

# Division of Continuous Quality Improvement

Continuous Quality Assurance and Improvement Plan

Updated March 9, 2012

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**State of Michigan**  
**Department of Human Services**  
**Continuous Quality Assurance and Improvement Plan**

*The quality assurance and improvement plan will be evaluated on an annual basis and modified as necessary to ensure the evolving components of child welfare practice are being reviewed in order to drive improvement.*

**I. OVERVIEW**

**A. Objectives**

The primary objectives of the Division of Continuous Quality Improvement (DCQI) are to ensure that consistent, high quality services are delivered to the children and families assigned to our care; to improve the permanency, safety and well-being of children in care; to reduce the possibility of adverse occurrences and to maintain a system for continuous quality improvement.

The DCQI will implement a statewide quality assurance and improvement system to evaluate the effectiveness of service provision, promotes continuous improvement, and support opportunities for continuous learning.

**B. Goals**

To meet the objectives, the DCQI will:

- Identify and communicate areas of systemic strengths and weaknesses and support the development of strategies to improve areas of performance.
- Provide on-going evaluation, assessment and oversight of the strategies designed and undertaken to improve services and outcomes.
- Facilitate on-going assessment of Department of Human Services (DHS) child welfare performance in relation to the requirements and goals contained within the Modified Settlement Agreement (MSA).
- Include internal and external stakeholders in the development and implementation of the quality assurance process.
- Utilize strategies that are strength based, solution-focused, culturally sensitive, action oriented and common sense driven.
- Increase accurate data collection, verification and analysis.
- Provide access to timely, concise information related to children and families served by DHS, on both case specific and aggregate levels.
- Ensure transparency by posting relevant data and reports for the public.

- Continuously improve the quality assurance process based on lessons learned and best practice.

### C. DCQI Structure

The DCQI is located within the Children's Services Administration (CSA), with the Director of DCQI reporting to the Director of CSA. The DCQI is composed of professional staff responsible for implementing quality assurance and improvement processes identified in this plan. The DCQI staff will work cooperatively with internal and external stakeholders which include, but are not limited to the following: the Child Welfare Field Operations Administration (CWFO), Child Welfare Bureau (CWB), public and private child placing agencies, American Indian Tribes, Data Management Unit (DMU), and other stakeholders (Bureau of Child and Adult Licensing, Office of the Family Advocate, the Office of Children's Ombudsman, Foster Care Review Board, and the State Court Administrative Office, etc.). Each of the stakeholders have an investment in the achievement of quality service delivery and improved outcomes for children and their families in the state of Michigan.

## II. QUALITY ASSURANCE AND IMPROVEMENT PROTOCOLS

The quality assurance and improvement protocols will be implemented in phases, allowing DHS to immediately begin evaluating performance while utilizing sufficient time to implement more advanced review processes.

There are four main protocols that will be utilized by DHS:

1. The CFSR federal protocol with minor modifications to capture additional information as required through the MSA or as needed by the CSA. The CFSR protocol will continue use until establishment of the final Quality Assurance and Improvement (QAI) protocol for Child Protective Service (CPS) cases opened for services, foster care cases and cases in which the child has been identified as having American Indian heritage.
2. The CPS Centralized Intake protocol.
3. The CPS Investigation protocol.
4. The targeted case reading protocols which will be designed specifically as areas are identified and targeted for a review.

Engagement of stakeholders in each review process is integral to implementing and sustaining practice improvement. DCQI will seek participation from relevant stakeholders such as public and private agency foster care staff, managers and courts in the improvement process.

## A. Child and Family Service Reviews (CFSR)

A modified CFSR protocol will be used by DHS as a “bridge” to evaluate CPS-ongoing cases, foster care cases and American Indian cases. The protocol will enable DCQI to provide feedback to public and private CPAs regarding quality of practice; connecting service delivery to the values and principles defined in the Michigan case practice model. The protocol will also enable DHS to immediately begin to capture quantitative data related to compliance with the requirements established within the MSA.

The CFSR protocol will continue pending full implementation of a statewide protocol that evaluates CPS on-going and foster care services (see section III.B).

The modified CFSR protocol<sup>1</sup> will ensure the following MSA related items are reviewed:

- Safety & Well-Being
  - Children who have been in three or more placements, excluding return home, within the previous 12 months (MSA §XIV.B).
  - Children who are in an unlicensed, unrelated caregiver placement (MSA §XIV.B).
  - Written Assessment and Service Plans (MSA §VII.A).
  - Supervisory Oversight (MSA §VII.B).
  - Sibling Visits (MSA §VII.G.5).
  - Action Steps for Youth Transitioning to Adulthood (MSA §VIII.C.1).
  - Educational Services (MSA §VIII.C.2).
  - Health Services
  - Sibling Placements (MSA §X.B.2).
  - Placement of High Risk Youth (MSA §X.b.6).
  
- Permanency
  - Change of Goal to Adoption (MSA §VII.E.3).
  - Placement with a Fit and Willing Relative (MSA §VII.E.5).
  - Adoption Subsidies (MSA §VII.E.8).

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<sup>1</sup> Appendix A: Description of Michigan’s modified CFSR protocol for additional information.

- Children Legally Free for Adoption and In Care more than 365 Days (MSA §VII.F.1).

## B. Quality Assurance and Improvement (QAI) Protocol

DHS is committed to implementing a qualitative review protocol that facilitates a comprehensive review of Michigan's child welfare system. This process will move from a traditional compliance review to a process that evaluates system performance consistent with Michigan's case practice model (MiTEAM).

DHS will utilize a protocol<sup>2</sup> that assesses child and family status and system performance in discrete categories. The protocol will reflect priority indicators that align with our case practice model and support safety, permanency and well-being. Examples include, but are not limited to the following

### Child and Family Status

- Safety of the Child.
- Stability.
- Living Arrangement.
- Family Functioning and Resourcefulness.
- Progress Toward Permanence.
- Physical Health of the Child.
- Well-being.
- Early Learning and Development (children under the age of 5 years).
- Learning and Development (children aged 5 years and older).
- Permanency.

### System/Practice Performance

- Engagement of the Child and Family.
- Family Teamwork.
- Functional Assessment and Understanding.
- Case Planning Process.
- Plan Implementation.
- Tracking Case Progress and Adjusting Plan.
- Provision of Health Care Services.
- Resource Availability.
- Family and Community Connections.
- Family Supports.

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<sup>2</sup> Appendix C: Description of QAI protocol for additional information.

- Long-Term View.
- Transitions and Life Adjustments.

The QAI protocol will be used to assess Child Protective Service (CPS) cases opened for services, foster care cases and cases in which the child has been identified as having American Indian heritage.

C. CPS Central Intake (Intake-MI-QA) & CPS Investigation (Invest MI-QA)

The CPS Central Intake (Intake MI-QA) and CPS Investigation (Invest MI-QA)<sup>3</sup> are review processes designed to assess the overall quality of intake and investigation practice as measured against DHS policy, the requirements of the MSA and best practice standards. Both processes include a review of information available on the Service Worker Support System (SWSS), paper case file review as necessary and interviews with relevant stakeholders.

Specific areas to be assessed are:

- Receiving, screening and investigating reports of child abuse and neglect as required by state law and completed per policy requirements (MSA §V.A).
- Allegations of abuse or neglect relating to any child in the foster care custody of DHS (MIC) are investigated by specially trained staff, with dedicated supervision, oversight and coordination of all investigations (MSA §V.D).
- Children who have been the subject of abuse or neglect in a residential setting or a foster home, whether licensed or unlicensed, and who remain in the facility or home in which the maltreatment is alleged to have occurred (MSA §XIV.B).
- Children who have been the subject of three or more reports alleging abuse or neglect in a foster home, and who remain in the foster home in which maltreatment is alleged to have occurred (MSA §XIV.B).

Michigan will utilize the CPS protocols developed by DCQI and continue to explore alternative review processes for CPS Centralized Intake and CPS Investigations; amending the protocols at a future date if needed.

D. Targeted Case Read (TCR)

TCR protocols track, analyze and report compliance with policy requirements that have been identified as important indicators of

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<sup>3</sup> Appendix C: CPS Intake MI-QA and CPS Invest MI-QA protocol

successful child welfare service outcomes. The indicators are measured to establish a historical baseline, followed by compliance benchmarks.

TCRs findings are an important element of the quality assurance process and contribute to the findings of the CFSR, CPS Intake, and CPS Investigation MI-QA. TCR findings help identify areas of success and best practice, as well as areas where practice is unsatisfactory.

TCRs will be conducted by DCQI as determined by the Children's Services Administration (CSA), MSA reporting requirements, federal reporting requirements (i.e. CFSR) and internal practice requirements. A TCR supports overall qualitative findings though the TCR is designated as a separate review.

TCRs will include, but are not limited, to the following:

- Medical, Dental and Mental Health
  - Each child receives periodic medical, dental and mental health exams according to the American Association of Pediatrics (AAP) guidelines (MSA §VIII.B.2.a.i).
  - Each caregiver receives written health information about the child in their care (MSA §VIII.B.3.a.i).
  - Each caregiver, medical and mental health provider, receives written health information about the child in/under their care, including a complete and regularly update medical passport (MSA §VIII.B.3.b.i).
  - Each child will have access to medical coverage upon placement and at any replacement (MSA §VIII.B.4.b).
- Disrupted Adoptions
  - A sample of cases where children had been placed in a pre-adopt placement, where the placement disrupted (MSA §VII.E.9).
- Corporal Punishment and Seclusion (MSA §XI.B).
- Adoption Subsidies (MSA §VII.D.)

The DCQI monitors data on an on-going basis to ensure that baseline targets are being met. If the benchmark(s) are not reached, the development of a plan which identifies strategies for improvement (strategic improvement plan) will be developed.

### **III. DATA AND ANALYSIS**

The DCQI will work with the DMU to create data driven reports<sup>4</sup> which represent child welfare performance and can be used to guide planning for practice improvements. The DCQI will utilize data available from the CFSR, QAI, Intake MI-QA, Invest MI-QA and TCR, in conjunction with data available from other sources to evaluate statewide service delivery.

The DCQI will regularly examine the following key data elements:

- Children entering care based on child abuse/neglect reports.
- Child fatalities.
- Recurrence of maltreatment.
- Incidence of child abuse and/or neglect in foster care.
- Permanency goals for children in care.
- Number of placement settings.
- Number of removal episodes.
- Children placed in residential care.
- Number of children in care 15 of the most recent 22 months.
- Median length of stay for foster care.
- Length of time to achieve permanency.

The DCQI will review reports from at least the following stakeholders, and consider the findings as a part of the overall quality assessment of the public and private child placing agencies:

- Governor’s Task Force.
- Citizens Review Panel.
  - Prevention Panel.
  - Child Death Review Panel.
  - Policy Review Panel.
- Bureau of Child and Adult Licensing.
  - Annual/Renewal and Special Investigations.
- Office of the Family Advocate.
- Office of the Children’s Ombudsman’s.
- Foster Care Review Board.

### **IV. IMPROVEMENT PROCESS**

The fundamental reasons for having a quality assurance system are to provide information that will be used to validate effective practice and to improve services and outcomes for children and families. Information gathered must be documented in comprehensible and useable reports, and disseminated to administrators, supervisors and staff to ensure best practices can be identified and replicated, and areas needing improvement

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<sup>4</sup> Appendix D: Existing DMU Reports

can be targeted for attention. Expectations must be clearly defined and communicated to child welfare staff on an on-going basis.

Strategies for effectively sharing CQI findings and quality improvement expectations include the following:

- Incorporate CQI findings and expectations into training for new workers, existing staff and caregivers.
- Update policy and procedure manuals to reflect quality expectations.
- Include quality expectations in personnel performance evaluations.
- Develop supervisory review protocols that support implementation of quality issues.
- Include quality expectations and standards in the licensing process for CPAs, CCIs and caregivers.
- Include quality expectations and standards in child welfare contracts.

Michigan will establish Improvement Committees<sup>5</sup> (IC) on a state and county (designated counties) or regional basis. The IC will be comprised of internal and external stakeholders with diverse experiences and backgrounds. IC members will at a minimum review reports generated by DCQI, review child welfare data reports, discuss what communities could do to improve child welfare practice and outcomes, recommend changes to policies and procedures, address media and public relations issues and share information with other stakeholders.

The Committees shall meet no less than quarterly and will submit reports and recommendations to DCQI and the state level IC. The state IC will provide direct feedback to the county/regional committees on all recommendations.

Child Welfare Field Operations will ensure county/regional committees are established; however, DCQI will assign a staff person to support IC activities, which will include working directly with the IC facilitators. Committees will be implemented in phases as determined appropriate by Child Welfare Field Operations.

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<sup>5</sup> Appendix E: Improvement Committee Communication Flow

## APPENDIX A

<b>MODIFIED CHILD AND FAMILY SERVICE REVIEW PROTOCOL</b>
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### **Description of the Modified CFSR**

Michigan will implement a modified CFSR, reviewing safety, permanency and well-being outcomes, as well items identified in the MSA which must be obtained through a case read. In addition to the case reads, the assigned caseworker and/or supervisor will be interviewed.

### **CFSR Period Under Review**

Cases will be reviewed one year back from the date the case is pulled. The sample of cases will be obtained from the Big 14 counties and is stratified to include an increased number of cases from Wayne County, cases with APPLA permanency goals, and private and public foster care cases.

### **Type and Number of Cases reviewed in a CFSR**

Michigan will read sixty-five cases for each six month MSA monitoring period.

### **CFSR Review Members**

CFSR review members include managers and staff from the following:

- DCQI.
- Field analysts, supervisors and program managers.
- Analysts and managers from adoption, CPS and foster care program offices
- CFSR unit manager and analysts.
- Title IVE unit manager.
- County Child Care Fund unit manager.
- FCRB manager.
- Native American Affairs director.
- Private agency foster care representatives.

The following controls will be established to maintain the integrity of the CFSR process:

1. All CFSR review staff will be trained in the CFSR process prior to participation in a review.
2. A sample of cases reviewed by staff will be re-read by a manager specifically for the purpose of insuring quality and consistency of the case review.

## APPENDIX B

<p style="text-align: center;"><b>QUALITY ASSURANCE AND IMPROVEMENT PROTOCOL</b></p>
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### **Description of the Quality Improvement and Assurance (QAI) Protocol**

A QAI protocol is a professional assessment of:

- The current status of a child and family receiving child welfare services.
- The adequacy of the system providing those services.

The purpose of a QAI review process is to determine whether positive outcomes for safety, permanency and wellbeing are being achieved by a child/family and whether the service delivery system is performing adequately. The work of the reviewer is guided by a written protocol that provides a focus for the review process and guides the decision making process. This protocol determines the findings and target areas for improvement.

The review process includes case record reviews, natural setting observations for the child/family, and interviews with the relevant persons involved with a particular child and family. These interviews and observations would typically include a combination of the following individuals:

- The child (must be interviewed or observed).
- The child's birth family.
- The child's caregivers, if different from birth family (e.g., relatives, foster family, group home staff).
- The child's teacher(s) or day care provider(s).
- The service providers for the child and/or family (e.g., therapist, behavior aide).
- The caseworker.

Information gathered from these interviews and observations is compiled and analyzed to help the reviewer form conclusions, make ratings, and provide a written report of findings and suggestions.

Within 45 work days of the QAI, DCQI will issue a formal report of findings. Following receipt of the report, the CPA director will be responsible for preparing a strategic improvement plan to address status indicators where performance was rated as being adverse, poor, marginal or fair. The plan must include the three items identified as requiring concerted action. The strategic improvement plan must specifically identify goals, objectives and action steps that will be implemented to improve practice, and may include identification of resources needed at the state level.

Throughout development and implementation of the strategic improvement plan, DCQI staff will be available to assist the CPA through provision of data and trend analysis, sharing of best practice models, and development/revision of action steps unique to the community.

### **Period Under Review (PUR)**

The QAI protocol will sample cases that are open at the time the sample is pulled and will review services delivered up to 90 days prior.

### **Type and Number of Cases Reviewed**

DHS Offices: CPS Ongoing and Foster Care

- 6 CPS On-going
- 6 Foster Care Cases (Under the direct case management supervision for at least the last 90 days.)

Private CPA: Foster Care

- 6 Foster Care Cases (Under the direct case management supervision for at least the last 90 days.)

American Indian Cases:

- 12 Cases Statewide (No distinction between public CPA and private CPA.)

A stratified random sample of cases will be selected for review. The criteria for selection will include:

- Age of child.
- Type of placement (e.g., residential care, foster care, etc.).
- Length of time in care.
- Permanency status.

### **QAI Review Members**

To maintain the integrity of the QAI process the following controls will be put in place:

1. All QAI review staff will be trained in the process prior to participation in a review.
2. Two individuals review each case, which minimizes personal bias.
3. QAI review staff will not participate in a county review where they currently work.
4. A certified lead DCQI staff will review each case scored for completeness and consistency.
5. The assigned case manager and supervisor of the CPA under review will have an opportunity to provide clarifications to the reviewers during the case debriefing.

## APPENDIX C

### CPS INTAKE MI-QA AND CPS INVEST MI-QA PROTOCOL

#### **Description of the CPS Intake MI-QA and CPS Invest MI-QA**

A CPS Intake MI-QA and a CPS Invest MI-QA is an assessment of the quality of the intake and investigation process, as well as compliance with CPS policy requirements.

The CPS MI-QA protocols are developed by DCQI and to identify the following:

- High quality care that respects the client's unique needs and circumstances.
- Use of best practice techniques.
- Use of and possible amendments to current policy.
- Program evaluation to identify ongoing barriers and areas of improvement.

The process required to be used with these protocols involve:

- A qualitative and quantitative assessment pertaining to the thoroughness of the intake process along with the accuracy of the investigations disposition.
- An assessment of services provided to the child(ren) and caregiver(s) and their effectiveness in addressing the identified needs.
- Interviews with staff, management, child(ren), caregivers, and other community stakeholders to discuss and evaluate field practices.
- A qualitative assessment of the caseworker's engagement with the family and caregivers.

The CPS MI-QAs are completed by DCQI staff, reviewing documentation in the state's automated child welfare information system, the actual case files and if necessary direct communication with the services worker who completed the intake or investigation.

To assess program practices, strengths and barriers, DCQI staff will conduct interviews with the following stakeholders to determine the quality of their experience:

- Child.
- Parent.
- Caregivers.
- Services specialists.
- Services program managers.
- Service providers.

The formula used to select the number of services specialists interviewed is based on the total number of specialists that are employed within the county:

- Two to six specialists in a county - two interviewees.
- Seven to nine specialists in a county - three interviewees.
- Ten to twelve in a county – four interviewees.
- Thirteen or more in a county – five interviewees.

The DCQI staff will be rating the most current complaint for an identified family. There will be two scales used for rating, one based on policy compliance and one based on a qualitative review.

All questions pertaining to compliance with policy will be scaled using the numerical value 1-4:

- 1-Yes, Completed per policy.
- 2- No, Required but not completed.
- 3- No, Required and completed but not per policy.
- 4- Not applicable or not required.

Questions pertaining to quality will be scored as follows:

- Optimal: Consistent, effective, and exemplary practice.
- Meets Expectations: Sufficient, adequate, meets requirements.
- Poor: Inconsistent, insufficient, below standard performance.
- High Risk: Inappropriate, adverse performance, outcome is harmful to child/family.
- Not applicable or not required.

After all cases have been reviewed, the review team will meet with the DHS county director and at the director's discretion, members of their management team. The lead DCQI staff will present the preliminary CPS MI-QA findings and respond to any questions the DHS director may have. Based on the CPS MI-QA findings, the director will be asked to identify three performance areas for focused priority attention.

Within 45 work days of the CPS MI-QA, DCQI will issue a report of findings. The report will address the following:

- Identified patterns and trends.
- Strengths and areas for improvement regarding quality practice.
- Best practices noted.
- Compliance with DHS policy.
- An evaluation of action steps from prior strategic plans and if they impacted improvement as intended (if applicable).
- DCQI recommendations for enhancements or changes in policy and/or procedures.

Following receipt of the CPS MI-QA report, the local DHS director will prepare a strategic improvement plan to address status indicators where performance was

rated as being noncompliant with policy or rated as poor or high risk quality (using above mentioned scale). The strategic improvement plan must specifically identify goals, objectives and action steps that will be implemented to improve practice, and may include identification of resources needed at the state level.

Throughout development and implementation of the strategic improvement plan, DCQI staff will be available to assist the county with provision of data and trend analysis, sharing of best practice models, and development/revision of action steps unique to the community.

### **CPS Intake MI-QA and CPS Invest MI-QA Period Under Review (PUR)**

The CPS Intake MI-QA and CPS Invest MI-QA will typically focus on conditions and circumstances found over the past 180 days.

### **Type and Number of Cases Reviewed in a CPS Intake MI-QA & CPS Invest MI-QA**

A random stratified sample of the county's CPS complaints will be randomly selected by the Data Management Unit (DMU) and will include:

CPS Intake MI-QA - at least one complaint in the following areas will be represented in the review sample:

- Multiple complaints.
- Maltreatment in care.
- Children under the age of five.
- Rejected, transferred or withdrawn complaints.
- Assigned complaints.

CPS Invest MI-QA – at least one complaint in the following areas will be represented:

- Each of the five category dispositions.
- A family member has American Indian heritage, if available.
- Maltreatment in care.
- Multiple complaints
- At least one child in the family under the age of five.

The DMU will provide an initial list of complaints and a DCQI analyst will screen each complaint to determine if the case information on SWSS meets the criteria for inclusion in a review. This screening process done by DCQI reduces the possibility of pulling cases that no longer meet the requirements.

### **Intake MI-QA and Invest MI-QA Review Members**

For each CPS MI-QA review, two DCQI staff will complete the review, with one DCQI staff identified as the lead.

The following controls will be established to maintain the integrity of the CPS MI-QA process:

1. All DCQI staff will be trained in the CPS MI-QA process prior to participation in a review.
2. Two individuals review each case, which minimizes personal bias.
3. The assigned case manager and supervisor of the county under review will have an opportunity to provide clarifications to the reviewers during the case debriefing.

## APPENDIX D

<b>EXISTING DMU REPORTS</b>
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Note: These reports may be modified, deleted or new reports added, as determined appropriate by CSA.

**Key:**

- (RR) Reoccurring monthly/quarterly Reports
- (MSA1) Modified Settlement Agreement, Period 1 October 1, 2011 – December 31, 2011
- (DDDM) Data Driven Decision Making Reports

**MSA §V - Responding to Reports of Child Abuse and Neglect:**

- RR MIC- Maltreatment in Care Monthly Report
- MSA1 MIC-01, 02, 03
- DDDM CR 811-814 CPS Investigation 24 hour commencements
- CR 821-824 CPS Investigation Face-to-face contacts SOP
- CR 831-834 CPS Ongoing case Face-to-face contact standards
- CR 841-844 CPS Ongoing case Collateral contact standards
- CR 241-244 CPS ISP Sup Approval Due (Point in Time)
- CR 251-254 CPS ISP Sup Approval Timeliness (Date Range)
- CR 261-264 CPS USP Sup Approval Due (Point in Time)
- CR 271-274 CPS USP Sup Approval Timeliness
- CR 221-224 CPS Worker USP Timeliness
- CR 201-204 CPS Worker ISP Timeliness (30 Day)
- CR 211-216 CPS Worker ISP Overdue Summary (Date Range)
- CPS Worker ISP Currently Overdue Summary (Point in Time)
- CR 231-236 CPS Worker USP Overdue Summary (Date Range)
- CPS Worker USP Currently Overdue Summary (Point in Time)
- CPS Worker Ongoing Case Length of Time Open

**MSA §VI - Staff Qualifications, Training, Caseloads, and Supervision:**

- RR CPS/CFC/ADPT/JJ Caseload Counts
- MSA1 Caseload Count
- DDDM CR 901 CPS Cases on Inactive Loads
- Ongoing Case Closure from Court Closure Order Date
- CPS Worker Social Work Contact Entry Timeliness

**MSA §VII - Assessments, Case Planning, and Provision of Services:**

- MSA1 Cohort 4 & 3
- Goal of Adoption Report as of 9/30/11
- DDDM CFC ISP Sup Approval Due (Point in Time)
- CFC ISP Sup Approval Timeliness (Date Range)
- CFC USP Sup Approval Due (Point in Time)

CFC USP      Sup Approval Timeliness  
 CFC Worker    USP Timeliness  
 CFC Worker    ISP Timeliness (30 Day)  
 CFC Worker    ISP Overdue Summary (Date Range)  
 CFC Worker    ISP Currently Overdue Summary (Point in Time)  
 CFC Worker    USP Overdue Summary (Date Range)  
 CFC Worker    USP Currently Overdue Summary (Point in Time)  
 CR 875-880    CFC Case Closure Data Entry Timeliness  
 CR-861-866    CFC Child Placement Data Entry Timeliness  
 CR-867-872    CFC Social Work Contact Data Entry Timeliness  
 CFC Case Opening Data Entry Timeliness  
 Parent-Child Visits  
 Worker-Child Face to face Contacts  
 Worker-Parent Visits

**MSA §VIII - Services and Placement Resources Development and Utilization:**

RR            Medical/Dental Initial Quarterly Report  
 MSA1        Cohort 2  
               YS-05, YS-06  
               FC-19  
 DDDM        Initial Medical Timeliness  
               Initial Dental Timeliness  
               Periodic/Yearly Medical  
               Periodic/Yearly Dental

**MSA §X - Placement Standards and Limitations:**

RR            Residential Monthly Report  
 MSA1        75-Mile Report  
               FC-21 Emergency Shelter Report  
               FC-22 Jail/Detention Report

**MSA §XIII - Management Information System:**

MSA1        Cohort 1 (Entries into Foster Care for the reporting period)  
               Cohort 2 (Exits from Foster Care for the reporting period)  
               Cohort 3 (Children in care during the reporting period)  
               Cohort 4 (Children in care as of the last day of the reporting period)

**APPENDIX E**

**IMPROVEMENT COMMITTEE COMMUNICATION FLOW**

