

# 2015 Operational Strategies - Region 3 – PE 5

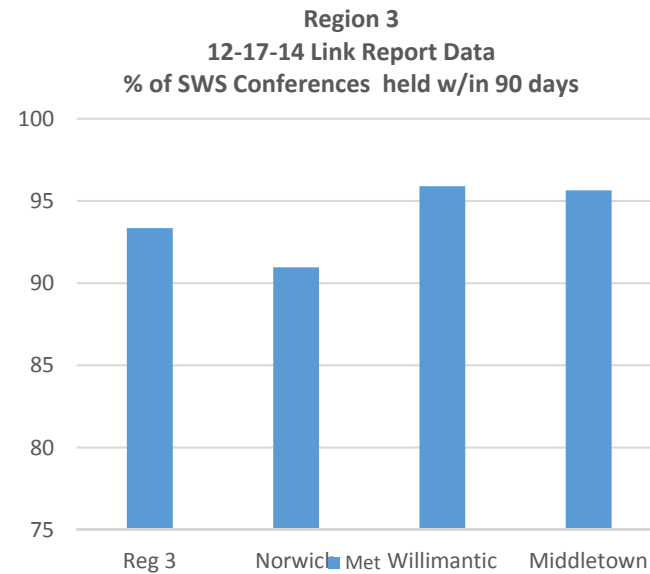
## Turn the Curve Format

### What is our “end”?

Prepare and Support our Workforce to meet the needs of children and families.

### How are we doing? (Show the Data Here)

Norwich			
Scale	2012	2013	2014
Supervision	74.98	74.76	82.23
Contingent Rewards	38.58	42.4	47.51
Operating Conditions	30.41	30.53	29.87
Communication	46.84	50.13	51.73
Middletown			
Scale	2012	2013	2014
Supervision	77.3	79.89	77.1
Contingent Rewards	41.31	46.5	47.56
Operating Conditions	32.32	32.7	36.52
Communication	47.68	53.15	58.25
Willimantic			
Scale	2012	2013	2014
Supervision	75.72	75.59	75.88
Contingent Rewards	41.9	40.64	33.48
Operating Conditions	31.36	31.81	26.43
Communication	47.29	44.57	43.38



### What is the story behind the curve of the baseline? (Story Behind the Data)

2014 staff survey results in Willimantic have not yet been received, yet we know from other offices and history that communication is a significant concern within our region and across the state. Other measures of staff satisfaction reveal the need to focus on supervision and general morale associated with operating conditions and recognition. While supervisory staff have been trained in our new supervision model, the supervisory report reflects there are some cases that have not had documented supervisory conference notes within the past 90 days. This is more prevalent in Norwich. We recognize the need to take more measures to ensure quality follow through on the tenets of the supervision model.

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**Who are partners who have a role to play in the turning the curve?** Region 3 Managers and Supervisors, Academy for Workforce Development, Region 3 Wellness Team, Region 3 AO QITs and Regional Steering Team

**What works to turn the curve?**

- Establish and implement communication plans in each office and regionally regarding practice changes, staffing, fatalities, wellness, learning opportunities.
- Reinforce tenants of back to basics regarding expected quantity and quality of Supervision – stressing safety, risk and visitation.
- Management support of staff wellness activities.

**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:** Focus role of regional managers to improve communication and contribute to the regional and agency structure by communicating agency strategy to staff, facilitating an atmosphere of collaboration, supporting career development, helping employees prioritize workloads, and by working to streamline processes and systems while ensuring they are aligned with agency goals.

**Action Steps:**

1. Establish office and region wide communication plans, which will include:

- a) Managers will provide regular updates at staff meetings regarding staff development and satisfaction actions.
- b) Develop mechanism for feedback loop regarding strategic planning through office QITs working with leadership to implement identified suggested strategies for improving the work environment in each office which will act as an office council connected to the Regional Steering Team.

**How much will you do? No data measure.** We will ensure regional and office communication plans are in place by the end of Q1 2015.

**How will you measure how well you will do it?** Satisfaction rate on Communication domain from annual staff survey.

**How will you know if anyone is better off? 1)** Total staff satisfaction from the annual Staff Satisfaction Survey. 2) Staff retention rate. 3) Exit interviews will be used for all employee transfers out of the office to inform the story behind the transfer rate. Interviews to be conducted by Human Resources.

**Strategy 2:** Renew focus on Supervision.

**Action Steps:**

1. Charge the Supervision workgroup to ensure full implementation of the Yale Supervision Model during Q1 2015.
2. Partner with the Workforce Academy to develop a simple review tool to rate the quality of Supervision across the four domains of the model determined by reviewing session agendas, documentation in LINK and through supervision between the manager and supervisee.
3. Work plans will be established to improve quality of supervision for supervisors that are not rated as having strong quality supervision.
4. Corrective action will be considered for supervisors who fail to maintain basic frequency and quality standards.  
\*Supervisors will utilize critical thinking and assess appropriate frequency of case related supervision on an ongoing basis. The minimum standard of 90 days is not sufficient for all cases. Case related supervision with a trauma and racial justice lens shall always include but not be limited to a

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discussion of purposeful home visitation, case planning, needs met, risk and safety factors (including all child caregivers, fathers and paramours, safe sleep) and legal and relational permanency.

**How much will you do?** No data measure.

**How will you measure how well you will do it?** Percent of cases with Supervisory conferences at least once every 90 days. Monthly snapshots of the LINK report will be recorded by QA staff in order to create a performance trend. Compliance rate for completing supervision quality review tool during first 2 quarters of CY 2015, and beyond for supervisors that do not rate as strong in quality of supervision.

**How will you know if anyone is better off?** Supervisor performance evaluations. Percent of supervisors who receive overall strong ratings for quality supervision using supervision quality review tool.

**Strategy 3:** Create an atmosphere for wellness by communicating clear and consistent expectations for wellness and staff support.

**Action Steps:**

1. Regional Wellness Team to meet quarterly and office Wellness Team to meet monthly and to include Managers, Supervisors, Social Workers, SWCA's and Clerical staff.
2. Office leadership, in conjunction with its wellness teams will be charged with reviewing satisfaction survey results and selecting strategies to address major areas of discontent. Strategies included in the *Survey Results Action Guide* and *What to do with Employee Survey Results* will be among the strategies selected.
3. Each office will conduct a wellness activity on a quarterly basis, and one regional activity will occur each year.

**How much will you do?** No data indicator. As part of strategic planning review, we will ensure that we maintain monthly office wellness team meetings and quarterly regional meetings quarterly wellness activities.

**How will you measure how well you will do it?** No data indicator

**How will you know if anyone is better off?** Staff satisfaction survey results. Performance evaluations.

**Strategy 4:** Implement Exit Surveys regionally for transfers and separations.

**Action Steps:**

1. Implement practice across region to ensure that all staff who transfer or separate from service are offered an exit interview with relevant Director, HR employment specialist or the QI manager. Relevant Director will communicate to QI manager when there is a separation or transfer. The QI Manager will be responsible for offering staff this opportunity.
2. Leadership team will examine options for interview questionnaire including HR questionnaire (if one exists), the current questionnaire used in Willimantic office, and others that may be available (e.g. DAS exit interview).
3. Results of exit interviews will be logged and discussed during leadership team meetings. Particular attention will be paid to areas consistent with staff satisfaction feedback as well as demographic factors that may influence satisfaction.
4. Systemic issues that arise from exit interviews will be communicated to relevant leads within the agency.

**How much will you do?** One exit survey for all transfers and separations, measured by comparing HR report (if one is provided) to exit survey log.

**How will you measure how well you will do it?** No data indicator

**How will you know if anyone is better off?** Turnover rate, qualified by feedback provided on exit surveys.

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