Plan-Do-Study-Act (PDSA) Collaborative on Improving Professional Collaboration

(September 2024 - February 2025)

Background

Child welfare professionals (i.e., child protective services professionals, youth justice professionals, tribal child welfare professionals) often work with families who need behavioral health services (substance use and/or mental health), or family support services for developmental, physical, or emotional disabilities (such as the Birth to 3 program or long-term support services). The provision of effective services and treatment to improve families' well-being relies on professional collaboration across systems. Nine Wisconsin agencies sent teams from their child welfare, behavioral health, and/or family support services units to use the Plan-Do-Study-Act (PDSA) model to design and test changes to improve communication and collaboration for families served across multiple service program areas.

Participating Agencies	Child Protective Services (CPS)	Youth Justice (YJ)	Behavioral Health / Mental Health / Substance Abuse (BH/MH/SA)	Children's Long-Term Support Services (CLTS)	Comprehensive Community Services (CCS)	Birth to 3 Program (B-3)
Clark	X	X	X	X	X	X
Door	X	X	X	X	X	X
Eau Claire	X	X	X	X	X	X
Juneau	X	X	X	X	X	
Lincoln	X	X	X	X	X	
Oneida County	X	X	X	X	X	X
Oneida Nation	X		X			
Portage	X	X		X	X	X
Washington	X	X	X	X	X	
	9 Teams	8 Teams	8 Teams	8 Teams	8 Teams	5 Teams

Sponsor Team

During 2023, the Continuous Quality Improvement (CQI) Advisory Committee facilitated by the Wisconsin Department of Children and Families (DCF) selected this collaborative topic and engaged in planning exercises including Wisconsin administrative data analysis on professional collaboration, topic definition discussions, a strengths-gaps analysis, and mission and goals brainstorm exercises.

Problem Statement

Child welfare, behavioral health, and family support services partners are faced with collaborative and communicative challenges as their respective systems operate with separate policies, procedures, programs, technology, funding, capacity, and operating mechanisms. These system differences contribute to differing perspectives, language, philosophies, roles, timeframes, goals, and measures of progress between collaborative partners impacting communication and coordination of services for families with complex needs.

Mission Statement

The mission of the 2024-25 Plan-Do-Study-Act Collaborative on Improving Professional Collaboration is for child welfare, behavioral health, and family support services to enhance their collaboration resulting in the needs of children and families being better understood and services for children and families that are family-centered, strengths-based, streamlined, supportive and flexible.

Goals and Practice Changes

Participating agencies created solutions to meet the three needs.
The solutions are outlined below and described in greater detail here:
https://wcwpds.wisc.edu/organizational-development/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/improving-professional-collaboration/

GOAL ①

Improve understanding of their collaborating partner's mission, philosophy, goals, requirements, roles, and language.

Solutions implemented:

- **Unit presentations:** Held brief internal presentations/Q&A sessions hosted by each program area (e.g., lunch n' learns, snack n' chats) for other program areas to learn services provided and get to know each other. Presentations are often accompanied by surveys asking what information should be discussed and to gain feedback on how helpful the presentation was.

- **Desk Guides:** Created a short, descriptive guide listing agency programs and their eligible population, program requirements, direct service professional's roles, referral process, basic timelines, and contact information.

- **Flow Charts:** Created flowcharts describing the work of each unit and visually depicts how collaboration is to occur, including timeframes.

- **Frequently Used Terms Guide:** Many agencies created guides that define commonly used acronyms and terms used by each work unit.

- **Onboarding:** Revised the onboarding staff checklist to include orientation to other program areas, and often earlier than in the past.

GOAL 2

Create clear and consistent protocols and procedures to coordinate access to information and services between collaborating partners.

Solutions implemented:

- **Policies, Procedures, and Process Documentation**: Agencies created policies and Memorandums of Operations to formalize and clarify the expectations around how to coordinate collaboration across units.

- **Relationship building**: Teams acknowledged that collaboration best occurs between individuals who have an established and trusting relationship. Teams built these relationships through unit presentations and Q&A sessions, information connection opportunities, defined expectations, and informal connection opportunities.

- **New internal team meeting process**: Some agencies developed a new internal collaborative meeting with all providers before enrolling the family in services where providers share information and coordinate schedules, roles, and responsibilities. These meetings start with a standard meeting agenda, specific questions are sent before the meeting to help participants be prepared, and a 30-day follow-up meeting is offered. During the meeting, teams brainstorm on how to locate resources for the family and how to create an effective plan across all work units.

- **Creative consult meetings on complex cases**: Some offer additional meetings for direct service staff to brainstorm on how to work with shared families that have complex or unmet needs.

- **Supervisor Staffing's**: Supervisors from multiple units meet to review shared cases and problem solve how to support families through community and agency supports.

- **Monthly in-person multi-unit meetings**: Agencies discuss programs, build relationships, and gain a better understanding of other units at monthly in-person multi-unit meetings.

- **Leadership attends other unit meetings**: Some agencies had supervisors attend part of another unit's staff meeting to gain insight, provide feedback, improve communication, and identify shared families.

- **Client information sharing**: Teams worked with the agency's legal partner to clarify the types of information that can be shared between program areas with and without a release of information.

- **Clarify referral process**: Agencies clarified the process by which professionals become aware that a family/consumer is engaged with multiple agency program areas. Strategies included:

    - **Clerical**: Clerical staff search all administrative databases for multiple program involvement when a new enrollment is initiated. An email is sent to all involved professionals when applicable.

    - **Direct service staff**: Professionals are given a checklist with program descriptions to use when asking families what services they are already receiving.

    - **Leadership**: Leadership attend other unit meetings to determine dual enrollment or search administrative databases themselves.

    - **Monthly meetings**: The monthly multi-unit meetings include a discussion of new cases.

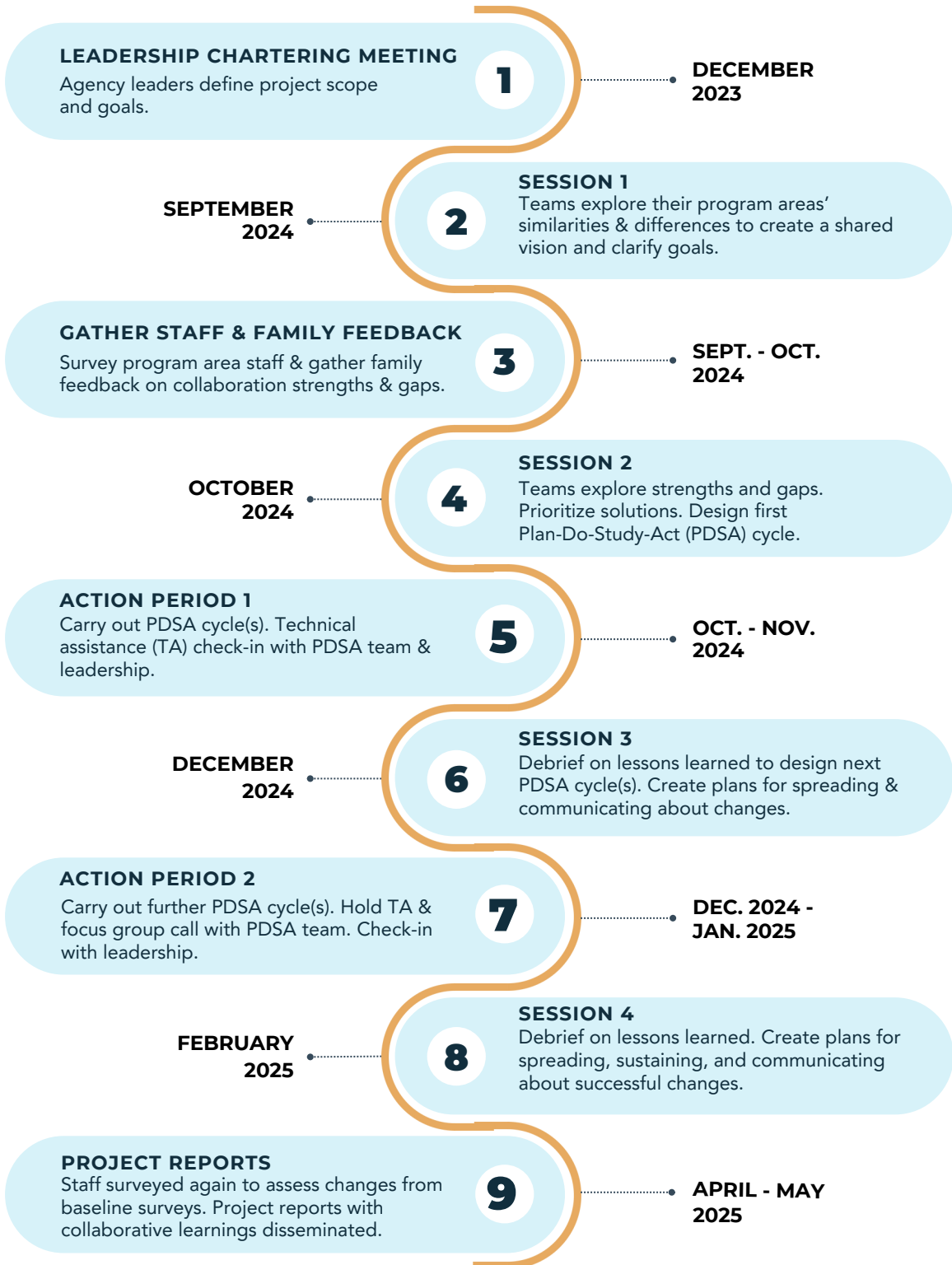   - **Tracking**: Agencies manage spreadsheets tracking specific referrals made.

GOAL 3

Develop plans in conjunction with system partners that incorporate family voice, have clearly identified objectives, measures of progress, and next steps, and increase family understanding of each partner's role in the process.

Solutions implemented:

- **Family input gathering**: PDSA teams collected family input before designing their solutions. Some teams did 'Voice of the Customer' interviews where they asked families about their experiences working with the agency. Alternately, some teams completed a walk-thru simulation of what it is like for a family to attempt to receive services from multiple units.

- **Family collaboration team meeting**: Implemented a family collaboration team meeting that is attended by all providers and includes an agenda that reviews all team members roles/involvement, current services, family's view of their strengths and unmet needs, and next steps.

- **Invite all direct service professionals**: Some units invite other direct service staff to attend in-person meetings with the family when they are scheduled.

- **Ask the family / consumer their wishes**: Some make a point to ask the family how often they want to meet with the interdisciplinary team.

- **Team contact list for the family**: A team contact list is given to the family that contains each provider's role and contact information.

- **Principles**: Used coordinated service team and family team meeting principles within family meetings.

PDSA Timeline - Cohort 2

1 LEADERSHIP CHARTERING MEETING
Agency leaders define project scope and goals.

DECEMBER 2023

SEPTEMBER 2024

2 SESSION 1
Teams explore their program areas' similarities & differences to create a shared vision and clarify goals.

3 GATHER STAFF & FAMILY FEEDBACK
Survey program area staff & gather family feedback on collaboration strengths & gaps.

SEPT. - OCT. 2024

OCTOBER 2024

4 SESSION 2
Teams explore strengths and gaps. Prioritize solutions. Design first Plan-Do-Study-Act (PDSA) cycle.

5 ACTION PERIOD 1
Carry out PDSA cycle(s). Technical assistance (TA) check-in with PDSA team & leadership.

OCT. - NOV. 2024

DECEMBER 2024

6 SESSION 3
Debrief on lessons learned to design next PDSA cycle(s). Create plans for spreading & communicating about changes.

7 ACTION PERIOD 2
Carry out further PDSA cycle(s). Hold TA & focus group call with PDSA team. Check-in with leadership.

DEC. 2024 - JAN. 2025

FEBRUARY 2025

8 SESSION 4
Debrief on lessons learned. Create plans for spreading, sustaining, and communicating about successful changes.

9 PROJECT REPORTS
Staff surveyed again to assess changes from baseline surveys. Project reports with collaborative learnings disseminated.

APRIL - MAY 2025

System and Local Considerations

Discussion prompts *(shown in blue highlighted sections below)* are provided for this project's sponsor committee, the CQI Advisory Committee, to reflect on system considerations based on PDSA pilot team learnings.

Themes from successful improvements in collaboration and communication for child welfare, behavioral health, and family support services program areas included:

Information Clarification

- Teams invested time in creating policies or Memorandums of Operations to clarify how to collaborate with other units, what information is to be shared, and expectations. Teams found the investment of this effort was overall worthwhile for the added clarification.

- Staff benefit from tailored, brief information guides to provide needed information regarding other work units that can be quickly referenced.

> **CQI Advisory Committee Discussion Prompt**
> *What communication tools (e.g., policies, primers, process charts, short descriptive program guides, terminology resources) already exist or could exist for all child welfare, family support services, and behavioral health programs that would assist agencies in clearly communicating their program areas' purpose, program eligibility, terms, and basic processes to other professionals and to families?*

Communication Guidance - When, What, and How

Professionals value proactive as opposed to reactive communication. Direct practice professionals would like clarification regarding:

- What changes in the family should be communicated to other work units;

- Through what communication medium (verbal, written, team meeting, database); and

- What timeframe that communication is to occur.

Information Release Clarification

- Agencies should work with their legal departments / Corporation Counsel to document what information is acceptable to be shared with and without a Request of Information, to whom, and when.

- Consider creating a universal Request of Information that considers confidentiality concerns to share information across all human service units.

> **CQI Advisory Committee Discussion Prompt**
> *What policy and legal guidance could be provided to local agencies to clarify information they can share and when across program areas when serving the same family? What guidance could be given to agencies if they wanted to develop a universal request of information?*

Increasing Collaboration Motivation and Teamwork Culture

- Emphasize how learning about the work functions and professional roles of others saves direct service professional time and creates better outcomes for families.

- Assume positive intent when working with other units.

- Respect the different perspectives brought by others.

- Build a 'no wrong door' policy where however the family enters the agency, they are referred to all appropriate services in a timely manner.

- Create a vision among work units regarding commonalities and shared desires for healthy families in their communities.

> **CQI Advisory Committee Discussion Prompt**
> *What state programs, policies, and messages help child welfare, family support services, and behavioral health programs to develop shared vision for healthy families in their communities and offer creative solutions to meet needs?*

Provide Spaces for Relationship Building Between Professionals

- Team members need collaborative spaces where they communicate, share knowledge, and build relationships across units. Members stressed how critical this is for the entire agency to participate in.

- In person opportunities and teaching each other were important for relationship building, such as organization-wide meetings or county resource fairs.

- Due to turnover, this will be an ongoing need.

> **CQI Advisory Committee Discussion Prompt**
> *What statewide and/or regional collaborative spaces already exist or could exist that would encourage understanding of, learning about, and/or building relationships between child welfare, family support services, and/or behavioral health?*

Provide Spaces for Relationship Building Between Professionals and Families

- Strengthen family team meeting principles such as allowing time for all providers to clarify their role and provide updates on current services, ensure family input and understanding, and clarifying next steps.

- Prioritize family team meetings so all providers can be available consistently.

Determine Families with Multiple Unit Enrollment

- Develop a standard practice that is customized to the local agency processes to determine which families / consumers are involved in multiple program areas.

Data System Integration

- Program areas use different databases to track their information. PDSA participants voiced the desire for:
  - an alert to let them know their client may be enrolled in another unit within the agency, and
  - potentially share additional information such as linking demographic information across databases and alert professionals when information is updated.

> **CQI Advisory Committee Discussion Prompt**
> *What technological advances could be available to agencies to make improvements in their communications and data sharing?*

Voice of the Customer / Walk Through Provided Invaluable Perspective

- Agencies gained the perspective of families who access services through a 'Voice of the Customer' process where families were interviewed on their experiences receiving services, or a 'Walk Through' where the agency staff simulated being an individual receiving services in multiple units.

- Identify solutions after gaining insight into where families experience frustration, inefficiency, and confusion.

> **CQI Advisory Committee Discussion Prompt**
> *What support could our state systems offer to agencies so they can gather family feedback?*

Outcomes

Agencies participating in the PDSA Collaborative were given the 'Professional Collaboration Survey' before and after the collaborative, asking questions on current practices regarding professional collaboration within their unit and others. Respondents included those who are engaged in the PDSA Collaborative as well as persons within the collaborating work units who are not actively engaged in the PDSA Collaborative. The comparison of the before and after survey results below note areas of strength and areas that may benefit from additional focus. Multiple agencies stated that the PDSA Collaborative ended before full implementation of their projects and so the results below reflect only short-term progress.

- **332 completed and 79 partially completed the pre-collaborative survey in September 2024**
- **157 completed and 27 partially completed the post-collaborative survey in April 2025**

Part 1   Respondents' Knowledge of Other Work Units

Respondents were asked questions about their level of knowledge on collaborating partners who are **not** in their own work unit. For example, a respondent who works in Child Protective Services was asked their understanding regarding the other work units. The average of the responses below are on a five-point scale, where the questions are in rows and the work units being considered are in columns. For example, the 'Child Protective Services' column provides the average responses of what non-CPS staff understand about the CPS unit. The scale used is:

1 – None / Very Limited   2 – Limited   3 – Moderate   4 – Moderately High   5 – High

The first chart displays the pre-collaborative results taken in September 2024, followed by the second chart measured after the collaborative in April 2025. Following the orange charts is a blue chart that displays the differences between the two charts, by work unit as well as question.

Please indicate your level of knowledge about the work units you professionally collaborate with. I understand their...

All Agencies - Pre Collaborative	CPS	YJ	BH/ MH/SA	CLTS	CCS	B-3	Avg. by Question
Timeframes for finalizing work items	2.5	2.3	2.4	2.4	2.7	2.1	**2.4**
Professional language and terminology	3.0	2.7	3.2	2.8	3.2	2.6	**2.9**
Definition of family/consumer success	3.0	2.8	3.1	2.8	3.2	2.7	**2.9**
Referral process	3.2	2.7	3.1	3.0	3.4	2.8	**3.0**
Role in providing services to the family/consumer	3.2	2.9	3.4	3.1	3.3	2.9	**3.1**
Mission	3.4	3.0	3.3	3.1	3.3	2.9	**3.2**
Goals for serving families/consumers	3.4	3.0	3.4	3.1	3.3	2.9	**3.2**
Average by work unit	**3.1**	**2.8**	**3.1**	**2.9**	**3.2**	**2.7**	

All Agencies - Post Collaborative	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
Timeframes for finalizing work items	3.3	3.1	3.0	3.0	3.0	3.0	3.1
Professional language and terminology	3.6	3.5	3.5	3.4	3.5	3.2	3.5
Definition of family/consumer success	3.7	3.6	3.5	3.5	3.6	3.4	3.6
Referral process	3.8	3.6	3.5	3.6	3.7	3.5	3.6
Role in providing services to the family/consumer	3.9	3.7	3.8	3.7	3.7	3.6	3.7
Mission	4.0	3.7	3.6	3.6	3.7	3.5	3.7
Goals for serving families/consumers	4.0	3.8	3.8	3.7	3.7	3.6	3.8
Average by work unit	**3.8**	**3.6**	**3.5**	**3.5**	**3.6**	**3.4**	

All Agencies - Difference	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
Timeframes for finalizing work items	0.8	0.8	0.6	0.6	0.3	0.9	0.7
Professional language and terminology	0.6	0.8	0.3	0.6	0.3	0.6	0.5
Definition of family/consumer success	0.7	0.8	0.4	0.7	0.4	0.7	0.6
Referral process	0.6	0.9	0.4	0.6	0.3	0.7	0.6
Role in providing services to the family/consumer	0.7	0.8	0.4	0.6	0.4	0.7	0.6
Mission	0.6	0.7	0.3	0.5	0.4	0.6	0.5
Goals for serving families/consumers	0.6	0.8	0.4	0.6	0.4	0.7	0.6
Average by work unit	**0.7**	**0.8**	**0.4**	**0.6**	**0.4**	**0.7**	

Overall, the individual questions (measuring understanding of timeframes, mission, etc.) all improved by 0.5-0.7 on the five-point scale. The questions that remain the least-understood for respondents is the other units' timeframes for finalizing work items and understanding others' professional terminology.

The understanding of other work units across all questions improved by 0.4 to 0.8 on the five-point scale. The work units that improved the greatest were the understanding of Youth Justice, Birth to 3, and CPS which improved 0.7-0.8 on the five-point scale. These units also began with the lowest level of understanding in the pre-assessment. As of the end of the collaborative, all work units averaged between a 3.4 and 3.8, which indicates between a moderate and moderately high level of understanding.

Respondents were asked questions about their work unit's collaboration with other work units. For example, a respondent who works in Youth Justice was asked how they think their unit works with Comprehensive Community Services. The average of all responses below are on a 5-point scale, where the questions are in rows and the work units being considered are in columns. For example, the 'Comprehensive Community Services' column provides the average responses of what non-CCS staff understand about the CCS unit. The scale used is:

1 – Strongly Disagree   2 – Disagree   3 – Neutral   4 – Agree   5 – Strongly Agree

Considering your unit's collaboration with the work units listed, please indicate your level of agreement with the following:

All Agencies - Pre Collaborative	CPS	YJ	BH/ MH/SA	CLTS	CCS	B-3	Avg. by Question
We have consistent protocols for sharing information about mutual families/consumers	3.0	3.3	3.2	3.4	3.5	3.4	**3.3**
We have a coordinated services plan with identified objectives for the family/consumer	3.1	3.4	3.3	3.5	3.7	3.5	**3.4**
We develop responses to conflicts around timeframes for services	3.1	3.5	3.3	3.6	3.6	3.5	**3.4**
We develop shared goals and outcomes for families/consumers	3.2	3.4	3.3	3.6	3.6	3.5	**3.4**
We have a plan to coordinate services for families/consumers	3.2	3.4	3.4	3.5	3.7	3.5	**3.5**
We have a coordinated plan that incorporates family/consumer voice	3.1	3.4	3.4	3.6	3.7	3.6	**3.5**
We clarify terminology related to practice	3.3	3.5	3.4	3.6	3.8	3.6	**3.5**
Average by work unit	**3.1**	**3.4**	**3.3**	**3.5**	**3.7**	**3.5**	

All Agencies - Post Collaborative	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
We have consistent protocols for sharing information about mutual families/consumers	3.7	4.0	3.7	4.1	4.0	3.9	**3.9**
We have a coordinated services plan with identified objectives for the family/consumer	3.7	3.9	3.7	4.1	4.0	3.9	**3.9**
We develop responses to conflicts around timeframes for services	3.7	3.9	3.7	4.0	4.0	3.8	**3.9**
We develop shared goals and outcomes for families/consumers	3.7	3.9	3.7	4.1	3.9	3.8	**3.9**
We have a plan to coordinate services for families/consumers	3.9	4.0	3.8	4.1	4.1	3.9	**4.0**
We have a coordinated plan that incorporates family/consumer voice	3.7	3.9	3.7	4.1	4.0	3.9	**3.9**
We clarify terminology related to practice	3.9	4.0	3.8	4.2	4.1	4.0	**4.0**
Average by work unit	**3.8**	**3.9**	**3.7**	**4.1**	**4.0**	**3.9**	

All Agencies - Difference	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
We have consistent protocols for sharing information about mutual families/consumers	0.7	0.7	0.5	0.7	0.5	0.5	**0.6**
We have a coordinated services plan with identified objectives for the family/consumer	0.6	0.5	0.4	0.6	0.3	0.4	**0.5**
We develop responses to conflicts around timeframes for services	0.6	0.4	0.4	0.4	0.4	0.3	**0.4**
We develop shared goals and outcomes for families/consumers	0.5	0.5	0.4	0.5	0.3	0.3	**0.4**
We have a plan to coordinate services for families/consumers	0.7	0.6	0.4	0.6	0.4	0.4	**0.5**
We have a coordinated plan that incorporates family/consumer voice	0.6	0.5	0.3	0.5	0.3	0.3	**0.4**
We clarify terminology related to practice	0.6	0.5	0.4	0.6	0.3	0.4	**0.5**
Average by work unit	**0.6**	**0.5**	**0.4**	**0.6**	**0.4**	**0.4**	

Overall, the individual questions asked (having consistent protocols for sharing information, developing responses to conflicts, etc.) all improved by 0.4 to 0.6, and all rank between a 3.9 to 4.0 on the five-point scale. The work units that improved the greatest were the understanding of CPS and CLTS, which improved 0.6 on the five-point scale. As of the end of the collaborative, all work units averaged between a 3.7 and 4.1 level of understanding, indicating between moderate and a moderately high level of effective collaborative protocols and processes in place.

Considering your unit's collaboration with the work units listed, please indicate how often you experience the following:

The average of all responses below are on a four-point scale, where the questions are in rows and the work units being considered are in columns. For example, the 'Comprehensive Community Services' column provides the average responses of what non-CCS staff experience about the CCS unit. Please note the first two questions are separated from the bottom five questions as they indicate negative collaboration patterns, whereas the remaining questions indicate positive collaboration patterns. The four-point scale used is:

1 – None of the time   2 – Rarely   3 – Some of the Time   4 – Most of the time

All Agencies - Pre Collaborative	CPS	YJ	BH/ MH/SA	CLTS	CCS	B-3	Avg. by Question
Miscommunication with my collaborating partner(s) while working with families/consumers	2.7	2.5	2.7	2.6	2.5	2.2	**2.5**
Delays in communication from my collaborating partner(s)	2.9	2.6	2.8	2.5	2.5	2.3	**2.6**
Average by work unit	**2.8**	**2.6**	**2.8**	**2.6**	**2.5**	**2.3**	
The families/consumers I work with have access to culturally responsive services within my unit/agency	3.3	3.4	3.4	3.5	3.5	3.6	**3.5**
My collaborating partner(s) respects my professional judgement	3.3	3.5	3.4	3.5	3.5	3.6	**3.5**
I trust my collaborating partner(s)' professional judgement	3.5	3.5	3.6	3.6	3.6	3.7	**3.6**
Leadership in my agency encourages teamwork with my collaborating partner(s)	3.6	3.6	3.6	3.7	3.8	3.7	**3.7**
My unit is supportive of teamwork with my collaborating partner(s)	3.6	3.7	3.6	3.7	3.7	3.8	**3.7**
Average by work unit	**3.5**	**3.5**	**3.5**	**3.6**	**3.6**	**3.7**	

All Agencies - Post Collaborative	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
Miscommunication with my collaborating partner(s) while working with families/consumers	2.6	2.3	2.6	2.2	2.3	2.2	**2.4**
Delays in communication from my collaborating partner(s)	2.6	2.4	2.6	2.2	2.4	2.1	**2.4**
Average by work unit	**2.6**	**2.4**	**2.6**	**2.2**	**2.4**	**2.2**	
The families/consumers I work with have access to culturally responsive services within my unit/agency	3.6	3.7	3.7	3.7	3.7	3.8	**3.7**
My collaborating partner(s) respects my professional judgement	3.5	3.7	3.6	3.7	3.7	3.6	**3.6**
I trust my collaborating partner(s)' professional judgement	3.7	3.8	3.7	3.8	3.7	3.7	**3.7**
Leadership in my agency encourages teamwork with my collaborating partner(s)	3.8	3.8	3.8	3.9	3.9	3.8	**3.8**
My unit is supportive of teamwork with my collaborating partner(s)	3.8	3.8	3.8	3.8	3.8	3.8	**3.8**
Average by work unit	**3.7**	**3.8**	**3.7**	**3.8**	**3.8**	**3.7**	

All Agencies - Difference	CPS	YJ	BH/MH/SA	CLTS	CCS	B-3	Avg. by Question
Miscommunication with my collaborating partner(s) while working with families/consumers	-0.1	-0.2	-0.1	-0.4	-0.2	0.0	**-0.2**
Delays in communication from my collaborating partner(s)	-0.3	-0.2	-0.2	-0.3	-0.1	-0.2	**-0.2**
Average by work unit	**-0.2**	**-0.2**	**-0.2**	**-0.4**	**-0.2**	**-0.1**	
The families/consumers I work with have access to culturally responsive services within my unit/agency	0.3	0.3	0.3	0.2	0.2	0.2	**0.2**
My collaborating partner(s) respects my professional judgement	0.2	0.2	0.2	0.2	0.2	0.0	**0.2**
I trust my collaborating partner(s)' professional judgement	0.2	0.3	0.1	0.2	0.1	0.0	**0.1**
Leadership in my agency encourages teamwork with my collaborating partner(s)	0.2	0.2	0.2	0.2	0.1	0.1	**0.2**
My unit is supportive of teamwork with my collaborating partner(s)	0.2	0.1	0.2	0.1	0.1	0.0	**0.1**
Average by work unit	**0.2**	**0.2**	**0.2**	**0.2**	**0.1**	**0.1**	

The questions asking about the negative collaboration patterns of miscommunication and delays in communication improved by 0.2 on the four-point scale. This indicates that miscommunication and communication delays occur rarely to some of the time.

The five questions asking how often positive collaboration occurred, such as respect and trust in professional judgement, improved 0.1-0.2 across all questions. As these questions rank between 3.6 to 3.8 on the four-point scale as of the end of the collaborative, these questions already ranked positively at the beginning of the collaborative, indicating little room for improvement. Overall these results show positive collaboration patterns occur most of the time.

Respondents' Views of Barriers that Impact Services

Respondents were asked to identify any barriers that impact services they or their collaborating partner(s) are able to achieve, and were allowed to select multiple options. The identification of barriers largely did not change over the collaborative. The largest barriers were:

- Availability of services: (67 percent pre-collaborative; 65 percent post-collaborative)
- Waitlists for services: (63 percent pre-collaborative; 61 percent post collaborative)
- Funding Sources: (46 percent pre-collaborative; 42 percent post-collaborative)

The collaborative did not specifically address these potential barriers during the projects, but are noted here as they may impact future collaboration efforts.

Improvement

Respondents were asked if they believe their agency is making improvements in professional collaboration. Of the 157 respondents who finished the survey, 125 respondents (80 percent) stated that they somewhat or strongly believe professional collaboration in their agency is improving. When looking at the 58 respondents who were a part of the collaborative, the percentage who believe collaboration is somewhat or strongly improving increased to 97 percent of respondents. This strongly suggests the collaborative was successful in improving professional collaboration and overall it does seem to be spreading throughout the agencies as well.

80%
of the 157 survey respondents of those involved and not involved in the PDSA Collaborative somewhat or strongly believe professional collaboration is improving

97%
of the 58 survey respondents who were a part of the PDSA Collaborative somewhat or strongly believe professional collaboration is improving

Agencies were asked for specific examples of improvement, and participants shared that gains were made in the following areas:

Communication:

For multiple agencies, communication between units has taken a more positive tone. Staff come to meetings with a better understanding of the processes and limitations of other units, are more open to listening to each other, and share a greater amount of information, earlier.

Understanding of Direct Service Professionals' Roles:

Teams stated they have a better understanding of everyone's roles in the agency which has led to less frustration, greater respect and trust, an ability to ask clarifying questions in a safe environment, and comfort asking other units for information.

Working Relationships:

Working relationships have improved due to the increased clarity brought by policies and guides, as well as the improved culture brought by relationship building.

Coordination of Care:

Teams provided specific examples of how better working together directly impacted the speed and quality with which families receive services. Through having open communication and learning of dual family enrollment earlier, teams ensure clients receive the correct services as soon as possible, often leading to better outcomes.

Questions?

Contact us at the Wisconsin Child Welfare Professional Development System: sjreilly@wisc.edu

Professional Collaboration examples:
https://wcwpds.wisc.edu/organizational-development/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/improving-professional-collaboration/

Project Reports:
https://wcwpds.wisc.edu/organizational-development/organizational-process-improvement/plan-do-study-act-pdsa-collaborative/