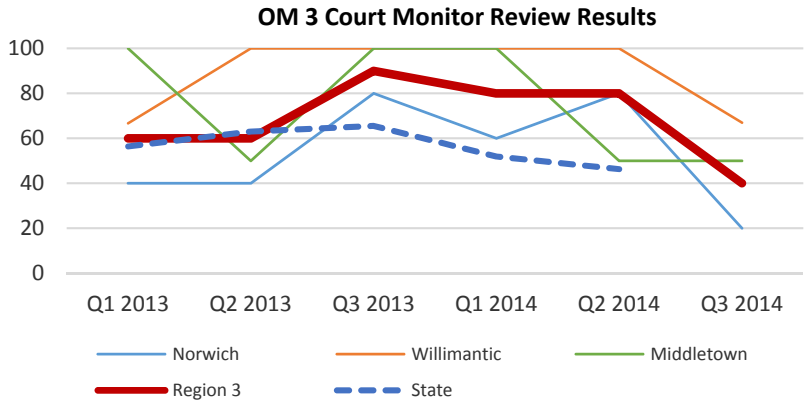
2015 Operational Strategies - Region 3 –PE 1
Turn the Curve Format

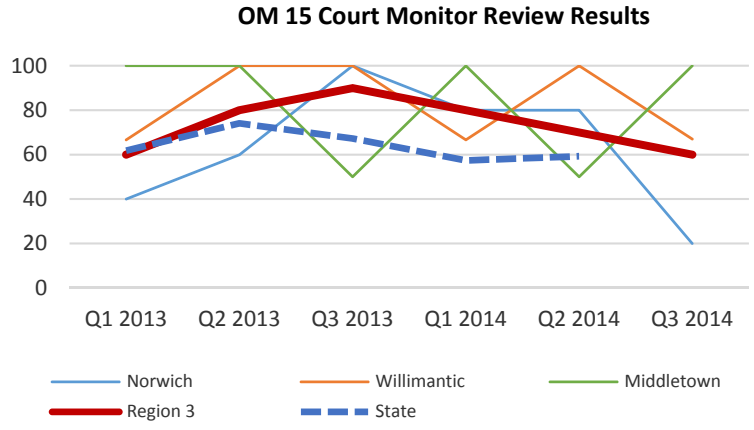
What is our "end"?

Region 3 will contribute towards to PE #1 (Exit from Juan F. Consent Decree) by meeting Exit Plan measures consistently, with emphasis on:

- Case Planning (OM 3)
- Needs Met (OM 15)
- In-Home Visitation (OM 17)

How are we doing? (Show the Data Here)





	Region 3										
Measure	Quarter 3, 2013	Quarter 4, 2013	Quarter 1, 2014	Quarter 2, 2014	Quarter 3, 2014	Quarter 4, 2014	Region 3	State	Mtwn	Nrwch	Willi
Parent Needs	88%	93%	94%	96%	90%	93%					
Physical health care - Child	93%	96%	98%	97%	97%	96%					
SA/Social Support/MH - Child	96%	94%	99%	99%	98%	98%					
Educational/development needs - Child	99%	99%	100%	100%	99%	99%					
Vision needs - Child	96%	99%	99%	99%	99%	99%					
Children Needs	85%	98%	95%	94%	89%	90%					
All elements	78%	72%	88%	83%	80%	86%					

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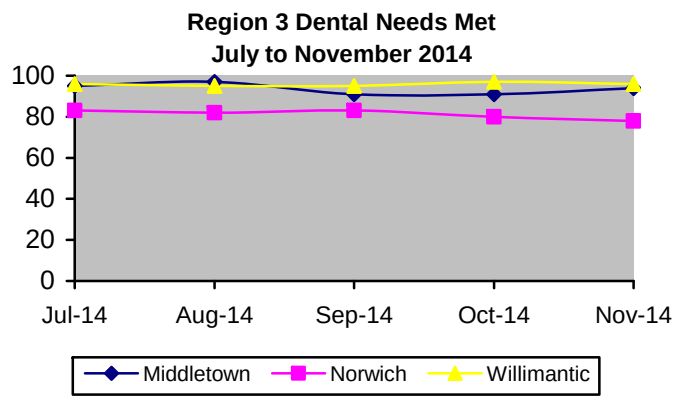

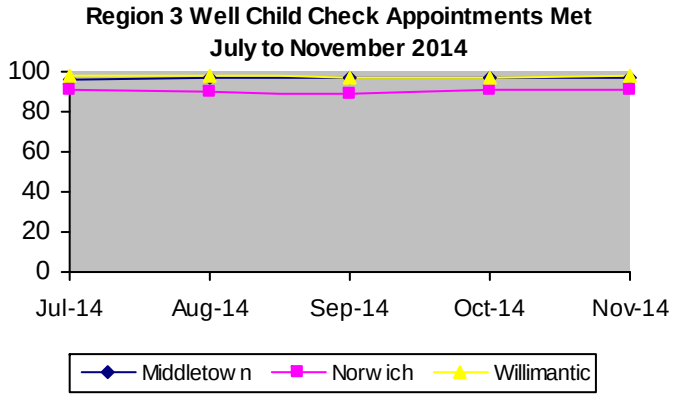

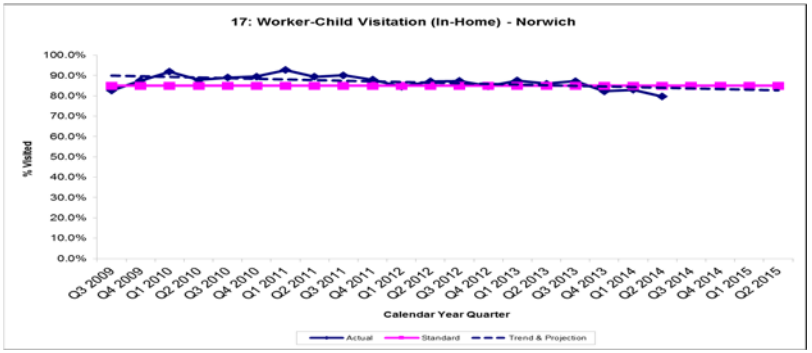

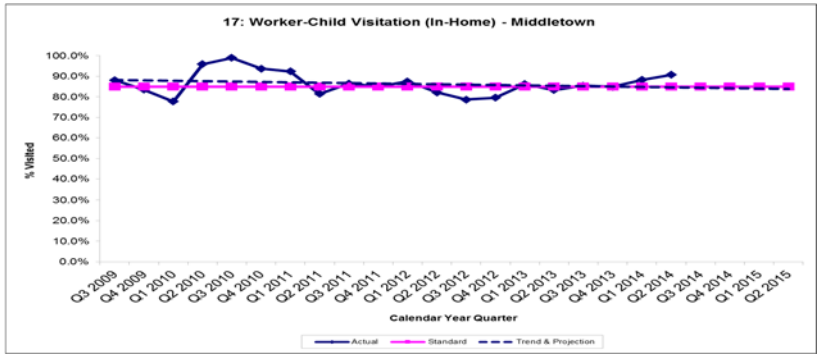

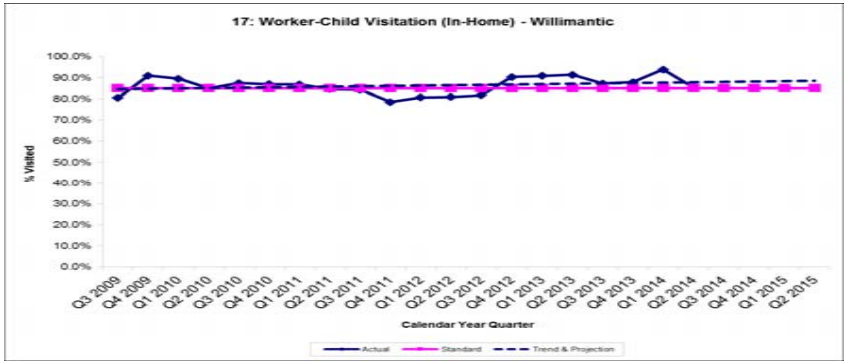

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What is the story behind the curve of the baseline? (Story Behind the Data)
Region 3 has generally met or come very close to meeting 18 of the 22 outcome measures (1,2,5,6,7,8,9,11,12,13,16,17,18,19,20,21,22) In the most recent quarters, the region continues to experience some minimal decrease in performance on a couple of measures (4, 14, 10 & 18). Region 3 performance on OM3 & OM15 has improved over time and has been relatively strong. With that said, we have not achieved consistent high performance across the region on OM3, OM15 and this is also true for OM17 (in home visitation). We believe there is a correlation between consistently meeting OM17 and staffing challenges the region has faced this year. An examination of performance by office reveals a trend of slippage in Norwich on OM 3 and 15 and across a number of staff performance measures (OM 2, 4, 16, & 17). We know from history that the amount and quality of QA monitoring in place is directly correlated with performance on these measures.

Who are partners who have a role to play in the turning the curve? Human Resources, our Staff (SW's, SWS's, PM's. AD's), ACR SWS's and PM, Academy for Workforce Development.

What works to turn the curve?

1. Adequate Staffing
2. Use of the "Exceptional Case Planning" Protocol by one workgroup in the region has resulted in excellent outcomes on the elements report stemming from the ACRi for that workgroup.
3. Use of QA resources for monitoring performance and assisting with identifying and resolving barriers.

What do we propose to do to turn the curve? (Action Steps, including how we will measure how much, how well, and better off?)

Strategy 1: Region wide expansion of "Exceptional Case Planning" protocol*.
Action Steps:
1. Author (a PM) will be charged to prepare presentation of protocol and manual to peers at January all manager meeting
2. All relevant PMs will share plan and implement protocol for their staff during CY1Q 2015
3. Specific QA activities will be implemented in each AO:
   a) QI teams will monitor and report on performance by workgroup.
   b) ACR PM will review the ANI report monthly and provide a written analysis of trends for each PM. ACR PM will partner with Office Directors and Program managers by presenting data and analysis of performance, ensuring that action plans are developed for the staff as needed, and will report on progress during leadership team and QI meetings.
   c) CPS Program Managers will actively monitor performance of staff, reinforce what works and develop action plans with staff as needed.
   d) CPS Action Plans will be documented by the PM and reviewed by the Office Director on a monthly basis.
   e) Copies of action plans will be provided to the ACR PM for tracking purposes. .

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* 1. Social Workers will bring case plans to home visits and family team meetings and note in each section what they have discussed with the family. (FASU SW bring the child case plan to quarterly visits and provide feedback to the CPS SW.) Case plans will also reflect current status based on provider and other collateral contacts. 2. SWS's will review and sign case plans and ensure they are submitted at least 4 days prior to the ACR. 3. Supervisors will review every ACRI following the ACR and will enter a supervisory consultation narrative indicating what follow-up is needed and by when. Areas of strengths will also be acknowledged in writing.
How much will you do? No data indicator.
How will you measure how well you will do it? ACR PM will track if action plans are having a positive effect on performance and summarize the information on a quarterly basis for presentation to regional management team.
How will you know if anyone is better off? Decrease in ANI's and increase in performance on all elements per ACR Reports(case practice report)

Strategy 2: Develop a comprehensive, reliable, quality assurance infrastructure for the region. **Action Steps:**
1. Quality Improvement manager will take lead to coordinate QA staff and all QI activities.
2. Regular QI meetings will be held within each office (Norwich - The Wire - Middletown QIT, Willimantic to develop overarching QIT) and at a regional level (RST) where data will be reviewed, study plans developed and strategies refined based on review findings.
3. Study groups will be held when charged by the OITs to understand the story behind the data and to make recommendations at the QIT. (Plan, Do, Study, Act).
4. By Jan 15, Each OD will identify a managerial lead for each outcome measure who will be responsible to track office performance monthly relative to the region and state as well as to track trends over time. The lead will help to ensure that all staff are informed regarding this information in line with the office communication plan.
5. QA system and lead roles will be reviewed with all managers at Jan 16 meeting.
How much will you do? No data measure. There will be monthly OIT meetings in each office and quarterly RST meetings and study groups will formulated and meet as needed.
How will you measure how well you will do it? No data measure. Leadership team will evaluate progress qualitatively on a regular basis.
How will you know if anyone is better off? We will track headline measures for Case Planning and Needs Met: CM Reviews and CIP Wellbeing Report. And we will account for the total # of EP measures met quarterly and we will also monitor performance using our regional medical and dental logs.

Strategy 3: Shift staffing in order to expand Quality Assurance focus on Outcome Measure attainment, with emphasis on Needs Met
Action Steps:
1. Modify role of dedicated Willimantic QASW to include regional SS liaison duties and release the current SS liaison back to case carrying SW
2. Recruit and select a dedicated SW from the Norwich office to assume QA duties.
3. Incorporate QA duties in the roles of the Middletown and Willimantic teaming social workers (as they transition to a coaching role for family teaming)
4. Implement the robust monitoring and accountability process in the Middletown and Norwich offices (Willimantic QASW interventions).
How much will you do? No data measure.
How will you measure how well you will do it? No data measure. We will monitor and discuss status of changes during leadership team meetings.
How will you know if anyone is better off? We will track headline measures for Case Planning and Needs Met: CM Reviews and CIP Wellbeing Report. And we will account for the total # of EP measures met quarterly and we will also monitor performance using our regional medical and dental logs.