

**Title:** Rhode Island Project: Embedding Lessons Learned; Site Visit Report

**Grantee:** Rhode Island Department of Children, Youth and Families (DCYF)

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## SUMMARY

The goal of the National Child Welfare Leadership Institute (NCWLI) is to build leadership skills in mid-level managers in public and Tribal child welfare agencies to improve outcomes for vulnerable children and families. In a recent project called Embedding Lessons Learned, NCWLI worked with the Rhode Island Department of Children, Youth and Families (DCYF) to help staff better understand the State's system of care reform.

DCYF experienced a problem with internal and external communications that came to the fore when, in 2005/2006, State executive staff implemented a system of care program as a component of the Rhode Island child welfare system reform initiative. DCYF line staff and mid-level managers, who had not been included in planning or developing this new model of service delivery, felt a lack of ownership and commitment to the new model—which created problems with implementation.

Using the NCWLI model, DCYF staff learned how to effect successful system change in a process that included:

- Accepting the need for change
- Understanding what to change and how to change it
- Committing to and practicing change
- Applying, monitoring, and institutionalizing the change

The Rhode Island team and NCWLI staff identified gaps in DCYF staff knowledge of the system of care initiative, identified staff concerns, and developed a plan to increase staff knowledge and participation in the process. Together they discussed an element that had been missing in the original initiative: to help child welfare staff and mid-level managers see the system of care not as a threat but as a positive change that would improve services to the children and families and would make their jobs a little easier.

Among the lessons learned in the project was the critical importance of including the facilitators of systems change in the process of developing the change, giving them opportunities early on to offer feedback and input, and taking advantage of their expertise and knowledge of the community. The project developed several methods of communication, including an agencywide newsletter, all-staff emails, formal meetings, and informal brown-bag lunches and focus groups.

These communication tools and other key recommendations coming out of the project will be advanced and embedded in DCYF's policy and practice.

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## PROJECT DESCRIPTION

## Goals of Project

Participation in NCWLI programs is intended to increase the leadership skills of mid-level managers in public and Tribal child welfare agencies and to build the human capital needed to improve outcomes for vulnerable children and families in those systems. Trainees develop an understanding of the requirements for successful system change, which include accepting the need for change, understanding what and how to change, committing to and practicing change, and finally applying, monitoring, and institutionalizing the change. Trainees enhance their leadership skills in order to succeed in their current environment and to be prepared to lead their agencies in the future as that environment changes. These enhanced skills encourage productive and effective relationships within the immediate work setting and within the broader child and family services system. Trainees also learn evidence-based management skills that are associated with personal and organizational success.

This report is of a site visit to the Rhode Island system change project implemented by that State's three participants in the NCWLI training:

### **Need for This Service** *(adapted from the NCWLI Project Summary and from information and materials provided by the project team before, during, and after the site visit)*

Within Rhode Island's DCYF, which includes Juvenile Corrections and Behavioral Health as well as Child Welfare, internal and external communication had historically been identified as an area in need of improvement. Lack of internal communication remained a significant issue when, in 2005/2006, State-level executive staff of DCYF introduced a system of care program with a two-phased implementation plan as a key component of the State's larger child welfare system reform initiative. DCYF line staff and mid-level managers had not been included in the planning or development of Phase I of the new model of service delivery, the Family Care Community Partnership (FCCP). The intent of Phase I is to provide support to and help stabilize families in crisis in order to prevent the need for them to become involved with DCYF and the legal system. While the families targeted in Phase I were not active with DCYF, the existence of the system of care and the FCCP raised an alarm among DCYF staff, many of whom first heard of the FCCP from the community providers, resulting in the lack of a sense of ownership and commitment to the system of care model. There was even concern that the system was moving toward privatization and that their jobs might be in jeopardy.

Therefore, while the initial response of partners in the provider community to Phase I of the system of care initiative had been positive, many DCYF staff appeared to be struggling to understand their roles and relationships with clients and providers within the system of care model. The internal stakeholders, frontline workers, and supervisors expressed frustration about the lack of interdivisional communication and the absence of opportunities to hear about or provide input into the design of the system of care. Improvements in communication had been identified as necessary components to achieving shared decision-making and accountability among DCYF staff, families, natural supports, and private agency staff, each of whom has an important role to play in the system of care service delivery model.

This was the climate in the State child welfare system when Patricia Martinez, Director of DCYF, received the invitation from NCWLI for mid-level management staff to take part in NCWLI professional leadership development training. She selected the three staff listed above as contacts (the project team) to participate in the training. She charged them with assisting her office in developing a communication strategy around the implementation of Phase II, which

targets DCYF involved families, in order to help staff learn what was going on relative to statewide system reform, to develop a sense of ownership of the system of care movement, and to understand how they fit into the larger picture.

The Rhode Island team worked with NCWLI staff to develop a project that identified gaps in DCYF staff knowledge of Phase I of the system of care initiative, identified staff concerns about the initiative, and developed a plan to increase staff knowledge and participation in Phase II of the system of care development process. The project was designed to work with leaders and staff across all divisions of DCYF to explore staff concerns regarding the system of care, to identify strategies to address those concerns, to assist staff in understanding, developing, and embracing their new roles as partners with families and community providers, and to involve staff at all levels of development and implementation of Phase II. An additional goal was to use the skills developed along the way to inform and support a larger communication strategy for the agency.

## **SITE VISIT HIGHLIGHTS**

The site visit, which occurred on May 21, 2009, included a half-day working meeting attended by Ms. Patricia Martinez, Director of the Rhode Island Department of Children, Youth and Families (DCYF), regional child welfare directors, DCYF senior and mid-level management staff, and some line staff from across the State. The line staff at the meeting represented participants in the Next Steps Emerging Leaders Group, and they facilitated discussion groups during the meeting. The State Training and Policy offices also were represented.

The goals of this meeting were to:

- Help participants connect Rhode Island's system of care to the work of the National Child Welfare Leadership Institute (NCWLI)
- Review Rhode Island's implementation project and the lessons learned
- Share the project outcomes and their impact on supporting the system of care initiative
- Use small-group discussions to continue the process of inviting staff to inform and shape the system of care and phase 2 of its implementation

The project team began the meeting with a presentation that explained the NCWLI training, its purpose, and how the project, which focuses on addressing the perceptions of child welfare staff at all levels with their lack of involvement and engagement in the State's system of care development process, is the product of the team's participation in that training.

The team worked with NCWLI staff to develop a project that:

- Identified gaps in DCYF staff knowledge of the system of care initiative
- Identified staff concerns about the system of care initiative
- Developed a plan to increase staff knowledge and participation in the system of care development and implementation process

Through a pre-intervention survey designed to measure staff perceptions and attitudes toward the reform effort, the project team learned that the staff had only partial information and some misinformation about the system of care effort. Staff wanted to hear more about the initiative from supervisors and administrators and through written material and training. They were very frustrated about being the last to know of the reform effort; they wondered if system of care meant privatization of child welfare services in Rhode Island and if their jobs were in jeopardy.

They expressed concerns about the community's ability to respond to child safety and how to overcome the strained relationship between DCYF and the community.

After identifying the gaps in staff knowledge and the staff concerns about the system of care initiative, the project team decided to focus on the adaptive work that is such an important aspect of system change, which they felt had been neglected during early implementation of system reform in Rhode Island. They believed it was critical to help child welfare staff and mid-level managers see the system of care not as a threat but as a positive change that would improve services to their client families and children and would make their jobs a little easier as well. Toward that end, an intervention was designed based upon a detailed communication strategy.

A key component of that strategy was to hold several peer-facilitated discussion meetings to communicate the purpose of the system of care initiative with the goal of promoting buy-in and acceptance among child welfare staff and mid-level managers. The Next Steps Emerging Leaders Group members facilitated numerous peer discussions and focus groups about the system of care across divisions and regions to get feedback on staff perceptions of the initiative.

Next Steps members also made several educational presentations on the system of care to their peers to clarify the true purpose and goals of the initiative. Finally, they facilitated cross-divisional peer discussions on phase 2 of system of care implementation and even facilitated the small group discussions at the statewide meeting attended by the site visitor.

Next, the project team presented preliminary findings from the comparison of the pre- and post-intervention survey data collected to assess changes in staff perceptions of the system of care following implementation of the peer-to-peer communication strategy. Comparison of the survey results showed an increase in staff understanding of and support for the system of care initiative at the time of the post-intervention survey.

The latter part of the meeting was devoted to applying lessons learned through small group discussions where meeting participants were given a set of discussion questions and asked for their input about the implementation of phase 2 of system of care. (See Appendix A for Discussion Questions used for this exercise.) Next Steps Emerging Leaders Group members, who had participated in the entire meeting, facilitated these discussions.

This half-day meeting was followed by a luncheon meeting with DCYF Director Martinez, the director of the Child Welfare Training Institute, and the assistant director of Children's Behavioral Health. The afternoon was spent meeting, both individually and collectively, with the members of the project team. Participants in these two meetings shared with the site visitor the significant impact that the NCWLI training and technical assistance has had on this project and on the system of care initiative in Rhode Island. The project team members spoke of how the NCWLI training was very effective in presenting both the theoretical and the practical aspects of systems change. They also felt that the implementation project was excellent reinforcement of the cognitive aspect of the training and that the availability of technical assistance from NCWLI staff during implementation of the project greatly enhanced the learning for them and the effectiveness of the project. Information and materials shared during the day are incorporated throughout this report.

## **LESSONS LEARNED**

## Unique and Innovative Features

- The project team was diverse professionally and cut across offices within the Rhode Island Department of Children, Youth and Families (DCYF), including the assistant to the director of DCYF, a representative from the DCYF Policy Division, and a representative from the Training Division. The team reported that this was the only *team* project implemented by graduates of the National Child Welfare Leadership Institute (NCWLI) training.

## Challenges

- During the planning and implementation of Rhode Island's system of care initiative, the focus had been on the technical aspects of change—clarifying the problem being addressed, identifying solutions, and implementing those solutions—with the primary locus of responsibility for organizing the work falling to the leadership of the organization. The adaptive work, which is necessary to help staff recognize the need for change and to bring about the necessary changes in the staff's attitudes and behavior, had not occurred. As a result, staff, who began hearing of the system of care initiative from those in the private sector, felt very threatened by the initiative, assuming the State was moving toward privatization and that their jobs were in jeopardy.

## Successful Strategies and Keys to Success

- As a part of the project's focus on the adaptive aspects of change, the team developed multiple communication paths and strategies, including the *DCYF Dispatch*, (an internal, agencywide e-newsletter), all-staff emails, alternative Intranet-based electronic communications, and an internal hardcopy newsletter, the Grapevine. They also began to make more effective use of formal meetings such as the Quarterly Regional Meetings with the director, Regional Supervisor/Administrator Meetings, and Unit Meetings. Finally, they created numerous informal communication opportunities through topic-specific or general brown-bags, lunches with the Director and/or senior team members, as well as informal focus groups.
- A statewide Next Steps Emerging Leaders Group had been convened early in the Rhode Island system change process. Members of this group came from across divisions and levels within DCYF and had been identified as innovators in recommendations from their supervisors, administrators, or peers. The project team tapped into this group and found them very effective in bringing their peers together, providing information, facilitating discussions, and eliciting feedback on the system of care and its implementation.
- The importance of proactive communication strategies during system change cannot be overstated. It is critical to share information as early as possible and to provide the staff who will implement the change with true opportunities for feedback and input at the design phase. This process takes advantage of the expertise and knowledge of the people who will implement the change and empowers those staff to be the agency's best ambassadors to the larger community.

## OUTCOMES

### Summary of Activities and Accomplishments

- The National Child Welfare Leadership Institute (NCWLI) provided the Rhode Island project team with technical assistance in designing the pre- and post-intervention survey instruments used to evaluate the effectiveness of improved communication and in analyzing the data after those surveys were administered. They also provided technical assistance in designing the peer-facilitated discussion groups in changing staff perceptions of system of care.
- Surveys were administered twice, at the beginning and at the end of the project, and the results were analyzed.
- Members of the Next Steps Emerging Leaders Group facilitated numerous focus groups and discussion groups with their peers across the State.
- A Concept Paper for phase 2 of the system of care initiative has been drafted. This draft was presented to participants in the statewide meeting that occurred during the site visit, providing the opportunity to review, comment on, and shape the content of the concept paper.

### **Evaluation**

- A survey was conducted at the beginning of the project to measure staff perceptions and attitudes toward the system of care reform effort. The data collected through the survey also were used to measure the level of adaptive work needed to ensure the success of the system of care in Rhode Island and to identify the key areas that needed to be addressed to affect staff perceptions and attitudes.
- At the end of the project, a survey was conducted to assess changes in staff perceptions of system of care following peer discussion meetings and other communication strategies.
- Those who participated in the surveys reported an increase in knowledge of the system of care initiative from 71.6 percent to 92.8 percent. There also were substantial increases in staff support of system of care and in their preparedness to participate in the initiative. The statistical significance of these changes was not calculated, however, due to the disparities in the pre- and post-intervention survey sample sizes and the inability to match pre- and post-intervention survey data within respondent.

### **Dissemination**

- The project team will document the experience and submit it to NCWLI where it will become available to others wishing to develop a similar project.

### **Sustainability**

- Project staff did not rely on technical solutions but developed a variety of modes of communication, which they believe will remain in place once the project ends.
- A part of the communication strategy was to enhance the role of the Next Steps Emerging Leaders Group. That group predated the project and will not go away when the project ends.
- Key recommendations coming out of this project will be put forward and embedded in the Rhode Island Department of Children, Youth and Families' policy and practice.

### **ATTACHMENTS**

- Discussion Questions for Group Work

## Discussion Questions for Group Work

1 DCYF Services Plans versus Wraparound Family Care Plans – how do these fit together?

- Focus on:
  - The relationship of the DCYF service plan to the overall Wrap plan
  - DCYF Risk and Protective Capacity Assessment, how DCYF currently assesses safety threats and manages risk of maltreatment or repeat maltreatment, how will the assessment of safety and risk contribute to the Wrap Plan
  - Elements of the DCYF service plan (behavior change required to mitigate risk identified required DCYF involvement)
  - How the Wrap plan expands upon the service plan to identify objectives, goals and strategies

2 What are the roles of FSU, Probation and RITS and how does the role out of Phase Two affect them?

- Focus on:
  - Specific roles of divisional staff with regard to family team planning
    - CPS
    - Family Services worker and supervisor
    - Juvenile Correction Services, Probation worker and supervisor and RITS Clinical Social Worker and supervisor
    - Wraparound Partner Facilitator

3 How will cases flow from DCYF workers (Intake/Child Protective Services, Family Services Unit and Juvenile Corrections Services) to the Provider Network(s)?

- Focus on:
  - Current flow of cases including direct practice and response times from Intake, CPS and JCS
  - When is the referral made and who makes the referral to the Provider Network?