



A FIO PARTNERS PERSPECTIVE:

Systems Participation: A New Performance Criteria for Nonprofit Organizations

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A Community Foundation Director explained to me in the late 1970's that consultants of my generation would spend our lives trying to integrate what his generation built. Over the span of his career, he watched a unique service system evolve as a silo for each new community problem identified, with its own sets of agencies, courses of study, vocabulary, professional standards, and government bureaucracy to regulate how it was supposed to work. His concern then, as many people now recognize, was that people's problems and issues don't fit so neatly into the categorical systems his generation built. He saw the need to create community systems that would be generic and comprehensive, familiar and accessible to those they serve, and able to guide individuals and families to the widest array of services and supports, without regard to their initial reason for seeking help.

A few years later, I had reason to think of what he'd said while working with a group of substance abuse treatment and prevention organizations in a not very large city in the northeastern US. I was facilitating an all day retreat to consider what might be done to create a more cohesive, less confusing system of services for those with substance abuse issues. While I had facilitated a few similar discussions previously, this one stands out because it was attended by state and federal officials, advocates, and a wide range of non-profit organizations and there seemed to be a sincere desire to rearrange whatever needed to be rearranged in order to make services accessible to those who needed them. The organizers had tried hard to make the invitation list inclusive of anyone who had a vested interest in the issue, though there were no actual consumers in the room (something that would not, and should not, happen now).

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At one point in the discussion, someone suggested that we try to capture how the pieces and parts of the service system in this community fit together and then envision what might be better. We taped flip chart paper across the wall at the front of the room, realizing that we would need a great deal of space to draw the existing system. We divided the wall into three parts: interdiction (those efforts that tried to suppress the use of drugs and alcohol through arrest and punishment of illegal sales and illegal use); treatment (those services designed to aid in recovery from acute episodes or to aid in long term recovery from addiction); and, prevention (those efforts designed to suppress the use of drugs and alcohol via education, counseling, health programming, etc.). We listed all of the agencies and organizations involved in each area and then began to connect them by lines of referral or exchanges of information or influence.

We realized the entire system was dependent upon inputs from other community entities: the City council, School department, state legislature, various state departments, and the US Congress, and so we attempted to capture these inputs as well. And we recognized that there were a host of other entities who were influences on the system: national organizations promulgating best practices, universities conducting and publishing research. And we realized that the entities in the room included organizations whose staff regularly worked together and even more who had met for the first time that day; there were nonprofit organizations but also for profit businesses; there were police, corrections, human services and health professionals in the room, most of whom had no idea what their counterparts did. And there were wildly different philosophies: is substance abuse a health problem, a mental health problem, a personal problem best addressed by peer support, or a crime?

Then we did an exercise to identify whether any agencies were missing and discovered that the community entity who actually treated the largest number of individuals with substance abuse issues in any year was absent...the hospital with the largest emergency room in the city, and we realized that hardly anyone in the room had ever talked to them or attempted to work with them. With the help of the advocates present, we tried to overlay the experience of consumers as they sought help within what had quickly become a "picture" on our wall of chaos at work. As one participant pointed out, "There is nothing systemic about it...it is a 'heap'" rather than a system...a pile of seemingly related efforts that, in fact, relate poorly, if at all."

I recognize that this kind of dismaying experience is no longer news as one study group after another has cried out for systems integration, especially on behalf of those who are least able to navigate the complex mazes we call health and human service systems: those who are marginalized economically and those who are beset by multiple problems who are forced to seek services from multiple systems that rarely interconnect.

I have spent a fair amount of the last fifteen years trying to encourage collaborative approaches, supporting alliances between and among nonprofits and facilitating mergers. I have worked with foundations and government to convene nonprofits and encourage the development of platforms for practice improvement that can improve the accessibility of services and to build out service arrays where the gaps were obvious. I have had the opportunity to take a hard look at capacity building efforts in the nonprofit sector as I helped a community redesign its capacity building infrastructure to foster systems development. I remain convinced that the most important work any of us in can do is to help and encourage systems redesign...specifically the promulgation of consumer centric services as the driving force for systems change. More recently I have reached another conclusion: that we miss a driving force in this change process if we fail to make explicit, in our models, in our standard setting, in our teaching, and in expectations set by funders, that system participation is a requirement for any nonprofit organization in any arena of health and human services. By systems participation, I mean, how an organization chooses to manage its interactions with key components of its organizational environment.

What does that mean? Conceptually, that means from the moment a nonprofit (brand new or well established) begins to think about framing a new program, even at the earliest idea stage, that thinking should take place within a framework of knowledge about what already exists. First, the nonprofit must have solid knowledge of the data and evidence about community need. As a new program is planned, that planning should happen within the knowledge of how the planned program's methods relate to best and evidenced based practice in that field of service or related fields of service. Before asking for money to start a program, an analysis of what other organizations, both for profit and nonprofit, already do to address the need in that community should be undertaken. Who else already does this or does something similar?

Why is this concept better? As a new program evolves, a referral network should also be identified...where will consumers come from, to whom will they be referred for allied or supportive services? How this new program will fit within the array of community efforts underway must be addressed. And, perhaps most important of all, a sequenced approach to consumer involvement, including deep understanding of how consumers will benefit, should be integral to the design, implementation and evaluation efforts. This will ensure that the program will fit within the existing community system: churches, schools and informal helping networks. As a program continues through time, this base of information should be updated routinely.

Oh, of course, some will say. Isn't that just good practice? Well, as part of a recent contract, I had the unique opportunity to read, over four years, several hundred grant applications submitted to a corporate foundation, United Way, community foundation, City government Community Block Grant program, and a large private foundation. These grants ranged from \$5,000 to multi-million dollar requests, from small start up organizations to very large institutions. The proposing entities were arts, human service, health, education, and civic organizations. While this kind of preparatory thinking was evident in a few cases (and don't jump to the conclusion that it was the large institutions making multi-million dollar requests where it was most evident), largely there was no evidence that nonprofit organizations believe that this kind of systems thinking is a requirement for funding, or required at all. To be sure that what we were seeing was not simply due to the fact that funders really didn't ask about these issues in their grant guidelines, three of the funders agreed to alter their questions to request this type of information. While this resulted in some improvement in the information submitted, along with howls of indignation at how much work was required, the quality of thinking and practice in these areas continued to be low. It was also very evident that the attitude of grantees was "Well, I'll do it because you are making me, and I will grant that it even may be right, and gee, we did learn a lot, but this is too much work for \$10,000 or \$20,000." None realized that these thinking processes should not have been instigated by the funder's questions at all but should have taken place long before any funds were asked for.

A few weeks ago I read an article about alternative views on the maturation process of people. Old model: a person matures and achieves independence from everyone else; a mature person stands on his or her own feet and doesn't need other people to function. New model: a person matures and expresses maturity by the quality of relationships they maintain; a mature person is connected to others in mutually supportive ways. I think that there is an equally pernicious old model operating in the sector's view of what a healthy, mature nonprofit is. Too often I hear the

successful organization described as the one that can stand on its own, is self-sustaining, has amassed an endowment capable of allowing it to operate for years independently or that has sources of funds similar to a business entity that enable it to not check in with anyone. I believe that the nonprofit sector needs a new model for what a mature organization is and that we should measure maturity and healthy development based upon the quality of an organization's connectivity to the systems in which it operates.

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