

Texas Wins Big W

By Robin O'Brien

In 2005, the child protective services leaders at the Texas Department of Family and Protective Services began work with the Texas state legislature on a comprehensive reform effort. As part of this effort, the legislature agreed to invest in more than 3,500 new front-line staff positions to help bring case-loads down. The agency was committed to delivering improved child, youth and family outcomes.

Child Protective Services Director Joyce James and her leadership team realized that adding thousands of new front-line staff required adding hundreds of new front-line supervisors and mid-level managers to manage the new arrivals. The team also realized that while, over the years, it had invested in training for front-line supervisors, it had not invested similarly in training and tools for mid-level managers. With an influx of new front-line staff and staff members with as little as one to two years of front-line experience being promoted to supervisor, the task of managing CPS regions had never been more complex, and the need to equip regional leadership teams was acute.

In June 2007, APHSA's Organizational Effectiveness staff, Casey Family Programs staff which had been supporting CPS since early in the reform effort, and James and her team began planning collaborative, statewide work to equip regional leadership teams with enhanced management tools and methods. The initiative kicked off on Aug. 13, 2007, with a meeting with the CPS leadership team and regional directors. In the two years since, the three partners—CPS, CFP and APHSA—have collaborated to turn around a region in crisis, drive continuous improvement statewide, and put structures in place to sustain these improvements long term. While the initiative is ongoing, CPS has already seen breakthrough improvements in the per-

formance of some of its regional teams and in retention of front-line staff.

On April 4, 2009, James shared with NAPCWA conference participants her perspective on the initiative's progress, impact and lessons learned. Listening, we realized that our perspective as organizational effectiveness consultants is complementary, but different. The following juxtaposes her speech and reflections from the APHSA team working with CPS:

JJ: CPS reform, which began in 2005, brought about the inadvertent and inescapable reality of the good news of adding over 3,500 staff and the more challenging issue of having to create hundreds of new CPS mid-management positions.

We immediately moved to the discussion of leadership development and began conversations with Casey about developing a plan to train mid-level managers. That's not an easy task in a state the size of Texas, so we scrapped several plans for a statewide model as our attention shifted to our state's largest county, where data showed an emerging crisis.

APHSA: The shift from statewide classroom training to focused work to turn around a county in crisis set the stage for a successful multi-year effort. We have found that working in teams to address real-life organizational gaps, learning and applying new leadership tools and techniques along the way, generates a win-win of improved organizational performance and strengthened leadership capacity.

JJ: What we saw there was reflective of many of the issues we were seeing across the state: high turnover, low morale, inability to meet key performance measures, etc. After meeting with Casey and APHSA, we decided to start our leadership work with this county. After all, it was the largest and the one where a CFSR review would always occur, so it was in the interest of the whole state to start with them.

APHSA: Focusing a first phase of major transformation work more narrowly addresses immediate needs while generating lessons learned and energy for systemwide continuous improvement work.

JJ: The next step was to figure out how to communicate the message to the staff so that they felt fully engaged and part of the process from the beginning. At the same time, a new regional director was being brought on.

We wanted to convey that we were serious about creating an environment in which ideas are welcomed, staff is encouraged to try new approaches, and one in which concerns and solutions about the crisis situation would be listened to and responded to. Colleen McCall, the state field director, and I traveled to the region after meeting with the regional director and the program administrator.

We met with a large group of mid-level managers and laid out the message that we believe solutions are better handled from the bottom up and that the necessary expertise resided at the regional level. We explained that our contribution would be to give them the tools and our support for them to do their work and create the changes needed for improved outcomes.

We acknowledged the challenges facing staff and the enormous change that was occurring in practice with the rollout of Family Group Decision Making; Family Team Meetings; Circles of Support, a new kinship program; and our disproportionality work, which included a rollout of Undoing Racism and Casey Knowing Who You Are training.



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But we also reminded staff of the rollout of our vision and values. [We adopted] a vision of Children First Protected and Connected and values that aligned our practice with the outcomes we wanted. Our bottom line was that we are accountable for the system and its impact on the children, youth and families and that all levels of staff have to be engaged.

APHSA: The fact that James and McCall traveled to the county to meet with on-the-ground staff was a catalyst for the turnaround that followed. By making public commitments, they made themselves accountable personally for transforming the county's work environment. By expressing empathy about challenges faced in the past and present, they validated staff members' feelings while signaling an end to a culture of blame. By using future-oriented language, they helped staff move on from a victim mentality and sowed seeds of hope. By referencing the values and shared desire for outcomes, they invited staff members to move beyond private grievances and become part of a collective solution. When we and the new regional director arrived soon thereafter, we found a staff that understood why we were there and was willing to work with us toward a better tomorrow.

JJ: It did not take long for the staff—although hesitant at first—to believe that they really could take charge of the situation in their region. They began to engage staff at all levels in a new conversation, encouraging new ideas and coming up with some quick wins, including improved morale and staff attitude.

APHSA: We have found untapped wisdom embedded in all organizations with which we have worked. Agency leadership teams are invariably pleasantly surprised and impressed by the analysis presented and innovations recommended once they engage staff meaningfully in continuous improvement work.

JJ: The introduction of APHSA's CQI model gave us a tool that allowed us to combine multiple work efforts under one plan using our vision and values as a touchstone for the work. We saw new leaders emerge at every level in the region down to the supervisor and caseworkers who began to lead work teams.

All staff began to recognize and communicate about their role in improving outcomes, ideas began to flow and the team became stronger. As a result of the new environment of continuous improvement, conversations became result-oriented, a common language and approach to problem solving emerged and the work environment become one in which staff felt they could trust that they would be listened to and responded to by regional and state level leadership.

The model resulted in an increased use of data which tracked positive outcomes. When the work started in October 2007 the turnover in the region was 40.8 percent and 39.9 percent in the largest county. Since the implementation of collaborative, CPS, APHSA, and CFP work, the regional turnover is 23.4 percent and the county is 22.4 percent. Other performance measures also greatly improved. The urgency to start the work in this region was driven by the recognition that if outcomes for children, youth and families were to improve there had to be stability in the workforce. It was through this recognition that affecting staff turnover and retention became the primary systems improvement focus of the work.

APHSA: The CQI model James references is APHSA's DAPIM™ approach to continuous improvement. We have found that the key to driving large-scale organizational transformation is to just get started “turning the flywheel” of continuous improvement. Even when initial gains appear modest, organizations that get in the habit of troubleshooting challenges in a systematic way—Defining issues, Assessing them to identify strengths, gaps, and the root causes of the gaps, developing Plans to



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tional continuous improvement teams in applying the DAPIM™ approach. APHSA consultants introduce tools and methods in manageable segments and support continuous improvement team members as they practice applying these tools and methods to real life organizational challenges. At the same time, APHSA consultants work with leaders to put in place structures (e.g., internal OE facilitation teams) to allow the organizations to sustain continuous improvement work after their work with APHSA is concluded.

JJ: There was so much excitement with the impact of the CQI model that we moved forward quickly with our plan to expand to the entire state, starting with the three regions where we had new

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Minnesota's Model

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- Prepare for implementation that is multi-phased, long-term and challenging. Energy, resiliency and determination are mandatory; there will be “bumps” along the way to accomplishing systems change.

We are looking forward to the next phase of work that will bring together training system staff with program and policy staff from across the division to begin the process of identifying and defining in behavioral terms how a fully operationalized practice model will look at every level of the child welfare system, from the state agency role of supervision to the front-line practice in county and tribal agencies. This work is where we will begin to realize the connections between implementing a child welfare practice model and training system re-design and realizing improved outcomes for children and families. 📄

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with categorical eligibility granted to SNAP recipients and certain other groups and general eligibility available to non-recipients who could apply for ERP at state offices. The ERP would also come under many other requirements that apply to SNAP, including the use of merit employees and the establishment of a quality control system. The House bill provides no administrative funding for the ERP. APHSA cited many objections to the plan, all centered on the lack of state human service agency capacity to take on a major new benefit program and the bill's failure to provide administrative funds. The letter supports the intent of the ERP, but urges Congress to use the federal government to administer the plan. The Senate Environment and Public Works Committee panel has held hearings on its counterpart measure, the Clean Energy Jobs and American Power Act (S. 1733); the Senate bill has a placeholder provision for the ERP but no detailed language so far. The letter is posted on the APHSA web site. 📄

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regional directors bringing their teams together.

[We moved forward] in a peer-to-peer learning environment that included multiple levels of staff, which ultimately resulted in a work environment that became much more inclusive of staff, community partners, youth and families in the organizational effectiveness work teams. The success of the model continued at every level of expansion which has rolled out statewide.

The conversations among leadership teams statewide have become results-oriented due to the focus on outcomes.

APHSA: Continuous improvement work in one part of an organization—a department, a region, a particular level of staff—generates ripples of change in other parts of the organization. In Texas, for example, work in the regions generated recommendations for improvements to work in other regions and at the state office level.

JJ: Staff members at all levels are leading teams around work efforts. Managers are sending the message that they are building future leaders, which speaks to the importance of broad engagement of staff. There is increased peer-to-peer support and cross learning within and across the regions.

The nature of the conversations is changing to focus more on outcomes than on process and use of data at all levels is significantly increased. There has been a deliberate effort to change language; an example is one region stopped saying case file and replaced language to say family file. They understood the importance of putting a face on their work.

APHSA: Even though the Texas effort started out with the focused intention to improve retention of front-line staff, it has led to improvements across a much broader plane. There are two keys to this success. First, as Joyce notes in her concluding paragraph, APHSA's approach to systematic continuous improvement can be used to address any issue. As using the DAPIM™ approach becomes a habit, staff starts applying it to any challenge that arises on the job. Second, the root-cause analysis step in the DAPIM™ approach helps continuous improvement team members get to the heart of what is

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causing multiple organizational gaps.

JJ: The model has helped leaders decide who needs to be involved and every region has increased the number of people on the leadership team as a result. This speaks to the fact that through this process we have experienced a greater commitment to the CPS value of inclusiveness. This model is an example of what we should do with our clients and if done effectively, we leave our clients with a foundation for solving their own problems. We have used this step-by-step approach to improve our entire CPS program.

APHSA: As of January 2009, James has taken on the role of deputy commissioner for the Texas Department of Family and Protective Services, and one of her next frontiers is taking the gains from her CPS work and replicating them throughout DFPS. In this way, continuous improvement work that began in just one organizational division in one county is sending ripples throughout the statewide DFPS system.

APHSA's next organizational effectiveness frontier is applying the DAPIM™ approach to front-line practice. Some regional staff members in Texas have begun applying the approach to their practices in providing services to children, youth and families. We have developed materials to help the CPS and other agencies apply the DAPIM™ approach to front-line practice right out of the gate, and in 2010 and beyond we are excited to work with some of our members to put those materials to work. 📄