



Putting Clients at the Center: A Planning Guide for Multi-Service Organizations

By Alex Neuhoff and Andrew Belton

Photo courtesy of Four Oaks

Introduction

In 1992, young Steve Franklin¹ left the residential program at Four Oaks in Cedar Rapids, Iowa. Eighteen years later, he called the main number to tell whoever answered the phone, “thank you.” Franklin later drove an hour and a half to visit with staff he knew were still there. He wanted to tell them that their involvement in his life had made a lasting difference, helping him through some hard times. Now married and with a child of his own, he wanted to share how much he had accomplished and how his experience at Four Oaks was a big reason why.

As happens at so many nonprofits that deliver services across multiple categories, Steve’s contact with Four Oaks ended the day he left its residential program. Until Steve called on that day in 2010, the staff had no way of knowing what had happened to him, let alone whether their program had played a role in ensuring he became a successful adult, in accordance with its mission statement. Agency records did indicate that his behavior had improved while in the program, but staff had no idea what challenges he faced when he left Four Oaks, nor whether there were other services that he might have needed to ensure his continued success upon leaving the program.

Now, in 2012, things are different. Four Oaks still tracks how young people are doing in the programs in which they’re enrolled. But for those participating in the organization’s new TotalChild program, currently serving 300 children and youth in Cedar Rapids, Four Oaks also has committed to staying in touch, to ensure that its clients continue to receive

¹ Real name withheld to protect privacy.

Is this guide for you?

This guide is primarily intended for an organization that is working to deliver multiple services to individuals with complex challenges and envisions achieving its intended outcomes over the course of years rather than months.

Who do you serve? A “client-centric” approach is not only for agencies like Four Oaks that serve young people. An organization that helps chronically homeless individuals find and stay in their own homes, another that works with at-risk young mothers to help them achieve economic security, another that mobilizes an array of health and social services to help elders stay out of nursing homes—these are among the organizations we had in mind when writing this guide. In particular, this guide is aimed at those who are working with clients who have multiple challenges, and because of this are often considered the most difficult to serve.

What kind of services? First, your services should already be effective. It would be foolhardy to attempt to construct a client-centric model around a set of services that are not yet achieving their current objectives. Second, you need to be offering (or brokering access to) a majority of the key services already. While some new ones may be required, the client-centric approach is primarily about integrating and enhancing current services to achieve better outcomes for your clients.

For how long? You may offer a high-quality summer youth program, with

the support they need to make a successful transition to adulthood. The new program tracks indicators that cover major contributors to such success—physical and mental health, education, family, community—beginning when clients are enrolled and continuing until they reach 18 years of age. The agency also is committed to doing whatever it takes to keep those indicators positive. TotalChild is Four Oaks’ first major step towards focusing not only on specific program results, but also on long-term success for all of its clients.

“Human-services agencies have spent too long concentrating their efforts to help children based on a single factor—such as education or the family,” Four Oaks CEO Jim Ernst said. “But research and experience have shown that long-term success comes when we focus instead on all the barriers to success that a child may face.”

There are thousands of multi-service organizations (MSOs) like Four Oaks that provide services across categories such as substance abuse, housing, and education. Some are among the largest human service organizations in their communities, and they are uniquely positioned to deliver the kind of holistic help Four Oaks is working to provide through TotalChild.

The Bridgespan Group article “[Clients at the Center: Realizing the Potential of Multi-Service Organizations](#)” outlined the challenges and opportunities that face MSOs trying to shift from program-centric to client-centric approaches. In that article, we discussed the potential for MSOs to help people who are struggling with complex problems transform their lives. We also described the challenge of funding silos and program-centered structures within

a real, short-term impact on the youth who participate, but the client-centric approach assumes a desire to achieve impact over a longer time frame. This requires a willingness to work with clients over the course of years, not a single program so much as a pathway, along which needs and circumstances may change, and differing kinds of support are offered.

Finally, what we have to say here will not be of much use if you are in a great hurry. In the case of Four Oaks, it took three and a half years between the time the organization began sketching out a rough map of what needed to be done if it wanted to hold itself accountable for clients’ successful transition to adulthood and the rollout of the program for the first 300 children. In our view, this is pretty fast.

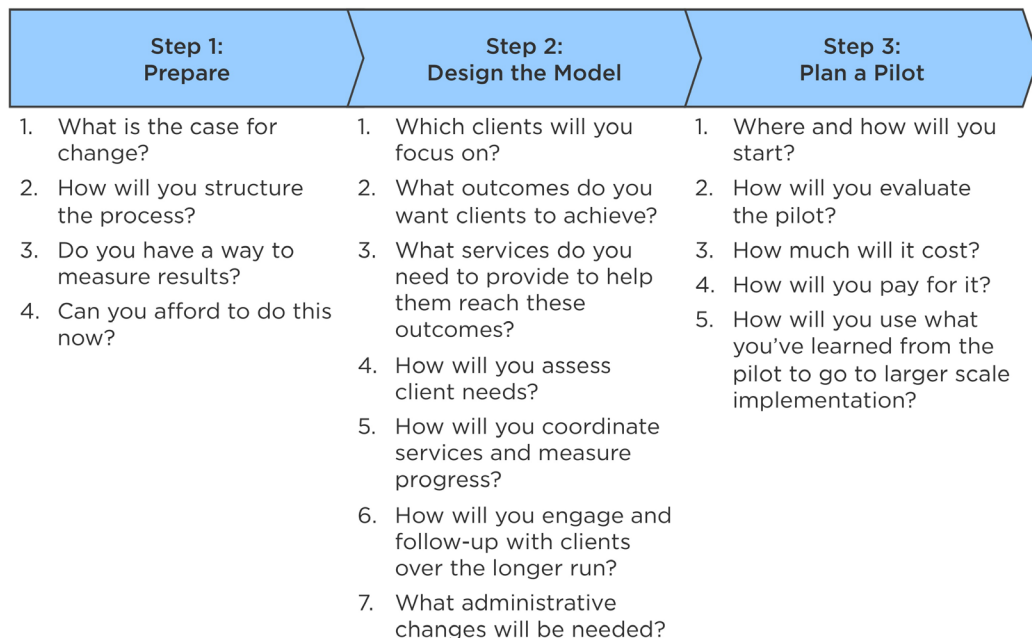
When a complex human service agency decides to try a client-centric approach, it is committing itself to a major transformation of its systems, its workforce, and its way of dealing with clients, communities, funders, and other stakeholders. As Anne Gruenewald, who as Four Oaks chief strategy officer led that agency’s effort, told us, “This was going to be an organizational transformation. We knew that from the very beginning. It’s almost as if you need to start turning yourself inside out to think through what have become very ingrained habits and very ingrained ways of thinking.” For many MSOs, even well-functioning ones, “turning yourself inside out” may be infeasible, or not worth the cost.

these organizations, which make a “clients at the center” approach so difficult to achieve.

This is a planning guide for MSOs interested in providing integrated services to clients, whether youth or adults, so that these clients can achieve long-term positive outcomes. This is no easy task. For MSOs looking to make such a large-scale change, there are important questions: Where and how do we begin? What is the process of change like? Who needs to be involved? Where will the money come from? How do we design for success and guard against unnecessary risk?

This guide is organized into three sections: preparing for change, designing the program, and piloting the new approach. The Four Oaks story is used throughout to offer an example of how one organization has gone about this work. In several places, we also discuss the efforts of another large MSO, the Children’s Aid Society of New York, which has gone through its own planning and design process to develop a comprehensive service model.

The three steps



Step 1. Preparing for change

“The board said, ‘Jim, we understand you have good programs, but our mission is to ensure that children become successful adults. How many of the kids we serve become successful adults?’ I wanted to be able to answer that question, but all I had was reasons why we couldn’t answer it.”

Jim Ernst, CEO, Four Oaks

Transformation starts with tough, sometimes painful questions. As Ernst told us, if any single thing was keeping him up at night, it was wondering if the organization was having a positive long-term effect on the kids with whom it worked.

Four Oaks opened in Cedar Rapids, Iowa, in 1973 to serve 10 adolescent boys referred by the Juvenile Court and the Department of Human Services, offering them a bed, a roof, meals, and a home-like setting. As it added day treatment and other services, it grew into a multi-service organization. Then, starting in 2000, Four Oaks went through a decade of rapid growth, nearly doubling its budget, expanding its reach and its range of programs, and broadening the population it served. By 2010, the organization was serving nearly 14,000 children and families in cities across eastern Iowa, with programs in child welfare, youth development, juvenile justice, and behavioral health, including after-school programs, counseling, and family supports.

By some measures Four Oaks was clearly successful. It was connecting with more young people each month, and the staff members in each program area were responsive, compassionate, and working hard on behalf of kids and families. But the organization’s various service streams existed in silos. As Ernst said, “We just weren’t set up as an organization to focus on the long term. The board didn’t accept that, and we didn’t either. And that led us to the idea that we would have to find ways to relate to kids for the long term.”

What is the case for change?

For Four Oaks, as for many organizations, the case for change involved a combination of challenges and opportunities. As Ernst noted, he couldn’t answer for sure the most basic question about his organization: Did its programs help kids become successful adults? It had recently adopted the motto “Expect Success,” reflecting a decision that its mission was indeed to help young people achieve just this kind of long-term success. This new clarity on its mission helped the agency’s leadership come around to the idea that change was necessary.

Preparing for change involves four key questions:

- What is the case for change?
- How will you structure the process?
- Do you have a way to measure results?
- Can you afford to do this now?

While Four Oaks is a classic MSO offering an impressive array of services, the majority of clients receive only one service. The agency's leaders knew enough about the children and families it served to understand the need to go broader and longer in providing help. Four Oaks operates across the child welfare, juvenile justice, and children's mental health systems; a substantial number of the children and families it served would at some point be involved with all three systems. Whatever the specific problem that first brings a child or family into contact with the agency, there were often multiple issues that should eventually be addressed if long-term success was to be achieved. It takes time for a young person to make progress and unexpected challenges often arise along the way. But over time, staff had the opportunity to develop a trusting relationship with clients and families. What youth needed were a holistic set of services, offered as needs arose over a long enough time period to make a difference. Four Oaks, with a strong array of services, was well-positioned to undertake just such a holistic approach.

While some types of organizational change are spurred by outside forces, or by crisis, in our experience the desire to move toward a more client-centric approach almost always comes from the same impulse that the leaders of Four Oaks had—the sense of a lack of alignment between the organization's stated mission and its everyday practice, and the belief that an opportunity for major impact is being missed.

Even if there seems to be general agreement within your organization's leadership about the need for change, the case for it should be written down, including both the potential benefits of changing and the risks of not changing. This will help clarify your goals and may bring unstated assumptions or points of disagreement to light. Such a document also can be an important tool for building consensus among internal and external stakeholders.

How will you structure the process?

The process of adopting a client-centric approach across parts or the whole of a large organization takes time, and how you structure the planning, design, piloting, and implementation stages needs to reflect the reality of a process that, even in a reasonably efficient organization, will be measured in years, not months.

Why so long? Consider the various steps required. Building consensus for change is likely to take at least a few months. The design process, as will be seen in the next section, is inherently complex and will involve multiple parts of the organization, and perhaps outside partners as well—at least six to nine months. A pilot will take a minimum of 12 to 18 months, if you are serious about testing the design and understanding its strengths and weaknesses. Analyzing the results of the pilot, making the needed design changes, and putting all the pieces in place for the actual implementation will take more time. The minimum time required

is, therefore, close to three years, assuming that everything goes smoothly and there are no major gaps or challenges to address. In the real world, there are *a/ways* gaps and challenges: a key service that needs to be strengthened, a performance tracking system that needs to be upgraded or replaced, an essential funder or regulator who balks or delays.

The first thing you need to decide when structuring your change process is who will lead, and who needs to be involved, both internally and externally.

As was noted in “Clients at the Center,” a set of reinforcing strategic, financial, and operational barriers stand in the way of a client-centric approach. Overcoming those barriers requires a tremendous act of leadership. At Four Oaks, Ernst understood that if the effort was to be successful, someone with knowledge and authority had to be responsible for the process. With board approval, he asked the agency’s Chief Operating Officer Anne Gruenewald to become its first chief strategy officer and take the lead in developing and implementing the new approach. According to Ernst, “A planning effort of this kind essentially means that at some point, you will question every aspect of the way your organization has been operating. And without someone looking out for the initiative overall, we wouldn’t have gained any traction.”

In addition, the effort will require a steering committee or other internal group made up of those who will need to play a part in design, testing, and implementation. If the transformation will place major demands on technology, administration, and finance, these parts of the organization should have a role in the design process. Four Oaks used “task teams” in addition to the steering committee. Whole categories of staff may well have to do their jobs differently under a client-centric approach—so you will need to be talking with them along the way. Among the internal engagement strategies that Four Oaks used were several leadership team meetings (with a pre-existing group of approximately 100 managers) to share information on the project, gather input, and get buy-in from leading staff. Management and task team leaders presented updates on the process and led small-group discussions on key questions. Ernst explained that though this ongoing work with staff added time to the planning and design process, it allowed staff across the agency to gain a good understanding of the new holistic approach. In fact, he said, “Some staff have been doing this with individual kids already, following up with them over the years. If we hadn’t involved them, they wouldn’t have been able to feel that pride [in Four Oaks’ effort to transform itself].” Some organizations may choose to put board members on the steering committee; others will find an alternate way to keep their boards informed and involved. Four Oaks, for example, set up an eight-person board committee that met monthly about TotalChild. The full board was also updated at its regularly scheduled meetings.

The participation and buy-in of outside stakeholders will also be needed at various points during the process—funders, regulators, service partners, and clients or constituents. Four Oaks, for example, paid particular attention to current and potential funders, both public and private. Steering committee members met with funders at the beginning, in the middle, and at the end of the planning process for TotalChild, keeping them up-to-date on plans and bringing their feedback back to the planning team. In addition, as your organization begins to plan, design, and test out its new approach, your clients may be able to make important contributions to the process in terms of helping you better understand challenges, opportunities, and new ways of working together. Methods of involving clients include: the use of existing advisory groups of clients, family members, or program alumni; focus groups; stakeholder interviews; surveys; or adding clients or program alumni to one of your project working groups.

How will you measure results?

Without a way to measure interim and long-term client outcomes, it will be impossible to know if all this investment in a new way of doing business has paid off. The Four Oaks performance measurement system was typical of most human services measurement systems. It tracked outputs (number and types of clients served, number and types of services provided, length of time in program) and short-term, program-specific outcomes to meet the requirements of its funders, primarily government. What Four Oaks needed, and ultimately created, is a system that identifies and tracks outputs and outcomes across multiple programs, and tracks long-term, cross-cutting client outcomes (like school progress or graduation from school), reports those outcomes, and provides enough relevant real-time data to help program managers identify and address challenges.

Can you afford to do this now?

Over the longer run, adopting client-centric strategies may well result in a more efficient use of resources than the more typical service-centered approach. If an at-risk young person can be kept out of the juvenile or adult justice systems, a family involved with the child welfare system can be helped to stay together, or a homeless individual with a long history of living on the streets can be securely and permanently housed, there may be long-term reductions in financial and social cost to society.²

2 For example, an analysis of a statewide “housing first” strategy (providing comprehensive services to help chronically homeless individuals get off the streets and stay in long-term housing) found an annual savings of over \$8,900 in reduced Medicaid, housing and incarceration costs for each person housed. Massachusetts Housing and Shelter Alliance. Update on Home and Healthy For Good. May 2009, http://www.mhsa.net/matriarch/documents/HHG_Providers_Meeting_May_2009.pdf.

But in the shorter term, adopting a client-centric approach is almost certain to cost more than an organization's current model, perhaps significantly more. These costs may include investments in staff training (to enable them to take on new roles), project management (to oversee a complex planning, testing, and implementation process), performance measurement (to understand if the new approach is working and identify quality improvement issues) case management, and other service improvements (to ensure that each of the key individual services is being provided effectively).

Moving toward a client-centric approach requires at least some level of financial security. It is not for organizations that are financially distressed or just scraping by. And given the financial and staff resources it will require, it is not a way to improve your bottom line in the near term.

Step 2. Designing the new approach

Which clients will you focus on?

Deciding *which* clients will be the focus of the new model is one of the most important decisions you will make, with implications for the scope and effectiveness of the approach. Will you focus on a specific place, a particular group (based on age or other circumstances), or a subset of clients defined by level of need or risk?

Four Oaks decided to begin with one service area (Cedar Rapids) but not to limit its client-centric approach to a particular category of children and families. Clients entering the program at risk or in crisis would have available a particular set of services; others who were stable upon entering the program would receive a subset of these services. As Gruenewald, who had been chosen to lead the effort, explained: "We started out helping vulnerable young people. Nothing about that changed when we decided to become more holistic."

For a different approach to choosing a target population, consider the example of Children's Aid Society of New York. Founded in 1853, Children's Aid Society provides a wide range of services at more than 45 locations in New York City and Westchester County. The organization wanted to develop a long-term

The design phase involves seven key questions:

- Which clients will you focus on?
- What outcomes do you want clients to achieve?
- What services do you need to provide to help them reach these outcomes?
- How will you assess client needs?
- How will you coordinate services and measure progress?
- How will you engage and follow-up with clients over the longer run?
- What administrative changes will be needed?

comprehensive service model to help kids achieve the ultimate goal of college graduation. Services would include life coaching at every age, paired with either school (for early childhood) or an age-appropriate out-of-school time program (for older children), and other services as needed. Children's Aid Society engages 70,000 children and families a year: It would be impractical to implement a high-intensity service model for so many clients; nor would many of these children and families need comprehensive services.

In refining its target population for the model, Children's Aid Society made two key decisions. First, it would focus on four high-need New York City neighborhoods where it already had a significant presence and multiple services available. These were not only neighborhoods where it engaged the most clients, but where it also had the most to offer them. Second, within these neighborhoods, it would focus attention on young people facing specific kinds of challenges: one or more grade levels behind in school, chronic school absenteeism, no family income, recent immigrant, or involvement with the child welfare or juvenile justice systems. Risk factors would be assessed at intake and youth assessed at higher risk would be prioritized for comprehensive services. This targeting strategy reflected the reality of limited resources and the belief that the comprehensive model would be of greatest benefit to young people with the greatest needs.

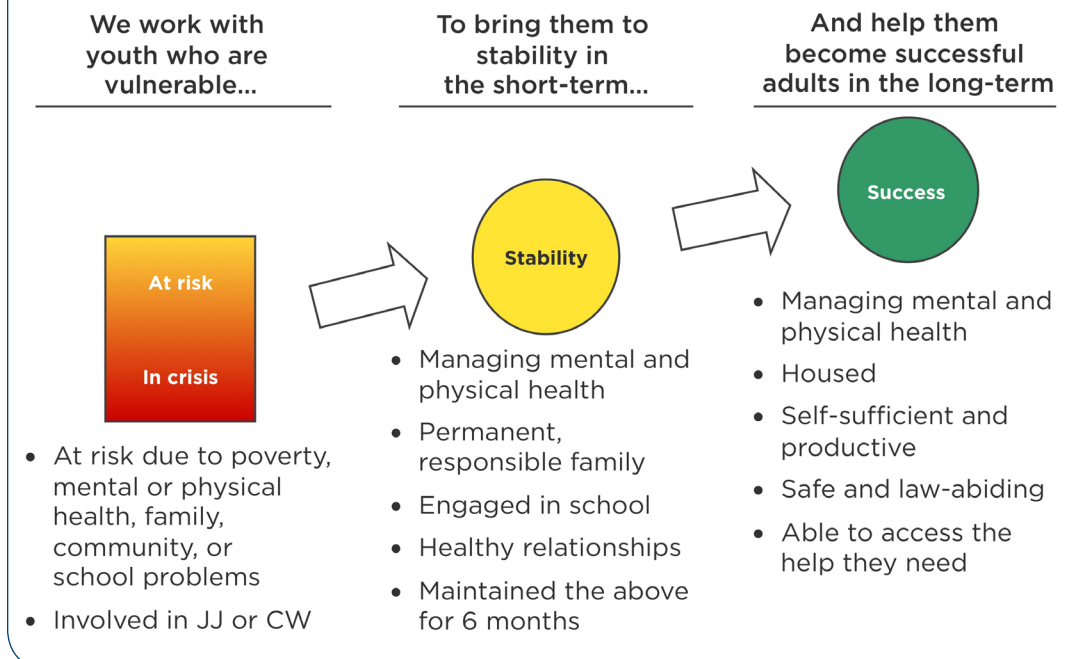
Overall, the decision about which clients to focus on is likely to be based on a mix of three factors: those in most need or who can benefit from the new service (which may be very different from who is easiest to serve); where services can most effectively be provided (as in the decision by Children's Aid Society to focus on four neighborhoods where it already had a strong presence); and the program's expected capacity limit.

What outcomes do you want clients to achieve?

Four Oaks' Gruenewald believed that before getting into the nitty-gritty of program services, everyone needed to understand and agree on a single goal. Her first task, therefore, was to tackle the question "What will success look like for us, and for our clients?" Having an explicit definition of success on paper would help Four Oaks map out what services these young people would need, and how those services would need to be delivered, linked, and managed. It would also illuminate how big a gulf existed between that ideal and the organization's current service-centered approach.

Through this process, Four Oaks settled on a straightforward expression of what it was hoping to achieve for its clients, the intended impact of its work: "help youth reach successful adulthood." The following chart provides an overview of how Four Oaks would seek to measure this ultimate impact, and how it would measure progress along the way.

Four Oaks' intended impact is to help youth reach successful adulthood



The indicators on the chart crossed the boundaries of Four Oaks' programs and had not previously been tracked by any single program, something with major implications for the design of the new program.

Note, as well, that both the short-term outcomes in the second column and the long-term outcomes in the third column, with the right monitoring system and enough resources for follow-up, can be measured. If the answer to the question "what outcomes do you want clients to achieve?" cannot actually be measured, you have the wrong answer—an aspiration to be wished for rather than a concrete goal to be achieved.

What services do you need to provide to help clients reach these outcomes?

Here we come to the heart of program design, which focuses on four interrelated questions: What services do clients need to reach these outcomes? What services do you currently offer that effectively address them? What services offered by partner agencies might need to be integrated into the program? What services might you need to improve or add?

Four Oaks thought in terms of four major domains for the children (and families) it served: youth, family, community, and school. It created a chart to illustrate what youth needed to reach successful adulthood.

To be successful, a youth must be supported in all areas of his/her life

Youth	Family	Community	School
<ul style="list-style-type: none"> • Behavioral and mental health <ul style="list-style-type: none"> -Life skills -Coping & Resiliency -Anger management -Values • Physical health <ul style="list-style-type: none"> -Substance abuse -Pregnancy • Basic needs <ul style="list-style-type: none"> -Housing -Nutrition -Safety 	<ul style="list-style-type: none"> • Permanent family <ul style="list-style-type: none"> -Safe -Limited conflict • Parenting skills and involvement • Parent employment <ul style="list-style-type: none"> -Income • Parental health <ul style="list-style-type: none"> -Substance abuse 	<ul style="list-style-type: none"> • Safe neighborhood • Positive peer relationships • Mentors • Community service • Recreation • Transportation • Access to services 	<ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> -Academics -Character -Life • Marketable skills <ul style="list-style-type: none"> -College & career ready -Employment

Two things should be apparent from this chart. First, few if any MSOs can deliver all of the services listed here. Second, a central element in Four Oaks' approach would need to be case management. In fact, we would describe case management as a necessary (but not sufficient) element of almost every client-centric model, and we discuss it in more detail below in the section on coordinating services.

Four Oaks, like most MSOs that explore a client-centric approach, knew it needed to build its program primarily around what was already there. In Cedar Rapids, its programs included after-school, residential treatment programs (for substance abuse and social and emotional problems), a wide range of community behavioral health programs for children and families, and school-based programming for at-risk youth. As Gruenewald explained, especially in the initial stages, "You have to understand that you can't do everything as an organization; you can't address every issue on every case. But you're trying to mitigate the biggest risks and help kids and families develop resiliency." For MSOs, a client-centric strategy is rarely

going to be about offering a lot of new services; rather, it is about integrating, improving, and filling in the gaps in your existing set of services.

Another consideration is whether each of the key services is *effective*. If not, then you are unlikely to attain the outcomes you seek. Accurately assessing program quality is a complicated topic, and we do not propose to address it here. But if, for example, your goal is to help young ex-offenders achieve economic and social stability after reentering the community, and your community programs have major quality concerns (say unacceptably high staff turnover or trouble retaining ex-offenders in the program), then it will be unwise to forge ahead with your new client-centric model without first addressing these issues.

In its planning process for a new comprehensive service model, Children's Aid Society found itself with a significant service gap. Recall that the key long-term outcome it sought was college graduation for the youth it served. The agency saw that it would need to enhance its existing out-of-school time programming to ensure that these programs provided the necessary supports to put adolescents on a path to college admission and graduation. Planned enhancements included specialists and tutors to provide enrichment and one-on-one support, expanded academic programming in summer camp, and an expanded parent curriculum. Major enhancements such as these may add cost and complexity to the process, and may require a more phased-in approach to piloting and implementing your model. They will also require you to come to grips with and define the essential elements needed to achieve success. For example, Children's Aid Society had come to believe strongly in the importance of out-of-school time programming in helping young people achieve success. But would this mean that participation in such programming would be *required* for any child enrolled in the new approach?

Finally, there is the matter of partnerships. A comprehensive approach is likely to require at least some involvement by other service providers—even the largest MSO rarely offers every service a client may need. Four Oaks' Gruenewald explained that “as we evolve this approach, we’re going to need to add services that we don’t provide.” For example, the agency was interested in providing financial counseling for families to help them with housing and other concerns. “We don’t have that expertise,” she said, “but there’s another organization in the community that does.” However, initially, Four Oaks decided to design its program almost entirely around services the agency could provide itself, supplemented by referrals to outside agencies. Given the challenges of effectively integrating services within a large MSO, it would be taking on too much at the beginning to try to integrate services from external agencies as well.³

³ We are distinguishing here between partners to whom you refer clients, a very common practice, and the integration of a partner's services into your model, which will require a much tighter collaboration, probably including the partner's involvement in the design and piloting phases.

But if other agencies provide services critical to your work with clients, you will need to include them from the start. For example, an agency that is seeking to help homeless people who have spent years on the street find and stay in their own homes may need to work hand-in-hand with local housing agencies and health care providers, among others. Clearly, the best partners are those agencies with whom you already have strong working relationships. If your client-centric model requires you to forge a new partnership, proceed with extra caution—perhaps developing and piloting that service partnership before embarking on a broader transformation.

How will you assess clients' needs?

Four Oaks understood that within its comprehensive service model, clients would take different paths depending on their level of need and their preferences. It would be vital to get the clearest possible picture of client needs as early as possible, and at the same time not to create an intake process so complicated as to be a barrier to client engagement. The agency designed a two-step intake. The first step, at the point of access, was a short assessment designed to determine initial need and collect referral and reimbursement information. The second, approximately 30 days later, was a more in-depth assessment of needs and goals that would be used to create a stability plan and cement the relationship with the child and family. The assessment process would be tailored depending on whether the client entered the program already stable, at risk, or in crisis. And the process of goal setting would be jointly determined by clients and the case manager. Clients also would be able to opt out of the comprehensive service delivery model after intake, choosing to receive only the specific services they came for, with limited follow-up.

How will you coordinate services and measure progress?

Almost every organization's client-centric strategy is likely to employ some form of case management. Of course all kinds of organizations employ case managers to help their clients gain access to and benefit from services they need, typically to achieve the purpose of a single funding agency—helping young people stay in school or helping people with chronic disease manage their illness, for instance. What an MSO brings to the table is the ability to offer many of the services internally and to ensure that the services they do offer are effective both individually and in combination.

Four Oaks created the position of success manager, responsible for assuring the success of children involved in the TotalChild program from initial referral to adulthood. The position would analyze the issues affecting clients, and develop and implement a client/family plan that delivered the internal and external services necessary to quickly achieve stability. The success manager also would

ensure a successful transition to longer term support, as needed, until adulthood. As Gruenewald told us, “We had to build into the design of the program a way to ensure that we would work with a child across programs and over time. And we had to have that person possess the authority in the organization to navigate those programs and services in conjunction with a child’s family in order to hold them accountable for helping each child achieve long-term success and stability.”

How will you engage and follow up with clients over the longer run?

“Now we will be working with many clients for 10 or 15 years,” said Gruenewald. “It really makes individual staff gulp to realize how long an engagement they’ll have with children and families. They’re excited, but it’s really sobering.” Not all client-centric models, especially those involving adults, will require such an extended period of engagement and follow-up. But insofar as your approach involves a commitment to long-term success, it will require new strategies for long-term engagement and follow-up.

This long-term engagement has two purposes: checking to see if additional services are needed and following up post-program to find out if those outcomes have been achieved. An engagement strategy will be needed for clients who no longer require intensive case management—for example, after leaving residential treatment and achieving stability. You will need to think about how long you will follow up, who will do it and what the best follow-up mechanisms might be. The “how long” is not necessarily self-evident. If your goal is to help formerly homeless people with mental health or substance abuse issues become stable in their own homes, you will need to make some judgments about what time period you are talking about. Will it be a year after moving into new housing? Two years?

As for who does the follow-up, the most obvious choice is the case manager or other staff person who had primary responsibility for working with the client while he or she was in the program. Especially to the extent you will be checking in to see if any additional support might be needed, it makes sense to have someone who already knows the client. However, there is a trade-off. As time goes by, more and more of the case manager’s time will be taken with following up former clients instead of serving current ones. Also, the follow-up work can require specialized activities (like tracking down phone numbers and relatives) that might be more efficient to centralize. There are several ways to follow-up: phone check-in, email, even social media (especially for younger clients). One of the goals of follow-up is to collect data on whether the program is achieving its intended impact. Unless it is for the purpose of a formal evaluation (see below), it may not be necessary to collect lots of data. Collecting lots of data when not necessary will make follow-up cumbersome and reduce the willingness of clients or former clients to participate. Figure out what information you most need

(which will relate directly to the longer-term outcomes you have already identified as constituting success) and design a follow-up tool that focuses on these.

This kind of long-run follow-up is something that very few organizations have experience with, and it may not be easy to accomplish. While schools often have well-developed systems for staying in touch with alumni over the years, organizations that deliver mental health, juvenile justice, or child welfare programs may find that former clients are not very interested in staying in touch. In the case of Four Oaks, it has made a public commitment to following up until age 18 with those clients being served by the new model, but it has not yet worked out exactly how it will go about this. As Gruenewald explained, “Following all these clients for a decade or more is unknown territory for us.” One obvious challenge is staff turnover. The agency will need a system for reestablishing a relationship with a client if the original success manager the person knew and worked with is no longer in the job.

What administrative changes will be needed?

“We operated in silos administratively as well as programmatically,” said Ernst. “People were not necessarily aware of what was going on across the street.” Four Oaks’ administrative units were designed to reflect the way its programs currently operated. As the organization transformed itself programmatically, it also would need to do so administratively. Consider the kinds of changes that might be required by the client-centric approach: new ways of deploying, developing, and evaluating staff; new budget tracking and data collection systems; perhaps new fundraising strategies. It would not do to create new case coordinator positions and fail to hire the people with the right skills for the job, nor find that they were unable to perform their jobs effectively because of outdated client tracking or budgeting systems, nor neglect to provide the training and ongoing career development that could make the work sustainable. For example, to meet the demands of the new model, Ernst said the agency would need to “focus in on improving the skills and capacity of all of our staff so we could work in a much more complex way.”

Therefore, administrative teams should be involved early in the planning and design process, even at the risk of slowing things down. True, administrative staff may raise lots of practical concerns and objections: While brainstorming innovative ways to transform client services, no one really likes to hear “our technology won’t support that” or “our contract doesn’t allow that.” But it’s far better to understand and engage with such concerns in the planning and design stage than be surprised later on.

Step 3. Planning the pilot

Pilots are not universally popular, sometimes for good reason. They can seem like a substitute for real action—doing something small with the idea that someday you may be able to scale it up. Indeed, many of the most promising pilots never get beyond the testing stage. Nevertheless, even if you have enough funding to take your carefully designed client-centric model right to full-scale implementation, we would urge you to pilot it first. There is great benefit in testing the effectiveness of the approach under real-world conditions, being able to fine-tune its operation, and using the results, if positive, to build momentum among internal and external stakeholders for further expansion. It is likely that you will learn a lot from the pilot (not all of it necessarily encouraging), and this learning can serve as a powerful asset for the work ahead.

Planning the pilot involves five questions:

- Where and how will you start?
- How will you evaluate the pilot?
- How much will it cost?
- How will you pay for it?
- How will you use what you've learned from the pilot to go to larger-scale implementation?

Where and how will you start?

At the outset, Four Oaks made two important decisions about its pilot. First, the agency would seek to engage 300 children over 18 months, a substantial number. A pilot of this size, involving so many staff and clients, was likelier to replicate real-world conditions than a smaller study. In addition, Four Oaks was working with the University of Iowa to evaluate the pilot and needed a big enough sample size.

Second, other than restricting the effort to its home base of Cedar Rapids, Four Oaks did not single out a particular sub-population of its clients. Ernst explained, “Four Oaks is interested in discovering whether this approach can work with the diverse populations of the clients we serve today.” So the pilot incorporated youth at a variety of ages and risk level—those who were in crisis, at risk, or stable. Of course, if your organization has chosen a smaller segment of clients as the population of focus for your model—as Children’s Aid Society did in prioritizing youth at greatest risk—you will want to be sure the participants in your pilot reflect that same population or it will be hard to generalize the results.

The Four Oaks pilot also was conceived as the next stage in a longer-run process. You don’t want to come to the end of the pilot and then have to ask “now what?” The agency tackled the question “now what” ahead of time, stating in its plan that, “beyond the pilot (2014+), we will expand to other locations when evidence exists that the model works *and* sites’ funding and management capacity are ready.” Four Oaks decided that about one year into the 18-month pilot it should have

enough information about early results to decide whether to ramp it down; keep the number of clients at 300, the number they had engaged to date; or grow.

As in the earlier planning phase, it is important that for the pilot you consider and decide: What are the specific tasks that need to be completed and the associated milestones and deadlines? Who will be responsible for each task? How will you ensure that implementation stays on track? The Four Oaks pilot was overseen by Chief Strategy Officer Gruenewald, who also had overseen the planning and design phases, important for the continuity of the overall effort. A team was assigned to each area, mostly the same task teams from the planning phase, working on such components as performance measurement, addressing service gaps, and fundraising. Throughout the pilot, Gruenewald and Ernst would continue to update the board, staff, and other key stakeholders about how the effort was going.

Nine months into its first year (April 2012), the pilot had enrolled 225 participants. At intake, approximately 24 percent were assessed as being in crisis, 55 percent as being at risk, and 21 percent as stable, providing a good cross-section of clients. In addition, the clients in the pilot represented a cross-section of age (about half were ages 6 to 12, as expected) and by race/ethnicity, which roughly matched the demographics of the agency's Cedar Rapids clients as a whole.

In the case of Children's Aid Society, whose comprehensive services model involves more new and enhanced service elements than Four Oaks, the agency decided on a three-year pilot that would include both a proof-of-concept phase (a sort of small-scale "pre-pilot") and a full pilot. The right length of the pilot phase really depends on the work you will need to accomplish during that phase: the more novel elements you will be using, the more time you may need to test and refine each one.

How will you evaluate the pilot?

The most important question here is whether to conduct a formal evaluation of the pilot or something less rigorous. You will have invested a lot of resources in the planning and design of the new model, and will be investing a lot more in the pilot. As you seek to transform your organization, you will need to consider how important it is to have the best possible understanding of the impact of your model and what you are willing to pay for that knowledge. The evaluation will need to look at *process* (hiring staff, recruiting clients, designing program elements), *program activities* (number and types of clients served, types of services provided) and *outcomes* (the extent to which clients are achieving the kind of success envisioned by the program, and how this compares to outcomes from the current approach).

A formal evaluation will almost always add to the cost and require a partnership with a university or other agency with evaluation expertise. And there may be additional costs associated with studying a control or comparison group. There are two potential benefits to making this investment. One is better

information for internal use—understanding how your model works, improving its performance, and building consensus among staff and board members to go forward. The second is information that might help leverage longer-term funding. No one, especially government funders, will be eager to pay for the extra costs of coordination that almost every client-centric model involves. Your best chance of securing that extra funding is strong evidence.

At a minimum, discuss the evaluation question with outside experts and understand what your options are. For example, while a randomized controlled trial is the gold standard for intervention research, experts may be able to advise you about other less costly methods of comparing the effects of your approach to the current approach. Almost every metropolitan area, and many smaller communities as well, will have evaluation experts available for consultation.

How much will the pilot cost?

In the case of Four Oaks, and we assume for almost any other MSO pursuing a client-centric approach, the pilot will involve clients you are either already serving or would otherwise have served through your current system. The cost of the pilot is *not*, therefore, the total cost of these services but the additional costs of your approach (case management and any other new service elements), plus additional one-time investments in infrastructure, and the management and evaluation of the pilot. Consider this hypothetical example for an 18-month pilot, encompassing an average of one year of service delivery per client (the rest of the time being spent on recruitment, intake, and post-program analysis):

Category	Cost
Service enhancements for 300 clients	Average of \$1K per client X 300 = \$300K
Case management	Average of \$3K per client X 300 = \$900K
Staff costs for developing and managing the pilot	\$100K (total of 1.5 FTE comprising several different staff)
Infrastructure (computers, software, renovation)	\$75K
Evaluation cost (using a university of other outside agency, including cost of data collection and analysis)	\$200K
Total	\$1.575M

Note that we have included the cost of service enhancements and case management in this chart, but not the cost of the core services that are already being offered. These core services will presumably continue to be paid through existing funding streams.

The cost of your pilot can be further broken down into two distinct types of costs—one-time costs specific to the pilot or to start-up (\$375K in extra project management, infrastructure, evaluation) and the ongoing cost you would expect to pay to continue implementing the new approach for 300 clients for one year (\$1.2M for enhanced services and case management). This latter cost will not go away. It represents the annual additional cost for the new approach, and you will need to find the money for it *each year* simply to sustain the approach for 300 clients, never mind expansion to more clients.

This is the kind of estimate you will need to do in advance, but during the pilot it will be important to gather and carefully analyze cost information so you can understand the true cost of your new approach. Perhaps the additional per client cost is based on the assumption that a case manager will carry 40 clients at a time, but the pilot may indicate that s/he can only effectively serve 30 clients. This will change your cost. Or perhaps case management requires additional ongoing supervision beyond what you expected. This kind of real-world cost estimation is one of the most important pieces of information your pilot can provide.

Finally, how should you think about any offsetting longer-run savings that might be generated by the project? To the extent that these are truly longer-run and still to be demonstrated—for example, less money spent on the juvenile and adult justice systems because the kids you serve will be less likely to get involved with those systems—these “savings” will remain hypothetical. Even if you (or someone) can someday measure them, if you are being funded by the child welfare agency, it will never see the cost savings being realized by the juvenile or adult justice agencies, and so insofar as the budget of that agency is concerned, there are no savings.

It is possible, however, to consider situations in which actual savings are counted and used to support new client-centric approaches. We have mentioned the example of the “housing first” comprehensive services approach for chronically homeless individuals. In Massachusetts, one state where this approach is being used, the state has observed declines in shelter populations and is shifting resources out of shelters and into these housing first programs. In health care, there are an increasing number of organizations and systems piloting or implementing client-centric approaches for chronic diseases, such as diabetes and hypertension, based on evidence or a strong belief that by delaying the onset of these diseases or reducing their severity actual savings can be realized within that system.

However, in most circumstances, the additional cost to implement and sustain the new model will remain just that for the foreseeable future—an additional cost. If you are to make the new approach a reality, you will need to find the money.

How will you pay for it?

The funding model for a typical MSO can be summed up in one word — government. In the case of Four Oaks, major funding sources for the services provided to their clients include Medicaid, Title IV-E (adoption and foster care), Temporary Assistance for Needy Families, and other federal and state programs. In our previous article, we recounted the sobering example of Congreso de Latinos Unidos in Philadelphia, which managed to persuade three public funders to come together to support a pilot for an integrated approach for 50 families. But despite good results, once the limited-scope pilot had run its brief course, the agencies went back to their traditional approach of funding only the specific services for which they were responsible, not the comprehensive family-centered strategy Congreso was hoping to implement.

Another way to tap into government funds is a specific grant program, usually a federal grant. An increasing number of federal agencies—the Department of Labor, the Substance Abuse and Mental Services Administration, the Administration for Children and Families, among others—are funding demonstration projects in which the implementing agency is *required* to provide the kind of comprehensive client-centric services described here and usually to conduct at least a reasonably serious outcome evaluation, as well. Another plus: These grants typically have generous time frames, three to five years, long enough to test and refine a new approach. But there may also be a serious downside to such grants (other than how much competition there is to win them!). They are time-limited and often come with a lot of strings attached: the use of an approved evidence-based model, very specific requirements about what outcomes are to be evaluated, restrictions on how much of the money can be used for capacity building as opposed to services, and sometimes not enough time for serious planning before services must be in place.

Four Oaks was fortunate in having a financial reserve, which the board was willing to commit to the new approach, allowing enough time to plan, pilot, and begin implementation in an effort to show results and to seek a more sustainable funding model over the long-term. Children's Aid Society, whose approach required more infrastructure building, focused more on raising outside funding from private sources. For most MSOs aiming to implement a client-centric strategy, some form of non-government funding will be necessary, whether from a reserve, board-raised funds, major individual donors, or foundations.

How will you use what you've learned from the pilot to go to larger-scale implementation?

“Over a hundred people watched Thursday evening as an excavator took a giant bite out of a boarded-up 12-plex apartment building in Wellington Heights. . . The 12-plex is one of 24 properties that the Four Oaks children and family services’ subsidiary, the Affordable Housing Network Inc. or AHNI, quietly has purchased in an 18-block area in the last six months as part of what the organizations are calling the TotalChild Wellington Heights Initiative. . . The effort’s bedrock belief is that children — including the children for whom Four Oaks work provides services — need good housing and a safe neighborhood just like they need family and good schools. Four Oaks’ TotalChild program is designed to stand by children in the programs in all parts of their lives until they are 18.” Cedar Rapids Gazette, May 18, 2012

Four Oaks’ holistic service model, now called TotalChild, has moved to the second phase of its pilot and expanded to reach an additional 300 children and families. At this stage and scale, the line between “pilot” and implementation blurs.

The high-visibility TotalChild Wellington Heights Initiative, announced in May, reflected an opportunity to marry the client-centric approach to a place-based neighborhood transformation strategy that the agency had also been pursuing. The Wellington Heights Initiative represents the first expansion of the TotalChild pilot and was focused on a single predominantly low-income neighborhood where Four Oaks owns 24 properties. The agency noted in its public announcement, “As we continue to implement the TotalChild and see positive results, we hope to extend the neighborhood redevelopment initiative to other areas of Cedar Rapids.”

What about the rest of the organization?

The planning, design, and pilot phases are likely to uncover important insights about how your organization could get better at serving clients. At best, during the implementation phase, you will be able to offer the new model to only a portion of clients. What about the rest of the agency? You may want to consider ways to more widely disseminate some of the lessons learned and diffuse potential service improvements. Methods could include:

- Training to help staff better understand the range of services available across programs.
- Improving referral processes so that clients can more easily access these services.
- Testing other kinds of cross-program activities to help break down silos— for example, integrated training, performance measurement or supervisory structures.
- Adapting performance measurement improvements developed for the pilot for wider use across the agency (even comparatively simple things, like tracking what other services a client is receiving at the agency).
- Adapting low-cost or no-cost service enhancements from the pilot for more programs or sites.

What has Four Oaks learned from the first phase of its pilot? While as of this writing the formal evaluation is far from complete, progress over the first six months was promising and the new client-centric approach has in many ways worked as hoped: Implementation was on track, 60 percent of all at-risk and in-crisis clients had improved, and 71 percent of all clients had achieved stability.⁴ While Four Oaks provided the core services as planned, one of the strengths of the new approach was its ability to link children and families to other needed services: During the first six months, the program made more than 100 service referrals to 60 agencies.

Yet there have been challenges and surprises as well. It has not proved easy to fit the success manager position, the key to integrating multiple services for a single client, into the existing Four Oaks staffing and supervisory structure. Gruenewald said, “Not having the right authority over multiple programs means that the staffing model is being stretched pretty thin. We have to fix that so we don’t kill off the success managers. And we have to elevate them to the right level.” Defining the role and position of the success manager is just one example of the broader administrative challenges posed by the new way of working. Gruenewald said that “virtually every work process has to be changed. We will get that done, it’s just going to take a long time.” While most Four Oaks staff members have come to see the value of the new approach, explained Ernst, “the actual doing it is more complex than we assumed.”

Another challenge has come from the decision, not envisioned in the original plan, to marry the second phase of the pilot to a neighborhood revitalization strategy in Wellington Heights, the result of an opportunity that emerged after the initial plan was developed. Gruenewald explained that the housing and family service systems tend to have separate recruitment and referral processes. “So now we also have to make sure that families in the pilot that are receiving services are the same families that could benefit from housing. This doesn’t happen automatically.”

The government agencies which fund the core services involved in TotalChild are, as of now, agreeable to the new model. Gruenewald said, “The services that we’re currently providing haven’t changed. They experience it as an added component that we’re following cases long-term.” But getting these government agencies to fund this added component has so far proved challenging, as is helping them understand the ways in which the new approach is different from the current system. Government funding remains organized around a set of existing agencies

4 Four Oaks leaders have judged these results to be very promising, based on their experiences with the current system. But data still to come from the formal evaluation, which uses a comparison group, will provide a much clearer picture of how much value the client-centric approach may have added.

and programs—“silos,” if you will. Said Ernst, “How do you create systems change in a way that respects existing systems and helps [government funders and policymakers] to move forward? They’re organized around very short-term results.”

Conclusion

Not all client-centric programs will make their public debut with the demolition of a 12-unit apartment building. Nor will most MSOs be in a position to move as steadily as Four Oaks has from seeing the need for a new approach to planning, designing, piloting, and implementing it. We have used the Four Oaks case throughout this paper not because it is typical, but because we believe it illustrates a set of practices that others may want to emulate in the effort to transform an MSO so it will achieve long-term success for its clients.

Still, while the quick expansion of the 300-child Cedar Rapids pilot to 600 children is impressive, the number represents only a small fraction of the children and families Four Oaks serves each year across eastern Iowa through its still largely service-centric residential treatment, prevention, foster care and adoption, and community and school-based services. The takeaway from the Four Oaks experience is that transformation is slow and immensely challenging, but under some circumstances it is possible.

And what are those circumstances?

First, to move toward a client-centric approach an MSO already has to have some key elements in place: financial stability, strong services that achieve current objectives and engage the population of focus, and an institutional willingness, or even sense of urgency, to transform itself to achieve better outcomes for those it serves.

Second, an organization needs to be operating in a context where change is possible. In particular, if government funders have made it clear they have no interest in change and no private sources are willing to step up to fund at least the initial stages of the new approach, then no amount of careful planning and design is likely to get you where you want to go, at least not right now.

Third, an organization has to be willing to make a very large investment of time, energy, and teamwork, and to follow a step-by-step approach, if it is to have a chance of attaining the transformation it seeks.

Gruenewald of Four Oaks described this exhaustive planning and design process as a matter of “turning yourself inside out.” Only through such an effort will you be able understand exactly how you currently operate and how many things you will need to change on the road to putting clients at the center.

Appendix

Process management worksheet

Step	Questions to answer	Responsibility	Timeframe	Complete?
Step 1: Prepare	<ol style="list-style-type: none">1. What is the case for change?2. How will you structure the process?3. Do you have a way to measure results?4. Can you afford to do this now?			
Step 2: Design the Model	<ol style="list-style-type: none">1. Which clients will you focus on?2. What outcomes do you want clients to achieve?3. What services do you need to provide to help them reach these outcomes?4. How will you assess client needs?5. How will you coordinate services and measure progress?6. How will you engage and follow up with clients over the longer run?7. What administrative changes will be needed?			
Step 3: Plan a Pilot	<ol style="list-style-type: none">1. Where and how will you start?2. How will you evaluate the pilot?3. How much will it cost?4. How will you pay for it?			