely a departmental (central) responsibility, rather than a joint responsibility with individuals locally,
- workload and time pressures of staff mitigate against discovering relevant evidence (or generating it through evaluating initiatives/practice),
- evidence is not available in easily digestible formats which allow simple translation into policy and practice,
- poor systems to establish and share best practice across the department,
- skepticism about how transferable or generalizable evidence is (this is likely to be a combination of a "not invented here" syndrome, concerns about the validity of "old" research and a lack of skills to appraise evidential material) which together mitigate against adoption of new ideas,
- risk aversion also mitigates against taking" action in response to new ideas.

Any strategy to promote evidence-based practice across the department needs to explicitly and directly address these factors.

The organizational resources and opportunities available to promote evidence-based practice include the achievement of evidence-based practice within the department requires that a very broad range of issues are effectively addressed, including: depart-

*Source: *Evidence-based practice in Hampshire Social Services (England): An abbreviation of the 1999 organizational strategy.*

mental culture, processes (and responsibilities) for the development and improvement of practice, staff skills, information systems and workload management.

The ultimate aim is to ensure the practice of front-line staff in every client group and area is evidence-based and therefore maximizes positive outcomes for our service users. The key groups of staff that the strategy will need to impact are therefore:

- *front-line practitioners*: who will need to routinely challenge and review their practice in the light of best evidence, and if required, amend their ways of working,
- *operational managers*: who will need to set the expectation of routine review of practice, facilitate and encourage this process, allowing innovative or new ways of working to be adopted, and play a key role in sharing best practice with colleagues,
- *HQ commissioning staff*: who will need to ensure that current and future strategies, policies and procedures to which practitioners turn for guidance and direction, are founded on available evidence about what works and what is best practice in service delivery,
- *trainers*: who will need to ensure that current and future training material reflects available evidence about effective practices and best approaches, and that the training agenda material focuses on the development of appropriate skills in the staff to understand, use and generate evidence.

In addition, existing frameworks will need to be harnessed to explore more evidence-based ways of working such as the following:

- meetings of individual teams, of unit / team managers, and of service managers to discuss research and its application in each client group,
- performance development (appraisal) and supervision could be used to set specific staff practice objectives related to the explicit use of evidence,
- the care management process could be used more explicitly to review current practice, plan evidence-based interventions for individual users and record the outcomes,
- technology (such as Hantsnet, WWW) is a readily available resource which could also be exploited further.

Creating the right organizational culture

The challenge is to create a culture that promotes the basics of performance management (assessing how well we currently do things, questioning practice in an attempt to continuously improve, and measuring our achievements in so doing). The routine use of evidence to underpin practice then becomes a natural corollary.

This requires a strong commitment to this way of working (rather than “practice wisdom”) because this change might be seen as threatening by some staff. Managers clearly have a crucial role to play in setting clear expectations about the use of evidence in underpinning interventions or strategies. Managers need to use the practices mentioned above (team meetings, performance development and supervision of care management practice, performance agreements) to (a) reinforce these expectations, (b) set specific objectives for individuals and (b) value, acknowledge and encourage achievements.

The notion of “champions” is also a useful way of promoting culture change. This will be achieved by creating a network of staff (through workshops, training events and projects) who are interested in developing evidence-based ways of working. The primary implementation components include:

- providing mechanisms to help staff access “digestible” evidence-based literature,
- developing skills of all staff to generate and exploit evidence through training programs
- reflecting evidence in operational practice (supporting the risk-taking of trying out new ways of working through individual supervision and care management processes,
- reflecting evidence in training, strategy and policy (the training calendar needs to reflect the topics on which there is clear evidence that suggest future changes in practice),
- developing a research agenda (directing more of the available research towards systematic reviews of current evidence so available resources can then be targeted to meet these needs).

Implementing Evidence-Based Practice in Human Service Organizations: Preliminary Lessons from the Frontlines

MICHAEL J. AUSTIN AND JENNETTE CLAASSEN

Introduction

Evidence-based practice (EBP) involves the integration of the expertise of individual practitioners with the best available evidence within the context of values and expectations of clients (Sackett, Richardson, Rosenberg, & Haynes, 1997; Gambrill, 1999). The principles and practices of EBP are drawn from the health care field and only recently have become a part of the social service arena. As the social service and mental health fields move towards embracing EBP, most of the literature seeks to promote the adoption of evidence-based practices, rather than actually engaging in and evaluate the use of evidence-based practice (Mullen, Schlonsky, Bledsoe, & Bellamy, 2005). As a result, there are very few evaluations that examine the elements needed to successfully incorporate evidence-based practice into agency operations.

There is recognition in the literature that implementing EBP is a complex and difficult task. Organizational environments and individual capacities need to be considered in designing implementation efforts (Gerrish & Clayton, 2004; Proctor, 2004). The complexity of implementing EBP includes: 1) motivating and facilitating practitioners to gain interest and trust in utilizing research (Proctor, 2004; Mullen & Bacon, 2000), 2) increasing the capacity of staff and agencies to utilize the information available (Barratt, 2003), and 3) mobilizing resources to experiment and sustain EBP practices (Mullen & Bacon, 2000; Barratt, 2003).

Since EBP represents a change in the life of an organization, it is important to include in this analysis the research on implementing organizational change as well as findings on the dissemination and utilization of research. The focus of this review of research is on the different approaches to implementing EBP and the implications for human service organizations.

ORGANIZING CHANGE AND RESEARCH UTILIZATION

Since EBP is a new approach to practice, it is important to view it in the context of organizational change. The successful introduction and sustainability of an innovation into the life of an organization requires an understanding of: 1) the

process of change including its barriers and incentives, 2) the culture of an organization, and 3) the strategies for effective dissemination and utilization.

While it is widely recognized that organizational change is a complex process, there is little consensus about the strategies that can ensure successful change. However, there is growing consensus about the following key elements in understanding and managing change: 1) type of change (Damanpour, 1988; Frey, 1990; Pearlmutter, 1998), 2) degree of change (Pearlmutter, 1998; Damanour, 1988; Proehl, 2001), 3) facilitators and inhibitors of change (Arad, Hanson, & Schneider, 1997; Frambach & Schillewaert, 2002), 4) staff receptivity and resistance to change (Diamond, 1996; Jaskyte & Dressler, 2005), and 5) organizational readiness for change (Robbins Collins, Liaupsin, Illback, & Call, 2003; Hodges & Hernandez, 1999; Lehman, Greener, & Simpson, 2002). Each of these element is explored in greater detail in Austin and Claassen (2006).

An essential component of organizational change strategies is the culture of the organization.

Organizational culture and its impact on organizational change process has receive limited attention in the research literature. The focus on organizational culture as an ingredient in organizational change includes the following elements: 1) understanding organizational culture in terms of basic assumptions, values and beliefs, and symbolic artifacts that exist within the organization (Schein, 1985), 2) identifying the types of organizational cultures such as informal culture, role culture, and results-driven culture (Handy, 1995; Cameron & Quinn, 1999), and 3) developing strategies for managing organizational culture in relationship to the roles of leaders (Khademian, 2002).

Another aspect of organizational change related to EBP involves the dissemination and utilization of research. There are at least four critical elements needed to bridge the gap between research and practice and they include: 1) the

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source of the research information is credible and competent, 2) the *content* of the message is focused on practical application, 3) the *method* of transfer includes multiple, reliable delivery approaches, and 4) the *audience* is consulted prior to dissemination (Barwick, Blydell, Stasiulis, Ferguson, Blase, & Fixsen, 2005). In addition, there is a complex interaction between the individual, the organization, the research, and communication in dissemination and utilization processes (Rogers, 1995). Despite this complexity, the most promising dissemination strategies include the utilization of the following combination of experts: persons specifically trained to disseminate information, local opinion leaders who are trusted community professionals, and evaluators who can audit the process and provide feedback mechanisms (Oxman, Thomson, Davis, & Haynes, 1995). These issues are explored in more detail in Lemon and Austin (2006)

In essence, the introduction of EBP requires special attention to the processes of organizational change, the understanding of organizational culture, and the specialized expertise to promote the successful dissemination and utilization of research. With this view in mind, the focus of this analysis shifts to documented case studies that describe the implementation of EBP in human service organizations.

Introducing and Implementing Evidence-Based Practice

EBP AS CHANGE

Since evidence-based social service practice is a relatively new concept in the U.S., most of the literature focuses on assessing its appropriateness and feasibility. However, much can be learned from colleagues in the United Kingdom who have more experience in searching for the most effective methods for implementing and sustaining EBP (Sheldon, & Chilvers, 2000; Pawson, Boaz, Grayson, Long, & Barnes, 2003; Nutley, Walter, Percy-Smith, McNeish, & Frost, 2004; Smith, 2004). While there is growing agreement that EBP represents a significant change in social service practice (Lawler & Bilson, 2004; Proctor, 2004, Nutley & Davies, 2000), it is also clear that EBP requires special attention to the following types of barriers and facilitators of change: (a) ideological and cultural change related to creating “buy-in” to the value of evidence and the importance of using it in decision-making, (b) technical change that may require changes in the content or mode of service delivery in response to evidence on the effective interventions, and (c) organizational change affecting all levels of staff (Hodson, 2003, Nutley & Davies, 2000).

CREATING AN EBP CULTURE

Preliminary evidence suggests that the implementation of EBP is more likely to be successful if it is introduced into a supportive organizational culture that is reflected at all levels from front-line staff to top management (Barwick et al, 2005; Lawler & Bilson, 2004). Barwick et al (2005) found that a supportive EBP culture includes: a) clarity of mission and goals among staff, b) staff cohesiveness and autonomy, c) openness of communication and openness to change, d) low levels of job stress, e) careful attention given to staff selection, training, coaching, and f) the use of continuous quality improvement feedback systems. The major components of organizational culture that are supportive of EBP include: 1) *leadership* provided by change managers or champions, 2) the *involvement* of stakeholders at all levels and phases of implementation, 3) the development of a cohesive *team*, 4) the availability of organizational *resources*, and 5) readiness to become a *learning organization*. Each of these five areas is explored in this section.

Leadership: Effective managerial leadership that demonstrates open and honest communication can significantly influence the change process and create an environment open to learning (Barwick et al., 2005; Proctor, 2004). Barwick et al (2005) found that, “only strong leadership can build an organizational culture supportive of change, establish aims for improvement, and mobilize resources to meet those aims” (p.101). In addition, agency leaders can set the tone for developing a culture that is supportive of innovation, risk-taking, and the continuous identification and evaluation of the most effective interventions.

While any staff member can assume a leadership role or champion an idea, the development of an evidence-based culture is heavily dependent on middle and top management. A study of 36 social service agency managers indicated that the responsibility and accountability for evidence-based practice should be devolved down through an agency but with a critical role for the director to “lead from the front” (Barratt, 2003). While identifying evidence and reflecting on its relevance for practice should be part of everyone’s job, managers need to be mindful of the competing pressures on staff. For example, expecting staff to take the lead in locating and evaluating evidence is rarely feasible given the workload demands placed upon social service staff.

Involvement of stakeholders: The process of introducing and sustaining EBP requires the involvement of stakeholders at all levels of the organization. (Barwick et al, 2005). Bringing together different parts of the organization,

including multiple disciplines and levels of staff, to modify the current knowledge of staff creates an opportunity to develop new and promising practices (Wenger, McDermott, & Synder, 2002). The group of stakeholders needs to include individuals who are ready for change and can help inspire and motivate others. The involvement of the broadest array of staff can help to create “buy-in” where these future implementers understand the advantages of the EBP and the relevance of valid and reliable evidence related to practice (Barwick et al, 2005). This “buy-in” can alleviate potential staff resistance and create a trusting environment where critical analysis can thrive.

Teamwork: Helping practitioners develop the capacity to evaluate evidence and modify practice requires teamwork (Lawler & Bilson, 2004, Barratt, 2003). Teamwork provides an important opportunity to reflect, question, and discuss practice in general. The process of change for practitioners might involve questioning their basic assumptions about practice, which can cause considerable discomfort. Implementing EBP can involve challenging long-held assumptions and altering patterns of behavior. The ability to reflect and change as members of a team can provide staff members with support and can ease their fears. The use of teams needs to be well-planned and managed. While teams can be a catalyst for change when given appropriate leadership and direction; if poorly led, they can lead to substantial resistant to change (Barratt, 2003).

Organizational Resources: In the Barwick et al (2005) survey of mental health staff, there appeared to be adequate levels facilities, training, and equipment. Clinical staff and executive directors had a favorable view of the adequacy of office space, staff turnover was not a problem, and there was an appropriate amount of staff training. Access to computers and the internet, a commonly cited barrier of EBP, was not a problem as 95% of the clinical and executive staff have a computer in their personal workspace. In contrast, Sheldon and Chilvers (2002) found that over one third of clinical staff reported having no access to library facilities, journals, or appropriate research material.

In addition to physical resources, it is also important to assess human resources. The attitudes and desires of staff to change has been linked to four key areas: 1) professional growth, 2) confidence in own skills, 3) willingness to persuade coworkers, and 4) ability to adapt to a changing environment. Several surveys noted that practitioners perceive few opportunities for personal and professional growth in their organizations (Mullen & Bacon, 2000; Barwick et al, 2005; Sheldon & Chilvers, 2002). Barwick et al (2005) found that 42% of clinical staff report that they do not regu-

larly (monthly) read about new techniques or treatments on a monthly basis. Similar results were found by Mullen and Bacon (2000) who noted that social workers do not use research methods or findings to inform their practice. Contrary to perceiving few opportunities for professional growth, Barwick et al (2005) found that more than two-thirds of the clinical staff and executive directors in their study had a high level of confidence in their own clinical skills which, in turn, facilitated the implementation of EBP. Barwick et al (2005) also found that both clinicians and management perceived themselves as willing to try new ideas or to adapt quickly to changing situations (only 20% admitted to feeling too cautious or slow to make changes).

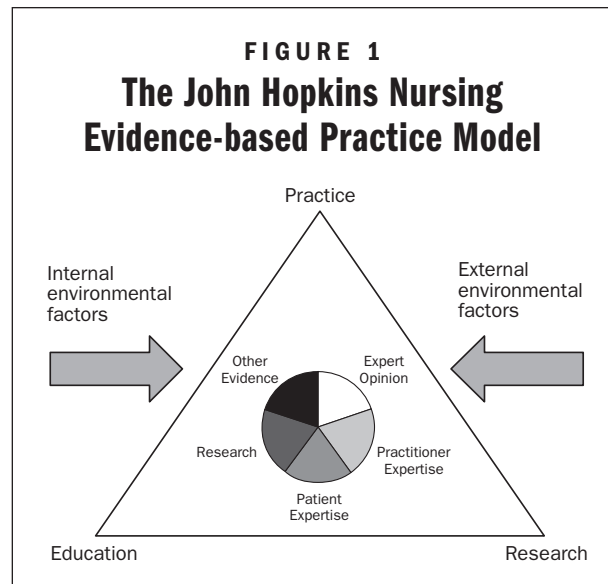
Readiness to Become a Learning Organization: Prior to introducing a new idea or change into an existing organization, it is important to assess the readiness for change, from an organizational, individual, and system level. While there are several instruments for assessing organizational readiness for change, Lehman and Bilson's (2002) Organizational Readiness for Change (ORC) instrument was found to be particularly helpful in assessing individual and organizational readiness (Barwick et al, 2005). The instrument focuses on motivation and personality attributes of program leaders and staff, institutional resources, staff attributes, and organizational climate. The three factors identified by the instrument are: 1) what is important for change to occur, 2) what is necessary but not always sufficient for change to occur, and 3) what change is appropriate in the current situation. The motivational dimensions are divided into individual and organization factors and include the following three areas: 1) program need for improvement (assessing program's current strengths and weaknesses); 2) training needs assessment; and 3) pressure for change from the internal or external environments. The institutional resources section is divided into five areas: 1) office, 2) staffing, 3) training resources, 4) computer access, and 5) electronic communication. The third section focuses on staff attributes and includes: 1) growth, 2) efficacy 3) influence, and 4) adaptability. The last section is the largest and evaluates organizational climate as indicated by: 1) clarity of mission and goals, 2) staff cohesion, 3) staff autonomy, 4) openness of communication, 5) stress, and 6) openness to change. The ORC was originally developed for drug abuse treatment agencies; in 2003, it was redesigned for use in social service agencies.

A second useful framework for understanding an organization and individual readiness for implementation of EBP is the use of the “four A's”—acquire, assess, apply, and adapt (CHSRF, 2001). By using the “four A's” concept, an

organization is able to explore the capacity of staff to implement and adopt research information and identify barriers prior to implementation. The four A's explores the ability of an individual and organization to find research they need, assess whether the research is reliable, adapt the information to suit its needs, and implement the research within their context. Utilizing the "four A's", Barwick et al (2005) designed a staff survey to identify organizational processes that needed strengthening prior to the implementation of EBP as well as to develop a baseline of information on which to evaluate future progress.

In assessing staff readiness to implement EBP, the most important area was staff's capacity to understand research methods. The capacity of staff to seek out, understand, and utilize research findings is limited (Mullen & Bacon, 2000; Barwick et al, 2005; Tozer & Ray, 2001). Social workers rely on a combination of their own experience and the experiences of consultants and supervisors for their practice-based decision-making rather than use research findings or research methods in their practice (Mullen & Bacon, 2002). In addition, a substantial gap exists between self-perceived knowledge of research and their ability to use it (Sheldon & Chilvers, 2002). For example, while a large percentage of clinical staff responded positively to reading published research, very few could actually identify or describe a study and reflected only a minimal understanding of basic research methods. These findings related to a reliance on experience and limited understanding of research methods suggest that an overview of research methods need to be incorporated in plans for introducing EBP.

Promoting a learning organization: The ability of an organization to successfully implement EBP requires an organizational culture that values and encourages learning. Such cultures promote the freedom of staff to work autonomously and make changes, share information openly, are flexible and adaptable, encourage and reward risk-taking and creativity, and accept mistakes (Jaskyte & Dressler, 2005). Efforts to create a learning organization require staff to be engaged in the learning process (Stevens and Gist, 1997), given opportunity to apply new knowledge or ideas, be motivated to increase their own knowledge (Noe & Schmitt, 1986), and work in an environment that supports feedback, coaching, and recognition (Huczynski & Lewis, 1980; Mathieu, Tannenbaum & Salas, 1996). The development of an organizational learning culture involves a "cultural overhaul" including making employee growth and development a priority, adopting a "development" philosophy, helping staff overcome fear through supportive relationships, adding rewards or incentives to application of learning, and



establishing open lines of communication for staff to share thoughts and ideas (Danielson & Wiggenhorn, 2003).

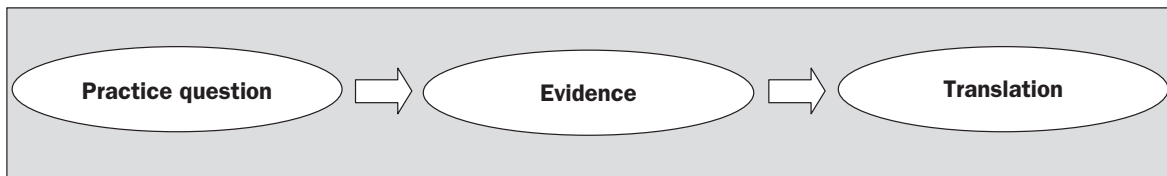
Different Approaches to Implementing Evidence-Based Practice

Three approaches appear in the literature that utilize different strategies to address the challenges of implementing EBP. Each approach focuses on a different aspect of the change process: individual, systems, and context (Hodson, 2003). The micro approach focuses extensively on individual learning, the systems approach works from macro, "top-down" perspective, and the combination approach is a blend of the micro and macro approaches.

The micro approach to implementation of EBP involves the teaching of practice skills needed to appropriately utilize evidence (Hodson, 2003; Mullen et al, 2004). This approach seeks to enhance motivation to engage in lifelong learning by providing the necessary learning and application skills. Practitioners are introduced to the process of problem formulation, evidence search tools, evidence appraisal skills, information integration skills, and the implementation process (Gibbs & Gambrill, 2003). This approach is generally found in pre-service university education programs. However, this approach has also been utilized successfully as part of agency in-service training (Newhouse, Dearhold, Poe, Pugh, & White, 2005; Thurston & King, 2004). The micro approach views the implementation of EBP as a long-term organizational process designed to slowly alter the attitudes, practices, and behaviors of individual practitioners (Hodson, 2003).

In contrast, the macro approach seeks to achieve planned change through the "top down" redesign of key

FIGURE 2
Guidelines for Implementation of Evidence-based Practice Model



Practice question

- Step 1: Identify EBP question
- Step 2: Define Scope of practice question
- Step 3: Assign responsibility for leadership
- Step 4: Recruit multidisciplinary team
- Step 5: Schedule team conference

Evidence

- Step 6: Conduct internal and external search for evidence
- Step 7: Critique all types of evidence
- Step 8: Summarize evidence
- Step 9: Rate strength of evidence
- Step 10: Develop recommendations for change in processes of care or systems on the basis of strength of evidence

Translation

- Step 11: Determine appropriateness and feasibility of translating recommendations into specific practice setting
- Step 12: Create action plan
- Step 13: Implement change
- Step 14: Evaluate outcomes
- Step 15: Report results of preliminary evaluation to decision makers
- Step 16: Secure support from decision makers to implement recommended change internally
- Step 17: Identify next steps
- Step 18: Communicate findings

organizational systems (Hodson, 2003). Top-level decision-makers identify evidence-based, empirically supported practices and develop tools for practitioners to use in adopting the new practices. Dissemination and utilization strategies (including guidelines, toolkits, intervention-specific training, and consultants) are employed to change practice through the adoption of a predetermined, specific intervention (Gira, Kessler, & Poertner, 2004). While this approach is frequently used in agencies, there is little empirical evidence related to assessing the outcomes of the macro approach. The largest example of this approach is the National Implementing Evidence-Based Practice Project (Torrey, Lynde, & Gorman, 2005) that promotes the adoption of six evidence-based practices for assisting mentally ill adults by using implementation guides designed at the national level but implemented at the local level.

The combination approach utilizes components of the micro and macro approaches in order to create structures and systems that support the sustainability of evidence-based practice. This approach involves the redesign of existing routines and practices in an effort to establish new cultures and behaviors (Hodson, 2003). Instead of viewing the introduction of EBP as a one-time activity, the combination approach combines the increase in the research knowledge, skills, and attitude of staff with the organizational processes

and procedures required to incorporate evidence-based approaches into the daily routine. This approach is relatively new and faces significant challenges. Several projects have been started but the outcomes of the efforts have yet to be reported, with the exception of a three-year longitudinal project in a mental health organization (Dickenson, Duffy, & Champion, 2004).

FINDINGS RELATED TO THE MICRO APPROACH

Two hospitals employed similar strategies for providing clinical nurses with the structure and tools necessary to acquire EBP knowledge, skills, and to incorporate EBP into their working environments. Both interventions focused on teaching professional staff to become critical thinkers, increase their skill levels, and become comfortable with evidence-based practices (Newhouse et al, 2005; Thurston & King, 2004).

The first hospital utilized the Johns Hopkins Nursing EBP Model (Figure 1) and Guidelines (Figure 2) focusing on a mentored educational experience. The framework in Figure 1 includes internal and external environments within a triangle of practice, education, and research which seeks to combine the expertise of the practitioner and patient, available research, expert opinions, and other accessible evidence. The guidelines provide a step-by-step approach to

FIGURE 3
Models for Implementing Evidence-based Practice

Rosswurm & Larrabee Model (1999)

- Step One** Assess need for change by collecting and comparing data, identifying practice problem
- Step Two** Link problem to intervention and outcome using standardized classification systems and language
- Step Three** Synthesize best evidence by searching research literature, critiquing, rating, and synthesizing best evidence, assessing feasibility
- Step Four** Design practice changes by defining protocol change, planning a pilot/demonstration including implementation, education, resources needed
- Step Five** Implement and evaluate the practice change including evaluation of pilot and decision to adapt/adopt/reject change
- Step Six** Integrate and maintain change by communicating to stakeholders, in-service education, approving practice standards, and monitoring outcomes

Thurston & King (2004) Modification

- Step One** Publicize program—stimulate discussion/identification of practice problems
- Step Two** Ongoing discussion re: problem and decision to submit question to EBP Program
- Step Three** Identify, critiquing and judging the evidence by accessing and critiquing the research, seeking clinical expertise and stake holder input, benchmarking, summarizing—decision re: change/no change
- Step Four** Design and implement the change through colleague involvement and education, procedure/policy changes, ensuring stakeholder support, planning evaluation
- Step Five** Monitoring and evaluating the change through quality monitoring system and patient data; continued staff education and wider communication

move from practice questions, to evidence, and finally to the translation to the practice setting. The pilot study was implemented on a large scale throughout the hospital using five education sessions (one-to two hours) over a period of eight weeks. Those identified as leaders, change agents, and potential champions of EBP were trained first with subsequent trainings for the remaining staff. The nurses were given paid time away from day-to-day responsibilities to participate in the education sessions. Mentors provided the nurses with support during the educational sessions to assist with the following areas: 1) problem identification, 2) literature searches, 3) rating of evidence, and 4) creation of recommendations for practice. The nursing units, with support from the mentors, identified questions using an evidence-based approach. For example, two questions identified were: 1) “For patients experiencing pain who have a history of substance abuse, what are the best nursing interventions to manage the pain?” and 2) “Should a hyperthermia blanket be used for patients experiencing fever?” Similar examples could be generated in the social services (e.g. “what does research tell us about the most effective ways to recruit foster parents?”).

The second pilot study used a modified version of the Rosswurm and Larrabee Model (Figure 3) to implement EBP. This pilot also utilized a mentorship program and was designed to enable nurses in the hospital to understand and implement an evidence-based approach to practice (Thur-

ston & King, 2004). Ten nursing teams devoted six hours a month for one year to identify a problem and work through the six-step EBP model. Participants were provided in-depth education (question formulation, research process, research design) and hands-on experience during half-day meetings held every six to eight weeks over one year.

Both pilot studies employed quantitative and qualitative surveys; unfortunately, each had a low response rate but yielded several positive results related to clinician and manager satisfaction. The Johns Hopkins Model demonstrated high staff satisfaction with: 1) clarity of the process (91%), 2) usefulness to practice (92%), 3) adequacy of training (90%), 4) feasibility for practicing nurses (87%), and 5) overall satisfaction with the EBP process (95%). Managers in both studies indicated that staff demonstrated enthusiasm for the process, renewed sense of professionalism and accomplishment, confidence with the EBP, improved staff morale, increased interest in nursing, and an increased willingness to question clinical practices. The following barriers to introducing EBP emerged and were successfully addressed: 1) staff “buy-in”, 2) low levels of research knowledge and skill, 3) insufficient evidence available in the literature, 4) time constraints, and 5) lack of hospital-university partnerships.

Meaning to staff: In both studies, staff raised concerns arose regarding the potential discrepancy between the needs of the clinical nurses and the priorities of the EBP process.

The development of relevant and meaningful questions was facilitated by the inclusion of nursing staff in the initial formulation of relevant questions which drew heavily on their insight, clinical expertise, and needs. By involving staff in the initial development, the program gained significant “buy-in” and contributed to enthusiasm for the EBP.

Research knowledge and skills: Both studies did not require prior research experience in order to participate in the process, thereby attracting nurses with a wide range of research knowledge and skills. However, the lack of experience with research created tensions among staff. For example, in the Johns Hopkins model, nurses reflected feelings of inadequacy when attempting to analyze the research studies that they uncovered in the search process. To address this issue, educational sessions were designed to introduce participants to basic research methods in order to increase the comfort level of many of the nurses. The mentor component in both programs proved extremely beneficial to reducing initial feelings of inadequacy. The mentors were available and accessible throughout the process, responding to questions or concerns in a timely manner. This consistent feedback and support prevented the nurses from becoming frustrated or discouraged.

Insufficient evidence: Thurston & King (2004) reported that the lack of published evidence related to their search questions limited the opportunities for participants to fully critique and rate the evidence using the EBP protocols. This limitation was also experienced by participants and one site used this discovery to emphasize that change does not need to occur if research is too limited to support a change.

Time Constraints: As noted in the literature, time constraints on line staff create the most obvious barrier to the implementation of EBP. However, in both of these pilot studies, staff were given paid leave from their day-to-day responsibilities in order to participate. The participants clearly valued the time and felt it indicated strong administrative support. These two factors of time and administrative support were critical to the success of the program.

Hospital-University Partnerships: In both studies, the hospitals worked in partnership with a local university which provided significant technical support in the form of mentors, publications, and scholarly expertise while the hospitals provided clinical expertise and experience.

FINDINGS RELATED TO THE MACRO APPROACH

The macro approach is best illustrated by the National Implementing Evidence-Based Project (EBP Project) which is a nation-wide project to assist staff who work with severe

mentally ill adults and have limited access to evidence on effective services (Torrey et al, 2005). A group of stakeholders identified six practices that are currently supported by rigorous research; namely collaborative pharmacologic treatment, assertive community treatment, family psychoeducation, supported employment counseling, illness management and recovery skills training, and integrated dual disorders treatment for substance abuse and mental illness. The main goal of the EBP project was to create resources to facilitate the implementation of these six practices. The project was divided into three phases: 1) development of implementation packages, 2) pilot test the implementation packages and modify as necessary, and 3) the implementation process. The packages contained teaching material, resource kits, videos, demonstration skills, workbooks, and implementation tips.

Phase one consisted of designing and creating the implementation strategy and package by a team of stakeholders. This strategy used a planned change approach to develop an intensive program that was sensitive to site-specific conditions. For example, different parts of the implementation packages were designed to address motivation for change, enabling change, and reinforcing change. All sites were asked to identify one person who understood the specific culture and situation of the site in order to translate the implementation package into the local circumstances. Once these implementation strategies were developed, the implementation packages were created with input from researchers, clinicians, program managers, consumers, and family members.

Phase two involved the identification of eight states to participate in the pilot test. Each state agreed to develop a selection process to obtain three to five agencies per practice area. Each agency was given the implementation package as well as on-site training programs and year-long consultation by a trainer. While research reports account for the early stages of phase two, there are no published results on the progress of implementation. However, four major observations were reported by trainers and consultants: 1) *research is not a priority in the agency*. The organizational culture of many of the implementing agencies is not naturally oriented towards the use of research evidence. Such evidence is not highly valued in many agency cultures. Therefore, changing practices based on such research is difficult, 2) *EBP needs to address immediate and previously identified needs*. For example, those agencies that already identified employment as a service delivery need were eager to embrace the Supported Employment intervention. However, those packages that addressed un-recognized needs were difficult to promote

and proved difficult to implement. For example, Integrated Dual Disorders Treatment package was difficult to promote in sites that did not perceive substance abuse to be an obstacle for their clients, 3) *mixing unanticipated changes with the complexity of EBP* requires more time than anticipated. The implementation of a new practice involves unanticipated changes and shifts in the philosophy of care, finance, daily operations, or personnel issues. The trainers in the EBP project found that implementing the new practice required time spent educating staff about the EBP philosophy before promoting procedural changes, and 4) *the importance of leadership* provided by the trainers or consultants. Having a confident and competent site trainer/consultant is critical to successful implementation.

COMBINATION APPROACH

Dickinson et al (2004) reported on a three-year project that introduced EBP into a mental health organization using a combination of micro and macro approaches. The project goal was to change the culture of the organization in order to effectively facilitate the introduction of EBP and maintain it on an ongoing basis.

The project began with the formation of a steering group comprised of clinicians representing a variety of disciplines working in various settings (including day hospitals, community rehabilitation, residential centers, and continuing care facilities). Nine teams consisting of 180 staff were created. The steering group administered a survey to identify staff needs and found three major areas of need: 1) education (knowledge, skills, and technical advice to conduct research), 2) resources (access to evidence or other resources), and 3) organizational supports (the need to work as “teams”).

The steering group first addressed education by conducting formal training sessions, including two workshops led by external facilitators. Additional informal training and support was provided on each stage of the EBP process (e.g. critical analysis of evidence, target setting, implementation of change based on evidence, monitoring, feedback, and developing recommendations). Financial resources were secured to allow the introduction of internet facilities, journal subscriptions, and paid time to participate in the process. Throughout the process, the steering group conducted regular team-building activities to address team dynamics and support.

The limited evaluation of EBP in mental health setting is based primarily on the observations of the steering group members and on a low response to a staff survey (25%). After one year of implementing EBP processes, five of the nine

teams had completed the EBP cycle and implemented new changes based on critically assessed evidence in the areas of discharge process and the use of standardized assessment protocols. The remaining four teams (out of nine) encountered delays in the first year and were unable to complete a full EBP cycle. Additional support was given to these four teams during the second and third years but the teams had still failed to complete the EBP cycle. In all four of these teams, problem identification and target setting had taken place but change and implementation had not occurred. It is unclear if the five successful teams continued to implement EBP beyond their initial success.

The delays in the process by the four teams were attributed to: 1) staff transfers, 2) leadership ambivalence, 3) lack of team cohesion, and 4) insufficient time. In comparing the two groups of teams, the group that successfully implemented changes served more stable clients, possibly allowing them more time within the workday to focus on the EBP process. The limited findings from the staff survey included the following impediments to the EBP process: 1) personal factors (poor motivation, lack of confidence, and lack of knowledge) and 2) organizational factors (limited access to resources, poor teamwork, insufficient time, staff transfers, and disruptive staffing schedules).

Conclusions and Recommendations

In comparing all three approaches, it would appear the micro approach had the most successful outcomes, while the macro and combination ran into more obstacles. However, it is important be cautious about drawing conclusions based on these three demonstration projects. The micro approaches relied heavily on informal surveys of practitioners to assess their experiences. While the satisfaction of practitioners with the implementation model and improved knowledge and skill are important, there is no evidence yet that EBP has improved practice related to client outcomes or been sustained within the agency. The incomplete findings from the macro approach make it difficult to draw any concrete conclusions. While lessons can be drawn from all three approaches, there is no conclusive evidence that one approach is more effective than another.

Incorporating EBP into the daily practices of an organization is complex. It requires involvement of all staff levels, adequate resources, strong planning, and the development of an evidence-based culture. Drawing on lessons learned from the literature as well as the implementation pilot studies, there are several important elements to consider as a social service agency seeks to implement EBP. They are highlighted in the form of questions in Figure 4.

FIGURE 4 EBP Implementation Checklist

- I. Organizational Readiness Questions
 1. Do we have the leadership support from top management in the form of a designated knowledge manager or champion?
 2. Do we have a mechanism to involve staff (at all levels and across all programs) in all phases of the implementation process?
 3. Have we developed (oriented, trained, and supported) a cohesive team of implementers?
 4. Have we identified and allocated the financial and human resources to introduce and sustain the implementation of EBP?
 5. Have we effectively linked EBP to the organization's mission and its commitment to becoming a learning organization?
- II. Assessing Organizational Readiness (ORC)
 1. Have we determined what is important or needed for change to occur?
 2. Have we determined what is necessary, but not always sufficient, for change to occur?
 3. Have we determined what change is appropriate and feasible in the current life of this organization?
 4. Can we measure our current openness to communication and its potential relationship to EBP?
 5. Can we determine the current levels of worker stress and its potential relationship to EBP?
 6. Can we assess the relationship between staff autonomy and openness to change as it may relate to the implementing of EBP?
 7. Can we identify the extent of staff cohesiveness and its potential impact on EBP implementation?
- III. Assessing Staff Interests and Attitudes
 1. Does the introduction of EBP promote professional growth and development?
 2. Does EBP increase the confidence of workers in acquiring new skills?
 3. Does EBP promote staff interest in persuading co-workers to adopt EBP?
 4. Does EBP enhance a worker's ability to adapt to organizational change?
 5. Can the adoption of EBP assist workers in focusing on client outcomes?
 6. Can EBP be linked to the training needs assessment of individual workers?
- IV. Combined Micro and Macro Approaches to Implementing EBP
 1. Do we have the capacity to develop and implement an EBP training program?
 2. Do we have the resources to pilot an implementation process?
 3. Do we have the capacity to "stay the course" or sustain this new approach to practice over the next 3-5 years in order to evaluate its long-term impact on services, staff competencies, and managerial decision-making?
8. Can our current training program be expanded to provide staff with an overview of research methods?
9. Can we document how our organization values and encourages learning? (e.g. open sharing of information, encouraging/rewarding risk-taking, promoting creativity, supportive of the transfer of learning, supervisory support for learning, supportive work environments that promote coaching, feedback, and recognition)

THE NEED TO UNDERSTAND ORGANIZATIONAL CHANGE IN ONE'S OWN AGENCY

The EBP implementation process will vary by agency and therefore it is crucial to understand organizational culture and capacity.

EBP culture: Can the culture of the organization support EBP? One way to assess readiness is to consider the following: 1) strengthening the clarity of mission and goals among staff, 2) creating staff cohesiveness and autonomy, 3) developing open lines of communication, 4) increasing the openness to change, 5) lowering levels of job stress, 6) rewarding risk-takers, and 7) increasing the use of continuous quality improvement feedback systems.

Staff capacity: There is a need to assess the capacity of staff to acquire, assess, apply, and adapt research into practice. Where is capacity already sufficient? Where are staff currently implementing these steps? Where do staff need additional training? Recognize these strengths and limitations; identify ways to strengthen the gaps and build upon the strengths.

Organizational capacity: There is also a need to conduct a thorough assessment of the organizational capacity to implement EBP; considering the financial and human resources needed to implement EBP. Does the organization have resources to support staff devoting a significant amount of time to acquiring, as-

sessing, and applying the research to practice? Does the organization have the financial means to support the required trainings or other inputs needed?

THE NEED TO DEVELOP “BUY-IN” AT ALL LEVELS

The development, implementation, and sustainability of EBP within an organization require participation and engagement of all stakeholders at all levels of the organization. In order to begin the process of implementing EBP, it is important to bring together multiple disciplines and levels of staff, especially line staff in order to draw upon their expertise and perspectives on workload and client issues. Implementation of EBP cannot be accomplished alone; line staff need manager support and managers need line staff.

THERE IS A NEED TO ANTICIPATE RESISTANCE

The implementation of EBP is a change that may involve shifts in organizational practices, structures, and resource allocation. These changes may appear radical and unfamiliar to some staff who may be skeptical and need space to address their questions. Leaders of the EBP implementation process need to be prepared to give tangible meaning to the purpose of the shifts. Time spent on orientation and training can provide staff with a more complete understanding and appreciation of EBP and thereby alleviate fears and feelings of inadequacy.

The steps for implementing EBP identified in this analysis suggest that implementation is not a linear process with well-tested action steps. Rather, it is complex and requires considerable discussion, planning, field-testing, and oversight by everyone involved.

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Knowledge Management: **Implications for Human Service Organizations**

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Introduction

The focus of evidence-based practice is on the practitioner's use of evidence to meet the service needs of clients. The focus of client information and practitioner knowledge is on the organization and how well it manages information and knowledge. Organizations have come to realize that their greatest asset is the knowledge of their workers. Knowledge and intellectual capital represent the wealth of an organization, especially human service organizations. The term "knowledge management" first appeared in the literature of the for-profit sector in the early 1980s in an effort to capture the resources buried in their workforce and research community. This development prompted researchers to examine the knowledge that exists within businesses and understand how that knowledge is used (Hansen, Nohria, and Tierney, 1999). Consulting companies whose main business is collecting, organizing, managing, and disseminating knowledge were pioneers in knowledge management as they sought to identify systems and structures, mainly databases and repositories, to codify and store knowledge for easy access.

In defining knowledge management, Davenport and Prusak (2000) distinguish between the terms "knowledge", "information", and "data". Often times used interchangeable, their definition helps to promote a clear understanding of knowledge management. Data is defined as "unorganized facts", discrete findings that carry no judgement or interpretation. In contrast, information is "data plus context" where data have been organized, patterned, grouped, or categorized. And finally, knowledge is "information plus judgment", a richer and more meaningful perspective derived from experience and the analysis of the data and information. As research on knowledge management progressed, it became clear that knowledge management involved more than information management or information technology. It included linking individuals to each other through systems and structures that helped organizations to recognize, create, transform, and distribute knowledge among all workers (Gold, Malhotra, Segars, 2001). The focus shifted from information technology (managing data and information) to increasing one's understanding of the interactional

process of creating and sharing knowledge within organizations (Nonaka, 1994).

In an extensive review of the definitions of knowledge management, Awad and Ghaziri (2004) found the following six common components used to define knowledge management that build upon a foundation of information management: 1) using accessible knowledge from outside (and inside) sources, 2) embedding and storing knowledge, 3) representing knowledge in databases and documents, 4) promoting knowledge growth in the organizational culture, 5) transferring and sharing knowledge throughout the organization, and 6) assessing the value of knowledge assets and impact. Within this working definition of knowledge management, this analysis focuses on all components of knowledge management except information storing and documenting.

While the majority of experience with knowledge management resides in the for-profit sector, recent interest in the public and nonprofit sectors has emerged in relationship to improving service effectiveness and efficiency as well as reducing costs (Haynes, 2005; Edge, 2005; Syed-Ikhsan & Rowland, 2004; McAdam and Reid, 2000; Office of Security Defense, 2002). While focused mainly on information technology, the federal government has several knowledge management projects, including the Federal Knowledge Management Working Group, which seeks to understand knowledge management at the federal level of government. In addition to the benefits of knowledge management in the public sector, there are multiple challenges including: 1) the little support and flexibility in financial reward systems (Office of Security Defense, 2002), 2) isolated nature of public sector work (Murray, 2001), 3) the culture of resis-

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tance and hoarding of knowledge (Svieby and Simons, 2002; Murray, 2001, Liebowitz and Chen, 2003), 4) the difficulty in developing and maintaining collaborative cultures (Edge, 2004), and 5) the reduction of centrally allocated resources for managing knowledge (McAdam and Reid, 2000). The limited amount of research on knowledge management in the public sector suggests that implementation strategies need more attention in order to move beyond anecdotal reporting (Edge, 2004). Despite what little we know about knowledge management in the public sector, even less is known about knowledge management in the human services sector.

The process of knowledge management can be viewed from three perspectives: individual, group, and organizational. The individual level includes an understanding of tacit and explicit knowledge and constitutes the first part of this analysis. As individuals create information and acquire knowledge, it needs to be shared through social interactions and exchanges within the organization in order to create new knowledge. Knowledge sharing is addressed in the second section of this analysis. The process of creating and sharing knowledge depends not only on the individual and team level sharing but also on an understanding of the many organizational factors noted in the next sections that underlie the successful implementation of a knowledge management system. And finally, this analysis concludes with a discussion of the implications for implementing knowledge management systems in human services organizations.

The Role of Tacit and Explicit Knowledge in Organizational Life

It is no longer sufficient to simply employ people who can do the job; we need to understand how they do it as well as the processes that underlie their work (Horvath, 2001; Stenmark, 2000; Tagger, 2005). Intellectual capital is the sum of the knowledge possessed by the employees of an organization. Managing knowledge is the key to maximizing productivity and promoting organizational sustainability (Grossman, 2006).

Horvath (2001) defines knowledge as the recognition that people add value to information by combining it with other information to form new and unique combinations; they refine information for specific uses or generalize it for broader application. Also, people evaluate information for its usefulness and occasionally reframe information to yield new insights. In essence, organizational members provide context, meaning, and purpose to information and move it along a continuum toward what we commonly call knowledge. Therefore, knowledge is defined by Horvath (2001)

as information with significant human value added. In addition, knowledge is dynamic, created in social interactions amongst individuals and organizations, and depends on particular time and space (Nonaka, 1994). As a result, information becomes knowledge when it is interpreted by individuals, given a context and anchored in the beliefs and commitments of individuals.

According to Augier and Vendelo (1999), knowledge can be viewed in terms of a continuum with tacit knowledge on one end and explicit, or codified, knowledge on the other. The concept of “tacit knowledge” was first defined by Polanyi, although the idea that certain thoughts and knowledge are contained in areas that are inaccessible to a conscious process goes back to at least as far as Helmholtz’s work in the 19th century (Nonaka, 1994; Tagger, 2005).

Tacit knowledge is knowledge that exists in the minds of workforce members, manifests itself through their actions, and is not easily articulated. Tacit knowledge can be displayed by experts who make judgments and take actions, usually without making direct reference to a framework that explains what they are doing. Therefore, tacit knowledge is a meaningful and important source of information that influences the decisions and actions of practitioners, often called “know how” (Brown & Duguid, 2001 and Zeira & Rosen, 2000). In contrast, explicit knowledge refers to knowledge that has been captured and codified into manuals, procedures and rules that can be disseminated. It may refer to knowledge that has been learned through explicit instruction or to a skill acquired through practice. While knowledge may be needed to acquire skills, it may no longer be needed once a person becomes adept in exercising them (Brown & Duguid, 2001).

When explicit knowledge is embodied in a language that can be communicated, processed, transmitted and stored, it takes the form of data-based information and evidence-based principles in organizational manuals. In contrast, tacit knowledge is personal and difficult to formalize because it is embedded in action, procedures, commitment, values and emotions and acquired by sharing experiences and observations that are not easily communicated (Nonaka, 1994).

As a result, tacit and explicit knowledge are interdependent, essential to knowledge creation and of equal importance (Nonaka, 1994). Explicit knowledge without tacit insights quickly loses its meaning; where “*know that*” requires “*know how*”. Therefore, knowledge is at least two dimensional and created through interactions between tacit and explicit knowledge. Agency-based practice represents the integration and dissemination of both tacit and explicit

knowledge (Brown & Duguid, 2001; Madhavan & Grover, 1998).

EXTRACTING TACIT KNOWLEDGE

An interesting aspect of tacit knowledge is the inherent tension between its value and its elusiveness. Its high value stems from knowing things we are unable to express; for example, “*We can know more than we can tell*” (Polanyi, 1998, as cited in Nonaka 1994, p.16) and “*We can often know more than we realized*” (Leonard and Sensiper, 1998, p.114). This realization becomes significant when knowledgeable and skillful people leave an organization. They take with them not only a substantial amount of organization-specific knowledge and information but also tacit knowledge that they acquired on the job and may not have transferred to others (Tagger, 2005). Therefore, one of the goals of identifying tacit knowledge is to capture its contributions to organizational effectiveness, especially before experienced personnel leave the organization.

Horvath (2001) identifies the following reasons to capture and manage tacit knowledge: (a) the need to promote the transfer of best or most promising practices, especially related to how work actually gets done; (b) the need to define core competencies, especially the unique value-added skills that individuals derived from particular situations, experiences and organizational history; and (c) the need to document innovative processes by which organizational problems are defined and solutions developed. The essence of an organization’s learning capabilities is often found in the tacit knowledge of its employees because much of the crucial *know how* resides in the minds of the organization’s members (Madhavan & Grover, 1998 and Nonaka, 1994).

While some tacit knowledge can never be articulated, it is important to note the two different kinds of tacit knowledge identified by Nonaka (1994): *technical tacit knowledge* that is embodied in skills and can therefore be copied (“know how”), and *cognitive tacit knowledge* that is ingrained in mental models that are taken for granted and can not be easily demonstrated and transferred. Based on the distinction between technical and cognitive, two major definitions of tacit knowledge have emerged: 1) “tacit knowledge is non-codified, disembodied know-how that is acquired via the informal take-up of learned behavior and procedures” (Howells 1996, p. 92); and 2) “tacit knowledge is manifest only in its application and is not amenable to transfer” (Grant 1997, as cited in Seidler-de Alwis & Hartmann, 2004 p. 375). With this distinction in mind, there is likely to be a knowledge hierarchy where a large proportion of our present day explicit knowledge has originally arisen from

embedded tacit knowledge that has slowly become codified or articulated over time (Bush and Richards, 2001). In some professions, this development is referred to as “practice wisdom”.

The growing interest in tacit knowledge over the last decade has also informed the process of organizational learning (Swarts & Pye, 2002); especially the different ways in which tacit knowledge affects the sharing of knowledge. While much of the literature and research surrounding knowledge management has emphasized the definition and justification for knowledge management, little has been written about knowledge sharing, especially the transfer of tacit knowledge from one individual to another. Because tacit knowledge is gained through experience and revealed through application, it is important for organizations to create opportunities for the sharing of tacit knowledge (Grant, 1996). Thus, the goal of knowledge management is to capture tacit knowledge and encourage workers to share and communicate their knowledge with others at various levels within the organization by using formal and informal networks and creating a culture in which knowledge sharing is supported and encouraged (Awad and Ghaziri, 2004). The urgency of this sharing process can be seen in an organization’s leadership succession planning where senior staff members may leave the organization with knowledge management mechanisms in place for transferring their tacit knowledge to their successors.

Knowledge Sharing in Organizations

Within an organization, knowledge sharing can occur at three distinct levels: organizational, group, and individual (De Long and Fahey, 2000). While individuals are the primary conduits through which knowledge is created and shared in an organization, organizations cannot create knowledge without the individuals who possess the knowledge and this knowledge creation needs to be harvested by organizations in order to enhance effectiveness and efficiency (Grant, 1996; Ipe, 2003; Nonaka and Takeuchi, 1995). Thus, individuals play a critical role in the process of organizational knowledge creation because they provide the knowledge that can be included, augmented, and implemented as a part of the organization’s knowledge base.

Knowledge sharing relies heavily on the interactions between individuals within an organization. Ipe (2003) states, “An organization’s ability to effectively leverage its knowledge is highly dependent on its people, who actually create, share, and use the knowledge” (p. 341). The sharing of knowledge is a process by which individuals are able to convert their own knowledge into a form that can be under-

stood, absorbed, and used by others. Knowledge sharing allows individuals to learn from one another as well as contribute to the organization's knowledge base (Hendricks, 1999; Cohen and Levinthal, 1990). Knowledge sharing also promotes creativity and innovation as individuals collaborate together, circulate new ideas and contribute to innovation and creativity in organizations. This is the essence of a learning organization.

The goal of a learning organization, then, is to integrate the specialized knowledge of individuals through the following organizational mechanisms: 1) rules and directives; 2) sequencing; 3) routines; and 4) group problem solving and decision making (Grant, 1996). The rules and directives include standards that guide procedures and processes as well as "provide a means by which tacit knowledge can be converted into readily comprehensible explicit knowledge" (Grant, 1996, p. 115). Sequencing refers to the organizational activities needed to gather the input of specialists over time in order to convey knowledge while minimizing the need for communication and coordination. Routines are sets of behavior that "support complex patterns of interactions between individuals in the absence of rules, directives, or even significant verbal communication" (Grant, 1996, p. 115). Routines are used in an organization to provide consistent and task specific performance outcomes. These three mechanisms (rules, sequencing, and routines) need to be balanced with the fourth related to face-to-face meetings or group collaboration. Because group problem solving and decision making require considerable time and resources when trying to communicate tacit knowledge, they are usually reserved for more complex situations (Galbraith, 1973; Perrow, 1967).

Organizational knowledge needs to be viewed as a communal resource whereby communities of practice inside and outside of organizations have a mutual interest in knowledge sharing that involves the following factors: opportunity structures, care, and authenticity (von Krogh, 2002). Opportunity structures are the occasion and benefits of knowledge sharing in the community; for example, narrow opportunity structures involve communicating very specific knowledge through very specific channels with a limited number of people and broad opportunity structures include many relationships in the community with a wide spectrum of interests and knowledge where sharing occurs on a consistent basis through both virtual and physical means (e.g. "knowledge fairs").

The second factor relates to caring as a social norm that includes: 1) trust, 2) tolerance, 3) active empathy, 4) concrete assistance, and 5) authenticity. The more members are able

to trust each other and tolerate the differences inherent in each other's knowledge, experience, and behavior, the more likely they will be to share knowledge and cultivate varied interests that can contribute to positive learning in the community. Active empathy is a proactive approach to understanding the knowledge of others and encourages members to share their knowledge. Tangible help reflected in concrete assistance promotes sharing as members offer knowledge based on their own experiences and thereby promote shared learning. And finally, authenticity refers to sharing knowledge "directly from the source in a way that ensures its genuineness, accuracy, validity, and reliability" (von Krogh, 2002, p. 383). The use of knowledge also contributes its authenticity, thereby advancing the knowledge sharing process and furthering its dissemination. In addition, knowledge sharing is enhanced by other social norms in the organization related to incentives to share and the type of knowledge to be shared (Ipe, 2003).

The nature of knowledge includes its value to the individual as well as to the organization (von Hippel, 1994; Weiss, 1999). Knowledge, when viewed as a commodity, creates a sense of ownership among those who possess it. This sense of ownership stems from the associations between knowledge, status, and career advancement opportunities (Andrews & Delahaye, 2000). When the possession of knowledge leads to competition, incentives must be created to encourage members of an organization to participate in knowledge-sharing activities. Incentives to share knowledge can be separated into *internal factors* (e.g. value of knowledge and benefits received from sharing it) and *external factors* (e.g. the relationship with the recipient and the rewards for sharing). Individuals possessing knowledge are highly valued and viewed as powerful and can use knowledge to achieve their desired outcomes that can decrease the incentive to share knowledge among other staff. The mutual benefits of knowledge sharing between individuals, or reciprocity, is also a motivational factor. Reciprocity as a motivation to share knowledge indicates an open relationship between individuals who expect that their contribution to the exchange of knowledge will be mutually beneficial (Ipe, 2003). Reciprocity can also be viewed as a serious threat to knowledge sharing when it arouses a fear of exploitation, a situation where individuals perceive themselves as offering too much knowledge and receiving little benefit in return.

The relationship between sender of knowledge and the recipient of knowledge is an external factor that can impact motivations to share knowledge (Andrews and Delahaye, 2000). For example, the power differential between senders and recipients can influence whether and how knowledge is

shared. Huber (1991) found that individuals with lower status are more inclined to share information with those who hold more power within the organization, while those with more power tend to share knowledge amongst colleagues who have similar power statuses.

Rewards are another external factor related to incentive structures. The more benefits (perceived or realized) that individuals receive from sharing knowledge, the more likely they will share and vice versa. When individuals perceive knowledge sharing as being detrimental to their value or status, they are less likely to share. Bartol and Srivastava (2002) identified four mechanisms of knowledge sharing: 1) individual contribution, 2) formal interactions within and between groups, 3) sharing across groups, and 4) sharing through informal means. The first three mechanisms could involve extrinsic promotional opportunities as incentives to foster knowledge sharing, while the reward for the fourth mechanism would be the intrinsic value of increasing one's expertise and the development of new skills.

Opportunities for knowledge sharing can occur both formally and informally. Formal opportunities include occasions that are specifically intended to obtain, exchange, and disseminate information (e.g. symposiums, conferences, and training events that provide a structured means to share primarily explicit knowledge in an efficient manner to a large number of individuals). Informal opportunities are personal interactions with individuals within and between social networks. Knowledge is most likely exchanged through these channels because of interpersonal relationships that encourage trust and build rapport (Ipe, 2003).

ORGANIZATIONAL FACILITATORS OF KNOWLEDGE MANAGEMENT

As managers understand the difference between tacit and explicit knowledge and the structures needed to promote knowledge sharing, they position themselves to identify ways to incorporate knowledge management into the fabric of their organization. Therefore, it is important to identify the organizational factors (structure, leadership, education and awareness) that facilitate knowledge sharing (Riege, 2005; Syed-Ikhsan, 2004; Van Beveren, 2003; Taylor & Wright, 2004). Organization culture is often viewed as the most important influence in determining the success or failure of knowledge management (McDermott & O'Dell, 2001; Mason & Pauleen, 2003; Riege, 2005). While many factors may contribute to the successful implementation of knowledge management, the most important first step is the establishment of a clear connection between the knowledge

management strategy and the overall goals of the organization (Riege, 2005).

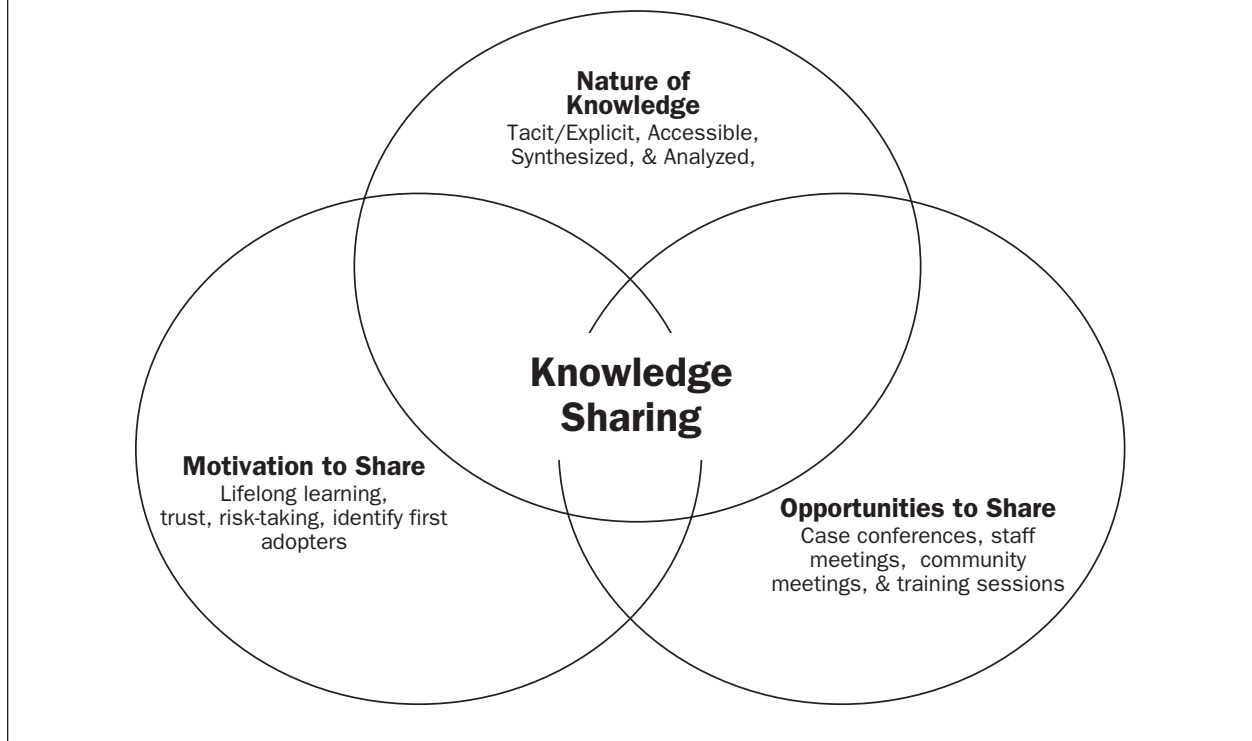
ORGANIZATIONAL CULTURE

While organizational culture can contribute to promoting successful knowledge management strategies (Dyer, Nobeoka, 2000) it can also be a barrier (Chua & Lam, 2005). In a study of middle managers perceptions of knowledge management, 45% identified organizational culture as the greatest barrier to knowledge management, pointing to lack of trust, communication, and individual sharing as detrimental to successful knowledge management implementation (Mason & Pauleen, 2003). In another survey of large and small companies, an organization's main implementation challenge stemmed from the absence of a "sharing" culture (Chief Information Officer Council, n/d). The creation of an open, innovative, and supportive climate, where ideas are welcome and people are engaged in improving the work environment is essential for successful knowledge sharing and management. Effective knowledge sharing involves learning from mistakes as well as creating space to share, reflect, and generate new knowledge (Taylor & Wright, 2004; Riege, 2005).

The unique demands placed on human service organizations can erode the willingness of staff to reflect on and learn from mistakes (Taylor & Wright, 2004). Trust within an organization is crucial to encouraging knowledge sharing. Staff need to feel free to share insights, experiences, and know-how in order to promote the sharing of knowledge. Trust is an essential part of the knowledge management process by "giving clear impressions that reciprocity, free exchange, and proposing innovations will be recognized and fairly compensated. In contrast, lack of trust encourages employees at all levels to hoard knowledge and build suspicion in people and organizational processes" (Awad & Ghaziri, p.25)

Drawing upon Schein's (1985) concepts of organizational culture, there are several aspects of culture that can inhibit or facilitate knowledge sharing. A "visible" culture includes all the espoused values, philosophy, and mission that are reflected in the structure, stories, and written statements about the organization while the "invisible" culture is the deeper level of unspoken values and beliefs that guide staff. Organizations that are able to connect the visible and invisible dimensions of their organizational culture to the knowledge sharing process are more likely to succeed. McDermott and O'Dell (2001) suggest that organizations do not need to change their organizational culture prior to in-

FIGURE 1
Knowledge Sharing Between Individuals in Organizations



roducing knowledge management; rather managers need to understand the invisible and visible dimensions of the organizational culture and build a framework for knowledge management within their existing culture. The process for making this connection between the dimensions of culture and knowledge sharing includes: 1) linking knowledge sharing to practical problem-solving, 2) introducing knowledge management in a way that matches the organization's style, and 3) developing a reward system that support knowledge sharing. The invisible dimensions involve a process of linking the notion of knowledge sharing to a existing core values as well as existing organizational networks.

Ipe (2003) describes another example of how organizational culture influences knowledge sharing and knowledge management by illustrating this overlapping aspect of the nature of knowledge, opportunities structures, and motivations noted in Figure 1. The organizational culture allows for the three elements to interact in a non-linear fashion and allows for the sharing of knowledge within an organization. Ipe argues that an organizational culture that is not supportive of any of the three essential elements will prohibit effective knowledge sharing.

ORGANIZATIONAL STRUCTURE

There is much discussion in the literature on knowledge management about the benefits and limitations of different organizational structures for knowledge management (van Beveren, 2003; Riege, 2005; Nonaka and Takeuchi, 1995). Some studies suggest that an open and flexible organizational structure promotes information sharing better than the hierarchical, bureaucratic structures (Probst, Raub, & Rombhardt, 2000). Most bureaucratic organizations are often characterized by an upward flow of information (with processing and filtering occurring at each level) and a reluctance to share information downwards or outwards because of a belief that employees do not need the information for improved performance (van Beveren, 2003). In addition, hierarchical organizations tend to have detailed rules and procedures that support the punishment of mistakes and failures and thereby constrain knowledge sharing practices. In contrast, communication flow in relatively flat organizations is not restricted to one-direction, but rather is centered around small functional areas or project teams (Ives, Torrey, & Gordon, 2000).

Most public sector human service organizations reflect strong divisional structures based on groups of practitioners

who focus on individual decision-making with clients. There is minimal group decision making or problem-solving when staff are concerned primarily with their own caseload. These departmental structures provide for very little internal networking and even fewer informal or formal opportunities to share knowledge across departments (van Beveren, 2003).

LEADERSHIP

Top and middle management leadership is crucial to the success of knowledge management. As Mason and Pauleen (2003) noted, knowledge management will only happen when top management is understanding and committed to the process. The lack of senior management support, “buy-in”, and encouragement can prevent knowledge management from being infused throughout the organization. Gaining the support of those with access to additional resources, policy, and overall direction can create an environment in which it is expected that staff members will share their knowledge and insight (Riege, 2005). For example, managers need to lead by example in sharing their own failures, lessons learned, and insights.

EDUCATION AND REWARD SYSTEMS

Currently, managers and front line staff have a low awareness of the value and benefit of sharing knowledge with one another (Mason and Pauleen, 2003). There is a perception in many organizations that sharing one’s knowledge may reduce or jeopardize one’s job security (Riege, 2005; Murray, 2001). In some cases, this can result in the hoarding of knowledge (Edge, 2005). Organizations spend the majority of their training time and resources on sharing explicit knowledge, rather than identifying, valuing, and learning to disseminate the tacit knowledge that exists within the organization’s workforce.

Effective knowledge management can be found in organizations where knowledge sharing is valued, evaluated, and rewarded (Reige, 2005, McDermott & O’Dell, 2001). For example, to what extent do current reward and evaluation systems encourage shared knowledge? Are knowledge sharing actions praised or do they go unnoticed? The informal reward systems and the formal employee evaluation procedures need to be assessed as part of implementing knowledge management systems. Master and Pauleen (2003) noted that several large companies with established knowledge management strategies focus on formal performance reviews using criteria related to capturing valuable knowledge, archiving it, sharing it, and making use of the knowledge of others. The formality of including the ability

to effectively share knowledge in an annual performance review process provides a clear reminder to staff of the organization’s commitment to knowledge management.

Strategies for Implementing Knowledge Management

The successful implementation of knowledge management involves a cultural transformation within an organization and requires the deliberate actions of management as well as employees (Grossman, 2006). An effective knowledge management initiative represents long-term change and “does not have a beginning and an end. Rather, it is ongoing, organic, and ever-evolving” (Office of Security Defense, 2002). Managers embarking on the implementation of a knowledge management system need to assess a variety of aspects of organizational culture and develop strategies that fit the uniqueness of the organization. McDermott and O’Dell (2001) have identified five lessons for implementing knowledge management:

- 1 make a visible connection between knowledge sharing and organizational goals, problems, or expected results
- 2 match the overall style of the organization to the knowledge management program, making knowledge sharing a natural step and building on the strengths of the organization rather than simply replicating practices developed by other organizations
- 3 link knowledge sharing with values held by the organization and employees including expectations, language, and mission
- 4 enhance and build upon natural networks already in existence in the organization
- 5 utilize influential peers to increase knowledge sharing and find ways to build knowledge sharing into routine performance reviews.

While the literature on approaches to implementing knowledge management has grown, the common components continue to include: 1) the creation of knowledge, 2) the capturing knowledge, 3) the organization and refinement of knowledge, and 4) the transferring or dissemination of knowledge throughout the organization (Awad & Ghaziri, 2004; McAdam and Reid, 2000; Edge, 2005; Nonaka and Takeuchi, 1995) For example, knowledge creation includes accessing the knowledge that currently exists within the organization as well as the creation of new knowledge through social interaction. Capturing knowledge involves the organizational value of making knowledge an explicit aspect of organizational life. The organizing and refinement of knowledge deals with the more technical as-

pects of codifying, filtering, or cataloging knowledge so that others can understand and access it. And finally, dissemination involves orientation and training strategies. Each of these components has multiple strategies for implementation but are beyond the scope of this analysis. Rather, the overall approach and strategies for implementing a knowledge management system are identified.

Organizations have approached a knowledge management system from a multitude of approaches. However, to make forward progress it is generally “advisable to do a number of things along multiple fronts—technical, organizational, cultural—rather than focus on one topic” (Davenport & Prusak, 2000 p.165). Drawing on five lessons identified by McDermott and O’Dell (2001) as well as lessons identified by Davenport and Prusak (2000), the following strategies (in no particular priority) should be considered when implementing a knowledge management system:

Strategy #1: Build a visible connection between knowledge sharing and organizational goals and outcomes

An organization deciding to implement an agency-wide knowledge management system should first assess the visible ways that the organization currently engages in knowledge sharing. Do organizational goals and strategies provide for the use of knowledge sharing? Does the agency explicitly articulate the importance of and use of data-based decision-making? If the organizational mission and service goals do not explicitly state the use of knowledge and knowledge sharing, it will be more difficult to convey to staff the importance of knowledge management. Many successful organizations seeking to implement a knowledge management system have recreated the identity of the organization to include the importance of knowledge sharing. The creation of a brand or tag line in agency publications also conveys a message to staff that knowledge is valued and utilized whenever possible. While some organizations may choose to develop a high profile knowledge management initiative in order to redefine themselves as a knowledge seeking and utilizing organization, others may choose a low-key strategy that infuses knowledge management throughout the organization by connecting knowledge sharing to their departmental goals. For example, if the organizational goal is, “create an integrated, coordinated system of care”, a knowledge-inclusive goal could read, “create an integrated, coordinated system of care utilizing the knowledge of all participants”.

Successful knowledge management organizations have also started implementation efforts by connecting the im-

portance of knowledge sharing with a problem currently facing the organization. For example, the loss of key personnel and the perceived need to “reinvent the wheel” are problems that can inhibit reaching organizational goals. These concerns can be connected to the concept of improved knowledge management by collecting and disseminating practice wisdom (tacit knowledge) from those exiting the organization (Austin & Gilmore, 1993). Knowledge management can be framed as a strategy to reduce wasted time that prohibits staff from meeting organizational goals.

Strategy # 2: Link knowledge sharing with values held by the organization including expectations, language, recognition, and mission.

Similar to the first strategy, the less-visible values that permeate the organization should be identified and assessed in order to develop a strategy for introducing knowledge sharing and knowledge management. If connected to a value already embraced by the staff, the introduction of knowledge sharing can be seen by staff as a way to further their belief in the original value, not necessarily their belief in knowledge sharing. For example, if collaboration is a value already understood and encouraged by the organization, knowledge sharing can be a method for promoting collaboration, thereby also increasing the likelihood that knowledge sharing will be embedded in the organization. As a result, knowledge sharing can strengthen an already existing value. In the same manner, if service efficiency is an organizational value, knowledge sharing can be seen as a strategy to reduce duplication and increase productivity.

The reward and recognition components of staff performance evaluation systems should also be assessed in order to determine their relationship to knowledge sharing values. For example, staff members who know they are being evaluated on their ability to use and share knowledge with their peers will be more likely to embrace the process. Promoting or praising staff based on what they know rather than how they share what they know can encourage a knowledge-hoarding rather than a knowledge sharing environment. A more formal staff recognition system can also be used to increase knowledge sharing. Regular recognition of employees who utilize best practices, share lessons learned, utilize promising practices, or demonstrate knowledge in action can serve as role models for knowledge sharing.

Strategy #3: Tailor the knowledge management system to the style of the organization so that knowledge sharing builds upon the strengths of the organization

One approach to introducing knowledge management into an existing organizational culture is to reflect on past organizational change efforts because organizations introduce and respond to change in different ways. For example, in a more formal organizational culture, the change process might include a memo from top management that explains the need for knowledge management mechanisms for sharing, the utilization of staff training and pilot projects to introduce knowledge management, and provides a description of expected outcomes.

Another approach to introducing knowledge management involves the assessment of the learning needs of staff. Using a modified version of a Learning Needs Analysis Tool developed by Clark, Holifield, and Chisholm (2005), managers are able to assess aspects of the organization's culture that can facilitate or inhibit knowledge sharing. For example, the inventory includes the following four aspects of an organization's culture related to knowledge sharing and highlighted in Figure 2: 1) team work, 2) reflection, 3) use of tacit knowledge, and 4) functioning as a learning organization. The *teamwork* component involves the staff's ability and interest in working together by assessing team skills related to levels of trust, strength of communication, and group interaction. The *reflection* component assesses the extent to which personal and professional reflection is viewed as part of everyday work. High levels of reflection involve questioning and extracting one's own knowledge and that of colleagues through open discussion of mistakes, lessons learned, and problem-solving practices. The *use of tacit knowledge* relates to an organization's understanding of tacit knowledge and the degree to which it is valued. High levels of understanding and appreciation can greatly facilitate knowledge sharing. The fourth section related to operating as a *learning organization* includes the staff's perceptions of the organization's commitment to learning, especially the importance of intellectual capital and the promotion of staff development.

Strategy #4: By identifying the breadth and depth of knowledge that already exists in the organization, staff can build upon existing sharing networks to disseminate this knowledge.

Organizations contain large amounts of tacit and explicit knowledge. Yet, staff members often do not know what knowledge exists, where it is located, how it is accessed, and

how to effectively disseminate it. The majority of organizations currently have strategies and mechanisms for collecting and storing explicit information, but few have strategies for accessing tacit worker knowledge. A knowledge mapping exercise can serve as a first step in developing an inventory of what tacit knowledge exists among the staff members, where it is located, and how to access it.

Organizations, especially public sector organizations, collect and store data regarding client profiles and services provided. Line staff members collect the data and the information technology departments store and manage the information. Many organizations go a step further and disseminate the information in the form of monthly, quarterly, or annual reports. While many organizations have the explicit data available, they often fall short of translating this data into knowledge that can be utilized by staff. An essential ingredient of a knowledge management system is the capacity to translate existing organizational information into accessible knowledge for all levels of staff. Managers need to model for staff the process of translating information into knowledge for data-based decision-making.

While public sector organizations have repositories for storing internal information that can be translated into explicit knowledge, very few have repositories for the collection of tacit knowledge. The tacit knowledge, most commonly codified in the form of lessons learned, is not collected in many organizations. Often verbally disseminated through informal networks, tacit knowledge needs to be captured and stored in the same fashion as explicit information. Lessons learned from staff can be easily extracted, documented, and disseminated as well as continuously reassessed, altered, and shared. This tacit knowledge can be incorporated into staff orientation and training programs.

In addition to capturing tacit knowledge, it is also important to understand the natural and informal networks that staff members use to find out who knows what, where to get advice, and how to learn more about enhancing their professional practice. Effective informal networks often reflect established trust, open communication, and a mutual obligation to share knowledge. Staff meetings and case conferences are locations where staff share knowledge on a regular basis. Managers may not have access to the informal networks where staff are comfortable questioning, doubting, or sharing lessons learned. In order to identify the most effective networks for introducing knowledge sharing, managers need to know where staff members naturally turn to get knowledge for problem-solving and their preferences for using technology or face-to-face interactions.

FIGURE 2
Staff Inventory for Assessing a Knowledge Sharing Culture

Team Skills

Levels of Trust

- Staff have trust in their colleagues to reflect on personal and professional issues
- There is an atmosphere of trust in the organization
- I have participated in learning dialogues with colleagues I trust

Communication

- Staff are expected to communicate with each other
- Organization supports the development of different communication techniques
- Effective communication is a priority for the organization

Group work

- Staff value the use of working in groups
- Working in groups helps me to advance my skills

Reflection

Open discussion of mistakes

- The organization encourages learning from mistakes
- There is space to share successes and failures
- The organization is one where there is comfort in questioning underlying assumptions

Comfort with colleagues

- Staff are comfortable with open discussion among their colleagues
- Staff have trust and comfort in publicly reflecting on their practice

Dialogue of lessons learned

- Organization encourages sharing and sees learning as part of everyone's job

- There is progressive discussion on what they learn from delivery of services
- Team meetings allow space to reflect on working practices

Problem-solving practices

- Critical reflection is best achieved in a team of colleagues
- The organization is based on reflection, not action
- Staff are encouraged to constantly think about their problem-solving practices

Use of Tacit Knowledge

Level of Understanding

- Organization has made staff aware of what tacit knowledge is
- Tacit knowledge is explained through work activities

Value of Tacit Knowledge

- Tacit knowledge is discussed in the organization as being important for the future
- Updating tacit knowledge important to the sustainability of the organization

Learning Organization

Importance of intellectual capital

- Organization regards individuals as having a key role in developing the organization
- Knowledge based skills are actively pursued by the organization

Promotion of staff development.

- Organization is driven by providing learning opportunities for the individual
- Management acts as a mentor for my learning

Strategy #5: Identify the key knowledge workers within the organization as well as the roles and responsibilities of all staff to increase knowledge sharing.

Knowledge management in an organization begins with the staff members who create, hold, and share knowledge. In addition, each organization needs to identify individuals who already function as knowledge workers; namely, someone skilled at transforming experience into knowledge by capturing, assessing, applying, sharing, and disseminating it in order to solve problems and/or achieve outcomes. A knowledge worker is a critical thinker, a continuous learner,

an innovative thinker, team player, a creative risk-taker, and someone committed to the value of knowledge (Awad & Ghaziri, 2004). These personal traits are often complemented by systems-oriented skills related to an ability to identify strategies needed to capture and disseminate knowledge, an understanding of barriers and facilitators of knowledge sharing, and an understanding of the technological issues involved in sharing and dissemination. Individuals who possess these skills can be found throughout the agency at all levels. Once identified, these individuals should be recruited to assist in the implementation of knowledge management strategies and empowered to influence others. Knowledge

management leaders should assess all levels of the agency to identify 1) who are the natural knowledge workers, 2) who are the potential knowledge workers, and 3) the role and responsibilities of each worker to share knowledge.

While certain individuals are naturally oriented to knowledge sharing, each worker at every level of the organization can play a role in the implementation of a knowledge management strategy. These roles and responsibilities can be incorporated into in-service training, hiring practices, worker expectations, and reward systems. In assessing an organization prior to implementing knowledge management strategies, leaders need to evaluate how well different levels of staff carry out the following roles and responsibilities:

Senior level staff: Since the implementation of knowledge management strategies requires top-level support and leadership, the following roles and responsibilities can help infuse knowledge management throughout the organization:

- *Set an example of being a knowledge user and sharer.* Senior level staff need to provide public examples of how they question, gather, analyze, and utilize data for their decision-making. A transparent decision-making process will begin to increase the value of questioning, brainstorming, exchanging ideas, and making informed decisions.
- *Make visible connections between knowledge sharing and organizational goals.* Senior managers need to find ways to state repeatedly, internally and externally, that knowledge management and organizational learning is critical to achieving the goals of the organization.
- *Link knowledge management to the organization's culture related to mission, values, and expectations.* Infusing knowledge management language throughout the organization will help to transform the culture of the organization in order to feature knowledge sharing as part of everyday problem solving.
- *Allocate resources to knowledge management strategies and infrastructure development.* Allowing staff time to participate in knowledge sharing networks or a knowledge management task force, investing in technology to increase peer sharing, or hiring staff responsible for capturing and disseminating knowledge.

Middle Managers: Middle managers play an important role in instilling knowledge management values throughout the agency. They translate the overarching organizational knowledge management strategies into practical activities that support line staff. Middle managers are the enablers, supporters, and champions of knowledge management and

need to be able to model the following roles and responsibilities:

- *Ability to extract and document information from staff.* Middle managers are in direct contact with line staff who possess considerable amounts of tacit knowledge. Middle managers should be skilled at extracting important information from their staff. Once extracted, middle managers should be responsible for organizing and disseminating this information as needed.
- *Encourage risk-taking, innovation, and regular review of lessons learned.* Middle managers are responsible for creating open environments that allow discussion of mistakes, reasons for successes, and continuous dialogue regarding lessons learned.
- *Develop reward structures that encourage sharing.* Middle managers need to develop mechanisms that foster internal and external rewards for sharing, rather than hoarding knowledge.
- *Promote transparency.* Middle managers that are transparent with their own processes related to questioning and doubting, information gathering, and decision-making will increase the value of learning for others.
- *Provide leadership.* Middle managers need to coach and mentor line staff who are exploring, questioning, and seeking opportunities to learn and share.

Line staff: Line staff are responsible for being knowledge learners in their daily interactions with clients, coworkers, and managers. Line staff that display the following are demonstrating a commitment to knowledge management:

- Search out, create, share, and use knowledge in their everyday interactions
- Continuously questioning self and others
- Critically thinking about their approach to work and reviewing past cases for lessons learned (positive and negative)

Strategy #6: Utilize a knowledge management task force or committee to facilitate the implementation of knowledge management strategies

While knowledge management is most successful when it is part of everyone's job, it usually requires the efforts of dedicated staff to embed knowledge management strategies into an organization, especially during the beginning phases of change. Many for-profit organizations have appointed chief knowledge officers (CKOs) whose sole responsibility is to create knowledge management systems. While this approach may be appropriate for the for-profit sector, it may be more appropriate in the non-profit and public sectors to create a knowledge manage-

FIGURE 3
**Strategies For Implementing a
 Knowledge Management System in a Human Service Organization**

Multiple Strategies

Strategy #1: Build a visible connection between knowledge sharing and organizational goals and outcomes

Strategy # 2: Link knowledge sharing with values held by the organization including expectations, language, recognition, and mission.

Strategy #3: Tailor the knowledge management system to the style of the organization so that knowledge sharing builds upon the strengths of the organization

Strategy #4: By identifying the breadth and depth of knowledge that already exists in the organization, staff can build upon existing sharing networks to disseminate this knowledge.

Strategy #5: Identify the key knowledge workers within the organization as well as the roles and responsibilities of all staff to increase knowledge sharing.

Strategy #6: Utilize a knowledge management task force or committee to facilitate the implementation of knowledge management strategies

Roles and Responsibilities

Senior level staff:

- Set an example of being a knowledge user and sharer
- Make visible connections between knowledge sharing and organizational goals.
- Link knowledge management to the mission, values, and expectations.

- Allocate resources to knowledge management strategies and infrastructure development.

Middle Managers:

- Demonstrate ability to extract and document information from staff
- Encourage risk-taking, innovation, and regular review of lessons learned
- Develop reward structures that encourage sharing
- Promote transparency by modeling their own knowledge sharing processes
- Provide leadership, coaching, and mentoring

Line staff:

- Search out, create, share, and use knowledge in their everyday interactions
- Continuously questioning self and others
- Critically think about their approach to work and review past cases for lessons learned

Knowledge Manager and Representative Task Force Staff:

- Advocate for knowledge and learning.
- Design, implement, and oversee the organizations knowledge infrastructure.
- Provide input into the process of knowledge creation and use in the organization.
- Develop strategies to increase senior, middle, and line staff knowledge and skills in knowledge sharing.

ment task force that includes individuals from all levels of the organization. This task force carries similar responsibilities and should be comprised of individuals with similar skills embodied by a CKO. The task force members need to have a vision of how they want knowledge management to function in their agency. They “should spur and catalyze the imagination, encouraging workers to think about the future in improvisational and innovation ways” (Office of Security Defense, 2002, p. 4). In addition, the task force should be viewed as a change agent with the following mandate: 1) bring a hybrid of management and service delivery expertise to the agency, 2) challenge conventional or traditional approaches to system delivery, 3) understand IT principles, 4) be managers with broad organizational experience, 5) bridge the gap between technology and service delivery, and 6) be avid learners who seek ad-

vice, ask questions, and seek new ideas (Office of Security Defense, 2002).

Ideally, a task force within the public sector would include all levels of staff whereby senior managers, middle managers, and line staff would work together to build a knowledge culture and create a knowledge management structure. Such a group could assume the following roles and responsibilities:

- *Advocate for knowledge and learning.* By including knowledge sharing language into everyday language, actions, and work of the organization, it should be possible to see the impact on the mission, values, and goals of the organization. Is there a clear commitment to becoming a learning organization? Do performance evaluation procedures promote knowledge hoarding or knowledge sharing?

- *Design, implement, and oversee the organizations knowledge infrastructure.* Identify where knowledge is currently created, transferred, documented, and stored. Build protocols and mechanisms to document lessons learned.
- *Provide input into the process of knowledge creation and use in the organization.* Support managers in their efforts to include knowledge creation and sharing in their programs (i.e. during staff meetings, case conferences, supervision).
- *Develop strategies to increase the knowledge sharing skills of senior, middle, and direct service staff.*

Conclusion

Knowledge management starts as a *process* of understanding the value an agency places on knowledge and gathering a clear picture of where knowledge exists within the agency. Beginning with an agency assessment, managers are able to gauge the organization's commitment to learning, understand the current organizational culture, and gather insight into the current internal inhibitors and facilitators of knowledge sharing. From this assessment, managers can effectively design a knowledge management initiative that fits the organization.

Since its inception, knowledge management has encountered serious issues, including excessive hype and flawed approaches that have hindered acceptance and limited the potential benefits (CIO Council, n/d). While numerous knowledge management approaches exist, the consistent recommendation from research is to connect the knowledge management approach to the currently operating *structure of the organization*. Knowledge management can be an elusive, visionary concept that gets lost in the translation of key principles into practice. Connecting the knowledge management initiative to a current organizational priority can increase the likelihood of successful implementation. Equipped with the information from the organizational assessment, managers need to explore different ways of making knowledge management relevant to staff by building something that staff understand and need to change.

Implementing a knowledge management system is a slow process that cannot be forced. There is not a precise beginning and definite ending to a knowledge management initiative. Rather, the process is characterized as one of exploration and experimentation. Agencies that are open to fresh, new ideas and continuously searching for better ways to serve clients should prove to be the most effective and successful in implementing knowledge management processes.

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