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

*(January – May 2025)*

**OPI** Organizational Process Improvement   **WCWPDS**   Wisconsin Department of Children and Families

## 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. Eight 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 Counties | 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) |
|---|---|---|---|---|---|---|
| Adams | X | X | | X | X | X |
| Brown | X | X | X | X | X | X |
| Dane | X | X | X | X | X | |
| Monroe | X | | X | X | X | X |
| Outagamie | X | X | X | X | | |
| Racine | X | X | X | X | X | X |
| Rock | X | X | | X | X | X |
| Waukesha | X | X | X | X | X | |
| | 8 Teams | 7 Teams | 6 Teams | 8 Teams | 7 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 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 these 3 needs:*

## GOAL ①

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

*Solutions implemented:*

- All program areas developed and agreed upon a list of shared principles to guide their agency's practice when serving families.
- Created a short, descriptive guide listing agency programs and their eligible population, program requirements, referral process, basic timelines, and contact information.
- Created flowcharts for various program areas/services for internal staff training.
- 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 attend.

# GOAL 2

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

*Solutions implemented:*

- Created a universal guide to collaboration with collaborative values and expected behaviors for professionals.
- Clarified process by which professionals become aware that a family/consumer is open with multiple agency program areas. Strategies included:
  - Child welfare supervisors attended the behavioral health/comprehensive community services referral staffing weekly.
  - Clerical staff search all administrative databases for multiple program involvement when a new enrollment is initiated. Email sent to all involved professionals when indicated.
  - Data tracking the number of referrals in common.
  - Giving professionals a checklist with program descriptions to use when asking consumers what services they are already receiving.
- Created an internal collaborative meeting with all providers before enrolling family in services where providers share information and coordinate schedules, roles, and responsibilities.
- Clarified with agency legal partner the types of information that can be shared between program areas with a release of information and without a release of information.
- Used the Child and Adolescent Needs Assessment (CANS) tool to promote consistent information sharing and updates from meeting to meeting.
- Created 'need to know' guidelines for all collaborating program areas (i.e., what each program needs to know for care coordination).
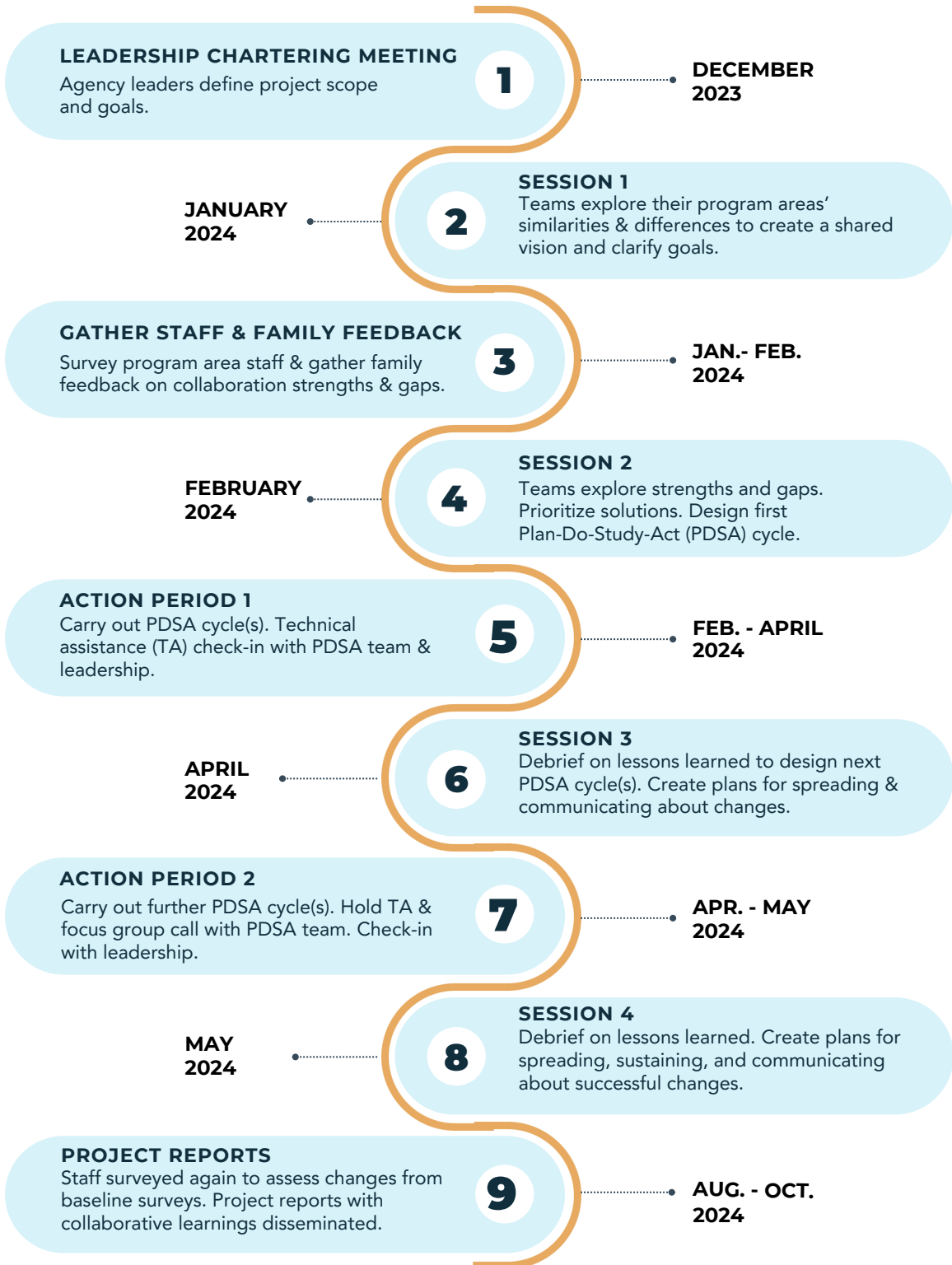
# GOAL 3

## 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:*

- Gathered family input before designing their solutions using either voice of the consumer interviews or a walk-thru of a typical consumer process.
- Created a team contact list given to family that contains each provider's role and contact information.
- 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.
- Used coordinated service team and family team meeting principles within family meetings.
- Gathered family feedback on their experiences of services offered by their team.
- Designed an internal staffing process for families with complex needs where a group of professionals/supervisors from multiple program areas could brainstorm potential supports and next steps.

# PDSA Timeline

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

**1**

**DECEMBER 2023**

**JANUARY 2024**

**2**

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

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

**3**

**JAN.- FEB. 2024**

**FEBRUARY 2024**

**4**

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

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

**5**

**FEB. - APRIL 2024**

**APRIL 2024**

**6**

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

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

**7**

**APR. - MAY 2024**

**MAY 2024**

**8**

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

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

**9**

**AUG. - OCT. 2024**

# 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:

## 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 this is critical for the entire agency to participate in.
- In person opportunities and teaching of each other were important for relationship building.
- 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.

### Voice of the Customer / Walk Through Provided Invaluable Perspective

- Gain the perspective of families who accesses services. Teams completed 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.
- 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?*

### 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?*

### Data System Integration

- Program areas use different databases to track their information. PDSA participants voiced the desire for the database systems to be linked to allow for information sharing, alerting of new information, and the decrease in the need to duplicate information in multiple systems.

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

### Information Guides

- Tailored, brief information guides provide needed information regarding other program areas that can be quickly referenced for professionals' knowledge and for family understanding.

> **CQI Advisory Committee Discussion Prompt**
>
> *What communication tools (e.g., 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?*

# Outcomes

Agencies participating in the PDSA Collaborative were given the '2024 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, as well as areas that may benefit from additional focus.

- **493 completed pre-survey responses in January 2024**
- **303 completed post-survey responses in September 2024**

| **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 January 2024, followed by the second chart measured after the collaborative in September 2024. Following the yellow charts is a grey 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 |
|---|---|---|---|---|---|---|---|
| Definition of family/consumer success | 2.7 | 2.2 | 2.6 | 2.5 | 2.5 | 2.1 | **2.4** |
| Timeframes for finalizing work items | 3.1 | 2.7 | 3.0 | 2.9 | 2.9 | 2.6 | **2.9** |
| Professional language and terminology | 3.2 | 2.7 | 3.3 | 2.9 | 3.0 | 2.5 | **2.9** |
| Referral process | 3.3 | 2.6 | 3.1 | 3.2 | 3.3 | 2.8 | **3.1** |
| Role in providing services to the family/consumer | 3.3 | 2.8 | 3.3 | 3.1 | 3.2 | 2.9 | **3.1** |
| Mission | 3.5 | 2.9 | 3.3 | 3.1 | 3.1 | 2.9 | **3.1** |
| Goals for serving families/consumers | 3.4 | 2.9 | 3.4 | 3.2 | 3.2 | 2.9 | **3.2** |
| **Average by work unit** | **3.2** | **2.7** | **3.1** | **3.0** | **3.0** | **2.7** | |

| All Agencies - Post Collaborative | CPS | YJ | BH/ MH/SA | CLTS | CCS | B-3 | Avg. by Question |
|---|---|---|---|---|---|---|---|
| Definition of family/consumer success | 3.1 | 2.6 | 2.7 | 2.8 | 2.7 | 2.5 | 2.7 |
| Timeframes for finalizing work items | 3.4 | 3.0 | 3.2 | 3.2 | 3.2 | 3.1 | 3.2 |
| Professional language and terminology | 3.5 | 3.0 | 3.4 | 3.2 | 3.2 | 3.0 | 3.2 |
| Referral process | 3.7 | 3.0 | 3.2 | 3.4 | 3.4 | 3.3 | 3.3 |
| Role in providing services to the family/consumer | 3.6 | 3.2 | 3.5 | 3.4 | 3.3 | 3.3 | 3.4 |
| Mission | 3.8 | 3.3 | 3.5 | 3.3 | 3.3 | 3.3 | 3.4 |
| Goals for serving families/consumers | 3.7 | 3.3 | 3.6 | 3.4 | 3.4 | 3.3 | 3.5 |
| **Average by work unit** | **3.5** | **3.1** | **3.3** | **3.2** | **3.2** | **3.1** | |

| All Agencies - Difference | CPS | YJ | BH/ MH/SA | CLTS | CCS | B-3 | Avg. by Question |
|---|---|---|---|---|---|---|---|
| Definition of family/consumer success | 0.4 | 0.4 | 0.1 | 0.3 | 0.2 | 0.4 | 0.3 |
| Timeframes for finalizing work items | 0.3 | 0.3 | 0.2 | 0.3 | 0.3 | 0.5 | 0.3 |
| Professional language and terminology | 0.3 | 0.3 | 0.1 | 0.3 | 0.2 | 0.5 | 0.3 |
| Referral process | 0.4 | 0.4 | 0.1 | 0.2 | 0.1 | 0.5 | 0.3 |
| Role in providing services to the family/consumer | 0.3 | 0.4 | 0.2 | 0.3 | 0.1 | 0.4 | 0.3 |
| Mission | 0.3 | 0.4 | 0.2 | 0.2 | 0.2 | 0.4 | 0.3 |
| Goals for serving families/consumers | 0.3 | 0.4 | 0.2 | 0.2 | 0.2 | 0.4 | 0.3 |
| **Average by work unit** | **0.3** | **0.4** | **0.2** | **0.3** | **0.2** | **0.4** | |

Overall, the individual questions (measuring understanding of timeframes, mission, etc.) all improved by 0.3 on the five-point scale. The questions that remain the least-understood for respondents is the other units' timeframes for finalizing work items and other unit's definition of family / consumer success.

The understanding of other work units also improved by 0.2 to 0.4 on the five-point scale. The work units that improved the greatest were the understanding of Birth to 3 and Youth Justice, which improved 0.4 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 average between a 3.1 and 3.5, 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 – None / Very Limited     2 – Limited     3 – Moderate     4 – Moderately High     5 – High**

*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 | 3.4 | 3.2 | 3.5 | 3.5 | 3.4 | **3.3** |
| We develop responses to conflicts around timeframes for services | 3.1 | 3.4 | 3.3 | 3.6 | 3.5 | 3.3 | **3.4** |
| We have a coordinated services plan with identified objectives for the family/consumer | 3.1 | 3.4 | 3.3 | 3.6 | 3.6 | 3.3 | **3.4** |
| We have a plan to coordinate services for families/consumers | 3.1 | 3.4 | 3.3 | 3.6 | 3.6 | 3.3 | **3.4** |
| We develop shared goals and outcomes for families/consumers | 3.0 | 3.4 | 3.4 | 3.6 | 3.6 | 3.4 | **3.4** |
| We have a coordinated plan that incorporates family/consumer voice | 3.1 | 3.4 | 3.3 | 3.7 | 3.7 | 3.4 | **3.4** |
| We clarify terminology related to practice | 3.3 | 3.6 | 3.4 | 3.7 | 3.7 | 3.4 | **3.5** |
| **Average by work unit** | **3.1** | **3.4** | **3.3** | **3.6** | **3.6** | **3.4** | |

| 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 | 3.2 | 3.6 | 3.5 | 3.8 | 3.8 | 3.7 | **3.6** |
| We develop responses to conflicts around timeframes for services | 3.3 | 3.6 | 3.5 | 3.8 | 3.7 | 3.6 | **3.6** |
| We have a coordinated services plan with identified objectives for the family/consumer | 3.3 | 3.7 | 3.5 | 3.9 | 3.8 | 3.7 | **3.7** |
| We have a plan to coordinate services for families/consumers | 3.3 | 3.7 | 3.6 | 3.9 | 3.8 | 3.7 | **3.7** |
| We develop shared goals and outcomes for families/consumers | 3.2 | 3.6 | 3.6 | 3.8 | 3.8 | 3.7 | **3.6** |
| We have a coordinated plan that incorporates family/consumer voice | 3.3 | 3.7 | 3.6 | 3.9 | 3.9 | 3.7 | **3.7** |
| We clarify terminology related to practice | 3.5 | 3.8 | 3.7 | 3.9 | 3.8 | 3.7 | **3.7** |
| **Average by work unit** | **3.3** | **3.7** | **3.6** | **3.9** | **3.8** | **3.7** | |

| 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 | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 | 0.3 | **0.3** |
| We develop responses to conflicts around timeframes for services | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | **0.2** |
| We have a coordinated services plan with identified objectives for the family/consumer | 0.2 | 0.3 | 0.2 | 0.3 | 0.2 | 0.4 | **0.3** |
| We have a plan to coordinate services for families/consumers | 0.2 | 0.3 | 0.3 | 0.3 | 0.2 | 0.4 | **0.3** |
| We develop shared goals and outcomes for families/consumers | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | **0.2** |
| We have a coordinated plan that incorporates family/consumer voice | 0.2 | 0.3 | 0.3 | 0.2 | 0.2 | 0.3 | **0.3** |
| We clarify terminology related to practice | 0.2 | 0.2 | 0.3 | 0.2 | 0.1 | 0.3 | **0.2** |
| **Average by work unit** | **0.2** | **0.2** | **0.3** | **0.2** | **0.2** | **0.3** | |

Overall, the individual questions asked (having consistent protocols for sharing information, developing responses to conflicts, etc.) all improved by 0.2 to 0.3, and all rank between a 3.6 to 3.7 on the five-point scale. The work units that improved the greatest were the understanding of Behavioral Health / Mental Health / Substance Abuse and Birth to 3, which improved 0.3 on the five-point scale. As of the end of the collaborative, all work units averaged between a 3.3 and 3.9 level of understanding. These scores indicate between moderate and 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 communication patterns, whereas the remaining questions indicate positive communication 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 | 2.8 | 2.6 | 2.7 | 2.5 | 2.5 | 2.4 | **2.6** |
| Delays in communication from my collaborating partner(s) | 3.0 | 2.7 | 2.7 | 2.5 | 2.6 | 2.5 | **2.7** |
| **Average by work unit** | **2.9** | **2.7** | **2.7** | **2.5** | **2.6** | **2.5** | |
| The families/consumers I work with have access to culturally responsive services within my unit/agency | 3.3 | 3.4 | 3.3 | 3.4 | 3.4 | 3.4 | **3.4** |
| 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 | 3.6 | **3.6** |
| My unit is supportive of teamwork with my collaborating partner(s) | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 | **3.7** |
| Leadership in my agency encourages teamwork with my collaborating partner(s) | 3.6 | 3.7 | 3.7 | 3.8 | 3.7 | 3.7 | **3.7** |
| **Average by work unit** | **3.5** | **3.6** | **3.5** | **3.6** | **3.6** | **3.6** | |

| 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 | 2.7 | 2.4 | 2.6 | 2.4 | 2.4 | 2.2 | **2.5** |
| Delays in communication from my collaborating partner(s) | 2.9 | 2.5 | 2.7 | 2.4 | 2.5 | 2.4 | **2.6** |
| **Average by work unit** | **2.8** | **2.5** | **2.7** | **2.4** | **2.5** | **2.3** | |
| The families/consumers I work with have access to culturally responsive services within my unit/agency | 3.3 | 3.5 | 3.3 | 3.5 | 3.4 | 3.5 | **3.4** |
| My collaborating partner(s) respects my professional judgement | 3.3 | 3.6 | 3.5 | 3.6 | 3.6 | 3.7 | **3.6** |
| I trust my collaborating partner(s)' professional judgement | 3.5 | 3.7 | 3.7 | 3.7 | 3.6 | 3.7 | **3.7** |
| My unit is supportive of teamwork with my collaborating partner(s) | 3.7 | 3.8 | 3.8 | 3.8 | 3.8 | 3.7 | **3.8** |
| Leadership in my agency encourages teamwork with my collaborating partner(s) | 3.6 | 3.7 | 3.7 | 3.8 | 3.7 | 3.7 | **3.7** |
| **Average by work unit** | **3.5** | **3.7** | **3.6** | **3.7** | **3.6** | **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 | -0.1 | -0.1 | -0.2 | **-0.1** |
| Delays in communication from my collaborating partner(s) | -0.1 | -0.2 | 0 | -0.1 | -0.1 | -0.1 | **-0.1** |
| **Average by work unit** | **-0.1** | **-0.2** | **0.0** | **-0.1** | **-0.1** | **-0.2** | |
| The families/consumers I work with have access to culturally responsive services within my unit/agency | 0 | 0.1 | 0 | 0.1 | 0 | 0.1 | **0.1** |
| My collaborating partner(s) respects my professional judgement | 0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | **0.1** |
| I trust my collaborating partner(s)' professional judgement | 0 | 0.2 | 0.1 | 0.1 | 0 | 0.1 | **0.1** |
| My unit is supportive of teamwork with my collaborating partner(s) | 0 | 0.1 | 0.1 | 0.1 | 0.1 | 0 | **0.1** |
| Leadership in my agency encourages teamwork with my collaborating partner(s) | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Average by work unit** | **0** | **0.1** | **0.1** | **0.1** | **0** | **0.1** | |

Overall, the collaborative saw minimal improvement on these questions. The questions asking about the negative communication patterns of miscommunication and delays in communication decreased by 0.1 on the four-point scale, across most work units. This indicates that miscommunication and communication delays occur rarely to some of the time.

The five questions asking about how often positive collaboration occurred, such as respect and trust in professional judgement, improved 0.1 across most items. As these questions rank between 3.4 to 3.8 as of the end of the collaborative, this indicates that these items on respect of professional judgement and trust of other's occurs between some and most of the time. It should be noted that many of these questions already ranked positively at the beginning of the collaborative, indicating little room for improvement.

## 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:

- Waitlists for services: (86 percent pre-collaborative; 80 percent post collaborative)
- Availability of services: (79 percent pre-collaborative; 77 percent post-collaborative)
- Funding Sources: (44 percent pre-collaborative; 46 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.

## Overall Improvement

Respondents were asked if they believe their agency is making improvements in professional collaboration. Of the 303 respondents who finished the survey, 191 respondents (63 percent) stated that they somewhat or strongly believe professional collaboration in their agency is improving. When looking at the 34 respondents who were a part of the collaborative, the percentage who believe collaboration is somewhat or strongly improving increased to 79 percent of respondents. This strongly suggests the collaborative was successful in improving professional collaboration; however, further work may need to be done to continue spreading the PDSA Collaborative ideas throughout the agencies involved.

# 63%
of the 303 survey respondents who believe professional collaboration is somewhat or strongly improving

# 79%
of the PDSA Collaborative survey respondents believe professional collaboration is somewhat or strongly improving

## Questions?

Contact us at: Organizational Process Improvement Unit at the Wisconsin Child Welfare Professional Development System at 608-263-6115 or jlfahy@wisc.edu

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