Slides on Service Design
From

Creating Blue Space: Fostering Innovative Support Practices for Persons Receiving HCBS Waiver Services- An Overview

Creating Blue Space Webinar Series

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What are our underlying assumptions about people with disabilities and beliefs about social inclusion that serve as an organizing principle or foundation for how services are designed and delivered?

How is assistance delivered and experienced (e.g., in programs or in the community)?

What kind of helping roles do we take on with individuals? What is the nature of our care or support relationships?

How is something new created? In what areas do we generate innovation?

How complex is our service world? Is problem solving useful or do we need to manage the tensions of competing commitments?

Which care or support models align with the core beliefs of our organizational culture? Are we rules based, efficiency oriented, appreciative or collaborative?

Are social innovations mostly an extension of governmental regulations and administrative memorandum or are they truly invented by the effected parties?

How is our leadership expressed, hierarchically or shared?

How are outcomes defined? Which outcomes are consistently pursued?

The Four Primary Forms that DD Services Have Assumed Over the Past 60 Years

Are social innovations mostly an extension of governmental regulations and administrative memorandum or are they truly invented by the effected parties?
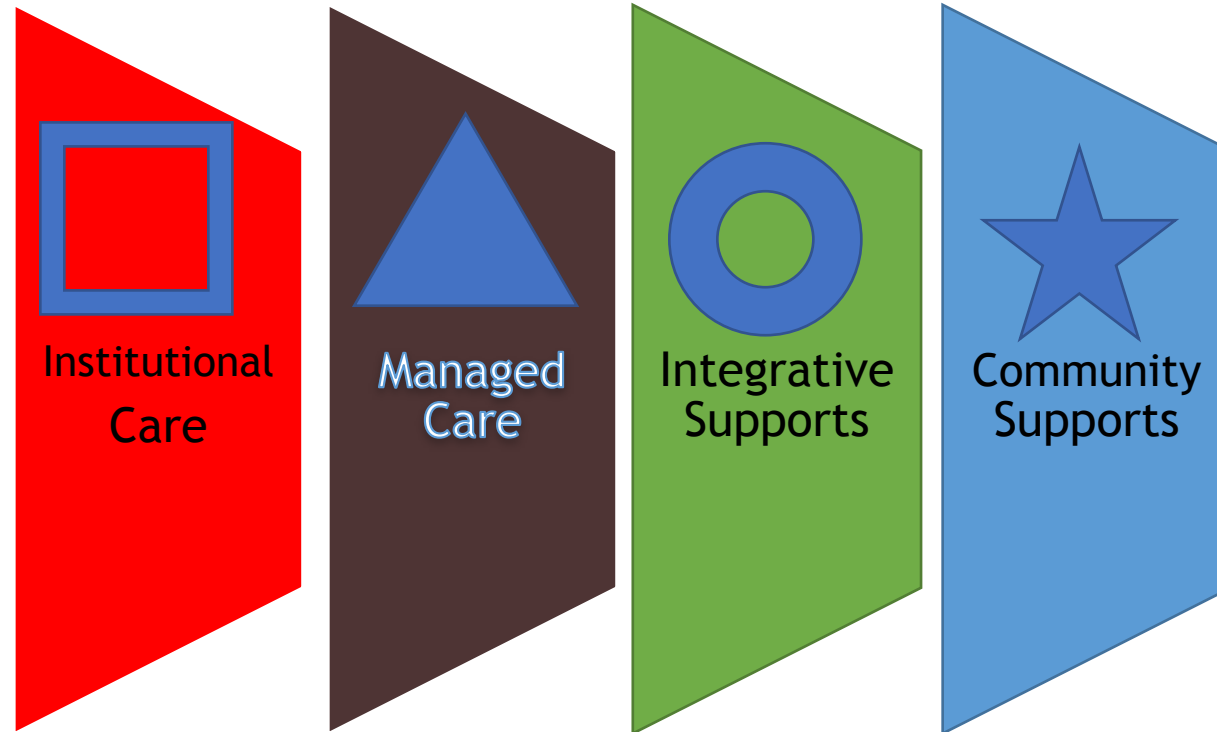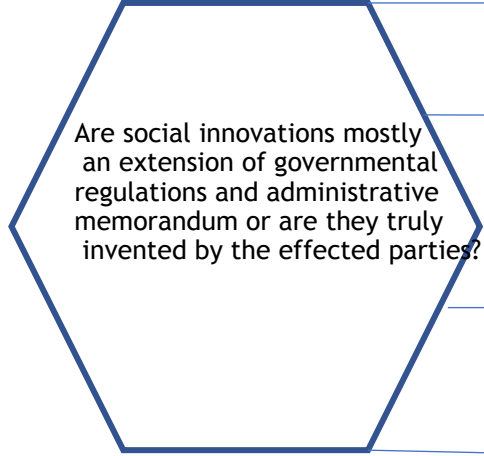
Government policies & regulation
Social legislation

Corporate-Driven.
Rules & norms to make the market work

Appreciative inquiry- driven.
Individual values
Infrastructure for learning & innovation

Collective intelligence-driven.
Infrastructures for seeing in the context for the whole.

How is our leadership expressed, hierarchically or shared?

Authoritarian /bureaucrat

Technician/ problem Solver.

Social change master.

Generative leader.

How are outcomes defined? Which outcomes are consistently pursued?
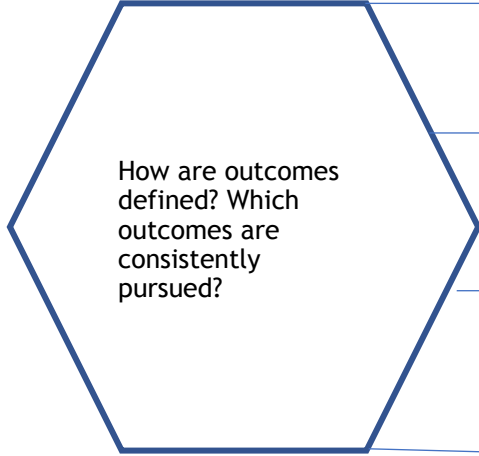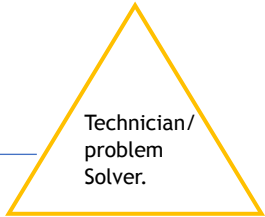
Placement.
Personal Care, face to face service
Activity & supervised housing

Appropriate service levels.
Reduced s ervice costs
Consumer satisfaction

Individualized supports leading to own home, relationships & meaningful activity

Citizenship, full inclusion & participation in the community in typical settings
Life of distinction (assumption of valued roles

How is something new created? In what areas do we generate innovation?

System-centered
Administrative & functional effectiveness & efficiencies (internal to the system). Focus on maintaining status quo. Scaling out – replication, Dissemination, increasing numbers

Care-Coordination/Outcome Centered
Refocus to outcome-driven, coordinating care. Delivering customized services in cost efficient ways. Scaling up- changing laws, policies, rules.

Person-centered
Creating personalized life experiences outside program walls. Scaling deep-realigning roles and relationships, forming allies, connecting to community

Citizen-Centered
Social Innovation. Support individual autonomy while promoting inclusive, healthy communities. Scaling deeper Changing relationships, cultural values and beliefs.

How complex is our service world? Is problem solving useful or do we need to manage the tensions of competing commitments?

System-centered
Many programmatic & regulatory details to manage. Sense is made when diagnosis matches services or treatment modality.

Care-Coordination/Outcome Centered
Many clinical disciplines & financial arrangements to integrate and understand. Sense is made when care is managed efficiently and is well-coordinated

Person-centered
Social interaction, relational/ emotional maturity. Key stakeholders from different cultures, worldviews & interests. Sense is made through deep listening, dialogic practice & collaboration

Citizen-Centered
Unclear, unpredictable futures with sense making & understanding & solutions emerging from action-reflection cycles.

Which care or support models align with the core beliefs of our organizational culture? Are we rules based, efficiency oriented, appreciative or collaborative?
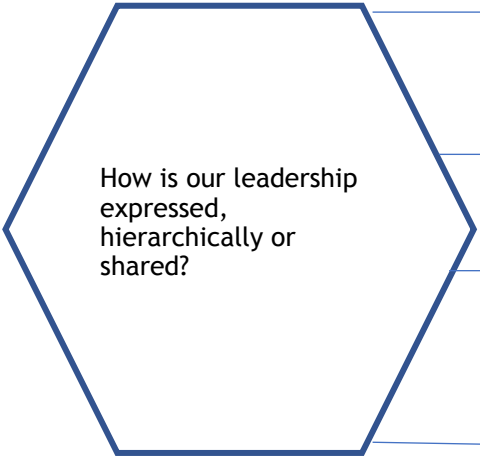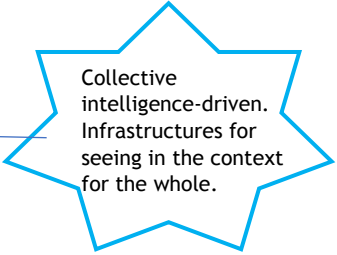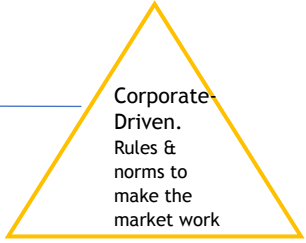
System-centered
Bureaucratic or paternalistic culture Hierarchy, command & control

Care-Coordination/Outcome Centered
Rules-based, clinically dominated culture. Managed care entities & care management

Person-centered
Affiliation, appreciation-based culture. Network, facilitated dialog & mutual adaptation (person-centered planning)

Citizen-Centered
Inclusive, diverse culture. Seeing from the whole – through a process of collective sense making & innovation cycles

What are our underlying assumptions about people with disabilities and beliefs about social inclusion that serve as an organizing principle or foundation for how services are designed and delivered?

System-centered — People with Disabilities are Tragic & Vulnerable

Care-Coordination/Outcome Centered — People with Disabilities are Consumers with Clinical Needs

Person-centered — People with Disabilities are Individuals with Capacities

Citizen-Centered — People with Disabilities are Citizens

What kind of helping roles do we take on with individuals? What is the nature of our care or support relationships?

System-centered — Expert-Patient Professional Driven – Power Over

Care-Coordination/Outcome Centered — Provider-Consumer Professional Responding Power Over

Person-centered — Facilitator/Broker-Self-Directed - Individual Power-with, co-designing supports

Citizen-Centered — Community Resource-Autonomous Citizen Professional Ancillary – Power Collective

How is assistance delivered and experienced (e.g., in programs or in the community)?

System-centered — Functionally specific and pre-set services & programs based assessed deficiencies. Push-Model Driven

Care-Coordination/Outcome Centered — Habilitation pathways or treatment protocols determined by clinical assessments. Coordinated care – pull driven.

Person-centered — Individualized supports, circles of support, peer-supported, wrap-around services. Person driven-supports negotiated.

Citizen-Centered — Self or co-directed. Home & community located Community-driven (allocation).