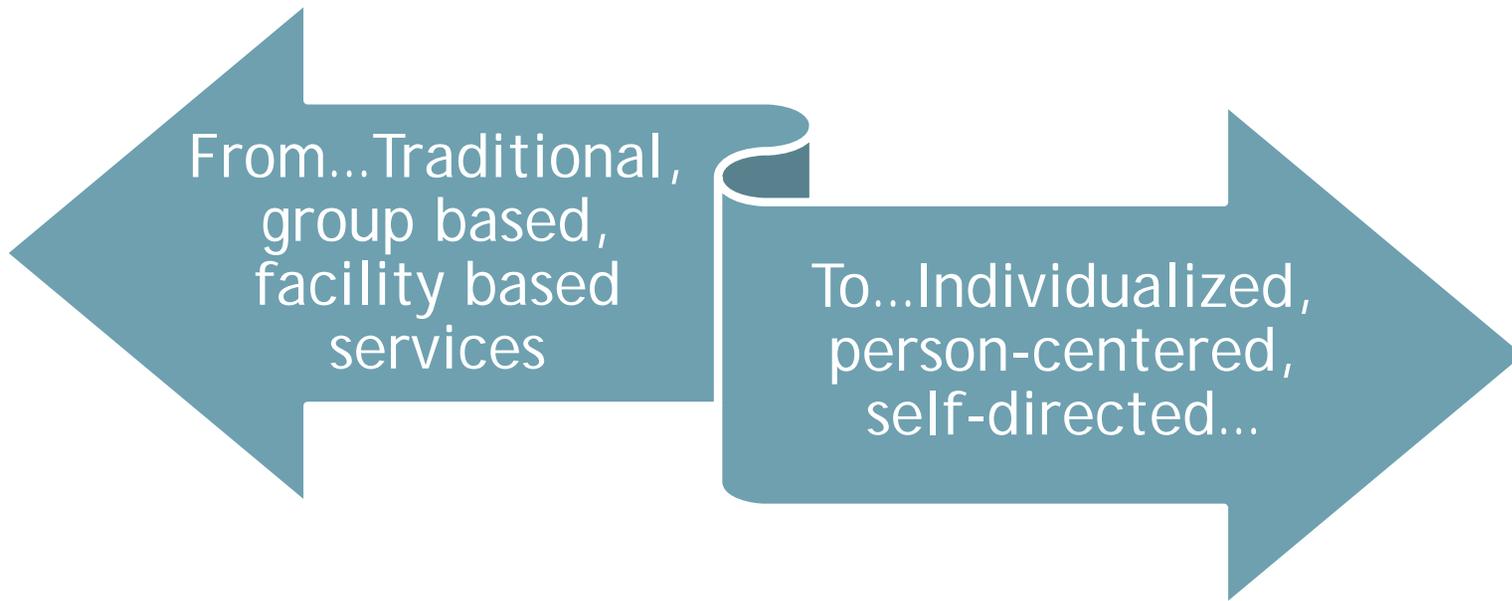


ORGANIZATIONAL CHANGE: APPROACHES AND STRATEGIES

Pam Walker
Center on Human Policy
Syracuse University
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ORGANIZATIONAL CHANGE

- ◎ In our field, there has been a significant amount of change in language—
“individualized,” “person-centered”
- ◎ Organizations sometimes close facilities, group homes, downsize, assist people to live in their own places in the community; but at the same time, still don’t really change the model of service and the culture of the organization
- ◎ How to distinguish what is **authentic** change?

AUTHENTIC ORGANIZATIONAL CHANGE

FOUNDATIONAL, CULTURAL CHANGE, that is:

Successful—ultimately, at assisting people to lead better quality lives

Sustainable—organizational values/mission and structures that facilitate supporting people to lead better quality lives

“Such change is systematic, takes times, planning and patience. Such change is not done by just tweaking parts of the system in isolation.”
(Hanninen, n.d.)

“Offering individualized supports calls for transformational change. It is not simply a matter of attracting additional money and solving technical problems.” (O’Brien, 2009)

“Failure to do the developmental work necessary to make this transformation will result in a great deal of activity that renames usual practices and makes small improvements within the boundaries of current structures.” (O’Brien, 2009)

Approaches to Organizational Change

Self-determination/
consumer
control

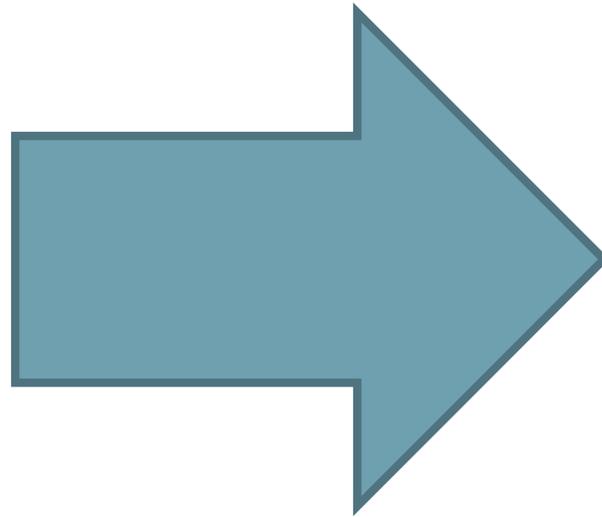
Person-
centered
planning

Community
inclusion/
better quality lives/
normalization

SD APPROACH

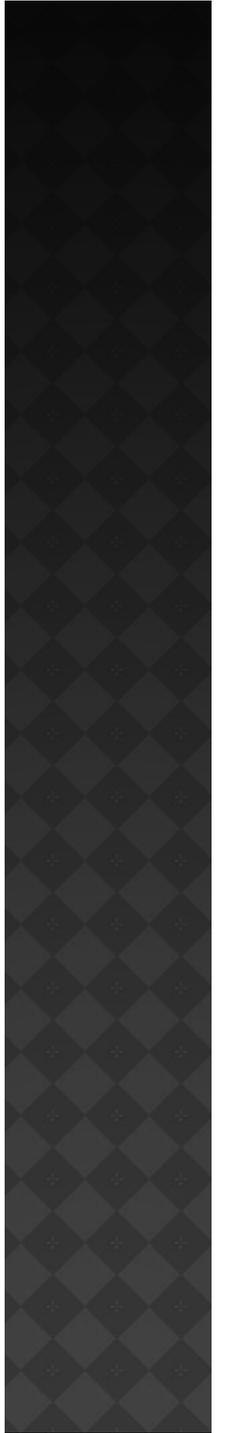
CLS—Wayne & Oakland Counties, MI

From: “The organization was Medicaid-driven and clinician driven; there was no person-centered planning nor much choice. We moved people like chess pieces.”



To: Since 1995, the number of people in licensed group homes has decreased from over 1,200 to 700; the number of individuals in their own homes has increased from 300 to 1,200.





CLS

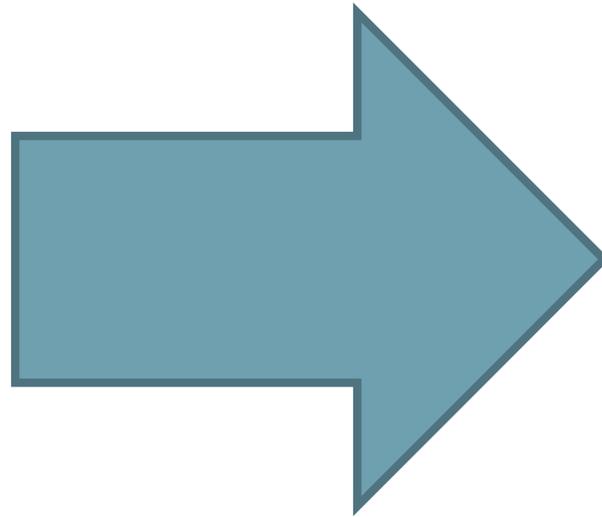
Keys:

- ⦿ New mission and vision as cornerstone
- ⦿ Changing operations and finance systems to align with SD
- ⦿ Changing role of residential service providers
- ⦿ Move away from clinical services
- ⦿ Facilitated by state context of SD
- ⦿ Long-haul work at transformation (over 15 years)

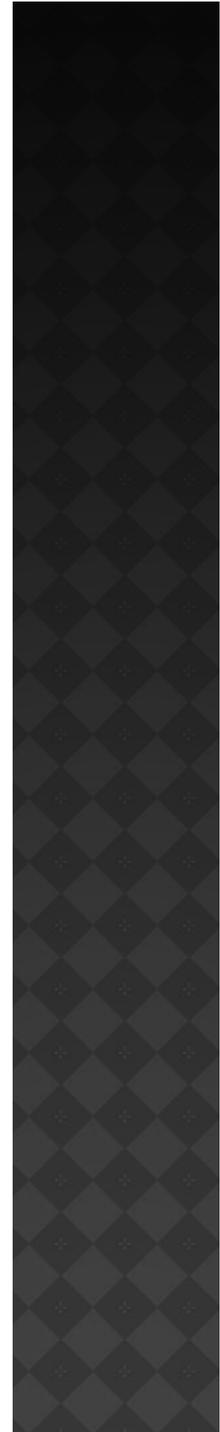
PCP APPROACH

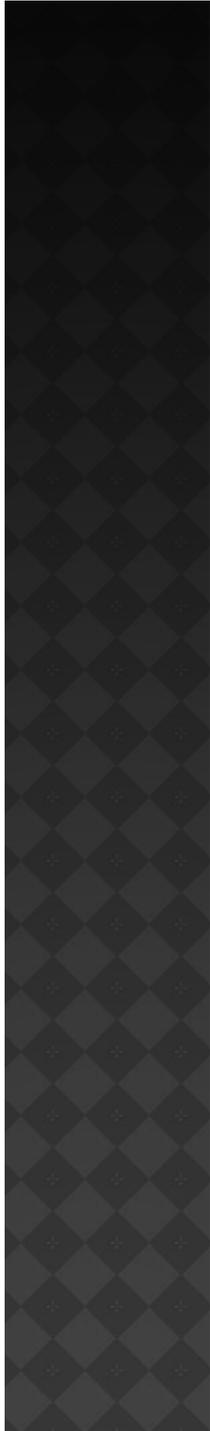
Arc of Howard County

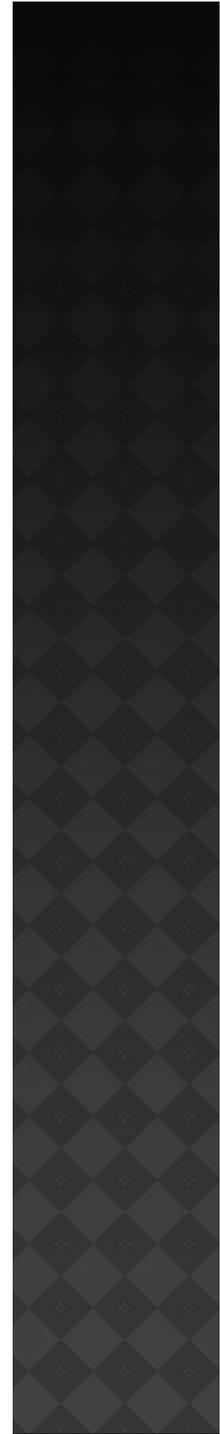
From: An organization that had been moving away from some of its facility-based and group based supports; but, person-centered planning had become routinized: "It's hard not to get bogged down in the day to day work."



To: An organization that is changing based on reclaiming person-centered planning







ARC OF HOWARD COUNTY

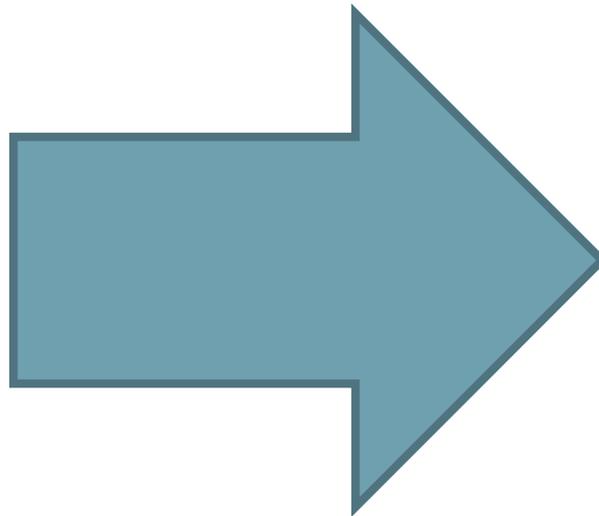
Keys:

- ⦿ Facilitated by state context: Maryland Community of Practice
- ⦿ Focus on individual change for a few people each year
- ⦿ Organizational changes:
 - Training for core staff in PCP
 - Strengthening relationship with county housing
 - Changes in staff hiring

***TOWARD BETTER QUALITY,
MORE INCLUSIVE LIVES***

Onondaga Community Living/
Rensselaer County ARC

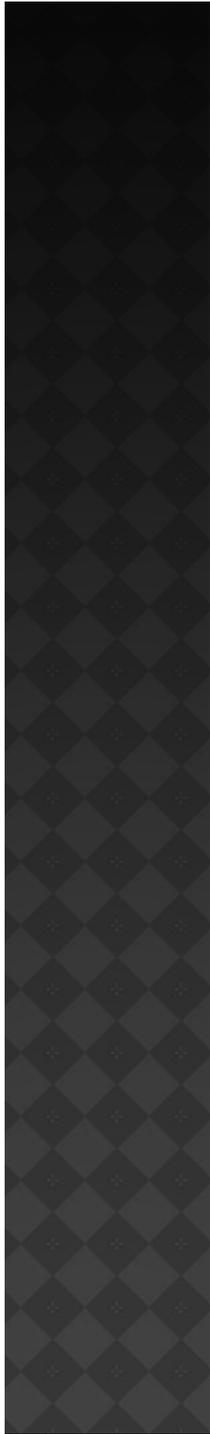
From:
Organizations
that provided
group homes,
among other
things (e.g.,
supported
living).

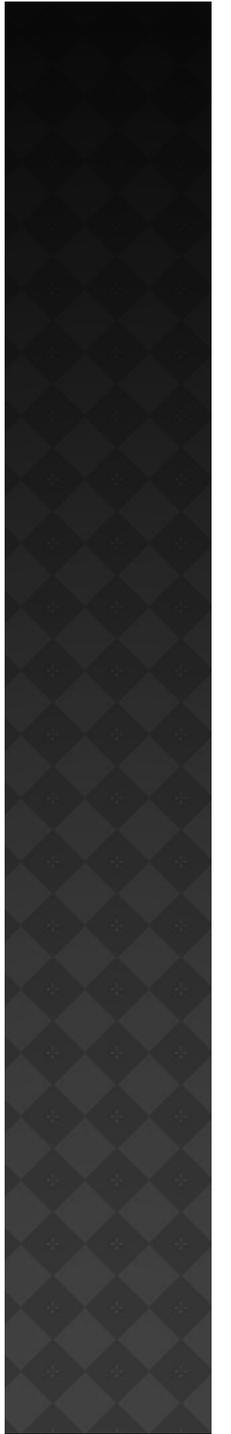


To: Organizations
that have worked
on group home
closure and
shifted to the
provision of
individualized
supports.









OCL/REN ARC

◎ Keys:

- Based on values/mission of creating better lives
- Combination of planning and support strategies
- Focus on one person at a time
- Additional focused group home closure efforts
- Strong shared leadership/teams
- Planning without preconceived notions, or all the answers in mind
 - “We have confidence in our skills sets and our creativity and in the process, and because we know those things, we don’t have to know the concrete numerical answers or licensing answers or HR answers, because we trust our process, our skills, our resources, our collegial process.”

COMMON STRATEGIES FOR AUTHENTIC CHANGE



STRATEGIES: INDIVIDUAL PLANNING AND CIRCLES

- ⦿ In-depth planning
- ⦿ Collaboration with individual, family
- ⦿ Circles that involve others outside the agency/empowerment of circles (ARCNCR)
- ⦿ Planning without preconceived answers in mind (OCL)
- ⦿ “PCP had become routinized.” (ARCHC)
- ⦿ “PCP works if you do it.” (ARCNCR)
- ⦿ People’s ownership/investment—having it up on their walls

STRATEGIES: ORGANIZATIONAL PLANNING

- ⦿ need to pull in strategic thinkers (UGARC)
- ⦿ gave us direction for our changes (RSL/NC)
- ⦿ plan that is not put on a shelf but is used as a guide for action

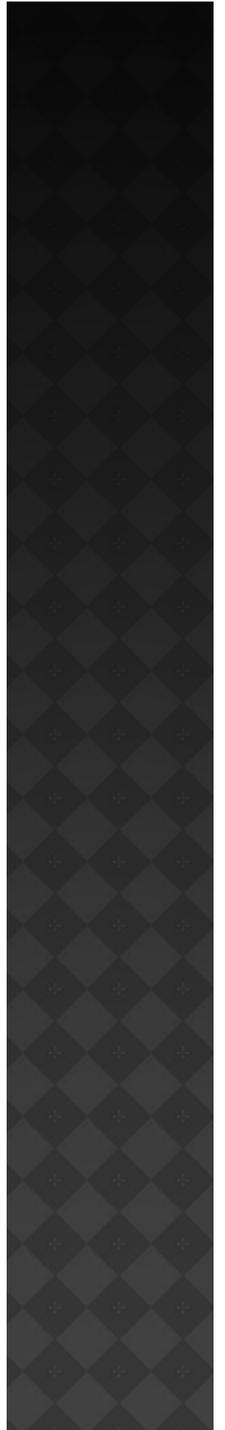
“What still drives us today is the Strategic Plan we did in 1990.” (TQ)

STRATEGIES: GENERATING SHARED VISION, SHARED LEADERSHIP, AND COMMITMENT

- ◉ Shared vision: “Many leaders have visions that never get translated into shared visions.” (Senge, 1990, p. 9)
- ◉ Shared leadership: “It’s just not possible any longer to figure it out from the top, and have everyone else following the orders of the “grand strategist.” The organizations that will truly excel in the future will be the organizations that discover how to tap people’s commitment and capacity to learn at all levels of the organization.” (Senge, 1990, p. 4)

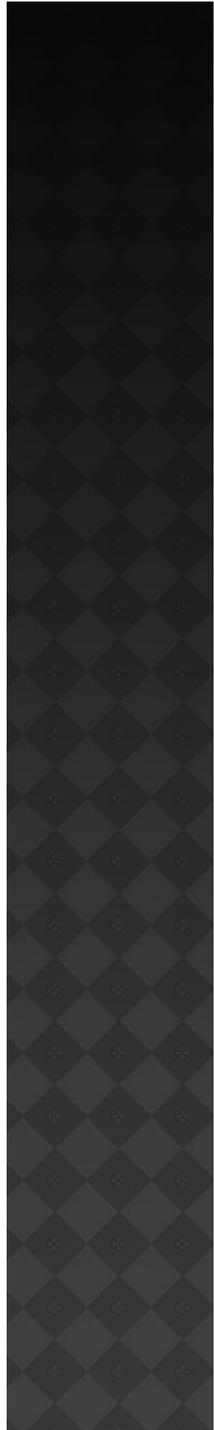
GENERATING SHARED VISION, SHARED LEADERSHIP, AND COMMITMENT

- ⦿ involving staff in decision making, problem-solving, etc.
- ⦿ decision-making based on values/mission
- ⦿ encourage staff to come up with ideas, strategies, try things out
- ⦿ making time in organizations for open conversations (listening to each other, questioning, debating, etc.)
- ⦿ retreats
- ⦿ part of national dialog
- ⦿ use of national consultants



STRATEGIES: DESIGNING COMMUNITY SUPPORTS FOR ALL

- ◎ Unpaid housemates (OCL)
- ◎ Paid neighbors (Ren Arc)
- ◎ Creative funding (“wizards”)
 - “Here’s how it works. .. We have two wizards who can go into this big bucket of money we have, and they take a little from here, and a little from here, and they come back and say, here’s how we’re going to do it.” (Ren Arc)
- ◎ Blended funding
 - Day/residential together
 - Looking at all the funding sources together (dis/nondis) (MD Comm of Practice)



STRATEGIES: INCREASED CONTROL

- ◎ IBs (though not necessarily within an IB system)
 - “They had no apparent difficulty maintaining a set of internal individual budgets that divided up systems resources such that each person’s costs of services were linked to their unique personal needs and priorities.” (Kendrick, 2009)
- ◎ Guardianships
- ◎ Hiring/selecting own staff

STRATEGIES: NEW COLLABORATIONS

Within agency

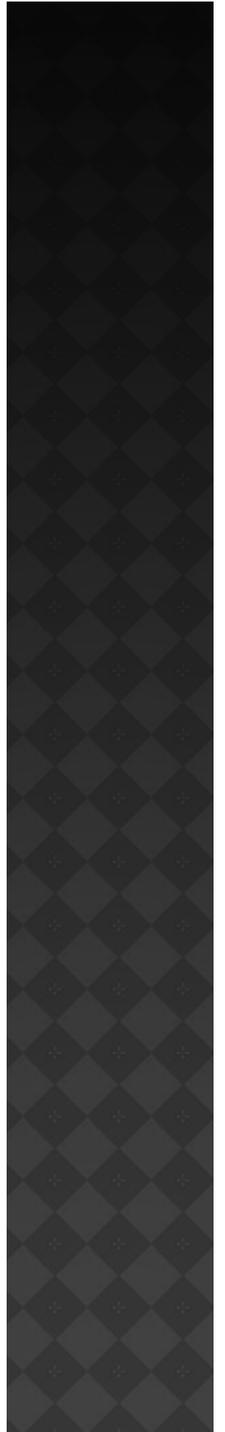
- ◎ Working across departments—(e.g., residential, vocational, service coordination, HR, etc.)
 - Drawing in HR, finance people
 - When people in organizations focus only on their position, they have little sense of responsibility for the results produced when all positions interact. Moreover, when results are disappointing, it can be very difficult to know why.” (Senge, 1990, p. 19)

Within community

- ◎ Focus on housing (e.g., MD community of practice)

STRATEGIES SHIFT IN CLINICAL SERVICES

- ◉ Radical reduction of clinical services (CLS)
- ◉ Addition of some clinical services (RenArc)



STRATEGIES: DEDICATED POSITIONS WITHIN ORGANIZATIONS

- ◉ Director of Innovation (Ren Arc)
- ◉ Coordinator of Community of Practice Initiative (ARCNCR)
- ◉ Associate Executive Director—with charge to develop/operationalize individualized supports (UGARC)

STRATEGIES: FACILITY CLOSURE

- ◎ One person at a time approach - leads to closure or smaller group homes and individualized settings for increased numbers
- ◎ Focused closure efforts
 - DD Council funding
 - Consultants for planning, etc.
- ◎ Not an end, but a new beginning

STRATEGIES: DISCONTINUING SERVICES

- ⦿ No more group homes (OCL)
- ⦿ No more large group homes
- ⦿ No people together unless they have known each other before and want to live together (OCL)
- ⦿ Decision to not be all things to all people

STRATEGIES: ADDING NEW SERVICES

- ◎ New types of services
 - Postsecondary (OCL)
 - Aging, homeless (CLS, Gateways)
- ◎ Expansion into new region (e.g., CLS)
- ◎ Spinning off new agency

STRATEGIES: EVALUATING/MEASURING CHANGE

◎ Measurable indicators:

- # of people per household (CLS, Ren Arc)
- # of SD services
- Guardianship reversals
- Behavioral incidents
- Medication
- Staff turnover (UG, CLS)
- Average costs (CLS)
- # of people who have moved out of congregate settings (e.g., Ren Arc)

◎ Immeasurable indicators:

- People more happy, content (use of satisfaction surveys, but not sole reliance on these; mostly on knowing people, life stories, etc.)
- Organizational - staff investment/commitment, alignment with mission/values

LESSONS

- ◎ **Facility closure—not an end, but a new beginning**

“What we were doing became unsustainable; we didn’t do a good job with circles and relationships; we kept all the power. So, we’d say we’re all about individual support, but we were far from it.”

- ◎ **Important to have reflexive learning from individual change to organizational change.**

- ◎ **Any organization can make some change (any size organization, in any state context)**

- Work on change for a few people
- Prioritize areas of change
- Even if can’t close facilities, stop doing those kind of services for new people

LESSONS

- ◎ **State context can facilitate, but organizational change can happen in its absence as well**
 - Org change does not require a broader system that is pursuing extensive individualization: “Agencies were often the only agency they knew in their state who had systematically converted from group to individual service models.: (Kendrick, 2009, p. 50)
 - Don’t wait for state to change before making local/regional changes

- ◎ **Learning community context is valuable (e.g., NY, MD, NC)**
 - “SIB has become a lifeline for us; it has challenged us to think differently, it has given us direction, and has helped us map out where we are and where we want to go.”
 - TA from consultants
 - Sharing ideas and strategies among organization
 - Dialog among providers, state, service coordination
 - “Instead of transmitting a program of instructions for change, the Institute has been a continuing learning process for its designers as well as its participants.” (O’Brien, 2009)

LESSONS

- ◎ **Generating commitment (through shared vision, leadership, etc.) is essential.**
 - In most organizations, relatively few people are enrolled; fewer people are committed; the great majority are in a state of compliance. The committed person brings energy, passion, and excitement." (Senge, 1990, p. 203)

- ◎ **Conversion to individualized supports is not more expensive, overall.**
 - Kendrick—net costs of individualization in the aggregate were within the range of normative per capita costs in that system; all of the agencies had been able to maintain a balanced budget through the entirety of their period of individualization;
 - changed using same funding sources as others, but did need creativity, "wizards"
 - "People ask, isn't individualized more expensive; some people do cost less, and then others cost way more. Our budget balances; we're financially healthy, and we've been doing this for 12 years or more." (Ren Arc)

- ◎ **Disability organizations can't do it all—collaboration is crucial.**
 - "The only way I can make that happen is helping people plan, and bringing in those circles to carry the commitment. If I have to carry the commitment for 180 people, I can't do it." (TQ)

CONCLUSIONS

For authentic change:

- ◎ **Clear mission:** “Know what your compass direction is; otherwise, it’s easy to get blown off course.” (Pat F.)
- ◎ **Continual learning and self-examination:** ongoing reexamination of self as an org. and what you are doing in the name of SD, individualized, etc.; culture of this —This was an organization that was progressive, but then stayed stuck there.”
 - Learning org (Senge). Where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together.”
- ◎ **Perseverance:** Some organizations have been working on this for 15 or 20 years. It is an ongoing process. TQ—“You don’t have to have all the answers; you just have to be willing to be in the process.”
- ◎ **No one model or way to do it.** Each organization’s path will be unique.

RESOURCES ON ORGANIZATIONAL CHANGE

- ◉ Walker, P. (2009). *Getting A Life In Wayne And Oakland Counties, Michigan: Using Self-Determination As A Foundation For Organizational Change* [Organizational Transformation Series]. Syracuse, NY: Center on Human Policy, Syracuse University. Available: <http://disabilitystudies.syr.edu/resources/downloadgettingalife.aspx>
- ◉ Walker, P. (2010). *Arc of Howard County, Maryland: Reclaiming Person-centered Planning*. [Organizational Transformation Series]. Syracuse, NY: Center on Human Policy, Syracuse University. Available: <http://disabilitystudies.syr.edu/resources/downloadarcofhowardcounty.aspx>
- ◉ Kendrick, M. J. (2009). Some lessons concerning agency transformation towards personalised services. *The International Journal of Leadership in Public Services*, 5(1), 47-54.
- ◉ Fratangelo, P., Olney, M., & Lehr, S. (2001). One person at a time: How one agency changed from group to individualized services for people with disabilities. St. Augustine, FL: TRN.
- ◉ Senge, P. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Doubleday.
- ◉ O'Brien, J. (2009). NYSACRA Learning Institute on Innovation in Individualized Supports: A learning history.