



# Organizational Effectiveness Handbook



**Version 6.0**

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# OE Handbook Preface





## APHSA Overview

The American Public Human Services Association (APHSA) is a bipartisan, nonprofit membership organization representing state and local health and human service agencies through their top-level leadership. Through our member network APHSA seeks to influence modern policies and practices that support the health and well-being of all children and families and that lead to stronger communities.

APHSA connects its members to national policymakers and human-serving organizations across a wide circle of stakeholders in the human services sector, as well as key partners in education, housing, employment, and others. APHSA also helps members build more capacity for their teams through access to our professional education and development conferences, technical expertise, publications, online THRIVE learning management system and through our Organizational Effectiveness practice.

APHSA's Strategic Playbook and Action Plan are instrumental in guiding our work every day. In our actions, we are committed to people and public service, building common ground, and partnering across sectors. We seek a paradigm shift where people with lived experience shape how the system impacts lives and is consistently anchored by equity, diversity, inclusion and belonging. Our desired state for human services is a system in which human services are human centered and community driven, embedded with a workforce culture of safety, well-being and belonging, and are aligned with other systems to foster thriving communities.



## *Purpose of our Organizational Effectiveness Practice*

APHSA's Organizational Effectiveness (OE) Team provides consultation, support, and technical assistance that is designed specifically for each locality with whom we work. We are committed



to improving organizational effectiveness and use tools that are customized to the strengths and challenges of your organization and community. Our premise is straightforward: **effective organizations are foundational to building healthier and stronger communities.** Our approach to technical assistance is solution-focused, human centered, and carefully planned. Anchored by our commitment to continuous learning, we leverage the resources and skills that leaders and their teams bring to solve problems, so that they stay solved.

Together with our members and partners, we are at the forefront of helping states and local communities use and translate our overarching framework, the Human Services Value Curve, into a set of practical and impactful action steps that build momentum along with organization and community ownership for change.

## *Purpose of the Organizational Effectiveness Handbook*

The Organizational Effectiveness Handbook (OE Handbook) is a compilation of tools and materials developed by APHSA's OE team starting in 2004. The OE Handbook has multiple purposes and uses based on the individual needs of our clients. The overarching purpose of the OE Handbook is to support an organization as they make continuous improvement and successful change management a way of doing business.

The OE Handbook can be used in its entirety by facilitators (either internal or external to the organization) guiding an organization through a continuous improvement or change management effort. The Handbook can also be used in smaller pieces, as individual chapters are designed to enable facilitators and/or leadership teams to drive continuous improvement in specific parts of their organization or in areas that are particularly challenging.

Whichever use the client chooses, it is important to understand that aspiring OE facilitators and/or leadership teams cannot simply read the OE Handbook and be prepared to implement

OE. Through years of work with state and local human services agencies, APHSA has found that the best way to learn how to facilitate continuous improvement efforts is through “*Learning by Doing*” in which experienced facilitators help participants draw on their knowledge and background to troubleshoot a real-life situation in a hands-on way. Through this experience, participants become familiar with the models, tools, and methods in the OE Handbook and see how they play out in real life situations. After experiencing the continuous improvement efforts first-hand, the participant- newly proficient OE Facilitator- can return to the Handbook again and again as a now familiar resource when facilitating and/or leading continuous improvement efforts, marking it up, adding to it, commenting upon it, and continuously improving it as they go.

Based on the theoretical and field practice perspectives outlined below, we have developed an Organizational Effectiveness practice of models, tools, and methods to help organizations continuously improve their performance, performance capacity and client outcomes. Key OE models and frameworks include the following:

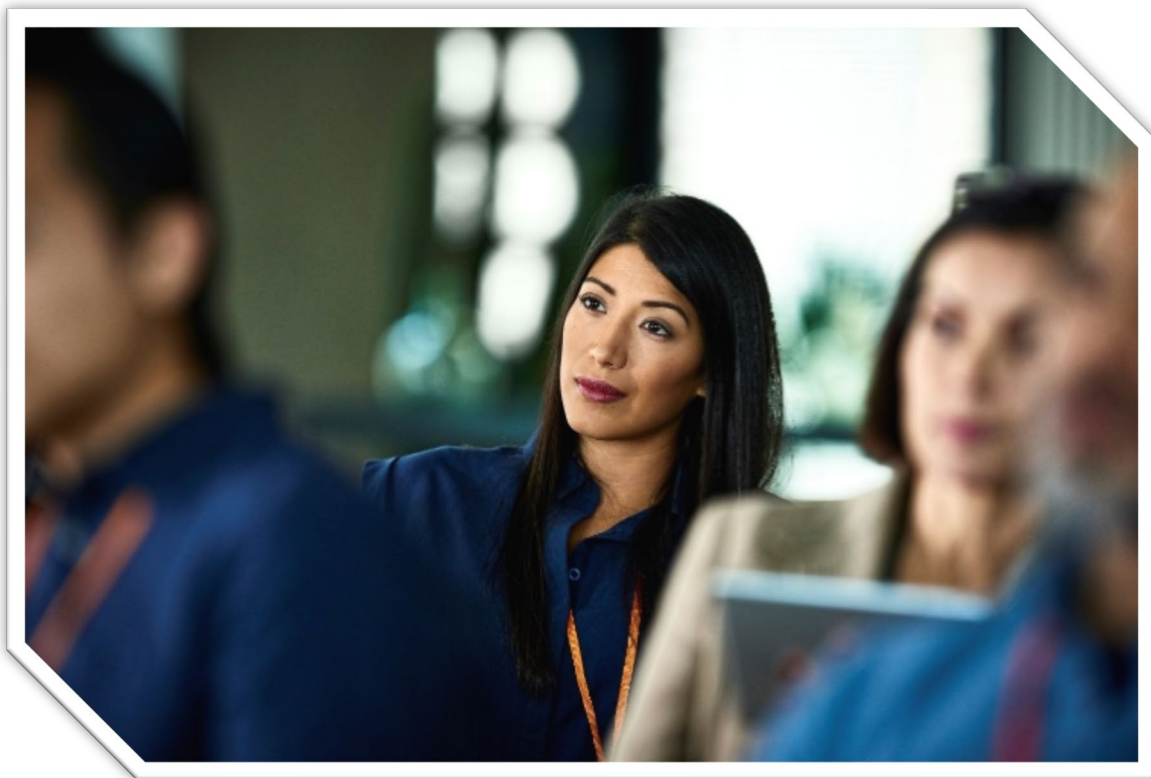
1. **Human Services Value Curve** - A lens, or a way of looking at what we do from the point of view of our consumers. By using it, we are more likely to realize the full potential of both the people we serve and the systems we use to do so.
2. **DAPI<sup>TM</sup>** - Identifies the steps of systematic continuous improvement (Define, Assess, Plan, Implement, Monitor).
3. **Organizational System Model** - Identifies how the major work of/within organizations leads to positive outcomes for the families and children they serve.
4. **Pyramid of Influence** - Identifies how strategic support functions build capacity and credibility through Operations, Key Processes, Structure and Culture, and Strategy.
5. **Learning by Doing** – Coaching through concrete experience and structured reflection.
6. **Organizational Effectiveness Readiness Model** - Identifies indicators of organizational preparedness for OE work.
7. **Maturity Model** – A tool for assessing and understanding the Human Service Value Curve progress within several areas of Health and Human Services organizations. The Maturity Model helps organizations understand their current baseline and track progress while advancing up the Human Services Value Curve and integrating programs with the people we serve at the center of service design.

*Please note, the Learning by Doing model was first developed by David Kolb and the Human Services Value Curve (HSVC) was developed in partnership with Harvard University’s Technology and Entrepreneurship Center’s Leadership for a Networked World’s Antonio M. Oftelie; the other models/frameworks were developed by APHSA’s Organizational Effectiveness team.*

We have found that the key to success in applying these models and related tools and methods is an adherence to the *principles* in the table above while remaining free to customize or modify

frameworks, models, tools, and methods in this Handbook, experiment with new models, tools, and methods not currently in this Handbook, and develop whole new models, tools, and methods to meet client needs.

This is precisely how this Handbook was developed, and how it is continuously improved upon at APHSA – with input from you, the OE Facilitator. While the specific application of these models and the tools that translate them into practice are explained later in this Handbook, we want to emphasize the importance of this central point – **While the principles of OE are universal, the application of OE differs from client to client, and should continuously evolve based on lessons learned from experiences working with community members.**



## *Overview of the Organizational Effectiveness Handbook*

The OE Handbook is divided into four major chapters:

**Chapter One:** Systemic Continuous Improvement Work

**Chapter Two:** Systematic Continuous Improvement Work

**Chapter Three:** Facilitating Continuous Improvement

**Chapter Four:** Through the Lens of the Human Services Value Curve

**Chapter One: Systemic Continuous Improvement Work** introduces facilitators and leadership teams to models, tools, templates, and methods to assess strategic readiness for change through reflective thinking and defining the aim and game plan of the organization through strategic planning. It provides more detailed guidance on how to define particularly challenging aspects of strategy – vision/mission/values, organizational roles, and use of strategic support functions. Resulting work products include a high-level organizational assessment and a strategic playbook. The assessment identifies the organization’s strengths, gaps, and priorities for systematic continuous improvement at a high level. The strategic playbook outlines what the organization is, what it intends to do and why, how it will do it, and what it needs to succeed.

**Chapter Two: Systematic Continuous Improvement Work** introduces facilitators and leadership teams to the DAPIM™ Model and Learning by Doing approaches to systematic continuous improvement. Teams engaged in a facilitated Learning by Doing project or institute become familiar with models, tools, templates, and methods to continuously improve in priority areas, e.g., those identified using Chapter One. Work products include the development and implementation of rapid and long-term continuous improvement plans as well as related communication and capacity plans. Participants also learn and practice monitoring techniques to assess their progress and adjust their continuous improvement work as needed.

**Chapter Three: Facilitating Continuous Improvement** introduces facilitators to the art and science of continuous improvement facilitation. This chapter can benefit organizations seeking to develop in-house facilitation teams, training organizations aiming to become more consultative and facilitative in their practice, and organization leaders seeking to strengthen their own facilitation skills. Participants are introduced to markers of effective facilitation, the flow of continuous improvement projects using the DAPIM™ Model, typical challenges OE facilitators face and ways to overcome them, and tools and techniques to help facilitators be successful.

**Chapter Four: Through the Lens of the Human Services Value Curve** introduces facilitators to the lens of the Human Services Value Curve as a way of looking at what we do from the point of view of community members in order to realize the potential of the people we serve and the systems we use to do so. It is a lens or a way of looking at our efforts so that we reinforce our strengths and attend to things that we could not see before we looked through this lens. Think of the model as a “graduated lens” that describes how human services are provided to consumers at four progressive levels of value, each building off the previous levels. Participants will learn facilitation techniques and receive resources to add to their toolkit using this model.

The materials in this Handbook aim to help facilitators and leadership teams guide an organization through a continuous improvement or change management process. In keeping with APHSA’s Organizational Effectiveness (OE) Practice core belief that adults learn best by doing, the OE Handbook is meant to serve as a resource for reinforcement and sustainability after individuals and teams have experienced a Learning by Doing continuous improvement firsthand hand.

## *Introduction to Organizational Effectiveness*

Many people and organizations across the country are coming to the collective realization that for organizational & community transformation to occur, it should be done together, in collaboration with one another. In order to realize impact, we need to work together to identify and act on shared goals that move us toward the collective mission of good health and well-being for everyone in our community.

To learn how to get beyond the symptoms we see in our communities –to understand what is underneath, causing the problems we see – we need to learn methods for getting to the root causes. We ask ourselves “What is in the way of preventing problem recognition or of dealing with problems before they get worse? How can we effectively eliminate problems so that they do not resurface? What enables us to dig down and act on the root causes when they are identified? Who needs to be involved in this process? How do we ensure that we include the voice of those with lived experience? And what does it take for us to really work well together?” We are excited to share a whole set of tools that help organizations and communities strengthen their abilities to work in this way.

Together, across projects and over time, we build community ownership and momentum for change. With the goal of providing consultation and support that is just the right size to every locality, we use tools that are customized to the needs and strengths of a community.





Organizational Effectiveness practice (OE) is a **systemic** and **systematic** approach to continuously improving an organization's performance, performance capacity, and client outcomes. "Systemic" refers to considering an entire system or, in the case of OE, an entire organization. "Systematic" refers to taking a step-by-step approach. In simple terms, therefore, OE is a step-by-step approach to continuously improving an entire organization.

Organizations operate as systems that are made up of the following interconnected moving parts: the aim of the organization (**strategy**) shared and seen as important by staff within the organization and stakeholders external to the organization; resources put into the organization to achieve the strategy (**inputs**); ability the organization has to advance toward outcomes using available resources (**performance capacity**); activities of the organization towards outcomes (**performance actions**); results of system performance (**outputs**); changes in lives as a result of system performance (**outcomes**); and feedback from clients, staff, partners, stakeholders, those with lived experience and the community about how well the organization is achieving its desired outputs and outcomes (**feedback from the environment**). Feedback drives continuous improvement of strategy, which in turn drives continuous improvement of inputs, performance capacity, and performance actions, which in turn drives continuous improvement of outputs and outcomes.

APHSA has developed a systematic approach referred to as the **DAPIM™ Model** to continuous improvement which enables real life work teams to drive continuous improvement. The

approach involves **defining** priority improvements in operational terms; **assessing** observable, measurable strengths and gaps and identifying root causes and general remedies for priority gaps; **planning** quick wins, mid-term, and longer-term improvements; **implementing** action plans while managing communication and capacity; and **monitoring** progress, impact, and lessons learned impact for accountability and on-going adjustments.

The seven interconnected parts of the organizational system and five steps of the DAPIM™ continuous improvement model contain within them many discrete tasks and individual and group areas of work. All organizations have strengths and gaps across this array of systematic and systemic work. This Handbook is designed to help organizations leverage their strengths, close their gaps, and continuously improve across all areas of work.

## *Guiding Principles of the OE Practice Model*

In implementing our strategy and continuously improving our products and services, the APHSA Organizational Effectiveness Team draws on our experiences working with the agencies acknowledged below and on our review of several theoretical perspectives to identify the basic principles conducive to guiding OE initiatives.

### Open Systems

Social systems, including agencies, are comprised of inputs, performance capacity (leverage of inputs), performance actions and outputs, client impacts, and relationships within their environment, all of which are dynamic and inter-related.

### Functional Capacity

Building and sustaining organizational capacity requires a rational organizational structure with well-aligned departments, roles, functions and hierarchical levels.

### Effectiveness

Results are best achieved through identifying and improving upon the processes and activities that lead to them vs. focusing primarily on the results themselves.

### Experiential Learning: Learning by Doing

Learning is best accomplished by reflecting on one's own concrete experiences, forming new ideas about them, making specific changes to one's actions and behaviors, considering the impact of those changes, and making related adjustments. This process, when working effectively, constitutes an ongoing cycle.

### Readiness



Readiness to learn, change and perform progresses through stages, with each stage enabling faster and more comprehensive change, requiring less support.

### Empowerment

Energy and buy-in for change that is aligned to system goals is best accomplished through increasing participation in decisions, sharing information, and enabling discretion within clear and healthy boundaries.

### Relationship-Task Balance

Proficiency in fostering relationships and accomplishing tasks are not either-or or zero-sum propositions. Each benefit from advances in the other or suffers from the lack of those advances.

### Facilitation

Effective consulting and facilitation are based on techniques that rely on participant safety, energy, induction, and context focus, leading over time to participant accountability, deduction and more systemic generalizations and connections.

### Impact Evaluation

Professional development interventions should not be evaluated with a presumed cause and effect that links participant satisfaction, retention of concepts and knowledge, performance, and impact on the overall agency and its clients. These interventions should be directly connected to their impact on performance in alignment with agency or system goals.



## Organizational Effectiveness Theories and Contributors

APHSa members bring to the team a range of intellectual influences. We examine these influences as a team to identify the value they provide to the agencies we serve and develop models, tools, and methods to put that value into practice. We then refine these models, tools, and methods in partnership with our clients. At times, this process leads us to contribute something new to the theory and practice of OE.

The following are the primary academic and applied sources that have influenced the development of the models, tools, and methods in this handbook. These theories provide the essential conceptual frameworks and support APHSa's current technical assistance efforts to help human services agencies improve their OE capacity.

Theory and APHSa Contribution	Academic Sources	Applied Sources
<b>Relationship-Task Balance</b>		
Proficiency in fostering relationships and accomplishing tasks are not either-or or zero-sum propositions. Each benefit from advances in the other or suffers from the lack of those advances.	<ul style="list-style-type: none"> <li>• Daniel Goleman</li> <li>• Megan Tschannen-Moran, Trust Matters</li> <li>• Lee Bolman and Terrance Deal, Reframing Organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Ken Blanchard</li> <li>• Noel Tichy</li> <li>• Joseph Grenny, Crucial Conversations</li> </ul>
<b>Open Systems</b>		
<p>Social systems, including agencies, are comprised of inputs, performance capacity (leverage of inputs), performance outputs, client impacts, and relationships within their environment (e.g., stakeholders), all of which are dynamic and interrelated.</p> <p>APHSa is defining and testing core “drivers” of performance capacity as well as “levers” that cut across all drivers, including Time Management, Partnership and Collaboration, and Communication.</p>	<ul style="list-style-type: none"> <li>• Wayne Hoy and Cecil Miskel, Educational Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Peter Senge (Open Systems)</li> <li>• Literature on Systems of Care and Services Integration (parallel processes)</li> </ul>

Functional Capacity		
<p>Building and sustaining organizational capacity requires a rational organizational structure with well-aligned departments, roles, functions and hierarchical levels.</p> <p>APHSA is defining and testing a model through which organizational activity and the capacity and credibility of its strategic support functions can best be understood and improved.</p> <p>APHSA is defining and testing a range of effectiveness indicators for building an organization’s workforce, data and analysis, finance, quality, and service capacities.</p>	<ul style="list-style-type: none"> <li>• Henry Mintzberg</li> <li>• Abraham Maslow</li> </ul>	<ul style="list-style-type: none"> <li>• David Ulrich</li> <li>• Maturity Model</li> <li>• Opportunity Ecosystem Investment Tool</li> </ul>
Experiential Learning: Learning by Doing		
<p>Learning is accomplished best by reflecting on one’s own concrete experiences, forming new ideas about them, making specific changes to one’s actions and behaviors, considering the impact of those changes, and making related adjustments. This process constitutes an ongoing cycle when it works effectively.</p> <p>APHSA is defining and testing methods for removing barriers to and enabling experiential learning for teams of adult professionals, including working inductively and “inside-out.”</p> <p>APHSA is defining and testing how experiential learning can be combined with classroom-based training for maximum impact on performance.</p>	<ul style="list-style-type: none"> <li>• John Dewey</li> <li>• Chris Argyris (double-loop learning)</li> <li>• David Kolb and Roger Fry (single-loop learning)</li> <li>• Malcolm Knowles</li> <li>• Cognitive Learning and Development Theories (e.g., Jean Piaget)</li> </ul>	<p>“Knowing-Doing Gap”, “Learning by Doing,” and “Execution” (Harvard Business Review) Kaplan and Norton W.E. Deming Six Sigma Literature on Therapeutic Practice (a parallel process)</p>

Readiness		
<p>Readiness to learn, change and perform differently progresses through stages of awareness, application, success, and internalization.</p> <p>APHSA is defining and testing a model for determining a client's readiness and the appropriate type of engagement for them to progress through readiness stages.</p> <p>APHSA is also defining and testing factors for readiness to apply and become self-sufficient with ongoing experiential learning.</p>	<ul style="list-style-type: none"> <li>Anita Barbee</li> </ul>	<ul style="list-style-type: none"> <li>See Why CEOs Fail, Fortune, June 1999</li> <li>See Good to Great</li> <li>Peter Senge (Learning Organizations)</li> <li>Human Services Value Curve</li> <li>Maturity Model</li> <li>Opportunity Ecosystem Investment Tool</li> </ul>
Empowerment		
<p>Energy and buy-in for change aligned to system goals are achieved best through enabling discretion within clear and healthy boundaries.</p> <p>APHSA is defining and testing specific techniques for clients to use in creating a culture of empowerment.</p>	<ul style="list-style-type: none"> <li>Rensis Likert</li> <li>National Implementation Research Network (NIRN)</li> </ul>	<ul style="list-style-type: none"> <li>Peter Drucker</li> <li>Literature on Therapeutic and Family Engagement Practices (parallel processes)</li> </ul>
Impact Evaluation		
<p>Professional development interventions should not be evaluated as products with presumed cause and effect links between participant satisfaction, participant retention of concepts and knowledge, later participant performance, and impact on the overall organization and customers.</p>	<ul style="list-style-type: none"> <li>Michael Fullan, Leading in a Culture of Change</li> <li>Donald Kirkpatrick (see for a formative but contrary viewpoint)</li> </ul>	<ul style="list-style-type: none"> <li>The Making of an Expert, HBR, July-August '07</li> </ul>

APHSA will be defining and testing an alternative to the Kirkpatrick model for evaluating staff development and training efforts, based on the precept that the impact of professional development services must be focused on participant performance itself.		
Facilitation		
Effective consulting and facilitation rely on participant safety, energy, induction, and context focus, leading to participant accountability, deduction and more systemic generalizations and connections over time.  APHSA is defining and testing specific, replicable techniques for facilitation along these lines.	<ul style="list-style-type: none"><li>• Expectancy Theory</li><li>• Mihaly Csikszentmihalyi’s Theory of Flow</li><li>• Amy Edmondson’s Safety and Accountability Model</li></ul>	<ul style="list-style-type: none"><li>• Tim Gallwey</li></ul>





## *Acknowledgment of OE Collaborators*

APHSA is continuously improving its Organizational Effectiveness (OE) products, tools and services based on real life experiences of the states, counties, and organizations that have engaged in continuous improvement efforts with our OE staff. We would like to acknowledge the following states, counties, and organizations for the contributions they have made:

Arizona Department of Economic Security	Minnesota Department of Human Services
Arizona Health and Human Services Agency	Mississippi Department of Human Services
Arkansas Department of Human Services Division of Child and Family Services	National Campaign to Prevent Teen and Unplanned Pregnancy
California Health and Human Services Agency	Nebraska Department of Health and Human Services
Casey Family Programs	New Mexico Children, Youth, and Families Department
Center for Workers with Disabilities	New York State Department of Family Assistance
City of Richmond Department of Social Services (VA)	North Carolina Department of Health and Human Services
Colorado Department of Human Services	North Carolina Children and Family Services Association
Connecticut Department of Child and Family Services	Ohio Department of Job and Family Services
Delaware Department of Health and Social Services	Optum
District of Columbia Child and Family Services Agency	Pennsylvania Department of Human Services and the University of Pittsburgh School of Social Work
District of Columbia Department of Human Services	Public Consulting Group
District of Columbia Department of Disability Services	SNL Financial
Florida Department of Children and Families	Tennessee Department of Children's Services
Hawaii Department of Human Services, Child Welfare Services	Tennessee Department of Human Services
Idaho Department of Health and Welfare	Texas Department of Family and Protective Services
Kansas Department of Social and Rehabilitative Services	Virginia Department of Social Services
Kresge Foundation	United States Marine Corps, Family Services Unit
Louisiana Department of Social Services	Washington Department of Social and Health Services
Lutheran Immigration and Refugee Services	West Virginia Bureau of Families and Children
Maryland Department of Human Services	Wisconsin Department of Children and Families and the University of Wisconsin at Madison
Maryland Association of County Human Services Administrators	
Maryland Department of Human Resources	
Michigan Department of Human Services	

## ***Meet the APHSA OE Team***

Through APHSA's Organizational Effectiveness (OE) team's OE consulting practice, we partner with our members at all levels —systems, organizations, teams, and individuals — to close the gap between the results and vision they desire and where they are today. Since 2005, our OE team has delivered over 145 projects within 40+ states, using tools and processes from the field of Organizational Effectiveness that we have customized for human serving agencies and community partners. Our Organizational Effectiveness team is comprised of staff with over 225 years of combined experience in human services direct practice who also bring the lens of lived experience to the work that they support.

### **Jennifer Kerr**

#### ***Director of Organizational Effectiveness***



Jen Kerr is the Director of Organizational Effectiveness (OE) for the American Public Human Services Association (APHSA). Jen brings over 18 years of Organizational Effectiveness Consulting, Curriculum Development and Training System Design, and Continuous Quality Improvement experience in supporting health and human service agencies across the country. As part of APHSA's OE team, Jen has assisted with the facilitation of over 120 improvement projects in 30 states including many localities. Jen also co-leads APHSA's workforce well-being and health strategy through its development as a component of OE technical assistance. Prior to coming to APHSA, Jen began her career at the Philadelphia Department of Human Services and spent 12+ years with the University of Pittsburgh,

School of Social Work's Pennsylvania Child Welfare Resource Center. Since joining APHSA, Jen has been the liaison to the National Staff Development and Training Association, an affinity group of APHSA. When not working, Jen spends most of her time at her daughters' basketball, soccer and lacrosse games and supporting her local community through numerous volunteer efforts.

### **Alexander Figueroa**

#### ***Assistant Director, Learning and Development***



Alexander Figueroa is an Assistant Director of Learning and Development for the American Public Human Services Association (APHSA). Alex brings over fourteen years of experience in training and facilitation in child support, supervision, leadership, and human services professional development to the APHSA OE team. Alex's experience includes delivering comprehensive training, peer networking and specialized workshops at the state, regional, and national levels. Prior to joining APHSA, Alex was the Manager of Human Services Initiatives at the Institute for Families (IFF), Rutgers School of Social Work. In that capacity, he oversaw the training program at the New Jersey Child Support Institute (NJCSI), as well as a leadership

academy for managers and supervisors in health and human services funded by the New Jersey Department of Human Services. Alexander is a graduate of Rutgers, The State University of New Jersey, with a Bachelor of Science in Criminal Justice, a Bachelor of Arts in Puerto Rican Hispanic Caribbean Studies, and a Master of Social



Work degree. In addition to his work with APHSA, Alex serves as the liaison to the National Staff Development and Training Association (NSDTA), an affinity group of APHSA.

## Kimberly James

### ***Assistant Director, Technical Assistance***



Kimberly James is an Assistant Director of Technical Assistance with the American Public Human Services Association (APHSA). Kimberly has 25 years of experience within the health and human services field with a concentration in child welfare. Kimberly has served in leadership roles in both the public and private provider sectors, serving as the Director of a foster care and adoption agency as well as the Director of a children and youth agency. Kimberly has years of positive experience facilitating change management and other organizational development activities for health and human services agencies utilizing APHSA's DAPIM™ model. Kimberly has also participated at every level in the federal Child and Family Services Review and other

formalized Quality Assurance (QA) processes. Kimberly has both Bachelor and Master of Social Work (BSW) degrees and is a licensed social worker (LSW) in the state of Pennsylvania.

## Tina Wright-Ervin

### ***Senior Organizational Effectiveness Consultant***



Tina Wright-Ervin has over 20 years of organizational development, management, supervision, and training experience in retail, corporate, and human services settings. Prior to joining APHSA, Tina worked for San Bernardino County serving in various capacities in Human Services, starting as a Social Service Practitioner for Children and Family Services and most recently serving as the Training & Development Manager for the County's Performance, Education and Resource Center providing OE and Leadership Training Development (LTD) for the largest geographic county in the nation. Tina is a dedicated champion for Equity, Diversity and Inclusion (EDI) and applies an EDI lens in her work with organizations to ensure that they are effective in

their efforts. Tina is also a proud former Disney "cast member" where she began her OE and LTD journey.

## Trinka Landry-Bourne

### ***Organizational Effectiveness Consultant, Leadership Development***



Trinka has three decades of experience in health and human services, including project management, budgetary monitoring, organizational development, training, facilitation, and leadership. Prior to coming to APHSA, Trinka oversaw the development of training and leadership projects for the largest geographical County in the United States. As an instructor/professor and certified in Gallup Strengths, Emotional Intelligence and Crucial Conversations, Trinka has taught numerous Human Services, Diversity and Inclusion, and Cultural Leadership classes. Trinka served on the NSDTA Executive Advisory Council as Chair and President of the San Bernardino County Association of African American Employees with regular

opportunities to present locally/nationally. Trinka is earning a Doctorate in Public Administration from CBU with zealous passion in organizational development, promoting excellence throughout the nation.

## **Adrian Geraldo Saldaña**

### ***Organizational Effectiveness Consultant***



Adrian has over 20 years of experience in human services, seeking to help individuals, families and communities thrive. His roles have encompassed frontline service delivery, learning and development, training evaluation, and change management. Prior to coming to APHSA, Adrian worked at New York City's Administration for Children's Services (ACS), supporting continuous quality improvement initiatives at the ACS Workforce Institute and strategic implementations in the Division of Family Permanency Services. He has also supported transformational reform efforts at the Harm Reduction Coalition, Safe Horizon and Henry Street Settlement. Adrian received his Master of Public Administration from the New York University Robert F. Wagner

Graduate School of Public Service.

## **Allegra Henry**

### ***Organizational Effectiveness Consultant***



Allegra Henry has over 10 years of experience working in various roles throughout child welfare and human services. Prior to coming to APHSA, Allegra transformed an intake training program into an agency-wide coaching, professional development, and training program in the most populated county in Colorado. Through this cross-functional program she provided one-to-one coaching for leadership and staff, team building, resilience work, courageous conversations, and created strategies to retain staff through increased job satisfaction in human services. She was an active member of the Quality Assurance team, where she brought continuous improvement to policies

and practices. Through the Colorado Child Welfare Training System, she completed the Co-Active Coaches Program, the Dare to Lead Leadership Program, and collaborated with coaches across the state through The Kempe Center. In addition, she held roles working in residential treatment, human trafficking, child protective services casework, and child advocacy. She started her journey receiving her Bachelor's in Social Work from Evangel University with honors.

## **Brandy Whisman**

### ***Organizational Effectiveness Consultant***



Brandy brings over ten years of project management, facilitation, training, and human services experience to the OE team. Prior to joining APHSA, Brandy worked at the Council of State Governments as a Policy Analyst managing the Medicaid Policy Academy, serving as a staff liaison for the Healthy States National Task Force and Future of Work National Task Force, and first chairing the Shared State Legislation Committee. Brandy earned a J.D. from the University of the District of Columbia, David A. Clarke School of Law and a B.A. from Berea College. She is also a Project Management Professional (PMP®) certified through the Project Management Institute.

## Francesca Sena

### *Instructional Designer*



As an instructional designer, Francesca is responsible for creating training curricula and eLearning projects for in class, online, and blended learning solutions. Francesca's experience includes conducting Performance Gap Analysis and Training Needs Assessments in collaboration with Subject Matter Experts and project stakeholders to achieve positive project outcomes through the creation of effective learning material. Francesca is a graduate of Towson University with a Bachelor of Science in Communication Studies and Mass Communications, with a focus in Public Relations, as well as a University of Maryland Baltimore County graduate with a Master of Arts in Learning and Performance Technology.

## Lofaine Bradford

### *Learning Coordinator*



Lofaine is the Learning Coordinator at the American Public Human Services Association (APHSA). In her role, Lofaine supports the Director of Organizational Effectiveness along with other team members through the training and technical assistance development life cycle. Lofaine initially came to APHSA as a Knowledge Mobilization Coordinator serving as the primary support to the APHSA team in the collection, dissemination, and mobilization of knowledge across APHSA's platforms. Prior to joining APHSA, Lofaine served as a Research Associate at the Advisory Board (Optum) where she conducted secondary research to create strategic briefs for health care

executives. Lofaine is currently pursuing a Master of Public Health in Population and Health Sciences from the University of Michigan. Lofaine is a graduate of American University where she holds a BA in Psychology.

## Julia Mueller

### *Community Engagement Specialist*



Julia Mueller is the Community Engagement Specialist at APHSA. In this role, Julia is a part of the Organizational Effectiveness Team where she provides a lived experience lens to various projects within APHSA. Julia has lived experience in the child welfare system since birth. Through this experience, she has utilized her voice to advocate for youth in the child welfare system since 2020. Prior to joining APHSA, Julia has experience working in a leadership position on the Pennsylvania Youth Advisory Board, Young Adult Consultant for the Capacity Building Center for States, & as a Standardized Client for the University of Pittsburgh, School of Social Work.

Through these leadership roles, she has developed and fine-tuned her public speaking, tailored services administration, meeting facilitation, strategic sharing, advocacy, sustainability, capacity building, and child welfare knowledge skills. Julia graduated from West Chester University in May of 2023, as an honors student majoring in media and culture with a minor in law. She is committed to bettering the human services system and the collective at large to build a sustainable future for generations to come.

## Contact Us

For additional information on APHSA and/or the implementation of Organizational Effectiveness Handbook practices visit the APHSA website at [www.aphsa.org](http://www.aphsa.org) or email Jen Kerr at [jkerr@aphsa.org](mailto:jkerr@aphsa.org).

# Chapter One: Systemic Continuous Improvement Work



## Overview of Chapter One

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Chapter One is designed to help facilitators and leadership teams view their organizations as systems of interconnected moving parts, to assess their general strengths and gaps across the system, and to define the aim and plan to maximize the organization's performance and performance capacity. Specifically, the chapter introduces models, tools, templates, and methods to assess an organization's strategic readiness for change through reflective thinking and defining the aim and plan of the organization through defining strategy. Resulting work products may include a high-level organizational assessment, a strategic playbook, and a roadmap for change.

**Section I: The Organizational System Model** is defined. An assessment is introduced to identify the organization's strengths, gaps, and priorities for systematic continuous improvement at a high level.

**Section II: The Strategic Playbook** is defined. The strategic playbook outlines what the organization is, what the organization intends to do and why, how it will do it, and what it needs to succeed.

**Section III. Developing a strategy** includes defining the mission, vision, and values of an organization. Defining roles and strategic support functions help individuals understand their place within the desired future state. The roadmap for change identifies how an organization or community of stakeholders plan to get to a desired future state.

Once an organization or set of partnering organizations has completed the work outlined in this chapter, it is positioned well to drive systematic continuous improvement in high priority areas using the guidance from Chapters Two, Three, Four and Five.

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## Chapter One Templates and Guides

Organizational System Model	p.9
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## *Section I: The Organizational System*

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As introduced in the preface, organizations operate as systems with the following interconnected moving parts:

- **Strategy:** The aim of the organization which is shared and seen as important by staff within the organization and stakeholders external to the organization.
- **Inputs:** Resources put into the organization to achieve the strategy.
- **Performance capacity:** The organization's ability to advance toward outcomes using available resources.
- **Performance actions:** Activities of the organization towards outcomes.
- **Outputs:** Results of system performance.
- **Outcomes:** Changes in lives as a result of system performance.

**Feedback from the environment:** Feedback from clients, staff, partners, stakeholders, those with lived experience, and the community about how well the organization is achieving its desired outputs and outcomes. Feedback drives continuous improvement of strategy, which in turn drives continuous improvement of inputs, performance capacity, and performance actions, which in turn drives continuous improvement of outputs and outcomes.

## *Defining the Organizational System Components*

### **Strategy**

A strategic plan lays out in a clear, orderly flow the answers to a range of questions about how an organization will achieve outcomes. It tells this story in a way that is comprehensive and concrete, yet collaborative and flexible. The strategy should be portable, adaptable, and user-friendly so it is accessed and refined continuously as agencies learn and plan more strategically over time.

The strategy helps to communicate with staff, stakeholders, partners, clients, and communities about who you are, what you intend to do and why, how you will do it, and what you need to succeed. This may result in stronger partnerships, more secure funding and other forms of support, better orienting of new staff, better planning of new initiatives, clarifying roles and expectations throughout the organization, and promoting an overall positive image of the organization and its work.

In its simplest form, a strategy is a statement of why the organization exists and what it wants to accomplish. Effective organizations use their strategies to guide all key organizational decisions and explain them to internal staff, community members and other stakeholders. An organization without a strategy is like a ship without a rudder, drifting in a haphazard direction, and unlikely to reach any kind of desired destination.

Because it is so critical to an organization's ultimate success, communicating, and periodically updating your strategy based on system performance on desired outcomes, are some of the most important tasks an organization completes.

Strategy work includes developing a specific vision, mission, set of values, and practice model to guide the way work is accomplished. Desired outcomes for the clients being served should be the driver of strategy and achievement of those outcomes through strategy should significantly influence the resources acquired, the development of performance capacity, and what performance actions the organization performs.



No major communication plans, action plans, or new initiatives should occur without leadership first ensuring that the work is in alignment with the organization's strategy.

Finally, the strategy should itself be influenced by feedback from the environment in which it operates and those with lived experience, particularly as it sheds light on system performance.

## Inputs

Inputs are resources put into the organization to support its strategy. Inputs or resources should be put into place based on thoughtful consideration of the best way to achieve desired outcomes for the organization and those it serves. Resources should change as strategy and the environment in which the organization works change. When completing this assessment, think about all inputs the organization has available and uses as resources. Below are descriptions of some key inputs within an organization:

### People

- The demographic information to be used is often straightforward and may be captured in advance to begin the assessment in good form. Degrees, gender, ethnicity, and age-related data can often be obtained from the Human Resource office.
- Including broader definitions of people Include contractors, vendors, boards, interns, volunteers, multi-disciplinary teams, foster parents, kinship families, families and youth, and community partners.
- Staff within all job functions should be included as a source of data/assessment.



**Materials and Equipment:**

- Include physical space, phones, cell phones, remote work platforms, computers, paper, transportation, etc.
- Material needs may also include those of client families and broader communities.

**Policy:**

- Non-negotiable policies that influence inputs and how they are used.

**Technology:**

- Assess the organization's current use of available technology and access to technology, including technical service/help desk and ability to collect good data.

**Finances:**

- Refer to existing and planned budgets and business cases or proposals.

**Performance Capacity**

Performance Capacity is an organization's capacity to convert inputs (e.g., people, equipment, finances) into performance, resulting in desired performance actions, outputs, and outcomes. The following are some of the elements that make up an organization's performance capacity:

**Trust:**

- Staff perceptions, climate studies, and staff satisfaction surveys can assist in defining and assessing trust.
- Strategic partnerships, cliques, or subcultures that support or inhibit work being accomplished in alignment with the mission.

**Workforce Capacity:**

- The current workforce's combined knowledge, skills, and abilities in relation to achieving desired outcomes.
- The capacity of contracted vendors or other providers combined with the organization's workforce that provides services towards achieving the organization's mission.
- The flexibility of the organization's staff.
- The levels of organizational hierarchy. Are there too many? Too few? Why?

**Budget/Fiscal Capacity:**

- Processes in place to assess the organization's financial capacity to achieve desired outcomes.
- Processes in place to adjust budgets and the allocation of resources towards better achieving these outcomes.

**Functional Capacity:**

- Use of strategic support functions to improve overall organization performance. Strategic support functions include but are not limited to training, fiscal, human resources, clerical, information technology, office management/clerical, quality assurance, and policy development.

**Service Design:**

- The programs, processes, and tools in place to serve clients in relation to achieving desired outcomes.

**Performance Actions**

Performance Actions are the activities of the organization expected to lead to performance outputs and desired outcomes. Performance Actions should be strategically aligned with desired outcomes and within any non-negotiable elements of the organization's expected scope of work. Performance actions include all levels of the organization as they apply to achieving outcomes including service delivery, product development, internal and external meetings, documentation of work efforts, and actions to implement plans.



An assessment of Performance Actions should include major initiatives, improvement planning efforts, communication plans, and key processes for the organization.

**Performance Outputs**

Outputs are the results of organizational performance, capturing what has been accomplished through organizational activities. Outputs are the more tangible results of system performance, while outcomes capture how the lives of clients have changed as a result of the achievement or completion of the output. Outcomes are described later in this guide, but it is important to understand that while outputs and outcomes *can* occur simultaneously, outputs by themselves provide significant data regarding the results of system performance, but do not tell the full story about organizational outcomes.

Examples of organizational outputs are:

- Number of investigated child abuse reports
- Number of adoptions completed
- Number of eligibility applications processed
- Number of clients who received their GED during the past year

While most organizations define and track performance against a set of indicators for what the organization does with its clients, the data that agencies use to track outputs is often flawed, poorly collected, and/or interpreted inaccurately. Many data collection approaches do not truly capture client-specific experiences, and longitudinal trends are often not tracked due to the difficulty of maintaining contact with clients over time. For these reasons, it is necessary to track both organizational outputs and outcomes to get complete data to interpret system performance and influence strategy appropriately.

### Performance Outcomes

Outcomes are aspects of the client's condition or behavior that the organization seeks to impact. They are the consequences of both the organization's actions and many other potential factors. A desired outcome may be an individual or a family's behavioral change, brought about by the organization's work. The number of visits to a family's home, however, is an output, not an outcome.

Examples of outcomes of participants during or after interaction with the organization include the following:

- Reunification of children in foster care, resulting in permanency for a child.
- Securing permanent employment with a strong prospect of a sustained, living wage; and,
- Increased numbers of youth in care who complete high school, resulting in increased wellbeing for children in a community.



Working strategically towards desired outcomes is different than simply completing tasks or responding to crisis. Once a focus on outcomes is truly embraced by an organization, it necessitates that an organization work and partner with all its relevant and expert community partners and clients in determining desired outcomes and using resources and performance actions to reach those outcomes. This partnership better ensures the proper definition and tracking of community-based outcomes that

reach far beyond a single organization's reach and scope. An organization working within an outcomes-driven model will often lead such an effort in their local and state level settings, gathering or developing the required skill sets and building the required culture and practices to do so. The organization's training and development plans ultimately need to be anchored in its outcome driven model as well.

## Feedback from the Environment

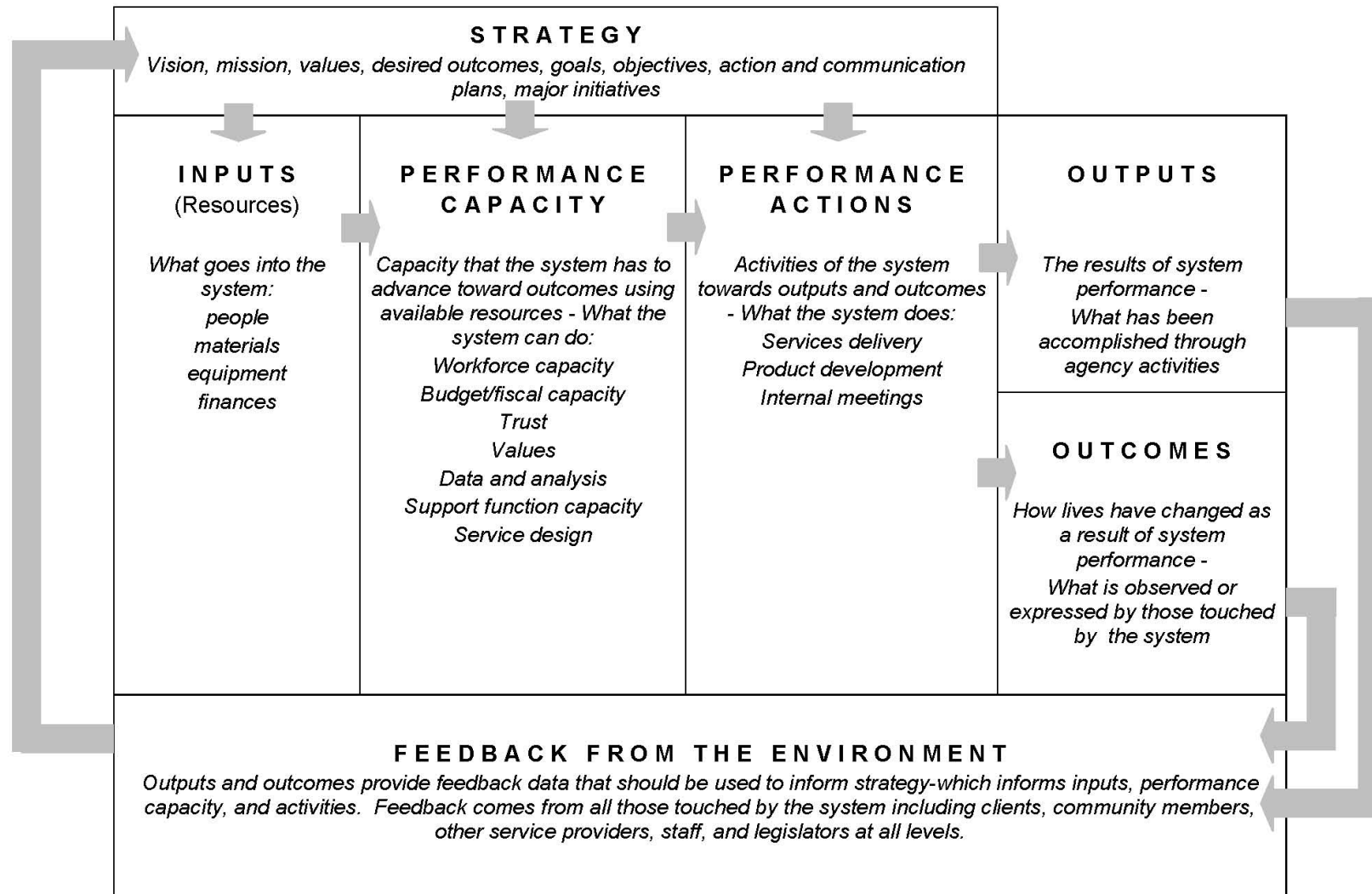
Creating a continuous feedback loop with its environment helps an organization determine how it is doing. The environment (including service recipients, staff, partners, key stakeholders, and the community) lets the organization know if it is achieving its desired outcomes.

Feedback from the Environment can also inform the organization about the resources being put into the organization and the effectiveness of the work that is being performed. Feedback provides data for the organization to use as they identify continuous improvement priorities and should be a primary source of information when developing or reviewing strategy. For feedback to be comprehensive, communication lines from system performance through the environment and back to strategy need to be clear and open to all those touched by the system.

On the next page you will find an example of defining organizational systems.



## Defining the Organizational System



## *Leveraging Reflective Thinking*

Reflective thinking involves using a basic set of probing questions to conduct a high-level assessment of an organizational system. Reflective thinking can help an organization gain a clear view of its current state, desired state, critical strengths and gaps, and key strategic priorities for reaching desired outcomes.

Organizations can engage in reflective thinking in multiple ways:

- The leader of an organization may use reflective thinking independently to think through an organization's future. For example, the leader might use insights gained from reflective thinking to secure resources for the organization from a better understanding of its needs.
- The leader of an organization may use reflective thinking to help his or her leadership team engage in rich discussion together when planning for the future.
- A unit within the organization may use reflective thinking to fully understand how it contributes to the organization's overall success.
- An OE facilitator in a continuous improvement team may use reflective thinking to help a team gain full participation of all members and insight from an objective third party.

Reflective thinking can also help an organization decide how to pursue continuous improvement. A **holistic** approach is broad-based and recommended for organizations seeking to drive comprehensive system reform. This approach involves defining and assessing the organization's effectiveness across the seven parts of the organizational system and then planning, implementing, and monitoring a similarly broad array of improvements.

An **inside out** approach targets continuous improvement in areas that have persistently needed improvement and/or have high buy-in from staff and external stakeholders. This approach involves defining and assessing the organization's effectiveness more narrowly, then planning, implementing, and monitoring a more focused array of improvements. Examples of typical focus areas for inside out improvement work include communication, supervision, and targeted business process improvements.

A **hybrid** approach combines multiple specific areas of focus into a more systemic package of improvement work, tackling change at multiple levels of an organization or addressing multiple root causes or gaps simultaneously. A typical example of a hybrid approach is the development and implementation of a new practice model or model of service. Chapters two, three, four and five contain targeted reflective thinking guides for specific continuous improvement topics.



Each approach can lead an organization or community of partnering organizations to success, and the three approaches are not mutually exclusive. APHSA's OE Practice has found that the key to sustained organizational effectiveness lies not in where improvement efforts begin, but in whether organizations make continuous improvement a way of doing business, sustaining systematic improvement work over time and slowly but surely expanding the scope of improvement work to be more systemic.

The ***Organizational Assessment Reflective Thinking Guide*** starting on the next page can help organizations facilitate reflective thinking activities in any of these ways. Regardless of which method is used, reflective thinking can help an organization develop a broad understanding of its current strengths and needs. Taking time to think critically about the organization, whether independently or as a team, is the very work of leadership.





# Organizational Assessment Reflective Thinking Guide



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## Purpose:

The Organizational Assessment Reflective Thinking Guide is designed to help the organization gain a clear view of itself in terms of its current state, desired state, critical strengths and gaps, and key strategic priorities for reaching desired outcomes. It provides a basic set of probing questions around a thorough systems view of an organization.

This guide is organized into seven question sets based on the Organizational System Model flow chart. Each question set relates directly to the areas of an organization critical to strategic and effective operation:

- |                         |                                  |
|-------------------------|----------------------------------|
| 1. Strategy             | 5. Performance Outputs           |
| 2. Inputs/Resources     | 6. Performance Outcomes          |
| 3. Performance Capacity | 7. Feedback from the Environment |
| 4. Performance Actions  |                                  |

## Instructions:

This guide is designed to help users reflect on the organization. It is not designed for every question to be answered. **Facilitators should work with their clients to identify 5-10 questions from each of the seven question sets** that help them think about and/or discuss the following overarching questions:

- What is your organization's desired state for this part of the system?
- What is your current state?
- Compared to other parts of the system, is this an area of strength for your organization to build on?
- Based on your current and desired state, what are the most critical gaps for your organization in relation to this part of your system?
- Given these gaps and strengths, what prioritization and sequence do you think would make the most sense as you work on closing system gaps and improving performance?

Thinking through these basic questions around each of the parts of an organizational system can lead to improvement planning that builds on the organization's strengths, addresses its gaps, supports its strategy, and achieves desired outcomes.





# Organizational Assessment Reflective Thinking Guide



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## Organizational Assessment Area #1: Strategy

### Sample Strategy Questions:

- Does the organization have a clearly articulated vision, mission, and values?
- What are the vision, mission, and values? Do they align with any larger system within which the organization operates? How were they created? Who was involved? How do they impact the work that happens?
- How does the organization communicate with them? Inside and outside of the organization? In the community? With clients?
- How does the organization operationalize them? Inside and outside of the organization? In the community? With clients?
- Are they as relevant now as ever or do they need to be revisited?
- Is there fit, clarity, commitment, and agreement from everyone about them?
- How has leadership anchored these values in behaviors? How are people accountable for them?
- Does the organization's strategy support its community? Are there particular environmental challenges and opportunities?
- What role do the community, partners and clients play in defining services?
- Is there a feedback loop from the community, partners, clients and stakeholders that will inform and influence strategy? Does this feedback loop relate strategy to client outcomes? Who does the organization serve? What do they want and need from the organization? How does that inform the work?
- Are there things (activities, staff development, data collection, major initiatives) that the organization would prioritize if it had the support, means, and capacity that are now not planned for? What would those things be?
- What initiatives is the organization currently involved in? Are they aligned with strategy towards desired outcomes? Where did they come from? How are resources impacted by these initiatives?
- What are the organization's strategic goals, objectives, and main initiatives? Are the goals and objectives clear and measurable enough to create accountability and responsibility for their achievement?
- What are the individual performance goals and objectives of leadership and how do they connect with the organization's overall goals and objectives?
- How well is the organization doing in achieving goals and objectives? What are the organization's greatest strengths? How are these strengths achieved? How are they used to best achieve outcomes? What is the data that is used to determine this?
- How does the current organizational structure, culture, and leadership platform support the current strategy?



# Organizational Assessment Reflective Thinking Guide



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- What major service gaps currently exist for clients that are not addressed in the organization's strategy?
- Does the strategy contain a practice model that services are aligned to?
- How does the strategy consider the impact of initiatives on the workforce?

## Organizational Assessment Area #2: Inputs

### Sample General Questions:

- In general, what does the organization need but currently not have to provide effective services, now and in the future, that are in alignment with strategic goals?

### Sample People Questions:

- What resources does the organization have? List them.
- How flexible/adaptable are the resources?
- What state or condition are the resources in now? Is the resource pool growing or shrinking? Are they easy or hard to access?
- Who are the people that help achieve the desired outcomes for clients and are necessary to achieve the organization's mission? (This group differs for each individual community and is larger than the organization's staff.)
- Does the organization receive its full cooperation to achieve outcomes? Are their goals and missions aligned with the organization's goals and mission?
- Does the organization have sufficient numbers of staff in each service area to achieve desired outcomes?
- Does the organization have sufficient contracted providers to meet its needs?
- How does the organization consider mission, vision, and values when evaluating potential new hires?

### Sample Policy Questions:

- What are the current organizational policies that may be affected?
- Are there state or federal regulations that should be referenced?

### Sample Technology Questions:

- Does the organization have the physical space and materials to accomplish desired outcomes?
- Are services in a good physical location to meet the needs of the community?
- Does the organization have the materials needed to meet the needs of client families and the community? What do these include?



# Organizational Assessment Reflective Thinking Guide



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- Does the organization have the technology in place to measure needs, record progress, and measure outcomes?
- Does the organization have the technology in place to effectively make upgrades in its processes and keep track of records?
- Does the organization have the capacity to increase its use of technology if necessary?
- Does the organization have the staff in place that it needs to maintain the use of current technology and expand the use of technology as needed?
- Has the organization considered what resources used currently are unnecessary or wasteful?

## Sample Financial Questions:

- Does the organization have the financial resources to meet current strategic goals? Is there concern for the future of financial resources?
- Does the organization have resources that are currently untapped to increase revenues to meet strategic goals?
- How is the organization budgeted for future growth and expansion of services?

## Organizational Assessment Area #3: Performance Capacity

### Sample Trust Questions:

- Is trust a barrier or a strength within the organization? Why?
- Are there cultural forces within the organization at work that are either supportive of the organization's mission or complicating factors to making changes and improvements? If asked, would staff say there is an "us" culture in our organization versus a "us-them" one? If asked, would your staff say that upper management follows through on promises?
- When strong disagreements surface, does staff at all levels resolve them in healthy and constructive ways?
- When the agency has bad news to tell, does it tell it promptly and openly to staff? To clients? To community partners?
- When discussing and setting strategic priorities and making key decisions, do leaders think of ways to collaborate for the good of the whole (e.g., giving up resources to other units) versus protecting their own turf?



# Organizational Assessment Reflective Thinking Guide



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## Sample Workforce Capacity Questions:

- Does the current staff (at all levels) have the necessary knowledge, skills, and abilities to perform their expected activities aligned with the organizational strategy? What are the strengths and gaps regarding staff knowledge, skills, and abilities?
- Is there a current organizational chart? When was it last revised?
- What is the organization's current structure and is it the best structure to meet current organizational needs and strategic outcomes?
- Is the current structure in place mainly because of resistance to change?
- Can we chart a decision through the organizational structure? Are decisions generally made at the right levels of the organization?
- What alternative structures can we consider to meet our outcome objectives?
- Are there significant communication gaps within the organization that relate to culture, cliques, or strategic partnerships?
- How and what does the organization communicate with staff regarding desired outcomes and strategy? Does staff feedback have any influence on either?
- Are there processes in place to understand current and future workforce needs that include identifying the knowledge, skills, and abilities needed in each role?
- Is the organization equipped to properly develop staff to perform their duties? How are new staff trained? Do staff members have opportunities to develop on the job (e.g., coaching, mentoring, special project assignments)? Is there an organizational development plan linking key knowledge, skills, and abilities with appropriate training and development programs? How effective is the training? How do you know this to be true?
- Is there a leadership development program within the organization? Does the program include frontline supervisors as well as senior managers? How effective is the leadership development program? How do you know this to be true?
- Are hiring and performance management done in alignment with the organization's strategy? What is the connection to the organization's values?
- How are connections made from the organization's values to the hiring process?
- How effective are reward and recognition processes and procedures in rewarding exemplary performance and/or behaviors? Do high-performing staff members have an opportunity to expand their learning and impact on the organization (e.g., take on additional responsibilities or transfer into a different role)?
- Do we investigate, document, and respond decisively (including, when necessary, termination) to unacceptable performance and behaviors?

## Sample Budget/Fiscal Capacity Questions:

- Is the organization sufficiently funded to meet its outcome goals?
- Have alternative sources of funding been explored? Why or why not?
- Is the funding expected to grow or shrink in the coming years?



# Organizational Assessment Reflective Thinking Guide



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- Can someone reading our budget for the first time see how it supports our organizational vision, mission, values, and practice model?

## Sample Functional Capacity Questions:

- What is the current quality assurance process? How has that impacted the organization?
- Do purchasing/contracting processes increase rather than decrease competition? Do they define performance expectations? Can they withstand a legal challenge?
- Do supervisors and frontline staff believe that financial and purchasing/contracting processes are designed to help them do their jobs? Do these processes help or hinder general organizational effectiveness?
- Are data sources quick and easy to access when needed?
- Do all key data systems or databases effectively "talk with each other?" If no, are there effective ways to overcome this issue?
- Is there a policy manual that the organization currently uses? When was it last reviewed? How is it updated? Are there policy gaps? Is it accessible to staff? How does this manual impact performance?
- In what capacity building activities is the organization engaged? Personal? Management? Workers? New staff?
- Does the organization have short term, midterm, long term plans for building or changing its performance capacity?
- How do you continuously improve and leverage your capacity?
- Does the organization have barriers/issues with capacity building, e. g., unions, employee relations, labor market constraints, budgets, stakeholder support? How effectively does it manage these barriers/issues?
- Do strategic support functions (e.g., Human Resources, Information Technology, Training/Development, Quality Assurance, Office Management/Clerical, Budget & Finance) develop solutions for problems and contribute to continuous improvement of tools, policies, and procedures?

## Sample Service Design Questions:

- Can we chart the flow of a case through the organizational structure?
- Does this activity raise any areas of concern such as cases sitting for a long time waiting for transfer or gaps in services to clients?



# Organizational Assessment Reflective Thinking Guide



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## Organizational Assessment Area # 4: Performance Actions

### Sample Performance Actions Questions:

- What key activities do the organization's staff engage in? Are the current activities any different than the key activities the staff engaged in last year? How are they different and why?
- Can the key staff activities be related to achieving strategic outcomes?
- How do organizational products and services fit in with the needs of the community in which it serves? How do they fit with other service providers in the community?
- Are there "non-negotiable" initiatives and activities required of the organization? Where are they coming from?
- What key initiatives have most of the organization's attention? Why? What are the internal and environmental obstacles impacting these initiatives?
- Are Performance Actions evaluated regarding their impact on client outcomes?
- What Performance Actions need to be changed and/or improved upon regarding the organization achieving desired outcomes and why?
- Are Performance Actions generally developed based on client needs, organizational needs, or programmatic needs?
- Do policies currently in place direct Performance Actions? Who should be reviewing policy regarding Performance Actions and how often does this occur?
- Does the organization produce products? Are those products considered to be in alignment with the strategy? How does the development of the organization's products advance the organization toward its desired outcomes?
- Does the organization have what it needs to execute initiatives and complete Performance Actions toward strategic output goals?
- What staff developmental needs exist due to specific Performance Actions? Are those needs met? Is staff development connected to specific skills to perform organizational activities?
- What Performance Actions does the organization not perform that the community believes should be within the work scope of the organization?
- What activities does the organization perform that it should not?
- Are internal meetings well planned and executed?
- Do internal meetings advance the organizational outcomes or seemingly serve as a waste of time? Which meetings fit in which category?
- Are decisions that are made in meetings communicated effectively throughout the organization? To stakeholders? To clients?
- Do staff and supervisors use the organization's values, Practice Model and data regularly to evaluate performance and service quality, holding each other accountable for effective behaviors and making adjustments as needed?
- Are frontline supervisors attentive in identifying and modifying practices and behaviors to improve customer service and technical competence?





# Organizational Assessment Reflective Thinking Guide



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- Are there examples of material changes to practices, policies, and procedures based on the organization's values? Data analysis? Input from staff?

## Organizational Assessment Area #5: Performance Outputs

### Sample Performance Outputs Questions:

- What outputs are currently measured, and why? Do current outputs and strategy align?
- Through what means is output data collected (e.g., tools, use of technology, databases, etc.)?
- Are there ways to enhance current output measurement?
- What trends are seen in outputs?
- How are objectives, outputs, and outcomes currently conveyed to staff? To funding sources? To community partners? To children, youth, families, and adults receiving services?
- What do the government (local, state, and federal), families, partners, clients, and the community hold you accountable for and how do you demonstrate this – examples: annual reports, community forums, families/youth involvement in organizational decision making?
- In what ways have funding constraints influenced outputs?
- What data do you currently collect specifically regarding the effectiveness of your organization -- how comprehensive is the data, what does it tell you, and how does it inform strategy?
- Who controls and guides data collection and tests data integrity?
- Are organizational performance objectives clear with measurable benchmarks of success? How does the organization measure progress?
- Where do organizational performance objectives come from?
- Does the organization have non-negotiable performance objectives? What are they?
- What is the frequency of data measurements?
- Is the way the organization measures progress a problem in some ways? How is it a problem?
- What are the most important current outputs expected of staff – examples: number of home visits, reporting requirements, meeting attendance?
- What are the most important current outputs for families/clients – examples: attendance at parenting classes/counseling, visits with the child in care?
- Are clients who encounter the organization for one reason connected with additional services based on a comprehensive, holistic assessment of their needs?
- Do decision-makers have daily access to the data and analysis they need? Why or why not?
- Are vendors requiring payment and staff requiring reimbursement paid in a timely way?
- Is the organization retaining key staff at all levels? Is staff truancy low? When vacancies in supervisory and other leadership positions occur, are there generally strong candidates from within the organization?



# Organizational Assessment Reflective Thinking Guide



ORGANIZATIONAL | EFFECTIVENESS

## Organizational Assessment Area #6: Performance Outcomes

### Sample Performance Outcomes Questions:

- What are the organization's desired outcomes and where did they come from? Who is aware of them and how are they communicated?
- Are these outcomes prioritized by level of importance?
- How are desired outcomes linked to the organization's mission, vision, and values? To policies and procedures? To daily staff activities? To resource allocations? To organization strategy as a whole? To the agency's Practice Model?
- Does the organization have mandated or non-negotiable desired outcomes? What are they?
- What trends does the organization see in client outcomes?
- What outcomes does the organization measure and why? Are these measures comprehensive?
- What is the frequency of these measurements?
- Are there ways that the organization can enhance current outcome measurement?
- In what ways have funding or other resource constraints influenced outcomes?
- How effective are specific organizational performance actions in achieving outcomes? Based on what information does the organization make that assessment?
- Who does the organization partner with to achieve performance objectives? How do the organization and its partners share information? What information do they share?
- What quality assurance methods and continuous improvement processes are in place to influence outcomes?
- How does the government (local, state, and federal), families, partners, clients, and the community hold the organization accountable? How does the organization demonstrate its effectiveness in terms of both outputs and outcomes?
- Ultimately, what impact is the organization having on clients and the larger community?

## Organizational Assessment Area #7: Feedback from the Environment

### Sample Feedback from the Environment Questions:

- What type of feedback does the organization obtain from the external environment? How does it use the feedback? How and what does the organization communicate with the external environment?
- How is the organization regarded right now by clients and system partners?
- How will the public image of the organization impact change and improvement initiatives as it builds upon what is being done now?
- How are clients involved in defining services?
- Who are the organization's stakeholders?



# Organizational Assessment Reflective Thinking Guide



ORGANIZATIONAL | EFFECTIVENESS

- Does the organization's communication help staff, clients and other stakeholders understand, influence and support change and improvements?
- Does feedback from the environment currently impact strategy? If yes, how does that occur? If not, why not?
- If outcomes are being fully achieved what will the environment notice? What will staff notice? What will clients notice?
- Are there examples of when material changes to practices, policies, and procedures were made based on input from clients? Other external stakeholders? How were these changes reconciled with the perspectives of the organization's staff?
- Have legislators generally approved budget requests for increases, reductions, or shifts in funding for direct work with clients? How about for infrastructure building?
- Is there a feedback loop from internal staff and external stakeholders? Does the organization's communication help staff to understand, influence and support change and improvements?
- Do clients generally report that they experience service delivery as efficient, timely, and responsive?
- Do clients generally report that they experience service delivery as caring and respectful?

## Section II: Strategic Playbook

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Defining strategy involves laying out in a clear, orderly flow the answers to a range of questions about how an organization will achieve outcomes for and with children, youth, families, adults, and communities.

The following guidance for defining strategy was authored by APHSA in partnership with a working group of leaders in the field of child welfare. The work was completed with support from Casey Family Programs as part of creating the Positioning Public Child Welfare Guidance, which is available in its entirety online at

[https://ncwwi.org/files/Job\\_Analysis\\_Position\\_Requirements/PPCW\\_Workforce\\_Guidance.pdf](https://ncwwi.org/files/Job_Analysis_Position_Requirements/PPCW_Workforce_Guidance.pdf).



A strategy tells the story of an organization’s aim and game plan in a way that is comprehensive and concrete, yet collaborative and flexible -- much like a “playbook” does for a sports team that must prepare for games without expecting everything to go as imagined. The feel of the plan should be portable, adaptable, and user-friendly so it is accessed continuously and refined often as agencies learn by doing their work, monitoring results, and planning more strategically over time.

### Developing a Strategic Playbook

A strategic playbook helps to communicate with staff, stakeholders, partners, and the community about who an organization is, what it intends to do and why, how it will do it, and what it needs to succeed. This may result in stronger partnerships, more secure funding and other forms of support, better orienting of new staff, better planning of new initiatives, clarifying roles and expectations throughout the organization, and promoting an overall positive image of the organization and its work.

In the process of developing a strategic playbook, strategic initiatives as well as various activities that can support the development of effective strategies, such as enhanced client or staff surveys, begin to emerge. In APHSA’s experience, it is useful for a strategic planning team to begin implementing such efforts at the same time as it is developing a playbook, versus waiting until strategic planning is complete. Early, concurrent implementation of some plan elements serves to test the thinking of the group, such as when improved survey input is received. It also reinforces a culture of action and follow-through and builds energy for longer-term implementation, as short-term benefits are experienced, and the playbook is viewed as driving real action and progress.

A strategic playbook generally consists of the following elements:

- Vision, Mission, and Values
- Environmental Challenges and Opportunities
- Customer Analysis and Desired Practice Model
- Desired Organization Structure, Culture and Leadership Platform
- Organizational Strengths, Gaps and Capacity to Change
- Strategic Goals, Objectives, and Initiatives
- Major Projects or Work Plans and Commitments
- Performance Measures, Timeframes and Governance

### Vision, Mission, and Values

**Vision Statement** – A vision statement describes how the future will look when an organization’s desires and aspirations are realized. Because they encourage people to feel and dream, effective vision statements help build and sustain motivation, commitment, and collaboration. Examples of vision statements include:

- Giving Children Back Their Childhood (Youthville, a private provider in Wichita, KS)
- Children First: Protected and Connected (Texas CPS).

**Mission Statement** – A mission statement describes the role an organization plays in realizing that vision. Different parts of the community play different and complementary roles in the lives of children, youth, families, and the community itself. Mission statements clarify what role the organization particularly plays, which also begins to clarify what other roles are needed to achieve the vision. An example of an organization’s mission statement:

*“The Department of Children, Youth and Family Services will, with our community partners, provide a comprehensive child protection system of prevention, preservation, and permanency to ensure that children grow up safe, physically, and emotionally healthy, educated, and in permanent homes. “*

**Values** – An organization’s values let employees, partners, and those it serves know the underlying behaviors -- the ways we will treat each other -- that are needed and expected to achieve the mission for and with everyone involved. These values tie directly to how an organization hires, develops and manages the performance of its staff, creates an inclusive and fair culture, and sets healthy boundaries with all its stakeholders. Typically, an organization’s values are further defined through a set of operational principles that describe the value in greater detail. An example of an organization’s values:

- |                                    |                                 |
|------------------------------------|---------------------------------|
| • Person-Centered                  | • Transparency                  |
| • Passionate and Motivated Leaders | • Creativity and Innovation     |
| • Professional Excellence          | • Collaborative Decision-Making |
| • Fiscal Responsibility            | • Integrity                     |
| • Inclusiveness                    |                                 |

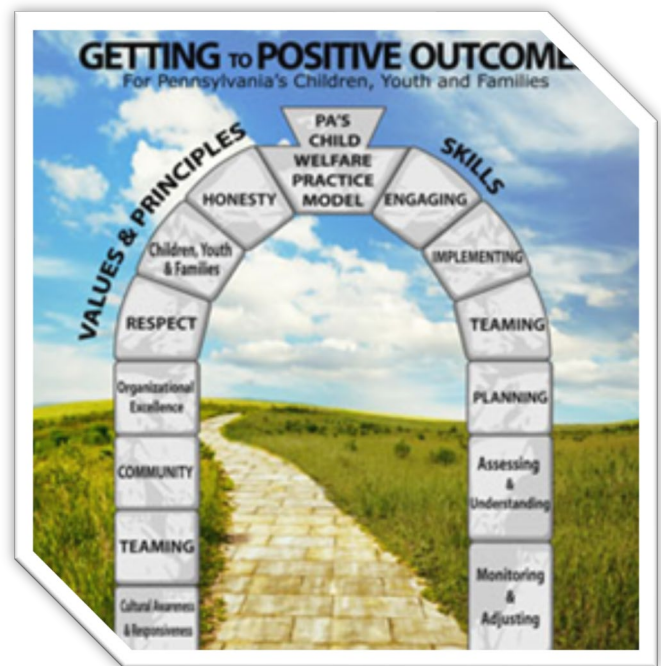
## Environmental Challenges and Opportunities

An environmental scan is a process that describes the broader community within which an organization operates. It identifies all of the people and organizations that are relevant in achieving an organization's vision and mission and describes them well enough for the organization to know how best to approach and work with the community. Stakeholders such as funders, partners, clients, competitors, media, and vendors should all be considered a part of this scan. The scan also identifies barriers to overcoming the current environment and mandates from the environment such as local, state, tribal and federal requirements, or consent decrees which an organization must incorporate into its plans and priorities.

## Client Analysis and Desired Practice Model

Practice Models help everyone know how the organization serves its clients. Practice Models include the following elements: desired outcomes, principles, theory of change, evidence informed practice, process and quality of care, and service array. The children, youth, families, and communities served are an organization's clients. Human services clients may first come into contact with the organization voluntarily (e.g., SNAP, Medicaid, TANF, Public Health) or involuntarily (e.g., Child Welfare, Courts). Regardless of how clients first come in contact with the organization, they are most likely to engage in services, accepting supportive services and fulfilling their part in achieving a shared vision, if they believe that the organization's services are of benefit to them. Clients form their opinions about the benefit of services provided by an organization based on the experiences they have with organization's staff and services as well as the overall perceptions of the organization within the community. Engaging clients in a meaningful dialogue to understand what they want and need to provide and care for themselves and their families helps an organization determine what to offer and how best to deliver it, resulting in the organization's Practice Model.

Effective practice models typically include an organization's vision and mission along with an operational set of values and principles that guide practice decisions. Frequently, practice models also include operational practice standards and a description of the skills required to implement desired practice. Some practice models go as far as to describe specific actions and strategies that organizations have put into place to implement the practice model.



**Example of Pennsylvania Practice Model**



## Desired Organization Structure, Culture and Leadership Platform

When an organization is clear about its desired future state, with whom it is working, and the needs of those it serves, its leadership can determine how best to structure the organization to get the job done. There are many options for an organization's structure, including by function, program, geography, type of client, or some combination. New or modified roles might be needed, e.g., establishing a community partnership role or office. Project-specific teams such as taskforces and working committees are also part of the structure.



Many new leaders opt initially to change their organizational chart, but these changes typically fail to improve an organization's performance. Any organization's structure will have both strengths and challenges, so it is essential for organization leaders to foster an effective leadership platform and organizational culture so that whatever structure it employs is used to the best advantage. The principles and beliefs by which the organization's leaders operate define a shared language and philosophy for the organization, as a whole.

Organizational cultures can be authoritative, laissez-faire or anywhere on the continuum between the two. Human services work requires a strength-based, solution-focused organizational culture that is based on empowerment, that values the input of those who work within it and is characterized by discretion and collaboration within well-defined boundaries.

## Organizational Strengths, Gaps and Capacity to Change

Identifying the desired Practice Model and organizational platform enables an organization to compare its current state to the desired one. This comparison, or baseline assessment, translates into a set of observable or measurable statements about an organization's strengths and gaps. As an organization asks why it has gaps, the baseline assessment further translates into a focused set of priority root causes and the general interventions needed to address them. An organization's available resources for and proven ability to implement these types of remedies should then be carefully considered, further focusing its resources and energy for change.

## Strategic Goals, Objectives, and Initiatives

When an organization knows what it wants to accomplish and needs to improve, it can then establish goals, objectives, and initiatives.

- **Goals** are the specific, measurable, action-oriented, reasonable outcomes an organization uses to monitor the impact of its efforts.
- **Objectives** focus on general activities and efforts most likely to lead to those outcomes.
- **Initiatives** are projects, both large and small, that an organization launches to support these activities.

Some small and quickly achievable initiatives, such as a straightforward communication effort, go far in addressing certain improvement areas. Goals, objectives and initiatives should address the full range of an organization's assessment results, including resources (e.g., finances, technology, facilities), workforce capacity, front line practice and stakeholder relationships (e.g., partners, legislators, media).

## Major Projects or Work Plans and Commitments

To strengthen follow-through and accountability, objectives and initiatives should translate into concrete action plans and commitments. While an organization's playbook would not include these down to the individual employee level, it should do so for each distinct department or function in the organization. In turn, these departments and functions should align their more specific projects and daily work plans to those identified here.

## Performance Measures, Timeframes and Governance

The final section of an organization's playbook establishes how progress will be measured and monitored. When an organization monitors its plans and commitments with accurate data that measures what it truly seeks to measure (validity), and then periodically reviews its plan progress, impact on the measures, lessons learned and adjustments to make, its playbook will be a vital, "living" document.

A **Strategic Playbook Template** is provided on the next page.



*NOTE: This template was first developed by the American Public Human Services Association in December 2004, initially revised in 2009 in partnership with Casey Family Programs and a workgroup of child welfare professionals through the Positioning Public Child Welfare Guidance with the most recent revisions in 2020.*

## 1. Introduction and Purpose

- Why are we establishing this playbook?
- What is the purpose of the playbook?

## 2. Vision, Mission, and Values

- What does the future we aspire to look like?
- How will our organization achieve this future? What part will we play?
- To accomplish our mission, how do we need to treat one another, our partners, and the children and families we serve?
- How does the Vision “Fit” within the larger environment of the agency?
- How does the Mission provide “Clarity” and agreement with the direction of the agency?
- How do the Values exemplify the needed “Commitment” of all staff and key stakeholders to act in ways that fully actualize the vision, mission, and in day-to-day practice?

## 3. Environmental Scan

- What factors must be considered to achieve this future?
- Who are our potential partners?
  - How well do we work together?
  - What are the challenges in working together?
  - What do we need to work well together?
- What do our funders, the media, and those we serve expect from us, and what do we expect from them?
  - Are they mandating anything to us that is non-negotiable?
  - What motivations and characteristics do we need to understand in order to achieve the relationships we want with them?
- Do we have any competitors- those with a competing vision or mission?
  - How are we positioned to manage our competition?
- What overall opportunities, challenges, and threats do we face within this environment?

## 4. Client Analysis and Desired Practice Model

- Who wants and needs services from our organization, and what do they expect?



- In terms of achieving our vision, how do their “wants” differ from their “needs,” and why?
- What models, tools, key processes, and other techniques for developing and delivering those services do we aspire to have?
- How does the work outlined in this playbook align with our agency’s Practice Model?

## 5. Desired Structure, Culture and Leadership Platform

- What organizational structure and key roles will we need to develop in order to deliver these services well?
  - What type of agency culture is needed?
- What vision and philosophy of our field, our community, our staff and our organization as a whole will our leaders need to embody for us to succeed?

## 6. Organizational Strengths, Gaps and Capacity to Change

- Comparing our current and our desired Practice Model and organization, what are our strengths? What are our gaps?
- Why do we have the gaps that we do- what do we think is causing them?
  - What general solutions or remedies might be needed to close them?
- Based on our past experiences, how quickly are we able to implement solutions and remedies like these?

## 7. Goals, Objectives, and Initiatives

- Given our environmental scan, desired Practice Model, and organizational capacity, what are our goals, objectives, and initiatives?
  - This year?
  - Over the next 2-3 years?

## 8. Major Project and Work Plans and Commitments

- What is each department and function in the organization signing up to do to advance our goals, objectives, and initiatives?
- What are the primary task areas, the timeframes, and who is primarily responsible?

## 9. Performance Measures, Timeframes and Governance

- What data and analysis will we use to monitor our organization-wide performance? How will we measure the impact and “return on investment” of our efforts? How and how often will we monitor our progress and make any adjustments needed?
- Who will manage and communicate about this playbook on an ongoing basis?

## *Section III: Strategy Development*

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In APHSA's OE Practice, the following four parts of strategy work are critical for organizational success:

- **Defining mission, vision, values, and practice model**
- **Identifying roles, objectives, and key initiatives**
- **Connecting strategy and change management**
- **Building strategic support function effectiveness**

Organizations at times leave out critical steps that prevent everyone in an organization from understanding what is expected of them and how their work contributes to the organization's overall effectiveness. Creating and utilizing clear vision statements, mission statements, values and practice models can help to provide and support that understanding.

### *Vision, Mission, Values, and Practice Model*

Vision and mission statements help everyone who is internal and external to an organization understand the intended impact of the organization's work on clients served and society at large. Values help everyone know what informs and influences the behaviors that all internal staff are expected to exhibit while performing their work. Practice Models help everyone know how the organization serves its clients. Practice Models include the following elements: desired outcomes, principles, theory of change, evidence informed practice, process and quality of care, and service array.

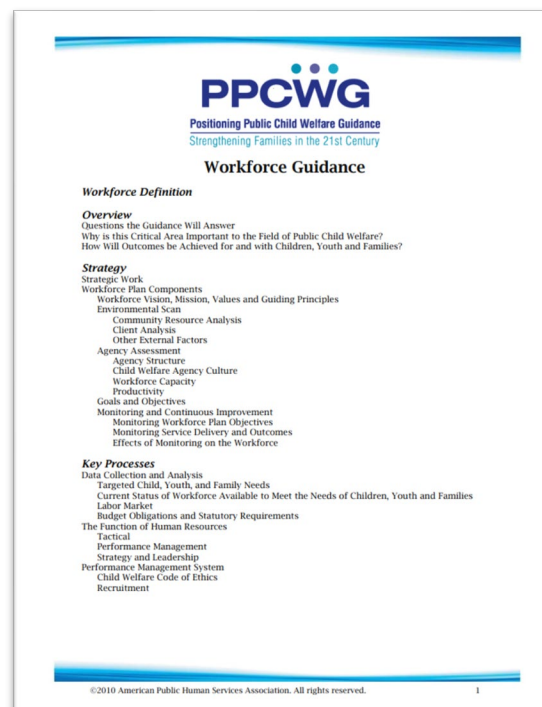


While many organizations develop written statements of some kind in each of these areas, few organizations communicate them effectively throughout the organization and the community as well as make them operational for use day-to-day. Effective organizations do the following to help vision statements, mission statements, values, and other practice model components guide their daily work:

- Define the specific behaviors expected from staff and senior leaders associated with each core organizational value; descriptions of the behaviors should be specific for levels of the organization and job function.

- Gather input from internal staff, those with lived experience, and key stakeholders when developing and/or updating the vision, mission, values, and Practice Model for the organization.
- Present new staff members with copies of the vision, mission, values, and practice model early in their orientation to the organization and discuss how their roles support the vision and mission as well as what the values look like in day-to-day performance.
- Have written copies of the vision statement, mission statement, values, and Practice Model for reference at each executive team, other leadership team, and work team meeting.
- Reference the vision, mission, values, and Practice Model when making major organizational decisions.
- Cite the vision, mission, values, and Practice Model explicitly in organization-wide communications (for example, when explaining shifts in policy or practice or announcing a major new hire).
- Share the vision, mission, values, and Practice Model statements when communicating with external stakeholders and the public at large.

Guidance to help teams develop a practice model is included in the Positioning Public Child Welfare Guidance available online at [https://www.ncwwi.org/files/Workforce\\_Development\\_Process/PPCW\\_-\\_Workforce\\_Guidance.pdf](https://www.ncwwi.org/files/Workforce_Development_Process/PPCW_-_Workforce_Guidance.pdf).





## *Identifying Roles, Objectives and Key Initiatives*

Defining organizational roles is an important aspect of systemic work. Defining roles involves defining the scope of responsibility for staff at various levels and across various departments of the organization including the knowledge, skills and behaviors required to perform job tasks effectively. One way to define roles is to identify groups of performers who have generally similar work responsibilities. Below are descriptions of some examples, including the roles of Executive Team, Middle Managers, and Individual Contributors.

**Executive Team** and its individual members (typically the organization's director and his or her direct reports) generally are responsible for the following work:

- Defining the organization's strategy, including direction, priorities, and goals.
- Creating high-level, long-range plans for implementing the strategy.
- Creating and managing budgets.
- Securing funding.
- Evaluating the organization's programs, products, and services.
- Building and maintaining working relationships with key external stakeholders.
- Communicating the direction, priorities and overall strategy with staff and stakeholders internal and external to the organization.
- Making timely programmatic and fiscal reports to all appropriate authorities.
- Integrating and coordinating the organization's programs, products, and services.
- Defining initiatives around programs, products, and services.
- Making decisions and changes within the organization.
- Designing the organization for optimal implementation of its strategy.
- Ensuring understanding of how program initiatives impact various parts of the organization (intra-departmental collaboration). Ensuring that there are policies, guidelines and processes in place that assist in getting work done in a timely and organized manner.
- Securing resources that allow the organization to implement its strategy.



**Middle Managers** are generally responsible for the following work:

- Explaining the organization's strategy, products and services, initiatives, decisions, and changes to supervisors and individual staff members.
- Gathering input about the organization's strategy, products and services, initiatives, decisions, and changes from supervisors and individual staff members and communicating them to senior executives.
- Ensuring that departmental and/or local initiatives and projects are aligned with the overall strategy of the organization.
- Modeling the organization's values and team norms, e.g., by coaching and reinforcing teaming behaviors among departments.
- Developing processes and charters to guide the work of departments, individuals, and work teams; and,
- Ensuring the availability of development opportunities that provide staff with the skills necessary to achieve desired outcomes.

**Supervisors** are generally responsible for the following work:



- Explaining the organization's strategy, products and services, initiatives, decisions, and changes to individual staff members.
  - Gathering input about the organization's strategy, products and services, initiatives, decisions, and changes from individual staff members and communicating them to middle managers and senior executives.
  - Ensuring that individual and unit work and special projects are aligned with the overall strategy of the organization.
  - Ensuring staff understand how the various parts of the organization fit together.
- Planning for the accomplishment of goals.
  - Modeling the organization's values and team norms, e.g., by coaching and reinforcing teaming behaviors among work units.
  - Coaching and mentoring individual staff members.
  - Conducting professional development goal setting and providing each individual staff member opportunities to develop their skills.
  - Implementing reward and recognition systems.
  - Developing charters for work teams.
  - Monitoring continuous improvement of the unit and its individual members.

**Individual Contributors** are generally responsible for the following work:

- Explaining the organization's strategy, products and services, initiatives, decisions, and changes to clients.
- Gathering input about the organization's strategy, products and services, initiatives, decisions, and changes from clients and communicating them to supervisors, middle managers, and senior executives.
- Providing feedback about results of projects, tasks, and processes.
- Meeting client requirements and providing services and products of value to the client.
- Tending to client needs and concerns.
- Ensuring clients understand how the various services of the organization fit together.
- Accomplishing the goals and tasks of the organization's products, services, initiatives, and projects.
- Ensuring that the goals and tasks completed are aligned with the mission and vision of clients served and are aligned with work that other staff members are completing.
- Recommending and, when permitted, trying out improvements and innovations to projects, initiatives, processes, charters, and products.

## Relationship-Task Balance

High-performing organizations strike a balance between task and relationship orientations.

Organizations that focus too much on tasks can be viewed as autocratic and insensitive to things like staff motivation and work-life balance. Organizations that focus too much on relationships can be viewed as overly accommodating, unreliable in follow-through, and generally laissez faire.

Organizations that find a balance between task and relationship are often consultative and/or participative in the way they get things done, with an emphasis on getting things done in sustainable ways. Looking across the organizational system and considering adjustments to ensure relationship-task balance is one key element of an effective, systemic continuous improvement effort.



## Pyramid of Influence

Another way to define roles is to categorize an organization's complete set of work and then identify which workers are responsible for which categories of work. The following model, **The Pyramid of Influence**, identifies four major areas of organizational work:

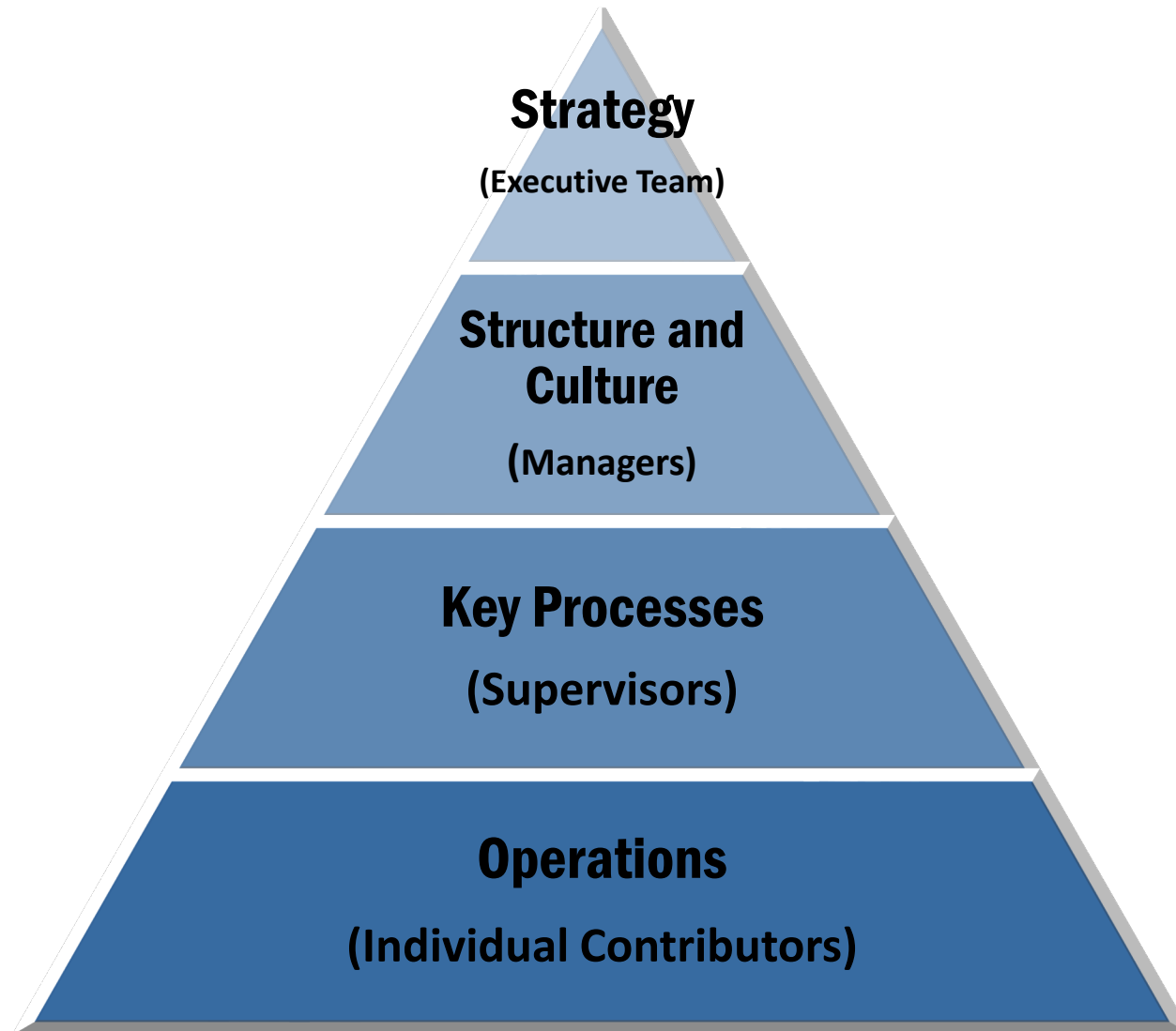
The Pyramid of Influence	
Area of organizational work	Stakeholders/those responsible
<b>Strategy</b> work involves defining the aim and game plan of the organization -- what the organization is, what it intends to do and why, how it will do it, and what it needs to succeed.	Completed by the organization's Executive Team.
<b>Structure and Culture</b> work involves modeling values and defining and communicating departments, jobs, levels, work teams, policies, and performance expectations.	Completed by leadership teams of specific divisions, departments, regions, or offices, depending on the structure of the organization.
<b>Key processes</b> work involves defining specific processes and procedures that translate strategy and desired structure and culture into guidance for day-to-day work.	Completed by mid-level managers and frontline supervisors.
<b>Operations</b> work involves implementing key processes, providing services to clients, and managing individual performance.	Completed by frontline supervisors and frontline staff.



# The Pyramid of Influence



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While organizational work can generally be categorized by the levels of the organization, there are significant exceptions:

- Organizations vary in size and structure and in smaller organizations leaders and staff often need to complete work across various levels of the organization. The key is for leaders to be aware of the differences between levels and to ensure that at any given time they and their staff are focusing on the appropriate subsets of work.
- While the purpose of the operations category is primarily to bring into focus work completed at the point of service with clients, there are aspects of this work that are important for everyone in the organization who supervises staff. Examples include coaching direct reports for individual development and implementing key workforce processes like performance management.

There is one more dynamic regarding Organizational Roles that affects many organizations and is a significant barrier to organizational effectiveness. In organizations in which staff are generally promoted from within and then provided with limited training and guidance to master their new roles, staff tend to focus day-to-day on work with which they are most comfortable which is the work of staff



one or two levels below their new role. This tendency, sometimes called “unconscious demotion,” leads to micromanagement and inadequate attention to strategy and structure and culture work.

Clarifying roles and responsibilities within the organization allows individuals to focus on what they are responsible for without duplicating or interfering with others’ areas of responsibility, thereby maximizing efficiency and overall effectiveness of the organization.

A **Defining Roles Template** is provided on the next page.



**Purpose:**

Defining roles of departments, units, and individual staff provides internal and external stakeholders a common understanding of the division of labor, delegation of authority, span of control and decision-making authority, and responsibility relationships within an organization. Formats to use when defining roles vary from organization to organization, but there are some useful guidelines to make role clarification successful. Common elements of an effective role definition include the following:

- How the role supports the strategy (purpose of the role)
- Key responsibilities
- Key tasks
- Outputs and outcomes of the role (how success will be measured)
- Values/behaviors (in alignment with the agency values)
- Knowledge, skills, and abilities

**Instructions:**

This template can be used in multiple ways:

- The leadership team within the organization may choose to use the template when planning for the future of the organization.
- A department and/or unit within the organization may use the template to more fully understand how they contribute to the success of the overall organization.
- The template can be used by an Organizational Effectiveness Facilitator to walk a team through the process of role clarification as a way to allow full participation of all team members and to obtain insight from a third party.

Regardless of which of the above methods is utilized, the template can assist an organization in developing an understanding of how roles within the organization contribute to the overall strategy of the organization.



**Department/Unit/Individual Position:**

**Instructions:**

**Have Department/Unit/Individual Position fill in the following information.**

Department/Unit/Individual Position overall purpose (connects strategy/mission/values):

Department/Unit/Individual Position key responsibilities:

Department/Unit/Individual Position key tasks:

What are our outputs and outcomes-how we can measure the success of the Department/Unit/Individual Position:

What Values/Behaviors are needed to perform effectively:

What Knowledge, Skills, Abilities are needed to perform effectively:

## *Connecting Strategy and Change Management*

Connecting strategy and change management is another area of work that can be difficult for organizations. Sustainable change management requires all levels of an organization to be forward thinking and willing to work toward goals and desired outcomes in ways that connect through an organization from the director to his or her management team, supervisors, strategic support staff, and direct service workers.

Strategy and change management work are not separate and distinct as much as they are a spectrum of work where greater emphasis is initially on strategic considerations and then on change management ones. “Macro” change management establishes continuous improvement priorities for senior managers, within and among agency functions, at the local office, program-specific or regional level, and with community partners. “Mezzo” change management translates these priorities into lasting changes in the organization. This mezzo aspect of change is best accomplished through project-driven initiatives managed by continuous improvement teams who align to clear direction from overall sponsors of improvement efforts.

As continuous improvement methods and techniques become internalized and intuitive for staff throughout the agency, they become the basis for ongoing, organic reflection, critical thinking, improvement making, innovation, and creativity. These methods also serve as the foundation for the agency’s quality assurance process and practices. Not all improvement and innovation efforts have to be centrally managed to be important. In fact, it is at this “micro” level of self-correction and change that many of the best ideas for improvement and innovation begin to influence strategic thinking and agency-wide improvement and innovation. As continuous improvement methods become fully embedded within the organization, they naturally reinforce the principles and practices advanced more formally by the organization’s strategic plans and practice model.

As noted above, leaders can choose to begin driving change in any number of ways. Leaders may wish to begin with “mezzo” level change work focusing on areas that have persistently needed improvement and/or have high buy-in from staff and external stakeholders, then expand the scope of change efforts once early successes generate energy and an appetite for more systemic change. Alternatively, leaders may wish to begin with “macro” level work if they have identified a need for major systemic change (e.g., development and implementation of a new approach to serving clients, integration of services across a community of partnering but independent agencies) and they have evidence that their staff and stakeholders are ready for it.

### **Roadmap for Change**

An organization or community of organizations aiming to drive major systemic change should consider developing a Roadmap for Change that spells out the overall game plan for reform, with a first major phase of work focused on getting the organization or community of organizations ready for change, and subsequent phases including an array of linked, “mezzo” level change efforts choreographed in a

well thought out way, actively managed by a central team, and overseen by a well-defined group of sponsors drawn from across the organization or community of organizations. To get started developing a Roadmap for Change, leaders can reflect on the following:

A template for developing a Roadmap for Change that includes more specific reflective thinking questions in each of these areas is provided on the next page.

The tools and methods for mezzo and micro change management are presented in **Chapters Two, Three, and Four**.

Roadmap For Change	
Area of Organizational Work	Purpose
Strategic direction/goals/outcomes of the organization(s)	To identify the links between the change effort, the agency/community's overall strategy, the agency's Practice Model and other initiatives already underway.
Organizational/community strengths, gaps, and readiness for change	To reflect on how ready the agency is to drive sustainable change.
Resources and general strategies for change and innovation	To consider the applicability of a number of factors and tactics for improving readiness.
Timeframes, milestones, and governance	To plan how sponsors and continuous improvement team members will track progress, impact, and lessons learned of the change efforts.
Data, measures, and related methods	To plan how sponsors and continuous improvement team members will track progress, impact, and lessons learned of the change efforts.
Federal/State/Local Outcomes/Recommendations Alignment	To identify and link agency direction/strategies with federal, state, local outcomes and recommendations.
Legislative Connections	To identify the regulations/laws and agency policies that are connected to the strategies outlined within the roadmap.



## **Purpose:**

This facilitation guide provides eight sets of reflective questions for developing a Roadmap for Change.

A template is provided to capture the responses to these reflective questions to build a Roadmap for Change.

## **1. Strategic Direction of the Agency/Our Desired Future State**

Why are we establishing this Roadmap, and to what agency strategy are we aligning it?

How are we aligning specifically to the following elements of effective strategy work?

- Vision, mission, and values?
- Agency Practice Model?
- Core principles including reducing disparity?
- Environmental challenges and opportunities?
- Our client's needs and the practices that will help them improve their lives?

What do we already have in place?

- Formal strategic goals, objectives, and initiatives?
- Stakeholder mandates and non-negotiable expectations?
- Financial or other identified resource limits?
- Projects already launched and other work commitments already made?
- Established means to measure and monitor our progress?
- Established oversight and governance for our strategic plans and initiatives?

## **2. Organizational Strengths, Gaps, and Readiness for Change**

How engaged are we in increasing our capacity to continuously improve and innovate?

- How self-aware are we about our current ability to do so?
- Why is this so?

Do we have the structure, culture, and leadership platform in place to drive successful changes?

- What level of trust do our staff and stakeholders have in our executives and senior management?
- Why do we have the strengths and gaps that we do here?

Do our staff have the skills, time, and energy to implement strategic initiatives?

- Why or why not?
- What are the root causes of the current situation?



## 3. Resources and General Tactics for Change and Innovation

How will we make use of our strengths and address our gaps to make change happen?

- Have we considered each of the readiness factors cited above?

Have we considered these additional factors and tactics for improving our readiness?

- Communication efforts internal and external to the agency through forming a sense of shared meaning?
- Enlisting staff, stakeholders, and clients directly into our change efforts?
- Building trust with our staff through top management demonstrating caring, integrity, openness, reliability, and competence?
- Supervisor effectiveness in coaching, mentoring, and communicating with staff?
- Employing methods for gauging staff capacity and skills for doing more and for doing new and different things?
- Empowering staff to make decisions and take action within clear boundaries?
- Shifting ownership and responsibility for ongoing continuous improvement and innovation to local office management teams?
- Identifying and using “champions of change” to build staff buy-in and support?
- Employing tactics for using constructive resistance to improve the change plans as well as for minimizing non-constructive resisters?
- Maximizing staff development resources through both training and organizational effectiveness?
- Establishing effective support functions like HR, IT, Finance, QA and Policy?
- Scanning and taking ideas from best practice and case study resources?

## 4. Specific Plans, Commitments and Priorities

Given the plans already established for our strategy work, how should these be enhanced based on our assessment of these readiness factors, resources, and tactics?

How should our change efforts be sequenced and phased over time?

- What are our quick wins, our mid-term changes, and our long-term ones?
- What if any adjustments to our current plans should we make?

## 5. Timeframes, Milestones and Governance

What are our related action plans and milestones?

Who will play significant roles within them?





What additional resources are needed?

Have we established the needed sponsor groups and continuous improvement teams, and equipped them with effective continuous improvement tools and methods?

What public commitments are those involved making to reinforce their accountability? How do these commitments link to our performance management system?

How will we communicate and celebrate notable accomplishments as we make good on these commitments?

Who is responsible for the roadmap as a whole and for making adjustments to it?

## 6. Data, Measures and Related Methods

How will we track plan progress, impact and lessons learned?

How will we collect and analyze the data we need to do so?

## 7. Federal/State/Local Outcomes/Recommendations Alignment

What are the federal/state/local outcomes and recommendations this strategy/Roadmap are aligned to?

- Ex. Child and Family Services Review outcomes/indicators or Commission to Eliminate Child Abuse/Neglect and Fatalities/Near Fatalities.

## 8. Legislative/Agency Policy Connection

What regulations/laws are the strategies within the Roadmap connected to?

Are there connections to agency policies?

Do these policies need to be revised based on the strategies within the Roadmap?



<b>Desired Outcome:</b>	
<b>Recommendation(s) from Findings:</b>	
<b>Strategies:</b>	
<b>Partners Needed:</b>	
<b>Current Practice(s) Related to this Recommendation:</b>	
<b>Timeframe:</b>	
<b>Monitoring:</b>	
<b>Connection to the Human Services Value Curve:</b>	
<b>Summary of Current Applicable Policies:</b>	
<b>Connection to Federal/State Outcomes:</b>	

## *Strategic Support Functions*

Most organizations have strategic support functions to help make the core work of the organization happen. Typical support functions include Human Resources, Training/Staff Development, Organizational Development, Quality Assurance, Policy, Budget/Financial Management, Clerical, Communications/Public Relations/Public Liaison and Information Technology.

Depending on their size and scope, these functions may be internal departments dedicated solely to the organization's support, may be outside the organization and support many departments/divisions, or some combination.

Regardless of the organization's structure, the quality of support function work has a significant impact on the quality of work in the four major areas at the center of the following pyramid. The right side of this model identifies how strategic support functions add value to the larger organization:

- **Service Delivery** work involves the most foundational work a support function is expected to complete. This work generally involves managing key organizational information (e.g., personnel records, performance data, financial records) and delivering core services in a timely and high-quality manner.
- **Tactical Expertise** work involves helping design key processes. This work involves gathering input from internal staff at various organizational levels and designing specific processes and procedures.
- **Leadership Influence** work generally involves giving advice to individual leaders proactively to help the leaders leverage strengths, close gaps, and pursue strategic priorities as well as in response to ad hoc questions.
- **Strategic Influence** work generally involves participating in strategic planning and other executive team meetings and providing expert input regarding the advantages and disadvantages of different approaches to the organization's work.

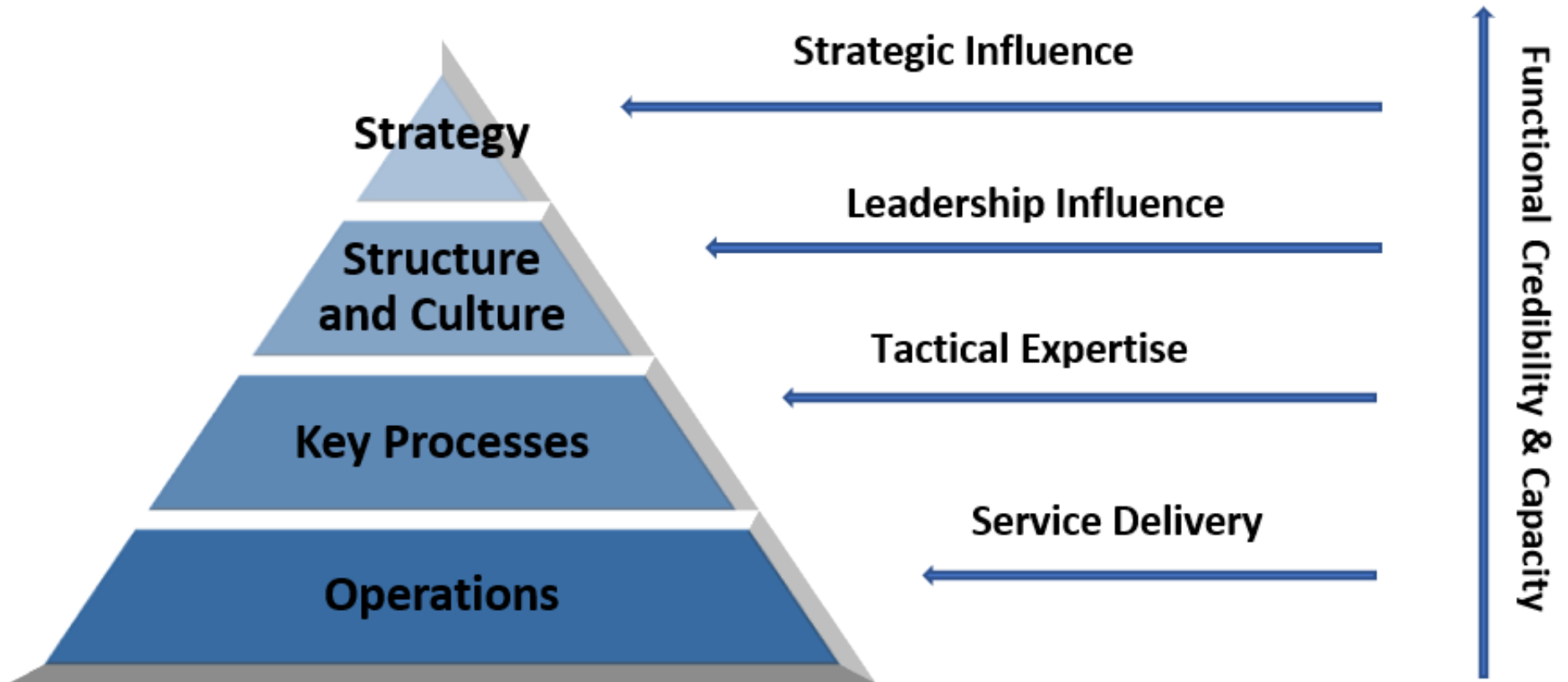
Please see the Strategic Support Function Capacity and Credibility Model on the following page.



## Strategic Support Function Credibility and Capacity Model



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## Strategic Support Functions Example

**Strategic Influence:** A Child Welfare Executive Director (along with the agency’s Leadership Team) decides that based on recent agency data and a national scan of best practice, an area of the agency’s Mission, Vision and Values that will be of high priority to ensure the best possible outcomes for the children and families that the agency services is strengthening family engagement efforts.

**Leadership Influence:** The Leadership Team (Managers/Department Leads) of the agency takes the information from the national scan and selects models of family engagement that they believe will work best to improve outcomes for children and families within their jurisdiction.

**Tactical Expertise:** The Supervisors within the agency come together with the Leadership Team to define the ways in which the new family engagement strategies will be implemented by their staff.

**Service Delivery:** Staff successfully implement the new family engagement strategies directly with the children and families that the agency serves.

Continuous improvement of strategic support work, therefore, generally flows from the bottom of the pyramid up – functions first improve service delivery, then tactical expertise, then leadership influence, then strategic influence.

As they evolve, strategic support functions streamline and innovate how they do their foundational work so they can devote more and more capacity to adding higher levels of value. Examples of service delivery include automation and staff self-service (e.g., giving staff the ability to update their contact information through a web interface). Examples in tactical expertise include providing products and services that enable prevention (e.g., supervisor development programs that prevent employee relations issues) versus those that address staff problems and gaps that already exist.

Strategic support functions also need to develop the capacity to help the organization drive incremental, continuous systemic change using the OE framework. APHSA’s Building OE Capacity Guidebook provides guidance and tools for human services agency and strategic support function leaders interested in building OE capacity within their support functions.

Once an organization has identified priorities for systematic continuous improvement through a combination of reflective thinking and defining strategy, it can use chapter two to start leveraging strengths and closing gaps using a step-by-step approach that creates the conditions for improvements sustainable over the long term.

# Chapter Two: Systematic Continuous Improvement Work





## Overview of Chapter Two

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Chapter Two introduces facilitators and leadership teams to DAPIM™ and Learning by Doing approaches to systematic continuous improvement. Teams engaged in a facilitated Learning by Doing project or institute can use this chapter to become familiar with models, tools, templates, and methods to continuously improve in priority areas. These areas may emerge from any number of sources, including the following:

- A systemic continuous improvement process such as the one described in **Chapter One**.
- Priorities of a new leader or leadership team.
- Environmental changes like a shift in client population, changes in law or regulations, new funding opportunities, or major funding decreases.
- Data reports that raise concerns or identify opportunities for the organization to continuously improve its service to clients.
- Sanctions from courts or regulators that need to be remedied.

Resulting work products include the development and implementation of rapid and long-term continuous improvement plans as well as related communication and capacity plans. Participants in Learning by Doing projects or institutes also learn and practice monitoring techniques to assess their progress and adjust their continuous improvement work as needed.

**Section I: Experiential Learning and Learning by Doing** principles move from the traditional classroom training approach to a facilitated approach that empowers work teams to tackle their thorniest issues.

**Section II: Organizing for Continuous Improvement** requires finding the right mix of stakeholders and participants to serve on a Sponsor Team, Continuous Improvement Team, and Workgroups to champion and advance change.

**Section III. DAPIM™** is the systematic methodology for organizations to continuously improve everything they do, no matter how big or small. This five-step process is a cornerstone of OE practice that orients whole organizations and team towards systems change.

**Section IV. The Power of Systemic and Systematic** models and tools enables senior leaders to organize disparate improvement initiatives.

The tools and techniques in this chapter perform the double duty of helping an organization continuously improve in the chosen areas of focus while strengthening the organization's general capacity to learn, adapt, and continuously improve anything it chooses to focus on in the future.

As continuous improvement methods and techniques become internalized and intuitive for staff throughout the agency, they become the basis for ongoing reflection, critical thinking, improvement

making, innovation, and creativity. These methods also serve as the foundation for the agency's quality assurance process and practices. Not all improvement and innovation efforts have to be centrally managed to be important. In fact, it is at this micro level of self-correction and change that many of the best ideas for improvement and innovation begin to influence strategic thinking and agency-wide improvement and innovation.

As continuous improvement methods become fully embedded within the organization, they naturally reinforce the principles and practices advanced more formally by the organization's strategic plans and practice model.

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## *Chapter Two Templates and Guides*

Continuous Improvement Flowchart	p. 57
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Tracking Mid-Term Improvements At a Glance	p. 79
Tracking Long-Term Improvements At a Glance	p. 80
Continuous Improvement Plan Facilitator Guide and Template	pp. 84 - 88
Continuous Improvement Plan Goals and Action Steps At a Glance	p. 89
Capacity Building Guide	pp. 91 - 96
Communication Plan Facilitator Guide and Template	pp. 99 - 103
Chartering Teams Facilitator Guide and Template	pp. 107 - 110
Data Planning and Tracking Template	pp. 115 - 117
Systematic & Systemic Change Model	p. 120
Organizational Continuous Improvement Assessment (OCIA) Tool	pp. 121 - 127

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## Section I: Experiential Learning

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Real world observations in human services organizations reveal that most supervisors and senior managers start as frontline workers before moving up into more senior positions. The typical approach to preparing frontline workers for supervision and management is classroom training.

Classroom training content is generally theoretical, technical, and focused on policies and procedures. Little attention is given to hands-on skill development and coaching, and training content is rarely linked with the organization's overall strategy and key

initiatives. Skill development exercises during training typically rely on case scenarios and/or role-play activities to simulate the real world. These simulations rarely allow participants to experience the true implications of their decisions and actions and see how they might play out in real life. Back on the job, participants often find the direct application of materials challenging and experience little to no change in behavior or improved results.

This dynamic occurs not only on the individual worker level but on the organizational level as well. Leaders tend to be promoted up through an organization with little exposure to the development and implementation of effective strategic planning or experience with developing large, multi-year change plans. Human service organizations tend to change based on reactions to trends or legislation, often disconnected from an overall strategy or an upstream service delivery model and seldom driven by explicitly desired outcomes supported by data.

Research on adult learning suggests that the best way to strengthen professional skills and performance for frontline practitioners and organizational leaders is through the immediate application of new concepts and techniques to real work challenges. Experiential learning researchers have found that adults learn best by taking concrete experiences and reflecting on the results. These reflections allow learners to identify where they did and did not achieve desired results and how to approach similar experiences more effectively in the future. Learners then test these enhanced approaches in real-life situations, generate new experiences for reflection, analysis, and innovation, and enter an upward spiral of continuous skill development and performance improvement. They learn by doing.

## *Learning By Doing*

Inspired by this research, APHSA has developed an innovative approach to ongoing staff development called Learning by Doing. Unlike traditional training approaches, APHSA's approach has the following core elements:

- Working directly with intact teams who perform together day-to-day.
- Building safe, high trust, team-oriented learning environments.
- Encouraging teams to tackle real life challenges through creativity and experimentation.
- Facilitating continuous improvement for aspects of performance of greatest significance to the teams themselves.
- Building the capacity of participating teams to handle new and emerging challenges as an ongoing way of doing business.
- Using participant expertise and insight about their own challenges to determine which developmental models and tools to introduce and when to introduce them.
- Using an organizational needs assessment to determine developmental priorities in alignment with organizational goals and objectives.
- Measuring success by identifying concrete improvements to learners' performance on the job and to the lives of the organization's clients.

Learning by Doing moves from the traditional classroom training approach of involving participants from a variety of organizations and disciplines in trainer-led sessions to a facilitated approach that empowers work teams to tackle their issues. The result is a win-win of enhanced skills and knowledge for individual participants and real-life improvements to their organization's effectiveness, directly connected to the organization's strategy, and resulting in improved outcomes for clients.



## *Section II: Organizing for Continuous Improvement*

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When preparing to engage in continuous improvement or change management work, it is helpful to plan for what the structure of those involved with the project will look like. APHSA's OE practice recommends using the following method of organizing staff as work projects are designed:

### *Sponsor Team*

Successful continuous improvement and change management relies on strong internal sponsorship to become a way of doing business within an organization. When they decide to embark on OE work, executive teams become "Sponsor Groups" accountable for defining the high-level vision, specific priorities, and conditions of success for continuous improvement efforts. They are also accountable for securing resources required for success. One crucial resource is people power, and one of a sponsor group's most important tasks early in a continuous improvement process is the creation and chartering of a Continuous Improvement Team.



A **Flow Chart of a Continuous Improvement Effort** is on page 57.

### *Continuous Improvement Team*

The continuous improvement team is the coach and guide of continuous improvement or change management efforts. It is responsible for the mezzo-level change work described in chapter one as well as for creating the conditions for embedding micro-level change work throughout the organization. The team's members set the direction for and guide continuous improvement work day-to-day.

The continuous improvement team assumes hands-on responsibility for improvement efforts during a facilitated process and maintains responsibility following the conclusion of formal facilitation. A continuous improvement team should be large enough to represent key internal stakeholders (e.g., major departments and/or offices) but small enough to make recommendations and decisions. In large organizations, continuous improvement teams generally have 10-15 members, while in smaller organizations they generally have 3-5 members.

Continuous improvement team members should be viewed as local content experts. They should also have a commitment to continuous improvement and a willingness to become knowledgeable in OE and the tools and techniques of continuous improvement. The team should include representatives from all levels, major departments, and/or offices of the organization. Members should have the ability to build trusting relationships internal and external to the organization in order to obtain buy-in for continuous improvement efforts, secure resources from senior leaders, charter and oversee work teams, make recommendations to senior leaders, and model micro-level continuous improvement work for others in the organization.

The initial development of the continuous improvement team involves coaching and support from an experienced OE facilitator in defining, assessing, and initial planning of improvements. The team then assumes primary accountability for implementing, monitoring, and sustaining the improvement effort. The team's work is strengthened if the organization has developed a strategic playbook and high-level Roadmap for Change (see **Chapter One**) as these macro-level change tools can help the team stay aligned to the organization's strategic priorities throughout the continuous improvement effort.

The Continuous Improvement Team reports to the Sponsor Team. This reporting structure allows for the organization's leadership to review continuous improvement plans and all chartered work, providing feedback and support. Continuous Improvement Teams generally meet at least one to two times per month to monitor implementation of plans, review the products and progress of work teams, and plan and monitor communication of progress to staff and the Sponsor Team. The CI Team generally provides the Sponsor Team monthly updates, either in person or in writing. Roles on the team should include a project management lead to organize the session logistics and communicate with the facilitator, fellow team members and a Sponsor Team representative (as needed).

## *Workgroups*

Workgroups engaged in the improvement effort by the Continuous Improvement Team are time-limited and focused on a particular area of improvement work. Workgroups complete mezzo-level change management work for the specific area of the overall continuous plan assigned to them. Workgroups can become engaged at any time in the continuous improvement process. They are activated when the Continuous Improvement Team identifies improvement remedies that require team activities -- remedies for which new product, policy or process design work is required. Work teams are typically chartered by the continuous improvement team so that they are aware of the expected outcome, timelines, limitations, and resources available to them. Workgroups may also include members of the community being served or those with lived experience with the agency that is engaged in the continuous improvement efforts.



Like the Continuous Improvement Team, workgroups should be small enough to accomplish the tasks at hand yet large enough to have cross-department representation and input. Members should also be viewed as primary people responsible for implementation and follow through on specific commitments made. Workgroups should report directly to the Continuous Improvement Team to allow monitoring and evaluation of the workgroup's efforts.



While workgroups are generally chaired by members of the Continuous Improvement Team, they engage in mini-DAPIM™s, increasing staff members' exposure to OE tools and methods. This creates the conditions for micro-level change management work to spread throughout the organization.

By organizing in such a structured way and with clearly defined communication paths, everyone in the organization becomes aware of and involved in the work of building a more effective organization.

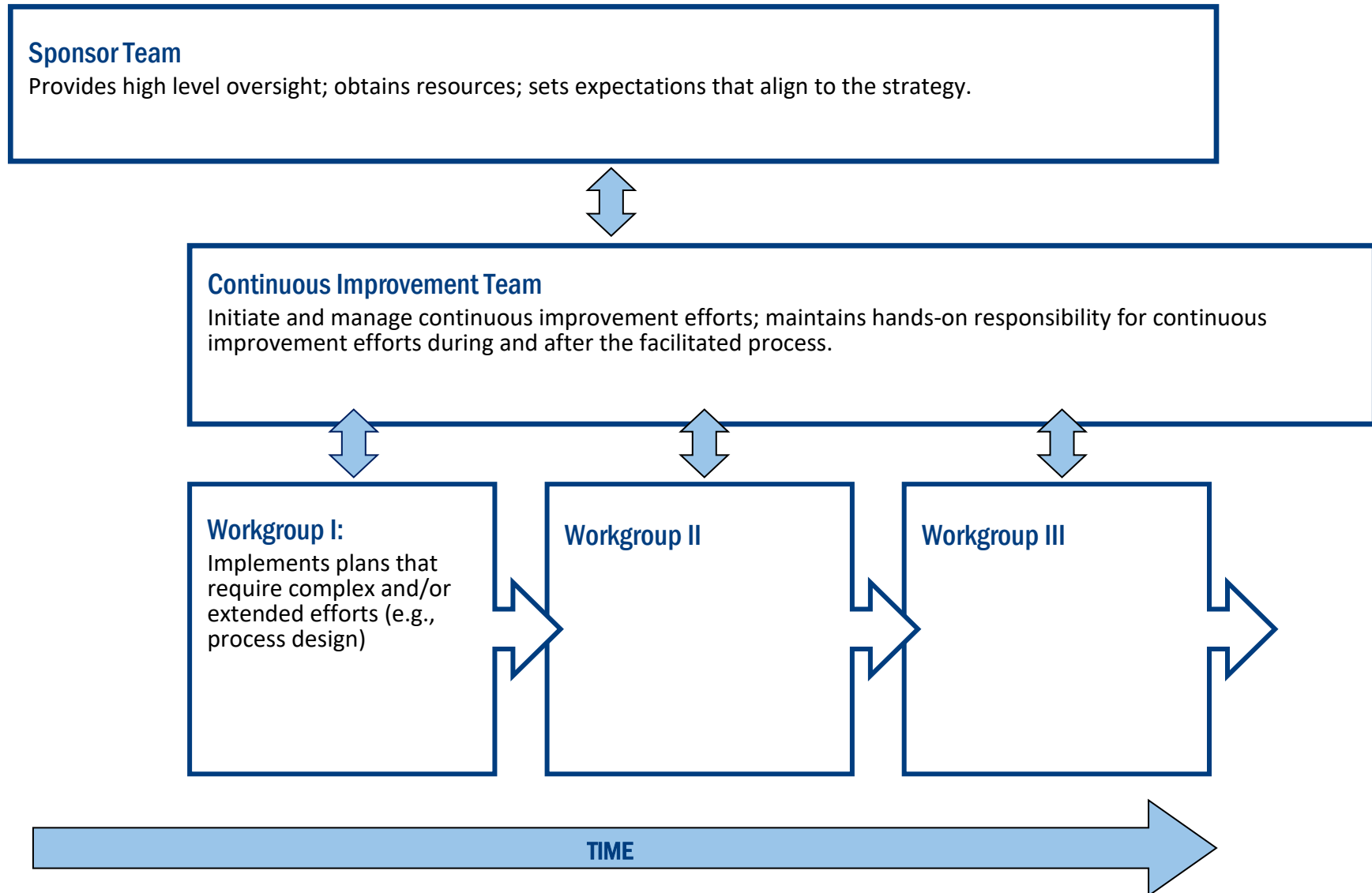
On the next page you will find a visual depiction of the **Continuous Improvement Flowchart** as outlined above.



# Continuous Improvement Flowchart



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## Section III: DAPIM™ (Define, Assess, Plan, Implement, Monitor)

Organizational Effectiveness (OE) is a “systematic and systemic approach to continuously improving an organization’s performance, performance capacity and client outcomes.” **DAPIM™** is APHSA’s approach to systematic continuous improvement. APHSA has found that to improve something, you must:

### Step One:

**Define** priority improvements in operational terms or what we call a Desired Future State.

### Step Two:

**Assess** observable, measurable strengths and gaps. Identify root causes and general remedies for priority gaps.

### Step Three:

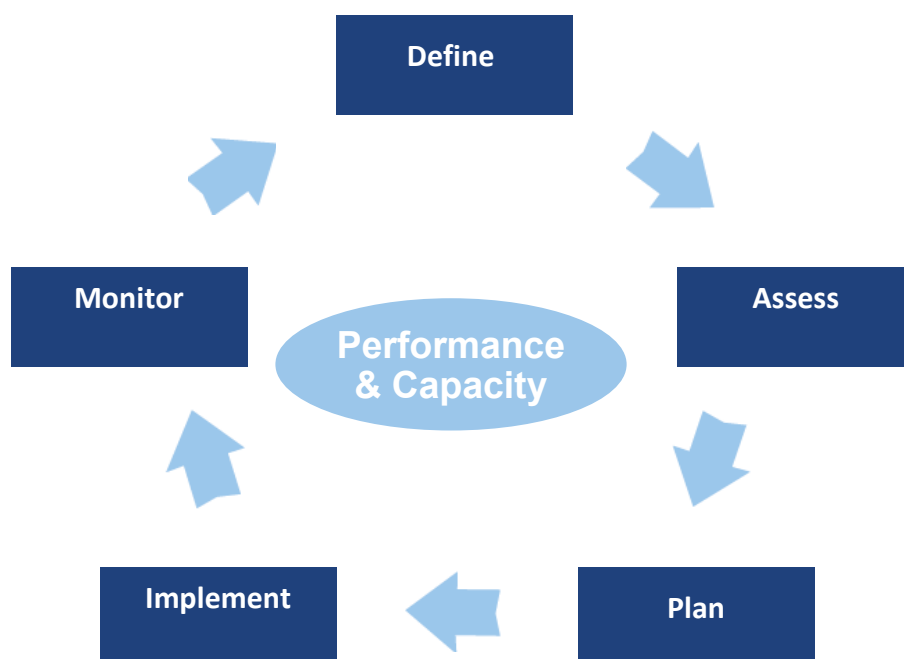
**Plan** quick wins, mid-term, and long-term improvements.

### Step Four:

**Implement** action plans while managing communication and capacity.

### Step Five:

**Monitor** progress, impact, and lessons learned for accountability and on-going adjustments.



Organizations experienced in the DAPIM™ approach use it to continuously improve everything they do, no matter how big or small. At any given time, they may be engaged in a multi-year “big DAPIM™” improvement effort to make fundamental improvements to practice while running multiple “mini DAPIM™s” to eliminate inefficient processes, respond to unexpected shifts in the environment, overcome obstacles, etc. In this way an organization can be doing work associated with all steps of the DAPIM™ approach at any given time. You will see a visual of the DAPIM™ flywheel on the next page as well as an analogy describing how the flywheel works.



DAPIM™ MODEL
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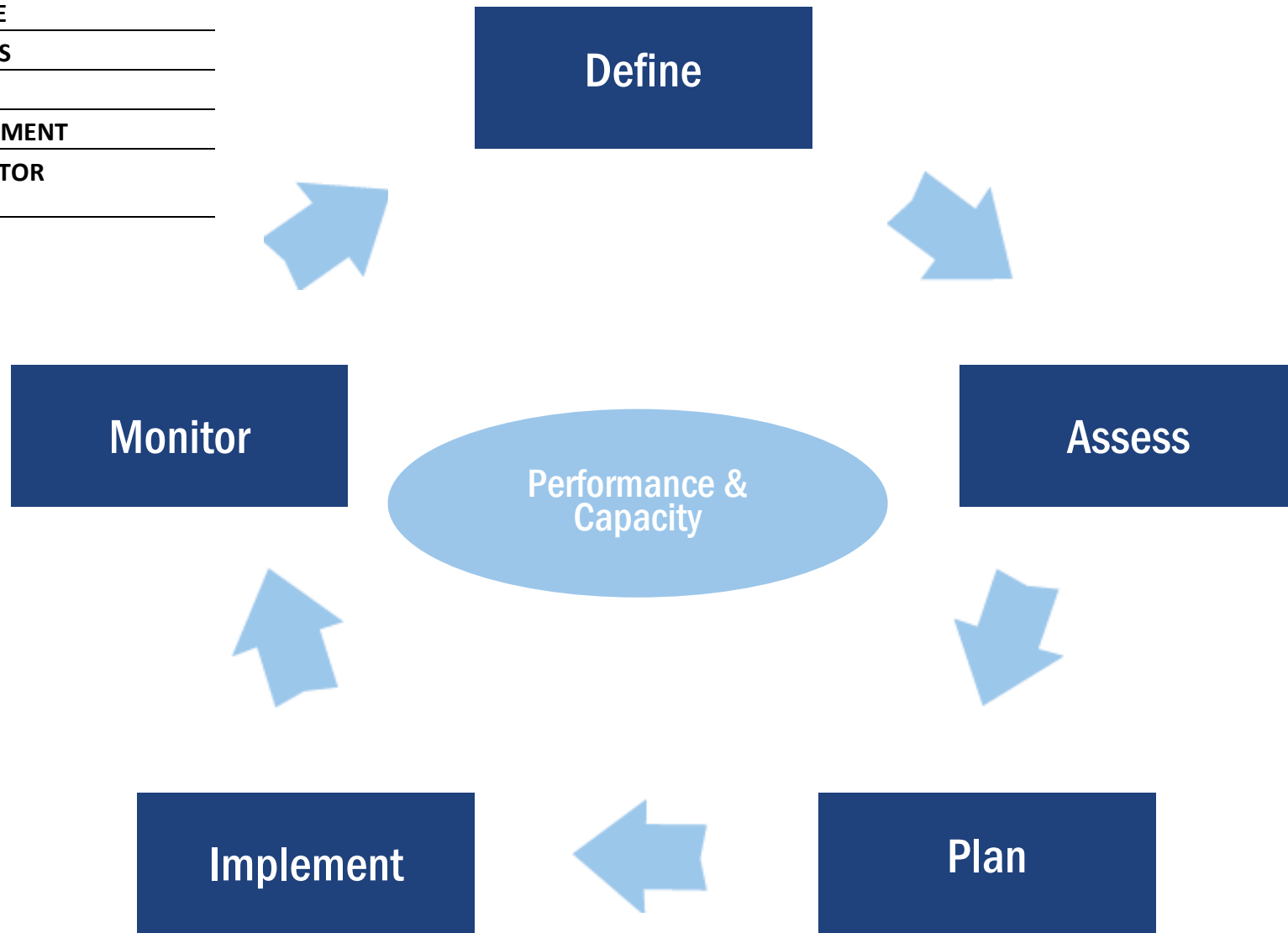
DEFINE
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ASSESS
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PLAN
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IMPLEMENT
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MONITOR
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A flywheel is a little wheel connected to a larger wheel. A bicycle is an example of a device that uses flywheels. When you ride a bicycle, you typically start out in first gear, peddling hard while making only modest progress. Sometimes you even need to stand up to get the strength to get the bicycle moving forward. Each time you peddle, it becomes easier. You move into higher gears and begin to move faster and faster.

Using the DAPIM™ approach is like riding a bicycle. The first time that participants turn the DAPIM™ flywheel they may find it hard and that it takes significant time and energy. Learning and applying new concepts to real life work situations takes time and focused thought, as they are unfamiliar. As participants use the DAPIM™ approach in their day-to-day work, it becomes easier and eventually becomes intuitive, just like riding a bicycle.



## Step One: Define

Defining what you aim to improve is the first step in Organizational Effectiveness work. Teams first define what they are going to focus on, in observable, measurable terms and in line with the organization's strategy. We call this their "desired future state." Typically, teams will only perform as well as their shared understanding of and commitment to the team's desired future state, its outcome objectives, and strategy to achieve those objectives. Defining a Team's aim or desired future state provides a clear and agreed upon goal and begins the path to achieve the goal.

### Define

Some teams define their aim and specific areas of focus by identifying their desired future state, while others do so by identifying the various operational elements of the area of work they want to improve. These teams choose to identify their desired future state as part of assessing their current state. An example would be communication. Team A might describe the desired future state, including something like "we are all open and honest with each other as a standing ground rule in our team meetings." Team B might start by first identifying "how we interact in our team meetings" as one element of defining communication for them, and then developing a desired future state as a natural part of identifying related strengths and gaps. Team A takes a more deductive and strategic approach, while Team B takes a more inductive and inside-out approach. Both teams get their continuous improvement efforts started in productive ways.

Another strategy that an OE Facilitator might employ to assist a CI team in beginning their Define work is to spend time with them initially "defining the problem to be solved". In other words, before a CI team can begin to describe their desired future state, or assess their current behaviors, the members of the team should first agree to the scope and nature of the problem that has brought them together as a CI team. This will help prevent members of the CI team having different interpretations of what they are working on together.





Following up with the communication example listed above, a statement such as “we have a history of communication errors or gaps that has caused us to provide poor client service, function inefficiently, and make public statements that have caused the organization problems. We are here to develop a method and process for internal communication that will serve to improve our internal functioning as well as client service.” A statement like this can serve as a touchstone for the facilitator to come back to if it feels like the group is moving off target or down a tangent that the facilitator

cannot connect back to the “problem to be solved”.

This strategy of developing a clear “problem to be solved” statement for the CI team can also be completed by the Sponsor Team and provided to the CI Team. This defining work should help assure that everyone on the CI team is working on the same problem together and leaves no doubt as to the purpose and function of the CI team as well as providing clarity for the CI team as they begin their defining work.

**Chapter One** laid out a systematic and systemic way to identify areas of focus that address key organizational gaps and their root causes. This holistic approach is rigorous and recommended for organizations seeking to drive comprehensive improvements in their system in alignment with an overarching strategy. It is not, however, the only way to get started driving continuous improvement.

Many organizations identify their initial areas of focus through an “inside out” approach -- targeting areas, for example, that have been persistent areas needing improvement and/or have high buy-in from staff and external stakeholders. APHSA has found that the key to sustained organizational effectiveness lies not in where improvement efforts begin, but in whether organizations sustain continuous improvement work over time and slowly, but surely, expand their scope of continuous improvement work.

Another critical principle of being an effective organization is that continuous improvements are made in both task and relational areas. Working on just one will not get the organization closer to their desired future state, and working in balance on both will yield returns greater than the sum of the parts, because the improvement areas are interconnected. The achievement of relationship-task balance can be reinforced at many stages of a continuous improvement effort. These stages include defining topics for improvement, assessing strengths and gaps, identifying root causes, and planning quick wins.



Regardless of whether an organization uses a formal organizational assessment or a less formal approach to define the focus of a continuous improvement effort, and regardless of whether it explicitly defines a desired future state, the important thing to accomplish at this phase is to engage internal staff and external stakeholders in selecting areas for continuous improvement. This work should be in line with the organization's strategy and should begin with defining in behavioral, observable, and measurable terms what the focus area(s) looks like when they are effective. This way, later monitoring efforts can be connected back to the problem, scope, or desired future state that originally launched the improvement effort.

The following categories can help guide OE participants in generating comprehensive definitions and building the desired future states of the area(s) of focus:

### Defining the Client

- What is the population you should be serving, and how might this population change and/or remain the same in the future based on current political trends and social trends, both positive and negative?
- What outcomes do you want for the client? How will we know when those outcomes are achieved? What will we see, hear, or experience?

### Defining the Desired Practices, Products and Services

- Based on the population served and desired outcomes, what practices, products and services should you offer to your client?

- How should these practices, products and services be offered? How will we know that they are being received by those they are intended for? What will we see, hear or experience?
- Why would you offer them? What value are they to your client? How will we know that they are valued?

### Defining the Organizational Structure

- What should the vision and mission of the organization be to lead you to your desired state?
- How should your organization be structured to support the work that needs to be completed to reach your desired state?
- What procedures should be in place to support the flow of work that needs to be completed?
- How many staff members do you need to employ, what roles and responsibilities should they have and what educational and work experience you're looking for in staff?
- How should your staff be trained and what technical support needs to be provided to the organization to reach your desired outcomes for clients?
- How will we know that we have designed our structure in a way that is successful in helping us to reach out desired future state? What will we see, hear or experience?

### Defining Performance Capacity to Achieve the Desired State

- **Data & Analysis:** What type of data will you need to monitor desired outputs and outcomes and who will you need it from?
- **Trust:** What behaviors do you expect of yourself and your staff to create a trusting environment?
- **Values:** What should the values of the organization be to lead you to your desired state? How should these values be behaviorally displayed in the work environment – both internally and externally?
- **Budgeting & Fiscal Capacity:** What type of financial resources will you need to reach your desired state (e.g., to deliver products and services and employ qualified staff, manage improvement effort)? How will these resources need to be managed?
- **Workforce Capacity:** What type of leadership will be needed to manage continuous improvement efforts? What qualifications will staff need so their performance will lead to desired outcomes? What type of development support will the organization need to achieve desired outcomes?
- **Strategic Support Capacity:** What should the capability of the organization's strategic support functions (e.g., human resources, information technology, policy and finance) look like to assist the organization in achieving its desired outcomes?

It is important when answering these questions that Teams do so in a “present tense” form. Meaning, when answering the questions related to their desired future state they should respond as if the

desired future state is occurring already and as if their goal has been achieved. This will allow the OE facilitator of the discussion to use their statements to craft a Desired Future State that the Team can use as they move forward with their continuous improvement or change management work.

**Drafting a Desired Future State:**

- Look for themes, repeated or related information
- Create in the present / current tense
- Create a sentence or two or a short, bulleted list
- Use the language of the participants
- Draft a few options for the participants to choose from



As stated earlier, taking the time needed to define aim or a desired future state helps teams gain clarity about what they are working to improve. Shared and clear aim statements or desired future states can be the glue that keeps team members working in concert toward high level, common objectives. It is common for new teams to have uncertain or limited aims as they struggle toward group consensus on goals.

It may even benefit teams at times to maintain uncertain aim, allowing them to test various methods of achieving their objectives or defining desired outcomes. The team can adjust its aim and defined areas of focus as it receives new information, learns lessons, and/or decides as a group to shift desired outcomes or strategy. This process can lead over time to steadily improving team performance and capacity.



## Step Two: Assess

Once OE participants have defined the focus for continuous improvement or desired future state, they will need to complete an assessment of the current state of the organization in relation to their Desired Future State. This assessment can then be compared to help identify strengths, gaps in services, and areas needing improvement.

### Assess

The assessment serves as a baseline to compare against a desired future state as well as a reality check prior to planning and implementing improvement efforts. The assessment generates and then tests tentative hypotheses about strengths and gaps. In concrete terms, findings are statements of something observable or measurable about a current situation of the thing you would like to improve.

Findings include current strengths that position the organization for success and gaps that stand in the way of success. An example of a finding might be “Staff members take 2-3 long breaks every day that last as much as 30 minutes” or “Staff absenteeism averages 10% or more each day.” Continuous improvement teams can analyze, troubleshoot, and monitor behavioral and/or quantifiable findings such as these for improvement over time more effectively than findings that include value judgments such as “staff is lazy, and its morale is bad” or “staff does not care about our customers.”



Findings should include both strengths and gaps within the organization. Strengths often have untapped potential to help close gaps and become valuable assets when participants start developing remedies. Examples of strengths include “client feedback and survey scores regarding customer service are rising” or “our team now meets with a structured agenda.”

Once they have a full set of findings, Continuous Improvement Team members are able to prioritize the identified gaps. These

gaps are the primary focus of the continuous improvement work.

## Completing the Assessment

Completion of the assessment phase of an improvement effort using the DAPIM™ approach may occur in conjunction with the facilitation of a CI team or may be part of a more rigorous, in-depth process that requires data gathering from various sources, including those outside of the CI team. The more



rigorous the assessment the more confidence OE participants and the stakeholders can have in the findings that result.

Regardless of the level of rigor, the assessment needs to consider data from all levels of the organization and key stakeholders.

For situations that require a more in-depth assessment the following steps are recommended:

1. **Formulate a desired future state** with sponsors of the assessment.
2. **Secure Sponsor Team agreement** that data will be held confidential (i.e., individual responses cannot be connected with individual participants).
3. **Identify with the Sponsor Team** who needs to be interviewed / participate in the assessment (i.e., who has the information on the current state). Consider all levels of the organization as well as external clients and other stakeholders.
4. **Develop a question set** to collect data on the current state.
5. **Organize the questions** into general categories of inquiry, in alignment with the Sponsor Team's desired future state.
6. **Define the general categories of inquiry** in operational and observable terms.
7. **Use a mix of strategies** for collecting data, for example:
  - a. Records review
  - b. One-on-one interviews
  - c. Focus groups
  - d. Surveys
8. **Conduct a records review.** Review quantitative, multi-year trend data on client outcomes (e.g., time to permanency for foster children and youth, percent of TANF clients who secure and maintain employment paying a living wage) and organizational outcomes (e.g., staff retention, eligibility processing timeliness and accuracy rates).
9. **Assure that confidentiality will be maintained** for participants of interviews, surveys and focus groups by informing them upfront that data will be reported in aggregate form with no way to connect them with their individual responses.
10. **Develop operational and observable findings** from your data, for example by:
  - a. Collecting and analyzing a first set of data to develop initial hypotheses (typically records review and an initial set of interviews).



- b. Testing hypotheses and refining them into findings during subsequent data gathering and analysis (typically a second round of interviews and focus groups plus additional, targeted records review, if needed).
11. **Draft a findings report**, which is a key work product from an assessment. It should include:
  - a. Strengths and gaps.
  - b. Possible root causes and general remedies (if in the data from interviews and focus groups).
  - c. Sources of findings (e.g., clients, private providers, staff from Division A), while maintaining individual confidentiality.
  - d. Direct quotes from participants in interviews and focus groups.
  - e. Quick wins from the data collected.
12. **Complete root cause and general remedies analysis** using the findings.
13. **Reference existing documents** such as Strategic Plans, previously completed focus group notes or staff survey information, QSR or CFSR reports, etc.

#### Completing the Assessment:

- Serves as a baseline to compare against the Desired Future State
- Provides findings and insights
- Asks two key questions
  - What are the strengths that will assist you in getting to your Desired Future State?
  - What gaps/barriers/challenges exist that will prevent you from getting to your Desired Future State?
- Can be conducted using many methodologies
  - Focus groups
  - Surveys
  - Interviews
  - Record reviews
  - Previous reports and other findings

When conducting **interviews or focus groups**, the goal is to get participants to talk in specific, behavioral terms about the aspects of the focus area they are most knowledgeable about. Interviewers select in advance a subset of assessment questions most relevant to the audience and use these questions to guide the discussion in a way that covers all major bases while still allowing for a natural flow. While it is important to gather a comprehensive set of data across all interviews and focus groups, each individual interview or focus group need not be fully comprehensive.

Taking this flexible approach allows each group to provide in-depth data in areas of particular interest and expertise. In selecting question sets for subsequent interviews or focus groups, the interviewer can

steer the discussion toward areas of interest for which there is not yet enough data to generate findings with confidence.

**Survey questions** should be a combination of open-ended and forced-choice questions/responses and in no way be able to connect responders to their answers. If a survey is to be completed online, aim for no longer than 10 minutes of completion time. When developing the survey, the CI Team needs to consider which questions should be mandatory by considering each question individually. Would we rather have some information from many responders or all information from a few responders? A typical web-based survey response rate is 40-50% (if the completion time is 10 minutes or less).

When drafting **written findings** to prioritize and use for root cause and general remedy analysis, interviewers use the language of the individuals and groups interviewed versus reframing findings into the interviewer's language. The interviewer may group and flow findings for ease of understanding and use but should not assign explicit or implicit priorities to the findings by emphasizing a subset of them or including them in an executive summary. Prioritization is work the Continuous Improvement Team does as the first step in building a bridge to planning, and it is important for that work to not be prejudiced by conscious or unconscious intervention by the interviewer.

### Build the Bridge to Planning

Once OE participants have findings in which they have confidence, they need to build a bridge from assessment to planning. This work involves group input, brainstorming and dialogue to determine the priority order of identified gaps, root causes of gaps, and general remedies to address root causes.



### Prioritizing Gaps

Prioritizing gaps enables the organization to scope out resulting improvement efforts in a thoughtful manner likely to yield the best results for sustained continuous improvement. Prioritization can be completed successfully using any number of methods. The main thing to remember during the prioritization process is to obtain group input on the level of importance for each identified need area.

**Facilitators can help groups prioritize gaps by posing reflective thinking questions about which gaps:**

- Relate most directly to the organization's strategic priorities?
- Have the greatest negative impact on clients?
- Are most visible to staff and would have a powerful positive impact if closed?
- Are most visible to senior leaders and/or key external stakeholders (e.g., legislators, client advocates, the media) and would build buy-in for sustaining continuous improvement work over the long term?
- Are you, the Continuous Improvement Team members, most passionate about?
- Energize you the most?
- If remedied would most quickly get you to your desired future state?
- Have related strengths that help close the gap?

Prioritizing gaps creates a natural path to root cause and general remedy analysis. Once gaps are prioritized, natural connections to each other and to root causes for the gaps become more apparent, and the group can start root cause and remedy analysis in areas where its interest and energy are high.

### Root Causes and Remedies

Root cause and general remedy analysis ensures that time, energy, and other resources used to plan, implement, and monitor improvements are targeted to address fundamental causes of organizational challenges, not just symptoms of deeper issues.

Models, tools, tip sheets, and resources found in Chapter Five of this Handbook can help OE Facilitators and participants conduct root cause analysis by providing frames of reference for analyzing specific gaps, grounded in research and the combined experience of other organizations that have completed continuous improvement efforts.



For example, if decision-making is found to be top down, then decision-making models can help the organization determine why that may be the case and help participants identify how decisions should be made and what type of decision-making works best in various situations.

Root causes and general remedies can be task or relationship oriented. Task-oriented root causes and general remedies focus on how the work of the organization gets done. Relational root causes and general remedies focus on behind-the-scenes processes that lead to performance outcomes.

The following are examples of **Task-Oriented Root Causes and Remedies**:

- **Organizational Structure:**
  - Tiers and Functions
  - Roles and Numbers
- Goals, Standards and Measures
- Policies and Procedures
- Processes and Methods
- Internal Programs, Services, and Tools
- Staff Capacity:
  - Time Management
  - Skill Set (technical/general)

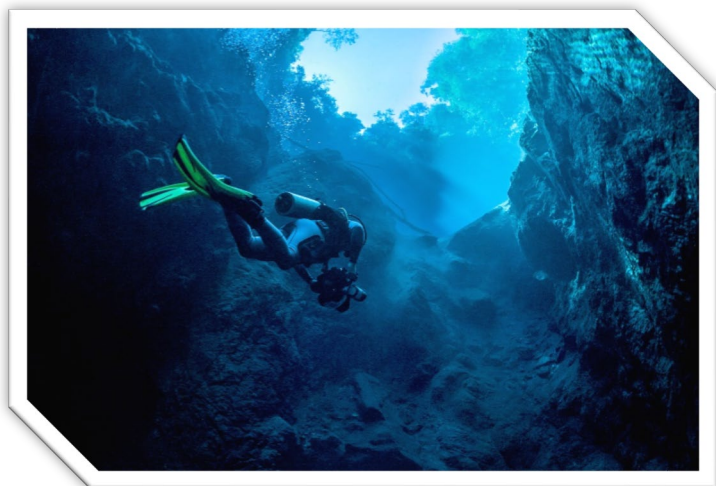
The following are examples of **Relationship-Oriented Root Causes and Remedies**:

- Culture and Values
- Resistance and Power
- Communication
- Decision-Making
- Teamwork and Collaboration
- Community Partnerships
- Daily Behaviors and Motivations

When identifying root causes, OE participants should ask themselves the following question, based on assessment findings: “What is not working well, and why specifically is that?” until they discover



tangible and actionable root causes for the gaps. Root causes can apply to multiple gaps within the organization and individual gaps may have several actionable root causes.



It may take multiple times (sometimes even up to seven) of asking the questions of “why is that?” before a root cause becomes apparent. Root cause analysis generally continues until an actionable general remedy to the gap and its root cause appears readily, at which point the team can move on to planning.

An example that touches on a common issue in continuous improvement work is staff resistance. When not subject to thoughtful root cause analysis, staff resistance may be ignored, attacked, or misunderstood. But the

deeper, actionable root cause of resistance is often constructive, such as when staff agrees with the improvement objectives but have different perspectives that, if brought into the planning, would strengthen the continuous improvement efforts.

Prior to beginning the work of taking identified root causes into planning, facilitators should revisit the work that the CI team did during the Define stage of the process and assure that the CI team clearly sees the linkage of how addressing their identified root cause will help them get to their desired future state, and ultimately improve client outcomes.

Sometimes, CI team members are very “concrete” in their thinking and not accustomed to systemic work. If a CI team came together to develop a new method for doing client intake, they may not readily make the connections between their root cause analysis and related remedies to that concrete goal. It may need to be explained by the OE facilitator that if the root cause issues identified are not addressed (for example communication issues, policy barriers, or staff capacity), the new method for doing client intakes will soon fall into similar problems that the current method has. This would likely be due to the CI team not addressing the actual root cause of why a new intake method was needed.

By connecting the work of the root cause analysis and remedies back to the desired future state of the organization and the desired outcomes of the organization’s work, the facilitator helps the CI team maintain that line of sight through the planning, implementation, and monitoring processes that follow.

General remedies can take many forms, but there are three types of actionable remedies for identified root causes:



- **Recommendations:** remedies not in the Continuous Improvement Team's control that must be referred to others in the organization for consideration.
- **Decisions and Commitments:** remedies in the Continuous Improvement Team's control that do not require development of new tools and/or processes to implement.
- **Team Activities:** remedies in the Continuous Improvement Team's control that require development of new tools and/or processes to implement. Team activities may involve chartering a work team to perform the "mini-DAPIM™" work of designing and planning implementation of specific remedies.

Using these categories of general remedies as a guide, OE participants can complete the bridge to planning by identifying one or more general remedies for each root cause of a high priority gap, keeping in mind that multiple root causes, and therefore multiple gaps, may also be addressed with a single general remedy.

Facilitators can identify and facilitate appropriate team activities after improvement priorities have been well-defined or after thorough root cause analysis and remedy work has been completed. To help new facilitators link team activities with topics that are either task or relationship oriented, the team activities in this chapter have been organized in this manner.

Facilitators and the teams they support conduct team activities most frequently during the Plan and Monitor steps of the DAPIM™ process. While preparing to begin planning, facilitators and teams should consider completing team activities to address root causes that have direct impact on the continuous improvement team's ability to operate with maximum effectiveness (e.g., time management, trust). During monitoring, discussions regarding progress, impact, and lessons learned often identify additional areas for continuous improvement. Some areas can directly be addressed immediately through team activities and others require adjustment of the continuous improvement plan.

At this point in the process, OE participants have a list of general remedies to be planned for but not yet the plans themselves. It is important to note that by keeping remedies general during root cause analysis, the full assessment can be completed. Continuous Improvement Teams often want to jump directly to solutions without doing all the necessary assessment work around gaps that create the bridge to planning.

As Continuous Improvement Teams and their Facilitators move to planning and preparation for implementation, they should become familiar with APHSA planning tools, including the following:

- Continuous Improvement Plan Template
- Communication Planning Template
- Capacity Building Guide and Tools
- Data Planning Template
- Developing Charters Template

- Tracking Quick Wins Template

These tools were developed by various OE consultants on the APHSA team and therefore reflect a diversity in styles. The approach, however, to identifying topics for facilitation should always be diagnostic and consultative.

The key to a diagnostic approach is to ask open-ended questions with few leading questions or indications of right and wrong answers.

The key to a consultative approach is to build trust and relationships during the process by shaping questions and follow-up probes to the language and viewpoint of the organization, not to those of the facilitator. Facilitators in a consultative mode also move dynamically and iteratively around the team activities and resources, as opposed to sticking rigidly to a predetermined sequence or set of questions.



## Step Three: Plan

Planning, the third step in the DAPIM™ approach, can begin after the bridge has been built and a set of prioritized root causes for gaps has been established. There are essentially three types of continuous improvement planning – quick wins, which can start being identified and implemented as gaps are being identified, mid-term improvement planning, and long-term improvement planning.

### Plan

#### Quick Wins and Mid-term Improvements

When planning quick wins and mid-term improvements, OE participants identify things that can be implemented immediately and completed within 30 days (quick wins) or within six months (mid-term improvements). Quick wins and mid-term improvements make immediate impact and buy the organization time, build credibility and staff buy-in, and begin to build staff capacity for long-term planning and continuous improvement.

As stated, quick wins are things that can be implemented within 0-30 days. They are included on your remedies list and may accomplish the following:

- Enhance key initiatives already underway
- Address needs that are obvious, big, and essential to client service delivery and relationship stability
- Build the involvement and the confidence of clients and staff- quick, visible wins
- Stretch current resources to an untried level, yet... eliminate or curtail lower-priority capacity eaters
- Enable deeper future assessments and planning
- Are symbolically powerful

First, identify the “quick wins” from the remedies list, you believe can be implemented to have the most impact on the organization and record your findings in the space below. Then discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team. You can use the **Tracking Quick Wins At-A-Glance Tool** on the following pages to record commitments made by the team when identifying quick wins.

By implementing quick wins, teams become energized by the improvements they see within the organization. The climate may begin to feel more positive; the culture may begin to be more participative and inclusive, and desired outcomes associated with continuous improvement may appear to be in place. Quick wins do come with caution. Participants may develop a false sense of security and feel there is no need to engage in the tougher work of developing and implementing longer-range improvement plans.

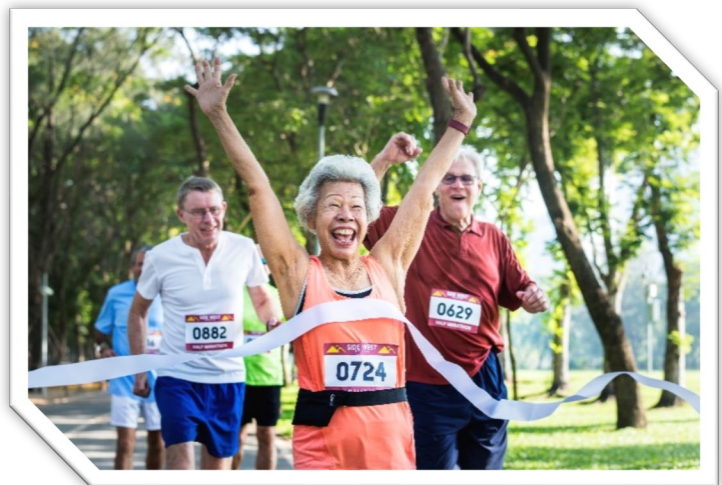


An efficient way to monitor quick wins is to record the main objective on a form along with the person responsible and completion date. During routine department meetings those accountable for the action can give brief updates on the status, enabling everyone to track the status through to completion. This keeps the quick wins on the radar and allows for communication that keeps everyone on the same page.

## Long-Term Improvements

Long-Term improvements identified take place over time, generally six months to two years. Long-Term improvements often need additional levels of support, buy-in and resources in order to be effective.

First, identify the long-term changes, from the remedies list, you believe should be implemented first to support the organization in reaching its Desired Future State. Record your findings in the space below. Then discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team.



Regardless of whether an improvement is a quick win, mid-term improvement, or long-term improvement, the organization should commit publicly to an improvement plan. When committing to a quick win, the plan can be as simple as a verbal commitment by all team members with a tracking tool

prepared to list the quick win, person(s) accountable for implementation, due date for implementation, and status. The purpose of the tracking tool is to remind the work team of commitments made, track accountability, and monitor progress.

Please see the suggested templates on the following pages for capturing quick wins, mid-term improvements, and long-term improvements.



# Tracking Quick Wins At-A-Glance



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Action to be Taken	Who is Responsible	Anticipated Completion Date	Status (Completed, in-progress, not started)





# Tracking Mid-Term Improvements At-A-Glance



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Action to be Taken	Who is Responsible	Anticipated Completion Date	Status (Completed, in-progress, not started)



# Tracking Long-Term Improvements At-A-Glance



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Action to be Taken	Who is Responsible	Anticipated Completion Date	Status (Completed, in-progress, not started)

## Continuous Improvement Plans

Once the quick wins and mid- and long-term improvements have been agreed upon by the team, it is time to develop written Continuous Improvement Plans for each Action Item. The purpose of the Continuous Improvement Plan is to:

- Commit explicitly to improving client outcomes and services over time.
- Build agency credibility with stakeholders and staff.
- Get everyone on the same page about organizational improvement work to be done, how it will be rolled out over time, how different initiatives are connected, and why staff matter.
- Reinforce a culture of accountability, data-driven assessment, follow-through and ongoing adjustment.

The development of Continuous Improvement Plans is an ongoing process based on the priority order selected by the assessment team and completion of plans.

Long-term improvements identified by OE participants take place over time, generally six months to two years. Longer-term changes often need additional levels of support, buy-in and resources to be effective.

When beginning planning efforts, it is essential for OE participants to consider all three types of improvement: quick wins, mid-term improvements, and long-term improvements.

Regardless of whether an improvement is a quick win, mid-term improvement, or long-term improvement, the organization should commit publicly to an improvement plan. When committing to a quick win, the plan can be as simple as a verbal commitment by all team members with a tracking tool prepared to list the quick win, person(s) accountable for implementation, due date for implementation, and status. The purpose of the tracking tool is to remind the work team of commitments made, track accountability, and monitor progress.

Mid-term and long-term improvements require more formalized, written plans or Roadmaps. Whether verbal or written, a project manager should be assigned to oversee the creation and monitoring of the improvement plan.

The purpose of the written continuous improvement plan is to:

- Commit explicitly to improving client outcomes and services over time.
- Build organization credibility with stakeholders and staff.
- Get everyone on the same page about organizational improvement work to be done, how it will be rolled out over time, how different initiatives are connected, and why they matter; and,
- Reinforce a culture of accountability, data-driven assessment, follow-through, and ongoing adjustment.

An effective continuous improvement plan includes the following elements:

- **Brief Description:** What do you intend to do?
- **Rationale:** Why do you intend to do it (your business case)? (What are the findings regarding the problem and the root causes for the findings)
- **Objective/Outcome:** What will success look like for the organization and its clients? (Desired outcomes of the planning process; this is the desired future state of the defined problem)
- **Timeframes for Improvement Initiatives:** When will the improvement take place? (Quick Win, Mid-term Improvement or Long-term Improvement)
- **Responsible Group:** Who will be accountable for implementing the improvement?
- **Specific Activities and Tasks:** Who will do what by when? (Strategies and Actions)
- **Overcoming Obstacles:** What are your potential obstacles and how will you overcome them?
- **Communicating the Improvement Effort:** What will you say and to whom? Who will deliver the message (director, managers, or supervisors)? What form will the message be delivered in (written, verbal)? Where will the information be shared (all staff meetings, department/unit meetings)?
- **Monitoring Plan Progress and Impact:** How will you chart your progress and the impact it is having? What will you track? What methods/tools will be used?
- **Sustaining the Improvement Effort:** How will you ensure the improvement effort continues to be implemented? What methods/tools will you use for accountability?
- **Budget and Resource Implications:** Is this a “no-cost” or “low-cost” effort or will money be needed to support the improvement? If funds are needed, how will they be secured? What resources, if any, will you need and who will you need them from?
- **Connection and Alignment to Agency Values/Practice Model/CFSR Outcomes/Human Services Value Curve:** How do the objectives and outcomes of the improvement effort align / connect with the work happening within or practice of the agency?  
This is an important component to demonstrate how the improvement effort builds off current work / practice and is not something new.



Most long-term plans (6 months-2 years) require phased efforts and multiple pieces of work that need to be completed. For each of the major initiatives in a continuous improvement plan, the organization should do the following:

- Develop work capacity plans including finance and resource plans; and,
- Develop communication plans that clearly explain the initiative and how it will impact outcomes for clients.

Most longer-term plans require the assignment of individuals or charter teams to complete work and the development of ongoing evaluation and monitoring tools and techniques for accountability. These processes will be discussed in more detail in the implementation and monitoring sections of this chapter.





# Continuous Improvement Plan Facilitator Guide



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## **Purpose:**

This Continuous Improvement Plan facilitator guide is designed to assist the organization in thinking about how to plan and implement quick wins, mid-term improvements, and long-term improvements.

## **Instructions:**

The Continuous Improvement Plan template to be completed contains the key areas that the organization should think through prior to implementing an improvement. This template can be used in multiple ways:

**First**, a leader of an organization may use the template to think independently about the organization when planning for an improvement. The leader can use the template to ensure they have thought through all aspects of the improvement prior to moving forward. In an improvement situation, where leaders want to think through the steps of the improvement plan independently, they must ensure a sound diagnosis by including staff and stakeholders in the “assessment phase”, writing the plan and after the plan is developed to obtain feedback prior to the plan’s implementation.

**Second**, the leader of an organization may use the template with their leadership team, allowing the leadership of the organization to think together when planning for the improvement.

**Third**, a department/unit within the organization may use the template to plan an improvement within the department/unit, allowing all staff within the unit to clearly understand the purpose for the improvement and the role each member of the department/unit will play in carrying out the improvement.

**Fourth**, a facilitator can use the template to guide a team from the organization through thinking and problem- solving to plan improvements within the organization prior to implementation. The use of a facilitator allows for full participation of all team members and to obtain insight from a third party.

Regardless of which of the above methods is utilized, the template can assist an organization in developing an understanding of the things that must be thought through prior to implementing an improvement.

The objectives of the template are to help agency leaders drive quick wins, mid-term improvements, and long-term improvements that maintain high-quality core service delivery, curtail or eliminate activities outside the core services, target improvement in areas of greatest return on investment, and identify and eliminate inefficiencies.





Creating detailed plans for improvement that begin with a sound diagnosis of strengths and needs, drive immediate action, detail communication actions at every step, take advantage of quick wins, identify non-negotiable items, and leverage workgroups and taskforces within the organization help position an improvement effort for success and sustainability.

The improvement planning template includes elements contained in most sound improvement plans. Users are, however, encouraged to modify this template to meet their unique needs. The following are the minimum elements of a sound improvement plan:

- **Brief Description:** What do you intend to do?
- **Rationale:** Why are you implementing the improvement? (What are the findings regarding the problem and the root causes for the findings)
- **Objective:** What will success look like for the organization and the client once the improvement is implemented? What are the desired outcomes of the planning process? (This is the desired future state of the defined problem)
- **Timeframes for Improvement Initiatives:** When will the improvement take place? Will the improvement be quick, mid or long term?
- **Responsible Group:** Who will be accountable for implementing the improvement?
- **Activities/Tasks to Support the Improvement:** Who will do what by when? (Strategies and Actions)
- **Overcoming Obstacles:** Are there barriers currently in place that will affect the implementation of the improvement? What are the obstacles? How will you overcome the obstacles?
- **Communicating the Improvement Effort:** What will you say and to whom will the information be shared with? How will the information be shared and when will it be shared?
- **Monitoring Plan Progress:** How will you chart your progress? What will you track? What methods/tools will you use? Are you monitoring for progress, impact or lessons and learned?
- **Sustaining the Improvement Effort:** How will you ensure the improvement effort continues to be implemented? What methods/tools will you use for accountability?
- **Budget and Resource Implications:** What are they? Is this a no-cost / low-cost improvement effort or will money be needed to support the improvement? Is there an available budget to implement the improvement effort? If needed, who would you recommend additional resources (money, staff and equipment) to and how?
- **Connection and Alignment to Agency Values/Practice Model/CFSR Outcomes/Human Services Value Curve:** How do the objectives and outcomes of the improvement effort align / connect with the work happening within or practice of the agency? This is an important component to demonstrate how the improvement effort builds off current work / practice and is not something new.



Instructions:

Complete this template only after completing a thorough assessment of the current situation. Include senior leaders and key stakeholders in the assessment and share findings (both current strengths and challenges) to ensure a high level of confidence in the findings, root causes, and remedies.

**Brief Description:** What do you intend to do?

**Rationale:** Why are you implementing the improvement (your business case)?

**Objective / Desired Future State:** What will success look like for the organization and the client once the improvement is implemented?

**Timeframes for Improvement Initiatives:** When will the improvements take place?

- Quick Win (typically implemented within 0-90 days)
- Mid-term Improvements (typically implemented between 3-6 months)
- Long-term Improvements take 6 months to 2 years.

**Responsible Party:** Who will be accountable for implementing the improvement?

**Specific Activities and Tasks:** Who will do what by when?

Activity (Strategy)	Task (Action)	Responsible Party
	1.	
	2.	
	3.	
	1.	
	2.	
	3.	



**Overcoming Obstacles:** Are there barriers currently in place that will affect the implementation of the improvement?

Potential Obstacle	How We'll Overcome It

**Communicating the Improvement Effort:**

- What will you say and to whom will the information be shared with?
- Who will deliver the message (Agency Leadership, Sponsor Team members, Continuous Improvement Team members, Supervisors)?
- How will the message be delivered (written, verbal)?
- Where will the information be shared (all staff meeting, department/unit meetings, email, newsletter)?
- How will the actions of this plan lead to our desired outcome?

**Monitoring Plan Progress:**

- How will you chart your progress?
- What will you track?
- What methods/tools will you use?
- Are you monitoring for progress, impact or lessons and learned?



**Sustaining the Improvement Effort:** How will you ensure the improvement effort continues to be implemented? What methods/tools will you use for accountability?

**Budget and Resource Implications:** Is this a “no-cost” or “low-cost” effort or will money be needed to support the improvement? If funds are needed how will they be secured? Is there an available budget to implement the improvement effort? If needed, who would you recommend additional resources (money, staff and equipment) to and how?

**Connection and Alignment to Agency Values/Practice Model/CFSR Outcomes/Human Services Value Curve:** How do the objectives and outcomes of the improvement effort align / connect with the work happening within or practice of the agency?





## Continuous Improvement Plan Goals and Action Steps At-A-Glance



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### **Purpose:**

The following chart can be developed for each identified goal in the improvement plan. The chart provides an at-a-glance view of the improvements committed to in the continuous improvement process. The chart can keep everyone on the page about the intended improvement and can assist with on-going monitoring and evaluation of the improvement. At times, this document can be referred to as part of a Roadmap to Change.

<b>Outcome:</b>					
<b>Alignment to Agency Practice Model:</b>					
<b>Alignment to the Value Curve:</b>					
Strategy	Actions	Responsible Party	Monitoring / Impact	Timeframe	Status

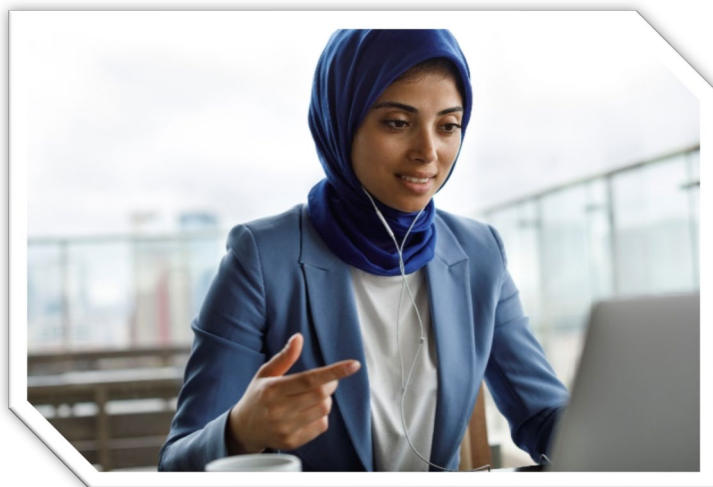
## Capacity Building

Capacity building is an ongoing process of assessing and building the organization's capacity to support and implement meaningful improvements. Initial planning efforts should reflect the capacity required to implement plans.

Developing a plan that an organization does not have the current capacity to support will doom that plan to failure. Building capacity to eventually reach long term goals is part of a phased, longer-term process.

To properly **assess an organization's current capacity as part of the planning process**, OE facilitators need to help participants ask the following questions:

- What do we need to execute our initiatives and achieve our output goals?
- What inputs do we have (resources, staff, materials, space, money)?
- What state or condition are our resources in now?
- How adaptable/flexible are our resources?
- What staff developmental needs do we have?
- What staff capacity-building activities are we engaged in now (management, supervisors, workers, new staff)?
- Do we have short term and long-term plans for building or changing our organization's performance capacity?
- Do we have tools in place to accurately track and monitor our staff capacity?
- How are we reacting and/or responding to changes in our capacity?
- How are we continuously improving and leveraging our capacity?
- Do we have barriers/issues with capacity building, e. g. unions, employee relations, labor market constraints, budgets, stakeholder support, etc.?



Answers to these questions help OE participants develop, monitor, and adjust budgets that enable the organization to obtain the resources needed to follow through and complete the planning of initiatives.

A reflective thinking guide on Capacity Building with more in-depth organizational assessment questions is on the next page.





## **Purpose:**

This guide is designed to help an organization gauge its capacity to carry out and sustain meaningful change through a set of structured, open-ended questions. This guide is designed to assist users through a reflective thinking process to stimulate thinking that serves as the basis for the attached planning activity, and not for every question to be completed. Answers to these questions will help leaders develop, monitor, and adjust plans and budgets to support the organization in aligning, obtaining, and developing resources they need to execute their priority initiatives.

This guide can be used in multiple ways:

- **First**, the leader of an organization may use the guide to think independently about the organization when planning and implementing an improvement effort. The leader could use the information to secure the resources necessary for meaningful improvements to occur within the organization.
- **Second**, the leader of an organization may use the guide with their leadership team, allowing the leadership of the organization to think together when planning and implementing an improvement effort.
- **Third**, the guide can be used by a facilitator to guide a team from the organization through the reflective thinking questions as a way to allow full participation of all team members and to obtain insight from a third party.

Regardless of which of the above methods is utilized, the guide can help the organization develop an understanding of its capacity to carry out and sustain meaningful improvements.

## **Instructions:**

When engaging in ongoing assessment and planning of the organization's capacity to support and implement meaningful improvements, leaders should ask themselves the following questions:

### **1. Strategic Alignment of Resources**

- What are our strategic goals, objectives, and related priority initiatives?
- Have these initiatives been translated into specific projects and areas of work within each unit of our agency?
  - Are these initiatives well-scoped and well-sponsored?
- Does each unit within our agency have a structure and employ roles that best ensure we can accomplish our priority initiatives?
- Are unit and teamwork plans and task plans in place?
- Are individual work plans and task plans in place?



- 
- What are our strengths and gaps related to strategic alignment of our resources?
    - What actions do we need to take to address them?

## 2. Inputs (Resources)

- What inputs do we need to execute our initiatives and hit our output goals (staff, materials, space, money, technology and equipment)?
- What inputs do we currently have?
- What state or condition are our resources in now?
- How adaptable/flexible are our resources?
- What are our strengths and gaps in regard to our resources?
  - What actions do we need to take to address the identified strengths and gaps?

## 3. Staff Development and Performance Capacity

- What staff capabilities do we need in order to achieve our strategic priorities?
  - What related knowledge, skills and competencies do our staff need that can be addressed through professional development, coaching, technical assistance, and training?
- What are the strengths and gaps of our staff capabilities?
- What staff development activities are we engaged in now, and are these efforts aligned with our needs (for management, supervisors, workers, new staff)?
- Are gaps in our staff capabilities a result of a deficit in knowledge and skills, or do other organizational barriers exist that is preventing optimal staff performance? (culture, structure, processes, tools, programs, policies)
- Are these gaps a result of individual or team barriers/issues, e.g., time management gaps or lack of adherence to standard operating procedures?
- Are these gaps a result of organizational barriers/issues, e.g., non-constructively resistant unions, chronic employee relations problems, labor market constraints, budgets, and/or stakeholder support?
- What actions do we need to take to address the underlying causes for our gaps (Root Causes)?

## 4. Continuous Improvement Planning

- Do we have quick wins, mid-term and long-term improvement plans for building or changing our organization's performance capacity?
- How are we continuously improving and leveraging our capacity?
- What are our strengths and gaps regarding continuous improvement planning?
  - What actions do we need to take to address them?



## 5. Project-Specific Capacity Planning

- Have specific task plans and action plans been developed for this project / improvement effort that help us understand what staff time is needed to accomplish it?
- Have those involved in project-related change efforts been released from other responsibilities and assignments that compete for their time?
  - Do they have work plans in place that help us understand if they are being assigned work that is above or within their capacity?
- Do we have staff involved in project-related change efforts who have the facilitation and the project management skills required for these efforts to succeed?
- Are there capacity gaps that need to be filled immediately before project-driven efforts can continue or be sustained?
- Were our original assessments of capacity required correct, or have we over or underestimated?
  - What steps will we take to address this?

For those teams who do not currently use a set of tools for tracking multiple strategic initiatives and aligning staff capacity to them, the following are two examples of these tools.

The first is an example of how numerous strategic initiatives can be organized together according to:

- The strategic goals and objectives they are designed to advance.
- What staff are involved as leads or performers.
- When milestones are expected to be reached.
- What overall progress is being made.
- What impact is expected and being made; and
- What lessons learned are being gleaned from the efforts to date.

The second is an example of how individual staff responsibilities, task areas, available time to work on all tasks, expected time to complete specific tasks, and actual time to do so. This approach to “work planning” can be very useful as managers work to establish improvement plans that are realistic to implement.



## Example: Tracking Strategic Initiatives

Strategic Goal #1: Enhancement of Lived Experience Voices and Establishment of a Credible Broker			
Initiative and General Timeframes	Lead	Second / Additional Performers	Status
<p><b>Objective A:</b> <b>Support the Advancement of our Practice Model</b></p> <ul style="list-style-type: none"><li>Collaborate with TW and AL as Sponsors of this effort. <b>(PB) Ongoing</b></li><li>Aid development of a strategic communications plan. <b>(RO) Q1 and Ongoing</b></li><li>Take on roles within this plan as needed, developing key messages, and supporting information. <b>(All) Ongoing</b></li><li>Help maintain a strong linkage between our Practice Model and the Community Advisory Board <b>(RO) Q2</b></li><li>Help shape the content of our Practice Model and supporting materials as they link to practice themes. <b>(JR/KJK) Q1 and Ongoing</b></li></ul> <p><b>Desired Impacts:</b> Transformation of the US human services policy, practice, and program areas to include the voice of the client. APHSA and its members are viewed as change agents along these lines. Strengthened content and connections between policy, program, and practice effectiveness through our Practice Model.</p>	Phil	Second -JR  Additional Performers KJK RO	<ul style="list-style-type: none"><li>High level of collaboration established.</li><li>Provided significant support to this plan’s development.</li><li>Performer roles identified and cross-walked with work plans.</li><li>Significant work on Community Advisory Board alignment taking place, including staffing multiple breakouts.</li><li>Developed success stories, a “common practice model,” and input into defining adaptive leadership.</li></ul> <p><b>Lessons Learned:</b> Much of our experience and thinking around OE directly applies to our Practice Model and foundational elements. Our own innovations going forward will link OE more concretely to practice innovation (e.g., a “common practice model”).</p>



## Roles Defined

### Lead

Ensure ongoing aim and alignment to the strategy.

Ensure action plans are in place where needed.

Recognize and manage resolution of related capacity gaps, such as recommending changing deadlines.

Monitor progress and impact and facilitate the related dialogue within our team.

Communicate as needed with the rest of the team.

### Second

Fill in as needed for the Lead.

Be fully up to speed on the lead's role.

Accept delegated responsibilities from the Lead or serve in a "Co-Lead" capacity as requested.

Serve as a sounding board and Advisor to the Lead as requested.

This role should add value versus requiring extra work, otherwise the Second role will be modified or dropped.

### Supervisor:

Monitor overall performance of both the Lead and Second, coaching and evaluating as needed.

Mediate issues between the Lead and others on the team as needed.

Serve as an aggregate Lead in terms of strategic alignment, capacity management, communication, and monitoring.



Area of Work	# of Anticipated Days by Contract	# of Days used this Week	# of Days used to Date in the Quarter	Completed Tasks and Comments
<b>Client Consulting and Relationship Management (Projected at 45%): 22.5 days</b>	<b>21.5</b>			
Client A	10.5			
Client B	6.0			
Institute A	2.5			
Origination and Marketing	2.5			
<b>Development and Delivery (Projected at 10%): 5 days</b>	<b>5.0</b>			
Existing product improvement	2.5			
New product development	0.0			
Presentations and conferences	2.5			
<b>Core Services to APHSA Staff and Affiliates (Projected at 45%): 22.5 days</b>	<b>21.0</b>			
Own unit's strategy and planning	4.0			
Supervision	6.0			
Support to team B	4.0			
Support to team C	2.0			
Ongoing, ad hoc customer service time	5.0			
<b>Total Days Planned:</b>	<b>47.50</b>	<b>0.0</b>	<b>0.0</b>	<b>50 days max for this quarter</b>

*Note: If time with clients exceeds plans, existing product improvement can be delayed.*



## Communication Planning

Developing a communication plan as part of planning is required to ensure that leaders deliver and are able to back up key messages that inform staff and stakeholders about the direction the organization is taking. Effective communication informs everyone about the actions planned by the organization and how the actions support the organization's strategy. Being transparent to both staff and stakeholders through effective communication builds trusting relationships and secures buy-in for continuous improvement efforts.

Furthermore, public commitments serve as the conscience for the group. The external communication of commitments:

- Demonstrates explicitly a commitment to improving client outcomes and services over time
- Builds organization credibility with stakeholders and staff
- Reminds the work team of commitments made
- Gets everyone on the same page about organizational improvement work to be done, how it will be rolled out over time, how different initiatives are connected and why they matter; and,
- Tracks accountability and monitors progress while reinforcing a culture of accountability, data-driven assessment, follow-through, and ongoing adjustment

While planning, leaders should keep in mind that staff and stakeholders could react negatively to the improvement efforts. Leaders should, therefore, include the following in their communications:

- A clear vision for where the change will take the agency and how it is related to the desired outcomes
- What resources will be available to staff to develop new skills that might be required to implement the change
- The incentives to both internal and external stakeholders for supporting the change
- What resources are needed to support the change and how leadership will obtain the resources
- A clear plan of action on how the change will be implemented and monitored, along with an expected timeline



Leaders should include at a minimum the following elements while **developing communications regarding continuous improvement work**:

- A brief overview of the background of the organization and current situation analysis
- Key commitments and goals for each commitment
- How the commitments will be monitored and evaluated for success
- Desired outcomes of the initiative
- Quick wins already achieved

Once leaders have outlined the message, they should think through methods of communication to be used both internal and external to the organization -- **who** will deliver the message and **how** will the message be communicated in writing, verbally, or both. **When** the message will be delivered also needs to be determined as timing is a crucial aspect of effective communication.



As a team moves from planning to implementation, it is important to remember that well developed plans serve to drive immediate, mid-term, and long-term actions. Detailed capacity and communication planning will build trust, support the current workforce capacity, and build greater workforce capacity.

Well-developed plans also identify which initiatives need specialized work teams, who is responsible for developing or chartering that work, what data needs to be collected, and how it needs to be reported. These key

concepts and related tools and techniques are discussed below under “Implement” and “Monitor”, and OE facilitators should read these sections carefully prior to leading a planning session so that they can apply them during planning, should the need arise.

All of the actions that result from proper planning help position a Continuous Improvement Team for success and sustainability during implementation.

A template for Communication Planning is provided on the next page.



This template is designed to help an organization think about how to plan and implement effective communication, both internal and external to the organization. The template contains key areas that the organization should think through when developing a Communication Plan.

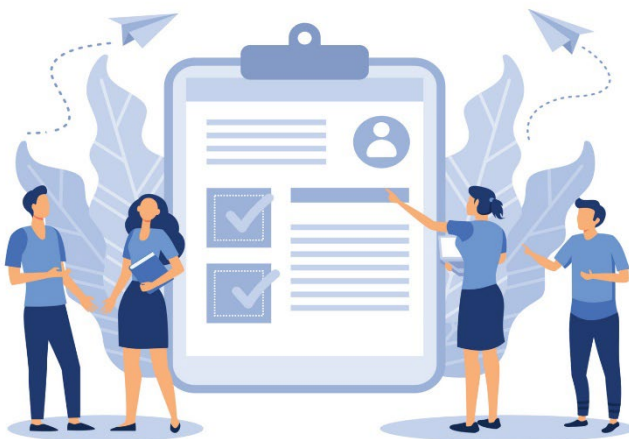
This template can be used in multiple ways:

**First**, a leader of an organization may use the template to think independently about the organization when planning for a communication. The leader can use the template to ensure they have thought through all aspects of the message to be communicated prior to moving forward. In situations where leaders want to think through the communication effort independently, leaders must ensure a sound diagnosis by including senior staff and stakeholders prior to delivering the communication whether it is written and/or verbal.

**Second**, the leader of an organization may use the template with their leadership team, allowing the leadership of the organization to think together when planning for the communication.

Regardless of which of the above methods is utilized, the template can help an organization develop an understanding of the things that must be thought through prior to communicating to internal and external stakeholders. Taking time to think about organizational communication, whether independently or as a team, is the work of leading any organization.

The objectives of the template are to help agency leaders prepare and deliver communication messages that inform stakeholders about the direction the organization will take to maintain high-quality service delivery.



Effective communication informs everyone about the actions being taken within the organization and how they support the organization's strategy. Being transparent as an agency to both internal and external stakeholders through effective communication planning will assist in building trusting relationships with all stakeholders.



When planning improvements, leaders should keep in mind that stakeholders, both internal and external, could have a negative reaction to the improvements. Therefore, leaders should be sure to include the following in their communication:

- A clear vision for where the improvements will take the agency and how it is related to the desired outcomes.
- Identification of the alignment between the Organization's Mission, Vision, and Values and / or Practice Model and the improvements.
- What resources will be available to staff to develop new skills that might be required to implement the improvements.
- The incentives to both internal and external stakeholders for supporting the improvements.
- What resources are needed to support the improvements and how leadership will obtain the resource.
- A clear plan of action on how the improvements will be implemented and monitored along with an expected timeline.

The Communication Plan Template is a shell format that includes elements contained in most sound communication plans. Users are, however, encouraged to modify this template to meet their unique needs. The following are the minimum elements of a sound communication plan:

- Background/Situation Analysis
- Key Messages and Goals
- Method of Communication
- Evaluation and Monitoring.



## **Instructions:**

After completing a thorough assessment of the current situation, this template can be used to assist in communicating systematically and thoughtfully for greatest impact. During the communication planning process, it is important to include senior leaders and internal and external stakeholders whose active support you will need to implement your plan.

**Background/Situation Analysis:** What is the background or current situation you would like to communicate about? What would you like to see happen as a result of your communication efforts, both internally and/or externally?

**Target Audience:** Who (external and internal) do you need support from in order to advance your organizational objectives and strategies? Who will be impacted by the changes and/or decisions you are making?

**Alignment with the Organization's Mission, Vision, and Values and/or Practice Model:** Identify how these connect with the improvement efforts. This helps the target audience see this effort as an enhancement to the work they are already doing instead of something "new" on their plate.

**Key Communication Goals, Messages and Back Up:** What impact are you looking for from your communication efforts? What messages do you need to send to have this impact? What back up information and activities will you use to support your messages?

## **Goal Area A:**

What do you want your target audience to understand, perceive, buy into, feel or do?

- **Key Message:** What is the concise message that will best help you advance this goal?
- **Back Up:** How will you back up the message, so it is credible? What examples, data or other information or demonstrations of your message will you need and use?

## **Goal Area B:**

What do you want your target audience to understand, perceive, buy into, feel, or do?

- **Key Message:** What is the concise message that will best help you advance this goal?
- **Back Up:** How will you back up the message, so it is credible? What examples, data or other information or demonstrations of your message will you need and use?



## **Goal Area C:**

What do you want your target audience to understand, perceive, buy into, feel or do?

- **Key Message:** What is the concise message that will best help you advance this goal?
- **Back Up:** How will you back up the message, so it is credible? What examples, data or other information or demonstrations of your message will you need and use?

**Method of Communication:** How should the message be communicated – verbal and/or written? Through the chain of command or collectively? What are the various methods that will be used to communicate? How might electronic or social media fit into your methods?

**Barriers to the Communication Plan:** What barriers are anticipated in delivering the communication and how will we plan to overcome these barriers?

**Specific Communication Activities and Actions:** What is the action plan to accomplish your goals? Who should be responsible for each plan area? When should tasks be completed?

**Evaluation and Monitoring:** How will the effectiveness of the communication effort be monitored? How will feedback be obtained internally and externally to ensure understanding of the message communicated? How will feedback be used to evaluate, monitor and adjust your goals and plans? How will adjustments and changes to the broader objectives and strategies being supported through communication be adjusted based on feedback from your target audiences?





Action to be Taken-What is the message to be relayed?	Who is Responsible for relaying the message?	When and how will the message be communicated?	Status (completed, in-progress, not started, notes)

## Step Four: Implement

After solid, written plans have been developed, the implementation phase begins. At this step, the Continuous Improvement Team and their project manager should take increasing ownership of improvement efforts. With initial coaching and support from an OE facilitator, team members complete actions from plans within agreed timeframes, building internal capacity and keeping public commitments.

### Implement

During implementation, new and unexpected information worthy of attention as part of the overall continuous improvement effort often comes to the forefront. In the introduction to this chapter, it was noted that the DAPIM™ approach operates as a flywheel and that at any given time while engaged in a multi-year continuous improvement effort to improve fundamental aspects of practice, multiple “little DAPIM™s” arise to address inefficient processes, respond to unexpected shifts in the environment, overcome obstacles, or address newly discovered root causes for gaps.

These little DAPIM™s support larger change efforts and help organizations continuously improve over time. As with any flywheel, it is expected that every time the DAPIM™ flywheel is turned, it gets easier and more natural for the participant. These mini- DAPIM™s create the conditions for OE to truly become a way of life for the organization, with increasing numbers of staff troubleshooting day-to-day challenges with the help of OE tools and methods, spontaneously and without outside guidance. This micro-level change management gives the organization the resilience to sustain an upward spiral of continuous improvement over time.

This Handbook provides an array of “Team Activities” in **Chapter Five** to help OE Facilitators structure and support mini-DAPIM™s as part of the implementation process. OE Facilitators should be well versed in the team activity options available and be prepared to use them. Team activities listed below can help Continuous Improvement Teams implement planned remedies:

- Building Trust
- Communicating Up in the Organization
- Meeting Management
- Building High Performing Teams
- Establishing a Culture of Empowerment



As mentioned during the planning discussion, Continuous Improvement Teams may need to charter work teams to complete specific aspects of a larger plan. These chartered work teams can each be thought of as subcommittees to the larger Continuous Improvement Team, with specific objectives to support the improvement effort. While identification of work teams occurs in the planning stage, the work of the chartered team actually is part of implementation.

## Chartering Work Teams

Chartering is the process by which the expectations of a work team are clarified and translated into a specific scope of work. Effectively chartered work teams provide venues for increasing numbers of staff to use OE tools and methods to plan, implement, and monitor organizational improvements, thereby completing mezzo-level change management and creating the conditions for embedding of micro-level change management.

Developing a charter for a work team typically involves achieving the vision of the Sponsor Team but the work of chartering and overseeing a work team is generally completed by a Continuous Improvement Team. The **Continuous Improvement Flowchart** on page 57 contains a graphic which provides a visual of how a Sponsor Team, Continuous Improvement Team, and chartered workgroups function together.

A good work team charter is not overly prescriptive. It does not contain every detail about the work to be done. It offers enough detail to guide the team to complete the work, while allowing the team some flexibility to decide exactly how the work will be completed.



Common elements of an effective work team charter include the following:

- Parameters of work (**Workgroup Start and End Dates**)
- **Workgroup Rationale** (why the workgroup is needed to support the improvement effort);
- **Workgroup Members**, including identification of a chairperson(s)
- Project guidelines or non-negotiables (**Guiding Principles**)
- Conditions of success (**Workgroup Goals, Tasks/Actions, Timeframes and Accomplishments**).
- **Communication Plan**
- **Commitments** to the Workgroup by the Sponsor Team

Once the scope of the work is defined, the workgroup itself creates an action plan detailing the specific tasks and timelines for completion and additional resources needed from the Continuous Improvement Team and Sponsor Team. Considering the objectives in their workgroup charter, members should specify the following in their action plan:

- What work steps will be accomplished by when.
- Who will be primarily responsible for the steps.
- What resources will be required to accomplish the steps.
- Communication plan between the work team and the CI team.
- Which specific progress measures will be tracked.

A **template for Chartering Work Teams** is provided on the following pages.

Chartering workgroups beginning in planning and continuing through implementation is just one example of how good planning leads to well designed and executed implementation. It is important for OE Facilitators and Continuous Improvement Teams to understand that planning and implementation are intertwined.





## **Purpose:**

Chartering is a process by which expectations of a taskforce or working work team are clarified and translated into a scope of work. Charter formats vary from organization to organization, but there are some useful guidelines to make chartering successful. Developing a charter typically involves both an organization's leadership team (the "sponsors" of the work) and workgroup members who will do the work being chartered. A good charter is not overly prescriptive. It does not contain every detail about the work to be done. It offers enough detail to guide the workgroup to complete the work, while allowing some flexibility to decide exactly how the work will be completed.

Common elements of an effective charter include:

### **Parameters of Work**

This defines what constitutes the Scope of Work and the Workgroup Start and End Dates.

### **Workgroup Rationale**

Clarifies why the workgroup is needed to support the improvement effort

### **Organization of the Project**

This specifies the Workgroup Membership (including the Chairperson(s), length of Workgroup participation, and, if necessary, with what provisions for backfilling them in their regular work. This establishes the basis whereby supervisors of daily performance can make accommodations to other work priorities while individuals serve on these workgroups. The project guidelines and non-negotiables referred to as Guiding Principles are also included within this section of the Charter.

### **Conditions of Satisfaction**

This specifies two things: (1) the general outcome expected (Workgroup Goals) and (2) the specific, measurable outputs or products of the work team (Tasks/Actions, Timeframes and Accomplishments). Specifying both balances a focus on tangible production and accountability with the overall purpose of the improvement effort.

### **Commitments to the Work Team**

Workgroups often need various forms of support from the Sponsor Team during their commitment. These forms are feedback, information, encouragement, resources, help removing or navigating various obstacles to success, and opportunities to discuss progress and reflect on how the improvement effort and Charter is translating into value for clients and the organization.





A crucial element of chartering is assigning specific people to perform the work. If the Sponsor Team has not already developed standing workgroups or taskforces, this is an important initial step to take.

Effective workgroups typically:

- Have a point-person or team leader.
- Identify environmental obstacles early in their planning and data gathering.
- Gather input widely and include individual and group input where the expertise or relevance is high.
- Plan for communicating progress regarding their work.
- Request extra hands and other resources as needed.
- Provide multiple solutions to the Sponsor Team versus a single preferred one.
- Identify development gaps within the organization that will need to be addressed in implementing any new process, system, or technology needed as a result of their work.

Once the scope of the work is defined in a Charter, the workgroup creates an Action Plan, detailing the specific tasks and timeframes for completion of the Charter goals and additional resources needed from the Sponsor Team (if any). Considering the objectives in their Charter, Workgroup members should specify the following in their Action Plan:

- What work steps will be accomplished.
- Who will be primarily responsible for the steps.
- When we will accomplish them.
- What resources will be required.
- What specific progress measures or general milestones we will track.

Action Plan formats vary. The most important attributes of effective Action Plans are that they stress substance over form, serve to track and communicate work progress, and keep a sense of accountability in place over time.







Charter for:

This section should be completed by the Sponsor Team:

**Start Date:**

**End Date:**

**Scope of Work:**

**Workgroup Rationale** (why the workgroup is needed to support the improvement effort and how it will support the Agency and its Clients):

**Workgroup Members: (example)**

Name	Agency	Workgroup Role	Term	Email Address
Jennifer Smith	APHSA / OE	Chairperson	1 year	jsmith@aphsa.org
Ava Smith	APHSA / Policy	Member	1 year	asmith@aphsa.org

**Guiding Principles:** What the workgroup can do and cannot do – what is the decision- making scope of the workgroup / project guidelines and non-negotiables?

**Workgroup Goals:** What are the expected outputs and outcomes of the work team? The Workgroup will identify the Actions/Tasks and Timeframes necessary to complete these goals in the section below.

**Communication:** What will be communicated about the charge of the workgroup (Sponsor Team commitments)? Who will communicate the charge and activities of the workgroup? What will the communication structure between the Sponsor Team and Workgroup be?



This section to be completed by the Workgroup:

**Activities/Tasks /Timeframes:** This section should be submitted to the Sponsor Team to ensure support and “buy-in” on the way the Workgroup has chosen to complete its work. Reviewing this section with the Sponsor Team also allows the Workgroup to secure necessary resources they have identified for the completion of the work.

**Accomplishments and Date Charter Closed:** At the completion of the Charter, the Workgroup should complete this section to document their Accomplishments. The Sponsor Team could spotlight Accomplishments at Staff Meetings, in agency newsletters, or on agency bulletin boards.

## Capacity Management

During implementation, capacity building discussed during planning continues and may begin to feel like capacity management. OE Facilitators ask a series of capacity questions during planning (see Planning section) that Continuous Improvement Team members begin asking themselves periodically during implementation as ownership of the effort transfers to them. Team members also ask some more in-depth questions to ensure capacity is managed effectively during implementation. The questions include the following:

- Have those involved in implementation been released from some responsibilities and assignments that compete for their time?
- Do we have in place individual and team capacity plans that help us manage the days that participants spend on an effort?
- Are there capacity gaps that need to be filled immediately before further implementation efforts can continue or new phases of work begin?
- Were our original assessments regarding capacity correct or have we over or underestimated capacity based on new information?

Capacity management is a key skill for both OE Facilitators and OE participants to master, as strengths and gaps regarding capacity invariably surface during implementation. These strengths and gaps are critical to the long-term success and sustainability of the continuous improvement effort.

## Communication Management

Much like capacity planning and management are related as an OE team moves from planning to implementation, maintaining and updating a communication plan throughout implementation is required to ensure that leaders deliver messages that inform staff and stakeholders about the direction and progress of the continuous improvement effort. As stated earlier, effective communication informs everyone about the actions being taken within the organization and how they support the organization's strategy. Being transparent to both staff and stakeholders through effective communication planning helps build trusting relationships and secures buy-in for continuous improvement efforts. Being transparent with open communication during the implementation phase maintains and even



strengthens the trust and buy-in created during planning.

As communications occur during implementation, continuous improvement teams should consistently ask themselves the following questions:

- What are our key messages and how will we know that we are getting our key messages across?
- Are we able to back our key messages with more detailed explanations, data, information, and examples if our audience wants them?
- Do we begin and end our Continuous Improvement Team Meetings with a discussion about how to communicate our decisions and actions and monitoring of the communication actions and messages from the previous meeting?
- How will we engage any resisters to our strategic initiatives in a constructive way using good communication?
- Have we missed communicating appropriately with any of our key stakeholders, partners, or Sponsor Team?
- Has anything unexpected occurred during implementation that would require immediate communication to key stakeholders, partners, or Sponsor Team?

As implementation progresses, the Sponsor Team must assure that Continuous Improvement Plans, Charters, and Communication Plans are included and updated within the Strategic Playbook. Maintaining these elements within the Strategic Playbook helps show internal staff and external stakeholders how the organization is implementing its strategy.

## Step Five: Monitor

When implementing Continuous Improvement Plans, a focus on accountability is essential. The final step of the DAPIM™ flywheel, Monitoring, is all about accountability and continuous adaptation or quality improvement (CQI) based on emerging lessons learned. The Project Manager along with the Continuous Improvement Teams should decide how they will monitor progress and communicate monitoring methods to the Sponsor Team and staff. Although the monitoring activities themselves do not typically start until after implementation begins, the conversation about how a plan will be monitored should occur during planning. Doing so will allow for proper data gathering to begin at the outset of implementation and will assure that monitoring occurs consistently throughout implementation.

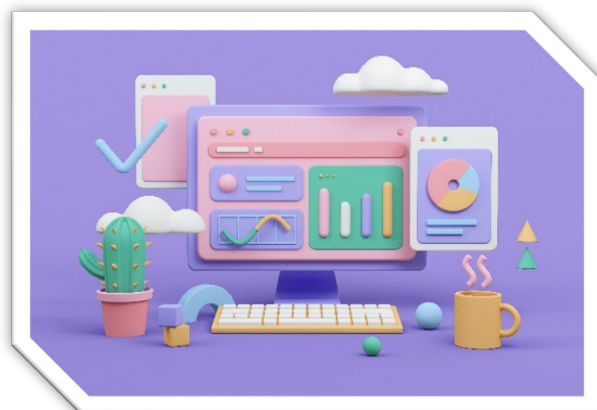
### Monitor

Monitoring techniques the organization can use include the following:

- Plan Progress: measure accomplishments versus plan milestones and commitments.
  - You can use an Action Plan template, an additional column on your Roadmap can be added to track progress / status or you can use Microsoft Office products to develop a Monitoring Tool
- Impact: measure actual versus expected impact on organizational capacity and client outcomes.
  - Agency data and reports are helpful when measuring impact and outcomes
- Lessons Learned: compare actual with expected progress and impact, resulting in new and emerging questions and findings that drive further innovations.
  - You can use an After-Action Review format by asking stakeholders and participants the following: What went well? What did not go well? What should we do differently next time?

Monitoring measures the organization can use include the following:

- Client outcomes.
- Efficiency and quality of client service (e.g., client experience of a service).
- Specific staff capacity to deliver a service (e.g., knowledge, skill, ability, and performance).
- Foundational staff capacity (e.g., retention, safety, leadership bench strength).



Typically, organizations either do not engage in systematic monitoring or only complete the process described here as an implementation review. These reviews typically consist of leaders asking themselves “did they do what they said they would do”, such as “did the training occur?” or “was that

form changed?” This type of monitoring - output tracking- is valuable at a basic level and serves to keep plans moving forward, but unless the impact of a Continuous Improvement Plan is measured as well, a Sponsor Team or Continuous Improvement Team can never truly know if their efforts have been successful or if their objectives have been achieved.

Furthermore, by reviewing lessons learned throughout the process, new areas for Continuous Improvement work become uncovered and, in some cases, new root causes for priority gaps emerge. Organizations that monitor progress, impact, and lessons learned effectively use team activities such as those in Chapter Five routinely to continuously improve in these new areas, and adjust their Continuous Improvement Plans as needed. Without using the full array of monitoring techniques, it becomes impossible to truly complete the DAPIM™ flywheel. When organizations do use the full array of monitoring techniques to reflect on real-world experiences and the lessons learned from them, the result is effective knowledge management and mobilization and the development of a learning organization which is described later in this chapter.

Regardless of the methods selected and techniques used for monitoring, a Continuous Improvement Team needs to consider the type of data it should use to monitor each action. Items to consider in data gathering and reporting include the following:

**What qualitative and quantitative data will help track progress, impact, and lessons learned?**

- Qualitative (could include surveys of clients that will be impacted)
- Quantitative (could include regularly tracked data that will inform if the effort is having an impact)

**Where will the data come from?**

- From Whom- such as survey populations
- From Where- such as existing data systems

**Who needs the data?**

- Agency Staff
- Agency Clients
- Sponsor Team
- Continuous Improvement Team
- Workgroups
- Other External Agency Stakeholders

**How will the data be reported?**

- Format
- Frequency



A **Data Planning and Tracking Template** is provided on the following pages.



## **Purpose:**

This template is designed to help an organization identify the data essential to tracking outcomes and where that data must come from. The template is designed to assist users through a reflective thinking process that stimulates thinking by the user and not for every question to be completed.

This template can be used in multiple ways:

**First**, the leader of an organization may use the template to think independently about the organization when planning for its future. The leader could use the information to secure necessary data resources for organization.

**Second**, the leader of an organization may use the template with their leadership team, allowing the leadership of the organization to think together when planning for the future of the organization.

**Third**, a unit within the organization may use the template to fully understand how they contribute to the success of the overall organization.

**Fourth**, the template can be used by a facilitator to guide a team through the process of identifying data needs to track outcomes to allow full participation of all team members and to obtain insight from a third party.

Regardless of which of the above methods is utilized, the template will assist the organization in developing an understanding of its data needs. Data planning can take many forms. At a minimum, the following items should be considered:

- Why We Need Data
- Our Data Team
- The Data We Need
- Where Are We Going to Get the Data
- Who Needs the Data
- Who will Collate and Analyze the Data
- What is the Format of the Data
- What is the Frequency of the Reporting
- Potential Obstacles in Data Collection
- Budget and Resource Implications

**Why We Need Data:** What project/improvement effort are we gathering data for? What will gathering and using data allow us to do?

**Our Data Team:** Who are the “go-to people” for data on this project? Who is/are the leader(s) of the team?



**The Data We Need:** What qualitative and quantitative data will help us track progress, impact, and lessons learned?

- **Qualitative:** (e.g., information gathered from families we are serving)
- **Quantitative:** (e.g., regularly tracked statistics that will tell us whether we're having an impact)

**Where are We Going to get the Data:** What people and places can help us get the data we need? What is already in place? What new forms/systems/etc. will we need to develop?

- **From Whom:** (e.g., survey populations)
- **From Where:** (e.g., existing data systems)

**Data Reports and Sources We Need to Develop & How We're Going to Develop Them:**

**Who Needs the Data:**

- Agency Staff
- Agency Clients
- Other External Agency Stakeholders
- Sponsor Team
- Continuous Improvement Team
- Workgroups

**How We're Going to Report the Data:**

**Who will Collate and Analyze the Data:**

**What Format will the Data be Provided in:**

**What will be the Frequency of the Data Reporting:**

**Potential Obstacles and How We're Going to Overcome Them:**



Potential Obstacle	How We Will Overcome It

**Budget and Resource Implications:** Is this a “no-cost” “low-cost” effort or will money be needed to support the data and analysis work? If funds are needed, how will they be secured? What other resources (e.g., people, equipment), if any, will we need and who will we need them from?

## Section IV: The Power of Systemic + Systematic

In the introduction to this chapter, we noted that as continuous improvement methods and techniques become internalized and intuitive for staff throughout an agency, they become the basis for ongoing, organic reflection, critical thinking, improvement making, innovation, and creativity. These staff members use *systemic* models and tools from **Chapter One** and *systematic* models and tools from **Chapter Two** in dynamic interplay.

Roles and organizational system models from **Chapter One**, for example, can help Sponsor and Continuous Improvement Teams define priorities for change in concrete, operational terms. They can help teams identify root causes and general remedies for key gaps in areas that were previously “blind spots” for them, for example helping task-oriented teams recognize that they may need to work on things like culture, values, and decision making versus only things like policies, procedures, and business process flows. They can help teams apply lessons learned from monitoring to strengthen the initiative itself or related initiatives, launch new initiatives to close previously overlooked gap areas, strengthen linkage between previously unconnected initiatives, and/or enhance the organization’s Strategic Playbook.



Using systemic and systematic models and tools in dynamic interplay also enables leaders to organize disparate improvement initiatives. Mapping individual initiatives to a systemic model enables leaders to identify essential and non-essential initiatives, wasteful duplication, and gaps in the overall improvement work.

It helps leaders apply insights from one improvement initiative to strengthen others, launch new initiatives on the foundations laid by previous improvement work, and organize all of the organization’s or community of organizations’ initiatives into an integrated, laser-targeted array. In these ways, senior leaders, staff, and other stakeholders draw on the full richness of this Handbook to put their organizations on a steady, sustained path of continuously strengthened performance, increased capacity, and positive client outcomes. On the following page is a guide designed to help the organization gain a clear view of itself - current state, desired state, critical gaps, and key priorities for addressing those gaps - through a systematic review of the organizational system. The assessment tool

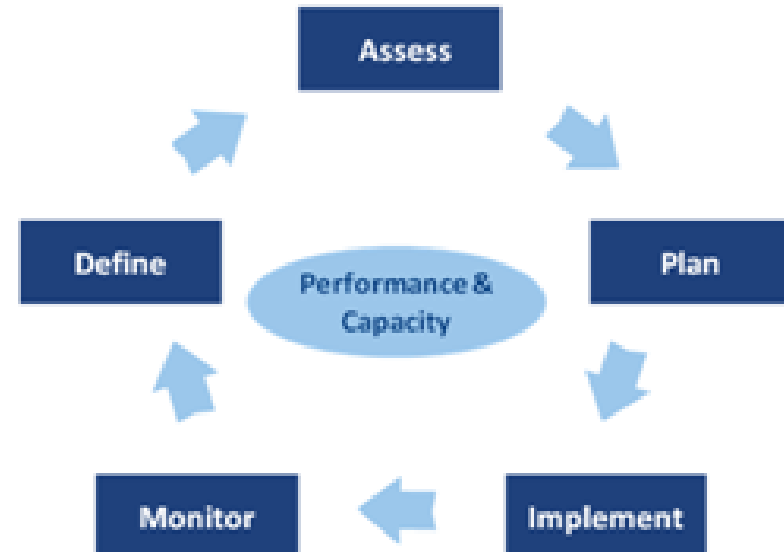
is designed to guide the user through a continuous improvement process using the DAPIM™ approach. Completion of the assessment tool results in the development of an overarching Continuous Improvement Plan for the organization, linking improvement efforts, professional development, coaching, technical assistance, and training to the organization's strategy and desired outcomes.



## SYSTEMIC IMPROVEMENT



## SYSTEMATIC IMPROVEMENT







# Organizational Continuous Improvement Assessment Tool



ORGANIZATIONAL | EFFECTIVENESS

## **Purpose**

This guide is designed to help the organization gain a clear view of itself - current state, desired state, critical gaps, and key priorities for addressing those gaps - through a systematic review of the organizational system. The assessment tool is designed to guide the user through a continuous improvement process using the DAPIM™ approach. Completion of the assessment tool results in the development of an overarching Continuous Improvement Plan for the organization, linking improvement efforts, professional development, coaching, technical assistance, and training to the organization's strategy and desired outcomes.

This Organizational Continuous Improvement Assessment Tool (OCIA) can be used in multiple ways:

**First**, the leader of an organization may use the tool to think independently about the organization when planning for its future. The leader could use the information to develop budgets and secure resources for the organization.

**Second**, the leader of an organization may use the tool with their leadership team (managers) and/or an assessment team (such as key managers, supervisors, front line staff and stakeholders), allowing the team to think together when planning for the future of the organization and how to secure the necessary funding and resources to achieve the organization's desired outcomes.

**Third**, the tool can be used by a facilitator in a "Learning by Doing" session to guide a team through the DAPIM™ process. Using a facilitator will allow full participation of all team members and to obtain insight from a third party.

Regardless of which of the above methods is utilized, the OCIA can help the organization develop an overarching Continuous Improvement Plan.

Taking time to think about the organization, whether independently or as a team, is the very work and essence of leading any organization. Effective leadership requires spending time thoroughly understanding where the organization is at any given point in time in relation to the outcomes it hopes to achieve for its clients.

Organizational Effectiveness (OE) is a "systematic and systemic approach to continuously improving an organization's performance, performance capacity and client outcomes". DAPIM™ is APHSA's model for systematic continuous improvement. APHSA has found that to improve anything, you must do the following:



**Step One:** Define priority improvements in operational terms.

**Step Two:** Assess observable, measurable strengths and gaps. Identify root causes and general remedies for priority gaps.

**Step Three:** Plan quick wins, mid-term, and long-term improvements.

**Step Four:** Implement action plans while managing communication and capacity.

**Step Five:** Monitor progress, impact, and lessons learned for accountability and on-going adjustments.

The DAPIM™ approach is sequential and cyclical. It operates as an iterative flywheel in real time, with definitions crafted during step one and assessments completed during step two being continuously refined by insights generated while planning, implementing, or monitoring. Organizations experienced in the DAPIM™ approach use it to continuously improve everything they do, no matter how big or small. At any given time, they may be engaged in a multi-year “big DAPIM™” improvement effort to make fundamental improvements to practice while running multiple “little DAPIM™s” to eliminate inefficient processes, respond to unexpected shifts in the environment, etc. In this way, an organization can be doing work associated with all steps in the DAPIM™ approach at any given time.

The OCIA is designed to assist the organization in looking at itself as a whole versus at a specific operational or practice issue. The tool is easily adaptable to focus on a specific issue.

At each stage of the DAPIM™ process, team members first independently consider the reflective thinking questions provided and/or task to be completed for the stage of the assessment. A group discussion of their findings then takes place to lead to group consensus. Group decisions should be recorded on flip charts, typed, and shared with the team.

Upon completion of the assessment, the organization has a Continuous Improvement Plan outlining task and activities designed to support the organization in achieving its strategy, as well as the professional development, coaching, technical support, and training required to support staff in the completion of the identified tasks and activities.

As plan objectives are accomplished, the organization should complete an After-Action Review (AAR) of the process asking participants:

- What went well?
- What didn't go well?
- And what should we do differently next time?

Prior to completing the OCIA, as many of the following documents that are currently available should be obtained and reviewed by everyone participating in the assessment process:



- **Vision, Mission, and Values statements for the organization**
- **Organizational chart**
- **Organization's budget** for the past fiscal year, current fiscal year and upcoming fiscal year
- **Annual reports** for previous two fiscal years
- **Agency demographics** including:
  - What type of positions are in the organization
  - How many positions are filled
  - How many positions are vacant
  - What is your turnover rate
  - How are new workers oriented to the position
  - How is new worker training conducted
  - How is on-going training provided to experienced staff
  - How are new leaders (supervisors, managers, directors) oriented
  - How are leaders trained
  - What type of coaching and technical support is provided to help with organizational effectiveness including transfer of learning activities prior to and post training
  - How are training and technical support needs currently assessed, developed and delivered
- **Demographics of the community served** including:
  - Who is the population?
  - What are the economic, social, and political issues effecting the community?
- **List of services currently provided to the community served:** Brief description of each service and its intended outcome if available evaluation data on each service.
- **Strategic Playbook** (if one exists. If one does not exist, pulling the above documents together and completing the assessment tool will lead to the development of a Strategic Playbook).

First, define the Desired Future State of the organization by asking the following questions:

- **Defining the Client:**
  - Who is the population you should be serving?
  - How might this population change and/or remain the same in the future based on current political trends and social trends, both positively and negatively?
  - What outcomes do you want for the client?
- **Defining the Desired Practices, Products and Services:**
  - Based on the population served and desired outcomes, what practices, products and services should you offer to your client?
  - How should these practices, products and services be offered?
  - Why would you offer them?
  - What value are they to your client?



- 
- **Defining the Organizational Structure:**
    - What should the vision and mission of the organization be to lead you to your Desired Future State?
    - How should your organization be structured to support the work that needs to be completed to reach your Desired Future State?
    - What procedures should be in place to support the flow of work that needs to be completed?
    - How many staff do you need to employ, what roles and responsibilities should they have and what educational and work experiences are you looking for in staff?
    - How should your staff be trained and what coaching and technical support needs should be provided to reach your desired outcomes for clients?
  
  - **Defining Performance Capacity to Achieve Desired State:**
    - **Data & Analysis:**
      - What type of data will you need to monitor desired outputs and outcomes and who will you need it from?
    - **Trust:**
      - What behaviors do you expect of your staff to create a trusting environment?
    - **Values:**
      - What should the values of the organization be to lead you to your desired state?
      - How should these values be displayed in the work environment – both internally and externally?
    - **Budgeting & Fiscal Capacity:**
      - What type of monetary resources will you need to reach your desired state – deliver products and services and employ qualified staff, manage the improvement effort?
    - **Workforce Capacity:**
      - What type of leadership will be needed to manage continuous improvement efforts?
      - What qualifications will staff need so their performance will lead to desired outcomes?
      - What type of technical assistance, coaching and training will the organization need to achieve desired outputs and outcomes?
    - **Strategic Support Capacity:**
      - What should the capability of the organization's strategic support functions look like to assist in achieving its desired outcomes - human resources, clerical, information technology, policy, and finance?

First, review the questions independently and record your findings in the space below. Then discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team.



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Second, assess the current state of the organization. Start by reviewing the materials collected prior to the assessment while reflecting on the “Desired Future State” the team just defined. Next, reflect on the same list of questions from the “define” section for each of the categories below. The assessment should lead to tentative hypotheses of “findings” that identify current strengths and gaps in the organization.

- Assessing who the client is
- Assessing current practices, products, and services
- Assessing the current organizational structure
- Assessing current performance capacity
  - Values
  - Budgeting & Fiscal Capacity
  - Workforce Capacity
  - Strategic Support Capacity

Review the materials collected prior to the assessment and the analysis from the define stage independently and record your findings in the space below. Then discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team.

Building the bridge from assessment to planning involves prioritizing findings and identifying root causes and general remedies.

Root causes and general remedies can be task-oriented or relationship-oriented. The following are examples of **task-oriented root causes** and **general remedies**:

- Organizational Structure
  - Tiers and Function,
  - Roles and Numbers
- Goals, Standards and Measures
- Policies and Procedures
- Processes and Methods
- Internal Programs, Services, and Tools
- Staff Capacity
  - Time Management
  - Skill Set (technical/general)

The following are examples of **relationship-oriented root causes** and **general remedies**:

- Culture and Values
- Politics and Power



- 
- Communication
  - Decision-Making
  - Teamwork and Collaboration
  - Community Partnerships
  - Daily Behaviors and Motivations

When identifying root causes and general remedies, the organization should ask itself “What isn’t working well, and why?” until something very tangible and actionable is discovered. It is important to remember that root causes can apply to multiple findings within the organization.

First, identify the root causes you believe are impacting the organization from reaching its Desired Future State and record your findings in the space below. Then discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team. After root causes have been identified, remedies to address each root cause can be explored. Remedies can address multiple root causes. Remedies can take many forms, but there are three types of actionable remedies for identified root causes. The following are the three types of general remedies:

- **Recommendations:** remedies not in the Continuous Improvement Team’s control that must be referred to others in the organization for consideration.
- **Decisions and Commitments:** remedies in the Continuous Improvement Team’s control that do not require development of new tools and/or processes to implement; and,
- **Team Activities:** remedies in the Continuous Improvement Team’s control that require development of new tools and/or processes to implement. Team activities may involve chartering a workgroup to perform the “mini-DAPIM™” work of designing and planning the implementation of specific remedies.

Identified remedies should always be easily connected back to how they will support the achievement of the desired outcomes.

**First**, identify the remedies you believe will assist the organization in reaching its Desired Future State and record your findings in the space below.

**Second**, discuss the findings as a group to reach consensus. Group decisions should be recorded on flip charts, typed, and shared with the team.

**Third**, plan for change that will lead to continuous improvement. There are essentially three types of continuous improvement planning – quick wins, mid-term improvements and long-term improvements.



**The fourth stage** is when we implement the improvement efforts. When pulled together into a single document, the Tracking Quick Wins At-A-Glance Tool and Continuous Improvement Plans form the Organization's Continuous Improvement Plan. Preparing for implementation of the major improvement efforts in the organization involves doing the following:

- Assigning individuals or Charter Workgroups to complete the work.
- Developing workforce capacity plans.
- Developing finance and resource plans.
- Developing communication plans that clearly explain the change improvement.
- Sharing detailed written improvement plans internally and externally as appropriate.
- Developing and implementing on-going evaluation and monitoring tools and techniques for accountability.

As developed, Charters, Capacity Plans (training, coaching and technical assistance plans) and Communication Plans should be added to the Organization Continuous Improvement Plan.

**The fifth and final stage** of the assessment, Monitoring, ensures accountability. Monitoring techniques that the organization can use include the following:

- **Implementation Reviews** measures accomplishments versus plan milestones and commitments
- **Impact Reviews** measures actual versus expected impact on organizational capacity and client outcomes.
- **Lessons Learned Reviews** addresses new and emerging questions and findings along with driving further innovations.

In conclusion, at the end of this process, the assessment team will have the following materials that can be shared as part of the Communication Plan:

- Group process notes for each section of the DAPIM™ discussions – informing stakeholders how your conclusions about the agency were reached.
- Tracking Quick Wins At-A-Glance Tool completed.
- Long-Term improvement plans for areas selected by the team to work on.
- Charters that were developed for team activities.



# Chapter Three: Facilitating Continuous Improvement



## Overview of Chapter Three

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Facilitation is a process for group discussion and decision-making that ensures all participants are involved in a meaningful and constructive way. Facilitation using the DAPIM™ approach involves the use of techniques to coordinate discussion and information flow from a group's own experiences and thinking, such that all group members feel energized to participate and accountable for the group's products and results. This approach is contrasted with training, where a session leader moves the group through pre-set content and curriculum.

**Chapter Three** focuses on the OE Facilitator's efforts that help to support and facilitate a continuous improvement project and set an organization up for success.

**Section I: Assessing the Change Readiness** of teams to begin a continuous improvement effort.

**Section II: Establishing Role Clarity** early in the facilitation process with the Sponsor Team, Continuous Improvement Team, and Workgroups. An OE Facilitator should also ensure a solid linkage throughout a project between the sponsors of continuous improvement (Sponsor Team) and the Continuous Improvement Team itself. Clarifying roles makes it easier to establish and maintain healthy working boundaries.

**Section III: Planning with the Sponsor Team and Contracting the Continuous Improvement Project** are critical actions that will set the parameters and scope of the Facilitators work and expected deliverables. The Continuous Improvement Project Lifecycle sketches out what DAPIM™ sessions will set out to achieve, coupled with sample session agendas.

**Section IV: Identifying Work Products** for each session, which will depend on which step of the DAPIM™ approach is being facilitated with the continuous improvement team.

**Section V: Preparing and Planning** for each session is essential. A Facilitator Preparation Checklist is provided. Before each session an OE Facilitator will create a Facilitator Agenda, which details all the facilitated activities to achieve the desired work products.

**Section VI: Effective Facilitation Skills and Techniques** are distinct from training skills and techniques in that you will employ a Learning by Doing approach to consensus-building and problem solving. The OE Facilitator demonstrates the markers of effective facilitation such as flip charting, group processing, and having difficult conversations. The OE Facilitator will also be confronted with typical facilitation challenges such as the influence of observers, participant or subject-specific safety risks, balancing relationship and task orientations, teams jumping too quickly to solutions, teams going off on tangents, team members demonstrating resistance, and bringing new team members into the process. An effective facilitator uses a combination of reflective thinking and critical thinking questions at the right times to elicit thoughtful discussion and decisions and next steps for the CI team.

The OE Facilitator also establishes safety amongst the participants and then builds a shared sense of accountability, as well as helps the client to internalize the DAPIM™ approach and make it a normal way of doing business (even once you, the Facilitator, are no longer helping the group).

**Section VII: A Case Study** can be used to tell the story of an organization's continuous improvement efforts.

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## *Chapter Three Templates and Guides*

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Sample Facilitator Agenda	pp.208 - 214
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Case Study Template and Question Sets	pp.245 - 252

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## Section I: Assessing Change Readiness

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When planning for the onset of continuous improvement or change management projects with a team, it is important for the Organizational Effectiveness (OE) facilitator to assess the organization and team's readiness for change. We do this assessment in several ways which are outlined below.

As described in the previous chapter, the DAPIM™ continuous improvement approach is designed to enable almost any team to advance its capacity and performance efforts. As the OE facilitator and the team prepare for their continuous improvement or change management project, there are four general reasons why a facilitator might not initiate a continuous improvement project with a team and instead might first work one-on-one with a team's leadership or senior management.

1. **The team has not committed enough time for the project, does not have a full enough complement of team members in place, or has not worked together enough to have sufficient baseline data about themselves or their staff.** Participant transfers or attrition may prompt facilitators to delay the start of a continuous improvement project. While most teams know what they can commit to before a project begins, sometimes this readiness barrier will not become apparent until the first session or two, at which point facilitators should delay or stop the project.
2. **The team does not demonstrate motivation or desire to improve its current situation.** Facilitating continuous improvement through the DAPIM™ approach is empowering and does not work as well when teams feel like it has been mandated.
  - Teams must sincerely want to improve to have the energy to make these improvements over time.
  - Newer teams may be more motivated around general team building than other improvement topics.
  - Facilitators should discuss motivations with a team before a continuous improvement project begins.
3. **The team or its leader has a world view that may not allow for objective assessment, root cause analysis, and sound general remedies.** While all individuals and teams possess biases and personal convictions, some identify beliefs that a facilitator will not be licensed to address as problems or barriers.
  - For example, a belief that some races of people cannot improve as much as others, or that a deity will solve problems that the team cannot, will likely not be manageable by most facilitators.
4. **Capacity – Agencies committed to continuous improvement efforts support the work of its Continuous Improvement Team members.** This includes their attendance and participation in the Continuous Improvement Team meetings and the completion of inter-session work.

Despite a team's limitations in these four areas, facilitators may still elect to begin a project if they feel these change readiness barriers can be overcome.

As an empowering, inductive, and flexible process, the DAPIM™ approach allows for different rates of progress through the following general stages of development:



1. Understanding and buying into the concept of continuous improvement.

2. Using the DAPIM™ flywheel approach to address concrete improvement areas with direct assistance from a facilitator and experiencing tangible successes.

3. Using the DAPIM™ approach as a way of doing business, intuitively, and without needing facilitation, or turning the flywheel on their own.

All involved in a continuous improvement project -- Sponsor Teams, evaluators, facilitators, and the Continuous Improvement Team itself -- will be interested in determining how the team is progressing through these stages and what changes are occurring to the team's capacity, performance, and impact on others.

The following pages contain a detailed **Organizational Effectiveness Change Readiness Model** (Readiness Model) and **Change Readiness Quick Tool** (Quick Tool) with descriptions of organizational behaviors and characteristics in nineteen categories. In each category, the model and quick tool help a user identify whether the category is an area of priority for continuous improvement, movement from a gap to a strength, or strength in which continuous improvement is a way of doing business.

The Change Readiness Model and Quick Tool are versatile resources that can be helpful before, during, and following continuous improvement projects. For example, they can help facilitators, sponsors, and continuous improvement teams do the following:

- Structure a general discussion about readiness and willingness to implement change.
- Assess readiness and willingness for change before launching a continuous improvement project.
- Identify how to get ready for a continuous improvement project, prioritize possible areas of focus, and decide where to start.
- Diagnose what is happening once a continuous improvement project is underway.
- Determine the appropriate complexity of and timeframes included in continuous improvement and implementation plans.

- Select pilot sites when preparing to implement remedies.
- Evaluate a team's progress over time.

The **Change Readiness Model and Quick Tool** are particularly helpful for determining how fast to drive a continuous improvement project, how much improvement work to take on at once, and how much support Sponsor Teams and Continuous Improvement Teams will need, and at what points in the continuous improvement project. Teams should consider using the Change Readiness Model and Quick Tool explicitly during the Define, Plan, and Monitor steps of the DAPIM™ approach when considering the focus, pace, and complexity of the project.

The **Change Readiness Model and Quick Tool** are not intended to be prescriptive, and a facilitator's assessment of readiness will rarely fit into it neatly. Some individuals on a Continuous Improvement Team might be at a higher readiness stage than others. A team might demonstrate high readiness but operate in a broader environment of low readiness. Or there may be a mix of indicators for a particular readiness factor, with some high and some low. While it is possible to use this model directly with a continuous improvement team to help it self-assess and monitor progress, this tactic should be used with caution, as some teams may lose a sense of safety and empowerment if the tool is introduced to them in a prescriptive way.



The **Change Readiness Model and Quick Tool** are also not intended to serve as the basis for excuses or rationale for why a team fails to improve over time. The facilitator's role is not to judge a team and the individual participants within it, but rather to use a gauge of general readiness to adjust the project's design and pace, to suggest specific types of support a team needs from their sponsor group, and to link other agency improvement efforts to the team's own efforts (e.g., climate studies, performance management and mentoring programs, training).

Finally, the **Change Readiness Model and Quick Tool** should not be used directly with involuntary clients (e.g., counties ordered by the state to work with internal OE facilitators), as these clients may not use them as intended. In these cases, facilitators can use the Change Readiness Model and Quick Tool themselves to diagnose the client's readiness and willingness for a continuous improvement project, determine the appropriate pace and scope of the project, and make sense of how it progresses once it is underway.





# Change Readiness Quick Tool Facilitator Guide



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The **Change Readiness Quick Tool** was designed to offer you the opportunity to reflect on your organization prior to beginning continuous improvement work. Although no one will ask to see your score sheet or know the intimate details of your discussions, it is our hope and expectation that you will be able to share key points, decisions, and knowledge gained during discussions with your fellow continuous improvement effort participants. Teams that get the most out of this exercise will be those that engage in honest self-reflection and work to identify both organizational strengths and current barriers to success.

**Directions:** Review as a team the specified descriptions of the Readiness Factors listed within each of the four major areas of Readiness: Organizational Readiness, Leadership Readiness, Staff Readiness, and General Capacity Readiness. As you review each factor, note your team's rating and key discussion points. After your review of the Readiness Factors is complete, for each of the four areas, determine the statement that best describes your agency:

A Relative Gap (Stuck or Moving Backwards)	Moving from Gap to Strength (Slow Progress or Intermittent Movement)	A Relative Strength (Positive Momentum Moving Consistently)
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After the exercise is complete, the following questions should be utilized for discussion:

- 1. Are you willing and able to commit the staff time and other resources needed to complete your continuous improvement work?**
  - a. Are you willing to make the kinds of changes in roles, policies, procedures, management tools and techniques, and resource allocation that continuous improvement work generally involves?
- 2. As you begin your continuous improvement work, what change readiness areas do you see as most supportive of a successful experience?**
  - a. Why is that?
  - b. What examples from your organization's experience support this view?
- 3. Which of the four major areas of Change Readiness (Organizational, Leadership, Staff, or General Capacity) do you see as most in need of addressing before starting a continuous improvement effort?**
  - a. Why does this readiness gap exist?
  - b. What examples from your organization's experience support this view?
- 4. Based on why (your "root causes") you believe you have your current readiness levels, what are some ways to address the readiness issues that you have?**
- 5. Are there any of the specific areas listed on the tool that you want to address as a team prior to beginning continuous improvement work?**





## Change Readiness Quick Tool



ORGANIZATIONAL | EFFECTIVENESS

	A Relative Gap (Stuck or Moving Backwards)	Moving from Gap to Strength (Slow Progress or Intermittent Movement)	A Relative Strength (Positive Momentum Moving Consistently)
<b>ORGANIZATIONAL READINESS</b>			
<b>Performance History</b>	Implementation of new programs historically has not been well planned and has not had intended impact.	Some new programs are well planned; some are not. Results are mixed in terms of achieving intended outcomes.	Implementation of new programs is consistently well planned and usually achieves intended outcomes.
<b>Momentum for System Improvement</b>	More pressure to keep the “status quo” than to improve.	Forward momentum followed by stops and starts.	Strong, sustained forward momentum, based on strategic principles and priorities.
<b>Organizational Climate</b>	Chaos, moving from crisis to crisis and functioning solely to achieve compliance with regulatory requirements.	Both chaos and calm feeling in respective pockets and silos. Staff feels unsure of organizational climate day to day.	Calm, dynamic, consistent message of continuous improvement has permeated the organization over time.
<b>Organizational Posture Related to Continuous Improvement</b>	Denial of need for continuous improvement (“if it ain’t broke don’t fix it” mentality).	Continuous improvement efforts occur only after a legislative mandate, system audit, or in response to a public crisis.	Continuous improvement is viewed as healthy and invigorating.
<b>Clarity of Roles and Responsibilities</b>	Roles and responsibilities are unclear throughout the organization.	Roles and responsibilities are clear in pockets/silos within the organization.	Staff members at all levels of the organization perform within role boundaries.



## Change Readiness Quick Tool



ORGANIZATIONAL | EFFECTIVENESS

LEADERSHIP READINESS			
Expectations of the Organization from Leadership	Failure to achieve desired outcomes is expected.	Some success is expected, mostly from particular pockets or silos of the organization.	Sustained success is expected; occasional failure/setbacks are viewed as learning experiences.
Posture towards Obstacles	Organizational leaders seem to ignore obstacles with an assumption that most issues will work themselves out.	General recognition that obstacles can and need to be overcome through planning.	Recognition across the organization that challenges can be good things that lead to better agency performance.
Posture towards Feedback	Feedback from clients, staff, or stakeholders is not sought out.	Some consideration is given to feedback received.	Feedback is embraced as healthy and analyzed systematically for continuous improvement efforts.
Decision- Making	Decisions are not strategic and are not communicated effectively across programs or through the organization.	Decisions in pockets or silos are strategic and are communicated fairly and effectively across programs or throughout the organization.	Decisions are generally made strategically and are communicated fairly and effectively across programs and throughout the organization.
Time for Continuous Improvement Efforts	Organizational leaders do not have time available to participate in planning sessions.	Organizational leaders have limited time to commit to continuous improvement.	Leadership sees continuous improvement work as a key element of their work time.
Leadership Stability	Organizational leadership is constantly changing.	Organizational leadership is tenured, but organizational knowledge is held by few leaving vulnerability to change.	Organizational leadership is stable. Knowledge is shared among many capable of leading.



## Change Readiness Quick Tool



ORGANIZATIONAL | EFFECTIVENESS

STAFF READINESS			
Expectations of the Organization from Staff	Staff are not concerned with overall agency outcomes, only individual accountabilities.	Staff expects some successful continuous improvement and positive outcomes from the organization (within certain divisions or departments).	Communication has increased buy-in and expectations for system-wide improvements in a positive way.
Employee Attitudes toward their Work and Clients	Operations level staff members consistently feel powerless to effectively perform their jobs.	Attitudes are mixed; some employees feel a sense of purpose while others feel skeptical.	Excitement, a sense of purpose, determination, and urgency to perform permeate the organization.
Teamwork	There is no sense of “team” or team members are more concerned with personal responsibilities and tasks than team goals.	Teamwork occurs within programmatic silos or organizational pockets.	Teamwork occurs naturally in a high-functioning manner throughout the organization.



## Change Readiness Quick Tool



ORGANIZATIONAL | EFFECTIVENESS

General Capacity to Improve and Innovate Readiness			
Strategy	There is no written strategy or there is a written strategy with little to no impact on the organization.	There is a written strategy that is evident in silos/pockets and overall connection to organizational strategy is often not considered when planning new initiatives.	There is a clear written strategy that is embedded within the agency. The strategy supports decision-making regarding how the organization is structured, how key processes are designed, and how frontline practice is conducted.
Data	Little to no data and/or the wrong types of data are used for strategic decision-making.	Data is used for strategic decision-making in silos/pockets.	Data is used routinely for strategic planning. Organizational initiatives and continuous improvement efforts begin with data-driven decision-making.
Communication	There is consistent avoidance of open and honest dialogue within the organization.	A growing number of leaders recognize the need for and have begun practicing open and honest dialogue.	Communication is open and honest both inside the organization and with external stakeholders and clients.
Strategic Support Functions (Training, HR, Policy, QA...)	Struggle to add value in basic service delivery.	Provide basic services with occasional mistakes and are starting to design some processes that staff recognize as adding value.	Consistently provide basic services, design processes that are seen to add value, and act as strategic consultants to leadership.
Resources	Organization will not commit any significant resources to continuous improvement efforts.	Organization seeks third party funding to support continuous improvement efforts but is unlikely to spend its own funds.	Organization is committed to continuous improvement efforts and is willing and able to shift or develop resources for these efforts.



## Change Readiness Quick Tool



ORGANIZATIONAL | EFFECTIVENESS

Notes/Priority Areas for Improvement:



	A Relative Gap	Moving from Gap to Strength	A Relative Strength
ORGANIZATIONAL READINESS			
Performance History	<ul style="list-style-type: none"><li>• Implementation of new programs historically has not been well planned and has not had intended impact.</li><li>• Disciplined root cause analysis and After-Action Reviews are rare or non-existent causing Action Plans to be ineffective.</li><li>• Supervision issues and coaching efforts are not considered when implementing new initiatives.</li><li>• Staff development and capacity issues are not addressed when planning change.</li><li>• Poor performers, in regard to new initiatives, are tolerated.</li><li>• Improvement programs that have been launched but did not lead to lasting organizational improvements “died on the vine” and were therefore discontinued vs. monitored, revised, and improved.</li></ul>	<ul style="list-style-type: none"><li>• Some new programs are well planned; some are not.</li><li>• Disciplined root cause analysis and After-Action Reviews may be starting in pockets but are likely “blind spots” that keep initiatives from reaching potential impact.</li><li>• Supervision and coaching efforts are recognized as key to success and a priority for continuous improvement but not always addressed in planning.</li><li>• Staff development and capacity issues are considered but often not funded as part of new initiatives.</li><li>• Poor performers are beginning to be managed out, but system limitations make this difficult.</li><li>• Staff can point to a few successful improvement programs as models for future, as well as failures that should be learning points.</li><li>• A growing number of managers and leaders recognize the importance of planned out implementation efforts and want to be part of that work.</li></ul>	<ul style="list-style-type: none"><li>• Implementation of new programs is consistently well planned.</li><li>• Disciplined root cause analysis and After-Action Reviews are routine and support continuous improvement of initiatives after initial implementation.</li><li>• Supervision is coaching-oriented and an organizational strength that is leveraged during implementation.</li><li>• Staff development and capacity issues are always considered when new initiatives are planned.</li><li>• Initiative “champions” are identified and developed in an ongoing, systematic way supporting implementation.</li><li>• Poor performers are routinely managed out.</li><li>• Improvement programs generally lead to lasting organizational improvements that achieve desired impact.</li></ul>



## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Momentum for System Improvement</b>	<ul style="list-style-type: none"><li>• Generally, non-constructive resistance to change across the organization. More pressure to keep the “status quo” than to improve.</li></ul>	<ul style="list-style-type: none"><li>• Forward momentum followed by stops and starts. Change is motivated as a reaction to crisis not proactive efforts based on strategy, so momentum is lost as time passes.</li></ul>	<ul style="list-style-type: none"><li>• Strong, sustained forward momentum, based on strategic principles and priorities, buy-in from staff, and solid planning/implementation efforts.</li></ul>
<b>Organizational Posture Related to Continuous Improvement</b>	<ul style="list-style-type: none"><li>• Denial of need for continuous improvement (“if it ain’t broke, don’t fix it” mentality).</li><li>• No confidence that meaningful change is possible.</li><li>• New initiatives are met with skepticism across levels of the organization.</li><li>• Staff members suffer from “change fatigue” and wait out new proposals or initiatives expecting them to fail or leadership to change.</li><li>• Little or no confidence that staff is capable of leading continuous improvement efforts.</li></ul>	<ul style="list-style-type: none"><li>• Continuous improvement efforts occur only after a legislative mandate, system audit, or in response to a public crisis requiring response.</li><li>• Continuous improvement is driven in “fits and starts” by time-limited programs.</li><li>• Some organizational leaders and mid-level employees are motivated to participate in the agency’s improvement plans while some are frustrated expecting a lack of progress or outcome to the effort.</li></ul>	<ul style="list-style-type: none"><li>• Continuous improvement is viewed as healthy, ongoing, and invigorating.</li><li>• Continuous improvement efforts are done proactively by leadership monitoring data from outputs and outcomes and listening to stakeholders and clients.</li><li>• Continuous improvement efforts are strategic, connected to an overall agency strategy and using resources in alignment with the strategy.</li></ul>





## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Organizational Climate</b>	<ul style="list-style-type: none"><li>• Chaos, moving from crisis to crisis and functioning solely to achieve compliance with regulatory requirements.</li><li>• Resistant to change.</li><li>• Behavioral norms are not plan-full or systematic and do not make sense to those outside the organization.</li></ul>	<ul style="list-style-type: none"><li>• Feels like chaos in pockets or silos and calm in other areas of the organization.</li><li>• Staff members are unsure what the climate will feel like day to day.</li><li>• Interested in being more strategic and proactive with little expertise, readiness, or sponsorship to advance strategic or continuous improvement efforts.</li></ul>	<ul style="list-style-type: none"><li>• Calm, dynamic, consistent message of continuous improvement has permeated the organization over time.</li><li>• Organization is seen by outsiders as always wanting to improve and serve the community.</li></ul>
<b>Clarity of Roles and Responsibilities</b>	<ul style="list-style-type: none"><li>• Roles and responsibilities are unclear throughout the organization causing confusion, duplication of efforts, and gaps in productivity.</li><li>• Senior level staff members frequently perform operations level tasks as a form of “unconscious demotion”.</li></ul>	<ul style="list-style-type: none"><li>• Roles and responsibilities are clear in pockets/silos within the organization and unclear in other areas.</li><li>• Roles and responsibilities are clear for front line practice/operations level staff, but higher up within the organization there is a lot of ambiguity and role confusion.</li></ul>	<ul style="list-style-type: none"><li>• Staff members at all levels of the organization are aware of their specified roles and responsibilities and perform within those boundaries.</li></ul>



LEADERSHIP READINESS			
Expectations of the Organization from Leadership	<ul style="list-style-type: none"><li>• Low: Failure is expected; failures/setbacks are viewed as confirmation that the situation is hopeless.</li><li>OR</li><li>• Unrealistically High: Constant success is expected; failures/setbacks are viewed as evidence of incompetence.</li></ul>	<ul style="list-style-type: none"><li>• Moderate: Some success is expected; failures/setbacks are expected but trigger fears of backsliding or losing momentum. Organization has a history of incomplete or poorly implemented initiatives that keep expectations moderate at best.</li></ul>	<ul style="list-style-type: none"><li>• High: Sustained success is expected; occasional failure/setbacks are expected and viewed as learning experiences.</li><li>• Communication has increased buy-in and expectations for system improvements in a positive way.</li></ul>
Posture towards Obstacles	<ul style="list-style-type: none"><li>• Due to denial that they exist or a resignation and feeling that they cannot be overcome, organizational leaders seem to ignore obstacles with a laissez faire attitude and an assumption that most issues will work themselves out.</li></ul>	<ul style="list-style-type: none"><li>• General recognition that obstacles can and need to be overcome but little strategic planning or action steps in place to address obstacles.</li><li>• Attempts are made to address obstacles through staff training or policy changes that may not fully address the issue or that are not related to the root causes of the obstacle.</li><li>• Tendency to put in place one-time programs to overcome obstacles “once and for all” without sufficient funding or sustainability for change management.</li></ul>	<ul style="list-style-type: none"><li>• General recognition that obstacles are challenges that can and need to be overcome.</li><li>• Recognition across the organization that these challenges can be good things that stimulate creative thinking and highlight areas that require improvement leading to better agency performance.</li><li>• Recognition that challenges are a fact of life and overcoming them demonstrates commitment and resilience.</li></ul>



## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Time for Continuous Improvement Efforts</b>	<ul style="list-style-type: none"><li>• Organizational leaders do not have time available to participate in planning sessions or do not see their participation as needed for the work to advance.</li></ul>	<ul style="list-style-type: none"><li>• Organizational leaders have limited time to commit to continuous improvement efforts but attend when possible and are able to designate appropriate staff to stand in, speak for them, and manage communication with them.</li></ul>	<ul style="list-style-type: none"><li>• Leadership sees continuous improvement work as a key element of their work time and plans to fully participate as needed and appropriate in meetings and discussions.</li></ul>
<b>Posture towards Feedback</b>	<ul style="list-style-type: none"><li>• Feedback is not sought out and not acted upon as there are no formal mechanisms in place to share opinions constructively.</li><li>• Organizational leadership views negative feedback as disloyal or destructive and seeks to sanction those who criticize the organization.</li></ul>	<ul style="list-style-type: none"><li>• Feedback is considered an annoyance that must be tolerated but minimized.</li><li>• Formal mechanisms to share both positive and dissenting views constructively are beginning to be put in place in pockets/silos.</li><li>• Some consideration is given to feedback received.</li></ul>	<ul style="list-style-type: none"><li>• Feedback is embraced as healthy and analyzed systematically for continuous improvement.</li><li>• Constructive feedback is routinely sought out from all staff levels and clients and acted upon.</li><li>• Formal mechanisms to share both positive and dissenting views constructively are in place and used routinely.</li></ul>



## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Decision-Making</b>	<ul style="list-style-type: none"><li>• Leaders do not routinely differentiate between different kinds of decisions and frequently fall into a comfort zone of downward decision-making.</li><li>• Decisions are not generally made strategically or communicated effectively across programs or throughout the organization.</li><li>• Decisions are not based on organizational values or connected to strategy and often appear to be in conflict with previous decisions.</li></ul>	<ul style="list-style-type: none"><li>• Leaders in silos/pockets are beginning to use various kinds of decision-making models including seeking group input and good consensus.</li><li>• Decisions in silos or pockets are made and communicated strategically and effectively across programs or throughout the organization.</li><li>• Decision makers, occasionally but not consistently, consider organizational values or strategy when making or communicating decisions.</li></ul>	<ul style="list-style-type: none"><li>• Leaders routinely differentiate between different kinds of decisions and understand when to seek expert consultation, group input or group consensus of staff and external stakeholders.</li><li>• Decisions are generally made and communicated strategically and effectively across programs and throughout the organization.</li><li>• Decisions reflect organizational values and support strategic initiatives.</li></ul>
<b>Leadership Stability</b>	<ul style="list-style-type: none"><li>• Organizational leadership is constantly changing with leaders frequently leaving before initiatives are fully implemented, resulting in strategic plans that are ineffective or simply not completed.</li></ul>	<ul style="list-style-type: none"><li>• Organizational leadership is stable, but organizational knowledge is held by few with no succession plan in place, leaving the organization vulnerable to change.</li></ul>	<ul style="list-style-type: none"><li>• Organizational leadership is stable. Knowledge is shared among upper management assuring that current initiatives can be maintained even through leadership changes.</li></ul>

STAFF READINESS			
<b>Expectations of the Organization from Staff</b>	<ul style="list-style-type: none"> <li>• Staff are not concerned with overall agency outcomes, only individual accountabilities.</li> <li>• Failure of new initiatives is expected by staff, so they do not easily accept change; failures/setbacks are viewed as confirmation that the situation is hopeless.</li> </ul>	<ul style="list-style-type: none"> <li>• Some success from continuous improvement efforts are expected but staff members hesitate to commit to changes as failures/setbacks are also expected.</li> <li>• New initiatives trigger fears of backsliding or causing workers to look bad in the eyes of clients or the community.</li> <li>• Organization has a history of incomplete or poorly implemented initiatives that keep expectations moderate at best.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained success is expected; occasional failure/setbacks occur occasionally but are viewed as learning experiences.</li> <li>• New initiatives are met with enthusiasm for potential positive outcomes and new resources for staff members.</li> <li>• Communication has increased buy-in and expectations for system improvements in a positive way.</li> </ul>
<b>Employee Attitudes toward their Work and Clients</b>	<ul style="list-style-type: none"> <li>• Operations level staff members consistently feel powerless to effectively perform their jobs leaving them angry or bitter towards the organization or submissive and complacent about their work.</li> <li>• Supervisors and mid-level managers are not able to address staff morale issues or have low morale/little motivation to perform beyond compliance within their department.</li> <li>• Performance evaluations are seen as punitive.</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudes are mixed: some employees feel excitement, sense of purpose, determination, and urgency while others feel suspicion, burned out, or skeptical that they are really having impact in their community.</li> <li>• Some resistance to work processes is constructive while some resistance reflects unwillingness to try new things, complete work tasks, or attempt system improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• Excitement, a sense of purpose, determination, and urgency to perform permeate the organization.</li> <li>• Energy is high for new initiatives and the staff appreciates opportunities to develop their skills and achieve positive client outcomes.</li> <li>• Performance evaluation of staff is seen as a development opportunity.</li> </ul>



## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Teamwork</b>	<ul style="list-style-type: none"><li>• There is no sense of team or team members are more concerned with personal responsibilities and tasks than team goals.</li><li>• There is no teamwork across organizational silos causing lapses in service to clients.</li><li>• When teamwork is planned, it seems dysfunctional and team goals are rarely accomplished.</li></ul>	<ul style="list-style-type: none"><li>• Teamwork occurs within programmatic silos or organizational pockets.</li><li>• Some levels within the organization perform well as a team while others do not.</li><li>• Teamwork can be high functioning when structured, planned, and well led, but does not occur naturally throughout the organization.</li></ul>	<ul style="list-style-type: none"><li>• Teamwork occurs naturally in a high functioning manner throughout the organization, across programs, and at all levels.</li><li>• The organization has many staff members capable of leading team efforts.</li></ul>
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GENERAL CAPACITY TO IMPROVE AND INNOVATE READINESS			
Communication	<ul style="list-style-type: none"><li>• There is consistent avoidance of open and honest dialogue within the organization. Most agency wide communications are considered “non-specific”, or “non-transparent.”</li><li>• Organizational communication tends to be bureaucratic/jargon-heavy language unable to be understood by numerous staff levels, community members or stakeholders.</li><li>• Communication method is always “top down” with little communication up within the organization.</li><li>• Communication tends to be compliance-focused and defensive.</li><li>• Communication with stakeholders, partners, staff, and the community is infrequent and/or poorly planned.</li></ul>	<ul style="list-style-type: none"><li>• Movement toward openness and honesty (“transparency”) both inside the organization and with external stakeholders.</li><li>• Mix of general and specific communication points are shared in plain language.</li><li>• Various communication methods are beginning to be adapted and used for different audiences.</li><li>• Communication materials and messages are developed in multiple languages.</li><li>• Communications include innovation ideas seeking feedback and have a focus of performance improvement.</li><li>• Communication is frequent, routine, and well planned in silos/pockets.</li><li>• A growing number of managers/leaders recognize the need for and have begun practicing open and honest dialogue.</li></ul>	<ul style="list-style-type: none"><li>• Communication is open and honest (“transparent”) both inside the organization and with external stakeholders and clients.</li><li>• Communication is specific and presented in plain, straight-forward language.</li><li>• Communication methods and language are routinely adapted for different audiences.</li><li>• Communications with stakeholders are comfortably about finding innovations and improving organizational performance.</li><li>• Communications can be described as: frequent, routine, and well planned (e.g., using written communication plans).</li></ul>





## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Strategy</b>	<ul style="list-style-type: none"><li>• There is no written strategy, e.g. Desired Outcomes, Mission/Vision/Values, Priority Initiatives</li><li>OR</li><li>• There is a written strategy with little to no impact on how the organization is structured, key processes are designed, and frontline practice is conducted. Organizational culture is “reactive to crisis” vs. proactive towards goals and objectives.</li></ul>	<ul style="list-style-type: none"><li>• There is a written strategy that is evident in silos/pockets and/or with some impact on how the organization is structured, key processes are designed, and frontline practice is conducted.</li><li>• Managers/leaders recognize the need for and have begun work on improving the implementation of an organization-wide strategy.</li><li>• Overall connection to organizational strategy is often forgotten or not considered when planning new initiatives.</li></ul>	<ul style="list-style-type: none"><li>• There is a clear written strategy that is embedded within the agency. The strategy supports organizational planning and implementation of how the organization is structured, how key processes are designed, and how frontline practice is conducted.</li><li>• The mission of the organization is clear at every level of the organization.</li><li>• Strategy is monitored and re-defined based on data (outputs and outcomes) and feedback from the community.</li></ul>
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## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Data</b>	<ul style="list-style-type: none"><li>• Little to no data and/or the wrong type of data are used for strategic decision-making.</li><li>• Data generally focuses on outputs and quantity.</li><li>• Management reports are long and not generally accompanied by executive summaries or easily understood.</li><li>• Information systems “not talking to each other” is a routine complaint with no apparent solution.</li><li>• There is a general feeling that “we have what we need” and aren’t willing to continuously improve data collection or interpretation.</li></ul>	<ul style="list-style-type: none"><li>• Data is used for strategic decision-making in silos/pockets.</li><li>• Some outcomes and quality data are beginning to be used.</li><li>• Management reports are starting to be processed into executive summaries.</li><li>• Information systems “not talking to each other” is recognized as a challenge to be overcome, not an excuse for ineffective data.</li><li>• Efforts to improve data may be beginning as part of a one-time, siloed program.</li><li>• Efforts to understand what the “right” data is are underway.</li></ul>	<ul style="list-style-type: none"><li>• Data is used routinely for strategic decision-making.</li><li>• Data generally focuses on outputs, outcomes, and quality.</li><li>• Management reports are short, easily understood, and generally accompanied by executive summaries.</li><li>• Information systems either “talk to each other” or are connected. by workaround solutions</li><li>• The organization constantly seeks to improve its data.</li></ul>
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## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

<b>Strategic Support Functions</b> (Training, HR, Policy, QA...)	<ul style="list-style-type: none"><li>• Struggle to add value in basic service delivery (“Cannot make the trains run on time”).</li><li>• Default answer to questions tends to be “no” versus “let’s discuss what you need and find a way to make it work.”</li><li>• Persistent “sore spot” that people complain about.</li><li>• Not connected to strategic discussions and considered an afterthought when planning even large system initiatives.</li></ul>	<ul style="list-style-type: none"><li>• Provides basic services with occasional mistakes and are starting to design some processes that staff recognize as adding value.</li><li>• Are starting to answer, “let’s discuss what you need and find a way to make it work.”</li><li>• Are starting to be recognized as contributors to the organization’s success and may be included in strategy discussions but don’t always have a “seat at the table”.</li></ul>	<ul style="list-style-type: none"><li>• Consistently provide basic services, design processes that are seen to add value, and act as strategic consultants to leadership.</li><li>• Default answer to questions tends to be “let’s discuss what you need and find a way to make it work.”</li><li>• Seen as key contributors to the organization’s success.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• Organization will not commit any significant resources to continuous improvement efforts.</li></ul>	<ul style="list-style-type: none"><li>• Organization can shift resources to support continuous improvement efforts including staff time, and minimal costs that can be moved from other line items in the budget.</li><li>• Organization seeks third party funding to support continuous improvement efforts but is unlikely to spend its own funds.</li></ul>	<ul style="list-style-type: none"><li>• Organization is committed to continuous improvement efforts and is willing and able to shift or develop resources with an understanding that ultimately there will be either cost savings or better client outcomes as a result of the investment.</li></ul>



## Change Readiness Model



ORGANIZATIONAL | EFFECTIVENESS

Notes/Priority Areas for Improvement:

## Section II: Establishing Role Clarity

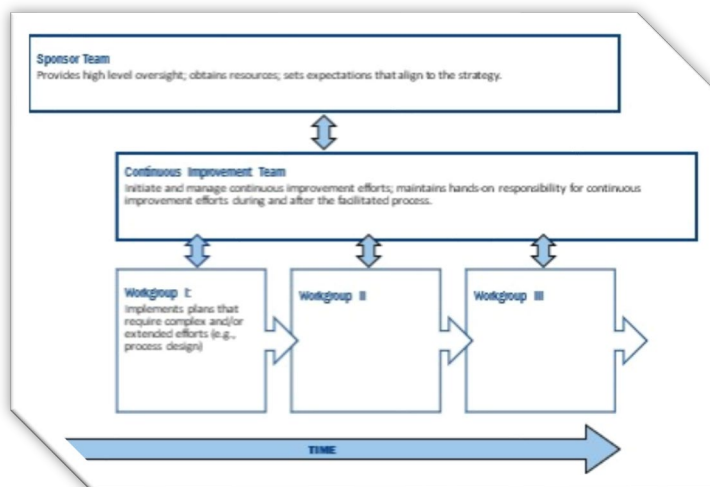
Once change readiness has been established, it is important to establish role clarity for the continuous improvement effort. Participants involved in continuous improvement work have various roles and responsibilities before, during, and after a facilitated process. Unlike traditional classroom training, where participants attend a one-time training session with pre-determined content, and with an optional level of involvement during the session and application of content back on the job, participants engaged in continuous improvement work are active participants who determine the content of the session through the application to real life situations using the DAPIM™ approach as well as various models and theories based on their unfolding needs.

In the beginning of a continuous improvement effort, participants will be unfamiliar, and sometimes uncomfortable, with their roles. The facilitator should establish role clarity early in the process and then look for opportunities to reinforce roles and responsibilities throughout the effort. Participants will need to understand how the Learning by Doing approach differs from experiences they have had in the past. Role acceptance by each individual participant is essential for creating buy-in and sustainability of the continuous improvement effort.

**A Continuous Improvement Flowchart** diagramming the various roles involved with a typical DAPIM™ continuous improvement effort is provided on page 57. We recommend reading the following description of roles while also studying the chart.

The roles involved in a continuous improvement effort are the following:

- The Sponsor Team
- The Continuous Improvement Team
- Workgroup(s)



As DAPIM™ facilitators spend most of their time working directly with Continuous Improvement Teams, their role will be described more fully on the following pages.

## *The Sponsor Team*

The **Sponsor Team** is the champion of continuous improvement and the customer of the work to be done and the progress to be made. The Sponsor Team is generally the senior leadership team of the organization. This group is accountable for doing the macro change management work of:

- scoping the continuous improvement work at a high level prior to the initiation of the facilitated process
- selecting the membership of the Continuous Improvement Team
- selecting a chairperson(s) for the Continuous Improvement Team
- developing a charter to define the goals, objectives and parameters of the work
- communicating the effort to internal and external stakeholders
- obtaining buy-in for the effort
- securing the resources that will be needed to engage in continuous improvement work

Ideally, the Sponsor Team would have initially created a Strategic Playbook outlining the strategy of the organization and the continuous improvement initiatives that will support the strategy (see the Handbook Chapters One and Two). If these initiatives include areas of major reform, the Sponsor Team would also ideally have created a Roadmap for Change outlining how the organization will build readiness for change and sequence or phase change for maximum sustainability. It should also be noted that in a small organization, the Sponsor Team and the Continuous Improvement Team could be the same individuals (see below).



## *The Continuous Improvement Team*

The **Continuous Improvement Team** assumes hands-on responsibility for improvement efforts during a facilitated process and maintains responsibility for continuous improvement projects following the conclusion of formal facilitation. This team is /should:

- responsible for mezzo-level change management
- be large enough to represent key internal stakeholders but small enough to engage in rich discussions towards making thoughtful recommendations and decisions

- include representatives from all levels, major departments, and/or divisions of the organization- wherever expertise and buy-in is needed for the continuous improvement effort to succeed including partner agencies and community members
- generally, have 10-15 members while in smaller organizations they generally have 3-5 members

The Continuous Improvement Team and its Project Manager receive coaching and support from an OE Facilitator in defining, assessing, and initial planning of improvements. The team then assumes primary accountability for implementing, monitoring, and sustaining the overall improvement effort. The team's work is strengthened if the organization has developed a Strategic Playbook (see Chapter One), as the Playbook can help the team keep the continuous improvement effort aligned with the organization's strategic priorities.



Initially, the Continuous Improvement Team is facilitated utilizing the DAPIM™ approach, identifying real life situations that are holding the organization back from reaching its desired state and then developing, implementing, and monitoring improvement plans that get the organization closer to its desired state. As the continuous improvement team provides oversight for the implementation, monitoring, and evaluation of the on-going improvement effort, it follows the systematic steps in the DAPIM™ approach in a flywheel fashion. Eventually,

the DAPIM™ process of defining, assessing, planning, implementing, and monitoring becomes an intuitive process and a way of doing business in the organization. One can observe that this is happening when DAPIM™ begins to show up unprompted in specific problem-solving or in 1-to-1 situations such as performance management.

The Continuous Improvement Team reports to the Sponsor Team. This reporting structure allows organization leaders to review continuous improvement plans and all chartered work, providing feedback and support. Continuous Improvement Teams generally meet at least once per month to monitor implementation of plans, review the products and progress of work teams, and plan and monitor communication of progress to staff and the Sponsor Team. The team generally provides the Sponsor Team monthly updates, either in person or in writing. The Continuous Improvement Team may also double as work team members, especially in smaller organizations (see below).



## Workgroups

**Workgroups** engaged in the improvement effort by the Continuous Improvement Team are time limited and focused on a particular area of improvement work.

Workgroup(s):

- Complete mezzo-level change management work for the specific area of the overall continuous plan assigned to them can become engaged at any time in the continuous improvement process
- Are activated when the Continuous Improvement Team identifies improvement remedies that require team activities - remedies for which new product, policy or process design work is required
- Are typically chartered by the Continuous Improvement Team so that they are aware of the expected outcome, timelines, limitations, and resources available to them.
- Should be small enough to accomplish the tasks at hand yet large enough to have cross-department input
- Members should be viewed as primary people responsible for implementation and follow through on specific commitments made
- Should have a direct reporting relationship to the Continuous Improvement Team to allow for monitoring and evaluation of the workgroup's efforts

While Workgroups are generally chaired by members of the Continuous Improvement Team, they engage in mini-DAPIM™ efforts with staff members not previously engaged in the effort. Using workgroups therefore exposes additional staff to OE tools and methods and creates the conditions for micro-level change management work to spread throughout the organization.

A Facilitator should become familiar with the following templates and resources in the other Chapters of this Handbook, specifically:

- Strategic Playbook
- Continuous Improvement Planning Template
- Chartering and Action Planning
- Communication Planning
- Meeting Management
- Data Planning
- Organizational Continuous Improvement Assessment Tool

Familiarity with these templates will help the facilitator explain the products and behaviors expected for the Sponsor Team, Continuous Improvement team, and Workgroups.

## *Sponsor Team and Continuous Improvement Team Linkage*

Throughout the course of a project using the DAPIM™ approach, it is important for Facilitators to monitor the linkage between Sponsors and the Continuous Improvement Team and Workgroups and use various tactics to help ensure that linkage remains strong and ideally grows stronger over time.

These tactics should include at least the following:

- Hold initial meetings with Sponsors to compare initial readiness about the Continuous Improvement Team:
  - Fully understands expectations and Charter elements
  - Establishes agreements for ongoing communications and debriefing of the team's progress
  - Establishes good boundaries if initial Sponsor expectations are unrealistic or inappropriate
- Advocate strongly that the Sponsor Team requires Continuous Improvement Teams to share at least the following work products by the end of the project:
  - Quick Wins
  - Remedies
  - Monitoring Notes
  - Staff Communications
- The Charter spells out when and how the Continuous Improvement Team will communicate with the Sponsor Team
- Ensure that DAPIM™ session ground rules include a disclaimer of confidentiality if law or agency policy is being violated.



## *Establishing and Maintaining Effective Boundaries*

Establishing principles for maintaining effective boundaries allows a facilitator and participants to understand each other's roles and responsibilities. Maintaining healthy boundaries can be challenging. If Facilitators are internal to the organization, Sponsors are often senior managers who are organizational superiors. If Facilitators are external consultants, Sponsors may be paying the Facilitator. Facilitators can establish clear boundaries at the outset of a continuous improvement effort by agreeing in writing with Sponsors on general principles and the ways these principles might translate into more specific expectations, for example, in the following areas:

- Project Goals
- Roles of the Facilitator, Sponsor Team, Organization
- Timeframes
- Work Products
- Communication Plans
- Available Resources
- Workforce Capacity

Principles to uphold might include the following:

- The Continuous Improvement Team will follow through on commitments and complete all agreed-upon work products.
- Work products need to accurately reflect the findings from the assessment and the analysis of the Continuous Improvement Team.
- The Continuous Improvement Team needs to operate in an environment of safety, with confidentiality safeguarded and dialogue that is open, honest, and constructive.
- Continuous Improvement Team members need to have the capacity and resources to fulfill their roles in the project.
- Continuous improvement work should maintain momentum, with facilitated sessions generally taking place within a month or two of each other.
- The Facilitator needs to have an open and honest dialogue with Continuous Improvement Team members and the Sponsor Team about strengths, gaps, root causes, and remedies.

For Continuous Improvement Teams, boundaries and expectations can be included in a written charter from the Sponsor Team as well as within the team's ground rules for working together. These written expectations provide a platform for facilitators, sponsors, and participants to discuss throughout the effort how the work is evolving and how specific expectations (e.g., roles, timeframes) might change in response to unfolding circumstances and lessons learned while staying true to the underlying principles. In this way, boundaries are maintained, and roles remain clear throughout a continuous improvement effort that evolves in a healthy way.



Interpersonal relationships also play a role in maintaining boundaries. Throughout a continuous improvement effort, facilitators spend considerable time in the room, on the phone, and communicating in writing with Continuous Improvement Team members and Sponsors. This time together can lead to the trust and rapport required to have difficult conversations when principles and expectations are not being followed.

Regardless of the specific nature of their relationships, facilitators, sponsors, and participants with written expectations regarding project boundaries can maintain an open, honest dialogue to ensure the work stays in alignment with agreed upon principles and continues to be work that all key parties want to complete. Their success in maintaining boundaries is likely to produce a continuous improvement effort with steady momentum, strong focus, and high-quality work products and related communications that improves the organization in tangible, visible ways.

## ***Section III: Planning and Contracting with the Sponsor Team***

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One way to discuss readiness and role clarity is by holding a planning session (or two) with the Sponsor Team. These sessions can be completed in-person, virtually or by phone. The goals of the sessions include:

- Introducing the APHSA OE models, tools, and approach for continuous improvement work to Sponsor Team members
- Preparing for the OE work sessions
  - Providing background and history of the agency to facilitator
  - Identifying the issue to be resolved and its background and history
  - Identifying the Sponsor Team's goals for and desired outcomes from the OE work sessions
  - Identifying pre-reading materials for Facilitators
  - Developing a Scope of Work / Work Plan and a high-level session one Agenda
  - Identifying appropriate participants for the Continuous Improvement Team
  - Identifying a Project Lead and who can schedule and coordinate OE work sessions and keep the Continuous Improvement Team on track between OE work sessions
  - Identifying a timeframe and dates for the OE work sessions with the agency
- Developing a Communication Plan to engage the CI team and other key stakeholders, as needed

A **Sample Facilitator Agenda** and **Sample Session Agenda** for a Planning Session with the Sponsor Team are provided on the next pages.



The Sample Facilitator Agenda lists several suggested handouts to use in the planning session. These handouts can be found in **Chapters One and Two** of the OE Handbook.



# Sponsor Team Planning Session Sample Facilitator Agenda



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## Sponsor Team Planning Session

### Goals:

- Introduce the APHSA OE models, tools, and approach for continuous improvement work to Sponsor Team members
- Prepare for the OE sessions
  - Discuss the background and history of agency
  - Identify the issue to be resolved
  - Identify pre-reading materials for the Facilitator
  - Develop work plan and session one agenda
  - Identify appropriate participants for the Continuous Improvement Team
  - Identify timeframe and dates for the OE sessions
  - Develop Communication Plan
- Identify next steps and complete communication planning

### Session One

Time	Content	Materials
20 minutes	<b>I. Introduction</b> <ul style="list-style-type: none"><li>a. Welcome and Introductions</li><li>b. Who is in the room – roles and responsibilities</li><li>c. Agenda and goals</li></ul> <p><b>Check-in:</b> How does this agenda meet your needs? What changes or additions would you like to see?</p>	HO 1– Agenda
30 minutes	<b>II. APHSA OE Models, Tools and Approach for Continuous Improvement Work</b> <ul style="list-style-type: none"><li>a. Briefly review each of these frameworks, checking for questions and providing examples throughout<ul style="list-style-type: none"><li>i. Definition of OE</li><li>ii. Organizational System Model</li><li>iii. DAPIM™ Flywheel</li><li>iv. Learning- by- Doing</li><li>v. Structure for OE efforts<ul style="list-style-type: none"><li>1. Sponsor Team</li><li>2. Continuous Improvement Team</li><li>3. Workgroups</li></ul></li></ul></li></ul>	HO 2 – Definition of OE HO 3 - Org. Sys. Model HO 4 - DAPIM™ (with work products) HO 5 - Structure for OE



# Sponsor Team Planning Session

## Sample Facilitator Agenda



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	<b>Check-in:</b> Do these models ring true for you? Do you have examples from your own agency that fit these models (strengths and gaps)?	
100 minutes	<b>III. Planning for the OE Sessions</b> <ul style="list-style-type: none"><li>a. Background of Agency<ul style="list-style-type: none"><li>i. Ask Sponsor to share demographics of the county, population served, types of services provided, types of services needed (not available), number of staff (10 minutes)</li></ul></li><li>b. Group Agreement on the Issue to be Resolved<ul style="list-style-type: none"><li>i. What is the area of concern the agency would like to improve and why?</li><li>ii. Draft a problem to be resolved statement for group agreement (15 minutes)</li></ul></li><li>c. Developing the Work Plan (using the Facilitator Resource – Work Plan Template as a guide) (45 minutes)<ul style="list-style-type: none"><li>i. Background and current challenges</li><li>ii. Measures of success</li><li>iii. Principle features of the work to be completed</li><li>iv. Timeframe for completion</li><li>v. Investment of time by the agency</li></ul></li><li>d. Identifying participants (20 minutes)<ul style="list-style-type: none"><li>i. The following areas should be used when identifying workgroup participants<ul style="list-style-type: none"><li>1. Various staff levels</li><li>2. Various division/department representation</li><li>3. Topic “champions”</li><li>4. Topic “nay-sayers”</li><li>5. External partners/stakeholders</li><li>6. Community members</li><li>7. Length of time at the agency</li><li>8. Cultural diversity</li></ul></li></ul></li><li>e. Planning Sessions Dates and locations (10 minutes)</li></ul>	Facilitator Resource– Work Plan Template  Flipchart Paper Markers Tape
10 minutes	<b>IV. Overview of Session One</b> <ul style="list-style-type: none"><li>a. When planning for OE Session One, discuss the following topics as focus areas:</li></ul>	





## Sponsor Team Planning Session Sample Facilitator Agenda



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	<ul style="list-style-type: none"><li>i. Goals and objectives</li><li>ii. Introduction to OE models and tools</li><li>iii. Team Activity: DAPIM™, Learning by Doing<ul style="list-style-type: none"><li>1. Defining our Desired Future State</li><li>2. Assessing the strengths and gaps of “meeting” the Desired Future State</li><li>3. Root Causes and General Remedies (Quick wins)</li><li>4. Prioritize Gaps for Session Two</li><li>5. Intersession commitments</li></ul></li><li>b. Roles of Sponsor Team (prior to session, and on-site)</li></ul>	
10 minutes	<p><b>V. Commitments and Next Steps</b></p> <ul style="list-style-type: none"><li>a. What the agency can expect based on the discussion. (Draft Work Plan and Agenda for session one)</li><li>b. Review of items the Facilitator will need from the agency based on the discussion.</li><li>c. Communication Planning with Continuous Improvement Team members</li></ul>	



# Sponsor Team Planning Session

## Sample Session Agenda



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### Sponsor Team Planning Session

#### Goals:

- Introduce the APHSA OE models, tools, and approach for continuous improvement work to Sponsor Team members
- Prepare for the OE sessions
  - Discuss the background and history of agency
  - Identify the issue to be resolved
  - Identify pre-reading materials for the Facilitator
  - Develop work plan and session one agenda
  - Identify appropriate participants for the Continuous Improvement Team
  - Identify timeframe and dates for the OE sessions
  - Develop Communication Plan
- Identify next steps and complete communication planning

#### Agenda:

##### **I. Introduction**

- a. Who is in the room – roles and responsibilities
- b. Agenda and goals

##### **II. APHSA OE Models, Tools and Approach for Continuous Improvement Work**

- a. Definition of OE
- b. Organizational System Model
- c. DAPIM™ Flywheel
- d. Learning-by-Doing
- e. Structure for OE efforts
  - i. Sponsor Team
  - ii. Continuous Improvement Team
  - iii. Work Teams

##### **III. Planning for the OE Sessions**

- a. Background of the agency
- b. Group Agreement on the Issue to be Resolved
  - i. What is the area of concern the agency would like to improve and why?
- c. Developing the Work Plan
  - i. Background and current challenges



# Sponsor Team Planning Session

## Sample Session Agenda



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- ii. Measures of success
- iii. Principle features of the work to be completed
- iv. Timeframe for completion
- v. Investment of time by county
- d. Identifying participants
- e. Planning Sessions Dates and locations

#### **IV. Overview of Session One**

- a. Goals and objectives
- b. Introduction to OE models and tools
- c. Team Activity: DAPIM, Learning by Doing
  - i. Defining our desired state
  - ii. Assessing strengths and gaps against the current state
  - iii. Root Causes and General Remedies (Quick wins)
  - iv. Prioritize Gaps for Session Two
  - v. Intersession commitments

#### **V. Role of Sponsor Team (prior to session, and on-site)**

#### **VI. Commitments and Next Steps**

- a. What can the agency expect from the \_\_\_\_\_ based on the discussion?
- b. Review of items the \_\_\_\_\_ will need prior to the next Work Session.
- c. Communication Planning with Continuous Improvement Team members
- d. After-Action Review

## *Continuous Improvement Project Scope of Work*



Following the planning sessions with the Sponsor Team, the Facilitator should develop a **Scope of Work / Work Plan** using the template provided on the next page to outline the measures of success, planned areas of work, and time commitment that will be required by the facilitator, Sponsor Team, and CI Team.

The Work Plan serves as a “contract” for the work to be completed and continues the process of role clarification for OE work and

building safety and trust between the Facilitator and Sponsor Team.

The **Continuous Improvement Project Lifecycle** starting on page 170 can also be used to map out the seven to eight sessions that will be facilitated to execute the areas of work detailed in the Scope of Work / Work Plan.



# Scope of Work / Work Plan Template



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Agency Name: Scope of Work  
Insert Date

## Background and Client Challenges

- Provide a brief overview of the agency (state, county, size, main service/area of responsibility)
- Describe the current situation (Why is continuous improvement work being requested?)
- List the desired outcome (What does the agency hope to achieve by engaging in the continuous improvement effort?)
- Answer the following questions:
  - Why are we making this proposal?
  - What is the main hook for the agency's improvement effort (e.g., service integration, retention)
  - Which stakeholders within the agency are the primary focus of our work?
  - How well are we demonstrating we listened to the client's needs?

## APHSA's Services

- Provide a title for the work and a high-level paragraph on the outcome of the work.

## Task Areas of Work

- Divide services into task areas, defining the work to be completed in each task area. The following is a list of task areas to include:
  - Off-site preparation prior to starting work (optional)
  - On-site/Virtual Facilitation utilizing the DAPIM™ framework
  - Pre and Post Work for each Facilitation work session
  - Oversight (optional)
  - Final report
  - Other areas based on contract (such as focus groups)

### Task Area: Preparation Prior To On-Site Facilitation

- Things to consider for review include:
  - Organizational chart
  - Existing strategic plans
  - Data relevant to the DAPIM™ topic
  - Other documents identified by the organization and reason for OE involvement (unless critical, documents/reports should be no older than 2-3 years)

### Task Area(s): On-Site/Virtual Facilitation utilizing the DAPIM™ Framework

- Define major work activities in a brief paragraph (such as supervisory development, retention, front-line practice, strategy playbook...)
- If multiple on-site/virtual sessions occur within a task area, provide a high-level overview of products by session



# Scope of Work / Work Plan Template



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## Task Area: Pre and Post Work for each Facilitation Session

- List the products to be completed as a result of the work in the task area (see DAPIM™ product flywheel)
- Identify communication strategies/loops that should occur

## Task Area: Development of Final Report

- Provide documentation and preparation of all related work products from each task area
- Provide recommendations for future areas of work

## Task Area(s): \_\_\_\_\_ (Other)

- Define major work activity of task area in a brief paragraph
- List the products to be completed as a result of the work in the task area

## Timeframe for Completion of Work

- Provide overall project timeframe (beginning and ending date)

## Minimum Requirements for Success

- If applicable, list markers to ensure success of the continuous improvement effort

## Methodology and Approach

APHSA's approach to client consulting is to balance general principles of effectiveness with the client's particular context and stage of development (meeting the client where they are). Instead of employing a traditional classroom method, APHSA engages its clients in a *Learning- by- Doing* approach. Facilitation and coaching will be strength-based, relationship-oriented, and will lead to tangible, actionable results.

APHSA's approach to sustainability is to help clients gain the capacity to drive their own continuous improvement efforts versus being overly dependent on external partners and/or consultants.

APHSA's approach to diversity is to develop products and services that are respectful of human diversity and deliver them equitably and without bias toward any person or group. Staff is expected to demonstrate respect for human diversity and model awareness of the need for continuous personal self-reflection and improvement as knowledge is gained and understanding enriched.

APHSA will use an array of models, tools, templates, and techniques it has developed for continuous improvement, long-term planning and organizational effectiveness. In each of our projects, we are likely to generate new or revised materials to support our clients' continuous improvement efforts, and these often become very useful in helping other state and local agencies. For this reason, we always retain ownership of any models, tools, templates, and techniques we develop or refine within our projects. While our clients have the right to share and use the specific work products, documents and reports that are generated within this project, it is important to ensure that intellectual property-related contract language is in place which enables us to otherwise build upon and freely use our OE practice elsewhere.



Estimated Investment

APHSA does not explicitly charge for our time, but for our work products and output. However, we do determine our consulting fees based on the time we expect to invest in our work, as we believe this is a fair, consistent, and transparent method.

In addition to a daily consulting rate, APHSA may charge a materials fee that allows APHSA staff to continue to develop updated materials, tools, and templates and deliver products through a continuous improvement model.

The chart and summary below describe how we determine our fees for this project.

- List estimated consulting days by task area, including offsite preparation and development time, onsite/virtual facilitation time, pre and post facilitation session work, travel (for long-distance travel, max one day per onsite visit), oversight (if applicable), and report writing. Use the following template to identify days.

Time	Offsite Preparation & Development	Onsite/Virtual Facilitation	Pre and Post Facilitation	Oversight & Coordination	Report	Travel
Task Area One:						
Task Area Two:						
Task Area Three:						

In Summary

We therefore estimate a total of (INSERT NUMBER) consulting days, including all onsite and virtual consulting, offsite development time, and travel time.



## *The Continuous Improvement Project Lifecycle*

From start to finish, a facilitated continuous improvement project requires about seven or eight full day working sessions over a four-to-six-month period. This is just a standard estimate -- how many sessions are conducted and over what time is based on the needs of participants. Typically, sessions are held using a two-day format with at least four weeks between sessions. The four weeks allow enough time for participants to complete intersession work but are short enough to maintain project momentum. The facilitator

should contract with participants when scheduling the follow-up sessions to ensure participants feel enough time has been allowed for intersession commitments based on their workload and schedules.



The eight sessions are typically used in the sequence below. More information on the typical work products is provided in the next section.

### **Session 1:** Kickoff and Participant 1-on-1s

**Work Products:** Alignment Notes

The first session objectives are to familiarize participants with the DAPIM™ model and methods and to begin the work of defining by exploring what Sponsor Team expectations and strategic priorities are in place to which the team might align its local improvement priorities. One-on-one time with the Facilitator begins the process of trust-building and creating a sense of safety for the participants, as well as providing the Facilitator with insights about what each participant might require from them.

### **Session 2:** Exploring Initial Feelings, Establishing Ground Rules, Completing the Defining Step of the DAPIM™ process, and Exploring Staff Communication and Involvement

**Work Products:** Initial Feelings, Ground Rules, Defined Areas for Improvement and Desired Future State

The second session objectives are to ensure that the project feels safe for the participants, establish effective patterns of relating amongst the participants, and complete the **Define** step of DAPIM™. In defining, some teams prefer more guidance from the Facilitator than others. For the former group, the Facilitator might present a model for improvement and/or a range of effectiveness markers, which

serve as a menu from which the team can select their priority improvement areas. Other teams are comfortable establishing improvement priorities from their own materials or ideas.

**Session 3:** Assessing Strengths and Gaps, and Establishing Quick Wins

**Work Products:** Findings- Strengths and Gaps, Quick Wins

The third session objectives are first to recognize and celebrate what the team already does effectively in relation to the Desired Future State or identified improvement efforts, and then to determine what needs to improve. Strengths may cover a broad range of areas, but gaps should be focused on the areas the team has defined as top priorities. In developing a written findings work product; Facilitator should be careful to use the language of the group versus reframing findings into the Facilitator's language. The Facilitator may group and flow findings for ease of understanding and use but should not assign explicit or implicit priorities to the findings by emphasizing a subset of them or including them in an executive summary. Prioritization is work the group will do during session four. It is at this point that the workgroup benefits from determining what improvements it can make immediately, with existing resources and expecting an immediate impact on its gaps. These activities or commitments are called quick wins, and they also serve to help the team understand the principles of continuous improvement more intuitively while working concurrently through the DAPIM™ flywheel.

**Session 4:** Monitoring Feelings, Ground Rules, Staff Communication/Involvement and Quick Wins, and Determining Root Causes and General Remedies

**Work Products:** Refinements to previous work products

The fourth session objectives are to monitor the efforts to date and to begin building a bridge between identified gaps and either mid-term or long-term Continuous Improvement Plans that are most likely to close them. In prioritizing gaps and conducting root cause analysis, some teams prefer more guidance than others, and for these groups a model or tool for doing this work may be helpful. Other workgroups identify root causes inductively, by asking themselves “why?” until a fundamental root cause and remedy emerges (sometimes the asking of “why” takes up to seven times. It is important to model continuous improvement throughout the project sessions by monitoring whether commitments are being honored, activities are being accomplished as planned, intended impacts are resulting, and lessons learned along the way are being translated into ongoing adjustments.

**Session 5:** Completing Root Causes and General Remedies, and Beginning Mid-Term Improvement Planning

**Work Products:** Root Causes and General Remedies

The fifth session objectives are to ensure that the team has slowed down and disciplined its thinking and planning sufficiently to cross the bridge and shift its gears from quick wins to remedies that may require significant analysis and/or implementation work. This is also the point in the project where

safety becomes balanced with emerging accountabilities for each member of the team. Mid-term improvements typically take 60-120 days to implement and often require staff not on the Continuous Improvement Team to contribute to implementation.

If general remedies are not in the team's control, they may opt to analyze a gap area and make recommendations to others for closing it. Remedies within the team's control may or may not require design and development work before implementation. Those that do will most often lead to team activities the OE Facilitator may assist with in future sessions, and those that do not will likely lead directly to long-term plans and commitments.

**Session 6:** Completing Mid-Term Improvement Planning, Beginning Implementation and Monitoring, and Beginning Team Activities

**Work Products:** Mid-term Improvement Plans

The sixth session objectives are to apply effective implementation tools and methods to general remedies and to begin doing the same for monitoring efforts. Implementation methods include Workgroup Charters, Capacity and Action Plans, and communication and meeting management tools. Team activities guided by the OE Facilitator follow tip sheets and fact sheets (many of which are in Chapter Five) that reinforce further the same continuous improvement principles.

**Session 7-8:** Completing Team Activities and Establishing Continuous Improvement Plans

**Work Products:** Team Activities, Charters, Longer-Term Improvement Plans and Communication Plans.

Depending on how many team activities and chartered workgroups a continuous improvement project yields and depending on the readiness of the Continuous Improvement Team to fully determine its long-term Continuous Improvement Plans, this stage of the project requires one or two sessions to complete. Facilitated team activities are considered remedies the Continuous Improvement Team identified. Facilitated team activities result in work products the Continuous Improvement Team develops and can use going forward. Examples include new guidelines, policies and procedures, templates and/or models. Chartering workgroups for improvement planning includes establishing formal and ongoing communication and monitoring methods, anticipating obstacles and how to overcome them, and establishing activities and plans that ensure sustainability of continuous improvement efforts as a way of doing business.

While the specific content and flow of continuous improvement work varies based on each team's rate of progress and the dynamic nature of the process, the basic seven-to-eight-day design and the sample agendas located in the Appendix generally apply and can help an OE Facilitator's overall planning and organizing efforts.

**Sample Session Agendas** for a fictional continuous improvement project around the development of a team of human services supervisors are provided starting on the next page.





# Supervisory Development: Initial Session

## Sample Session Agenda



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### 1. Introduction and Objectives

- Review APHSA's "Learning- by- Doing" Approach
- Consider Project Design Features
- Determine Next Steps

### 2. The "Learning- by- Doing" Approach

- The "DAPIM™" Model for Continuous Improvement
- Putting DAPIM™ to Work: Continuous Improvement Teams

### 3. Project Design Features

- Kickoff and Full-Group Alignment Work
  - Sponsor Team Priorities
- One-on-Ones with Each Participant
- Fluid Sequence of Work Products:
  - Initial Feelings
  - Ground Rules
  - Communicating with Staff
  - Topics
  - Findings
  - Root Causes and General Remedies
  - Quick Wins
  - Mid-Term Plans
  - Long-Term Plans
  - Implementation Tools
  - Team Activities
  - Monitoring Progress
- Frequency of Facilitated Sessions
- Intersession Activities
- Observer Roles
- Facilitators and Co-Facilitators
- Travel and Related Logistics

### 4. Wrap-Up and Next Steps

- Review of Action Items
- Identification of Inter-session Work
- Communication Planning
- Next Meeting Date
- After-Action Review



# Supervisory Development: CI Team Kickoff

## Sample Session Agenda



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### 1. Introduction and Objectives

- Understand APHSA's "Learning- by- Doing" Approach
- Align Local Office and Agency Priorities
- Establish Project Expectations, Roles, and Logistics
- Determine Next Steps

### 2. The "Learning- by- Doing" Approach

- Compare and Contrast with Traditional Approaches
- The "DAPIM™" Model for Continuous Improvement
- Stories and Examples from Your Experience
- Empowerment and Alignment Principles
- Safety and Accountability Principles
- Understanding and Buy-In

### 3. Aligning Priorities

- Agency Strategy and Performance Goals
- Mid-Management's Continuous Improvement Priorities
- Staff Retention: Related Variables (Priority)

### 4. Expectations, Roles and Logistics

- What Success Looks and Feels Like
- Required Time and Effort vs. Other Priorities
- Participating Local Offices
- Observer Roles and Co-Facilitation
- Communication Plans
- Sponsor Team Connection
  - Monitoring Progress and Impact

### 5. Wrap-Up and Next Steps

- Progress Versus Expectations
- Review of Action Items
- Identification of Inter-session Work
- Communication Planning
- Next Meeting Date
- After-Action Review



# Supervisory Development: Sessions 3 & 4

## Sample Session Agenda



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### Session/Day One

#### 1. Introductions and Objectives

- Facilitator/Participant Introductions
- Review Agenda to include:
  - Confirm Understanding of “Learning- by- Doing”
  - Reflect on Your Feelings as We Begin
  - Establish Ground Rules for Working Together
  - Balancing Safety and Accountability
  - Select Topics for Continuous Improvement
  - Begin to Brainstorm Related “Findings”
  - Wrap-Up and Next Steps

#### 2. The “Learning by Doing” Approach

- Further Questions and Comments
- Your Feelings as the Project Begins
  - Apprehension and Anxiety
  - Excitement and Hope

#### 3. Establish Ground Rules

- Participants, Observers and Facilitators
- In the Room, Outside, and at Sponsor Team Debriefs

#### 4. Select Topics for Review

- Input from the Kickoff:
  - Agency’s Strategic Direction
  - Mid-Management’s Improvement Priorities
  - Retention Tip Sheet: Related Factors
- Local Office Priorities

#### 5. Brainstorm Findings

- Team and Office Strengths
- Challenges and Needs (Gaps)

#### 6. Wrap-Up and Next Steps

- Progress Versus Expectations
- Communicating with and Involving Your Staff
- Next Steps and Commitments to Follow-Through
- After-Action Review





# Supervisory Development: Sessions 3 & 4

## Sample Session Agenda



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### Session/Day Two

#### 1. Introductions and Objectives

- Icebreaker Activity
- Review of Agenda
  - Updates from our Last Session
  - “Processing” of Notes into Work Products
  - Brainstorm Findings: Strengths and Gaps
  - Brainstorm Root Causes and General Remedies
  - Wrap-Up and Next Steps

#### 2. Since Our Last Session

- Communication with and Involving Staff
- Other Goings-On?

#### 3. The Latest Processing

- Feelings About the Project
- Ground Rules
  - Are they being honored?
- Selected and Defined Topics

#### 4. Brainstorm Findings

- Local Office and Team Strengths
- Gaps by Topic
  - Additional Data or Input Needed?

#### 5. Brainstorm Root Causes and General Remedies (as time permits)

- Priority Gaps
- Root Causes
  - Structural and Relational
- General Remedies
  - In or Out of Our Control?
  - Additional Tools Needed?

#### 6. Wrap-Up and Next Steps

- Progress Versus Expectations
- Communicating with and Involving Staff
- Any Quick Wins?!
- Next Steps and Follow-Through
- After-Action Review



# Supervisory Development: Sessions 3 & 4

## Sample Session Agenda



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### Session Three/Day One

#### 1. Introductions and Objectives

- Icebreaker Activity
- Review of Agenda
  - Since Our Last Session
  - The Latest Processing
  - Complete Findings (as needed)
  - Brainstorm Root Causes and General Remedies
  - Wrap-Up and Next Steps

#### 2. Since Our Last Session

- Ground Rules
  - Are they being honored?
- Debrief with Sponsor Team
  - Keeping that Linkage Strong
- Monitoring Quick Wins
- Communication with and Involving Staff
- Other Updates?

#### 3. The Latest Processing

- Completing Topics and Findings

#### 4. Complete Findings (as needed)

- Gaps by Topic

#### 5. Brainstorm Root Causes and General Remedies

- Priority Needs
- Root Causes
- General Remedies

#### 6. Wrap-Up and Next Steps

- Progress Versus Expectations
- Communicating with and Involving Staff
- Additional Quick Wins?!
- Next Steps and Follow-Through
- After-Action Review



# Supervisory Development: Sessions 3 & 4

## Sample Session Agenda



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### Session Four/Day Two

#### 1. Introductions and Objectives

- Review Agenda
  - Since Our Last Session
  - The Latest Processing
  - Complete Root Causes and Remedies (as needed)
  - Recommendations and Team Activities
  - Wrap-Up and Next Steps

#### 2. Since Our Last Session

- Monitoring Ground Rules and Feelings
  - Have Your Feelings Changed Over Time?
- Monitoring Quick Wins
  - Progress, Impact and Lessons Learned
- Communication with and Involving Staff
- Other Updates?

#### 3. The Latest Processing

- Full Set of Findings
- Completing Root Causes and Remedies

#### 4. Complete Root Causes and Remedies (as needed)

#### 5. Analyses and Recommendations

- Data and Perspectives Needed
- Audiences and Key Messages
- Alternatives, Pros and Cons

#### 6. Team Activities

- Related Models and Tools
- Brainstorming and Design
- Plans and Commitments to Use

#### 7. Next Steps and Wrap-Up

- Communication Planning
- Quick Wins and Additional Plans and Commitments Made
- Next Steps and Follow Through
- After-Action Review



# Supervisory Development: Sessions 5 & 6

## Sample Session Agenda



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### Session Five/Day One

#### 1. Introductions and Objectives

- Icebreaker Activity
- Agenda Review
  - Since Our Last Session
  - The Latest “Processing”
  - Continue Team Activities
  - Mid- and Long-Term Planning
  - Wrap-Up and Next Steps

#### 2. Since Our Last Session

- Check-in: Feelings and Ground Rules
- Communication with and Involving Staff
- Debrief with Sponsor Team and the Related Linkage
- Advancing Analyses and Recommendations
- Monitoring Quick Wins and Other Remedies

#### 3. The Latest Processing (and “Catch Up” Work)

- Specific to Each Continuous Improvement Team

#### 4. Continue Team Activities

- Related Models and Tools
- Brainstorming and Design Work
- Decisions, Plans and Commitments to Use

#### 5. Mid- and Long-Term Planning

- Establish Plan Phases and Timeframes (as needed)
- Overcoming Obstacles and Sustaining the Effort
- Ongoing Monitoring and Related Measures

#### 6. Wrap-Up and Next Steps

- Communication Planning
- Next Steps and Follow-Through
- After-Action Review



# Supervisory Development: Sessions 5 & 6

## Sample Session Agenda



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### Session Six/Day Two

#### 1. Introductions and Objectives

- Agenda Review
  - Since Our Last Session
  - The Latest “Processing”
  - Team Activities
  - Mid- and Long-Term Planning
  - Wrap-Up and Next Steps

#### 2. Since Our Last Session

- Communication with and Involving Staff
- Monitoring Quick Wins and Other Remedies

#### 3. The Latest Processing

- Specific to Each Continuous Improvement Team

#### 4. Team Activities (if needed)

- Related Models and Tools
- Brainstorming and Design Work
- Decisions, Plans and Commitments to Use

#### 5. Mid- and Long-Term Planning (as needed)

- Phases and Timeframes
- Overcoming Obstacles and Sustaining the Effort
- Ongoing Monitoring and Related Measures

#### 6. Next Steps and Wrap-Up

- Communication Planning
- Preparing for A Final Sponsor Team Debrief
- Wrapping Up Our Time Together
  - Turning the Flywheel on Your Own
  - The Good Doctor Principle
- After-Action Review



# Supervisory Development: Sponsor Team Debrief #1 Sample Session Agenda

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ORGANIZATIONAL | EFFECTIVENESS

## 1. Introduction and Objectives

- Welcome and Introductions
- Agenda Review
  - Overall Progress of Continuous Improvement Teams
  - Progress of Internal Facilitators
  - General or Patterned Observations
  - Wrap-Up and Next Steps

## 2. Overall Progress

- Understanding the DAPIM™ Model and Approach
- Sharing Initial Feelings
- Effective Ground Rules
- Topics for Continuous Improvement
  - Alignment with Agency Priorities
- Assessing Strengths and Needs
- Establishing Quick Wins
- Communicating with and Involving Staff

## 3. Internal Facilitators

- Shifting from Classical to Jazz Techniques
- Handling Common Challenges
- Facilitator and Observer Perspectives

## 4. General or Patterned Observations

- Role and Impact of Observers
- Participant Readiness and Buy-In
- Immediate Impact of the Project on Performance
- Long-Term Sustainability Factors

## 5. Wrap-Up and Next Steps

- Progress Versus Expectations
- Scheduling To-Dos
- Next Steps and Follow-Through
  - Broader Communication and Staff Involvement
  - Our Next Debrief
- After-Action Review



# Supervisory Development: Sponsor Team Debrief #2 Sample Session Agenda

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ORGANIZATIONAL | EFFECTIVENESS

## 1. Introduction and Objectives

- Welcome Back
- Agenda Review
  - Overall CI Team Progress
  - Progress of Internal Facilitators
  - Sustainability Factors
  - Wrap-Up and Next Steps

## 2. Overall CI Team Progress

- Honoring Ground Rules
- Defining Topics
- Assessing Strengths and Gaps
- Establishing and Monitoring Quick Wins
- Identifying Root Causes and General Remedies
- Analyses and Recommendations
- Team Activities
- Two-Way Communication with Staff
- Impact on Office Results
- Lessons Learned

## 3. Internal Facilitators

- Markers of Effective Facilitation
- Facilitator Perspectives
- Observer Perspectives

## 4. Sustainability Factors

- Sustainability Factors
- Strengths and Gaps
- Root Causes and Remedies
- Activities Needed to Improve Sustainability

## 5. Wrap-Up and Next Steps

- Progress Versus Expectations
- Handbook for Facilitators
- Next Steps and Follow-Through
- After-Action Review



## Section IV: Developing DAPIM™ Work Products

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The DAPIM™ model, when applied in a Learning- by-Doing format, provides a framework for systematically improving or innovating “an effort” within the organization. DAPIM™ is the following step-by-step approach:

**Step One: Define** priority improvements in operational terms in a desired future state.

**Step Two: Assess** observable, measurable strengths and gaps. Identify root causes and general remedies for priority gaps.

**Step Three: Plan** quick wins, mid-term, and long-term improvements.

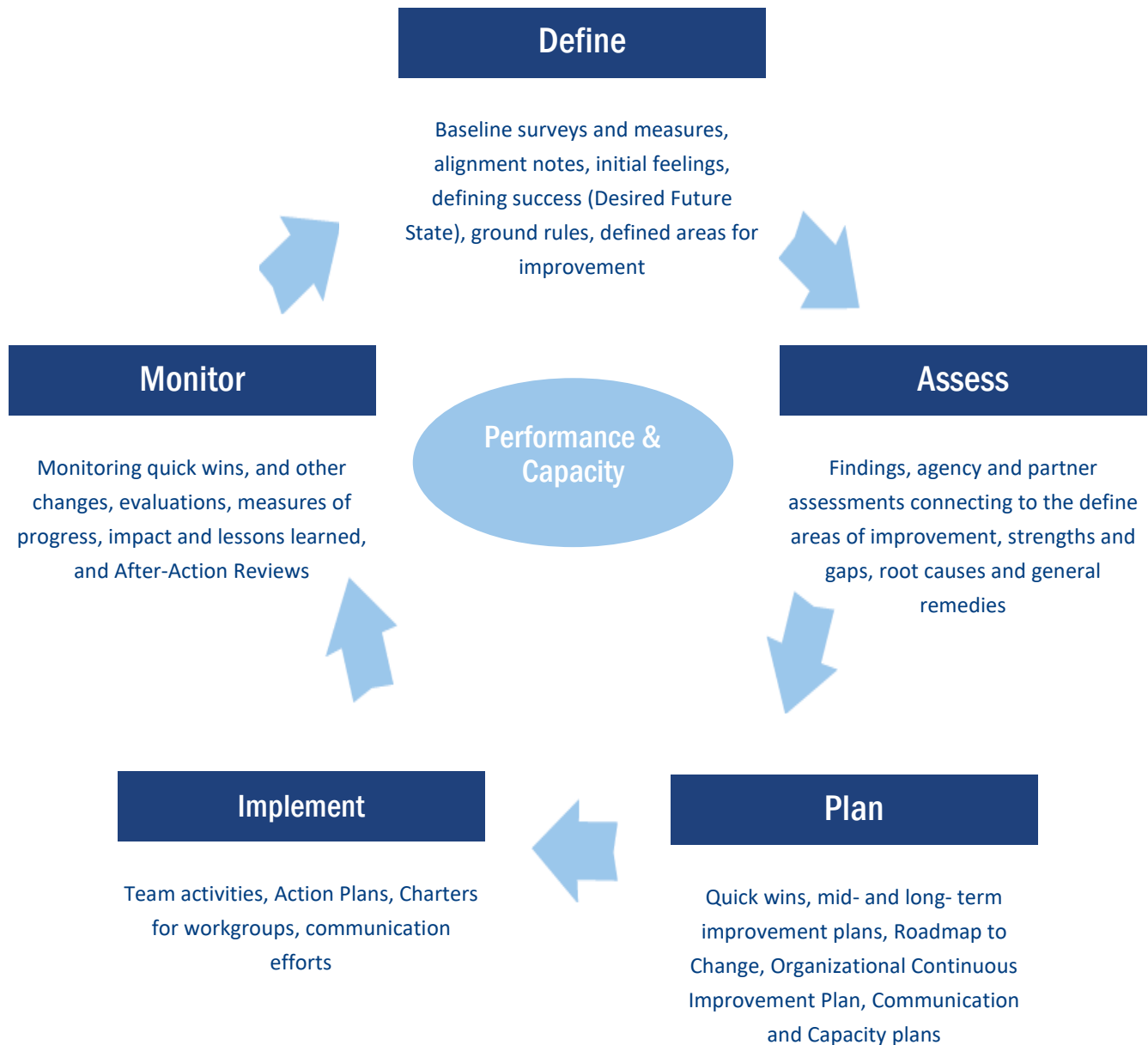
**Step Four: Implement** action plans while managing communication and capacity.

**Step Five: Monitor** progress, impact, and lessons learned impact for accountability and on-going adjustments.

On the following page is a version of the DAPIM™ flywheel detailing the work products generated from each session. Work products -- the documents generated in the continuous improvement sessions themselves -- serve as the ongoing record of discussions, observations, conclusions, decisions, and commitments that are generated by the group.

They are also known as “management control documents” because they serve as the project record of accountabilities and commitments for the group as well as for others assigned to subsequent tasks and workgroups. Well-developed work products are vital to the success and sustainability of any continuous improvement initiative.





At each phase of a DAPIM™ process, the Facilitator should ensure that work products and related team-building experiences that prepare participants to move on to the next phase are completed. The facilitator should consider the following reflective thinking questions when developing the products.

**Step One: DEFINING** what you seek to improve in operational terms means facilitating discussion that identifies in specific, behavioral terms a meaningful real-life issue that the participants are interested in improving.

**Work Products** that the team should complete include:

- Baseline surveys and measures
- Alignment notes
- Initial thoughts and feelings
- Ground rules
- Defined areas for improvement

To assist the team, the Facilitator should consider the following **Reflective Thinking Questions**:

- Have participants been introduced to Learning- by- Doing principles, the DAPIM™ flywheel and the purpose of continuous improvement?
- Have participants reviewed and discussed data about the organization currently available to them as it applies to the selected area for improvement? (e.g., turnover rates for retention issues or annual reports for casework specific concerns)
- Have initial thoughts and feelings of participants been explored regarding the continuous improvement effort in general and the selected area for improvement?
- Has the readiness of participants been assessed to determine the kind of pace and scope of the overall continuous improvement process the group is ready for?
- Have ground rules been established for how participants will participate in the DAPIM™ continuous improvement process?
- Have participants clearly articulated in behavioral terms what it is they want to improve?
- Have all the step one work products been recorded and reviewed by participants for accuracy and agreement?

**Step Two: ASSESSING** the current and Desired Future State or situation requires the Facilitator to engage participants in a reflective thinking process and facilitated dialogue around the current strengths and gaps the participants have as a team and as an organization in reaching their Desired Future State. It then requires the Facilitator to help participants build a bridge to planning by prioritizing identified gaps and identifying root causes and remedies for the highest priority gaps.

**Work Products** that the Facilitator should walk away with include:

- Findings: identified and prioritized strengths and gaps
- Initial quick wins
- Root causes and general remedies

To help the team identify findings and quick wins, the facilitator should consider the following **Reflective Thinking Questions**:

- Have participants developed and/or been introduced to markers of effectiveness that will allow them to reflect on the issue at hand?
- Have participants been introduced to tools that allow them to reflect on the issue at hand?
- Have participants used reflective thinking guides that allow them to reflect on the issue at hand?
- Have all participants openly shared what they see as the strengths and gaps in themselves, team members, and the organization?
- Have the participants reflected in immediate improvements they can make with minimal investments of time and energy?
- Have the quick wins, strengths and gaps been recorded and reviewed by participants for accuracy and agreement?

To help the team build a bridge to planning by prioritizing gaps and identifying root causes and remedies for the highest priority gaps, the Facilitator should consider the following **Reflective Thinking Questions**:

- Have participants identified the highest priority gaps to target for root cause and remedy analysis?
- Have participants been introduced to root cause and remedy analysis utilizing the Root Causes and Remedies PowerPoint slides?
- Have participants identified a range of root causes? Did they drill down deep enough? Are they balanced between structural and relational root causes?
- Have participants been introduced to the three types of general remedies?
- Have participants identified concrete remedies for their identified root causes? Are the remedies recommendations, decisions, and commitments, and/or team activities?
- Have the priority gaps, root causes, and general remedies been recorded and reviewed by participants for accuracy and agreement?

**Step Three: PLANNING** for both rapid and longer-term improvements requires the Facilitator to engage participants in the development of commitments and plans that result in the desired improvements.

**Work Products** that the Facilitator should walk away with include:

- Additional quick wins
- Mid-term improvement plans
- Long-term improvement plans
- Communication Plans
- Capacity Plans

To assist participants, the Facilitator should consider the following **Reflective Thinking Questions** when helping participants make commitments and develop plans:

- Have participants been introduced to the types of improvement: quick wins, mid-term, and long-term?
- Have participants been introduced to the elements to consider with planning for improvement using the continuous improvement planning template?
- Have participants agreed on changes to implement (quick wins, mid-term, and long-term)?
- Have participants thought through how improvement efforts will be communicated?
- Have participants been introduced to the elements to consider when planning communication using the communication template?
- Have communication plans been developed and implemented for all staff, clients, and other stakeholders impacted by the improvement work?
- Have participants thought through how improvement efforts will impact staff capacity?
- Have participants been introduced to the elements to consider when managing capacity using the capacity management guide?
- Have work capacity plans been developed and implemented for all staff impacted by the improvement work?
- Has the continuous improvement, communication, and capacity plans been recorded and reviewed by participants for accuracy and agreement?

**Step Four: IMPLEMENTING** improvement plans in detail requires the Facilitator to guide participants in the development of action plans and charters as well as engage them in team activities to support effective implementation of quick wins and plans.

**Work Products** that the Facilitator should walk away with include:

- Action Plans and Charters
- Communication efforts
- Team activities (if applicable)

To assist participants, the Facilitator should consider the following **Reflective Thinking Questions**:

- Have participants been introduced to the action planning/tracking quick wins tool and chartering template to assist them in implementing the improvement effort?
- Have participants developed Action Plans for work that needs to be completed and Charters for work teams (if applicable)?
- Have Action Plans and team Charters (if applicable) been put into writing and reviewed by participants for accuracy and agreement?
- Have Communication and Capacity Plans from the planning phase been implemented?
- Have participants been introduced to the Data Collection Template to define measures of success and how they will be assessed?
- Have Action Plans, Charters, and measures of success been recorded and reviewed by participants for accuracy and agreement?

**Step Five: MONITORING** plan progress and impact for accountability and on-going adjustments helps participants determine the impact of the improvement effort and apply lessons from the effort for ongoing adjustment and further continuous improvement. During this phase, the facilitator should be guiding the team through monitoring activities that allow for evaluation and measurement of progress, impact, and lessons learned. Re-adjustments of actions and plans can be developed as needed.

**Work Products** that the Facilitator should walk away with include:

- Monitoring of initial thoughts and feelings, ground rules, quick wins, and other changes
- Evaluation and measures of progress and impact
- Adjusted plans and lessons learned for further continuous improvement

To assist participants, the Facilitator should consider the following **Reflective Thinking Questions**:

- Have techniques for monitoring and evaluating team dynamics and their improvement efforts been introduced to the participants?
- Is the team monitoring plan progress, impact, and lessons learned, both with the Facilitator and on their own?
- Has data been collected based on the measures of success?
- What does the data indicate, and have adjustments been made to actions and plans if needed?
- Have the adjustments to actions and plans been recorded and reviewed by participants for accuracy and agreement?
- Have successes been celebrated and shared internally and externally?
- Have successes been recorded and reviewed by participants for accuracy and agreement?

On the following pages we revisit the fictional continuous improvement project around the development of a team of human services supervisors. **Sample Work Products** are provided that track the continuous improvement team's progress through the DAPIM™ process.





## Alignment Notes- Agency Direction and Envisioning Success

### Agency “Direction”

- Focus on outcomes for those we serve.
- Greater client self-sufficiency and responsibility.
- Increased food stamp participation, decreased TANF participation.
- Listening more to the clients and communicating with them better.
- Customer service *through* timely and accurate services. Friendly, personalized service as well.
- Identifying food stamp expedites accurately and timely. Implement new food stamp expedite process, addressing staff and client frustrations stemming from shortened timeframe.
- Service integration and systems of care. Improving inter-agency communication on behalf of clients (e.g., CPS, Childcare, etc.)
- On the same page and doing the best we can in the local offices. Improving upon a general lack of understanding about what goes on in the local offices.
- Up-to-date, user-friendly technology. Equipment and facilities standardization and modernization.

### Envisioning Success

- Offices and districts collaborating across these lines.
- Better communication with outside agencies; better tools for doing this.
- A stronger bond, both ways, between tiers of the agency.
- A high level of trust both up and down the organization, and with our clients.
- Eliminating the we-they us-them gaps and working as a team.
- Proactive help being offered by everyone.
- Caseworker teamwork, with everyone coming together as one.
- People enjoying their work.
- To leave at 5 and feel like I accomplished something and tied up my loose ends. To also feel like someone “from above” me recognizes this.
- Increased employee satisfaction and staff retention (a two-way reinforcement).
- Performance discussions are not scary anymore.
- Other states coming here to see and look at what we do.



## Initial Feelings about the Project

### Positive Feelings - Excited and Hopeful

- This could really help us improve things.
- The “double benefit” of this project is we’ll develop our supervision skills, both as individuals and collectively.
- This is basic training for supervision beyond the casework-related technical training we already have and know well.
- This is an opportunity to honestly examine our strengths and needs, individually and collectively.
- If we are successful in making improvements, we will spend more of our time supervising vs. troubleshooting cases.
- If we are successful in making improvements, we will better understand the proper sizing and matching of resources to the demands and needs, especially new hires, and low performers.
- This is an opportunity to build upon our mutual respect by improving some ways we work on tasks.

### Worries and Apprehensions

- Projects in our agency often begin with energy but follow-through does not occur. We’ll put a plan in place but then we will not implement it (often due to staff capacity limits). Then it “all halts.”
- Do we need more focus and discipline in the way we work together?
- Maybe there is just no way forward...maybe we just don’t have the capacity and time to supervise...maybe we’re making “necessary choices.”
- If we need help and support from upper management, will they really help and support us?
- When we are doing our best, will it be recognized?
- Will reactions from higher up be more punitive than positive, either intended or unintended? This may be a norm in our agency that will not change.



## Ground Rules for Our Meetings

- Raise hands before we speak.
- Avoid talking over one another.
- Everyone participates and makes at least one contribution to each exercise.
- Observers may contribute at their discretion, using their best judgment.
- What goes on here stays here...the “Vegas Rule.”
- The team will decide together what to communicate and share outside the room.
- Confidentiality is not protected when a law or regulation is being violated. This is the responsibility of the most senior person in the room to determine.
- When making decisions, the team will decide whether to use a consensus or a democratic process. Once a decision is made, the team will present a united front to the staff.
- We commit to “staying on track”- remaining focused on the topics we elect and then completing them.
- The Facilitator will check in with the group if an exercise is taking a relatively long time to accomplish, or if the discussion seems to be going “off track.”
- Everyone will be on time for starting, ending, and breaks.
- Turn cell phones off or put on vibrate.



## Topics for Continuous Improvement

### Timeliness and Accuracy

- Local office performance and measures
- Related staff and supervisory development
- Crisis management and its impact

### Managing Workload and Capacity

- The level of stress and tension
- Empowering the staff vs. “doing for” or micromanaging them
- Process efficiencies
- Having and being “on plan”
- Knowing how to appropriately “size” the work vs. the available capacity

### Assigning Work and Following Through

- Related boundaries, expectations and disciplined behavior
- Ownership and sense of personal accountability
- Monitoring activities and norms
- Instilling a sense of accountability with confidence vs. motivating through fear

### Office Morale

- Focusing on the strengths of staff
- Absenteeism and its impact
- Staff retention, what it tells us (e.g., office reputation), and its impact
- Handling matters negatively or positively with staff
- Team’s sense of confidence and support from above



## Root Causes and General Remedies

### Timeliness and Accuracy

1. There are no mechanisms in place to know staff whereabouts
2. Supervisors do not set and reinforce consistent expectations here

#### Remedies:

- a. A team activity to create a written set of guidelines for breaks and reporting one's whereabouts, which allows for appropriate supervisory discretion and encourages positive conduct
  - b. A related plan to involve line staff and supervisors in the guideline development process and to initially roll out the guidelines for staff feedback
3. Supervisors are not fully in the habit of providing positive feedback

#### Remedies

- a. A plan to increase and track positive staff recognition and "Pride on the Spot" awards, encouraging staff to participate, and to convey progress in positive recognition to all staff

### Office Morale

4. There is a limited staff awareness, locally and perhaps statewide, of the challenges involved with the Scanner position

#### Remedies:

- a. A plan to assemble and review with staff a "marketing packet" about the Scanner role
5. Taking time off is seen by many staff as an entitlement. This view may be reinforced by agency policy

#### Remedies:

- a. A plan to chart overall office absenteeism and present this data to staff, with an analysis of absenteeism's negative impact, and with a request for staff's input to solve the problem. A related plan to create a board for tracking absenteeism and its impact by unit
- b. A plan to establish a staff team to review and recommend ways to reduce unscheduled absence. Included in the scope of review, amongst other ideas, will be:
  - Alternative work schedules



- c. A plan to get a policy clarification on managing time off

## **Managing Workload and Capacity**

- 6. Supervisors struggle to “find the time” for building staff capacity

### Remedies:

- a. Allow this to improve naturally based on improvements being made in other areas
- 7. Staff often choose to work deadline versus in advance, leading to a higher volume of calls and complaints. Supervisors may be “punishing working ahead and rewarding working deadline.”

### Remedies:

- a. A commitment by supervisors to use monthly individual staff performance reviews, statistical performance and trend reports, and other supervision methods to help staff shift from “Stage I” to “Stage IV” performance over time (see APHSA time management model)

## **Assigning Work and Following Through**

- 8. Electronic client interview documentation is often performed sporadically and incorrectly, and not at the time of the interview itself.

### Remedies:

- a. A plan to offer “key as you go” training for all units
- b. A plan to hold follow-up unit meetings
- c. A commitment by Supervisors to follow up in their daily floor time agenda



## Quick Wins

### Ongoing Monitoring

1. Individual Quick Win focus areas:
  - a. Hector - created a timeliness results board. Office met timeliness goals for the 1<sup>st</sup> time in 8 months (?)
  - b. Tanya - managed 1<sup>st</sup> monthly Community Day, attended by 227 clients, connecting them to other community services (an agency-wide strategy).
  - c. Agency Director - improving communication and relationship behaviors. Also focusing on monitoring.
2. September 10<sup>th</sup> Community Day
  - a. Improved office morale and office reputation
  - b. Improved partnerships with other organizations
3. Supervisors commit to inform each other when noticing positive or ineffective performance or behavior by one another's staff (Ongoing)
4. Supervisors commit to analyzing call backlogs and related information for each of their staff, and then engage staff with problems here to improve, including "planting" to-do messages (needs more effective monitoring)
5. Supervisors commit to conducting targeted exit interviews for staff having greater difficulty with case efficiency and quality (Ongoing)

### Monitoring No Longer Needed

1. Standby Scheduling- eliminating interviews after 5pm (Complete)
2. Entire team "filing two boxes" along with staff, week of 9/16 (Complete)
3. Supervisors commit to "going private" when frustrated and prone to acting out from it, and commit to reminding each other of this as needed (Complete)
4. Human Resources will pass out an article on managing office gossip (Complete)





## Team Activity: Guideline for Taking Breaks

**Purpose:** Customer Service, Stress Management, Productivity, Professionalism, Accountability

**To Be Followed:** Whenever staff is breaking from work activities, whether at one's workstation or away from it

**Steps:** Staff will use an honor system to decide upon and monitor their own breaks unless their Supervisor decides to prescribe limits and/or monitor them on an individual basis

### Factors for Supervisors to Consider:

- Not keeping a client waiting
- Being on time each day
- Unusual stress levels
- Work productivity, using the 4-stage model
- Personal use of PC; "breaks on the job"
- Abuse of break time boundaries

### Boundaries:

- The upper limit of total break time is 15 minutes in the morning and 15 minutes in the afternoon
- Lunch breaks are up to one hour or 30 minutes, depending on the policy that applies.
- Minimum time for a lunch break is 30 minutes under any circumstances.
- No breaks will be taken at the end of the workday



## A Mini-DAPIM™ from Crucial Conversations

### Finding

Staff are not typically “buying in” when we roll out big changes (e.g., EBT Cards)

### Root Causes

1. The agency does not view these situations as “crucial conversations.”
2. We don’t do a good enough job having that conversation with staff:
  - Not naming the purpose of a change for which staff can sign up
  - “Jamming it” versus “selling it,” thereby making staff feel unsafe
  - No talking points or key messages being established beforehand
  - We are often told not to share what is really behind a change

### Remedies:

- a. Use a structured method and talking points for announcing big changes, including:
  - The Mutual Purpose
  - The Honest Back Story
  - The Future Story (aspirational)
  - A Two-Way Discussion:
    - Why you are safe
    - Let’s share our stories
    - Options for continuing this discussion
- b. Recommend to senior management that we share as much as we possibly can about what is really behind a given change

Let’s also “buddy up” in crucial conversation areas where one or more of us find them to be either a strength or a need:

- Office Meetings
- “Problem workers”



# Supervisory Development Sample Work Products



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## Long-term Planning: Potential Obstacles to our Progress

Potential Obstacle	How We'll Handle It
"December Phenomenon"- workload, time off and unscheduled leave spikes (Likely)	<ul style="list-style-type: none"><li>• Our plans emphasize "business as usual" activities vs. big projects</li><li>• Our plans focus on improved staff efficiency vs. extra work</li></ul>
High turnover and absenteeism (Current)	<ul style="list-style-type: none"><li>• Our plans focus on improving this very characteristic of our office</li></ul>
"Hit a Wall"- lack of energy and motivation	<ul style="list-style-type: none"><li>• Our plans include a number of positive recognition efforts</li><li>• Community Day results in a greater sense of serving a cause</li></ul>
Higher general workload per FTE; higher related monitoring work for the management team (Will Happen)	<ul style="list-style-type: none"><li>• Our time management plans will directly address this obstacle</li><li>• Our plans are already realistic as far as requiring extra time and effort</li></ul>
Staff morale low/staff resistance high	<ul style="list-style-type: none"><li>• Our positive recognition initiatives</li><li>• Our two-way communication efforts</li><li>• Community Day</li></ul>
Lack of follow through from middle management on their continuous improvement efforts	<ul style="list-style-type: none"><li>• Our own follow through inspires middle management- the "ripple effect"</li><li>• Request two-way communication through progress updates</li></ul>
Changes to our own management team's make-up (Will Happen- adding two new members)	<ul style="list-style-type: none"><li>• Use our continuous improvement plans to bring new members of our team on board and into alignment</li></ul>

## *Section V: Preparing to Facilitate DAPIM™ Sessions*

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When preparing for continuous improvement sessions, there are many tasks for the OE Facilitator to consider before, during and after the session. Proper preparation will ensure positive performance. A **Facilitator Preparation Checklist** is provided starting on the next page to aid Facilitators in their preparation. The checklist outlines the tasks a Facilitator should complete in the weeks prior to the continuous improvement session and the day of the session.

In addition, when preparing agendas for continuous improvement sessions, an OE Facilitator should consider the learning styles of participants. Learning styles are various approaches or ways of learning. They refer to an individual's preferred manner of processing material, or characteristic style of acquiring and using information when learning. These styles, preferences, and tendencies should be considered by OE Facilitators when planning continuous improvement sessions to create a supportive learning environment for all participants.

Considering learning styles means adding variety to the various facilitation techniques an OE Facilitator may decide to use during the session, such as:

- Balancing the amount of information, models, and theory presented with hands-on application of the material.
- Allowing time for both individual reflective thinking, small group work and large group brainstorm activities when generating ideas and thoughts.
- Answering the “what,” “why,” and “how” for the situation or problem to be resolved.
- Planning for change using quick wins, mid-term, and long-term change outlined in small steps.



One way to plan for the consideration of learning styles is by developing a facilitator agenda that outlines the time, key concepts / critical questions, method for delivery, and materials to be used in the session. The outline helps facilitators test and refine the details of an agenda with the sponsors of the effort, and to prepare in detail for the session itself. Facilitators can also use materials from the OE Handbook to create reflective thinking questions relevant to the topic being addressed in the OE effort.

A **Sample Facilitator Agenda** and a blank template are provided starting on page 206.



# Facilitator Preparation Checklist



This Preparation Checklist for Facilitators was developed to be used as a tool for OE Facilitators to keep track of the many tasks that must be performed prior to beginning an “on-site” OE facilitation. As the Facilitator completes a task leading up to the session, they should check off the task as completed. If a task seems “not applicable”, that should be noted as well.

Project Title:

Lead Facilitator:

## Weeks Prior to the Session

Complete or N/A	Task	Notes
	Pre-meeting with organizational leadership or individual participants to assure congruence of expectations for the session/overall work plan.	
	Prior to making the Agenda, the Facilitator should be clear on objectives for the session. As Agenda is prepared, the Facilitator should ask themselves: will this agenda lead to the achievement of the stated objectives?	
	Facilitator should develop their own agenda/plan with expected time frames for pieces of work and needed resources (different than Agenda handout that would be passed out to the group).	



## Facilitator Preparation Checklist



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	Consider who will be responsible for taking notes. If not the Facilitator, have pre-meeting with notetaker to assure role understanding. Ask: will the flip charts be used as the session record or simply as discussion reinforcement? How will notes get transcribed and processed for the group to review? Prepare appropriately for note transcription.	
	Prepare to deliver safety and accountability and what that will look like for this group - are there any special considerations for the Facilitator to be aware of (expect confrontations between participants, controversial topics)?	
	Consider whether you need participants to bring anything to the session. Communicate those needs to participants or team leadership.	
	Seek feedback for planning from teammates or supervisor prior to facilitating the workgroup/work session. Agenda and/or handouts should be shared with Sponsors of the work prior to the session once those documents are final.	
	If you are doing something new or have a "lecture" concept to present (org systems model? New team activity?), practice and develop the timing.	
	Determine room logistics including location, seat set up, availability of flipcharts and markers, projectors, space to hang up flipcharts. Space for small group work? Audio visual equipment expected to be present for session planning?	



# Facilitator Preparation Checklist



	Handouts...confirm who is bringing them and in what fashion (in folder, pass one at a time?). If the Facilitator is bringing handouts, make sure that travel is not a problem (may need to ship them in advance.) If the handouts are being put together by the session coordinator on-site, make sure that they have the handouts well in advance (more than a week) of the session. When making handouts consider how the session participants will keep track of multiple handouts (different colors? kept in a binder with tabs) over multiple sessions.	
	Make travel plans, dates for sessions, locations	
	Review and keep commitments from previous sessions.	

## One Week Prior to the Session

Complete or N/A	Task	Notes
	Confirm meeting location and time to assure no mix-ups. Assure transportation from hotel to meeting location. If this is the first time to a new location, be familiar with security requirements and who to ask for upon arrival.	
	Confirm room logistics including location, seat set up, availability of flipcharts and markers, projectors, space to hang up flipcharts. Space for small group work? Audio visual equipment present and working? Review the Agenda and be sure that all logistical issues are clearly accounted for. Find out if the group will be having lunch in the room or having to travel out of the building for lunch (may affect timing). Prepare to make any necessary adjustments. (It is best to find out this information when planning weeks in advance; this is final confirmation to assure no “surprises”).	





## Facilitator Preparation Checklist



ORGANIZATIONAL | EFFECTIVENESS

	Consider if you need, and if you do, prepare sign-in sheet, name tents, or tags.	
	Prepare monitoring from last session-make ensuring commitments from any previous sessions.	
	Consider whether there will be any observers present, how they will be introduced, and whether a side discussion with them will be necessary prior to the start of the session.	
	Re-practice any areas of presentation that are new or that you are unsure about.	
	Make sure you have clear directions to the meeting location, especially if this is the first time to the location.	

### Day of the Session

Complete or N/A	Task	Notes
	Arrive early the day of the session (about 30-45 minutes prior to the start time).	
	Prepare flipchart papers with "Parking Lot", "Next Steps" or "Commitments" to record those areas as they come up during the session (and to use for future monitoring).	
	Plan to eat a good breakfast. Maintaining energy throughout the day will be important and requires good nutrition. Bring water and small snacks with you.	
	Appropriate appearance for the session (dress, hygiene)	
	Tuning into self (neutral feelings) about how you are feeling that day. If any personal issues (tired, sick, outside distractions) are present consider how you will put them aside for the session.	



# Facilitator Preparation Checklist



	Expect yourself to be fully present. Remind yourself of the mission of your work if that helps you remain focused and motivated for the session.	
	Bring a clock (watch, cell phone) to make sure you can keep track of timing. If this is a problem, be prepared to assign a timekeeper in the room.	



# Facilitator Preparation Checklist



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## General Preparation

Complete or N/A	Task	Notes
	Prepare an introduction of yourself. Make sure it is not too long but tells participants what they need to know to begin building trust.	
	Prepare to define roles and objectives for the participants from the very beginning of any session.	
	Know the audience as much as possible - are the right people in the room for what you are trying to accomplish?	



Agency Name  
Date, Time, and Location of Meeting

Goals

- Become familiar with the APHSA Organizational Effectiveness models and tools and how to use them in continuous improvement efforts.
- Define the Desired Future State for the organizational structure, functioning, and capacity to align with the principles and values of the Practice Model.
- Assess strengths and gaps of the current system toward achieving the Desired Future State.
- Prioritize gaps and explore root causes and remedies.
- Identify potential quick wins for implementation.
- Plan next steps and commitments for session two.

DAY ONE

Time	Facilitator	Content	Materials Needed
9:00 – 9:20		I. Opening <ul style="list-style-type: none"><li>a. Welcome and Introductions of Self and Participants</li><li>b. Overview of who is in the room and why (sponsor team)</li><li>c. Review of Agenda and work session objectives and for the overarching Continuous Improvement Team sessions (measures of success)</li><li>d. Set group norms or ground rules</li></ul>	HO 1– Agenda
9:20 – 9:50		II. Check in with participants prior to getting started, building trust and safety for the Continuous Improvement Team sessions <ul style="list-style-type: none"><li>a. Participants will share how they feel about engaging in the OE work and what outcomes they are hoping for.</li><li>b. Facilitator may capture the outcomes on Flipchart Paper to review during later Continuous Improvement Team sessions</li></ul>	Flipchart Paper Markers



## Sample Facilitator Agenda



ORGANIZATIONAL | EFFECTIVENESS

9:50 – 10:30		<p>III. Introduction of OE models and framing to guide discussion on defining the professional development system</p> <ul style="list-style-type: none"><li>a. Overview of the OE models/tools and approach – what the team can expect as part of the process.<ul style="list-style-type: none"><li>i. Organizational System Model</li><li>ii. DAPIM™ – “Learning by Doing” Approach</li><li>iii. Continuous Improvement Flow Chart</li></ul></li></ul>	<p>HO 2 –PPT Slides HO 3 – Org. System HO 4 – DAPIM™ HO 5– CI flow chart</p> <p>LCD Projector Laptop PowerPoint Presentation</p>
10:30 – 10:45		<b>BREAK</b>	
10:45– 12:00		<p>IV. Facilitate a large group brainstorm, recording answers on Flipchart Paper, in order to define the Desired Future State.</p> <ul style="list-style-type: none"><li>a. What will services look like to reduce placements and support families cross-systems?</li><li>b. How will your structure and culture, key processes and operations align to your strategy?</li></ul> <p><b>Practice Model – Introduction and Sharing Initial Thoughts</b></p> <ul style="list-style-type: none"><li>a. How will this help you achieve our mission?</li><li>b. How will it support you in aligning your culture, structure, key processes and operations? (Pyramid Model)</li><li>c. What concerns do you have about the Practice Model?</li></ul> <p><b>Reflective thinking questions:</b></p>	<p>HO 6 - Practice Model</p> <p>HO 7 - Pyramid Model</p> <p>Flipchart Paper Markers</p>



## Sample Facilitator Agenda



ORGANIZATIONAL | EFFECTIVENESS

		<ul style="list-style-type: none"><li>• What outcomes do you want for those it serves (children, youth, families, and communities)?<ul style="list-style-type: none"><li>○ Specifically, how will you assure clients (children and youth) are <b>safe</b> and have <b>stable and permanent</b> families that have the skills and resources to provide for the needs of their children?</li><li>○ How will you assure your interventions support caregivers to provide for those in need?</li><li>○ How will you assure <b>families are engaged</b> during the completion of assessments to keep clients (children and youth) in their <b>own homes and communities</b>?</li><li>○ How will you <b>foster connections</b> for children and youth when placement is necessary?</li><li>○ How will the <b>individual needs of families be respected and supported</b> in times of need with respect to race, ethnicity, socioeconomic status?</li><li>○ How will you assure <b>staff has the competence</b> to conduct assessments and plan for the needs of the client in a crisis situation?<ul style="list-style-type: none"><li>• What <b>skills</b> will they need?</li><li>• What <b>strategies</b> will they employ (engagement, teaming, assessment, planning, intervention, follow up)?</li><li>• What <b>resources and tools</b> will they need?</li><li>• What <b>key processes</b> will support them in their work with families?</li><li>• What <b>structure</b> will best support service provision?</li></ul></li><li>○ How will staff be held <b>accountable</b> for the delivery of services - what will the <b>expected standards</b> of practice be with regard to family engagement and maintaining children in their own homes when possible?</li><li>○ How will <b>leadership support</b> staff in service delivery?</li></ul></li></ul>	
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## Sample Facilitator Agenda



ORGANIZATIONAL | EFFECTIVENESS

		<ul style="list-style-type: none"><li>○ How will the <b>organization and its leadership be held accountable</b> for the delivery of effective services? (organizational support, cultural responsiveness, provision of training and workload management, provision of tools to do the work – such as desk aids and assessment tools, supervision, communication about expectations, provision of resources, partnerships in place to support services to the families – <b>internal partnerships and external partnerships</b>)</li></ul>	
12:00 – 1:00		<b>LUNCH</b>	
1:00 – 2:30		V. Defining work continued included a review of the alignment with the Practice Model	
2:30 – 2:45		<b>BREAK</b>	
2:45 – 3:45		VI. Assessing Strengths and Gaps toward the Desired Future State <ul style="list-style-type: none"><li>a. What is in place to support you in moving forward that is currently working well (strengths)?</li><li>b. What will need to be planned for to move forward (gaps)?</li></ul>	Flipchart Paper Markers
3:45 – 4:00		VII. Preparing for day two <ul style="list-style-type: none"><li>a. Things to think about overnight</li><li>b. Review the Agenda for day two</li></ul>	





## DAY TWO

9:00 – 9:30		I. Opening a. Checking in on day one – questions from overnight b. Review of day one notes	
9:30 – 10:30		II. Complete Strengths and Gaps work a. If helpful, gaps can be categorized in themes (Ex. Resources, Collaboration, Service Delivery) b. Prioritizing Gaps – allow each participant three votes which can be used to vote for three different gaps, or all used towards their vote for the same gap. i. When prioritizing gaps, participants should think about <i>What is most important to our Desired Future State?</i> ii. Facilitator counts the votes and share the Priorities with the group.	Markers
10:30 – 10:45		<b>BREAK</b>	
10:45 – 12:00		III. Root Causes and Remedies – Facilitator introduces: a. What are root causes? b. Types of remedies IV. Facilitate root cause analysis for priority gap areas - to get to “Quick Wins”	PPT Slides (Defining Root Causes and Types of Remedies)  Flipchart Paper Markers



## Sample Facilitator Agenda



ORGANIZATIONAL | EFFECTIVENESS

12:00 – 1:00		<b>LUNCH</b>	
1:00 – 3:00		V. Continuing root causes and remedies a. Identify “Quick Wins” and responsible parties for completion  (this includes a 15-minute break around 2:30)	HO 8– Quick Wins  Flipchart Paper Markers
3:00 - 3:30		VI. Communication Planning a. Key messages from session that will be communicated i. What needs to be communicated? ii. Who does the information need to be communicated with? iii. How should it be communicated? iv. When should the communication occur?	Flipchart Paper Markers
3:30 – 4:00		VII. Closing a. Review of Commitments, Next steps, and Parking Lot items b. Set next meeting dates c. Facilitate an After Action Review i. What worked well these past two days? ii. What did not work so well these past two days? iii. Do you have any suggestions to do differently next time?	Flipchart Paper Markers



# Sample Facilitator Agenda



Agency Name  
Date, Time, and Location of Meeting

Goals:

Time	Facilitator	Content and Method of Delivery	Materials

## *Conducting an After-Action Review*

As a facilitator, it is a good practice to collect feedback from participants at the end of each Learning by Doing session by conducting an After-Action Review (AAR). An AAR provides participants an opportunity to share their thinking on the overall effectiveness of the meeting and how future meetings can be improved based on lessons learned. To conduct an AAR, ask the following three questions:

- What has gone well with regard to the meeting?
- What has not gone well with regard to the meeting?
- And what could be done differently to improve meetings in the future?

Prior to asking the questions, explain that the AAR is a way to collect data from participants to plan for future meetings. Share with participants the importance of their feedback for both the facilitator's own continuous improvement and the cultivation of an environment for honest sharing of information. In some instances, the facilitator may want to offer to leave the room during the AAR requesting one of the participants record the feedback on flip charts. This option should be made available to groups when the facilitator senses high trust levels have not yet been established between the facilitator and participants and feedback directly related to the facilitator may not be shared if the facilitator remains in the room.

The AAR is meant to be a free-flowing data collection activity and should not be rushed. Allow silent time for participants to think. Be sure to probe for thoughts on preparations for the meeting, the meeting itself, and what is to follow the meeting – this probing ensures lessons learned for planning and conducting future meetings take into account the full range of work involved. Facilitators should flipchart the AAR and create participant notes as with all other work products from a DAPIM™ process.

## Section VI: Effective Facilitation Skills and Techniques

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To use a metaphor, traditional classroom training is a lot like a classical music performance by a concert soloist (the trainer), attended by a courteous audience (the participants). The music (training curriculum) is written down and practiced thoroughly in advance of the performance. There are opportunities for the audience to get involved, but these are either limited to applause or booing (feedback and questions) or master classes (highly structured exercises).

Unlike traditional training, OE facilitation is more like forming a jazz ensemble. The ensemble leader (facilitator) assembles a group of musicians who know their instruments but do not memorize any music (real-world teams working on the real problems they face). The ensemble agrees on a few things before playing, the rhythm and key, for example (the DAPIM™ model and basic agenda objectives). Playing itself is generally fluid and dynamic and only as good as the ensemble's growing sense of one another and their instruments (improving readiness, safety and accountability, and facility with new models and tools). Over time, the ensemble works to get better and better through jam sessions (Learning-by-Doing).



### Markers of Effective Facilitation

The Markers of Effective Facilitation are, therefore, quite different from those of effective training, much like classically trained musicians often cannot play jazz and vice versa. The Markers of Effective Facilitation, as identified and defined by APHSA are listed below.

1. **Facilitate versus lead the sessions.** Avoid being prescriptive and overly directive. Instead, guide participants based on a balance between their energies and need to complete work products.
  - Develop trust and respect of participants
  - Maintain focus within the group and work session
  - Confidence (ability) to talk in front of people
  - Identify key themes from a group discussion
  - Ability to remain objective and neutral
  - Ability to lead a brainstorm activity
  - Channel discussions

2. **Acknowledge others' comments explicitly by:**
  - Using interpersonal communication skills
  - Paraphrasing conversations positively
  - Good rapport building skills including:
    - Smiling and nodding
    - Paraphrasing and reflecting back
    - Making connections between individual comments and the work as a whole
3. **Adjust the session agenda in real time**, balancing the speed the team can reasonably achieve with the ultimate objectives of the project.
  - Keeping the work session moving towards objectives/accountabilities
  - Ability to set the content and parameters of the work session
  - Time management skills
4. **Actively and empathetically listen to and engage with others.** Read body language and facial expressions to gauge participants' state of mind, while respecting cross-cultural communication of participants through their use of language and non-verbal gestures. Use your assessment of participants' state of mind to ask probing questions or call out and test apparent issues with the team's dynamics (e.g., feelings, trust, ground rules) within the cultural context of each participant. Understanding ourselves and our own cultural frames of reference and being open to learn about different cultures can help us appreciate one another and respectfully work together.
  - Use good communication skills such as active listening and reflective questioning
  - Ability to engage a variety of audiences



5. **When flip charting, record participants' thoughts and specific words versus your own.** Avoid impressing your own ideas onto participants. This is a nuanced factor as participants will often benefit from your advice, but only when requested, considered and accepted.

- Ability to summarize discussions



6. **Always allow participants to critique and adjust your notes after you process them.** Adjusting notes based on participant feedback builds understanding, buy-in, and a willingness to adapt oneself to agreed-upon findings and commitments.
7. **Avoid influencing teams to make decisions they are not ready or willing to make.** Be patient and take small steps in these situations.
- Decision-making skills
  - Assessment skills
8. **Make sure that each individual participant is feeling and doing OK at the end of each day.** As difficult conversations are had during the work session, seemingly stable temperaments may waver, and you need to know it.
- Ability to enforce ground rules and explain boundaries
  - Facilitation of participants from various levels within the organization
9. **Make sure that you are OK with everyone in the room.** If you have reservations or negative feelings about someone, always avoid making that the basis for your decisions and actions in facilitation.
- No perceived biases
  - Do not alienate people
  - Facilitation of participants of diverse backgrounds



10. **Allow the teams to go off on tangents, confident that the DAPIM™ method allows you to bring them back to the work objectives.** These tangents often yield new insights and important ideas for later use within the work.
11. **When teams are going off on tangents, provide them a line of sight to how their discussion fits into the DAPIM™ model** (e.g., “right now you are adding a finding to one of your priority topics”).
  - Recognize if there is a lack of progress during the work session and help get participants back on track
  - Ability to maintain focus and purpose of group-keep them on target
12. **Balance the group’s overall dynamics.** Gauge their collective temperament and lean the other way as needed for them to practice balance themselves (e.g., encouraging an overly task-oriented team to focus on relationships).
  - Manage sidebar conversations
  - Keep conversations balanced among participants
13. **Always allow for hot topics to be raised, but diffuse the emotional pitch that often accompanies them,** through either:
  - Non-personal techniques (e.g., introducing a related model)
  - Empathic mirroring (in 1-on-1s or in the room)
  - Ability to mediate when necessary
  - Conflict resolution skills
14. **Guide the appropriate level of involvement of observers.** If ground rules for observers are not being met, challenge this overtly. If observers are controlling a discussion, back them off openly so the team sees that this is their process.
15. **Technical skills** – Effective Facilitators can:
  - Use outlines and agendas
  - Use equipment and tools such as PowerPoint and projectors
  - Transcribe notes after sessions
  - Flip chart in operational terms that allow for work products to be reviewed and understood at future meetings
  - Utilize the tools within online meeting platforms like Zoom and Microsoft Teams to manage virtual meetings

**16. Using resources and support** – Effective Facilitators can:

- Use peers as mentors and liaisons
- Co-facilitate
- Utilize Sponsors and leaders to clarify requests of service and review agendas
- Be accountable to Sponsors
- Understand boundaries on projects
- Use clerical support/supplies appropriately
- Connect with Logistics Lead for information sharing
- Complete duties within specified times

A handout summarizing the **Markers of Effective Facilitation** is on the next page.





## Markers of Effective Facilitation



ORGANIZATIONAL | EFFECTIVENESS

Facilitate versus Lead	<ul style="list-style-type: none"><li>• Avoid being prescriptive and overly directive.</li><li>• Develop trust and respect of participants. Speak confidently before the participants.</li><li>• Facilitate brainstorm activities and channel discussions.</li><li>• Identify key themes from a group discussion.</li><li>• Remain objective.</li></ul>
Acknowledge Others' Comments Explicitly	<ul style="list-style-type: none"><li>• Use interpersonal communication skills.</li><li>• Paraphrase conversations positively.</li><li>• Build rapport using techniques such as smiling and nodding, paraphrasing, reflecting back, and making connections between individual comments and the work as a whole.</li></ul>
Adjust the Agenda in Real Time	<ul style="list-style-type: none"><li>• Balance between participants' energies and the need to complete session deliverables.</li><li>• Manage time effectively and keep the session moving toward objectives and accountabilities.</li></ul>
Actively Listen to and Engage Participants	<ul style="list-style-type: none"><li>• Read body language and facial expressions to gauge participants' states of mind.</li><li>• Build psychological safety before asking probing questions around the team's dynamics (e.g., feelings, trust, ground rules).</li><li>• Be aware of your cultural frames of reference and be open to learning about people's cultures. This helps us create an inclusive environment and respectfully work together.</li><li>• Use effective communication skills such as reflective listening and summarizing.</li></ul>
Use Participant Language	<ul style="list-style-type: none"><li>• When flip charting, record participants' thoughts and specific words rather than your own.</li><li>• Avoid impressing your ideas onto participants. Only offer advice when requested.</li></ul>
Adjust your Notes	<ul style="list-style-type: none"><li>• Allow participants to critique and adjust your notes after you process them.</li><li>• Adjusting notes based on participant feedback builds understanding and buy-in.</li><li>• Show your willingness to adapt to agreed-upon findings and commitments.</li></ul>
Manage Hot Topics	<ul style="list-style-type: none"><li>• Allow for hot topics to be raised but diffuse the emotional pitch that often accompanies them.</li><li>• Use non-personal techniques.</li><li>• Use empathetic mirroring in one-on-ones or in the room.</li></ul>
Be Neutral	<ul style="list-style-type: none"><li>• Avoid influencing the group to make decisions they are not ready or willing to make.</li><li>• Be patient and take small steps in moving a group towards make decisions.</li><li>• Use facilitative questions to support group decision-making rather than expressing your personal opinion.</li></ul>



## Markers of Effective Facilitation



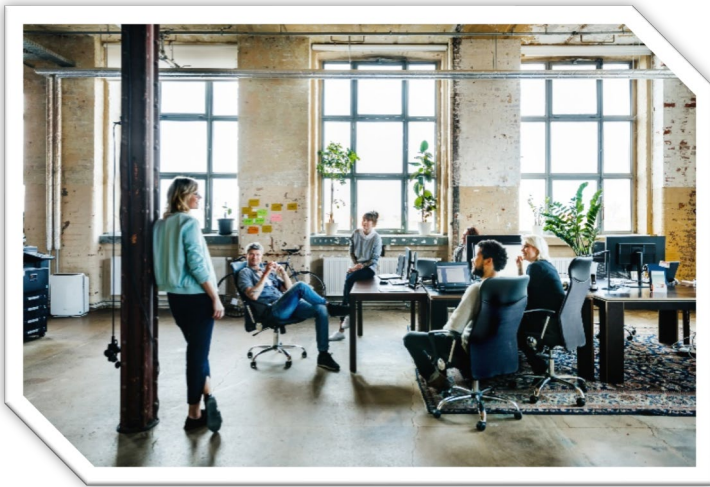
ORGANIZATIONAL | EFFECTIVENESS

Check in with Participants	<ul style="list-style-type: none"><li>• Make sure that each participant is feeling and doing okay at the end of the session. If difficult conversations are had during the session, seemingly stable temperaments may waver.</li><li>• Enforce ground rules and explain boundaries.</li></ul>
Check in with Yourself	<ul style="list-style-type: none"><li>• Make sure you are okay with all the participants in the room. Do not alienate participants.</li><li>• If you have reservations or negative feelings about someone, always avoid making that the basis for your decisions and actions in facilitation.</li><li>• Be aware of implicit/explicit biases that arise when facilitating participants of diverse backgrounds.</li></ul>
Allow and Manage Tangents	<ul style="list-style-type: none"><li>• Allow participants to go off on tangents and provide them a line of sight to how their discussion connects to session objectives. Tangents often yield new insights for later use within the work.</li><li>• Recognize if there is a lack of progress and help get participants back on track.</li><li>• Maintain focus and purpose of the group.</li></ul>
Balance the Group's Overall Dynamics	<ul style="list-style-type: none"><li>• Gauge the group's collective temperament and lean the other way for them to practice balance (e.g., encouraging an overly task-focused team to focus on relationships).</li><li>• Manage the dynamics when participants come from various levels of an organization.</li><li>• Manage sidebar conversations and keep conversations balanced among participants.</li><li>• Use breakouts and small group conversations as appropriate.</li></ul>
Manage Observers	<ul style="list-style-type: none"><li>• Guide the appropriate level of involvement of observers.</li><li>• If ground rules are not being met, challenge this overtly.</li><li>• If observers are controlling a discussion, back them off openly so participants see that this is their process.</li></ul>
Deploy Technical Skills	<ul style="list-style-type: none"><li>• Effectively create outlines and agendas.</li><li>• Effectively use equipment and software such as projectors, PowerPoint and Zoom.</li><li>• Transcribe notes after sessions.</li><li>• Flipchart in operational terms for work products to be understood at future meetings.</li></ul>
Use Resources and Support	<ul style="list-style-type: none"><li>• Use peers as mentors and liaisons.</li><li>• Co-facilitate effectively.</li><li>• Use Sponsors and leaders (RD or others) to clarify requests of service and review agendas.</li><li>• Be accountable to sponsors and understand project boundaries.</li><li>• Use clerical support / supplies appropriately.</li><li>• Connect with Logistics Lead for information sharing.</li><li>• Complete duties within specified timeframes.</li></ul>

## Common Facilitator Challenges

### Influence of Observers

Observers of DAPIM™ sessions pose both an opportunity and a risk to the overall process. The role of the Facilitator is to maximize opportunities and limit risk. Observers are often part of the Sponsor Team and can therefore provide useful perspectives and ideas, help generate buy-in for the workgroup's quick wins and plans and strengthen accountability for follow-through as the continuous improvement effort unfolds. Yet observers can inhibit a team if they are too outspoken, and if they are in the team's chain of command, observers can sometimes reduce the team's sense of safety.



Facilitators should emphasize early and often that the continuous improvement effort will be directed by the Continuous Improvement Team itself, including determining the ground rules for observers, establishing the areas for continuous improvement, identifying root causes and remedies, etc. If the team initially sets tight ground rules for observers, it is likely that baseline trust and sense of safety is relatively low, and the challenge for Facilitators is to help the team relate constructively with observers, opening to communication with them over the course of the sessions. If the team initially sets loose

ground rules for observers, the team's sense of its own authority over its work and plans may be weak. The challenge for Facilitators is to push back on overly involved, dominant, or highly animated observers while the team is finding its solid footing in the process.

As the DAPIM™ process progresses into quick wins, commitments, and plans, observers who are in the team's chain of command face the challenge of assuming oversight for the team's follow through without seeming to use their privileged access to the DAPIM™ process against them. Facilitators should emphasize from the outset that the process will lead to this heightened performance accountability, and openly discuss and plan the observer's role in performance monitoring with the team present and involved in the discussion.

### Individual Participant Safety

Even when overall safety and trust is developing well between a Facilitator and a Continuous Improvement Team, there may be times within a continuous improvement project when a particular individual within the team is called out for something they may need to improve, reducing the sense of



safety that person may feel at that time. Facilitators should monitor these situations and choose from several facilitation tactics according to the following criteria:

- Is a particular participant showing signs of feeling too unsafe to respond constructively (such as crying, shaking, or getting deeply red-faced)?
- Are the crucial conversation tactics being used with a participant relatively constructive and well-meaning (e.g., empathetic versus rude)?
- If these tactics seem to be escalating, is it because milder forms of communication have not worked with this participant?
- Is the safety and accountability for this participant balancing itself over time?
  - Have they been too safe, over-demonstrating empathy or comfort?
- Are there signs that the team is moving constructively forward from these situations, versus bogging down or regressing (signs of low safety)?



Specific facilitation tactics for redirecting a discussion that may be making one participant feel too unsafe include the following:

- Revisiting the ground rules to ensure they are being followed or reflecting on initial feelings to note if and how they are changing
- Stating your observations and concerns directly and in behavioral terms, asking participants to discuss the exchanges they are having and reflecting on their related perceptions and feelings
- Reminding participants of their shared sense of purpose and shared responsibility for the improvements being discussed
- Redirect the conversation by asking participants for their experiences, observations while recognizing that “we’ve heard \_\_\_\_\_’s thoughts today, would anyone else like to share their experience?”
- Mediate or moderate a discussion between two or more participants, checking in with each person being spoken to immediately afterward
- Engaging a threatening participant, modeling crucial conversation skills
- Turning the topic at hand into a mini-DAPIM™ exercise for the entire team
- Focusing the group on a topic related closely to the one being addressed
- Taking a break and shifting into 1-on-1 coaching mode, either for a brief period during a given session or postponing DAPIM™ sessions all together
- Spelling out transparently that you are making these tactical choices and why you are doing so

## Relationship and Task Balance

Continuous Improvement Teams often demonstrate an initial imbalance between building effective relationships and accomplishing tasks. While DAPIM™ methods and project design provides many opportunities for creating a balance, some teams still struggle in this area. Facilitators can use any number of tactics to help their teams achieve a general balance between or even an integration of these two performance factors, including the following:

- Employing staff surveys that address both factors and connect survey improvements for both relationships and tasks to performance results
- Guiding topic selection towards a combination of the factors
- Using the trust topic to initiate discussions about both factors
- Helping teams make connections between the factors through wall visuals, videos, readings and models
- Having teams speak with seasoned participants of the DAPIM™ process who have achieved this balance
- Using mini-DAPIM™ discussions to address how members of the team want to relate or follow through, establishing a collective vision
- Reframing a high task-orientation as unconscious demotion
- Turning “I want” viewpoints into discussions about how others feel and what they want, towards a “we want” viewpoint
- Asking a team that claims to have no relationship gaps: “Are you sure?”
- Pointing out to task-oriented teams when performance breakthroughs are attributable to sharing feelings and seeing each other as whole people
- Breaking large or impersonal groups into smaller and more personal ones
- Using crucial conversations to challenge gaps in following through on tasks
- Having participants be more active in the room by putting them to work, thereby improving their task orientation (e.g., adding their input to a diagram on the wall)
- Encouraging participants to establish a collective vision for why things need to get done
- Increasing meeting frequency or intensity of monitoring on task items
- Letting teams discuss feelings of failure, helping them reframe as temporary passages they go through towards making improvements

## Jumping to Solutions

Some Continuous Improvement Teams are anxious to solve their problems as soon as possible because they feel pressed for time, anxious about the problems themselves, or culturally conditioned to be highly action oriented. The DAPIM™ approach is designed to help teams become more systematic and reflective about what problems they truly have and why they have the problems they do before determining any fixes. Teams who jump to solutions, much like jumping to conclusions, are often disappointed when they monitor the impact of their chosen fixes. This Facilitator challenge is most likely to arise when teams have established their gaps and want to rush through root causes and general remedies, or when they have determined their quick wins and lose energy and interest for



further planning. Allowing teams some latitude might be necessary in an adult learning process, but Facilitators should use the following reflective questions to determine how hard to lean against the team's natural tendencies:

- Does the team have a proven track record of solving complex problems?
- Does the team have a general history of acting before reflecting? (lean harder)
- Does the team monitor its plans and commitments effectively and with good energy?
- Is the team overly task-oriented, or do they demonstrate tendencies towards either a micro-management or laissez-faire culture? (lean harder)
- Is the team opening up with each other about the full range of its improvement priorities and gaps?
- Did the team want to rush through initial feelings and ground rules? (lean harder)

### Moving In and Out of Tangents

The DAPIM™ approach is designed to be highly dynamic and adaptive to the needs of the Continuous Improvement Team. Tangents that a team might choose to pursue demonstrate where the team's energies and priorities are, which are very useful for a Facilitator's assessment of team readiness. Allowing teams significant latitude this way may also help to build trust and model empowerment.

Furthermore, seemingly vague discussions often lead to insights and considerations that are not connected to the continuous improvement effort at all. In general, tangents are desirable within the continuous improvement effort if the Facilitator uses the following reflective questions to make that determination:



- Is the team working through an issue or subject progressively or is it spinning its wheels, reiterating the same ideas in a loop or into a dead end?
- Is there a connection that the Facilitator can make between the subject at hand and the DAPIM™ flywheel or continuous improvement topics?
- Is the team demonstrating a passion or energy for a subject that is worth honoring in and of itself?
  - Are typically reserved participants being energized by the subject?
- Is the team diverting its focus and energies consciously or unconsciously away from the agenda topic or objective at hand, using the tangent as a defensiveness or resistance tactic?
- By the same token, does the Facilitator consciously or unconsciously prefer to stay with the tangent him or herself?

- Is the subject at hand generally conceptual, abstract, or theoretical and does the team demonstrate difficulty moving from that approach to getting things done?
- Is the team habitually long-winded and do its members often struggle to articulate their points clearly and concretely?
- Is the tangent relative? Could it lead to identifying root causes of the continuous improvement effort?

## Participant Resistance

Continuous Improvement Teams may view resistance as something to be either ignored or attacked when it reveals itself. To complicate matters further, resistance may be playing out within the Continuous Improvement Team itself, or between itself and the Sponsor Team, through behaviors like passive resistance, questioning or objecting to process and methods, pulling rank, or dominating conversations.

When these themes arise, Facilitators should call out their observations about resistance, probe for the team's own perspectives and experiences, and then help the team understand the root causes of resistance and the ways it can be managed. Facilitators may even elect to make the topic of resistance explicit in setting ground rules, conducting After Action Reviews, or at other points in the agenda.

Facilitators should help the teams with whom they are working understand that resistance comes in two forms – Constructive and Non-Constructive. Constructive resistance serves to support a continuous improvement effort by identifying its blind spots and limitations. Such resistance is very valuable to a Continuous Improvement Team, and the Facilitator should guide it to adopt the input from constructive resistance and thereby strengthen the work and plans.

Non-constructive resistance is based on agendas that are inconsistent with the agency mission and values, such as highly personal wants and needs. Facilitators should guide Continuous Improvement Teams to have difficult conversations with the source of such resistance and confirm that it is indeed non-constructive. If a Continuous Improvement Team assesses non-constructive resistance to be significant, Facilitators should then guide the team through a mini-DAPIM™ to determine how to use their authority and alliances to neutralize or overcome this resistance.

## Bringing In New Participants

For projects that require 4-6 months to accomplish, it is typical that members of the team change, both along the way and afterward. Sponsor and Continuous Improvement Team leads should introduce new participants to the continuous improvement effort in a formal and thoughtful manner. When these changes occur during a continuous improvement project, Facilitators should choose from several related tactics with the following considerations in mind:

- What relationship, trust, and sense of safety (if any) already exist between the Continuous Improvement Team and the new member?

- What level of readiness is the Continuous Improvement Team demonstrating at this point? Are they likely to bring a new participant on board naturally and on their own, or will they need my help?
- How early in the overall project are we? Can the team easily back track and modify its work to date to include the input of its new member?

Specific Facilitator tactics for helping teams bring in new participants include the following:

- Making the topic of bringing aboard a new participant a mini-DAPIM™.
- Revisiting each of the work products to date with the new participant, inviting them to ask questions, respond and provide input.
- Using a team building and/or trust-related exercise to welcome and integrate a new participant.
- Adjusting the timing or content of sessions proactively based on expected changes shared by the Continuous Improvement Team
- Holding a 1-on-1 session with the new participant to bring them aboard
- Including “Bringing Aboard New Members” as part of the Continuous Improvement Team’s long-term planning activities

Tactics for bringing aboard new members of teams using the DAPIM™ approach on an ongoing basis include building continuous improvement and Learning- by- Doing efforts into new hire orientation, new supervisor training and staff mentoring programs.

## *Balancing Safety and Accountability*

Establishing a safe and trusting environment up front is critical to the success of a continuous improvement effort. When teams feel unsafe, they tend to experience a great deal of anxiety (“should I really stick my neck out here?”) or apathy (“how do I manage these people, so they’ll leave me alone?”). Creating and maintaining trusting relationships establishes the safety needed for open and honest communication throughout a continuous improvement effort.

Trust and safety-building can be initiated prior to a continuous improvement effort using a variety of methods, such as the following:

- One-on-one interviews, focus groups and surveys
- Having a virtual meeting to answer any questions ahead of the project starting
- Sharing the agenda with participants prior to the session
- Sharing information about the Facilitator prior to the session

Trust and safety can continue to be developed during a continuous improvement effort using methods such as the following:

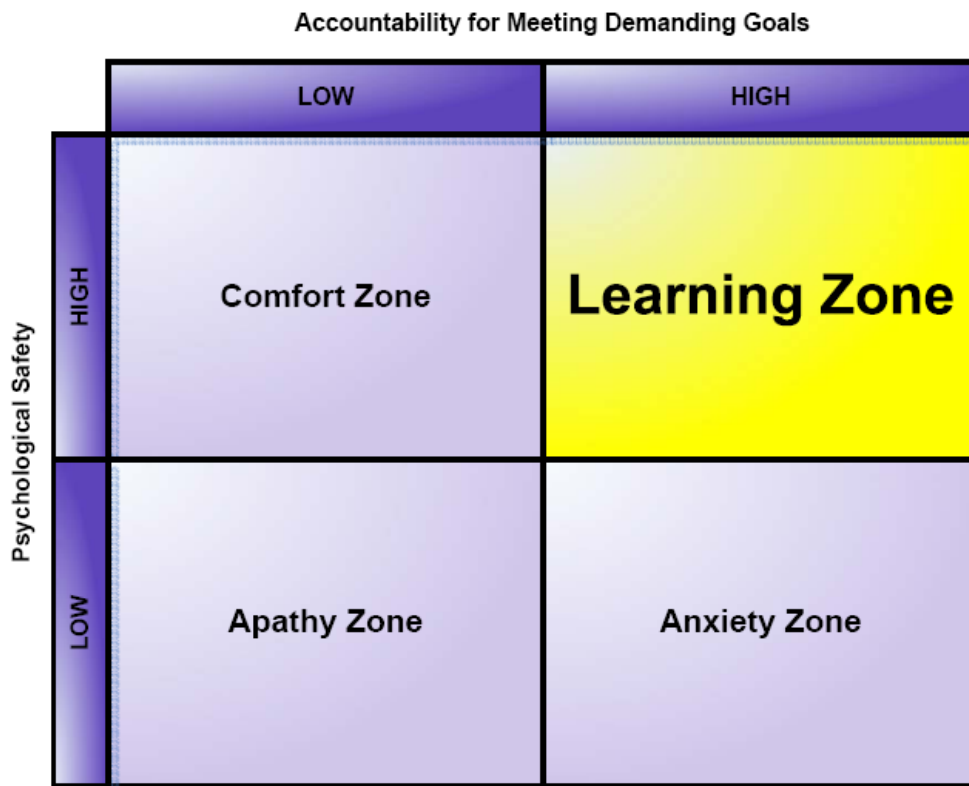
- Sharing information early in the process about the Facilitator's background and familiarity with DAPIM™ tools and techniques. If the Facilitator is new to the DAPIM™ process, this fact should be shared openly as a way to be transparent with the participants.
- Establishing ground rules for how participants and the Facilitator will interact during the sessions, and holding participants accountable to these ground rules, especially ones concerning respectful treatment.
- Pointing out to the group when it appears there is an “elephant in the room,” encouraging them to be open and honest with one another and with the Facilitator.
- Being open to the ideas of the group and making related changes.
- Using the language of participants when recording their discussion, checking-in to ensure thoughts have been captured as the participants intended, and always working from their point of view.
- Following through with commitments made to the participants during the session in the timeframes agreed upon.
- Thanking participants for their time at the start and end of each session.

Once teams feel safe with the Facilitator and each other, the emphasis of facilitation should evolve to building a shared sense of accountability for meeting demanding goals and following through on commitments made. Teams that feel safe but not accountable tend to go into a comfort zone where relationships are strong but challenges and hard work are avoided. The DAPIM™ process itself, mini-DAPIM™s related to follow-through and motivation and reinforcing the task-based elements of trust-building -- reliability and competence -- all help Facilitators build a shared sense of accountability on a foundation of team safety. Once teams are in this learning zone, they can improve their performance and capacity steadily over time.



Harvard University's Amy Edmondson has done some excellent work on learning organizations. The Psychological Safety and Accountability Performance Matrix below is derived from her work.

## Psychological & Accountability Performance Matrix



*Adapted from Harvard Business Review, Amy C. Edmondson*

Edmondson's research focuses on the role leaders must play to create learning organizations. She suggests that to create a learning organization, team leaders must:

- Continually clarify the meaning and importance of the team's goals
- Make sure the goal is supporting the organization's aim
- Remain open to input from team members about ways to modify the team's goal to implement new changes and overcome challenges the team faces in the organization

Leaders must set challenging goals and specific direction but still allow team members to be innovative within the provided structure for learning. This requires leaders to provide enough structure to ensure teamwork and engagement of team members without restricting their creativity, keeping the team in



the learning zone. In *effective learning environments*, participants feel both *safe enough to be open and collaborative as well as accountable for making improvements to their performance and capacity*.

As Continuous Improvement Teams begin to take accountability for their work, the OE Facilitator must work closely with Sponsor Team members to ensure they are setting direction, linking goals to the organization's aim, and providing a structure that is safe and allows for risk taking.



## Use of Reflective and Critical Thinking Questions

The Markers of Effective Facilitation found in this chapter of the OE Handbook discuss how Facilitators must *avoid being overly prescriptive or overly directive* and be able to *introduce new ways of thinking and acting through an inductive process*. To achieve these goals, good OE Facilitators are very thoughtful in the questions they ask Continuous Improvement Teams as part of the OE process, seeking to use and activate the knowledge and expertise of the group to advance them through continuous improvement activities.

In Chapter 1, reflective thinking questions are discussed in detail and are presented as a “*basic set of probing questions to conduct a high-level assessment...*” The questions are typically directed at participants for the purpose of having them think in their own terms about the topic in a reflective manner that leads to discovery and greater understanding of the larger picture.

Reflective Thinking as used in the OE Handbook can help CI team members begin to develop a view of what they know and what they still need to learn while defining, assessing, planning, implementing, and monitoring as well as understanding strengths and priority areas for improvement. Reflective thinking questions from an OE Facilitator tend to be “neutral” and non-leading and allow participants to feel safe as they process in their own mind answers to questions.



For these reasons, reflective thinking questions are very useful, specifically at the outset of working with a CI team and for helping teams that are not used to communicating or working together to begin to share their thoughts and feelings with other team members. Facilitators use reflective thinking questions as a means of opening up discussion, raising issues, and building awareness among individuals or CI team members.

In contrast, critical thinking questions are more purposeful for facilitating an individual or a CI team towards planning and decision-making. In this context, critical thinking questions are meant to help apply and evaluate information gathered to allow for planning and decision-making to be based off knowledge and subsequent understanding versus haphazard or in reaction to crisis.



Critical thinking questions should help members of a CI team:

- Activate their knowledge on a topic area.
- Consider how others are feeling about the topic area, not just allow for decisions based on one perspective.
- Include the participants observations and analysis of situations.
- Solicit evaluation of a situation based on the combination of the above (the participants perspective along with their understanding of other's perspectives).
- Lead to decisions and next steps.

It is hoped that over time, CI team participants will develop the habits of good critical thinking and consideration of critical thinking questions that both generate and evaluate information prior to decision-making and complex problem-solving.

As a quick example, below are two series of questions that can be used in combination:

**Reflective questions:**

- Do you have a practice model that guides your direct service workers in the field?
  - Is it effective?
- Are you satisfied with that result?

**Critical thinking questions:**

- Describe how the practice model impacts workers in the field?
- How do the workers feel about the practice model?
- What have you observed that tells you how impactful it is?
- What needs to happen to make the model more impactful for achieving desired outcomes?
- What are your next steps to make that happen?

Using a combination of reflective and critical thinking questions, OE Facilitators can help CI teams:

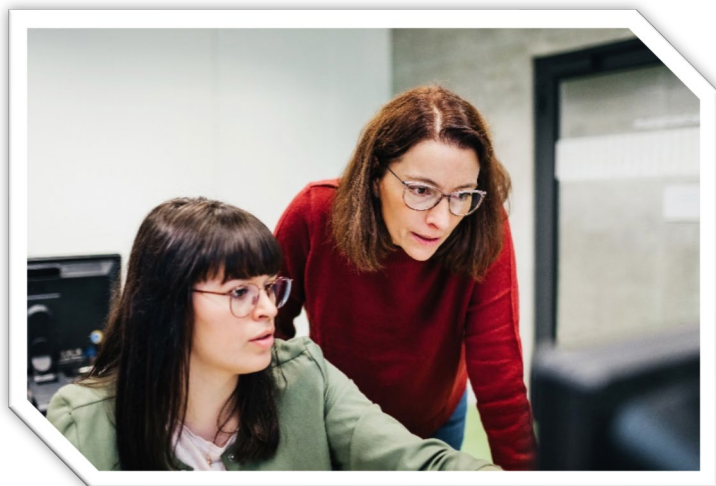
- Identify problem areas and begin to consider the larger picture of the strengths and gaps within their organization, where they would like to see the organization move towards, and what their current situation looks like.
- Gather and assess relevant information, interpreting it effectively and coming to clear findings, identification of root causes for those findings, and related remedies.
- Test remedies and develop measures of success.
- Monitor progress towards goals, continually responding to the impact of work occurring.
- Communicate effectively with each other, working through complex issues.



## Building Internal Capacity

**Facilitators of the Learning- by -Doing approach must maintain a balance between guiding the process and controlling the process.** In traditional classroom settings, a Trainer follows a pre-scripted curriculum with specific objectives to be covered over the course of the session. The Trainer may allow time for questions, but for the most part this time is limited to questions very specific to the content being delivered. In addition, the Trainer may incorporate case study activities, referring to this as skills training. Case studies are, however, predetermined and often not as specific and nuanced as a participant's real-life situation. A Trainer controls both the content to be delivered and the application of the content to examples and/or role plays/skills practice/simulations.

In a Learning- by- Doing approach, the OE Facilitator uses the DAPIM™ approach to guide participants through a process that identifies current gaps in their organization and then plans, implements, and monitors improvement efforts that will support continuous improvement. This approach allows participants to define the content of a work session by identifying issues and concerns that are real for them. The Facilitator needs to be prepared to present models and tools that assist participants in developing improvement plans to address the root causes. This is where traditional content-focused training materials tend to connect into the DAPIM™ approach, but only when the team itself demonstrates the need.



Each OE session is unique to the participant group. The Facilitator needs to become familiar with the team activities, fact sheets, and resources of this Handbook and continue to add to their own toolkit. The OE Facilitator offers models and tools to support improvement and build effective organizations by building the internal capacity within the organization to use them independently. An OE Facilitator should be aware that early in the Learning- by- Doing approach, participants are dependent on the Facilitator as their guide. Participants need the Facilitator to create a safe and trusting

environment that allows for openness and other forms of risk-taking. Participants need specific direction by the Facilitator as they learn to apply the step-by-step approach to systematically changing their organization.

The Facilitator needs to use effective assessment, listening, and observation skills to recognize when the DAPIM™ approach is becoming more intuitive for participants and begin to move from a more directive role to a more supportive and coaching role. The Facilitator also needs to adapt agendas and

the tone of work sessions in accordance with the issues being surfaced by the participants, sometimes taking a detour to move the group in its own way towards the objectives. This approach is very different from a training curriculum approach, where such detours are regarded as failures by the Trainer to keep participants properly engaged in course content. The coaching and supporting role should lead to participants taking ownership of the work, truly making it theirs as they adopt continuous improvement using the DAPIM™ approach as a way of doing business.

If we go back to the DAPIM™ flywheel and utilize the analogy of riding a bicycle:

- When we first learn to ride a bicycle, a trusted person teaches us the step-by-step process of how to get on the bicycle, balance it, and ride it (quick wins).
- Then the trusted person holds onto the bicycle as the cyclist tries for the first time to peddle. Holding the bicycle allows for risk-taking by removing the danger of falling and getting hurt or feeling embarrassed.
- With each attempt at riding the bicycle (monitoring quick wins and working through the entire DAPIM™ process) the trusted person holds onto the bicycle a little less and provides verbal coaching until the cyclist eventually looks back and realizes no one is holding them up anymore and they are moving forward on their own.
- At this point, the cyclist can begin to observe and enjoy the scenery and think about the destination to which they would like to ride their bike (long-term planning).

Once the organization is moving forward on its own, the Facilitator can let go, knowing the organization has the processes, models, and tools needed to continuously improve itself.



Here are some sustainability factors that indicate that internal capacity in continuous improvement have been established within an organization:

1. Ongoing monitoring by “DAPIM™ Alumni” teams. Support in post-project monitoring from leadership and Sponsor Team and from Facilitators of continuous improvement work using the DAPIM™ approach.
2. Continuous improvement work, modeling and related communication from sponsors and stakeholders, resulting in a two-way ripple effect.
3. Internal DAPIM™ Facilitators (vs. external consultants) selected, trained, performing well and with sufficient work plan capacity to offer ongoing support.
4. Program success measures are defined and evaluated, validating, or pointing out improvements required of the DAPIM™ approach itself.
5. Ongoing support from Organizational Development or a comparable internal function. Policy and budget alignment, resources to support internal facilitators and ongoing continuous improvement efforts, knowledge management programs and processes, oversight of internal facilitators, and general contracting for external resources (e.g., APHSA products and consulting) are all examples.
6. Agency executive team support, resulting in the alignment of agency strategy and efforts using the DAPIM™ approach and the participation of a broad set of constituents and partners.
7. Ongoing DAPIM™ Alumni networking and materials repository, so that best practices and success stories can be generated, shared, and leveraged over time.
8. A continuous improvement point-person in place to champion sustainability and manage an overall sustainability plan.
9. A multi-year continuous improvement plan for embedding continuous improvement and the DAPIM™ approach as a way of doing business for all agency levels, functions, and local settings.



Organizations that get to this place of turning the flywheel without outside facilitation support experience a pattern of change that over time resembles an upward spiral, moving from more reform-oriented change (reactive or downstream) and improvement to more innovative and progressive change (proactive and upstream), at times interrupted or delayed by temporary setbacks, disruptions, and plateaus:

1. Incremental progress forward, meeting basic expectations such as mandates, non-negotiable expectations, and limited budgetary requirements.
2. Initial feedback from the environment, connected to direct experiences with agency services
3. Rallying of support, commitment and participation from staff and stakeholders through related communication and relationship-building efforts.
4. Renewed or improved resources and decisions to provide a greater level of empowerment to the agency based on its growing credibility.
5. Further incremental progress, often through redesigning or revamping programs and processes to either streamline them or eliminate low value-added activities.
6. Further confidence within the environment that the agency uses resources wisely and in innovative ways, and a growing desire to listen to the agency's ideas and recommendations.
7. Further incremental steps forward, often through integrating programs and processes to be more client-centric, meeting more strategic environmental needs that move closer and closer to realizing desired outcomes for clients served.
8. Broader environmental influence, e.g., being regarded as a vital political "player" even regarding somewhat non-related environmental priorities.
9. Further incremental steps forward, at times even serving field-wide needs and objectives by creatively resolving general tensions within the field that typically result in false choices.

A critical breakthrough that organizations experience is evolution from either a program- or staff-focused culture to a client-focused one. In a program-focused culture, the primary interests of the agency strategy and leadership are program compliance and the level of output by the agency in comparison to program-specific output goals (e.g., accuracy and timeliness of program delivery). In a staff-focused culture, the primary interests are staff satisfaction with leadership and with the benefits of working for the agency (e.g., a lucrative pension program, or strong union and HR protection of marginal performers). In a client-focused culture, programs and staff interests are shaped in the service of the most effective practice model for improving the lives of children, youth, and families (e.g., changing program policies and job requirements to support the innovation of a client-centered practice). This is explored in greater detail in Chapter Four's coverage of the Human Services Value Curve.

## *Building Your Facilitation Tool Kit*

Organizational Effectiveness (OE) is a systemic and systematic approach to continuously improving an organization's performance, performance capacity and client outcomes. DAPIM™ is APHSA's approach to systematic continuous improvement. Through its practice, APHSA has developed the philosophy that meaningful improvements come from facilitating real work teams in troubleshooting their real-world challenges. This philosophy is core to the success of the DAPIM™ approach, and as a result no two OE facilitations are ever the same.

To be successful, an OE facilitator needs a tool kit of topic-specific materials that help OE participants troubleshoot a range of real-world challenges they identify as they move through the continuous improvement process together. These materials may include team activities, templates, tools, and resources that can be used as needed. Developing such a tool kit is an ongoing process.

This chapter of the Handbook is designed to get an OE facilitator started in building his or her toolkit. It can help a facilitator guide an organization through continuous improvement activities that are focused on specific topics of high priority. The areas covered by the materials included are those encountered most frequently by APHSA's OE team when working with state and local human services agencies at various stages of the DAPIM™ process such as when they reflect on their own team dynamics, define topics for improvement, and identify root causes and remedies for priority gaps, barriers to implementation, and reasons why implemented improvements are not having the impact that was expected.

As presented in **Chapter Two** of this Handbook, areas for improvement as well as root causes and general remedies can be task or relationship oriented. High performing organizations strike a balance between task and relationship orientation. Organizations that focus too much on tasks can be viewed as autocratic and unfeeling about things like staff motivation and work-life balance. Organizations that focus too much on relationships can be viewed as overly permissive, unreliable in follow-through, and generally laissez faire. Organizations that find a balance between task and relationship are often consultative and/or participative in the way they get things done, with an emphasis on getting things done in sustainable ways.

The following are examples of more **task-oriented root causes and general remedies**:

- Organizational Structure:
  - Tiers and Functions,
  - Roles and Numbers
- Goals, Standards and Measures
- Policies and Procedures
- Processes and Methods
- Internal Programs, Services, and Tools



- Staff Capacity:
  - Time Management,
  - Skill Set (technical/general)

The following are examples of more **relationship-oriented root causes and general remedies**:

- Culture and Values
- Politics and Power
- Communication
- Decision-Making
- Teamwork and Collaboration
- Community Partnerships
- Daily Behaviors and Motivations

Facilitators learn with experience that root cause analysis generally continues until an actionable remedy to a gap appears.

Remedies can take many forms, but generally, there are three types of actionable remedies for identified root causes. Participants can explore remedies to address each root cause. The following are the three types of general remedies:

- **Recommendations:** remedies not in the continuous improvement team's control that must be referred to others in the organization for consideration
- **Decisions and Commitments:** remedies in the continuous improvement team's control that do not require development of new tools and/or processes to implement
- **Team Activities:** remedies in the continuous improvement team's control that require development of new tools and/or processes to implement. Team activities may involve chartering a work team to perform the "mini-DAPIM™" work of designing and planning implementation of specific remedies

Facilitators can identify and facilitate appropriate team activities after improvement priorities have been well-defined or after thorough root cause analysis and remedy work has been completed. To help new facilitators link team activities with topics that are either task or relationship oriented, the team activities in this chapter have been organized in this manner.

Facilitators and the teams they support conduct team activities most frequently during the Plan and Monitor steps of the DAPIM™ process. While preparing to begin planning, facilitators and teams should consider completing team activities to address root causes that have direct impact on the continuous improvement team's ability to operate with maximum effectiveness (e.g., time management, trust). During monitoring, discussions regarding progress, impact, and lessons learned often identify additional areas for continuous improvement. Some areas can be addressed immediately through team activities and others require adjustment of the continuous improvement plan.

The team activities in the tool kit were developed by various OE consultants on the APHSA team and therefore reflect a diversity in style. The approach, however, to identifying topics for facilitation should always be diagnostic and consultative. The key to a diagnostic approach is to ask open-ended questions with few leading questions or indications of right and wrong answers. The key to a consultative approach is to build trust and relationships during the process by shaping questions and follow-up probes to the language and viewpoint of the organization, not to those of the facilitator. Facilitators in a consultative mode also move dynamically and iteratively around the team activities and resources, as opposed to sticking rigidly to a predetermined sequence or set of questions.

Team activities that assist with root causes and general remedies that are more **task-oriented** include the following:

- A. Building Capacity
- B. Clarifying Roles by Level
- C. Conducting an After-Action Review
- D. Decision-Making
- E. Developing Vision, Mission, and Values for Your Organization
- F. Establishing Strategic Goals and Objectives
- G. Following Through
- H. Frontline Practice
- I. Managing Change
- J. Meeting Management
- K. Monitoring
- L. Setting Consistent Supervisory Standards
- M. Succession Planning
- N. Time Management
- O. Time Management: Using E-mail and Phone
- P. Project Management
- Q. Capacity Planning Process and Work Plan Tool

Team activities that assist with root causes and general remedies that are more **relationship-oriented** include the following:

- A. Addressing Disproportionality and Disparity in Human Services Outcomes
- B. Building High Performing Teams
- C. Building Trust
- D. Communicating Your Message “Up” in the Organization
- E. Developing Team Capacity and Performance
- F. Difficult, Courageous Conversations
- G. Establishing a Culture of Empowerment
- H. Defining Quality Leadership
- I. Managing Stress
- J. Maximizing Effectiveness of a Multi-Generational Workforce
- K. Performance Management
- L. Positive Reinforcement
- M. Resistance and Power
- N. Retention
- O. Selling Change
- P. Strategic Partnerships
- Q. What Supervisors Can Impact
- R. Capacity and Task Planning
- S. Role Clarification
- T. Strategic Staff Development
- U. Anchoring Values in Practice Supervision and Leadership

## *Section VII: The Continuous Improvement Case Study*

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OE Facilitators should consider telling the story of continuous improvement efforts using a case study format. A case study collects and presents detailed information about the continuous improvement effort. It records the accounts and perspectives of the participants themselves and the Facilitator throughout the effort. This case study format looks at individual and/or team perspectives, drawing conclusions only about the specific team engaged in continuous improvement work and only in the specific context of the identified continuous improvement efforts.

The objectives of a case study are to help those engaged in continuous improvement efforts document the DAPIM™ approach, specifically the decision-making processes engaged in when developing plans for improvement that begin with a sound diagnosis of strengths and needs, drive immediate action, detail communication actions at every step, take advantage of quick wins, identify non-negotiable items, and leverage working teams and taskforces within the organization to assist in the success and sustainability of the improvement effort.



Most case studies include similar elements and allow for reflections of participants and Facilitators to be considered in each element. The following are the most common elements of a case study:

- Introduction and Purpose of the Continuous Improvement Effort
- Structure of the Continuous Improvement Effort
- Value of the DAPIM™ Approach and Learning by Doing
- Uncovering of Strengths
- Gaps to Improvements
- The Managing of Improvements in the Present and in the Future
- The DAPIM™ Approach as a Way of Doing Business: A Vocabulary of Continuous Improvement
- Plan of Action
- Conclusions:
  - Lessons Learned
  - Observations around APHSA hypotheses

Prior to starting the continuous improvement effort, agreement to complete the case study must be obtained from the Sponsors of the continuous improvement effort in the organization. Once agreement is obtained, the OE Facilitator and the Sponsors determine the following:

- Who in the organization is in the best position to answer each of the questions on the template?
  - Is it an individual or a group of people?
- Should the questions be answered using a one-on-one interview process, focus groups, an online survey, in writing, or a combination of methods?
- What do the people providing information for the case study need to know about the continuous improvement effort in advance?
  - Who will provide that information?
- Which question sets make most sense to collect information on prior to starting the continuous improvement effort?
- Which question sets make most sense to collect information on during the Learning by Doing phase of the continuous improvement effort?
- Which question sets make most sense to collect information on while implementing the continuous improvement plan?
  - At 30 days?
  - 60 days?
  - Six months?
  - One year?

Following the data collection, the OE Facilitator writes the case study to tell the story of the organization's continuous improvement experience. The writing process includes a review of the draft case study by the Sponsors to ensure accuracy.

Once finalized, the case study can be used to inform future OE work. In addition, the Sponsor Team may choose to share the case study with internal and external stakeholders.

The **Organizational Effectiveness Case Study Template and Question Sets** guide is provided on the next page.



The following provides a high-level Table of Contents and questions for a Case Study. Please refer to the Final Report Template for a detailed template on the flow of the case study. The questions are meant to provide direction to Organizational Effectiveness (OE) consultants in completing a Case Study to tell the story of an OE facilitated Continuous Improvement (CI) effort within an organization.

## Table of Contents

Items to include in the Case Study immediately following on-site CI session:

- History/background
- Desired Future State for the organization
- Findings
- All work products from the CI session – walk through the DAPIM™
- OE models, tools and templates used
- Reflect on the objectives – did we meet the objectives of the work proposal
- Recommendations from the Facilitator and participants engaged in the OE effort
- Lessons learned
- Reflection from the participants and sponsors of the CI sessions
- Plan next phase of work

Items to include in the Case Study one year post on-site CI session:

- Outcomes: what impact did the OE work have?
  - If available collect six month and one-year post impact.

## Question Sets

The questions should be answered and elaborated on as much as possible. It is the hope that by obtaining answers to these questions, a Case Study will be written that informs the reader of the organization's background, reason for engaging in a CI effort, and the overall impact of the CI effort.

Prior to starting the CI effort, agreement to complete the Case Study must be obtained from the sponsors of the CI effort in the organization. Once agreement is obtained, the OE Consultant and the sponsors of the CI effort determine the following:

- Who in the organization is in the best position to answer each of the questions?
  - Is it an individual or a group of people?
- Should the questions be answered using a one-on-one interview process, focus groups, in writing, or a combination of methods?
- What do the people providing information for the Case Study need to know about the CI effort in advance?
  - Who will provide that information?



- Which question sets make most sense to collect information on prior to starting the CI effort?
- Which question sets make most sense to collect information on during the Learning-by-Doing phase of the CI effort?
- Which question sets make most sense to collect information while implementing the CI plan?
  - At 30 days?
  - 60 days?
  - Six months?
  - One year?

Following the data collection, the OE Consultant writes the Case Study to tell the story of the organization. The writing process includes a review of the draft Case Study by the Sponsor Team to ensure accuracy.

Once finalized, the Case Study will be used to inform future OE work. In addition, the Sponsor Team may choose to share the Case Study with internal and external stakeholders.

## Introduction and Purpose

### Reflection by the Organization:

- What is the current state of the organization? (organizational structure, staffing, client population served, desired outcomes for clients, resources available to support client outcomes, current vision and mission and values)
- What is the identified need for the organization?
- Why did you decide to engage in a CI effort?
- What outcomes are you seeking?
- What gaps in your organization's performance are you seeking to fill with the CI effort?
  - Please describe your organization's performance outcomes prior to the CI effort.
- What system change are you seeking to achieve?
- How did you become aware of the APHSA OE department and *its* CI strategies?

### OE Consultant Reflection:

- How did you view the current state of the organization and its ability to assess its current situation appropriately?
  - Why do you think this to be true?





## Structure of the CI Effort

### Reflection by the Organization:

- What structure and process did you put into place for the CI effort and why?
  - How did you arrive at that structure and process?
- Was this a controversial or universally accepted idea for your agency?
- If it was controversial, what were the key selling points for moving forward with the CI effort?
- Why did you make the decision to use outside facilitation support for this CI effort?
- Who did you choose to invite to participate in the CI effort and why?

### OE Consultant Reflection:

- What were your thoughts on the structure the organization used for its CI effort?
  - What did you see as the strengths in the structure and why?
  - What concerns did you have about the structure and why?
- What were your thoughts about the individuals chosen to participate in the CI effort and why?
  - What did you see as the strengths and why?
  - What concerns did you have and why?

## Value of Learning- by- Doing

### Reflection by the Organization:

- Please describe the structure and process you used during the CI effort.
  - Was there a specific Action Plan with concrete measurable benchmarks and timeline goals?
    - Did the OE Consultant assist with the creation of the Action Plan?
    - If an Action Plan was in place prior, did the Action Plan change during this phase of work?
      - If so, how and why?
  - Did the structure and process you identified prior to using the guidance change during this phase of work?
    - If so, how and why?
  - What impact do you feel the Facilitator had on this phase of the process?
    - What strengths did the Facilitator bring to the process?
    - What barriers did the Facilitator bring to the process?
    - Would you choose to use a Facilitator again when planning a CI effort?
      - And why is that?
- Please describe how the DAPIM™ model impacted your efforts toward continuous improvement in effecting systems change.



- Specifically, in what ways was the DAPIM™ model supportive of the process and how did it hinder the process?
- Did you use any OE tools such as the team activities to assist you in CI effort?
  - How so?
- During this phase of work, did you identify additional stakeholders to include in the process?
  - If so, who and why?
- As part of this phase of work, did you develop a CI plan?
  - If so, why did you choose to do this and were tools provided helpful to this process?
- As part of this phase of work, did you develop a communication plan?
  - If so, why did you choose to do this and were the tools provided helpful to this process?
- As a part of the Communication Plan, how have you connected the CI efforts to the everyday work of staff and the vision of the leadership team?
- As staff applied the DAPIM™ model, how has it changed the way work is done and discussed
  - Do discussions have more of an outcome focus?

## OE Consultant Reflection:

- What were your thoughts about the participants' engagement in the CI effort?
  - What did you see as the strengths and why?
  - What concerns did you have and why?
- What were your thoughts on how the participants and the organization adopted the DAPIM™ approach as a way of doing business?
  - What did you see as the strengths and why?
  - What concerns did you have and why?
- What breakthroughs do you think participants made as a result of engaging in a Learning-by-Doing process and why?
- What team activities do you feel had impact on the participants and the organization as a whole and why?
- What work products came out of this phase of work that you feel had impact on the participants and the organization and why?
- What went well during this phase of work and why?
- What concerns did you have and why?

## Uncovering of Strengths

## Reflection by the Organization:

- What, if any, organizational and individual strengths did you uncover during the CI effort?
- Was the DAPIM™ process helpful in uncovering these strengths?
  - If so, how?



- Where tools, templates, and team activities helpful in uncovering these strengths? If so, how?

## OE Consultant Reflection:

- How well do you feel the participants accurately identified strengths that support their performance?
- What went well during this phase of work and why?
- What concerns did you have and why?

## Gaps to Improvements

### Reflection by the Organization:

- What, if any, gaps did you encounter during the CI effort?
  - Was the DAPIM™ process helpful in overcoming these gaps?
    - If so, how?
  - Were tools, templates, and team activities helpful in overcoming these gaps?
    - If so, how?

## OE Consultant Reflection:

- How well do you feel the participants accurately identified gaps of their performance?

## The Managing of Improvements in the Present and in the Future

### Reflection by the Organization:

- Following the Learning- by- Doing phase of the CI effort, what is the *Desired Future State* of the organization?
  - What will look different as result of your work?
- How do you plan to get there?
  - In the short term?
  - In the long term?
- What quick wins did you implement?
- What, if any, impacts are you seeing in 30 days, 60 days, 90 days, six months, one year?
  - How do you know?
- What impact has the effort had on frontline practice?
  - How do you know?



## OE Consultant Reflection:

- How well do you feel the participants accurately identified root causes and remedies that would support performance improvement?
  - What went well during this phase of work and why?
  - What concerns did you have and why?
- How well do you feel participants handled the planning phase of the CI effort?
  - What went well during this phase of work and why?
  - What concerns did you have and why?

## DAPIM™ as a Way of Doing Business: A Vocabulary of Continuous Improvement

## Reflection by the Organization:

- What new techniques, tools, models do you use routinely as a result of the CI effort and why?
- What impact have they made to the organization?
  - How do you know?
- What impact have they made external to the organization?
  - How do you know?
- How will you ensure that staff at all levels know that this is the expected way of working?
  - What accountability is in place for those applying the model to provide feedback on its success?
  - Are there any implementation issues?

## OE Consultant Reflection:

- If contact was maintained during this phase of work, what did you observe as the lasting impact of the CI effort and why?
  - What did you see as the strengths and why?
  - What concerns did you have and why?

## Plan of Action

## Reflection by the Organization:

- Did you develop a CI plan and Communication Plan as part of the *Learning- by- Doing* phase of your work? **If yes**, answer the following;
  - How did the CI plan and/or Communication Plan support the implementation of your continuous improvement effort?
  - What impact did these plans have?



- Did you alter the plans during the implementation phase?
    - If so, how and why?
- Did you have outside support in facilitating the implementation of the CI plan?
  - If so, why did you choose this support?
  - What impact did the Facilitator have on the implementation phase?
  - Specifically, what strengths did the Facilitator bring to the process and what barriers did the Facilitator present?
  - Would you choose to use an outside Facilitator again when implementing a CI effort?
    - Why/Why not?
- How are you evaluating and monitoring the outcomes of the CI plan implementation?
- What have been the outcomes of implementation?
  - What have you noticed?
  - What has your staff noticed?
  - What have your stakeholders noticed?
  - What have families noticed?
  - What have youth in care noticed?
  - What have alumni youth noticed?
  - What has the community noticed?

(The above groups should be adjusted based on the organizations' stakeholders and clients)

- How have your outputs (data results) changed since implementing the CI plan?
- What areas do you find that you need more guidance in regarding implementation of a CI plan?

## OE Consultant Reflection:

- If contact was maintained during this phase of work, what did you observe as the lasting impact of the CI effort and why?
  - What did you see as the strengths and why?
  - What concerns did you have and why?

## Sustainability Planning

- How did you determine the plan for sustainability of the CI process?
- What impact has this decision had on staff, staff roles, etc.?
- What will be the way in which the success of the sustainability plan will be determined?
- What supports have been put in place to ensure the success of your sustainability strategy?



<b>Conclusion</b>
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**Reflection by the Organization:**

- What lessons have you learned along the way, and should any of these lessons be used to add to or modify the CI process itself?
- How have you considered documenting your shift to the CI / DAPIM™ approach?

**OE Consultant Reflection:**

What lessons have you learned along the way, and should any of these lessons be used to add to or modify the CI process itself?

# Chapter Four: Through the Lens of the Human Services Value Curve





## Overview of Chapter Four

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The **Human Services Value Curve** (or Value Curve for short) provides a consumer-centered framework for organizations to use with the goal of creating more effective and equitable ways to engage and support the families and communities that they serve. The Value Curve is a lens, a way of looking at how services are provided from the consumers point of view. Coupled with whole-family-centered practices, the Value Curve supports powerful, systemic changes led by transformative teams who desire to embrace the perspective and input of those with lived experience.

**Chapter Four** provides an overview of the Human Services Value Curve as well as examples of organizational practices that fall along its continuum. The Human Services Value Curve toolkit assists organizations in assessing their readiness to move their agency from one stage of the Value Curve to another. The APHSA Organizational Effectiveness Readiness Assessment and Adaptive Leadership Tools highlight organizational and leadership drivers of transformation towards whole-family-centered and community-driven practices. These tools and templates support an agency's journey of transformation through the lens of the Value Curve.

**Section I: The four stages of the Human Services Value Curve** are defined in simple terms.

**Section II: Applications of the Human Services Value Curve** are described in the areas of service delivery and whole family practice and organizational effectiveness.

**Section III: The Benefits of the Human Services Value Curve** to agencies are described. The lens of the Value Curve is applied to human services organizations through the Health and Human Services Integration Maturity Model, indicating what organizational processes and functions look like as they transition towards the Generative Stage

**Section IV: Integrating the Value Curve** into organizational and community practices is a transformation process. Organizations and leaders are recommended to engage in assessments around their readiness for change and their ability to serve as adaptive leaders.

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## Chapter Four Templates and Guides

Health and Human Services Integration Maturity Model	p.262 - 274
Seven Fundamentals of Adaptive Leadership	p.281
Adaptive Leadership Self-Assessment	pp.282 - 284

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## *Section I: Overview of the Human Services Value Curve*

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### *An Emerging Framework for Human Services Transformation*

The Human Services Value Curve is a framework developed in 2010 by Harvard University's Leadership for a Networked World alongside human services leaders. The Human Services Value Curve offers guidance to organizations as they engage in transformational work to advance equitable outcomes for individuals, families, and communities through the lens of four progressive Value Curve stages: **Regulative, Collaborative, Integrative, and Generative.**



The Human Services Value Curve is a lens, or a way of looking at what organizations do and the services that they provide from the point of view of the community members who are being served. By using this framework, we are more likely to realize the full potential of both the families we serve and the systems that we use to do so.

The Value Curve is not “one more thing” for us to implement on top of our existing initiatives and programs, but it is a way of viewing our efforts such that we reinforce our strengths and attend to things that may not have surfaced before we looked through this lens.



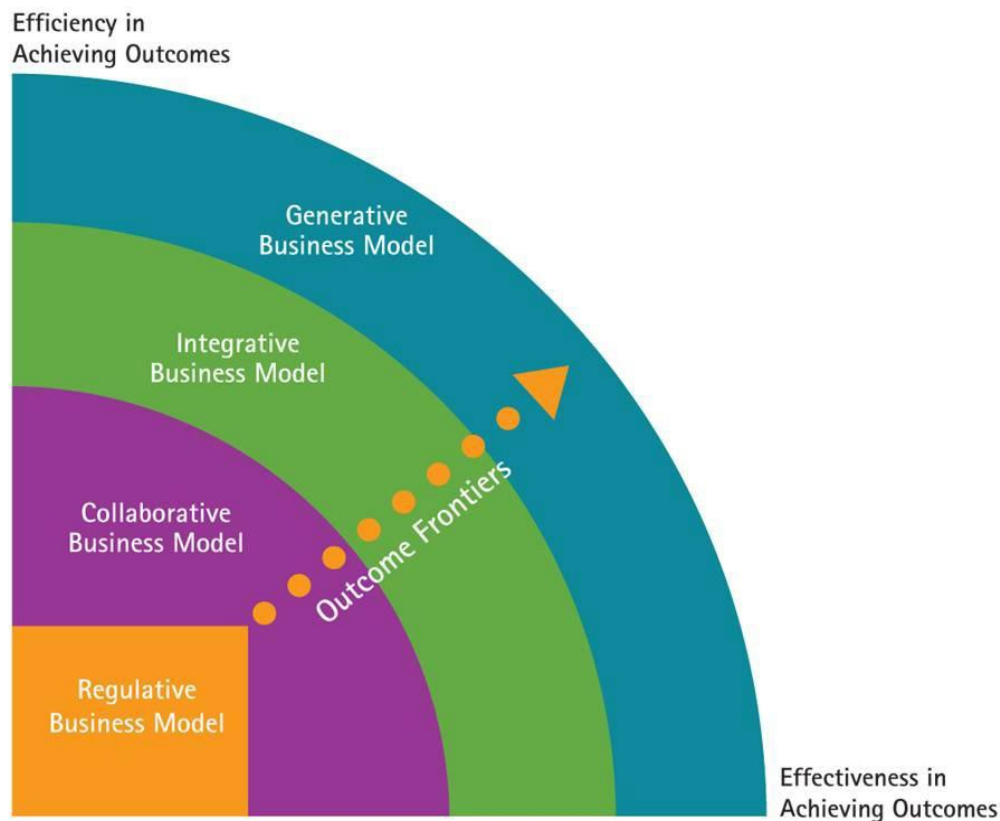


Image © The Human Services Value Curve by Antonio M. Ofetelie & Leadership for a Networked World is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License. Based on a work at [lnwprogram.org/hsvc](http://lnwprogram.org/hsvc). Permissions beyond the scope of this license may be available at [lnwprogram.org](http://lnwprogram.org).

**The path to moving through the Value Curve as an agency, community and entire system is transformative at each stage. Below is a description of each of the four lenses of the Value Curve:**

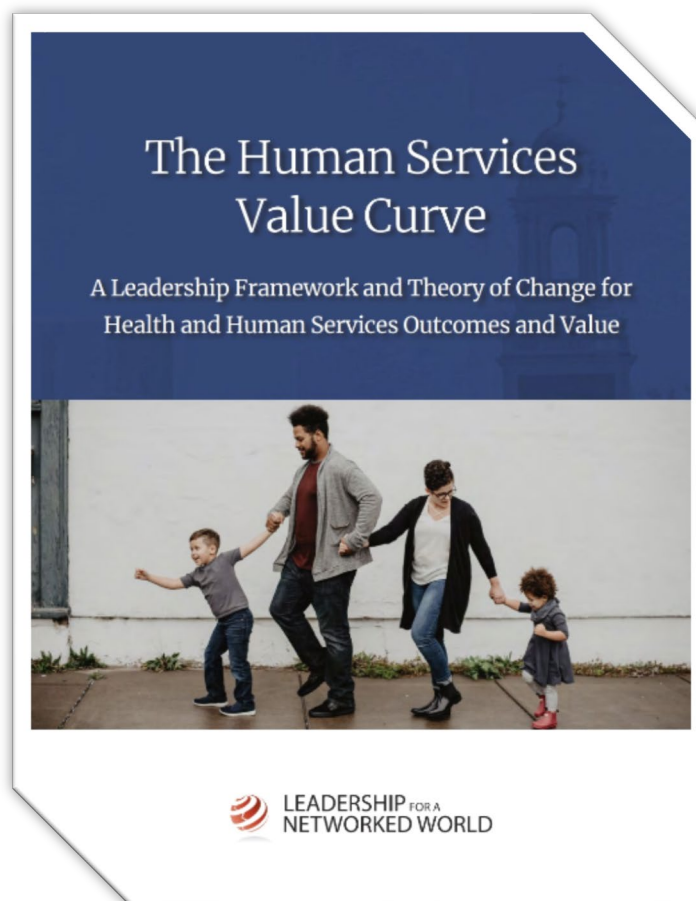
At the **Regulative** stage, the key phrase is **integrity**. Human service agencies focus on program-specific compliance and effective service delivery. Community members served receive a service that is timely, accurate, cost-effective, and easy to understand. The services delivered meet any statutory regulations and requirements.

At the **Collaborative** stage, the key phrase is **service**. Human services agencies, with their state, local and community-based partners, break down silos for cross-programmatic effectiveness and operational innovation. Collaboration is maximized across programs, networks and even jurisdictions to create a seamless end-user experience. We often think of this as the “no wrong door” approach. Community members can walk through any door and have access to a complete array of services that are available “on the shelf.”

At the **Integrative** stage, the key phrase is **root causes**. Human services agencies focus on family engagement and service flexibility, towards early intervention and prevention. Services are combined into packages and designed and customized with input from the community members served, delivered in the most convenient ways. The foundational needs of families are met, and underlying barriers are addressed so crises are prevented before they arise. This requires transformative changes to casework practice, data sharing, feedback collection and adaptive program design and funding mechanisms.

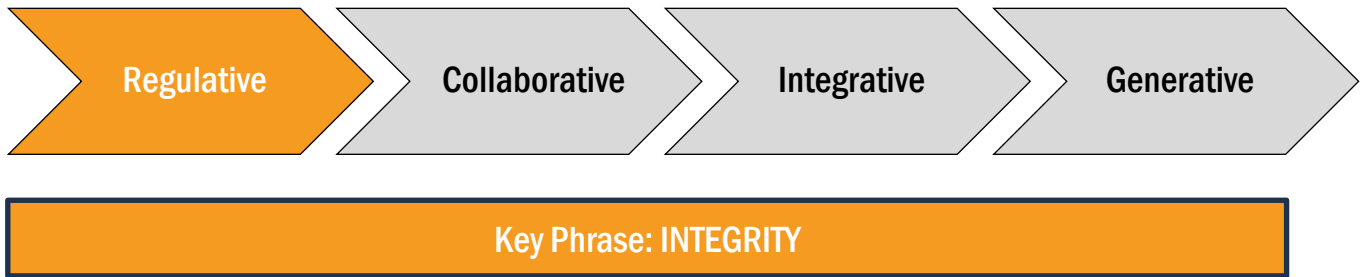
At the **Generative** stage, the key phrase is **bigger than the family**. Human services agencies co-design programs in partnership with community members with lived experience. Services and programs advance whole communities' overall environment through systemic and universal access to the social determinants of health – much broader than what might have connected an individual family to access services initially. Because root cause intervention is done at a “population-wide level,” prevention strategies and other forms of upstream support create the conditions for healthy and thriving communities.

Leadership for a Networked World has created a toolkit to further describe the theory of change behind the Value Curve, which can be [found here](#).



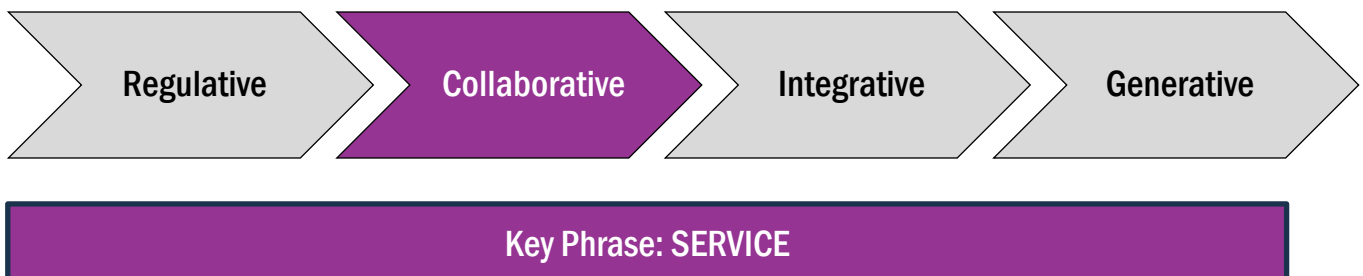
## Section II: The Human Services Value Curve in Action

Let's look at an example of how the **Human Services Value Curve** can be used to view the way in which an organization provides services to those in their community and the way in which the consumer views the receipt of services:



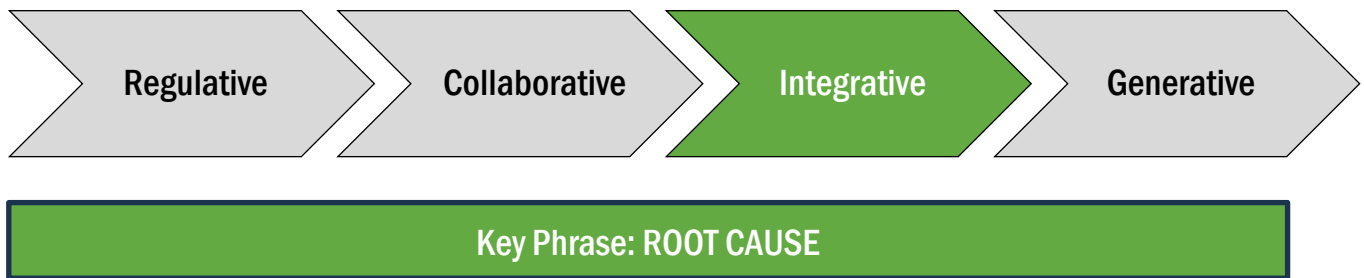
A case manager schedules an appointment to go out and do a monthly visit with a family, according to the State and Local statutes that dictate how often visits should occur. On the day and time of the visit, the case manager arrives at the family's home to participate in the scheduled visit.

The case manager scheduled an appointment with the family according to statutory expectations and then showed up at the family's house on the day and at the scheduled time of the appointment. The case manager met regulatory expectations and performed his job within the appropriate guidelines.



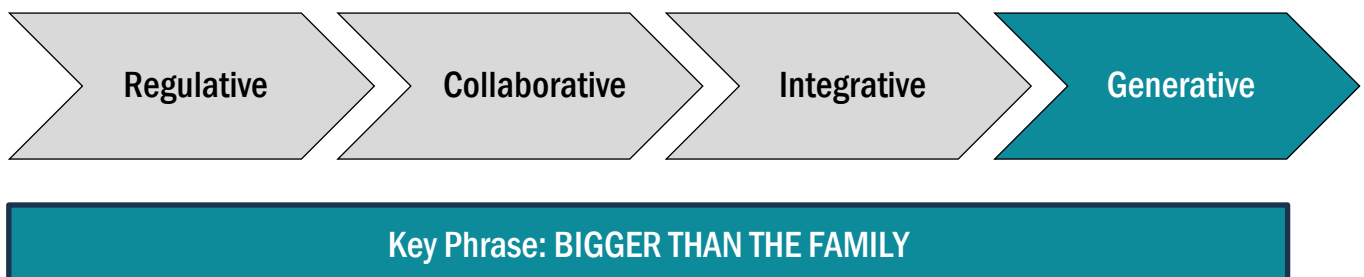
While visiting with the family and discussing the mental health services that are offered within the local area, the case manager discovers that the family is also struggling with food security and housing. The case manager is able to give the family contact information and locations of a local food bank and of a housing assistance worker that they can call immediately to access services.

The family was able to get information on multiple services to meet their needs during their meeting with the case manager.



When the family then meets with the housing assistance case manager, the case manager discovers that this family, like many others, endured a severe decrease in income due to the COVID 19 pandemic and ensuing layoffs. This is a trend that this case manager and all the other case managers in the housing assistance agency have been seeing. The Managers and Leadership of the agency schedule time for discussion and problem solving with fellow agency and community leaders about the trend in income loss in the community.

After noticing the trend of severe income loss in the community, the Managers and Leadership of the agency schedule time for discussion and problem solving with fellow agency and community leaders.



The Leadership of the housing assistance agency pull together a consortium of local businesses to host a job fair that occurs during both traditional and nontraditional hours in order to be accessible to a greater number of families. There are also booths set up at the job fair about other services within the community that can meet the needs of these families to prevent homelessness, promote health and well-being, and create productive partnerships with regard to mental health, food security and education.

### *Section III: Benefits for Human Services Agencies*

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Understanding and applying the Value Curve is an effort that engages individuals, teams, and at times whole organizations and their communities served. As a human services professional, it's appropriate to initially ask "Why should I do this?" or "What's in it for my organization?"

Embedded within the Value Curve is **human-centered design**, in which programs and solutions reflect the needs of the people they intend to serve. It requires extensive collaboration and dialogue with the community members served and other organizational partners. If you seek the agility to innovate and adapt your services in response to changing needs and expressed concerns of the communities you serve, then here are just some of the ways the Value Curve can support you:

- Conversations with partners and community members **unearth biases and assumptions** that are often unconscious and counterproductive. The Value Curve provides a common language and way to have these conversations and find common ground, especially when access to care is framed as a critical component of health equity.
- Using this model and toolkit has helped many communities **pace and sequence** the system reform implementations. The Value Curve brings clarity to the challenge of doing things in a more holistic way without overwhelming the current organization and its capacity.
- The Value Curve encourages a sense of **psychological safety** within your team and reinforces learning through experimentation and even initial failure. Acknowledging that you're embarking on a fluid and adaptive journey takes the pressure off executing perfectly within a current role or skillset. This can bring forward untapped potential in stakeholders with innovative ideas for care and service transformation.

The answer also lies in the degree to which you and your leadership team believe that your organization's mission and vision include advancing social and economic mobility and furthering equity. Public health literature has widely recognized the linkages between an individual's health outcomes and their social, economic, and environmental conditions, and that BIPOC community members experience disparity in access to care and services. Can your leadership team "see the forest through the trees" or do they stay in their silo of expertise and experience? If you aspire to move your impact upstream, here are some additional ways the Value Curve can support you:

- The Value Curve can prompt **deep and extensive conversations** about the vision and mission for your organization, in a way that any staff member or team within it can see their role in a larger desired future state. In this sense, Value Curve progression serves as a general blueprint or guide for detailed and contextually specific designs and implementation. It's the translator for a better way of doing business across your various departments and functions.



- Implementing a promising new practice or partnership is made easier with a **broadly understood basis** for doing so. Your narrative around the linkages between family stability and social and economic mobility is essential to any cultural or strategic change effort.
- The Value Curve can reinforce **political will** by establishing non-partisan and unifying ways of thinking, communicating, and normalizing ideas and beliefs that may otherwise trigger cautions and blocks. It helps frame the collective stakes and shows that an ounce of prevention is always more valuable (including cost-effective) than a pound of cure.



Some of the ways that health and human services agencies are using the Value Curve today include:

- With agency management and staff:
  - Embedding the Value Curve stages within strategic plans
  - Using the Value Curve for departmental assessments to enable Continuous Quality Improvement planning
  - Embedding the Value Curve stages at the clinician / staff level through linking it to performance and supervision
  - Embedding the Value Curve in communication activities
- With other frameworks:
  - Using the Value Curve to redefine the current practice model to include whole-family-centered and multi-generational approaches
  - Using the Value Curve to help define data and analysis requirements for tracking agency performance outcomes and surfacing community needs
- With external groups:
  - Supporting stakeholder understanding and buy-in, including Hispanic community members with lived experience
  - Embedding Value Curve progression within multi-partner initiatives for service expansion and collective impact

**The Health and Human Services Integration Maturity Model 2.0** begins on the next page, mapping how the four stages of the Value Curve are represented across organizational development elements and human services agency business functions.



## HEALTH AND HUMAN SERVICES INTEGRATION MATURITY MODEL 2.0

Based on APHSA's 21st Century Health and Human Services Business Model<sup>1</sup>

### MATURITY LEVELS

Adapted from *The Human Services Value Curve*<sup>2</sup>

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE <sup>3</sup>
<b>Focus</b>		Delivering services to program participants for which they are eligible while complying with categorical policy and program regulations	Ensuring the appropriate mix of existing services for program participants working across agency and programmatic boundaries	Addressing and solving the root causes of program participants' needs and challenges by seamlessly coordinating and integrating services	Creating healthy communities by working with others outside the H/HS enterprise to address complex health and social challenges
KEY FEATURES		Characteristics of the Key Features at Various Maturity Levels of Integration			
<b>Vision</b>	<i>For Program Participants<sup>4</sup></i>	Program participants initiate engagement or are referred to a program within the agency.	Program participants initiate engagement or are referred to a program within the agency, accompanied by a hand-off to another program within the agency, with a sister agency, or beyond entities within government (heretofore referred to as partner organizations). <sup>5</sup>	Program participants are proactively engaged by the health and human services (H/HS) enterprise. <sup>6</sup>	Program participants are proactively engaged by the H/HS enterprise and external agencies by predicting current and future needs. A participant's behavior also serves as a catalyst toward achievement of shared outcomes defined collectively by H/HS community.
	<i>For Organization/Enterprise</i>	H/HS agency complies with all relevant categorical and policy requirements—statutory, regulatory and executive.	H/HS agency works with partner organizations while complying with all categorical and policy requirements; retains organization's goals, some of which may overlap with partners.	H/HS enterprise addresses/solves root causes of program participants' needs via integrated service delivery and supports a customer-centric, integrated, outcome-oriented, modern marketplace experience.	H/HS enterprise identifies additional services beyond its immediate control to create healthy communities, improve program participants' outcomes, and population health and lowers costs-and through the use of analytics. Works seamlessly with other stakeholders, including other states, to generate long-lasting solutions and serve as a national model.



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
<b>Governance</b>	<i>Who</i>	Internal, senior executive-level decision-makers	Internal, senior executives with some external stakeholders from partner organizations	Internal, senior executives and other high-level stakeholders throughout the H/HS enterprise, along with external stakeholders from partner organizations	Internal, senior executives and a variety of other stakeholders from within and external to the H/HS enterprise and stakeholders in the community (such as advocates, providers, families, nonprofit organizations, industry)
	<i>Decision-Making</i>	Vertical/top-down—based on requirements of programs, risk is not intended to impact other programmatic areas.	Vertical/top-down but influenced by partners' horizontal considerations. Risk is shared across collaborating entities to extent allowable.	Shared within the H/HS enterprise regardless of any single program's role. Risk is shared enterprise-wide so innovation is not limited.	Shared beyond the H/HS enterprise to reflect proactive, anticipatory, 360-degree orientation that considers drivers associated with the social determinants of health and well-being. Risk is balanced with generating new, creative solutions.
<b>Adaptive Leadership and Capabilities</b>	<i>Leadership View of Organization/Enterprise</i>	Leadership of single agencies/programs limited to fulfilling programmatic standards and mandates.	Leadership across the organization views collaborating organizations as partners who share common goals and bring valuable assets to the challenges faced by their shared program participants.	Leadership across the enterprise views the organization as seamlessly integrated with a holistic view of the program participants. Leadership places its highest value on outcomes-focused goals even at the expense of organizational norms. It also allows mid-course changes when prompted by new information and deemphasizes hierarchy and silos across the enterprise. <sup>7</sup>	Same view of enterprise as in Integrative Stage, but with the highest value placed on outcomes consistent with the creation of healthy communities. Leadership relies on new partnership models to generate a new community of nontraditional public/private sector partners focused on sustaining whole community well-being and generating new approaches and solutions.
	<i>Drivers of Organizational Change</i>	Outside statutory and regulatory process requirements associated with compliance with statute and regulations.	Collaborative efforts to address mutual challenges. Challenges stem from external requirements and inability to avail itself/oneself	Continual environmental scanning of current and anticipated statutory/regulatory environment as well as marketplace of	The H/HS enterprise serves as a catalyst toward changing the statutory/regulatory environment. Culture of receptivity that



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
<b>Adaptive Leadership and Capabilities (cont'd)</b>	<i>Drivers of Organizational Change (cont'd)</i>	Challenges stem from limited to no ability to share information.	of opportunities identified through information sharing across organizational boundaries. Staff and systems strive to adapt their business processes and data flows to reinforce cooperation.	enterprise and stakeholders. A seamless cross-boundary exchange of information within the enterprise provides opportunities to address root causes and change traditional practices.	generates key solutions to leverage the enterprise's strengths, together with private and public partners sharing common goals. Information gathered from internal and external sources helps guide staff actions routinely and enables the enterprise to be highly adaptable to change.
<b>Access Channels and Engagement</b>	<i>Who is Responsible for Access?</i>	Access to services is transactional. It's sought out by program participants and the agency responds to the presenting need/request.	Access to services is also transactional, but additional communication may occur between program participants and partnering organizations to respond to the presenting need/request.	Access to services is the result of ongoing, preventive engagement and proactive communication from the enterprise to program participants.	Access to services is the result of ongoing, preventive engagement and proactive communication among the enterprise, program participants, and the community. Participants are activated to be a catalyst identifying beneficial programs that may help to prevent future, deeper service needs.
	<ul style="list-style-type: none"> <li><i>Developing Access</i></li> </ul>	Participants' access is available on a program-by-program basis and is provided by multiple workers across multiple sites with minimal coordination between programs, except where required.	Participants' access is available on a program-by-program basis yet program workers coordinate with one another to assist participants in navigating multiple points of entry.	Participants' access is universally available and provided by workers utilizing a "no wrong door" approach.	The enterprise provides universal access and interaction with participants that anticipates future needs and serves to prevent or remedy potential downstream issues.
		Use of technology is focused on processing transactions and reducing administrative costs.	Use of technology is focused on facilitating data exchanges between partnering organizations. Web-based technologies, such as electronic participant portals, central data repositories, and document imaging and	Use of technology is focused on enabling program participants and staff to effortlessly navigate a variety of access channels across the enterprise. Enterprise service busses, universal	Use of technology is focused on enabling the enterprise to work collaboratively with the program participants as "choice architects." Online portals, smart phones, tablets, and kiosks work



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Access Channels and Engagement (cont'd)	• <i>Developing Access (cont'd)</i>		digitization of case records facilitate program participants' access and enrollment.	client registries, workflow and identity management tools, automated account creation technologies, and readily available case notes that can be shared with others (within privacy constraints), are used widely.	together seamlessly with traditional service centers and personal referrals. Community-based organizations serve as portals and extensions of government. The enterprise serves as a test site for innovative approaches to enhancing existing and generating new access channels.
	• <i>Gaining Access</i>	Program participants initiate direct, person-to-person contact at the local office, although some information may be available on-line.	Program participants initiate contact (in person or on-line) and guidance is provided regarding available complementary services that are provided to the participant by partnering organizations.	Enterprise initiates contact through automated alerts, notices of renewals, or other technologies advancing program participants' access to services with the enterprise assisting the participants in navigating the service system through the setting of decision points for choices that lead the participant toward health and wellness. In-person assistance remains available for high-touch participants.	Enterprise and community partners initiate contact with program participants through seamless technologies incorporating the latest advances in access channels including readily accessible 24/7 call centers. Enterprise, community partners, and the participant collectively work together to navigate the service system. Yet, at this level, program participants are empowered to act as own catalysts for making choices leading toward health and wellness. In- person assistance remains available for high-touch participants.



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

	REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE	
Common Process Functions	Application/Intake and Enrollment				
	• <i>Application/Intake Process</i>	Application/intake process is highly customized to specific programmatic mandates and standards; uses only program-specific applications.	Application/intake process can be separate or used across multiple programs while retaining programmatic mandates and standards.	Enterprise works together to create and use a simplified common application/intake process that is mutually acceptable across organizations.	Enterprise works with a simplified common application/intake process that is mutually acceptable with organizations across and external to the enterprise. Feedback loops are incorporated into application to handle new regulations and policy requirements across programs.
	• <i>Enrollment Activities</i>	Specific applications/intake processes are used to determine eligibility and enroll program participants in a given program.	Application/intake processes are completed collaboratively with partners through the use of cross-boundary data and most of which can be used by multiple programs. Programmatic enrollment responsibility is diversified across multiple partners.	Use of client registries, together with decision-support tools, enhances the staff’s ability to overcome barriers inherent in traditional silos. Opportunities are created that allow program participants to be actively engaged in key decisions. Enrollment is centralized based on eligibility determination from common system.	Through use of a universal client registry and other decision support tools, the enterprise and other partners can engage in activities beyond eligibility and enrollment such as integrated case management and innovative relationship management strategies to achieve the desired outcomes.
	• <i>Application/Data Characteristics</i>	Verification of eligibility is based primarily on paper records.	Verification is based on a mix of paper and electronic information.	Verification is based on electronic databases in various locations inside and outside of the enterprise.	Verification is based on the application of common business rules, electronic document management, and robust privacy and security controls coupled with robust data sharing.
	• <i>Technological Features of the Eligibility and Enrollment (E&amp;E) System</i>	E&E systems that are tightly coupled <sup>8</sup> and have dated functionality that is difficult to modify/update, resulting in processing of applications, eligibility determinations and enrollment that is time-	E&E systems that are tightly coupled, but may use some cross-boundary communication enabled by add-ons to the existing legacy system rather than through functionality of integrated	E&E systems are loosely coupled <sup>9</sup> while completely integrated and connected seamlessly with organizations throughout the enterprise and based on well-defined data-use	E&E systems are loosely coupled while completely integrated within the enterprise and connected seamlessly with those outside the enterprise based on well-defined



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Common Process Functions (cont'd)	<ul style="list-style-type: none"> <li>• <i>Technological Features of the Eligibility and Enrollment (E&amp;E) System (cont'd)</i></li> </ul>	consuming for staff and delays access to the program participants. Participants' data are difficult to share across programs.	components across partnering organizations.	agreements.	data-use agreements. These resources, combined with multi-benefit screening, result in real- time eligibility determinations and seamless enrollment.
	<i>Workflow Goals and Characteristics</i>	Workflow processes are rules-driven, and designed to deliver a specific output, <sup>10</sup> including determination of eligibility, benefit level to be provided, etc.	Workflow processes are rules-driven yet are updated to build in efficiencies through collaboration with other programs, resulting in multiple "one-stop" opportunities.	Workflow processes are streamlined, seamless, and completely integrated. Processes are designed to achieve efficiencies and desired outcomes <sup>11</sup> identified in conjunction with program participants and the enterprise.	Workflow processes are similar to the Integrative Level, yet input from stakeholders internal and external to the enterprise, community partners, and program participants is instrumental in the design to enable the ability of participants to serve as catalysts toward the achievement of shared outcomes.
	<i>Residence/Access of Consumer Data</i>	Exclusively within the organizational boundaries of each programmatic business line or division, except where sharing is required.	Within individual programmatic business lines or divisions but is shared across organizational boundaries with data owners' and program participants' consent.	Able to be centralized or reside in multiple locations across the enterprise. Information is easily accessible by program participants, staff within the enterprise, agencies external to the enterprise (e.g., education, juvenile justice), and external community partners, to ensure efficient, end-to-end workflows and appropriate outcomes.	Data are centrally housed and available in real-time to all government staff internal and external to the enterprise, including front-line workers, and community partners, while maintaining the highest levels of privacy and security standards.





# Human Services Value Curve Maturity Model



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		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Coordinated Service Delivery	Administration of Service Delivery System	Administered efficiently within the span of control of the organization responsible for delivering the services, with coordination occurring where required.	Administered efficiently through coordination across partnering organizations when opportunities arise. “Best practices” to improve accessibility, accountability, and coordination in other organizations are viewed as possible sources of efficiency and innovation.	Administered efficiently across the enterprise to continuously improve accessibility, accountability and coordination and based on input from within the enterprise and from program participants. Increased flexibility allows ability to replicate, utilize, and customize evidence-based practices to achieve cross-programmatic outcomes.	Administered efficiently and effectively within and external to the enterprise. Flexibility is sustained through feedback loops that exist within and external to the enterprise, including from program participants and community partners, to allow improvement of accessibility, accountability, and customization of services into unique arrays that meet program participants’ needs, while drawing upon a practice model that is shared across the enterprise.
	• Role of Organization/Enterprise	Services are identified and delivered within the span of control of the organization responsible for delivering the services, with coordination occurring where required.	Services are identified and delivered in a coordinated manner when ability to avail itself/oneself of opportunities arises across partnering organizations.	Services are identified and readily accessed throughout the enterprise.	Services are identified and readily accessed within and external to the enterprise, as well as by program participants and community partners.
	• Role of Staff	Workers may help program participants find additional assistance but the participant needs to initiate access to services.	Workers are knowledgeable about services available through partnering organizations and help program participants access them in a timely way.	Workers collaborate seamlessly across multiple lines of business in such a way that program participants’ needs are met and achieved through increased development and coordination of solutions.	Workers ensure that solutions are customized to meet program participants’ needs, and that supplementary services are part of participants’ service plan that also address the social determinants of health, where appropriate.



# Human Services Value Curve Maturity Model



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		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Coordinated Service Delivery (cont'd)	• <i>Role of Staff (cont'd)</i>	Workers have informal knowledge of the variety of services offered across multiple lines of business yet there is no formal training provided or processes to facilitate coordinated access or service provision.	Workers have some formal orientation to the variety of programs and processes, if in place, to facilitate cross-programmatic access and service provision.	Where possible, workers are cross-trained and assist with service development and provision across multiple programs within the enterprise.	Workers utilize universal knowledge within and external to the enterprise, including the program participants and community partners, to anticipate and proactively address participants' needs.
	• <i>Role of Program Participant</i>	Program participants are viewed as recipients of services. The design and delivery of services to the participant remains the responsibility of the organization.	Program participants are viewed as both recipients of services and minimal contributors to their own service plan. The design and delivery of services to participants are a joint responsibility shared between the partnering organizations.	Program participants are viewed as partial partners to the development of a single, integrated service plan with assistance from the enterprise and community partners. Design and delivery of services is jointly conducted with the enterprise and participants.	Program participants are viewed as a full partner in the development of a highly customized service plan with assistance from the enterprise and community partners, drawing on, but not limited by, the services provided in the past and services proven in other contexts to generate positive outcomes.
Defining Success	For Program Participants				
	• <i>For Program Participants</i>	Defined by regulatory and statutory requirements associated with the efficient and effective processing of participant transactions.	Defined collaboratively with partner organizations sharing common values and goals although focus remains primarily on ensuring smooth, efficient transactions.	Defined by the program participant and the enterprise as a whole and used as benchmarks for evaluating progress toward achieving sustainable outcomes for participants.	Defined by the program participant, the enterprise as a whole, and other community partners. Outcomes are continually fine-tuned through feedback mechanisms to ensure that continued appropriateness for participants and the broader general population.
	• <i>Process by Which Outputs/ Outcomes Are Defined</i>	Results for program participants are defined through transactional outputs (e.g., accuracy, timeliness) once received by the participant.	Results for program participants are defined through transactional outputs (e.g., accuracy, timeliness), including those involving partnering	Sustainable results or outcomes defined as those that favorably affect program participants over the short term.	Sustainable results or outcomes (e.g., sustainable employment, improved health and wellness), defined and identified by the enterprise, program



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Defining Success (cont'd)	<ul style="list-style-type: none"> <li>• <i>Process by Which Outputs/ Outcomes Are Defined (cont'd)</i></li> </ul>		organizations.		participants, and community partners through feedback mechanisms continue to favorably affect participants over the long term.
	<ul style="list-style-type: none"> <li>• <i>Accountability of Program Participants' Success</i></li> </ul>	Accountability for program participants' success rests with the system of service provision within the individual line unit's or division's span of control.	Accountability for program participants' success rests with the system of service provision collaborating across business lines to achieve mutually agreed-upon goals, as well as with the participant who has somewhat contributed to the service plan in place.	Accountability for program participants' success is seen as a joint responsibility between the participant and others, including groups that provide input to enterprise products, services, and strategy across program areas.	Accountability for program participants' success is shared equally between the systems of service provision, the community of which the participant is a member and the participant. Participants' are full partners with enterprise and community leaders in setting strategy for the enterprise.
	For the Organization/Enterprise				
	<ul style="list-style-type: none"> <li>• <i>For the Organization/ Enterprise</i></li> </ul>	Defined by the statutory and regulatory outputs required of the organization or individual line of business. Success is determined by how well the organization or individual lines of business capture their inputs and maintain required levels of outputs.	Defined by the outputs jointly captured across the agency and partnering organizations, and that are supported by required inputs and outputs for each line of business. Success is determined by how well the programs and partnering organizations capture and maintain jointly shared outputs reflecting their shared goals.	Defined by the enterprise's shared outcomes and that are supported by required inputs or outputs. The enterprise works as a seamless whole to achieve the optimal outcomes for its users and accepts unanticipated outcomes generated from the enterprise. Success is determined by the degree to which the enterprise is able to achieve the shared outcomes and goals collectively agreed upon by stakeholders within it and at least partially by program participants.	Defined by the enterprise as a result of cumulative knowledge gained over time and reflects advancements attributable to continually evolving solution sets that are being generated by the enterprise, program participants, and community partners. Success is determined by the enterprise's continuous adaptability and ability to improve performance and is based on achievement of shared outcomes and goals collectively defined by participants, those within and external to the enterprise, and community partners.



# Human Services Value Curve Maturity Model



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		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Measures	<i>How They Are Defined</i>	Inputs and outputs of the organization delivering services capture specific activity and provide basic trend data over time, including program investment, number of families served, number or percentage of cases closed in a given period, etc.	Similar to the regulative, inputs and outputs of the partnering organizations are also capturing progress made on shared goals and collective actions.	Outcomes shared across the enterprise are quantified while using trend and root-cause analysis to inform progress, as well as to determine priorities and resource needs. Inputs and outputs of single and partnering organizations are still tracked but are used more to inform progress on shared outcomes of the enterprise.	Outcomes shared within and external to the enterprise are quantified while trend and root-cause analysis, as well as other types of advanced analytics, <sup>12</sup> are used to inform progress, priorities, and resource needs. Inputs and outputs of single and partnering organizations are still tracked but are used less as markers of success. Measures also continuously evolve over time.
Infrastructure <sup>13</sup>	<i>Workforce</i>	Primarily, staff working within an individual line of business with little knowledge of other programs across the organization. Formal orientation or training to increase awareness of other programs may be provided.	Primarily, staff working within an individual line of business but encouraged, both formally and informally, to learn and coordinate activities with partnering organizations. Formalized orientation or training and processes in place to increase awareness of other programs and coordinate work across lines of business.	Primarily, staff is formally cross-trained to develop awareness and universal knowledge of multiple programs across the enterprise, as well as establish formalized networks within the enterprise in order to provide customized, holistic, program participant-centered services. Less emphasis is placed on specialization in one program/line of business except in key areas within the enterprise.	Primarily, staff is formally cross-trained to continuously develop universal knowledge and maintain formalized networks within and external to the enterprise to strategically provide customized, holistic, program participant-centered services. Less emphasis is placed on specialization except in key areas within and external to the enterprise.
	<i>Organization Structure and Capacity to Change</i>	Structure is designed to be responsive to administrative process drivers within the individual service delivery units. Little to no data are shared across organizational boundaries.	Structure is designed to be responsive to administrative process drivers within the individual service delivery units, but with allowances made within the infrastructure to permit cross-boundary coordination	Structure is designed to be responsive to administrative process and other drivers within the enterprise; the infrastructure supports seamless data sharing and use with individual service	Structure is designed to be responsive to administrative process drivers and other drivers within and external to the enterprise; the infrastructure supports seamless data sharing and



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
<b>Infrastructure (cont'd)</b>	<i>Organization Structure and Capacity to Change (cont'd)</i>		and data sharing among partnering organizations.	delivery units contributing resources and solutions across the enterprise without being hindered by differences in rules, vocabulary, or definitions.	use within and across the enterprise's boundaries in such a way as to generate administrative efficiencies as well as to generate innovations in policy and practice.
	<i>Purpose of Technology</i>	Systems are designed to be transaction-driven and focused on the individual division or line of business meeting its goals.	Systems are designed to be transaction-driven and focused on the individual division or line of business as well as data sharing across boundaries of partnering organizations. The partnering organizations may maintain their own systems and nomenclatures but electronic translators and other devices are used to facilitate clear comprehension of cross-boundary information, regardless of the source of the information or platform used.	Systems are designed to be outcome-driven and focused upon goals that have been defined for the enterprise as a whole. Data are universally defined across the enterprise such that no additional translation of terms, definitions, or codes is required and is used to identify consistency for individuals, and families beyond eligibility.	Systems are designed to be outcome-driven, focused upon goals defined for the enterprise as a whole that are continually being modified to take into consideration the larger milieu of drivers associated with the social determinants of health, even if those drivers arise from outside the enterprise's span of influence. Data are universally defined and used to identify consistency for individuals, families, and communities beyond eligibility.
	<i>Communications</i>	Communication may be conducted across multiple lines of business around achievement of process-focused goals.	Communication is more frequently conducted around achievement of shared goals with partner organizations.	Communication is conducted regularly and internally (both vertically and horizontally), and somewhat externally, to the enterprise to reinforce achievement of shared success.	Communication among all stakeholders is strategic, bi-directional, and efficient to reinforce achievement of shared success.
	<i>Human Resources (HR)</i>	HR functions (recruitment, selection, training, employee relations, performance management, and benefits) are primarily administered based on compliance with regulations.	Similar to the Regulatory level, HR functions are primarily focused on staff acquisition and regulatory compliance, yet also focused on building a culture of engagement that fosters relationship building across	HR functions still maintain existing core tenets, yet the primary focus shifts to building a learning environment across the enterprise. Activities are directed at developing new competencies for the	HR functions still maintain existing core tenets, yet the primary focus shifts to building a learning environment within, and external, to the enterprise. Activities are directed at helping to identify, and



# Human Services Value Curve Maturity Model



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		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
	<i>Human Resources (cont'd)</i>		employees in partnering organizations.	enterprise as a whole and for staff at every level to align with the priorities and outcomes of the enterprise.	then develop, new competencies for the enterprise as a whole and for staff at every level to align with the priorities and outcomes within and external to the enterprise.
<b>Financing</b>	<i>Provision of Funding</i>	Funding is provided by a variety of federal, state, local, and external sources and distributed to programs in conformance with strict cost-allocation rules and for the purposes of narrowly defined tasks/services. Most funding cannot be moved within a program for purposes outside of statutory or regulatory limits.	Funding is provided same as in Regulatory level; cost-allocation rules followed, and in general, no tasks are allowed that are not related to specific programs. However, some tasks/services can be adjusted that support some coordination with partnering organizations within the general programmatic areas that are typically only allowed through state match or state-only dollars, local dollars, or other supplemental funding sources.	Funding is provided to support highly integrated services through proactive staff work across the enterprise to assist program participants' use of a broad range of multi-program services, benefits, organizations, and other resources. Continuous, intentional use of flexible, data-driven, and alternative financing approaches is explored within and across the existing funding authorities throughout the enterprise.	Flexible financing approaches (e.g., blended/braided funding, pay-for-success, multi-sector initiatives) are consistently used and modified based on feedback loops and through the use of enterprise-wide data metrics and analytic tools established across and external to the enterprise to assist program participants use broad range of related services, benefits, organizations, and other resources.
	<ul style="list-style-type: none"> <li><i>How Priorities Are Set</i></li> </ul>	Decisions are highly mindful of operational and process compliance constraints attributable to funding sources and cost-allocation methodologies.	Same as in Regulatory level but high value placed on collaboration with other partner organizations that may receive funding from other sources. Together, they work toward achieving shared goals.	Same as in Collaborative level, yet the enterprise seeks to maximize its effectiveness by flexibly leveraging various funding sources to achieve improved shared goals and outcomes across the enterprise.	Same as in the Integrative level but the enterprise and community partners not only place a high value on pooling resources to achieve shared outcomes, but place equally high value on proactive and routine seeking of new and innovative mechanisms to increase financial resources to support or even replace traditional funding streams.
	<ul style="list-style-type: none"> <li><i>Risk</i></li> </ul>	Little to no risk as priorities reflect constraints attributable to funding	Risk is somewhat higher and dispersed among partnering organizations as priorities	Risk is shared across the enterprise upon testing of new financing solutions	Risk is shared across the enterprise and community partners upon testing and



# Human Services Value Curve Maturity Model



ORGANIZATIONAL | EFFECTIVENESS

		REGULATIVE	COLLABORATIVE	INTEGRATIVE	GENERATIVE
Financing (cont'd)	<ul style="list-style-type: none"><li>• Risk (cont'd)</li></ul>	sources largely measuring outputs and inputs.	reflect increased focus on identifying collaborative financing among those working toward shared goals, while still being risk averse.	and alternatives emphasizing solutions-oriented approaches toward shared goals and outcomes.	implementing new financing solutions and alternatives emphasizing solutions-oriented approaches toward achieving shared goals and outcomes. Continuous feedback loops, including use of data and analytics to identify (social) return on investment opportunities, allow re-prioritization of allowances for modification of funding distribution to achieve shared outcomes.

## Endnotes

1. Cari DeSantis, M.A.L.S. *Business Model for Horizontal Integration of Health and Human Services*. American Public Human Services Association. 2012. p. 13–17.
2. Antonio M. Oftelie. *The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services: A Report from the 2011 Human Services Summit on the Campus of Harvard University. Leadership for a Networked World*. 2011. p. 5–7.
3. The *Generative Level* incorporates the 10 key characteristics of the *21st Century Health and Human Services Business Model*.
4. For purposes of this model, which aims to view the individual/family across business lines and from an enterprise or agency-wide lens, we refer to the individual or family receiving services as the *program participants*.
5. *Partner organizations* may be defined as different programs or lines of business within a health and human service agency. As each state and locality are structured differently, this may also be defined as agencies operating as a separate entity but serving the same population (e.g., some states have a single-state agency for child welfare or behavioral health yet there may be shared outcomes/populations/systems spanning across sister agencies).
6. *Enterprise* is defined here as a group of departments and the health and human service programs that fall within them that constitute a given agency, as well as other single, sister health or human service agencies with similar missions serving the same population, that have collectively defined shared outcomes, strategic goals, operations/business processes and administrative functions to further the collective interest and benefit of those receiving services, those providing the services and the community at-large.
7. Antonio Oftelie, Julie Booth, and Tracy Wareing. *The Art of the Possible: Leading Change in Human Services. Policy & Practice (June 2012)* p.11–15.
8. *Tightly coupled* refers to a system in which components have, or makes use of, knowledge of the definitions of other separate components.
9. *Loosely coupled* refers to a system in which each of its components has, or makes use of, little or no knowledge of the definitions of other separate components.
10. *Outputs* are defined here as process measurements of time, quantity, or quality relative to a particular reporting requirement (e.g., how many individuals were served, how much time did it take to process an application). For purposes of this model, (shared) outputs are used to reflect how an organization measures success at the Regulatory and Collaborative levels of maturity.
11. *Outcomes* are defined here as the changes that have taken place over time in knowledge, skills, behaviors, and conditions as a result of an organization's work, as well as the differences made by outputs of which are often expressed in terms of impact and sustainable changes of the health and well-being of individuals, families, and communities. For purposes of this model, shared outcomes are used to reflect how an enterprise determines success at the Integrative and Generative levels of maturity.
12. *Advanced analytics* are defined here as tools used to go beyond the collection and sorting of data to turn the information into data capable of providing future options and predictive capabilities. These capabilities can then forecast possible prospective results under different scenarios associated with each option through detailed pattern analysis. In addition to root cause and trend analysis, other tools include statistical analysis, forecasting, predictive analytics, and optimization. *Source: American Public Human Services Association. Analytics Capability Roadmap 1.0 for Human Service Agencies*. April 2014.
13. *Infrastructure* is defined here as the shared administrative and operational systems that support business needs across the entire health and human service enterprise intentionally designed to support the vision and offer innovation, while constantly learning and keeping pace with the evolving marketplace in which program participants live, work, learn, and play. For purposes of this model, the foundational infrastructure includes but is not limited to, components such as workforce, use of technology, communications, and human resources. *Source: Cari DeSantis, M.A.L.S. Business Model for Horizontal Integration of Health and Human Services*. American Public Human Services Association. 2012. p. 24.

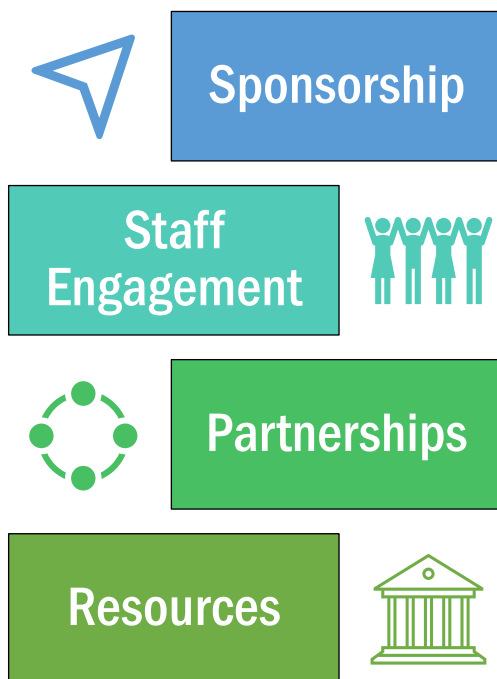


## Section IV: Foundations of Transformation

### Transformation Themes

Research and lived experience have shown that greater community impact will be realized if organizational practices and culture are aligned with those associated with the Generative stage of the Human Services Value Curve. That shift along the Value Curve is often framed as organizational transformation. How is that transformation operationalized in the context of human services?

- Establishing productive relationships and networks around your ecosystem (which includes all levels of government, the private non-profit sector, community members with lived experience, foundations, businesses) toward a common purpose, integrated strategies, and sustainable outcomes.
- Moving beyond traditional governance lines and advancing a shared agenda across the ecosystem.
- Meeting families and community members where they are, doing so with modern tools, and actively engaging them in program co-design.
- Adopting a culture of creativity and innovation as a necessary and central part of the organizational transformation rather than occasional and experimental exceptions; and
- Building off the previous successes of leading agencies and community networks, first by understanding the context and success factors of the innovation, then by creating the conditions for the innovation to be applied to your organization and/or ecosystem.



Transformation supported by the Value Curve, whether in an organization or across an ecosystem, does not happen overnight. This level of effort and change takes time, persistence, consistency, and an understanding of the themes to successfully implement change.

Based on APHSA's research in the human services sector, the themes that were consistently identified by leaders and staff as drivers of an agency's ability to innovate and transform include

- **Sponsorship**
- **Staff Engagement**
- **Partnerships**
- **Resources**

Themes of Organizational Transformation

**Sponsorship:** Human services agencies that are sustaining their transformative efforts have a strong level of sponsorship for the change or innovation implemented. Sponsorship or high-level support for projects may come from leaders such as the state or local elected officials, Hispanic community partners, or from the agency leadership itself. This can be done by engaging internal and external stakeholders or identifying “change champions” to serve in a sponsorship role.

**Staff Engagement:** Human services agencies who succeed in launching and sustaining transformative efforts do so *with* and not *to* their staff. Agency staff possess the hands-on understanding of how the Value Curve stages “look” in operational contexts and are essential contributors to both the strategic decisions and follow through for change efforts over time. Peer-to-peer influence and collaboration are key to creating effective care and service strategies and they can be used to engage support functions like HR, IT, and Finance. These functions can either be enablers or inhibitors of these efforts, in large part depending on how they are engaged in the transformation effort.

**Partnerships:** As described in the previous section, to operate through an Integrative lens of the Value Curve, state, local and community-based agencies must all join to holistically engage the whole family and address the root cause barriers to individual and family opportunity. And as systems move towards the Generative lens, partnerships and collective action are required to advance health equity across the Hispanic community, including practical, sustainable solutions that meet the needs of entire communities.

**Resources:** Human services agencies need to be savvy about the tangible and nontangible resources required to move forward. Primary categories of resources include staff capacity, fiscal resources, and technology resources. Examples of staff resources include onboarding and training of staff to ensure consistency and promote professional development; building a flexible and empowered culture within the agency; and ensuring effective internal and external communication and collaboration. Examples of fiscal resources include the utilization of flexible funding strategies and creative new funding sources. Examples of technology resources include workload management systems, tablets for workers and self-service kiosks for community members.



## *Organizational and Leadership Readiness*

Leaders need to be prepared to take charge of any transformation effort within their organization. Before beginning the transformation, it is essential to reflect on the degree of organizational change required and the capacity of the workforce to take on the work that will be necessary to reach your desired future state.

Key readiness considerations include:

- Is this transformation effort in the best interest of the families we serve and those within our community?
- Is there an agreed upon definition and rationale for transformation across the organization?
- Is there clarity about the desired outcome from the transformation effort?
- How supportive are current leaders, staff, and stakeholders to the idea of the transformation?
- How big of a change from current organizational practice will be required for the transformation?
- What actions must be taken to remedy preexisting conditions that pose a threat to successful implementation of the transformation?
- How can existing initiatives/priorities already underway be aligned with the transformation?
- Are there currently the capacity, expertise, and resources within the organization to achieve the desired value curve advancements and desired outcomes?
- How will the time and resources needed to make the desired changes be provided?
- How can we include families and service participants in the design, development, implementation, and monitoring of this transformation effort?

### **Leadership Readiness**

Through conversations with agency leaders and their staff, there is a level of leadership capacity that has made it possible for agencies to think innovatively and move towards transformation. Leaders must determine how the workforce may need to be supported and enhanced to adapt to rapid change and meet the new demands of the transformation. Required leadership capacity can be described as **adaptive leadership**, and includes creating a vision for change, developing momentum and support for change, and understanding the current context in which the organization is operating in.

Transformation requires leadership to be at the forefront - showing staff, stakeholders, and community members the path for the changes that will be needed to transform the organization. Leaders must show their passion for the change initiative and connect with the hearts and minds of their staff to build a wave of support for the new direction. Bold leadership actions that demonstrate their commitment to making change a reality can be extremely impactful in signaling the significance for the organization.

Leaders must anticipate and respond to resistance to the changes that are a part of the transformation, both enlisting the support of constructive resisters and marginalizing those who resist for non-constructive reasons. The development of a sound communication plan helps leaders message the changes concisely. These messages should include the rationale for the changes and address the benefits to the organization,

staff, stakeholders, and community members. Painting a clear picture of the expected outcome of the transformation effort is essential.

As the transformation progresses, leaders must demonstrate to the organization the need to bring an end to the “old ways” and exchange them with new policies, processes, and practices (innovations) that will support the new way of doing business. Leaders need to identify, develop and support “change champions” who will plan, guide, and implement the strategies to bring about transformational organizational changes.

### **Case Example: Dakota County, Minnesota**

The Community Services Agency (CS) was challenged by “innovation fatigue” in integrating services and progressing through the stages of the Value Curve.

APHSA conducted a survey and focus groups for all management staff to understand the root causes and found five primary improvement drivers:

- Making the Value Curve “real world” to all CS staff
- Bi-directional Communication versus top-down
- Using continuous improvement tools to make changes, versus adding new initiatives “on top of” current work, with no baseline assessment
- Using effective meeting management, facilitation, and project management resources
- Thoughtfully managing limited staff capacity

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- Thoughtfully managing limited staff capacity

### Case Example: Fairfax County, VA

The Department of Family Services (DFS) sought to update its three-year strategic plan, and enlisted APHSA to help them apply the Value Curve to this activity.

APHSA facilitated the Strategic Plan Steering Committee (SPSC) through changes to the DFS vision, values, goals, key initiatives, and helped develop a visual model for the integration of agency goals. A big breakthrough for the group was realizing an effective strategy didn't require all solutions to be known and planned up front.

APHSA worked with specific initiative teams to help them embed the Value Curve in the scope and objectives of their projects and apply critical thinking and continuous improvement methods so that they will generate solutions through the next three-year strategy cycle.

APHSA also supported the agency supervisors' achieving these same things and will be supporting the rollout of these models to all DFS staff.

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Two resources introduced in **Chapter Three** can help assess organizational and leadership readiness for transformation. The **Change Readiness Quick Tool** and **Change Readiness Model** can be used to help organizations reflect on their strengths and opportunities for growth in the domains of organizational readiness, leadership readiness, staff readiness and general capacity to improve and innovate readiness.

## *Fundamentals of Adaptive Leadership*

Transformation through the lens of the Value Curve has the potential to drive a range of outcomes and impacts for the families and communities served, supported by innovative and collaborative practice and service strategies. This requires a leadership approach that balances setting clear direction and efficient methods of operating with empowering others to solve problems and generate solutions across the lines of traditional hierarchy.

The leadership capacities that make it possible for human services agencies to move towards transformation readiness and integrate innovation can be described as **adaptive leadership**. Adaptive leaders get ahead of change before it happens and ride the wave of change, steering its momentum in the direction they want to go. They resist the tendency to be turf-oriented and focus on placing their organizations in the context of a much larger enterprise. Adaptive leaders are not afraid to change those policies or practices that have been in place forever but may not be achieving the desired outcomes. They help their workforce, organizational partners, and community members see the Value Curve transformation they are championing in the context of the good that will be preserved along with the positive impacts that will result from doing things differently than before. They are willing to adjust mid-course when necessary and without hesitation. And adaptive leaders are aware of their own shortcomings and biases and make accommodations to ensure those biases do not stand in the way of improving outcomes for those they serve.

Throughout a transformation effort, adaptive leaders will continuously assess the state of sponsorship, staff engagement, resources and partnership and determine how they can be supported or adjusted to meet the new demands of a transformation.

The following **fundamentals of adaptive leadership** offer a framework to measure strengths and identify areas that might need further development:

- **Knowledge of the organization**
- **Projecting into the future**
- **Breaking down barriers**
- **Being disruptive**
- **Being agile to get to the goal**
- **Empowering the organization**
- **Ability to sense and respond**



On the next page you will see descriptions of each fundamental, coupled with an example tied to the Human Services Value Curve. The **Adaptive Leadership Self-Assessment** on the page 282 provides an assessment and reflection guide on how to practice adaptive leadership techniques such as empowering the organization and being agile to get to the goal.





## Knowledge of the organization

- Adaptive leaders know their organizations as ecosystems bound together by a common purpose, but steeped in difference. They understand that their stakeholder groups overlap, but that each group exists with its own unique characteristics.

## Projecting into the future

- Adaptive leaders get ahead of change by assessing trends and environmental factors to consider the long-term impacts. This approach includes a willingness to consider evolutionary, longer-term strategies for change rather than a short-term results orientation.

## Breaking down barriers

- Adaptive leaders are not "turf" oriented. They focus less on championing a program's place in the larger enterprise and more on championing across the enterprise.

## Being disruptive

- Adaptive leaders privilege outcomes-focused goals and principles above all else, even if they require major changes to organizational norms and conventions.

## Being agile to get to the goal

- Adaptive leaders adjust mid-course if new information is revealed, or if economic, technological, or social changes occur that require a different approach.

## Empowering the organization

- Adaptive leaders focus on flattening the organization to deemphasize hierarchy and silos. They engage staff at all levels in collaborative, cross-functional solution identification.

## Ability to sense and respond

- Adaptive leaders hold true to their understanding of other people and themselves. They consider deeper impacts of gains and losses, and perform self-checks, realizing they may have their own barriers to work through to reach desired outcomes.





# Adaptive Leadership Self-Assessment



ORGANIZATIONAL | EFFECTIVENESS

**Instructions:** Use the Adaptive Leadership Self-Assessment on the next page to facilitate a conversation with your leadership team seeking to support transformation readiness.

Have a discussion to identify your own (or your leadership team's) adaptive leadership strengths and potential areas for development by selecting a rating from 1 (which is not at all) to 5 (extremely).

There will likely be nuances in your selected responses. Use the space to document your reflections around how you chose a rating.





# Adaptive Leadership Self-Assessment



ORGANIZATIONAL | EFFECTIVENESS

<b>Knowledge of the organization</b>	How well do your senior leaders know your organization in terms of similarities and differences between individuals and groups, staff attitudes (toward innovation, clients, partner organizations, management, each other), organizational climate, and organizational strengths and gaps?			
1	2	3	4	5
Not at all	Slightly	Somewhat	Moderately	Extremely
<b>Projecting into the future</b>	To what extent do your leaders track societal trends (e.g., in budgets, demographics, politics, economics, and technology) and organizational trends (e.g., staff performance and stability, client outcomes) and reflect on their potential future impact on the organization?			
1	2	3	4	5
<b>Breaking down barriers</b>	How well do your leaders collaborate with peers in other divisions within your agency? How well do they collaborate with leaders of other public or private agencies that affect your organization's operations and clients? To what extent do they champion collective strategies toward improved outcomes for your clients and work to break down turf divisions and build common purpose?			
1	2	3	4	5
<b>Being disruptive</b>	To what extent do your leaders shake up the organization when needed, changing long-standing processes or policies, or making key staff changes to pave the way for new ways of working? How adept are your organization's leaders at helping the organization develop new competencies and let go of old ones that no longer served the interest of the enterprise?			
1	2	3	4	5
<b>Being agile to get to the goal</b>	How able are your organization's leaders to adjust mid-course when new information is revealed or when economic, technological, or social changes occur that require a different approach?			
1	2	3	4	5
<b>Empowering the organization</b>	How effectively do your leaders ensure that they build staff, client, and external stakeholder buy-in for change? To what extent do they empower staff at all levels, clients, and external stakeholders to co-create changes that affect them? How effectively do they set clear expectations for staff, clarify boundaries for staff and empower them within those boundaries, support staff in their implementation work, and hold staff accountable for follow-through? To what extent do they ensure that plans get adjusted based on lessons learned during implementation?			
1	2	3	4	5
<b>Ability to sense and respond</b>	How sensitive are leaders in your organization to the deep impacts on staff, clients, and external stakeholders of changes in the organization and environment? To what extent do they reflect on those impacts and adjust as needed to, for example, the pace and scope of change and the way they communicate about organizational changes? To what extent do these leaders reflect on their own strengths and barriers, and work to leverage their strengths and overcome their barriers?			
1	2	3	4	5
<b>Reflections</b>				



The self-assessment does not represent the entirety of the characteristics associated with adaptive leadership, but if your scoring is at or close to 5 on some or all the self-assessment items, that suggests that you and your leadership team utilize a highly adaptive approach in how you mobilize change and stay nimble and experiment through change. Those adaptive qualities will be critical to implementing a transformation effort through the lens of the Value Curve.

After assessing yourself and your leadership team on all the above, you will be able to answer these four reflective questions towards planning and implementing strategies to increase your adaptive leadership practices:



## *Section V: Conclusion*

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The Human Services Value Curve is designed to provide a roadmap for improving human services outcomes, value, and legitimacy through the lens of four different models: regulative, collaborative, integrative, and generative. The Human Services Value Curve is a lens, or a way of looking at what organizations do and the services that they provide from the point of view of the community members who are being served. By using this framework, we are more likely to realize the full potential of both the families we serve and the systems that we use to do so. And we are further likely to transform our systems successfully if we embrace the principles of adaptive leadership along that journey.

Undoubtedly, the path while moving up this Value Curve as an agency, community and entire system is transformative at each stage of transition. Improving the organizational effectiveness and Value Curve progression of public agencies results in increasing strategic partnerships with multi-service non-profits and strengthened financial dynamics between the two sectors. All of this ultimately leads to better service delivery and improved outcomes for families and communities.

