



Mastering the Tools and Techniques of CQI and PDSA

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WORKSHOP AGENDA



Welcome and Introductions



CQI and PDSA Refresher



3 Key Tools and Techniques



Keeping Track of Everything (time permitting)



Recommendations and lessons learned



Welcome & Introductions



CQI and PDSA Refresher

PDSA = Plan - Do - Study - Act

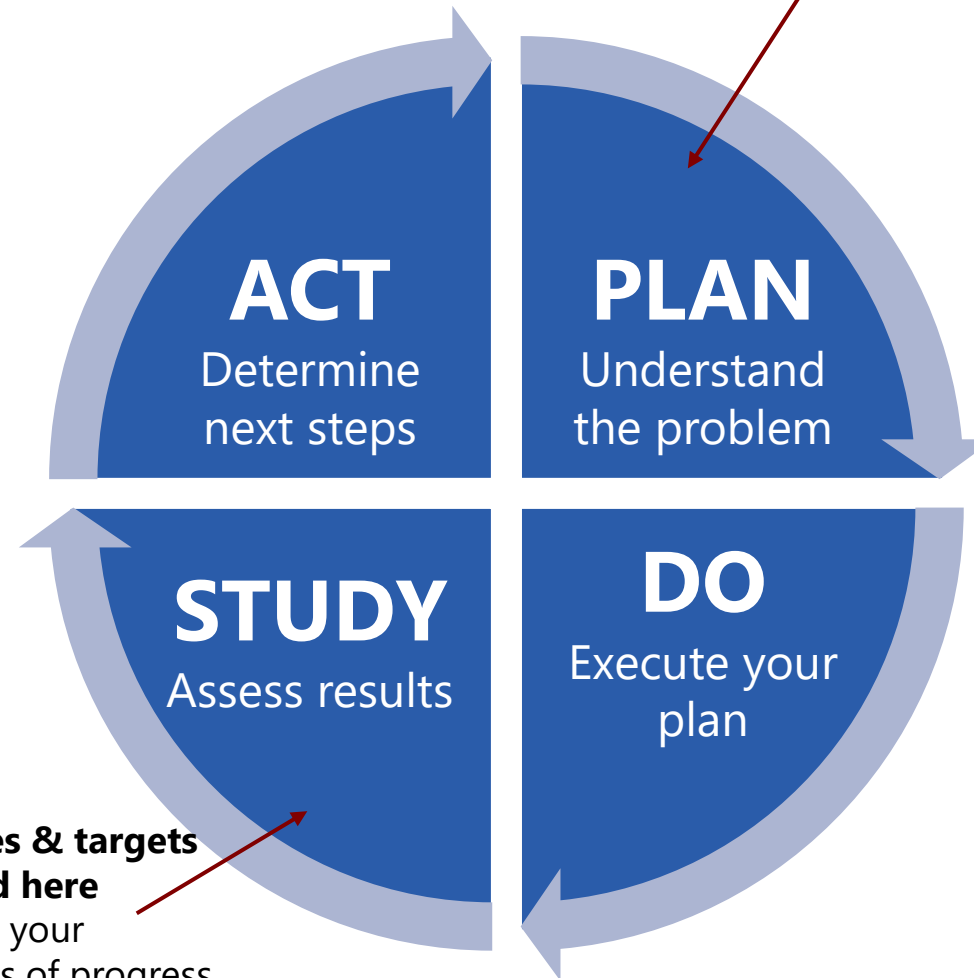
3 techniques for today:

1. **5 Whys** (to identify root causes of the problem)
2. **Process mapping** (break a problem into discrete steps to identify what to improve)
3. **Setting baselines & targets for performance** (to measure if what you did worked)

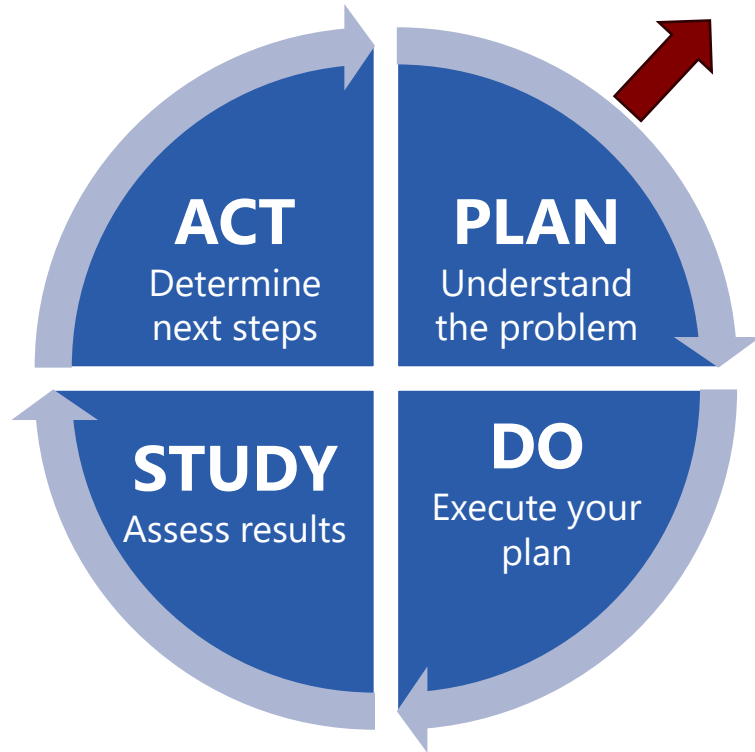
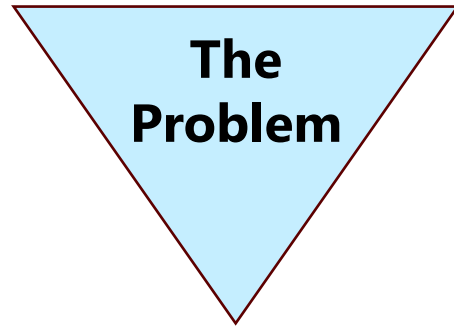
WHAT IS PDSA?

Plan - Do - Study - Act

- CQI method to understand problems and test and evaluate improvements (i.e., quality assurance activities)
- Cyclical problem-solving process to improve a process or carry out a change



**Baselines & targets
get used here**
They are your
measures of progress



Plan

- Defining the problem and understanding what is currently happening – grasp the current condition
- Identify the root cause(s) 5 Whys, Process Mapping, go the Gemba, etc.
- Develop tests of change to address the root cause(s)
- Visualize the future state (target condition)
- Create implementation plan (for DO step)
- Create follow-up plan (for STUDY step)

Do

- Execute the implementation plan

Study

- Execute the follow-up plan

Act

- SAT: Standardize, Adjust, or Toss

Plan

- Defining the problem and understanding what is currently happening – grasp the current condition
- Identify the root cause(s)
- Develop tests of change to address the root cause(s)
- Visualize the future state (target condition)
- Create implementation plan
- Create follow-up plan

Do

- Execute the implementation plan

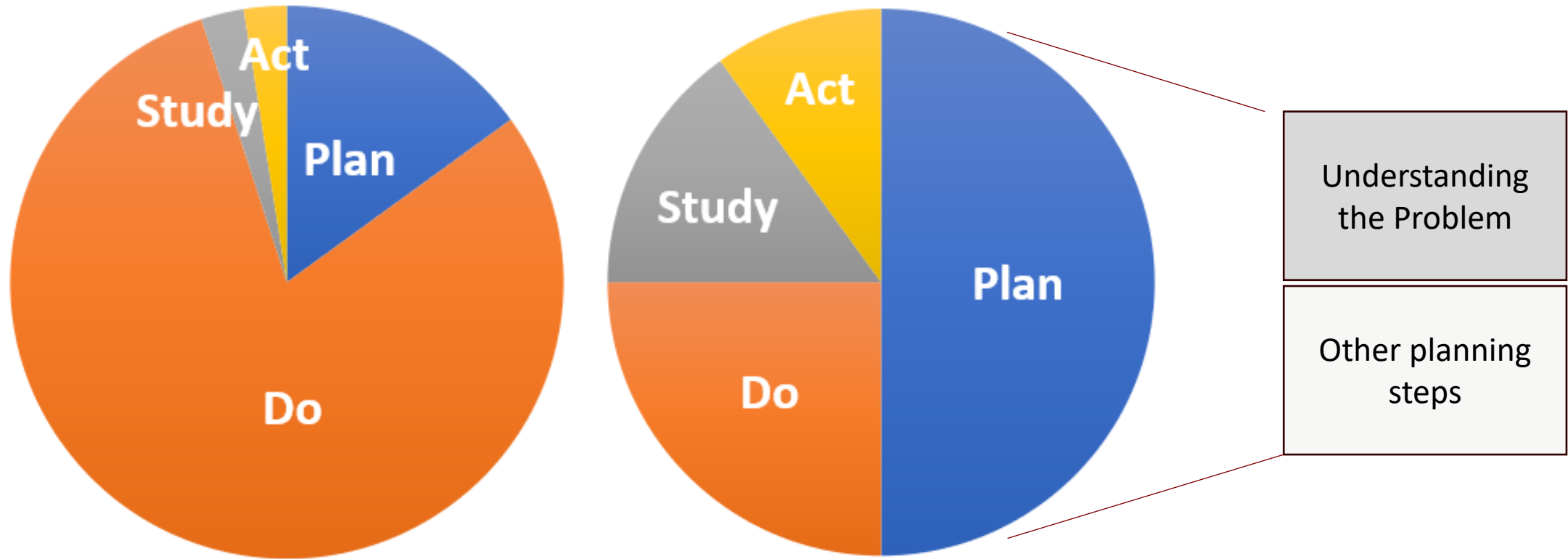
Study

- Execute the follow-up plan

Act

- SAT: Standardize, Adjust, or Toss





There's no perfect formula for this.
In fact, for easier problems, lots of **Doing** is a great way to test your ideas.



3 Tools and Techniques

5 Whys, Process Mapping, & Setting Baselines & Targets
with examples from our work with Michigan

Our work with MDHHS

Michigan Department of Health and Human Services

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

- **Landmark legislation** signed into law in 2018 that changes how federal child welfare funding can be used
- Aims to **keep families together** and children safely in the home whenever possible
- Allows states to use Title IV-E **funds for prevention services** for children who are “candidates for foster care”
- Services include **evidenced-based programs** (EBPs):
 - In-home, skill-based parenting programs (individual and family counseling, parenting education and skills-building, home visiting)
 - Substance abuse treatment and prevention
 - Mental health treatment

PDSA IMPLEMENTATION FOR MDHHS' FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

Improving referrals for FFPSA Evidence-Based Programs (EBPs)

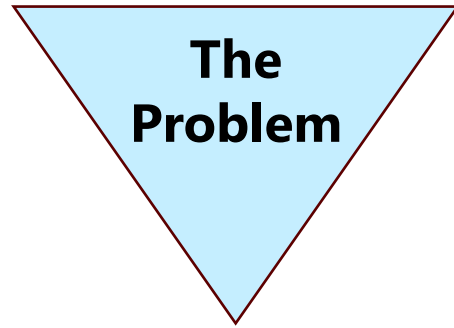
*The Problem: **Low Referral Rates** for MDHHS FFPSA Evidence-Based Programs (Home-Visiting Programs) and SafeCare*

5 Why's

Process Mapping
and Analysis

Completed two
small tests of
change

Supported
measurement of
local improvement
strategies



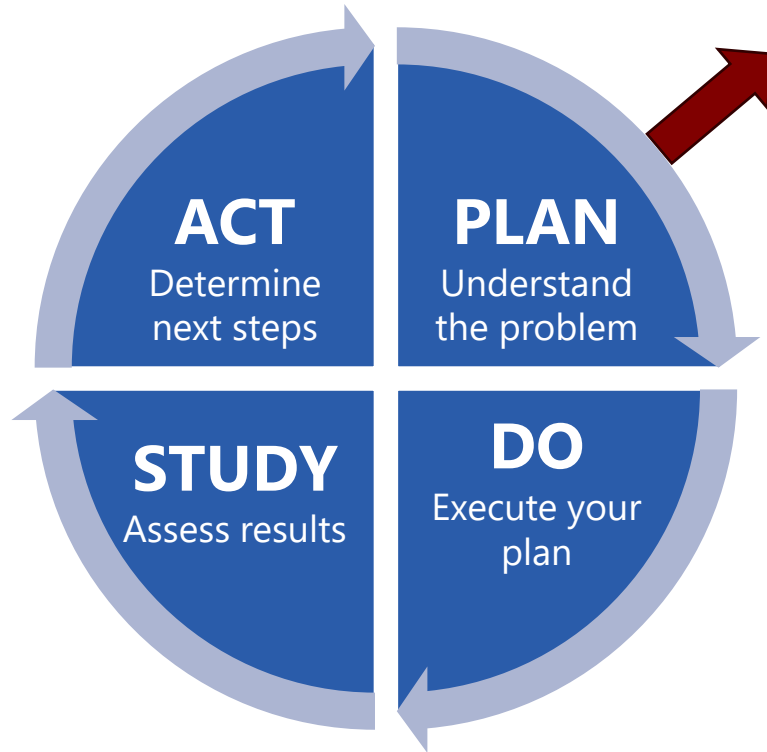
• The Problem

- Anecdotal:

- 1. Many eligible families **are not being referred** to MDHHS' FFPSA evidence-based programs (EBPs)
- 2. Families who are referred **do not start the EBP** or drop out before completing it

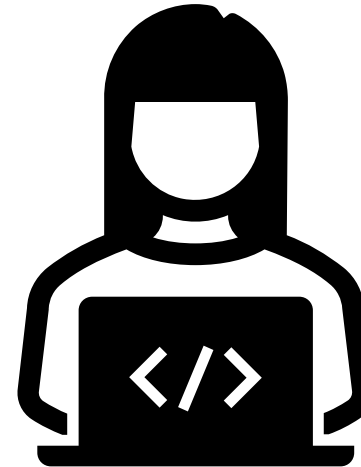


Many eligible families are not being referred to MDHHS' FFPSA evidence-based programs (EBPs)

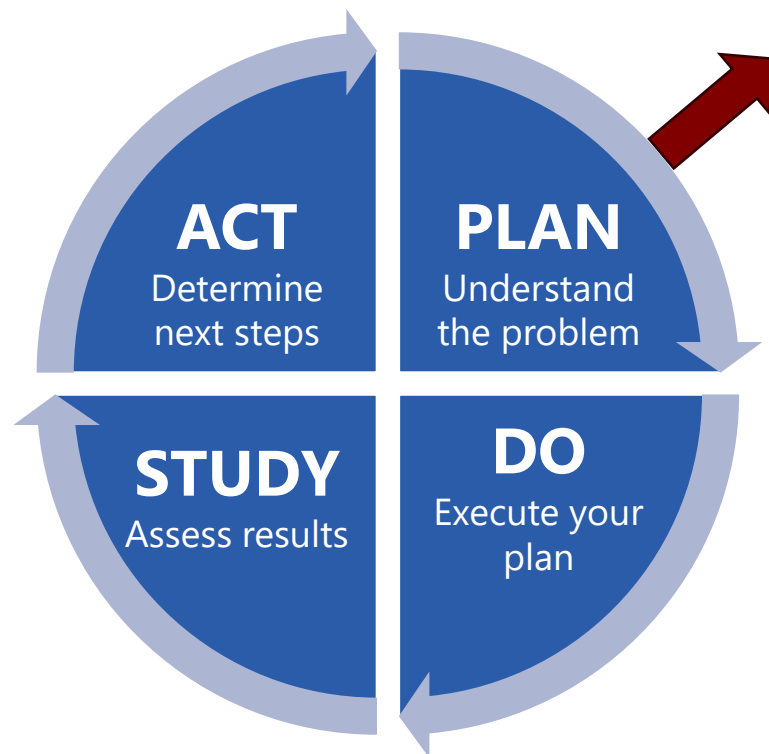
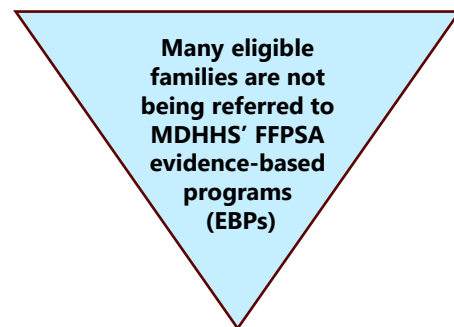


• The Plan

- Define the problem. Can we measure it?

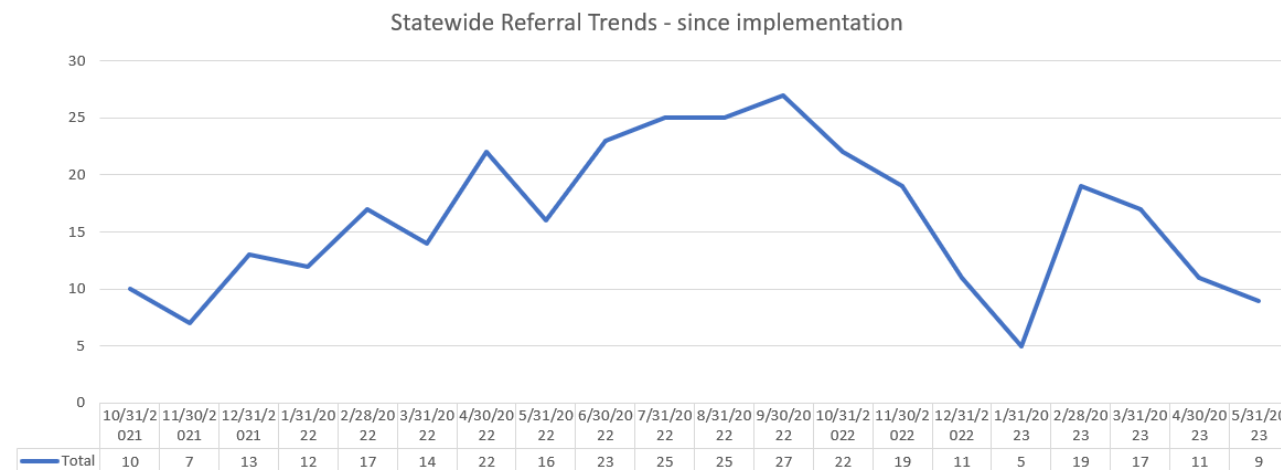


Did you invite a data person to the team?

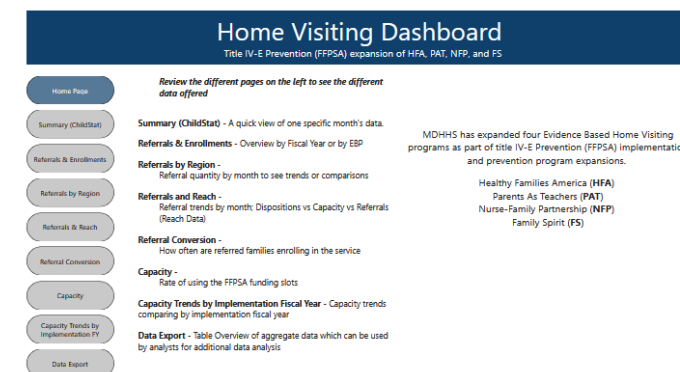


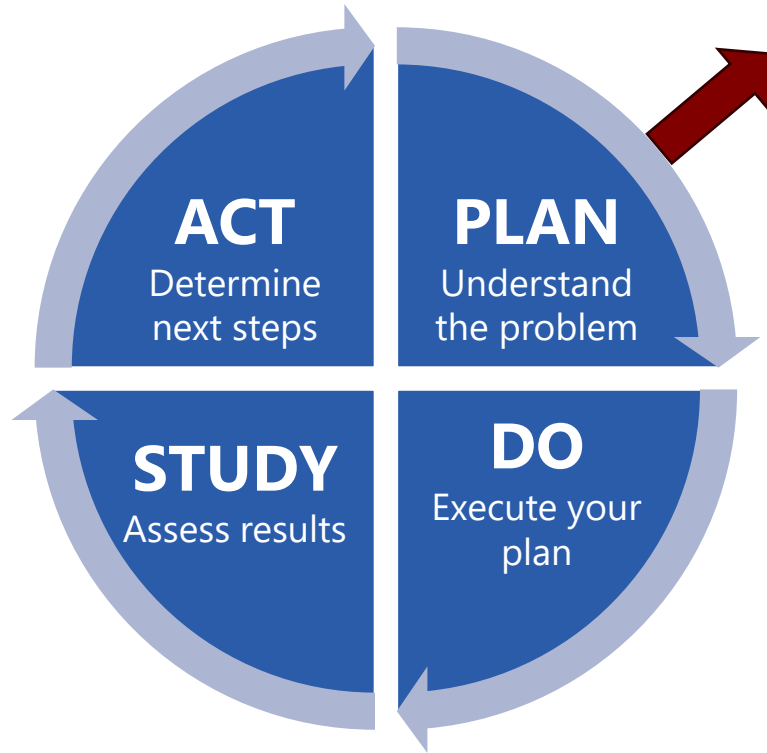
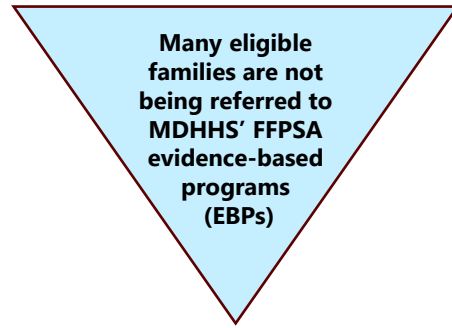
• The Plan

- Define the problem. Can we measure it?



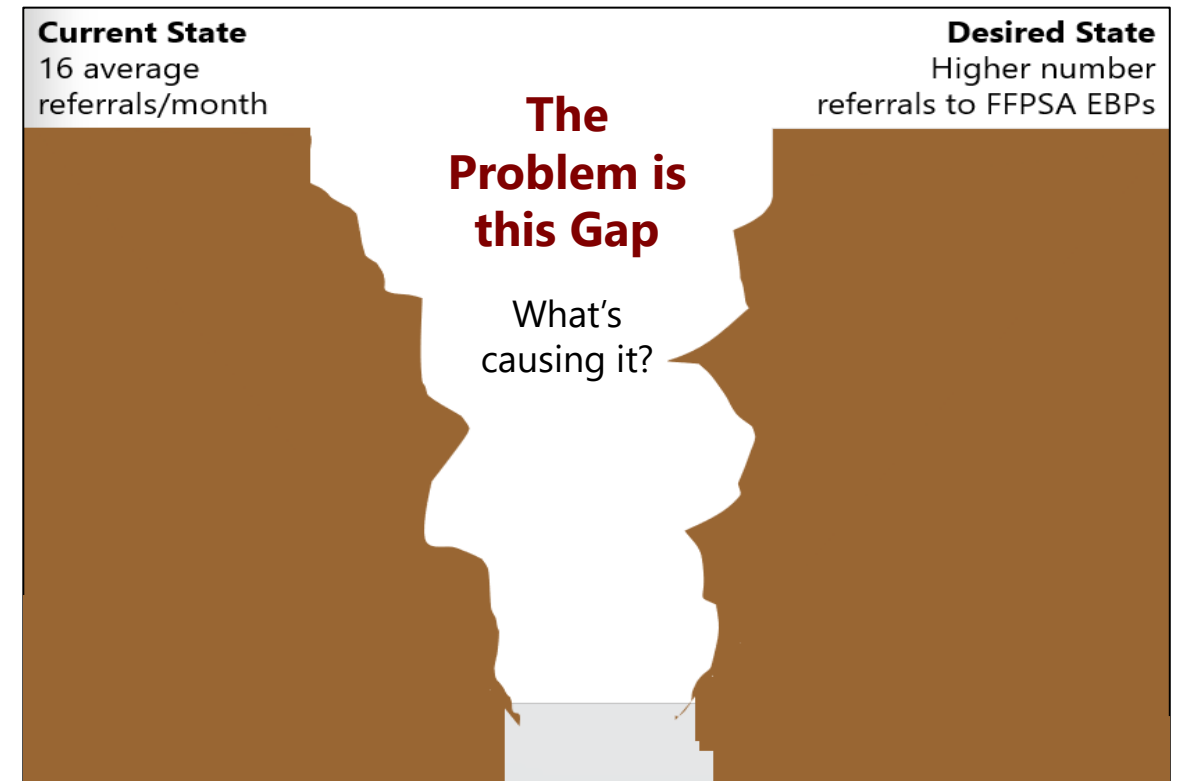
Data on referrals and service uptake for FFPSA EBP are available on the [MDHHS FFPSA Home Visiting Dashboard](#).

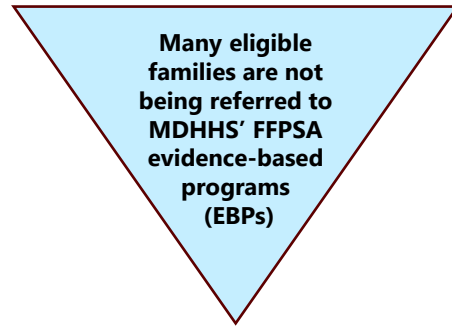




• The Plan

- Why is this problem?
 - We expected more referrals – there's a gap between a current & desired state.





• The Plan

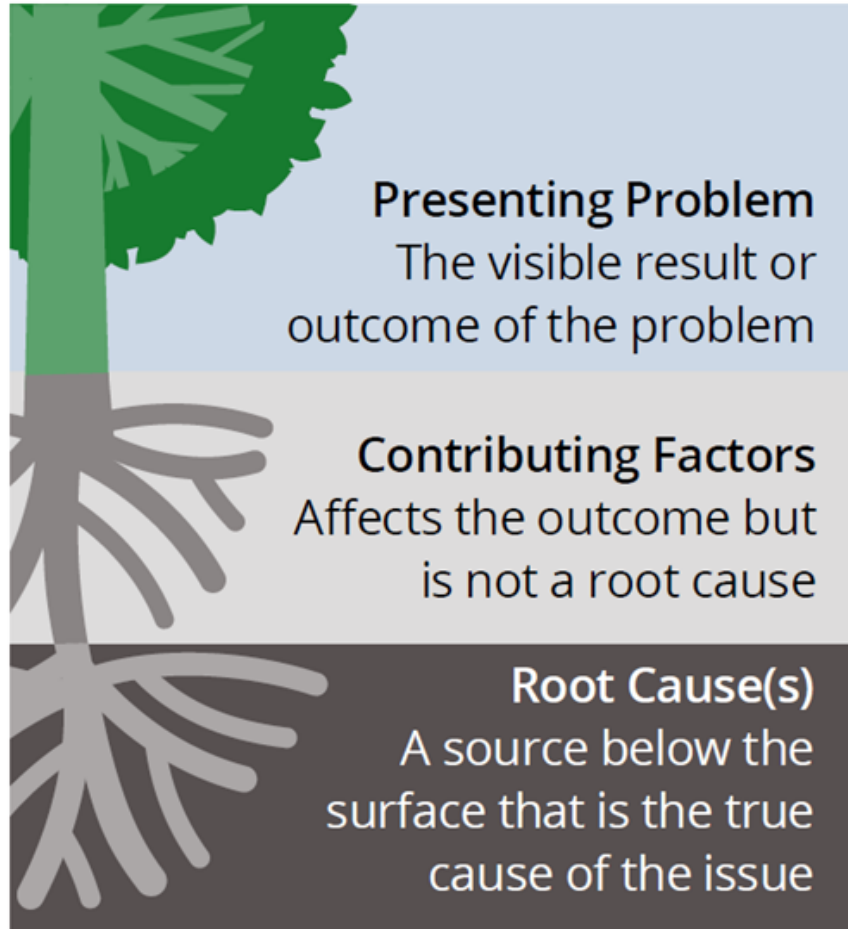
- How do we fix this?
 - You can't until you understand the causes
- We need to understand the problem better. What is contributing to and causing the problem?

Root Cause Analysis

ROOT CAUSE ANALYSIS

- **What:** A structured process for identifying why a problem occurs and what to address so that the problem does not continue or happen again.
- **Purpose:** Knowing the right underlying cause is critical for identifying the right solution.

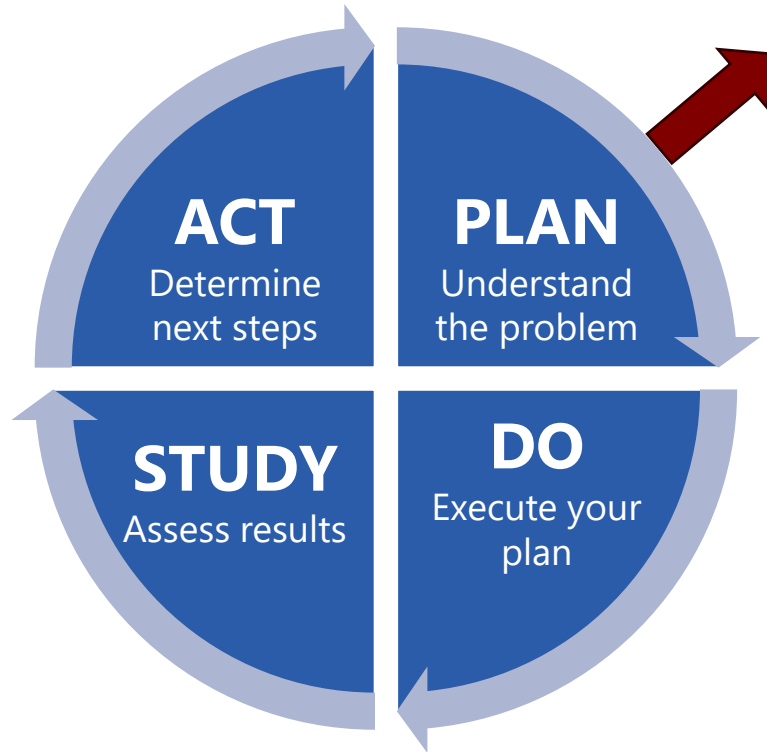
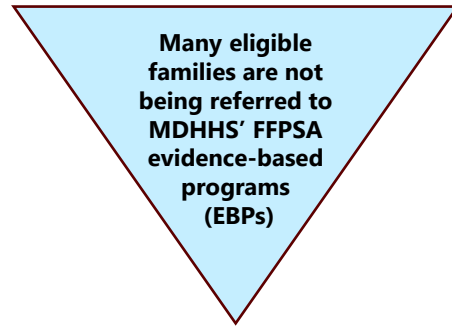
ROOT CAUSE ANALYSIS



Addressing this will do nothing to slow or stop the problem from happening again.

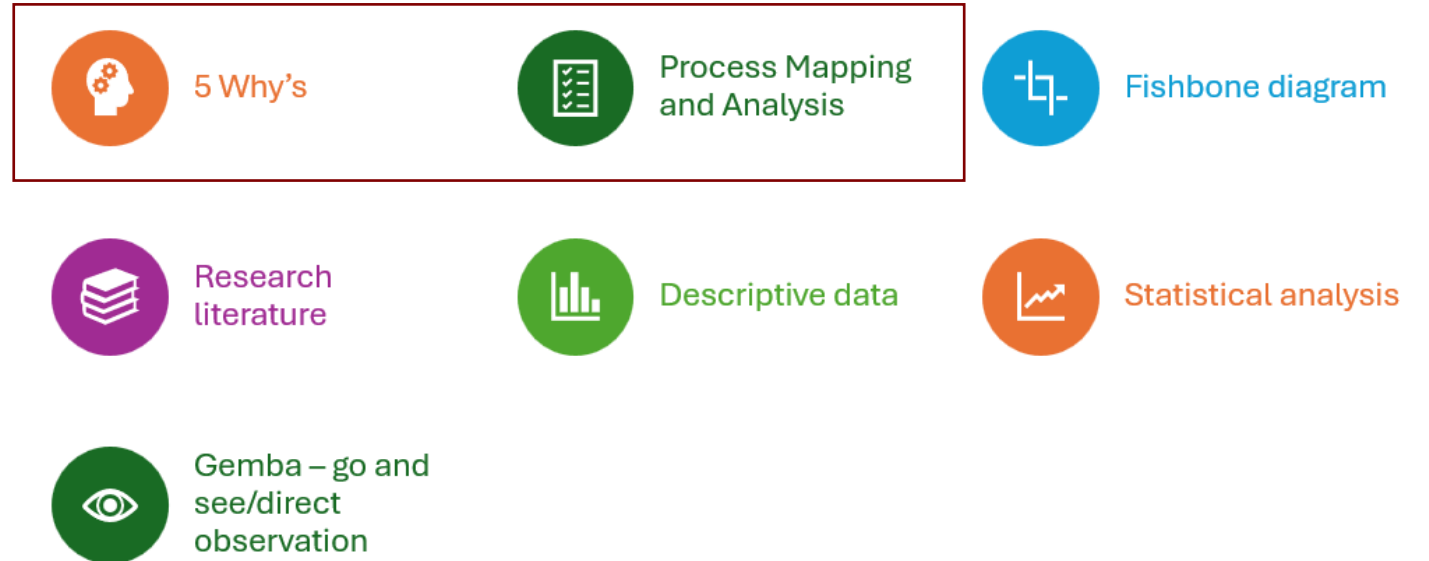
Addressing this may help slow down the problem, but it will never stop it.

Addressing this will stop the problem.



• The Plan

• Root Cause Analysis



“Grasp the current condition.”

5 Why's

Using "5 Whys" to get at the root cause

Why are workers not referring more families to FFPSA home visiting programs?

Why?

Contributing factor

May not be enough prevention workers in county to handle # of eligible families

Worker may not be thinking of FFPSA, new EBPs and services

Why?

Contributing factor

Worker crisis and multiple openings

Some workers may not be familiar with other services and options, like FFPSA

Why?

Contributing factor

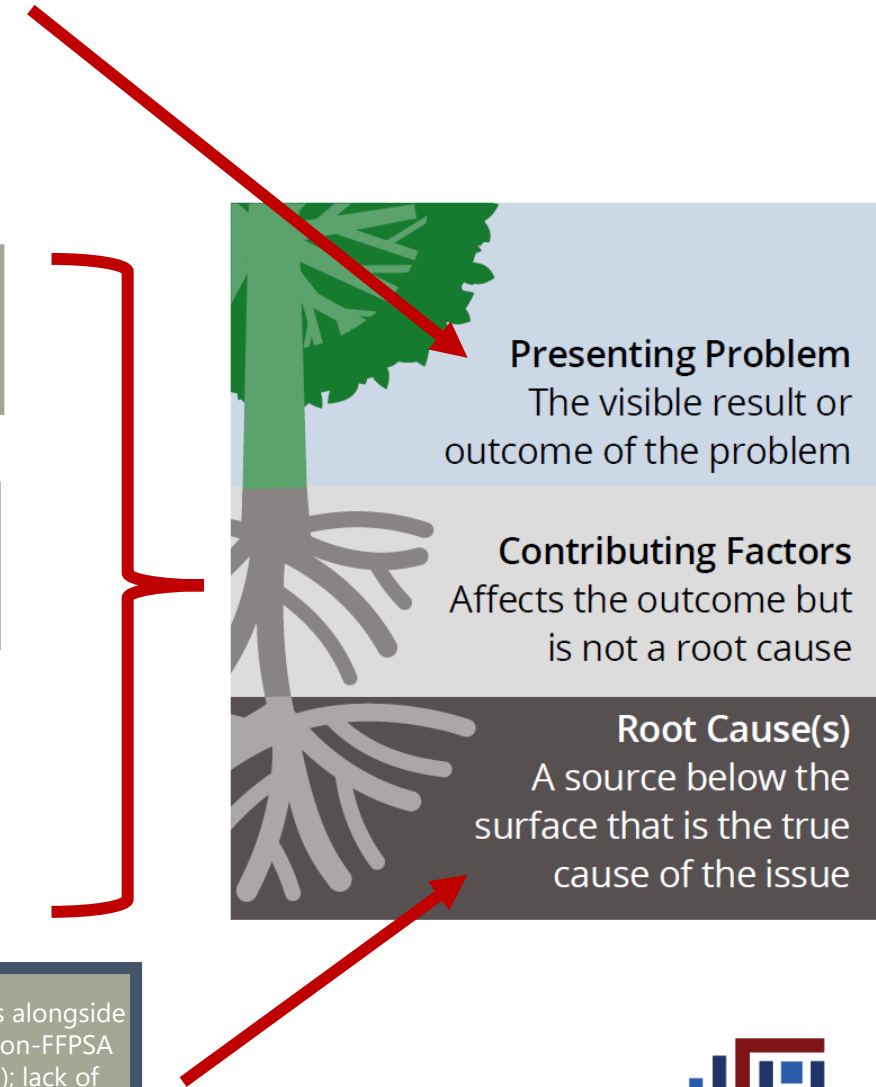
More time is spent on documentation vs. working with families, leading to turnover

There can be more than one root cause!

Root cause?

Documentation is excessive & time consuming

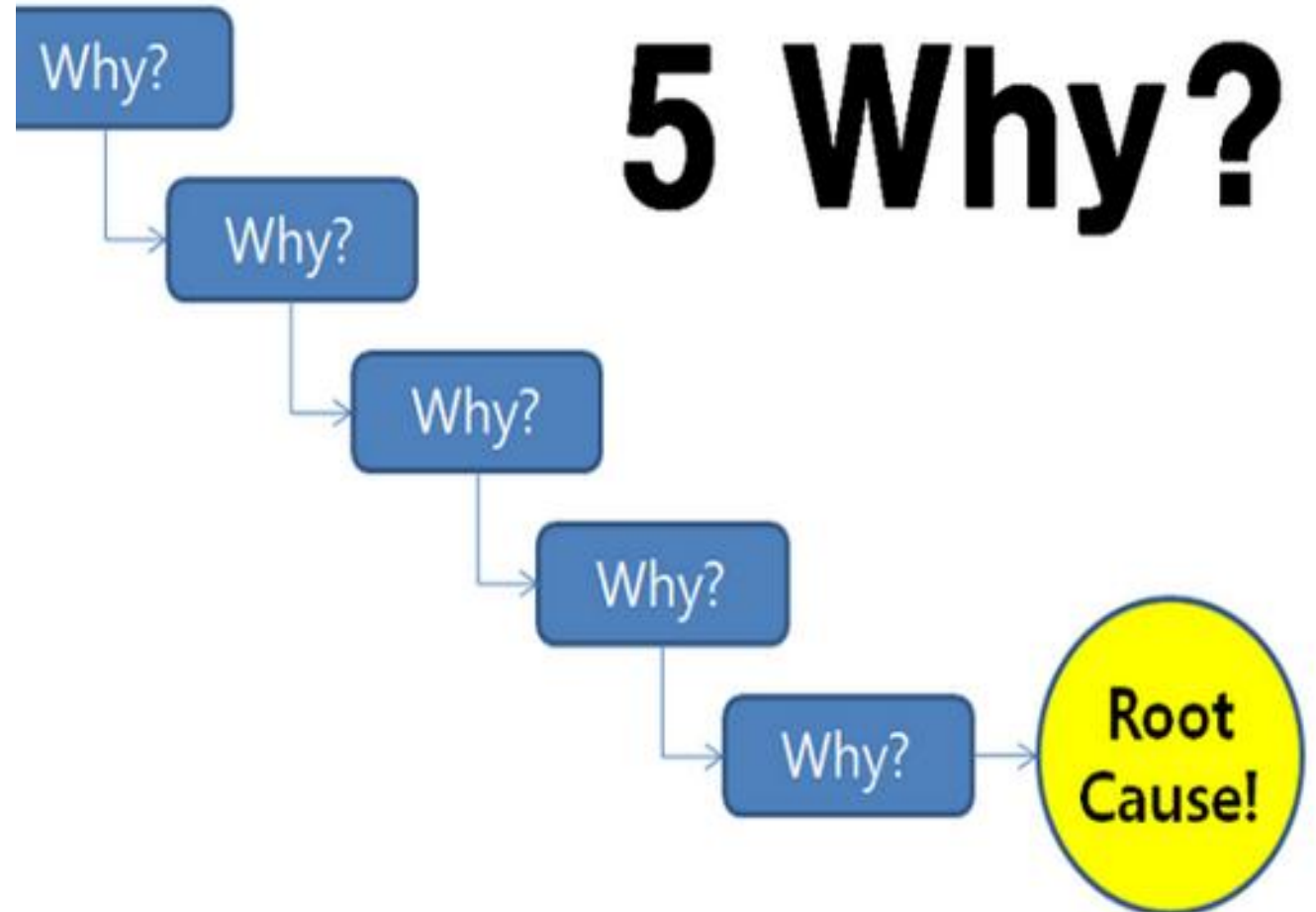
Training on FFPSA is alongside training on other non-FFPSA programs (e.g. MI); lack of separation creates confusion



WHO SHOULD PARTICIPATE IN 5 WHYS?

Those who know the problem – *and what the work looks & feels like* – the best

- Workers
- Supervisors
- Managers & analysts **close to the work**



FIVE WHY'S ACTIVITY

Let's try it together!

What is a problem or challenge
you see in your work?

DOCUMENTING THE 5 WHY'S IN REAL TIME

	A	B	C	D	E	F	G	H	I	J	K	L	
1	Why are workers not referring more families to home visiting programs?												
2	There may not be enough prevention workers in county to handle # of eligible families that co												
3			There is a worker crisis and multiple openings (don't have capacity to fill prevention work										
4				Many cases are very challenging which creates burnout more quickly, takes toll on v									
5				Hiring is tough due to known issues with pay, environment, etc.									
6				More time is spent on documentation vs. working with families which leads to turn									
7					Documentation is made more time consuming due to it redundancies (e.g., pa								
8				Caseloads and timelines are difficult to maintain and inflexible (e.g., investigator ha									
9					Some cases may not need to be on investigator's case (e.g., inconsistencies in								
10					Even if there is only 1 prevention worker, they are expected to handle FFPSA r								
16	Worker may not be thinking of FFPSA, new EBPs and services												
17			Workers are overwhelmed with amount of work - "just trying to swim" - and therefore s										
18				Worker crisis									
19			Workers, especially seasoned workers, stick to what they know, past habits										
20				They are more knowledgeable about traditional options, know the provider, etc.									

Tip: Taking notes during this process – in real-time – is crucial!



MDHHS FFPSA EVIDENCE-BASED PROGRAMS (EBPS) ROOT CAUSE ANALYSIS

Using the 5 Why's to identify reasons for low referral rates to home-visiting EBPs

- Facilitated **three separate focus groups** with:
 1. Workers
 2. Supervisors
 3. MDHHS leadership, Home Visiting Unit staff, and CQI analysts
- Implemented the same 5 Why's exercise with each group, starting with the following question: ***"Why are workers not referring more families to FFPSA-funded home visiting programs?"***
- Documented responses using Excel (can also use Word)
- Cleaned and formatted the responses
- Visualized the conversation as a tree that shows how each response led to the next

MDHHS Root Cause 5 Whys activity



Date: 7/13/23



MDHHS FFPSA EVIDENCE-BASED PROGRAMS (EBPS)

ROOT CAUSE ANALYSIS

Completing the 5 Why's

- Identified and reviewed **the key themes** with MDHHS leadership and the FFPSA CQI task team
- Used consensus-building to determine **which root cause or contributing factor to address first**
 - Prioritized items that are *actionable* (What is in your control? What's not? What are you able to accomplish?)
 - Stress, low pay, secondary trauma, work-life balance 
 - Non-FFPSA services don't require additional documentation in MiSACWIS 


MAIN THEMES FROM THE 5 WHYS WORK

PRIORITIZED

1. **FFPSA options have more documentation, requirements, and are less clear;** Non-FFPSA options are easier, more streamlined, and less confusing
2. **Workers not familiar with or thinking of FFPSA** options due to lack of FFPSA-focused training, being new to the work, lack of time, confusion about FFPSA vs. Families First
3. **Non-FFPSA options are a better fit** – FFPSA options do not meet needs of families due to strict age criteria, not being intensive enough, not focusing on critical needs (e.g., financial assistance), family already receiving service
4. **Not enough prevention workers** due to staffing crises, number of referrals, & FFPSA requirements (documentation, lengthy referral process, ongoing monitoring, etc.)
5. **Families don't want CPS in their lives** or work with private provider, mistrust, stigma [will take a long time to address, solve]
6. **Not enough provider openings** due to clinician turnover, hiring challenges [agency has little control]

TIPS AND TRICKS

Essentials for facilitating 5 Why's

- Have a partner – one to facilitate and one to document responses
- If virtual, record the session with permission but consider confidentiality concerns
- If using Word, practice these tips
 - **Tab** to indent one level
 - **Shift + Tab** to outdent one level
 -  Use the **format painter** to quickly copy the formatting you want from another bullet
 - **Save** frequently

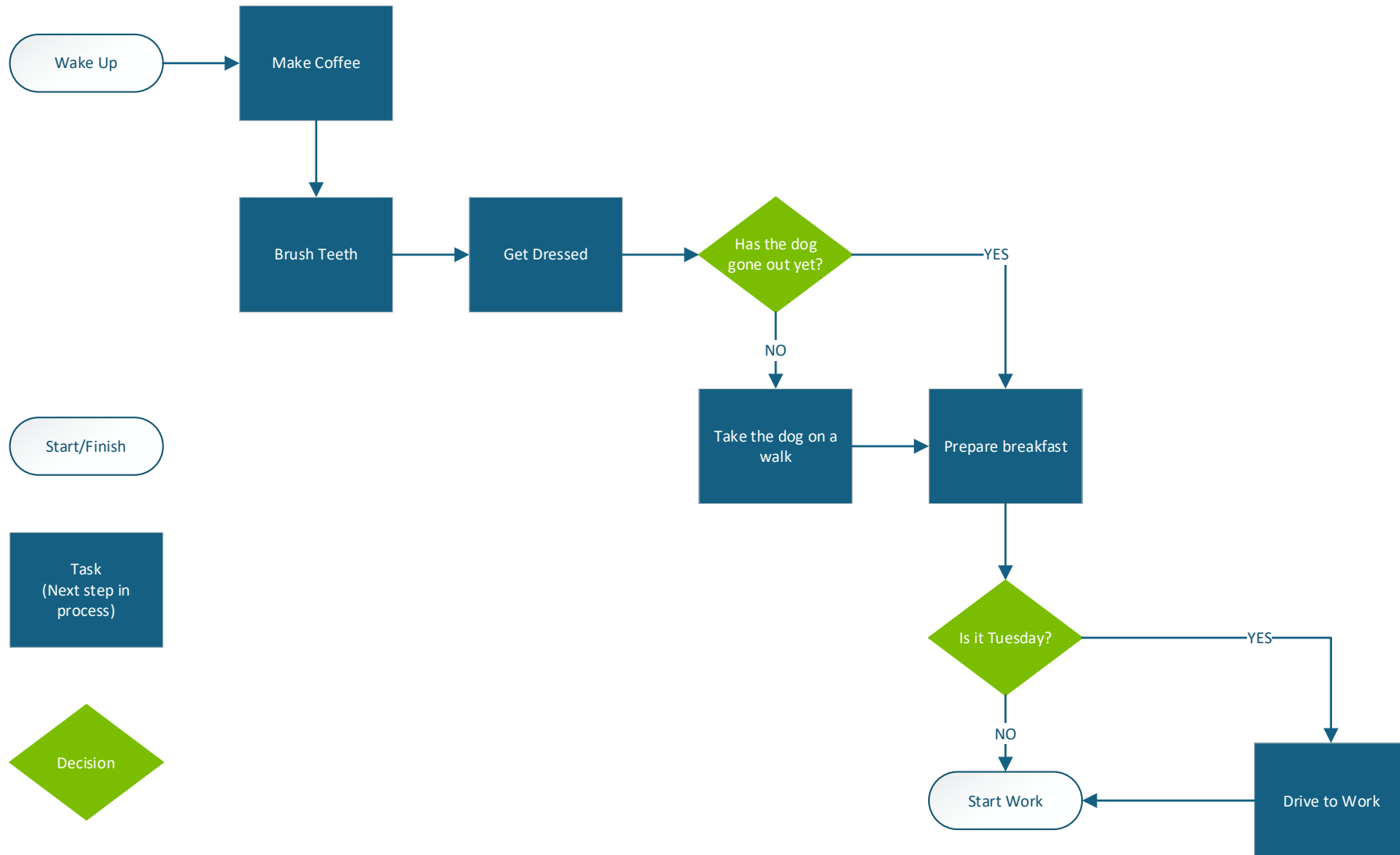
Process Mapping and Analysis

PROCESS MAPPING

Process mapping is helpful for CQI by:

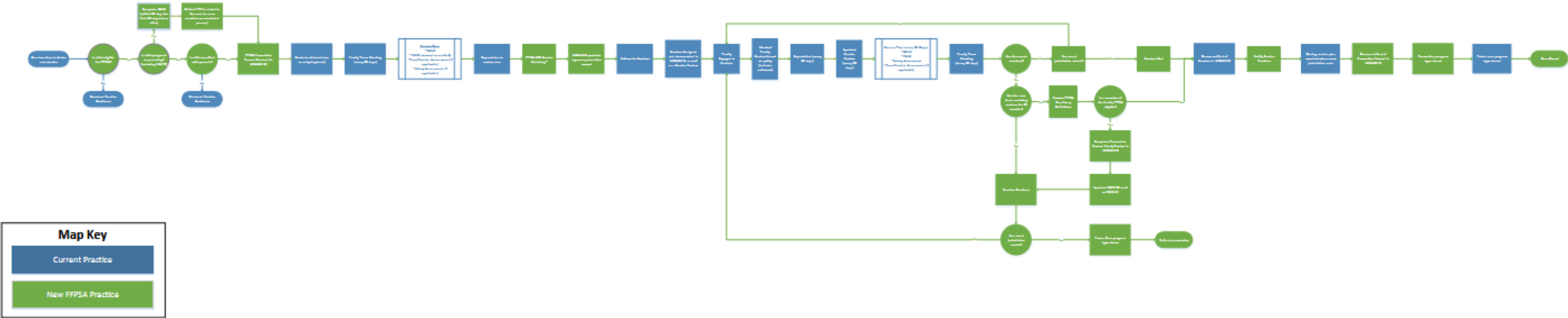
- illustrating what is ***currently*** happening
- uncovering differences of opinion on how the process is currently working
- Identifying misalignment between policy and practice
- identifying improvement opportunities
- highlighting gaps or inefficiencies

GETTING READY FOR WORK

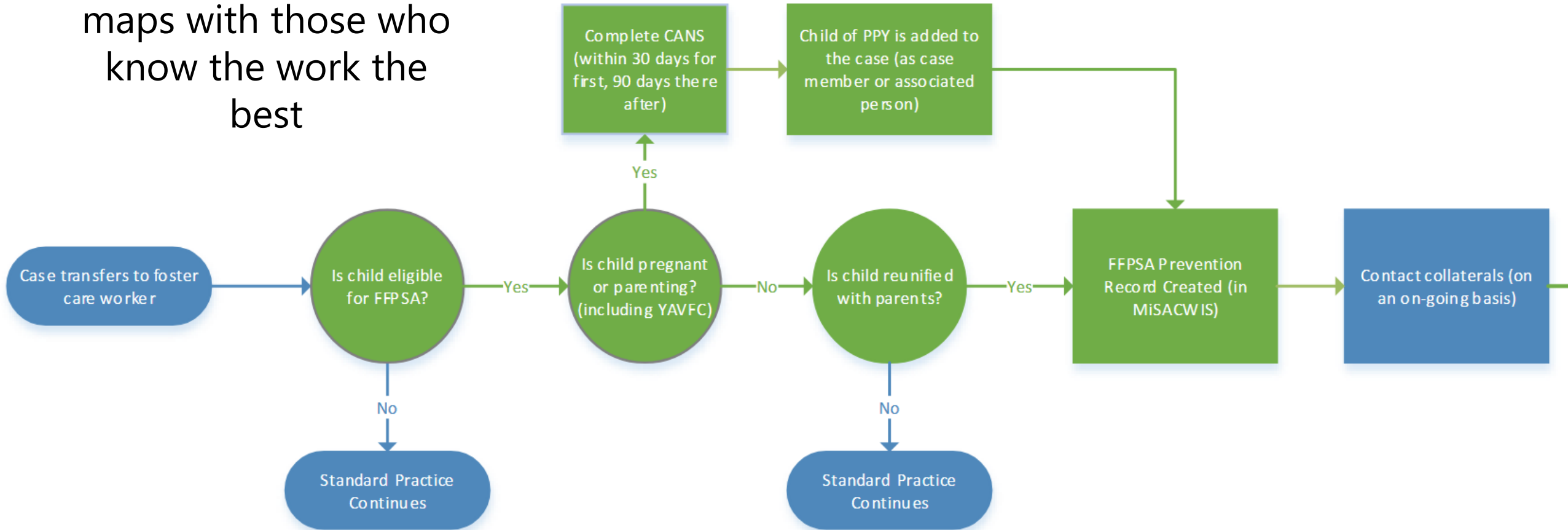


MDHHS - CURRENT CASE WORKER PROCESSES + FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) REQUIREMENTS

Foster Care Worker



Create your process maps with those who know the work the best



STEPS FOR MAKING A FFPSA REFERRAL

Process map for referrals to MDHHS' FFPSA evidence-based home-visiting programs

Steps for making a FFPSA

1. Identify a need.
2. Review reason the family came to our attention.
3. Make sure family is willing to participate.
4. Identify appropriate service.
5. Confirm IV-E Eligible:
 - a. Reviewing the candidacy types

There is not currently a tool to help determine candidacy
6. Document IV-E Eligibility in MiSACWIS
 - a. Verify linked ongoing case.
 - b. Add Prevention Plan.
 - c. Supervisor approves Prevention Plan.
 - d. Enter Case Service.
7. Complete the referral form.
 - a. Not in MiSACWIS
8. Complete 1555-HV (Release of Information).
9. Email to CWCS and provider.
10. Provider responds to worker.
11. Provider contacts the family.
12. Family is enrolled:
 - a. If there is another program type open:
 - i. Worker has monthly contact with the provider.
 - ii. Worker uploads monthly report
 - iii. If other program type is going to close:
 1. Follow local office guide for transfer to preventic
13. If there is not another program type open
 - a. Worker may go into secondary role.
 - i. Worker has monthly contact with the provider.
 - ii. Worker uploads monthly reports.
 - iii. Completes redetermination at 12 months.
 - b. Worker remains primary prevention.
 - i. ISP within 30 days
 - ii. USP within 90 days
 - iii. Monthly Face to Face with the family.
 - iv. Worker has monthly contact with the provider.
 - v. Worker uploads monthly reports.
 - vi. Completes redetermination at 12 months.

NEXT STEPS

- Asked probing questions to identify inefficiencies and bottlenecks for improvement
 1. Which steps are the most time consuming, and which ones are easiest to fix?
 2. For counties that have more than one evidence-based program, is figuring out the right fit a pain point?
 3. What's working with the referral form? What's not?
- Identified steps that could be improved or streamlined, and worded these as obstacles

8. Complete 1555-HV (Release of Information).
9. Email to CWCS and provider.
10. Provider responds to worker.
11. Provider contacts the family.
12. Family is enrolled:
 - a. If there is another program type open:
 - i. Worker has monthly contact with the provider.
 - ii. Worker uploads monthly reports.
 - iii. If other program type is going to close:
 1. Follow local office guidelines for transfer to prevention.

Obstacle: *EBP referrals are sometimes blocked or delayed due to worker having to get the Release of information (1555) signed by family (might require coming back for 2nd appointment, repeated follow-up, etc.)*

NEXT STEPS

- Developed ways to address the obstacles – i.e., small tests of change

Obstacle: *EBP referrals are sometimes blocked or delayed due to worker having to get the Release of information (1555) signed by family (might require coming back for 2nd appointment, repeated follow-up, etc.)*

Test of Change: *Eliminate the need for a worker getting the Release of Information (1555-HV) signed by family by adding new language to the provider's Consent / Release of information form.*

NEXT STEPS

- Created a PDSA cycle for each obstacle / test of change
- Assigned an owner to each obstacle / test of change

PLAN / DO		START DATE	END DATE	OWNER	STAKEHOLDERS	STUDY (What We Learned)	ACT (Next Steps)
1.	Kate will get language from Jennifer to add to the provider consent forms	11/30/23	11/30/23	Kate	Kate, Jennifer	Worked! Jennifer sent it.	#2
2.	Jennifer will get Nancy's approval	12/4/23	12/10/23	Jennifer	Jennifer, Nancy	Nancy was fine but wanted HV's feedback	#3
3.	Kate will get Tiffany's approval	12/4/23	--	Kate	Kate, Tiffany	Prior approval for bi-directional did not happen due to privacy concerns (FERPA, HIPPA, etc.). Need to meet with privacy people to see if it can get approved	Changed next step
4.	Kate, Tiffany, and others as needed (Jennifer, Nancy, Alex) will meet with privacy people	12/14/23		Kate	Kate, Tiffany, Jennifer, Nancy, Alex, privacy specialist(s)		
5.	Kate will reach out to providers to get buy-in and feedback	HOLD		Kate	Kate, providers in pilot sites		
6.	Jennifer will reach out program managers in Alcona, Alpena, Montmorency to confirm buy-in	HOLD		Jennifer	Jennifer, program managers in Alcona, Alpena, Montmorency		
7.							



PDSA IMPLEMENTATION FOR MDHHS FFPSA

Results

- Identified an initial list of counties for the small test of change
- MDHHS Prevention and Family Preservation Division and Home Visiting Unit met with MDHHS legal and privacy teams to discuss bidirectional release form
- CQI Task Team was informed that child welfare law permits information sharing between MDHHS and Home Visiting
- **Form was successfully eliminated from the referral process**

DHS-1555-HV, AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION – HOME VISITING PROGRAMS

Michigan Department of Health and Human Services
(New 10-21)

ENTER ADDRESSEE NAME
ENTER ADDRESSEE CARE OF
ENTER ADDRESSEE PO BOX OR STREET
ENTER ADDRESSEE CITY/STATE/ZIP

SECTION 1

Case Name	Case Number	Client ID Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Client's Date of Birth	County District Section Unit Worker
Worker Name	Telephone Number/extension	

SECTION 2

I authorize you to release the named adult and/or minor child's information as described below. Under no circumstances can this release be used to disclose confidential children protective services information or records. The type and amount of information to be released is as follows:

MEDICAL RECORDS – Physical examinations and clinical evaluations including any information relative to HIV, ARC or AIDS if applicable. Treatment for any physical illness. Medical records, including admitting histories, discharge summaries, laboratory reports, test results, diagnosis, complications, progress notes, medications, workshop evaluations, training reports, treatment plans, prognosis, recommendations and current status.

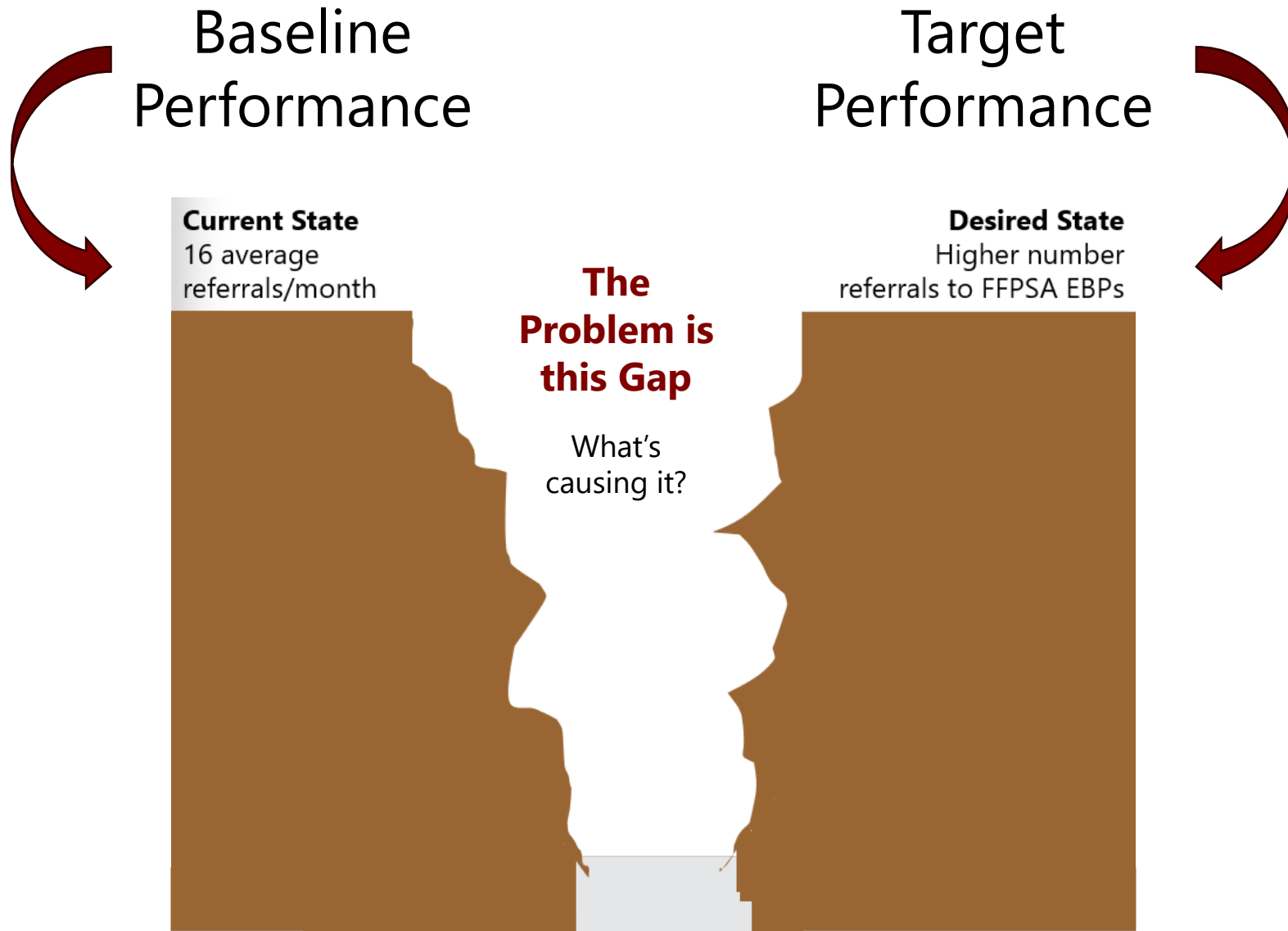
☐ **Medical Records of:**
(insert names here)

MENTAL HEALTH RECORDS – Treatment for any emotional illness, psychiatric or psychological reports, IQ scores, diagnosis, progress notes, medications, treatment plans, prognosis, recommendations and current status.

☐ **Mental Health Records of:**
(insert names here)

SUBSTANCE/ALCOHOL ABUSE RECORDS – Treatment for any drug or alcohol abuse, laboratory reports, test results, diagnosis, complications, progress notes, medications, treatment plans, prognosis, and current status.

Baselines & Targets



WHAT IS BASELINE PERFORMANCE?

- A minimum or starting point used for comparison
 - Typically, your average or current performance, to which you will compare future performance to see if you are improving
 - Can also help inform targets that are reasonable and appropriate
- Examples
 - Over the past 5 fiscal years, on average **30%** of children who entered care achieved permanency within 12 months of entering
 - On average, **65%** of children with siblings in care are placed together
 - On average, **40%** of families who are referred to MST start and complete the program

3 WAYS TO CALCULATE A BASELINE

- The examples use actual data on referrals to SafeCare (an EBP) in Michigan
- The baseline being calculated is **the percentage of eligible families who are referred to SafeCare**
- The techniques can be used with most any data, so long as you have enough history to see what is typical

NOTES

- All data used in the examples was extracted from a Monthly SafeCare Report, as of 11/13/24
- https://safecare-umich.shinyapps.io/MonthlyReport_BSC/

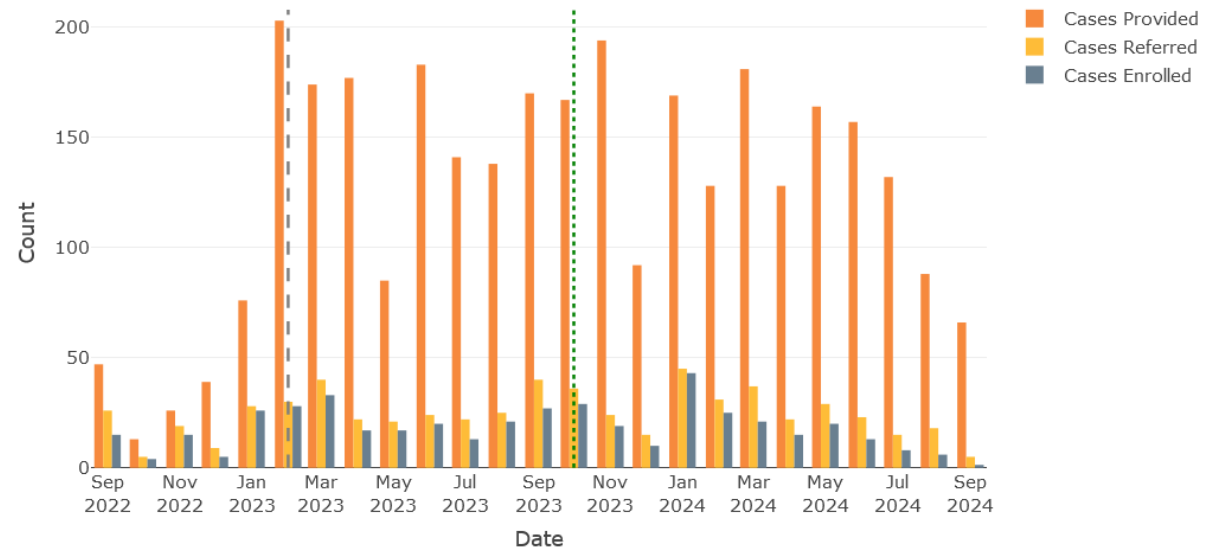
BSC = Business Service Center

Figure 1: **All BSCs** Monthly Visualizations

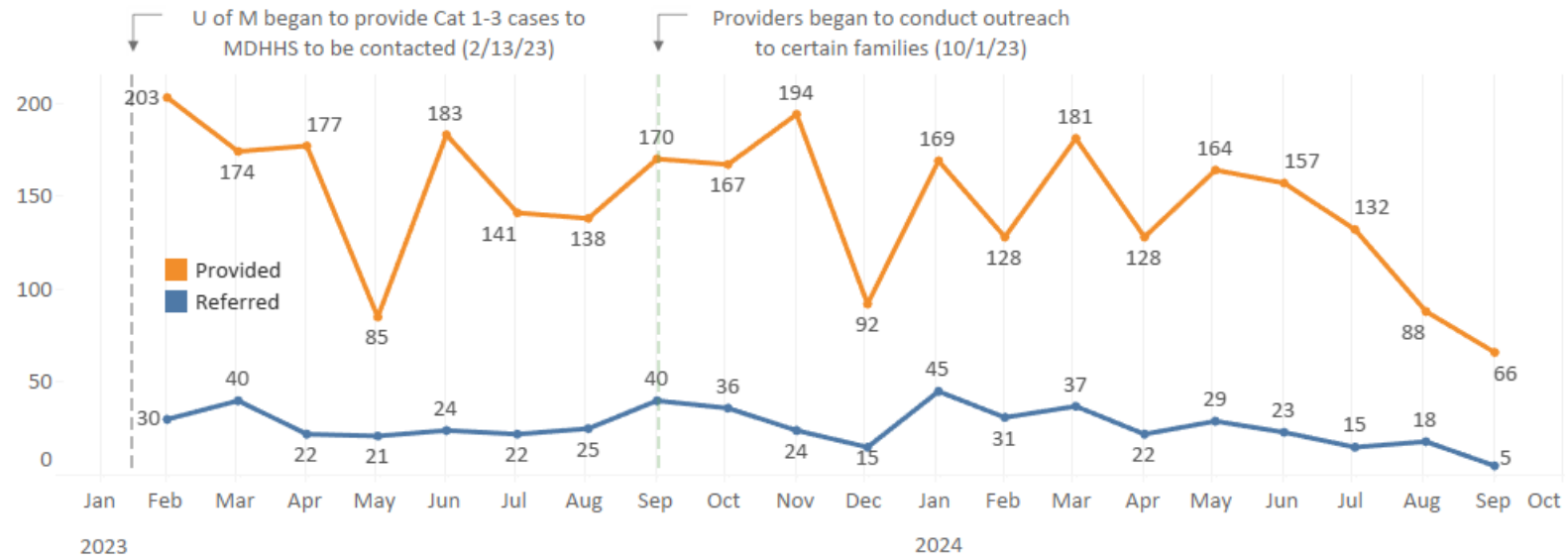
Number of Cases Provided, Referred, and Enrolled by Month

Cumulative Take-Up Rates

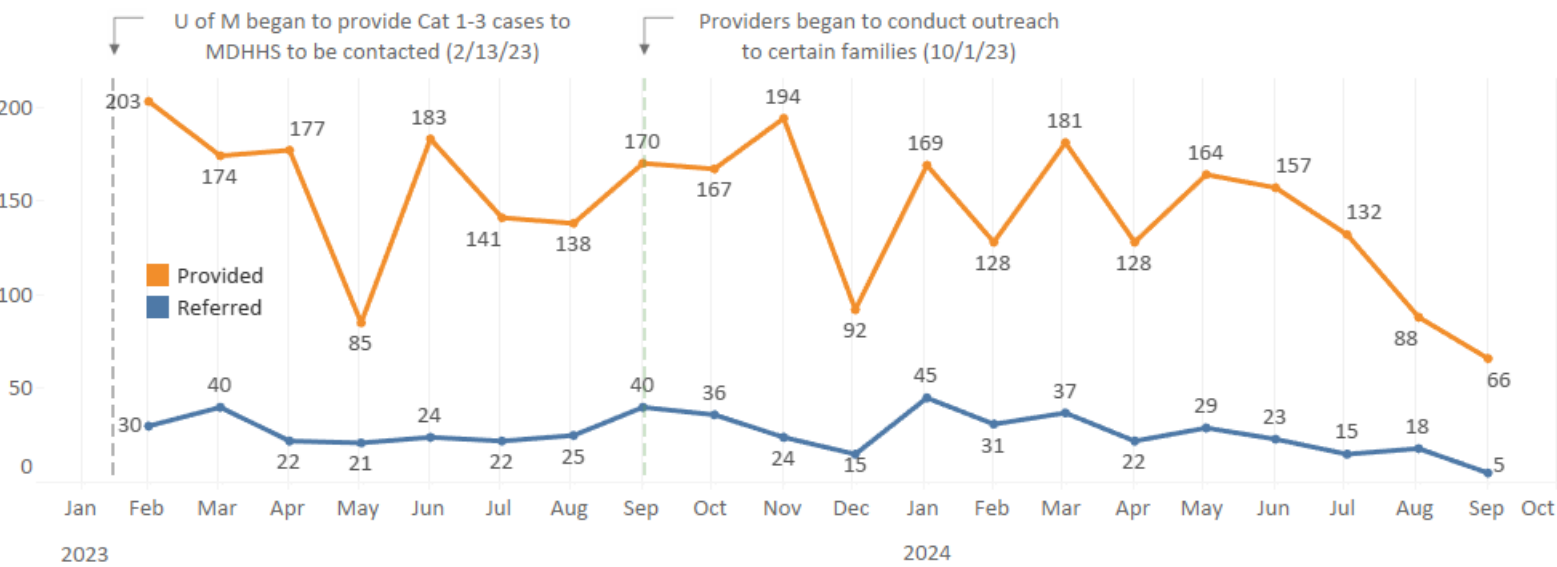
- **Cases Provided** refers to the eligible cases that the University of Michigan sends to MDHHS to offer SafeCare.
- **Cases Referred** refers to cases that have shown interest in SafeCare for which a referral has been sent by MDHHS and received by the respective SafeCare Provider.
- **Cases Enrolled** refers to cases that appear in the SafeCare Implementation Data Network (SIDNe).¹
- The gray dashed line indicates the date, 02/13/2023, that the University of Michigan began to directly provide Cat. 1-3 cases to MDHHS to be contacted.
- The green dotted line indicates the date, 10/01/2023, the contract amendment went into place and providers began to conduct initial outreach to certain families.



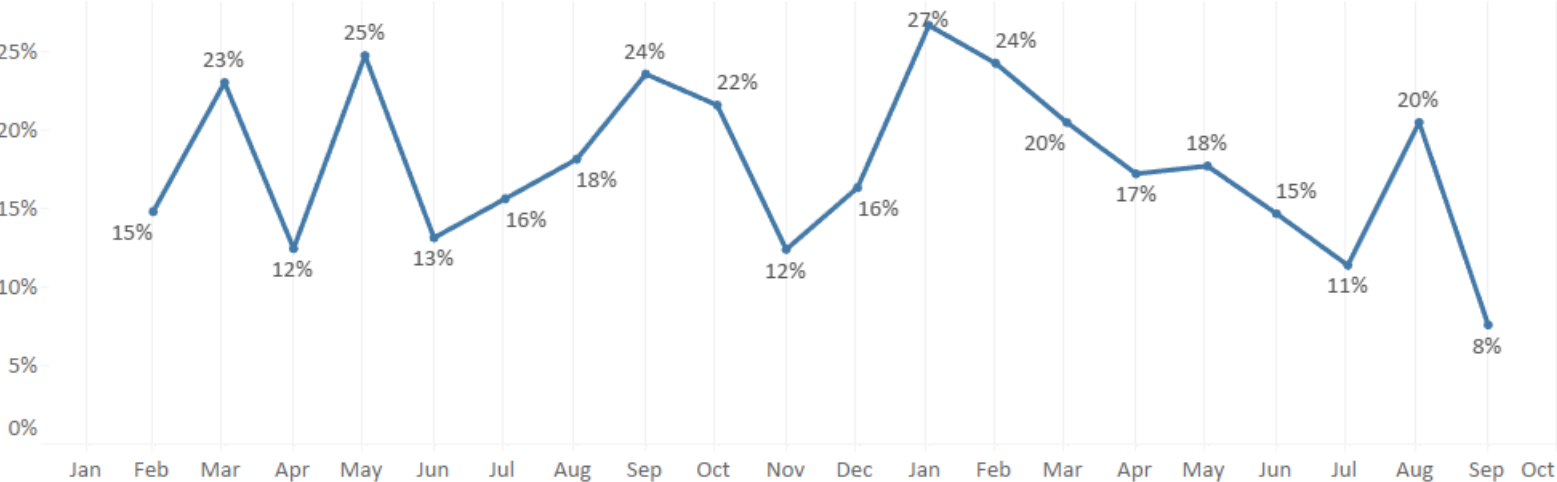
Number of SafeCare families **provided** and **referred**



Number of SafeCare families **provided** and **referred**



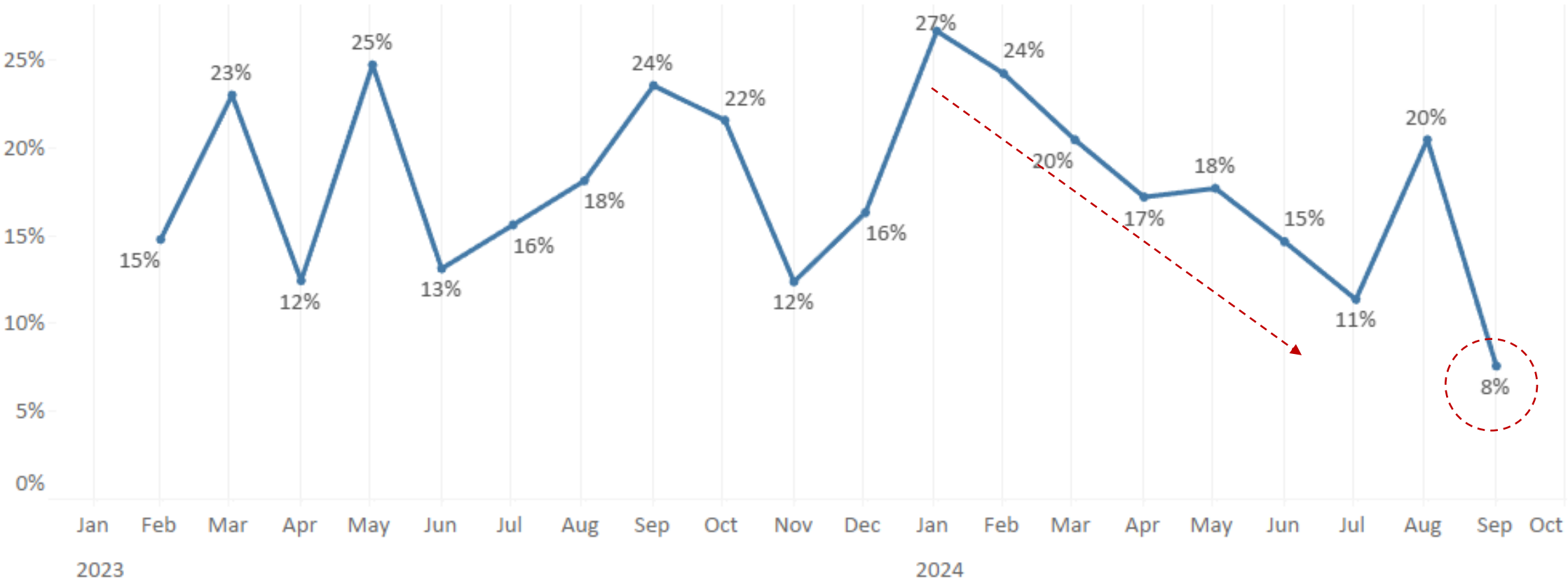
Percentage of families referred to SafeCare (**referred** / **provided**)



STEP 1 - STUDY THE DATA (TRENDS, OUTLIERS)

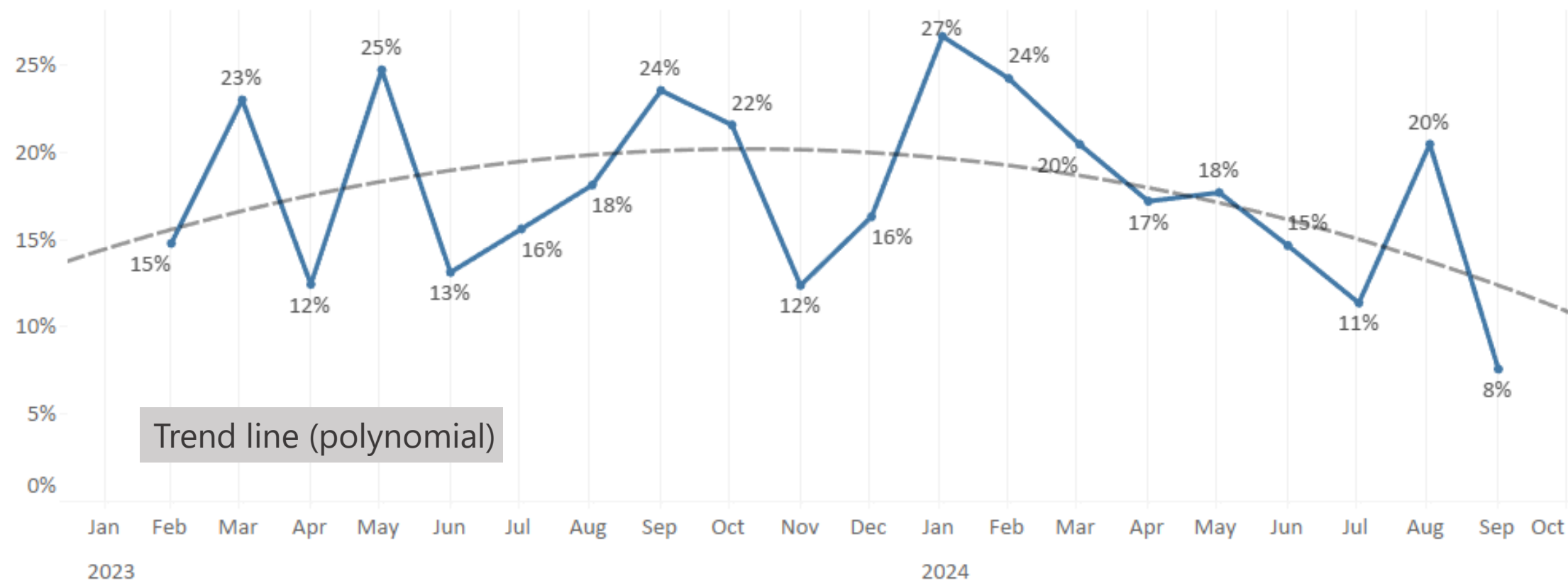
Percentage of families referred to SafeCare (referred / provided)

Based on our review, we decided to drop the recent 8% value – it was an outlier



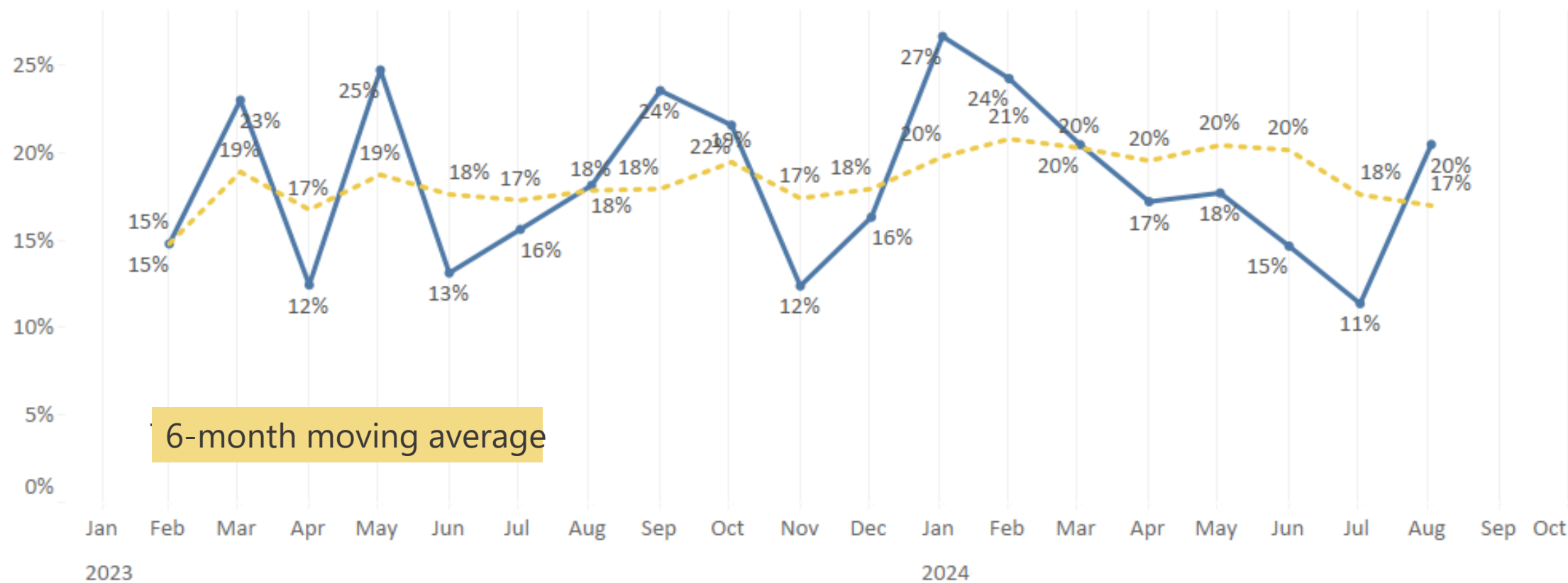
STEP 1 - STUDY THE DATA (TRENDS, OUTLIERS)

Percentage of families referred to SafeCare (referred / provided)



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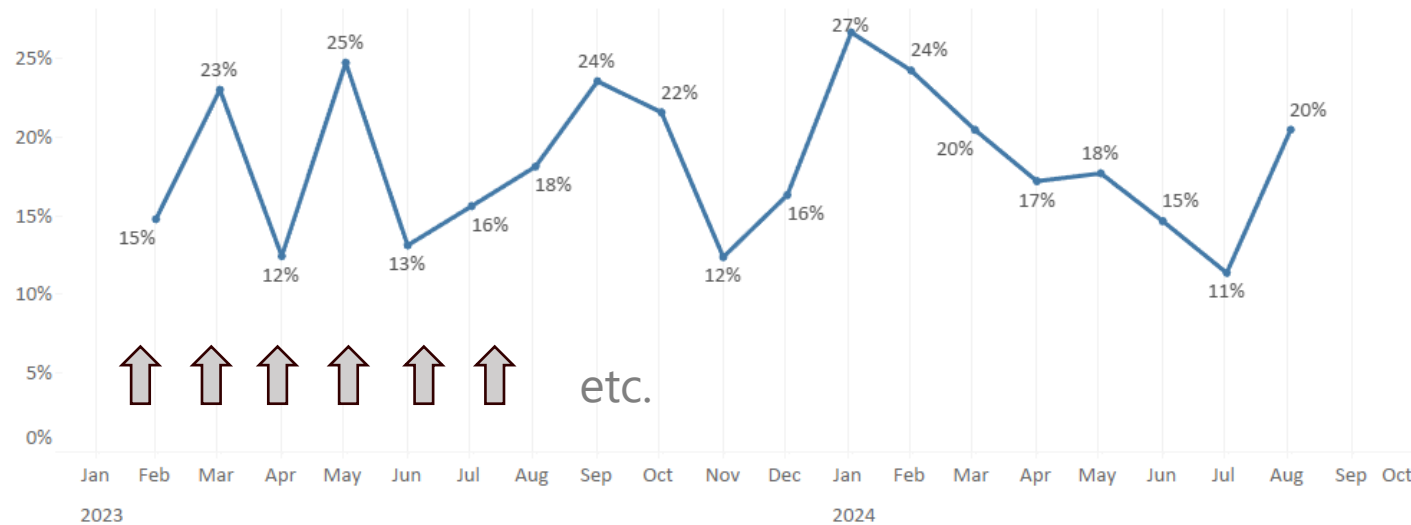
Percentage of families referred to SafeCare (referred / provided)



STEP 2 - CALCULATE A BASELINE

Method 1 - Simple average (all months)

Percentage of families referred to SafeCare (referred / provided)



1. Average the values for the whole period

$$15\% + 23\% \dots + 20\% / 19$$

2. Baseline = **18%**

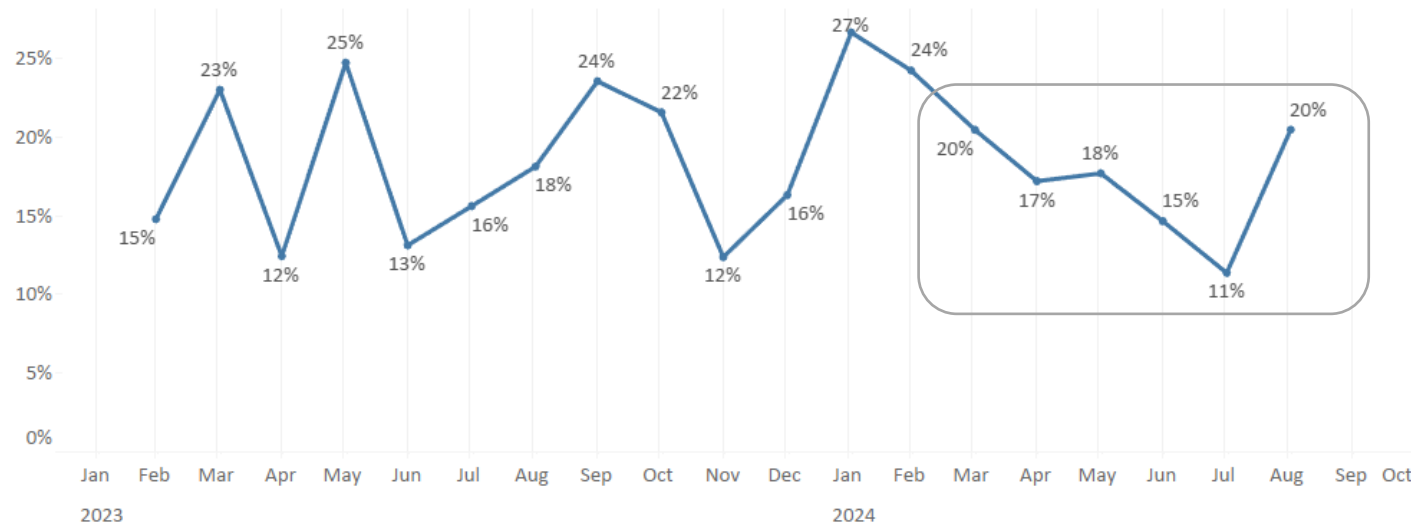
Easy!

Doesn't account for recent trends. Gives equal weight to every month, even those a year ago.

STEP 2 - CALCULATE A BASELINE

Method 2 - Simple average (just recent months, like last 6)

Percentage of families referred to SafeCare (referred / provided)



1. Average the values for the whole period

$$20\% + 17\% \dots + 20\% / 6$$

2. Baseline = **17%**

Easy!

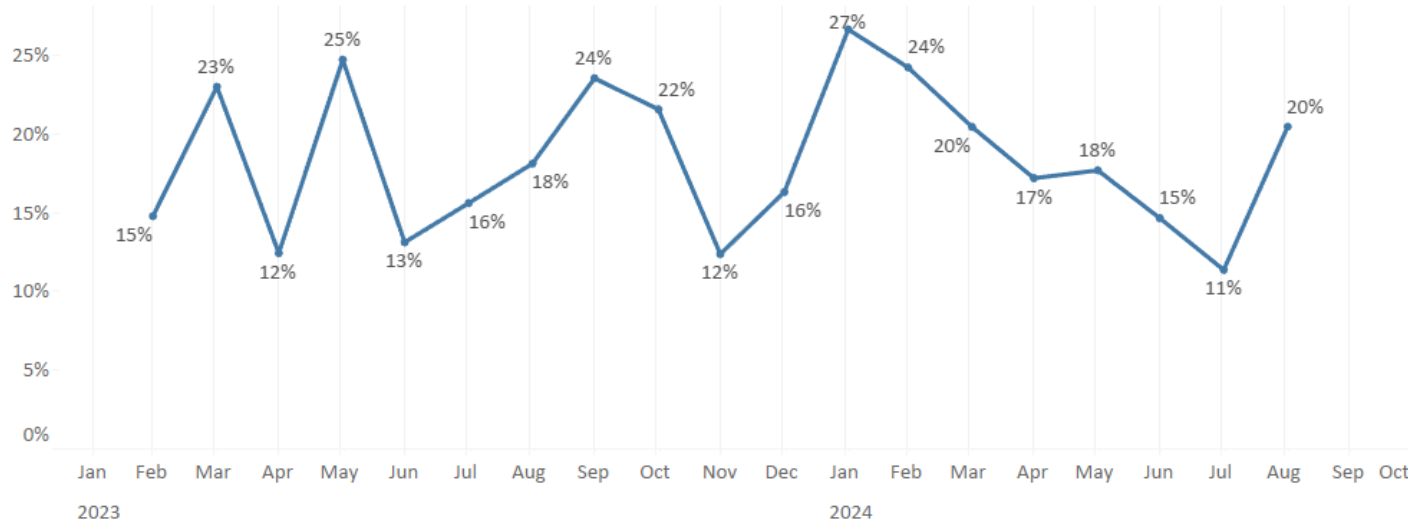
Focuses on more recent performance.

Ignores earlier months, which may or may not be important.

STEP 2 - CALCULATE A BASELINE

Method 3 - Cumulative weighted average (gives more weight to recent months)

Percentage of families referred to SafeCare (referred / provided)



1. Give each month a weight, starting with **1** for Feb 2023 and **19** for Aug 2023.
2. Calculate a weighted value for each month

Feb $\rightarrow .15 * 1 = .15$
Mar $\rightarrow .23 * 2 = .46$
etc.

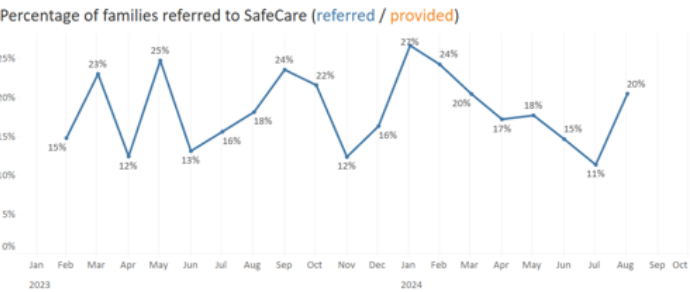
3. Sum the weighted values (.15 + .46 + ...) = 34.7
4. Sum the weights (1 + 2 + ... 19) = 190
5. Calculate cumulative weighted average (34.7 / 190 = 18%)
6. Baseline = **18%**

Includes the full history, but gives more weight to more recent months

Not so easy!

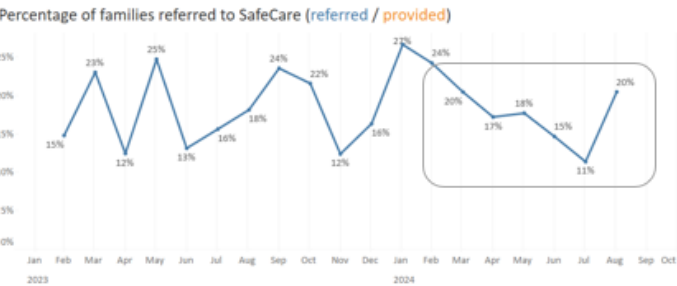
WHICH METHOD WOULD YOU CHOOSE?

Simple average (all months)



18%

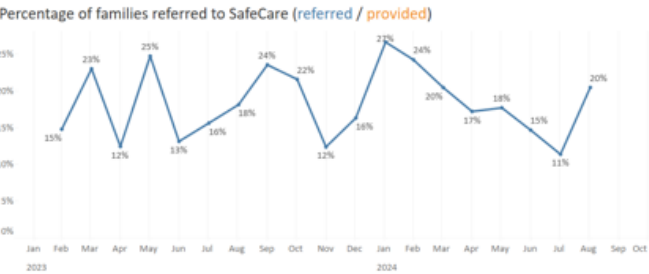
Simple average (just recent months, like last 6)



17%

Cumulative weighted average

Gives more weight to recent months

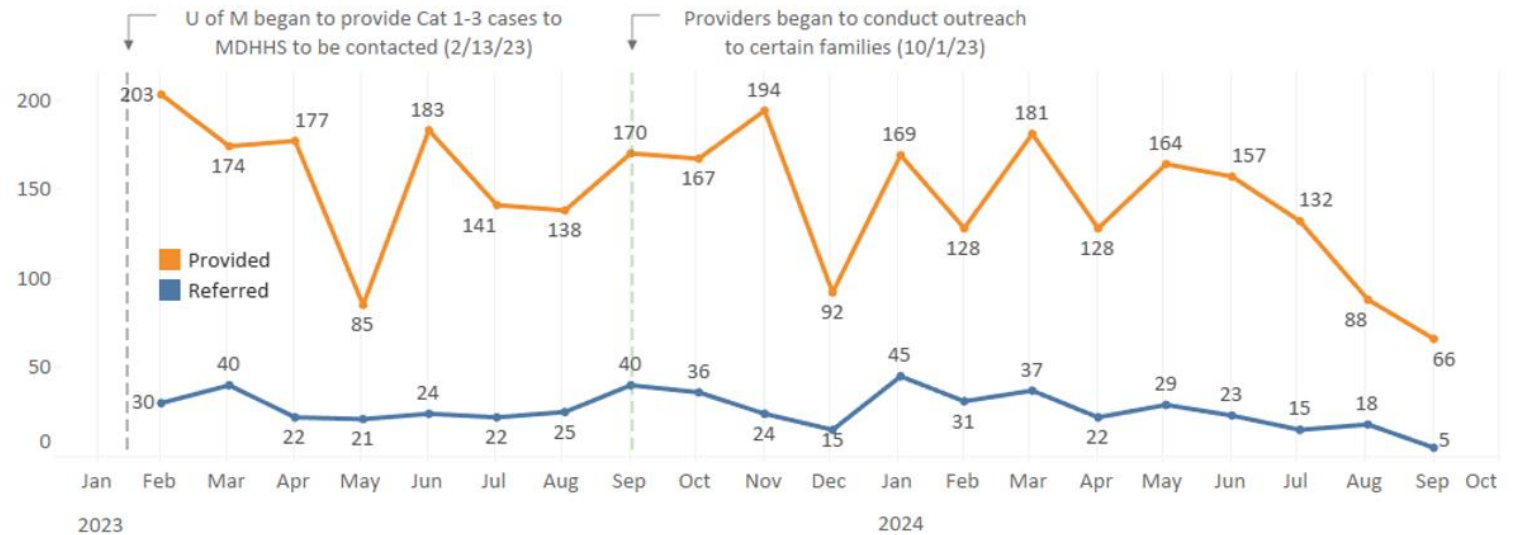


18%

CONSIDERATIONS

- This example would assign a baseline of **17%** for every county.
 - For some counties doing much better (or worse) than the average, 17% may not reflect their typical performance.
 - Consider calculating baselines separately for each county.
- Are there issues in your data that should give you pause?

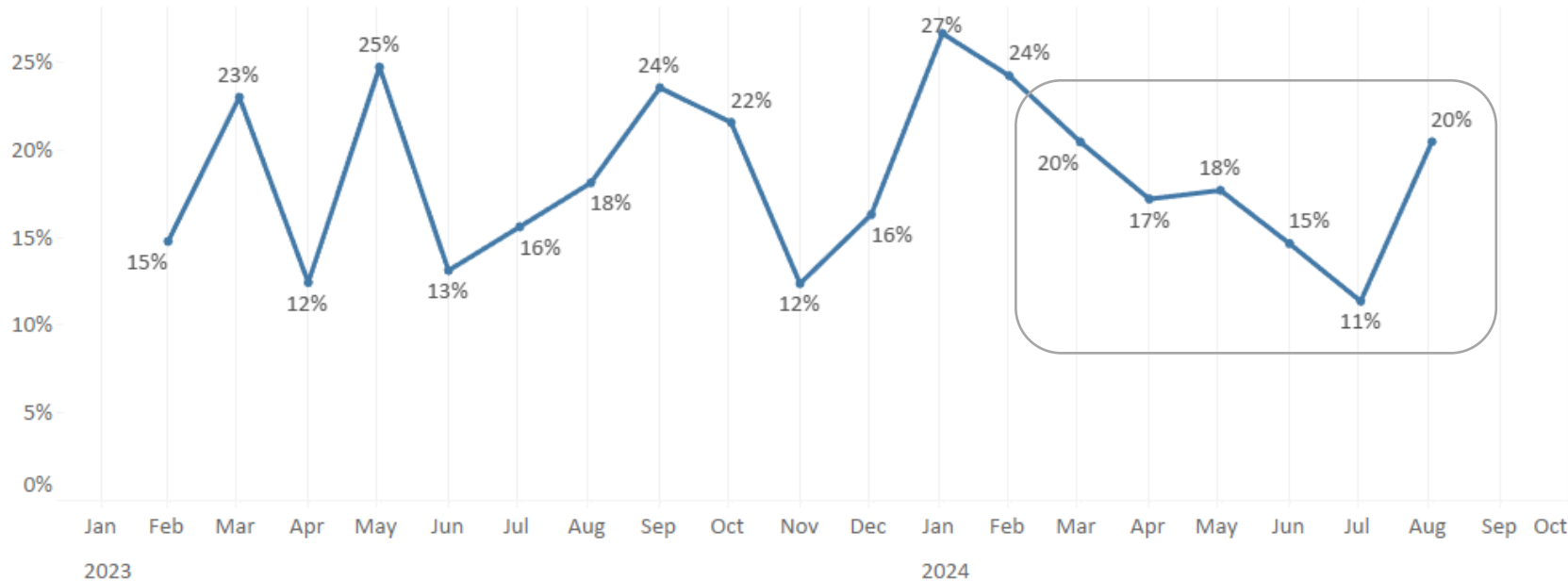
Number of SafeCare families **provided** and **referred**



Baselines & Targets

ASSUME YOUR BASELINE IS AVERAGE OF LAST 6 MONTHS

Percentage of families referred to SafeCare (referred / provided)



17%
Baseline

What's a good target to shoot for?

3 METHODS FOR SETTING TARGETS



Consensus

Delphi Process (modified)

1. Share baseline performance (e.g., 17%)
2. Each participant quietly comes up with target (e.g., 20%, 25%, 40%, etc.)
3. Everyone shares their proposed targets
4. Group discusses rationale, considering feasibility, evidence, constraints
5. Group arrives at a consensus, or takes another round

Baseline = 17% Target = ???

3 METHODS FOR SETTING TARGETS



Various techniques:

1. Statistical modeling
2. Trend projection
3. Minimal statistical significance

Baseline = 17% Target = ???

3 METHODS FOR SETTING TARGETS

Group provides a rating in four areas for your intervention ...

Rational Target Setting

(Fotena Zirps, 1998, 2012)

Policy

- 0 = not discussed at all (even if written)
- 1 = low priority
- 2 = moderate priority
- 3 = high priority

Resources

- 0 = no changes in resources
- 1 = small amount added
- 2 = moderate resources added
- 3 = many resources added

Focus

- 0 = not on the radar screen
- 1 = low priority
- 2 = moderate priority
- 3 = high priority

Capacity

- 0 = no change in capacity
- 1 = small growth in capacity
- 2 = moderate growth in capacity
- 3 = significant increase in capacity

... yields a total score ranging from **0** to **12**

Baseline = 17% Target = ???

3 METHODS FOR SETTING TARGETS

Rational Target Setting

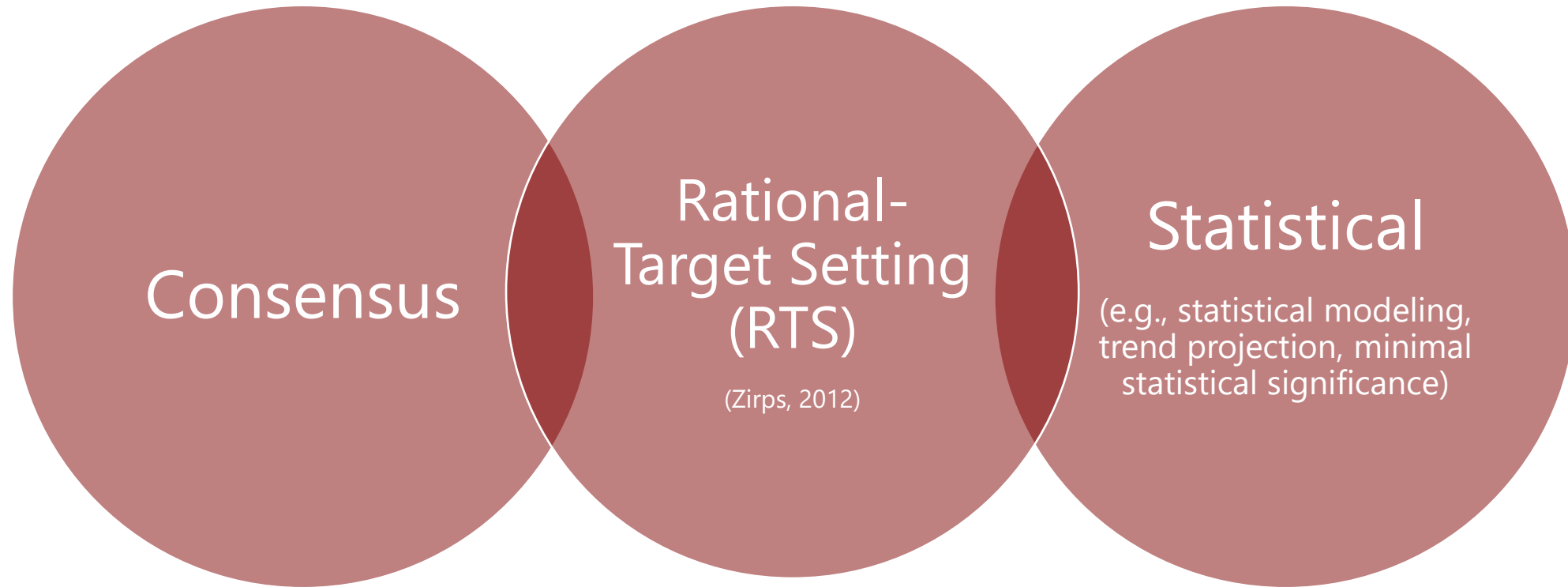
(Fotena Zirps, 1998, 2012)

Apply the total score ...

<u>Total Score</u>	<u>Suggested Change Range</u>
0-3	0 - 10% improvement
4-6	11 - 20% improvement
7-9	21 - 30% improvement
10-12	31 - 50% improvement

Baseline = 17% Target = ???

3 METHODS FOR SETTING TARGETS





Keeping Track of It All

(time permitting)

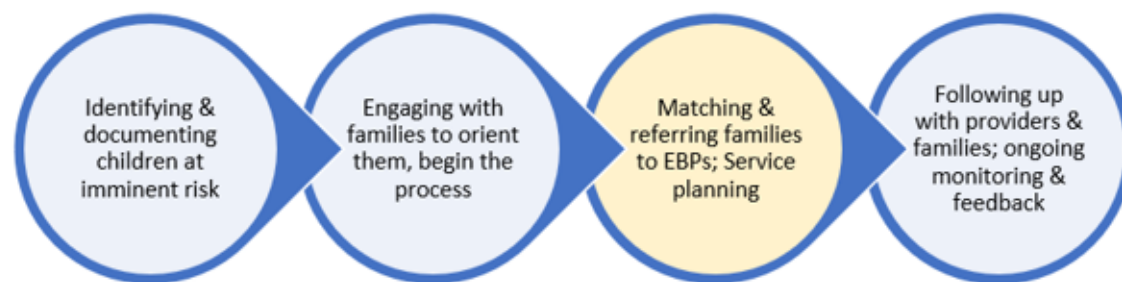
Example from another state.

Problem

Why are workers not creating services plans?

Family First Implementation for Cohort 1

Key processes of Family First for frontline workers



More about this process

- creating and using a service plan to facilitate the work
- documenting EBP information in the service plan and log
- learning enough about the family and EBPs to match them to the right EBP
- the mechanics / process of referring a family to an EBP, documentation

Obstacles Uncovered

1. Service plan – Workers are not creating service plans
2. Service plan – Workers have difficulty entering information into the service plan correctly
3. Service plan – The service plan is not family friendly or strengths-based
4. EBP Service Matching – There is a lack of EBPs or availability / capacity of EBPs for families
5. EBP Service Matching – Workers are unsure or need more details regarding EBP requirements and criteria
6. EBP accessibility – EBP delivery is delayed due to requirements for engagement (virtual, in-person options pose challenges)
7. EBP accessibility – Some providers cannot meet language needs of families which results in waitlists and service delays
8. Provider Capacity – Timing of EBP service delivery is delayed due to provider availability
9. Invoicing – There is confusion re: documentation requirements for cases where referral source is not CPS

Problem Statement

- It is challenging for workers to develop family- and worker-friendly service plans and document information needed for claiming and understanding the service experience of families.
- In addition, some families struggle to access EBPs due to the format of delivery, provider capacity, criteria restrictions, and language barriers.

OBSTACLE

Service plans not being created – Some workers are not creating service plans for children and families with family preservation assignments

BASELINE

60% of family preservation programs assignments open for ≥ 45 days have a service plan (with at least one child on it)

TARGET

75%



TARGET DATE

July 10, 2023

PROGRESS

Percentage of family pres. assignments (open for > 45 days) with at least 1 child on a service plan

Target = 75% of assignments should have at least one child on the service plan

 did not meet target
 met target

	Mar	Apr	May	Jun	Jul
Cohort	64%	68%	69%	67%	59%
	89%	80%	100%	100%	100%
	60%	75%	46%	63%	33%
	50%	80%	60%	100%	100%
	71%	100%	83%	100%	100%
	25%	50%	50%	67%	50%
	36%	0%	67%	38%	0%
	NA (no assignments)	NA (no assignments)	NA (no assignments)	33%	0%
	20%	80%	67%	18%	40%
	0%	67%	33%	25%	33%
	100%	100%	100%	50%	100%
	100%	100%	100%	100%	0%
	100%	100%	100%	100%	NA (no assignments)
	100%	100%	75%	67%	33%

ROOT CAUSES or OBSTACLES

1. Workers are too busy and are focused on meeting core practice requirements (e.g., visits, etc.).
2. Families cancel or do not make themselves available.
3. Workers do not realize a service plan is required (e.g., for FFPSA claiming, etc.).
4. Workers do not see how the plan is useful to them and can inform their work.
5. The unintuitive and buggy SACWIS service plan interface discourages workers from engaging with it.

COUNTERMEASURE(S) FOR THIS OBSTACLE

COUNTERMEASURE	ROOT CAUSE
1. Implement the XYZ report and review process, with an emphasis on bringing workers' and supervisors' attention to the service plan's initial due date (if upcoming or overdue)	1, 3
2. Continue to share with jurisdictions cases in SACWIS that are missing a service plan and encourage them to follow up with workers and supervisors	1, 3

OWNER FOR THIS COUNTERMEASURE

...

COUNTERMEASURE ACTION PLAN

COUNTERMEASURE				OBSTACLE BEING ADDRESSED		
1. Implement the XYZ report and review process, with an emphasis on bringing workers' and supervisors' attention to the service plan's initial due date (if upcoming or overdue)				Service plans not being created – Some workers are not creating service plans for children and families with family preservation assignments		
PLAN / DO		START DATE	END DATE	OWNER	STAKEHOLDERS	STUDY (What We Learned)
						ACT (Next Steps)
1.	...					
2.						
3.						
etc.						

Focus Process: Completion of risk & safety assessments. | **Challenge:** Reduce entry rate from X to Y by **SOME DATE**

Target Condition
Achieve by: _____

Outcome measure:

X % of children will get a risk assessment completed according to policy by WHEN

X % of children will get a safety assessment completed according to policy by WHEN

Process measures:

Quality measures:

Capacity measures:

Current Condition

Outcome measure:

X % of children get a risk assessment completed according to policy

X % if children get a safety assessment completed according to policy

Process measures:

Quality measures:

Capacity measures:

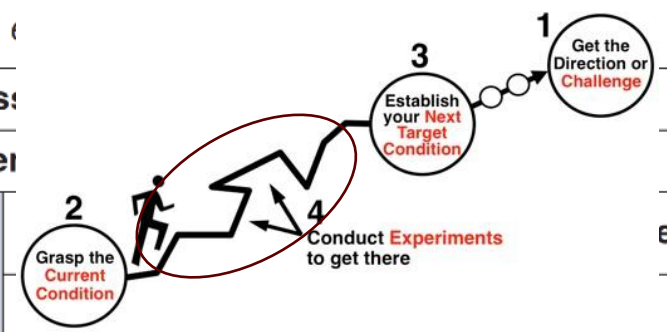
Experimenting Record

EXPERIMENTING RECORD <small>(Each row = one experiment)</small>				
Obstacle:		Process:		
		Learner:		Coach:
Date & step	What do you expect + metric	Do a Coaching Cycle	What happened	What we learned

Obstacles Parking Lot

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

EXPERIMENTING RECORD <small>(Each row = one experiment)</small>				
For Teacher Access	Obstacle:		Process:	
	Date & step	What do you expect + metric	Do	Learn



1st Experiment / PDCA

2nd Experiment / PDCA

3rd Experiment / PDCA

EXPERIMENTING RECORD <i>(Each row = one experiment)</i>					
For Ta Ac	Obstacle:		Process:		
			Learner:	Coach:	
	Date & step	What do you expect + metric		What happened	What we learned
				1 st Experiment / PDCA	
				2 nd Experiment / PDCA	
				3 rd Experiment / PDCA	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1					Project Name														
2																			
3	Team:		Start Date:																
4	Team Leader:		Consultant:																
5					TARGETS (Desired Situation)														
6	PROBLEM/NEED																		
7																			
8	BACKGROUND																		
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Materials

Process/Methods

People

Machines

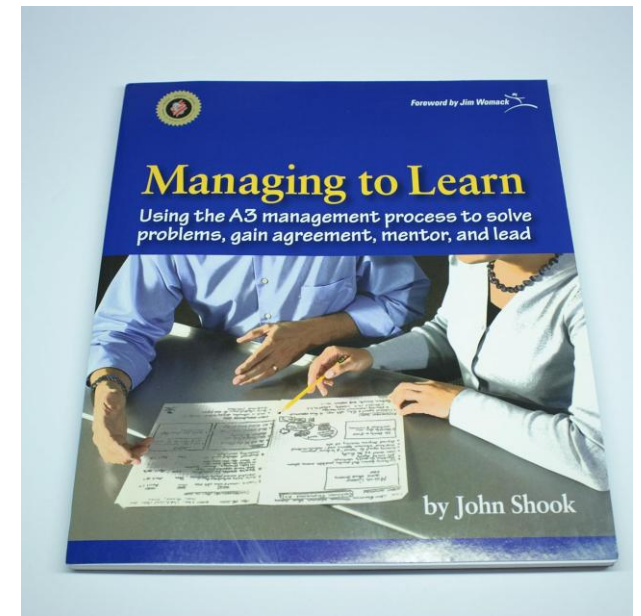
Problem Statement
 During (time), Pareto accounted for 50% of problem which was 3X higher than desired and caused customer dissatisfaction.

Why?
 Why?
 Why?
 Why?

Why?
 Why?
 Why?
 Why?

Why?
 Why?
 Why?
 Why?

Why?
 Why?
 Why?
 Why?





Recommendations and Lessons Learned

RECOMMENDATIONS & LESSONS LEARNED

1. Ensure those who are doing the work are at the table to help plan your PDSA and interpret what's working (or not) during the study and adjust phases.
2. Identify data sources from the outset and who is responsible for data collection (if needed) and analysis.
3. If a test of change is not working, don't be afraid to let it go – everything's experiment.
4. Who owns the problem and the work?