Project Director Panel

Makeva Rhoden: All right. Good afternoon everyone. We're getting started. We have a surprise for our presenters. We're actually going to film this. You all look beautiful. You're fine, and Kenn Harris you look handsome, so you're good to go.

Kenn Harris: Thank you. Thank you. I have my suit and bow-tie on.

Makeva Rhoden: All right. This afternoon's panel discussion is going to be with some really wonderful and stellar project directors. It really is a panel on human resources. Once again, I am Makeva Rhoden and I will be the moderator for this panel discussion. The purpose of this panel really is to share the perspectives of experienced Healthy Start directors related to planning staff resources. We know that getting staff on board, keeping them, is one of the main areas that a lot of Healthy Start have stated they have problems with, and so we wanted these project directors to meet with us this afternoon just to help us talk through, "What are some ways that we could really alleviate this issue, especially for new Healthy Start projects?" Each panelist will have 7 minutes to speak and we will have 15 minutes for questions.

Very quickly, I'm going to give bios, just a review of the bios of our wonderful presenters. If they want to add anything on, they are free to do so. First, we have Ms. Margaret Turner.

Kenn Harris: All right. You got some fans out there Margaret.

Makeva Rhoden: All right. Margaret has worked in maternal and child health programs for the past 27 years. She entered the public health realm in 1991 as a Lactation Project Coordinator for the South Central Health District in Middle Georgia, where she first became aware of the high infant mortality rates in the rural area. As a founder of a breast feeding grassroots coalition in 1993, she spearheaded its growth to become a broad based perinatal consortium, with a focus on addressing infant mortality, after partnering with the South Central Health District for the implementation of the Healthy Start Initiative in 1997. There are other wonderful things about Margaret, but I'll let her share those and I am going to move over to our next presenter.

Arletha Howard, she is the Project Director for Tougaloo College/Delta Health Partners. Arletha has been the Project Director for the past 4 years and previously served as a Nurse Case Manager for 12 years with Tougaloo College/Delta Health Partners Healthy Start. Ms. Howard is a graduate of the University of Central Arkansas, in Conway, Arkansas, and she graduated in 1987 with a Bachelor's of Science in Nursing, so we know the nurses in here ... You can give her a round of applause. I did note on here that she also has a MSN, but she is currently pursuing her Doctorate in public health. I'd love to know what your dissertation is going to be about.

Last, but not least, we have Mr. Ken Harris. Mr. Ken Harris began his professional career in community organizing and healthy human services. He continued his professional career in community development while employed at the Boston Healthy Start Initiative in Boston, Massachusetts, from 1992 to 1997. Mr. Harris is currently employed at the Community Foundation for Greater New Haven, as the Project Director for the New Haven Healthy Start Program in New Haven, Connecticut. Mr. Harris is the president-elect of the National Healthy Start Association Board of Directors for maternal and child health. Again, all of our panelists have a rich knowledge. They've been doing this for quite some time. We try to get them from a variety of areas so that we can cover a lot of populations, but I'm sure you're going to learn a lot from them.

First, before we get into a set number of Q and A, I'm going to first ask them to just give a real overview of their project, just some background information. You can talk about your staffing structure, that would be helpful for everyone to know. Like, "Who do you use?" Social workers, nurses, or what have you. Talk about that. Then, we'll get into our Q and A session. Let me get the mic. Okay.

Margaret Turner: I haven't asked yet, did you want to us come [inaudible 00:06:28] the questions that you placed or just the first ones?

Makeva Rhoden: No, I'm going to ask those.

Margaret Turner: Okay. All right.

Margaret Turner: Good afternoon. It's a pleasure to be here and a honor to be able to sit up here among all of these talented people out here. I just wish everyone the best in your endeavor, and our 18 years has been a journey. Its been a wild ride, that's what I can say, especially these last couple of years. I'm very thankful to be here. We're just going to talk a little bit about the staffing structure of our organization. I was working in public health, as was mentioned, as the breast feeding coordinator for a 10 county health district in rural Georgia. We became aware of the high infant mortality rates in our area. As a matter of fact, we had the highest infant mortality rates in the state of Georgia, while Georgia boasted the highest infant mortality rate in the country at that time.

It was kind of like one of those epiphany moments. I was at a March of Dimes meeting and I heard those statistics, and it was one of things where it just went, "Bam!" Have you ever had one of those moments where you just were head up against the wall and you thought, "Whoa. Why? What's going on here?" It started something. We already this grass roots organization develop a little coalition to address breast feeding, so we went to our public health officials and we talked about this. We became aware of the Healthy Start grant application that was being released. Our particular organization is composed of a District Health Director. In the state of Georgia, there are 18 health districts and we covered 10 counties. You have program management staff in public health. You have everything ranging from environmental health, family planning, just all kinds of programs, so what a great program to build to set up a program with this.

For our Healthy Start program individually, our District Health Director serves as the Medical Director, and then we have our Program Manager that oversees all programs within the health district. They are not funded through HRSA funds. Then, I am the Project Director that is responsible for just the general operations, the budgeting, working with the administrator in our public health office. I don't know if it's because we're a rural entity or not, but maybe just because we hold hands so well with one another, have talked to each other so well, and know each other well, we really have a good cross-communication. When you talk about even getting the accounting reports, we get those back ... I get those back on a monthly basis. I'm able to see what we put out monthly, budget-wise, because we developed our own database so that we know every single penny that is spent. At first, [inaudible 00:09:33]. Today, I can go pull that up and tell you to the penny of what we have spent, and I think that's very important when you're overseeing taxpayers money. We are held accountable to that.

In our program, we have a Case Management Quality Improvement Coordinator, and she oversees all of our case management staff. We brought in the QI Coordinator Position ... New, this time with Healthy Start 3.0, added that, and shifted her job title and duties a little bit. She meets with the staff on a very regular basis and follows the benchmarks. She is really the person there that is really running this home and knows, on the floor, what is going on ... Boots on the ground, with the staff. We have 5 Healthy Start advocates.

We work in several different counties. Being in a rural area, we don't have enough clients in one county to be able to meet the numbers that we have. We have several health departments. When we re-up this time with Healthy Start 3.0, we dropped five counties and we picked up two new counties in a neighboring health district that had had high infant mortality rates, yet we were able to continue some services because we have learned that we now need multiple funding streams, which we have been able to do, and have other projects also going on. Those help link clients back to our services also, and some of them receive every services that we offer.

We have two parent educators that are funded through another program, yet they work under the umbrella of Healthy Start supervision, because we have parenting needs, requirements, benchmarks, and so forth like that that we work with. We also have a behavior specialist who was formerly a community health worker, went back and got her degree, and so we've had opportunities to promote staff from within. We also have one RN Care Coordinator, nurse, who serves as an expert for all of our case managers. In our earlier years, we had two RN Breast Feeding Coordinators and four registered nurses, but with dwindling funds we don't have that anymore. I also consider that our case managers, who are for the most part community health workers, professional community health works now. We've been here 18 years, and most of them have been with us the majority of that time also.

We also have an Outreach Special Projects Coordinator who handles all of our health education activities, our health fairs ... She's responsible for getting speakers, for parents classes if we need be ... She also assists some with our data. Most of our folks wear multiple hats too, so she's an important member of our team.

Also, a Breast Feeding Coordinator ... We did have funds dedicated to hire someone to do just breast feeding, but we also oversee our WIC Peer Counselor Program. Having been the Breast Feeding Coordinator years ago, I never wanted to let that go, and so we have that linkage and relationship with our health departments so that the Breast Feeding Coordinator for our district is housed at the Healthy Start house, and then the WIC Peer Counselors that offer breast feeding services, they're in multiple counties. We do team meetings on a routine basis so that we can share data or we can make referrals, as I say, back and forth to one another.

Then, we have a Program Associate. Do you want me to talk about contract positions, or is that later?

Makeva Rhoden: I'm actually going to ask those later.

Margaret Turner: Okay, thank you.

Arletha Howard: Good afternoon. First, I'm going to sort of give you some landmarks so you sort of understand our rural Healthy Start project. [inaudible 00:13:54] is Tougaloo College, which is in Central Mississippi. However, our Healthy Start project is located in the northwestern corner of Mississippi. As a matter of fact, our most northern county, which is Tunica County, is only 16 miles from the Tennessee border. That sort of tells you, we just sort of come down the edge of the Delta on the northwestern border of the state.

Our department, however ... Tougaloo College is the Owens Health and Wellness Center, and in the Owens Health and Wellness Center we have an Executive Director, Dr. Sandra Hayes. How we're structured, as far as our staffing, I serve as a Project Director. I also have an Administrative Assistant that keeps me going and keeps me organized. We have a Field Service Supervisor who is also a LCSW, and because of our lack of mental health services this gives us an opportunity that if we have someone that scores high on a depression screening, we are able to temporarily fill a gap until we can get them in care. We're really excited to have Carol.

We have a Project Development Officer. This person serves as far as public relations. She is over our community action networks, which we have a district CAN as well CANs in each county, because it's rural it's more feasible to have one in each county. She helps to coordinate that. We also have a Compliance Officer that tells us when and when not, and how much is left, in each category. That's extremely helpful.

As far as our Case Managers, we have four licensed social workers. We have three registered nurses. What they do is ... We have one stationed in each county. Each county has a team, because we have seven counties, and on that team they use a licensed person, there is a community outreach worker, and then they have access to three ... We have three full-time [inaudible 00:16:07] involvement to make sure, if they have referrals for the fathers, that we can make sure we make that referral for our fathers.

I've been there over 16 years, 12 years as a Nurse Case Manager, so I did transition into the Project Director role, which was a challenge. That's about it. We have four sites in the Delta. We have one in Quitman County and we also have an office in Washington County.

Kenn Harris: All right, Makeva, so at this part we're just general speaking, so how many minutes?

Arletha Howard: General speaking, so you can just [crosstalk 00:16:46]-

Kenn Harris: Then, we'll come back to questions?

Arletha Howard: Yeah.

Kenn Harris: I just want to be clear on what my instructions are. Good afternoon, everyone. It's good to be here, and I'm honored to be part of the panel as well. While I've been around for 25 years, I've not been a Project Director for 25 years. I only ... Almost 18, and also in that role I have been a new Project Director with a new funding phase, so I just want to say that for folks in the room. I'm not up here because I've become an expert, because I'm not at all. There are days that I feel just as new as some of you, but what I bring to this table is 25 years of experience, and so just speaking on that alone ...

You all may recall, in the 1980's, when this country was wrestling with high infant mortality and our country was just shaken because of the fact that our babies were dying at higher rates than places in third world countries, and so our nation began to respond to that. There were different approaches that were presented in our country and they weren't achieving the results that we wanted, so in 1991 some smart folks working at the federal level decided to put together a Healthy Start project, a community driven approach to addressing infant mortality. It was set as a special project, as a demonstration project, but it was community driven. That's what brought me to the table.

I was doing community work in Boston, in the Mattapan neighborhood in particular, and I went to the table because this was the first time I've heard the federal government wanting to have a community driven approach that required people from the hood to be at the table. I went to the table as a concerned citizen. In fact, the night that I went I was riled up and I was going to make some noise at the community meeting, and so I made that noise, but then they told me, "Instead of talking so much, why don't you come and get involved?" I did as a volunteer, and then I ended up working for Healthy Start in Boston, and so I continued to do that work and ended up in New Haven.

In New Haven, also in the 80's, responded to the infant mortality there in New Haven. New Haven is ... About 30,000 folks are there. What they did ... I worked for the Community Foundation for Greater New Haven, and there I got involved with the infant mortality work by established what they call, "The Commission on Infant and Child Health," which was a partnership with the city of New Haven and the primary

care institutions, the two hospitals, Yale-New Haven hospital in particular, and they pulled this together this commission to begin to address the infant mortality that was happening in New Haven. That was going on in the early 80's, and that lead to them eventually applying for the Healthy Start grant. They eventually got the grant in 1997, and I joined them then with their new grant, and at the time they had, as staffing for that program, a Project Director and a part-time assistant for that director. Coming from Boston, I knew full-well that those one and a half people were not going to be enough to the program.

We changed the staffing structure similar to what we have today. There's a Project Director in the a central office. We contract out all of our service. We don't do direct services. The central office staff includes a Project Director, myself. I have what we call a "Core Service Manager," which is a staff person that oversees all of our core services that are happening at the sub-contractor level, which are care coordination and outreach. Then, we have a position that is a Quality Management position. We'll be transitioning that to a Project Manager at some point, but that person looks over all of our data and is responsible for database, and then working directly with the evaluators in doing our quality improvement piece. Then, we have a CAN person, which we call a community engagement manager.

We still refer to our consortia, CAN, because we're still building off of the foundation we've established for 17 years. Then, we have a Project Assistant. That's the central office staff, just a handful of folks, but we sub-contract out. We have five Care Coordinators that are housed at the primary care institution, so wherever women are coming through to deliver their babies, we have a care coordinator there.

Right now, New Haven has one hospital. We started with two, but Yale bought out St. Rafael, so we have one hospital which works well for us and our partnership there. We have workers, care coordinators, at our health centers as well, and then we have care coordinators that are also at some of our shelters and transitional housing. Then, we have male workers, case managers, that are at community action agency, which is a CAN, community action network, part of that national movement ... Having folks that are really at key areas in the city ...

New Haven delivers about 2,200 babies a year. Through our program, we see on average between 800 and 900 of those babies come through Healthy Start. Healthy Start, over the 17 years, has become a very important piece. Our workers are ... Most of them now are Bachelor's level. Some of them are Master level social workers. There are some that have become nurses. We've lost some of our care coordinators in the field because folks have come with no degrees, but it's important to hire people from the community that had certain skills, and they came in maybe as an outreach worker. They continued to work, got training, got support, went back to school, that type of thing, and you all know the story. They become marketable to other folks, and so as [inaudible 00:21:37] was saying, people will steal your people. That's good news for us.

I have one person on staff who did not have a degree when she started with Healthy Start, and she has been with us for about 15 years, and she started two years prior to that as our Consortia Chair as a volunteer. She came to the table with her nine month old baby, and I met her at a pediatric office and invited her to come and be part our community. She ended up becoming the chair of the consortia, she volunteered and worked there, and then after we had invested two years in her the health department person hired her, but we were able to offer a little bit more money and we stole her back, and she's been with us for 15. Natasha actually just received, this year, her Master's in Social Work. That's the Healthy Start story. I like to mention that because when we started this program all of those years ago it was really about helping women and families move forward, and so being able to have those stories are important. I, myself, again, went as a concerned community resident and here I am running a program. That's my introduction.

Makeva Rhoden: All right. Thank you, everyone. We know that we've received a couple of questions from all of you when registration happened, so these are the questions that we're going to go through now, and then we'll probably have an opportunity for you to ask some additional ones. You all have already given some background on your organization and it was very different ... College versus you're a stand alone organization or you work in a health department. All of you also talked about some of your staffing structure. The questions that came in was one, if you contract out your services, why do you do it? Then, of course if you have your services in-house, why do you do it? Was there a reason behind it? What was the thought process that went into contracting it out versus keeping everything in-house?

Margaret Turner: Being in a rural area, we don't have academia at our backdoor as much as some of your larger areas. As I mentioned, we are within a 12 county area, so we pulled resources for the majority from the area, with the exception of our evaluator. When we first applied for Healthy Start, we wrote in our evaluation, and HRSA came back and slapped our hand and said, "No, that's not going to work." We really didn't know how that was going to work because we were not familiar with having to do major evaluations ... Our public health district was not, at the time. We contracted with Emory University, and Dr. John Carter has been with us since the inception of our program and I'm so thankful for that. It was a very wise decision to do that. He was recommended to us by someone at HRSA also. He understands the vital records.

I guess if I can just recommend one thing to you, make sure that you do have a good evaluator, someone that can work with us, because the skill sets are high now. Even if we were just starting over right now and needing to hire staff, because of the skill set, especially with Healthy Start 3.0, it's a lot of work. It's a lot of paper, it's a lot of data entry, and sometimes your beginning community health worker ... It can be quite overwhelming. Fortunately, through the 18 years we've been able to groom our staff. Through the years there has been multiple, multiple opportunities for advancement and so forth ... Training, I guess, opportunities, and they are quite skilled. I could put them up with people who have other degrees, and so forth. We have given our staff opportunities to become CLCs, Certified Lactation Counselors, and all of our Case Managers, I'm happy to say, do have that certification. We also contract for our male

involvement services, simply because we did not have enough funds to hire someone in-house on a full-time basis. When we talk about in-house staff, that's going to be all of our field workers and the staff that I mentioned a little while ago when I first spoke.

However, our staff are located in schools, in health departments, and also in hospitals. They may be in a county health department two days a week, and then the next day they may be in another health department or they may spend half a day in a school seeing clients. It's just the way that we've been able to work this and it's worked well for us. I'm trying to think if there's anything else we contract out ... Our data system. We use Challenger Soft right now. Also, child birth education we contract out. We also have a clinical consultant that is also the chair of our consortium who does a lot of education and negotiating with other providers to work with us. Thank you.

Arletha Howard: Hello again. These are the positions that we currently contract out. External evaluator and our online data manager ... We are very fortunate to have John [Bierma? 00:27:22]. John [Bierma? 00:27:23] has been a part of Healthy Start probably since 2002. He continues to work with us as far as real-time data. We're really glad to have him. He's always pointing out how we can improve, make things better. If I want to look for a report or look at something, all I have to do is pull it up and there it is. He tells us exactly where we are as far as our benchmarks.

Another position we contract out is a FIMR abstractor. This is very time consuming and in the interest of the case managers ... They're busy doing the peer support groups, doing the home visit, doing the outreach, recruitment, and the breastfeeding activities, so I wanted to free them up, so we have a person who does that for us. Speaking of stealing staff, she was a FIMR abstractor for the Mississippi State Department of Health. Now, she works with us as far as our abstractions for the femur process. We only contract out for PRAMS, which is a monitoring system. That's pretty time consuming, and it also frees up our in-house staff to do other activities. Those are the 3 positions that we currently contract out.

Kenn Harris: With regards to out versus in, all of our services are contracted out. One of those reasons is New Haven Healthy Start is a system strengthening model, and so the goal was really to strengthen the system, which meant staff needed to be infused with the system. Also, going back, this is a four year grant, and so the idea was, "What design best works for four years?" Talking about our project ending, so the idea was, "This might end in four years," and so this design was really important, so infusing staff within the system ... Again, we have a health department, we have two hospitals, and two health centers, and just to be practical and real with you, one of the reasons the staffing didn't come out of the health department is because they didn't have capacity. With that bureaucracy, that would have caused things to slow down with regards to hiring the right staff and getting things going, and those that work with health departments know some of those challenges. We knew that.

Capacity was an issue with the health department, so the workers were not hired by them to work there. With regards to the hospitals, again, just being realistic, there it was about relationships. Yale is Yale, so Yale hospital was the Goliath and not

everyone trusted Yale, and so again, having all of the workers come out of the hospital was not going to work. Then, capacity at the federally qualified health center level ... All of those leaders of those institutions had been working, as I said, 15 years before on the issue of infant mortality, so we were able to establish a partnership. The foundation emerged as a fiduciary because it was considered the most neutral convener. Everyone trusted the foundation. The hospitals, the health center ... They say, "Okay, well you all can administer the grant," and so the way it was designed was that the workers would be hired through contract at each of the institutions so everyone got a piece of the pie, but it was managed by the foundation.

The data comes to the foundation. We're the central keepers of the data and responsible for the overall deliverables, so that's how the design worked from a practical and realistic level, but again, as a system strengthening model, it was important to infuse folks within the system for sustainability purposes should the grant leave.

Makeva Rhoden: Thank you. Now, we had a couple of questions just in terms of tips that you could provide individuals about, "How do you keep your staff?" I know we talked about, earlier, in terms of staff retention, but everyone wanted to know what are some real world types of things that you could do to retain staff, any tips that you may have? This could be tips for keeping them motivated and involved. I know a lot of people talked about, "Staff take in the issues of the program participants that they serve," and so how do you help them kind of like cleanse them spiritually from taking all of that in and carrying it with them? Keeping them motivated ... Because sometimes things don't turn out as perfect as they would like it too, and they're very invested.

Additionally, what are the professional opportunities that you have for them? Ken, you gave a very good example about someone coming in who didn't have a degree and now they're finishing up their second degree. What professional opportunities do your organizations provide? Lastly, how do you get your projects or your staff to work as a team? All you have these really different and unique ways, or different staffing personnels on your team, so how do you get them to work together and really use their skill sets?

Margaret Turner: Okay. I'm probably going to kind of blend the how do you supervise and motivate and also working together as a team. The number one thing is you've got to listen. Be a very active listener. Over, and over, and over, let your staff vent whenever they need to, especially for the new sites coming in because this is new stuff. They're in maybe new areas. Everything that they're doing right now is new probably, learning new systems, new forms, perhaps they're in a new organization that they haven't worked before. Let them talk, and you be there and listen.

Whenever we get together for team meetings we start with an inspirational type of message, and we also celebrate each other's accomplishments ... "Reflect on what has happened this week since we last met." Our case management QI person meets weekly with her staff, the case managers, and you realize she has to go to various counties too because they're not all together in one place. That's a time when they

can go over the case loads, any problems that they encountered, "I don't know how to do this," or, "Gee, this client is just badgering me over, over, and over, and he calls me, calls me, calls me, or texts me, and I'm tired. I've got this going on at home myself." I think no matter what you do, you've got to listen. Allow them time to vent.

Another thing too is keep them in the loop. When I go back home, I'm going to share everything about this meeting. When we were up for competition, I kept them in the loop. I let them know as much as I knew, because you're building trust then. Some people might think, "Well, if you tell them too much they might run on you." We found otherwise. If you keep them in the loop, they develop ownership of your organization, your team, your Healthy Start family, and they are going to be vested in that. It's a matter of respect. You're respecting your co-worker, your workers there, enough that you can share with them what's going on. I think that that has been one of the best things that we've ever done.

We had round table discussions in the very early years, just learning diversity, culture, people sharing, staff members sharing with each other their differences on different things. How in the world could you expect to go out and meet with others if you couldn't even respect the people that you work with? We have strong bonds with one another. We are a family. Another thing is be prepared yourself. Don't expect everyone else is going to go out and do the job. You need to stay on top of things yourself in management. You need to know what's coming down through the line from her, so what are the expectations? Do not let your staff get behind. You need to be managing your benchmarks. "Where are we? How many clients do we have enrolled right now?" Do not wait until 2 weeks after the performance report is due, or you get the information that it's due, to start pulling this data and then trying to backtrack and having your staff go back in and enter missing data. It needs to stay on top because they're going to burn out. That's your responsibility as a supervisor to not let them get behind. It's going to require some grooming with that.

Another thing as far as motivation, and especially again for new folks, if your staff are in new situations, new organizations, having to bridge partnerships, sometimes people in the other organizations ... That's their turf, then all of a sudden you're coming in and maybe you're doing some home visiting, "You get to go out and I'm stuck in here seeing clients. How can we work this together?" When your staff come back and share their burdens with you or maybe feel like that they were not respected in the same way as they've received among the Healthy Start staff, you need to pat them on the back and say, "What is your direction? You know what you were supposed to do. You were doing the right thing. That is the other person's problem." Of course we do try to work with them and have meetings so that they have understandings, but sometimes you still might have that one person over that continues to be a thorn in someone's arm.

You need to reaffirm to your staff that they are doing the right thing and that they're supposed to be doing it. If you don't have performance reviews, I recommend that you do them on an annual basis or every six months, because within performance reviews you can set goals for staff development, individual staff development for your

staff. If they have a weakness in an area, you can address that and say, "What do you think? What do you need to work on? What do you feel a little weaker in?" You're not putting that person down, you're just giving them an opportunity to share with you, "What do I want to do that's a little bit stronger?"

Some things that we've been able to do, as I mentioned, staff for professional development, the certified lactation counselor ... The multiple webinars on training that come our way, when I get those, I forward them out to staff. Some are going to be required, some are tabled over here on such and such date, and when I send that e-mail to staff I actually go the website to register, and I click on the registration link so when the e-mail goes out it makes it easy for them that they can just tap on that to address that.

Bi-monthly meetings with all staff, weekly meetings with case managers ... Monday mornings is a briefing that's very short so that everyone can share what they have on the table for that week to do. It's a communication piece. We have had staff go on to get degrees and move on to education positions and other positions. Team work, just working together as a family.

Makeva Rhoden: I think we've got like five more minutes. I want to try to get some more questions from the audience, like two, so-

Arletha Howard: Okay. Make it short?

Makeva Rhoden: I don't want you to really make it short, but-

Arletha Howard: Okay. Okay. Two quick things. One is if you ever come to my office, I have a green frog on my desk and the frog is holding its lips, and it reminds me to listen to whoever enters my room that I need to listen. Another thing I do is I always pull someone else in and I say, "Just in case, I want to show you how to do this. I need to show you how to do this." Also, there is a great degree of trust and confidentiality if someone needs to have protected one-on-one time with me. I make sure that that happens. I'll pass.

Kenn Harris: Yeah, and so I'll take 90 seconds. I like that last thing, because having that protected time is important. For me, it's about really establishing an authentic relationship with your staff. When the question comes, "How do you keep staff?" You have to hire the right ones in the first place. Then, "How do you keep staff?" Don't keep them all. That's the thing. Better being honest. Make sure you have systems in place that support that, so if they don't work out there's a mechanism with which to help people move on. Job descriptions are very important, and one thing that I started in this round is adding that work plan to the job description, and then have them sign what they're going to do. It's nice to come back with a signed thing. Other than that, I approach it as a family.

I've been married for 26 years to Angela, and I wouldn't have been able to successfully do that if I didn't focus on the people in front of me. Focus on them. It's about a place ... You create this place for them. They have to live there for 40 hours a week, and

with Healthy Start it's usually more than that. Resources. Yeah, they're getting a paycheck, but any other opportunities you can provide for them, do that. It's about growth. I think make sure that they're growing and make sure we're growing. We need to do what we need to do to support them better as managers. We don't have all of the answers. As Arletha said, reaching out to other people to help manage them is important. Make sure they're comfortable. Make sure the accountability is clear. I think communications, being clear about the expectation and reviewing those often ... Yeah, we do annual reviews, but I also have 3 month review with them, and I also have weekly meetings to talk about, "How do you think things are going?" Doing those quick checks.

My big thing that I've just learned, because I really hate gossip ... I said to myself, "How can I bring that into a professional environment and to say, "No gossip."" A colleague that runs an organization in New Haven said, "Make it part of your policy." I really do not like gossip. We will not talk about each other. I'm the example, so if you don't do it, they won't do it. If they do it, there's something in place that says we get to address, because if you're talking about your co-workers here that's a problem, because that's disrupting the environment and we tolerate no disruptions.

Makeva Rhoden: You actually have a gossip policy?

Kenn Harris: You all do too?

Makeva Rhoden: No. I'm over here writing this down. No-

Kenn Harris: [crosstalk 00:42:25]. I was like, "Good."

Makeva Rhoden: Some of things that I heard consistently from all of you is that whole being like an active listener, giving your staff an opportunity to vent and really just unload, because they are taking in a lot. I like that you talked about trust, and really that communication piece. All of the knowledge should not stay with you. Like, all of [inaudible 00:42:52] expectations, what we are talking in terms of bench marks, it should not stay in the Project Director's head. Anything could happen to you at any time. We would hope that it didn't, but we just never know what tomorrow is going to bring, so that information should constantly come from you and transition down, and the whole team should be on the same page. I really like that you guys had that same consistent message. We are at time. I really appreciate our panelists. I know we need to go into our next session, but is there is one quick question that is just burning on someone's mind and just really want to ask the panelists before we thank for being here and dismiss them for the afternoon? I'm looking. I have one.

Female: Do you pay for professional development?

Makeva Rhoden: Professional development?

Female: Right, like someone who went to get their Master's, do you help them pay for that?

Kenn Harris: We have tuition reimbursement, and we negotiate that with the foundation, so all of those dollars do not come out of the Healthy Start grant. The foundation is a partner, so making your fiduciary or grantee your partner, then you can ask for things, and so I have $2,000 per staff ever year.

Makeva Rhoden: Very nice. Very nice. Margaret, Arletha, do you want to add anything to that?

Arletha Howard: If you attend Tougaloo College, you do get a reduced tuition fee.

Makeva Rhoden: Fabulous. Margaret, do you want to add-

Margaret Turner: No.

Makeva Rhoden: No? Okay. Well, thank you. Let's give our panelists a round of applause. Now, we are getting ready to go into our next session.