A FIO PARTNERS PERSPECTIVE:

Client Centered Models: Implications for Management

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There is an enormous transition underway that has been evolving for the last ten to fifteen years. It began in the field of developmental disabilities, has continued in mental health services for those with chronic disease, and has spread to children's mental health and, in some regions, to services to families with children with disabilities. The involvement of consumers in all aspects of service delivery and service design and the creation of systems of care, from the perspective of evaluating health and human services, are among the most promising contributions to service effectiveness of our generation. FIO Partners interest in this issue is not academic as we are asked continuously to help our clients, whether funders or agencies, to grapple with this transition.

The profound shift from agency/funder expert models of service delivery to models that place the consumer and his/her natural support systems at the center of service planning offers the opportunity to rethink how health and human services are delivered. Too often, however, it appears that the funder-consumer-provider relationship is, in fact, yet one more dysfunctional power struggle. Executive Directors complain that the new involvement of consumers at the policy level with funders cuts them out of the policy making arena and leads to policy development that can't be implemented. Funders, in an effort to offset the power imbalance between consumers and providers, do sometimes push providers out of the decision making, behaving as if it is their role to protect consumers from providers. Consumers and consumer advocates realize, however, that undermining the provider system will not work and that providers who are forced to implement programs that can't work practically or financially will not serve them well.

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From our perspective, the implementation of consumer centered models is about effectiveness. There is good evidence that people who have ownership over decision-processes have more commitment to see those processes work, that the path an individual chooses is more likely to be followed than the path an individual is forced, for lack of other options, to choose. Is it not more cost effective to solve a problem once than to attempt to solve it over and over again, failing each time to successfully engage the consumer in self-care? We are interested in helping our clients, whether funders or agencies, see the value of the thinking behind these models as they plan their programming because we want our clients to increase their effectiveness. That's about management adjusting service models based upon shared power relationships. What is missing from the literature about client centered models and from the literature on systems of care is any real acknowledgement that these shifts require something very different from the nonprofit managers who run organizations that attempt them.

Organizations, and the large systems into which they are often organized, tend to either do something *to* someone or *for* someone. While this approach can and does provide real benefit, it can also have unintended effects that are not beneficial. These unintended effects range from re-enforcing passivity and dependency to undermining a sense of personal competence, to preventing self-determination and personal responsibility or even belief in oneself. These effects can be all the more insidious because they are often invisible.

It is our belief that health and human services should be viewed as a collaborative process between consumer and service provider. All efforts to help a consumer should be undertaken *with* the consumer. This does not make the consumer "the boss" of the provider, instead it allows each party to the "service" transaction to exercise their own expertise: the provider has the information that the consumer needs to make good judgments about an appropriate intervention, and the consumer is the expert in his/her own life situation, desires, dreams, intentions, and relationships. This principle of balance in decision making must be embraced at all levels of service delivery, from the boundary of the organization where a consumer comes face to face with an employee to active involvement of consumers in policy development, quality assurance, and governance.

For all of us, of course, there are realistic constraints on choice. Sometimes there is no choice: in rural or isolated areas there is only one provider who has the skills to help with a particular difficulty. For the vast majority of regions in the US and Canada, however, that is not so. We make the case for higher transparency of the entire service system based on our belief that consumers will commit and engage more readily in services they have freely chosen…and that will make any provider more likely to succeed.

There is an inherent imbalance of power between provider and consumer with the consumer on the less powerful side, because the consumer is the seeker of help, lacks equivalent information, and may have a history of being dependent or disempowered. It is often not enough to have just the consumer present as the treatment plan is formulated or revised. Active efforts should be undertaken to involve individuals trusted by the consumer in the treatment planning process, whether a family member, friend or advocate. This means that the treatment planning process has to change to be more collaborative, educational, inclusive and empowering. And treatment planning must go beyond what provider A will do to consumer B and include consideration of how the planned treatment or services will interact within the context of the consumer's life. Formal treatment and services should be embedded in a wider array of natural supports of friends, family, community and life context.

But what does it mean to manage an organization that embraces these principles? Based on our experience, we see the following as some of the most important implications for management:

1. Client centered models have begun having "the money" follow the consumer's choices. Rather than a single contract to serve many consumers, organizations then have a contract for each consumer. Each contract may require a very different package of services. The implications for information management are enormous since Individual service provision must be tracked. Billing is far more complex and the volume of financial transactions rises dramatically.

2. Tying revenue to hundreds of individual service units makes planning much more difficult, particularly at first, when the organization has no history of consumer choices to examine or use as a basis for projection.

3. There are also very significant financial implications in that service packages and rates are sometimes not negotiated with the state but directly with consumers and families. States can contract funding in the system overall by reducing the average allocation to each consumer. When the consumer approaches the provider, they may come with a list of desired services that often cannot be covered by their state allocation. What results is a contraction of services for consumers as well as a reduction in overall funding for each agency. This contraction of services overall can lead to consolidation of service systems, with pressure on smaller providers to merge either with each other or with larger entities.

4 . A further implication of systems in which tunding follows the consumer is the need to market to consumers as individuals. Previously, or in current systems in which the state contracts for slots or for overall service packages, organizations had little need for either marketing knowledge or marketing materials.

5. Retraining of clinical experts to work as facilitators of consumer decision-making. These models counter the professional preparation of a myriad of health and human service professionals. There is substantial skill building required to undo the expert models and to replace them with new approaches that reposition the consumer in decision-making.

6. As noted above, system transparency is key to consumer choice. Again, when compared with previous approaches, organizations are now required to educate consumers about their choices. This may mean large blocks of unfunded effort in which a case worker spends time with a consumer but the consumer chooses another provider in the end.

7. Another piece of this puzzle is the need for caregiver supports. As hospitalization and residential care shrink as a proportion of all care for dependent persons, whether children or adults, family caregivers provide an increasing amount of daily care giving supports, making the care of dependent persons in our society increasingly a shared responsibility of agencies and families. Research demonstrates that caregivers often have higher incidences of physical health problems and higher incidences of depression and other mental health issues. Some estimate that the net effect in terms of stress on the caregiver can reduce lifespan by up to ten years. It is time to recognize, name and support this partnership appropriately, though again, these efforts are not likely to be funded within invidual service packages.

8. The final challenge we have identified is the meaningful Involvement of consumers at the policy/governance level. What happens when consumers are added to Boards of Directors? In our experience the quality of discussion and decision making goes up dramatically. The amount of time the Board spends talking about the quality of programs increases. When hard decisions need to be made, they are often made more humanely because consumers are there to remind everyone of what is at stake. Is it easy to make this work? No, it isn't. We are not talking about putting one isolated, silent consumer on a Board. We are talking about making active efforts to support and train consumers and other Board members, so that these interactions can be healthy and fruitful.

Conclusion

We strongly believe that consumer centered models are right action for providers of health and human services and strongly support the efforts of funders to move systems in this direction. We are concerned though that these efforts will fail if the capacity of organizations charged with implementing them are not attended to appropriately. We do not have all of the answers as to the implications of this shift for management, nor do we have a ready set of capacity building tools to help them but we are working at figuring it out and would gratefully open a dialogue with others who feel that they have insight into this issue and/or tools and approaches that have been successful. Please contact us at FIOPartners.com.