

**Program Improvement Plan (PIP)
Internal Kickoff Meeting
October 9, 2008**

Summary and Key Themes from Group Discussions

Introduction

Georgia's Program Improvement Plan (PIP), developed by Georgia's Division of Family and Children Services (DFCS) in response to a federal review, became effective September 1, 2008. This plan is designed to improve specific outcomes for children and families in the areas of safety, permanency and well-being. The plan includes four major strategies:

1. Develop and pilot a Family-Centered Practice Model
2. Strengthen policy and improve practice to ensure safety for children
3. Improve permanency outcomes for children and families
4. Improve service array and foster parent recruitment/retention

DFCS conducted an internal PIP kickoff meeting for agency state, regional and program leadership October 9, 2008. Meeting participants included DFCS state leadership, program heads, regional directors and county directors involved in specific initiatives in the state. The purpose of the meeting was to create understanding among participants of:

- The potential positive impact and risk of the PIP to Georgia
- Their individual and collective responsibilities for PIP implementation and success
- The precise nature of the PIP
- The accountability of the state, the division and the individuals responsible for the PIP

DHR Commissioner B.J. Walker gave the opening address to all meeting participants, stressing the importance of the work to support the PIP, and announced the formation of a new state-level Permanency Unit to improve permanency outcomes for children. She was followed by DFCS Deputy Directors Isabel Blanco (Field Operations), Kathy Herren (Acting Deputy Director, Policy and Practice), and Cliff O'Connor (Fiscal and Administrative). Motivational speaker Dr. Earl Suttle gave the luncheon address, and Acting DFCS Director Dave Statton gave the closing remarks.

The more than 100 participants were pre-assigned to a break-out group based on their job responsibility and its relation to the PIP. The main purpose was to diagnose or prescribe leadership; it was not to prescribe the plan itself. Each small group was composed of approximately 16-20 participants and given a specific area (section of the plan and related outcomes) to discuss.

The six groups were divided according to the following sections of the PIP:

1. Family-Centered Practice Model, including family team meetings and "Every Child, Every Month" (*Strategy I, Goals A-C*)

2. Policy and practice for safety, including screening/intake, risk assessment and case documentation (*Strategy II, Goals A-C*)
3. Permanency, including collaborations with CIP and justice-related partners (*Strategy III, Goals A-E*)
4. Permanency, including permanency pilot, changes in policy and practice (*Strategy III, Goals F-G*)
5. Service array, including individualizing services, access, meeting identified needs (*Strategy IV, Goals A-D*)
6. Foster parent support and retention, including paternal involvement (*Strategy IV, Goals E-G*)

DHR Office of Human Resources Management and Development facilitators Steve Stewart, Terry Carnes, Henry Carter, George Gaines, Bill Krysak and M.E. Wegman guided these discussions with some general questions:

1. How does the PIP affect the work/practices of me/my staff?
2. How do I contribute to the success of this effort?
3. What resources and staff do I bring to the effort?
4. What are the barriers to success that we face?
5. What resources/partners do we need?
6. How do we make sure line staff know and take action?
7. Why will this particular effort make our work in DFCS more successful/help the families and children served?

Although the groups were “assigned” sections of the plan, many, if not most, of the comments were more general in nature. Not unexpectedly, there was much discussion around barriers; however, there were also numerous specific recommendations for taking action and overcoming barriers to success. Following is a summary of the key themes and recommendations that emerged from these group discussions. These are divided into three sections:

1. Agency Assets
2. Liabilities/Barriers/Concerns
3. Recommendations

Agency Assets

General

- The Division’s belief in the mission
- Commitment to developing curricula and training
- Consensus to develop policy that is not a barrier to practice
- Collaborative approach to program development and planning
- Ability to navigate and negotiate resistance to change
- Open forums for sharing successes and challenges
- Acknowledgement that we can do better

“The Family-Centered Practice Model connects what the agency is trying to do for children and families.”

- Leadership and field knowledge
- Individuals come from different areas and perspectives, leading to greater insight and different ways of trying new things
- Knowledge of the history, policy, clients, practices of DFCS
- Ability to support, influence and ensure accountability for execution; share responsibility for outcomes
- Fewer children coming into care
- Move towards permanency
- Prior successes

PIP

- Have resources for collaborative efforts and preventative outcomes
- Unites us as an agency to give a sense of achievement, pride and accomplishment
- Has strategies focused on families and outcomes
- Is aligned with federal permanency outcomes
- Promotes job satisfaction; no longer feel like “we are swimming upstream alone”
- Helps children attain/maintain relationships with healthy adults sooner
- Promotes sharing responsibilities across agencies – families more successful (and agencies more successful)

Family-Centered Practice

- Belief in value of family-centered practice model
- History and experience in doing this work

Permanency

- Availability of Rapid Process Improvement for evaluation
- Rapid Process Improvement (building character)

Liabilities/Barriers/Concerns

Fiscal

- Mandates; asking staff to do more with less
- State’s current financial condition
- Funding/contracts
- Laborious process for contracting services

Staff

- Staff turnover; case manager turnover – “managing in crisis”
- Lack of policy/legal knowledge in the field
- Staff attitudes, beliefs
 - “We’ve always done it this way”
 - Resistance to change
 - Fear of mistakes; fear of consequences when

<p><i>“Supervisors and administrators get it, but case managers don’t.”</i></p>

trying something new

- Perceptions related to current economic situation, furloughs
- Staff with BSWs and MSWs but no work experience
- Ability to connect with families and children is not something that can be trained
- Keep staff who can connect with families and children from burning out
- Cultural/linguistic concerns – difficulty hiring diverse staff
- Need to adjust to new ways of doing the work

Leadership/Supervision

- Not addressing bad attitudes; not holding staff accountable
- Letting go of passions to focus on where we need to shift resources
- Philosophy change/culture change
- Accountability

*“As long as there is the opportunity to blame others, we can’t achieve our goal.”
(e.g., state office vs. field office)*

Communication

- Messages get watered down as they filter through agency
- Communication/personal collaboration with external partners

Training

- Incorporating PIP/CFSR into new worker training may create awareness but not necessarily an understanding of what needs to be done
- Leadership walk away from meetings rejuvenated and energized, but front line staff do not
- Appropriate training

Services/Providers

- Rural areas – lack of availability of services
- Building provider networks for permanency

Partners

- Lack of shared values/philosophies across state agencies
- Resistance to change
- Lack of external partner accountability for outcomes

Policy

- Went through policy simplification but the effort was scrapped
- Even when policy is sent out for feedback, “front line feels forced”

Practice

- Create extra tools but do not follow through
- Tools not always helpful (e.g., FORG tools are cumbersome)

- ***Intake***
 - Intake requires complex skill set, including front line experience, ability to engage caller, ask appropriate questions, pick up on cues, provide extraordinary customer service, be a counselor/intervention specialist, have knowledge of resources, multi-task
 - Can't just read questions to abuse reporter
 - No statewide input on tool/policy
 - Need to improve staff understanding of intake process, critical thinking
- ***Permanency***
 - Ensuring rights of foster parents to be part of permanency
 - Fiscal constraints related to court partners
 - Changing perceptions of court partners to shared vision (legal perspective vs. social work perspective)
 - Short time frames
 - Fear of confronting external partners (e.g., judges, SAAGs) and lack of forum to do so (holding paychecks)
- ***Service Array***
 - How to get counties to make services available (family teams, regional focus)
 - Getting right people/service resources to the table
 - User-friendly access to services
- ***ILP***
 - Keeping caseworker engaged as a “caseworker” and not as a “case manager” to stay focused with the youth and ILP – change culture to permanency
 - Holding youth accountable to meet their goals (change “entitlement culture”)
 - Responsibility for tracking of data components
 - Terminology
- ***Foster Parent Recruitment/Retention/Paternal Involvement***
 - Number of pre-service and ongoing training hours
 - Policy addresses quantity but not quality of training
 - Staff ability to accurately screen, assess, monitor and support (pre-service and veteran foster parents)
 - Unintended consequences of outsourcing
 - Foster-to-adopt:
 - Complaints, differences in intent, complicated legal issues
 - Need to move prospective foster parents through the approval process more quickly
 - Agency culture/attitude issues:
 - “Apple doesn't fall far from the tree.”
 - Bias against fathers

Recommendations

Investments Needed

- Provide technology to allow for communication with and input from staff at lower cost (WebEx, Skype)
- Establish/maintain stable workforce; seasoned, well-trained, empowered (knowledge, skill and ability), motivated staff
- Recruit staff with demonstrated competency, right attitude (DFCS and partners)
- Plan leadership development for increasing responsibilities; more leadership training; work with Georgia State
- Train in grant-writing to tap resources (or hire/pay on commission grant writers)
- Have regional trainers to provide training locally as much as possible
- Shared data system to track outcomes that includes external partners; tracking and evaluation tool

Policy

- Seek and use field input on policy
- Provide consultation from policy and practice with field on policy
- Handle policy review/questions through regional directors to ensure front line staff give necessary feedback
- Relate the tools to why we do the work
- Provide timely communication of and access to policy updates
- Simplify and update policy; make more accessible and user-friendly
- Establish flexibility in policies and procedures

Training

- Provide staff training in specific program areas (FTMs, foster care, adoptions)
- Spend time in the field before teaching
- Provide interactive classroom and on-the-job training for staff
- Develop and provide training on tools (e.g., intake, risk assessment)
- Improve staff critical thinking skills
- Create opportunities to learn (modalities) for all learning styles to ensure that everyone understands
- Train case managers on involving foster parents in case planning
- Provide additional training for all partners and for foster parents

“Don’t drill the PIP – drill the best practices. Preach the work, and the PIP will follow.”

Leadership

- Communicate the PIP so staff will know how they will benefit and how far we have come
- Support staff with tools needed to do the work
- Use SACWIS¹/communicate results to help understand strengths, weaknesses

¹ Statewide automated child welfare information system (SACWIS); Georgia’s system is called SHINES.

- Provide mentoring for supervisors (“hands-on,” not just phone calls and emails; suggestions- use seasoned retirees, pair new/weak supervisor with strong one in same region)
- Hold regular (monthly) supervisory development conferences/meetings/classes for new supervisors (regional or county)
- Train supervisors to take advantage of “teachable moments” and model favorable behaviors
- Identify strengths and capitalize on strengths and energy of new supervisors
- Provide an environment for “out-of-the-box” thinking, innovation – face-to-face
- Make state office leaders more visible and accessible to the field
- Provide follow-through and ongoing reinforcement
- Involve/engage field staff earlier in the development and testing of new tools
- Provide oversight/supervision to improve documentation; get buy-in from immediate supervisors
- Create a trusting/teaching/learning environment
- Involve all staff levels in plan development
- Change the “they” (state office) to “us”
- Promote and share values across all state agencies

Communication

- Conduct road show similar to one conducted for SHINES:
 - More direct communication with front line staff
 - Get front line staff buy-in regarding the work to be done
 - How leadership presents/their attitude is critical; leadership sets tone; understanding will determine buy-in and success
- Share information with more than the counties involved (reports, report-outs, summaries)
- Provide clear, ongoing, consistent communication at all levels
- Make sure line staff have data discussions from G meetings

“Follow the seven times rule: Say it seven times seven ways.”

Supervision

- Ask staff what they need to be successful
- Help staff with professional development planning
- Recognize/reward staff when they take action; determine what motivates front line staff
- Improve time utilization
- Establish partnerships with staff so they understand why, how, value
- Hold staff accountable
- Elevate the importance of what staff do to affect outcomes
- Lead by example (“walk the talk”)
- Make sure line staff know and act

“We can change -- just because it didn't work before doesn't mean it can't.”

Practice

- Explore accessing court system interpreter(s) to help with language barriers
- Go back to good social work practice
- Ensure intake staff know resources and think permanency; see mom/pop differently than mandated reporter
- **Individualized Services**
 - Identify specific needs in assessments
 - Monitor services constantly and ensure they meet identified needs
 - Accountable, progress, proper fit, goal achievement
 - Develop policies that cut across multiple divisions (DFCS, DMHDDAD, DPH) – a “holistic approach”
 - Involving family members, family-centered approach
 - Training staff to carry out plans
 - Technical assistance related to distance/geography
 - Collaborative training, strategy, policy commonality related to permanency
 - Develop “permanency providers” to meet needs of children
 - Connect youth to community resources when permanency is not finalized
 - Share resources for training/technical assistance (funding), incentives to serve families, multi-tasked to do the work (family team meetings), more than one resource to “get it done”
 - Map resources – identify what is there and what is missing
 - Tap all resources inside and outside network
 - Keep services updated
 - Establish community supports and services (e.g., have System of Care (SOC)/KidsNet Model for all regions); train on SOC
- **Permanency**
 - Reach out to community (judges, SAAGs, foster parents) to shift paradigm from placement to permanency (and outcomes)
 - Ensure foster parents and staff get same message
 - Influence county to execute strategies/engage partners on county level with follow-up
 - Work with all court partners, including Office of the Child Advocate (OCA) and Council of Juvenile Court Judges (CJJC) – collaboration and training
 - Develop message(s) for internal and external audiences regarding interpretation of policy and shaping of practice
- **ILP**
 - Involve youth in decisions to meet the “5 needs” (empowerment); get youth buy-in
 - Think about permanency for youth from a provider perspective (service delivery)
 - Involve the “permanency provider” in the decisions for ILP
 - Develop “concurrent” permanency plan for youth

“Programs should become self-sustaining if outcomes are positive.”

“If upfront work is done to help shift the permanency paradigm, then we can avoid the problems that diversion had because people didn’t understand.”

- Keep caseworker connected to youth for independent living – permanency
- Define/re-define role of coordinator to develop resources
- Develop a realistic, achievable ILP
- Use Casey life skills assessment to develop/establish a baseline for services and incorporate goals into the written transitional living plan
- Ensure all children receive Early Periodic Screening and Detection Test (EPSDT) annually;² track in SHINES
- Include all “health behaviors” in assessment
- ***Foster Parent Recruitment/Retention***
 - Use foster parents to recruit foster parents; emphasize benefits
 - Use internal recruitment; everyone has a role, not just regional directors; staff are agency ambassadors
 - Use teens/ILP as recruitment
 - Create multiple categories of foster parents –different types/skill/training levels
 - Be realistic in training/messaging: truth about placements and truth about the temporary nature of foster care
 - Provide ongoing training in specific areas: teens, medically fragile, behavior issues
 - Develop consistent screening tool: uniform, reliable/valid
 - Implement IMPACT (Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continuing Development and Teamwork) foster parent training recommendations
 - Redefine retention success
 - Provide a variety of paths for approval
 - Identify the foster parent intent and DFCS intent
 - Conduct diligent search and engage relatives early
 - Use flexible spending accounts
 - Look at investment in foster home recruitment vs. retention
- ***Paternal Involvement***
 - Share Outstanding Paternal Involvement (OPI) pilot best practices with all leadership
 - Create staff understanding of importance of paternal involvement
 - Have supervisors monitor paternal involvement specifically

Partnerships

- Seek fiscal support from all partners (grants)
- Establish trust/working relationships with partners
- Identify organizations with funding (grant sources)
- Engage partners and have them build an action plan
- Integrate Local Interagency Planning Team (LIPT) initiatives
- Use Community Partnerships for the Protection of Children (CPPC) more effectively
- Court system
 - Accountability for permanency outcomes
- Service providers (placement and permanency providers)
- All community partners

² Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is Medicaid's comprehensive and preventive child health program. Medicaid requires states to assess both physical and mental health development and conduct medical screens of Medicaid-eligible recipients under the age of 21.

- Division of Juvenile Justice
- Department of Education, local superintendents
- Family Connections
- Department of Labor, Vocational Rehabilitation
- Families
- Housing Authority
- Law enforcement
- Faith community
- Business/corporate

Evaluation/Outcomes

- Ensure field data integrity
- Take tools to field and make sure work before implement (e.g., intake, risk assessment)
- Look at how tools work with SHINES
- Get customer feedback to rework tools
- Provide feedback loop – what is done with county director and screening/intake reports
- Get feedback from reporters to gauge their experience with intake
- Look at from qualitative as well as quantitative perspective
- Measure action: Covey’s 4 principles (execution)
- Look at return on investment – not just dollar costs; need different cost projection model; more effective redistribution of funds
- Develop mechanism to properly track case plans; ownership of data, measures, roles
- Qualitative data development/scorecard for services
- Input ILP data to track

Conclusion

At the end of the day, each of the groups reported the key points of their discussions to the full group of meeting participants, which included state leadership. One group summarized their discussion this way:

We will create a CLIMATE of bold, audacious and unapologetic excellence in doing the right work the right way:

Committed to succeeding – Our families will experience this commitment and rave about how we have been a resource for them and how their family unit is stronger and self-sustaining as a result of their involvement with us.

Leverage our leadership – We will communicate with clarity and power; we will be empowered and proactive leaders.

Innovative, risk-taking strategies – will pay off handsomely; we will own the process; we will exceed the goals of our PIP.

Meaningful work – with our families, children and staff; staff will see the value in our strategies and implement them with enthusiasm.

Attitude of can do and will do – will be contagious; we have already accomplished much, so we know we can accomplish more.

Teamwork and partnerships – internally and externally – will be strong; we are all on the same team; some of us are located in the state office, others in regions and counties; we are field operations, policy, budget, technology. To move to the next level, we need all players on the field, nobody on the bench.

Engaged employees – lead to engaged families; employees can do what they came here to do; this gives them the energy needed to move to the top level.

We will pass all seven by 2011. It's a tough job, but we are tough people who can and will do it!

PIP-related documents as well as additional information on child welfare/agency initiatives are posted on the PIP website (www.gacfsrPIP.org). Quarterly progress reports on the PIP and agency outcomes will be submitted to the federal Children's Bureau and posted on the PIP website.