Prepared for

Michigan Department of Human Services
Children's Services Administration

Department of Human Services

Expanded Continuous Quality Improvement Plan

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Center for the Support of Families, Inc. (CSF)

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I. Overview

The Michigan Department of Human Services (MDHS) is working to strengthen its focus on the children and families it serves through the establishment of a child welfare vision, mission and guiding principles and through the further development of the MiTEAM case practice model. Efforts to strengthen the focus on children and families also include an expansion of the Continuous Quality Improvement (CQI) Plan to align CQI functions with the Department's vision and mission and to ensure that CQI activities will support the upcoming phased implementation of the further developed MiTEAM, beginning in three champion counties.

This document provides the expanded CQI Plan and articulates an overarching approach to CQI activities that incorporates the CQI functions within all of MDHS, not solely the Division of CQI (DCQI). The plan is comprised of the following sections: structure of the CQI process; data plan; case review plan; review of systemic factors; reporting and feedback plan; program improvement activities; and implementation strategy considerations. The expanded CQI Plan is designed to be in alignment with Federal guidance contained in ACYF-CB-IM-12-07, *Establishing and Maintaining CQI Systems in State Child Welfare Systems*.

The plan is conceptualized as a dynamic and "living" document that will be responsive to emerging issues. It addresses two areas of CQI functioning: (1) general CQI functioning, and (2) initial CQI activities related to the three champion counties that will be the first in the State to implement the further developed MiTEAM and therefore the first to implement the components of the expanded CQI plan. It is important to note that there is a proposed implementation team and planning structure at the state level and at the local level for the champion counties and future implementing counties in regards to the phased and integrated implementation of MiTEAM and CQI activities[1]. This plan is meant to provide direction for the proposed State MiTEAM/CQI Sub-Team and county CQI Sub-Teams as these teams move forward with the phased and integrated implementation of MiTEAM and CQI. One means of providing this direction is the identification of necessary and specific CQI activities, person(s) or unit(s) responsible, and due dates in "activity tables" within the sections of this plan.

This overview section will address: the CQI vision; scope of CQI functions; connection between CQI functions and MiTEAM; and objectives and goals of DCQI.

CQI Vision

CQI is a means by which all components of the child welfare system have a clear understanding of the MDHS child welfare vision; working continuously and collaboratively to achieve and sustain improvements in practice and outcomes. The CQI vision supports both the MDHS child welfare vision that MDHS will lead Michigan in supporting our children, youth, and families to reach their full potential and the Department's mission which is that child welfare professionals will demonstrate an unwavering commitment to engage and partner with families to ensure

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[1] MDHS, with the assistance of CSF, is currently developing an Implementation Team and Planning Structure at the state and local level along with a State Implementation Plan to provide MDHS with a structure for addressing compliance with the Modified Settlement Agreement (MSA) requirements, along with other issues/initiatives that fall within the scope of work for the CSA over time. The integrated implementation of MiTEAM and CQI in the champion counties is a primary focus of the Implementation Team and Planning Structure being developed.

safety, permanency, and well-being. CQI activities should support the following MDHS guiding principles:

- Safety is the first priority of the child welfare system.

- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.

- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.

- When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.

- Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.

- Children will be reunited with their families and siblings as soon as safely possible.

- Community stakeholders and tribes will be actively engaged to protect children and support families.

- Services will be tailored to families and children to meet their unique needs.

- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.

- Leadership will be demonstrated within all levels of the child welfare system.

- Decision making will be outcome-based, research-driven and continuously evaluated for improvement.

Scope of CQI Functions

CQI functions are dependent upon the active engagement and participation of staff at all levels of the child welfare system (public and private), as well as children, youth, families (birth, relative and caregivers), and stakeholders. The CQI Plan envisions that CQI functions will be carried out in a manner that engages a broad range of partners in the process of continually improving outcomes for children and families. These partners include but are not limited to the following:

- DCQI

- Public and private Child Placing Agencies (CPA) (from case managers to County/Executive Directors)

- Child Welfare Field Operations Administration (CWFO)

- Child Welfare Bureau (CWB)

- Bureau of Child and Adult Licensing (BCAL)

- Office of Workforce Development and Training (OWDT)

- American Indian Tribes

- Other stakeholders (Office of the Family Advocate, the Office of Children's Ombudsman, Foster Care Review Board, and the State Court Administrative Office)

There are several key CQI functions involving the above broad range of partners that inform this CQI Plan. Initially, this includes the CQI function of communicating and re-enforcing key performance indicators (KPIs) and outcomes associated with MiTEAM. There is also a CQI function to inform OWDT, Supervisors, Peer Coaches, and MiTEAM Analysts about strengths and needs of child welfare practice in the field to strengthen the training and support provided regarding MiTEAM. There are clear CQI functions associated with various case review processes such as:

- Public/Private CPA Review Processes – on-going internal case reviews
- BCAL Consolidated Monitoring – Provider Specific Reviews
  - Review of Licensing Requirements
  - Review of Contract/Policy Requirements
- DCQI
  - Quality Service Reviews (QSR) – fidelity to MiTEAM
  - MSA Targeted Case Reviews
  - Modified Child and Family Services Review Protocol
  - CQP Central Intake Protocol and CQP Investigation Protocol
  - Other reviews as determined by CSA

There are also CQI functions associated with collection, analysis and reporting of aggregate data with implications for: SWSS/Info View; MiSACWIS; BCAL; DCQI; AFCARS/NCANDS; and other aggregate data sources. Finally, as previously mentioned there is a proposal at the state level for there to be a MiTEAM/CQI Sub-Team and at the champion county level for there to be CQI Sub-Teams that will have CQI functions related to monitoring the implementation of this expanded CQI Plan and ensuring coordination between MiTEAM and CQI.

Connection between CQI functions and MiTEAM

The MiTEAM Practice Model is the basis upon which CQI is built. MiTEAM is designed to improve teaming, engagement, assessment, and mentoring practices and establish a unified child welfare service delivery approach that will be reflected in performance on key indicators. As MiTEAM is implemented, CQI will consistently monitor and assess the success of the child welfare system in meeting the specified KPIs and outcomes and work with all levels of the system to strive for success.

CQI processes will be developed around MiTEAM in alignment with the MDHS vision and the KPIs. For example, the DCQI QSR instrument is being developed in partnership with stakeholders, using the KPIs as a basis for the tool, and is being designed in a coordinated manner with the further development of the MiTEAM practice model. DCQI will begin utilizing the QSR instrument in champion counties where MiTEAM is being fully implemented.

Fidelity to MiTEAM is the responsibility of all members of CSA (public/private), beginning at the service delivery level (case manager), carrying through to the local office/private agency and to County/Executive Director, and encompassing all program areas that support the provision of services. DCQI is responsible for aggregating information to provide a report of performance on KPIs that reflect successful implementation of the practice model. Efforts to assess fidelity to

MiTEAM should be responsive and supportive. Currently, plans to monitor fidelity to MiTEAM include: trainers going out into the field and observing practice (MiTEAM skills, continuity to model, how case managers are engaging children/families) and monitoring by first line supervisors. In addition, the QSR is anticipated to be a primary means of informing workers if they did what they needed to do (i.e., implemented MiTEAM as intended) during their work with children and families.

Objectives and Goals of DCQI

Objectives

The primary objectives of DCQI are to ensure that consistent, high quality services are delivered to the children and families assigned to MDHS 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.

DCQI will implement a statewide quality assurance and improvement system to evaluate the effectiveness of service provision, promote continuous improvement, promote the use of evidence-based/evidence informed programs, and support opportunities for continuous learning.

Goals

To meet the objectives, DCQI will:

- Identify and communicate areas of systemic strengths and weaknesses and support the development of strategies to improve areas of performance.

- Explore evidence-based/evidence informed programs as strategies to produce strong outcomes.

- Provide on-going evaluation, assessment and oversight of the strategies designed and undertaken to improve services and outcomes.

- Facilitate on-going assessment of MDHS 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 improvement strategies that are strength based, solution-focused, culturally sensitive, action oriented and common sense driven.

- Increase the accuracy of data through verification and analysis.

- Provide access to timely, concise information related to children and families served by MDHS, 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.
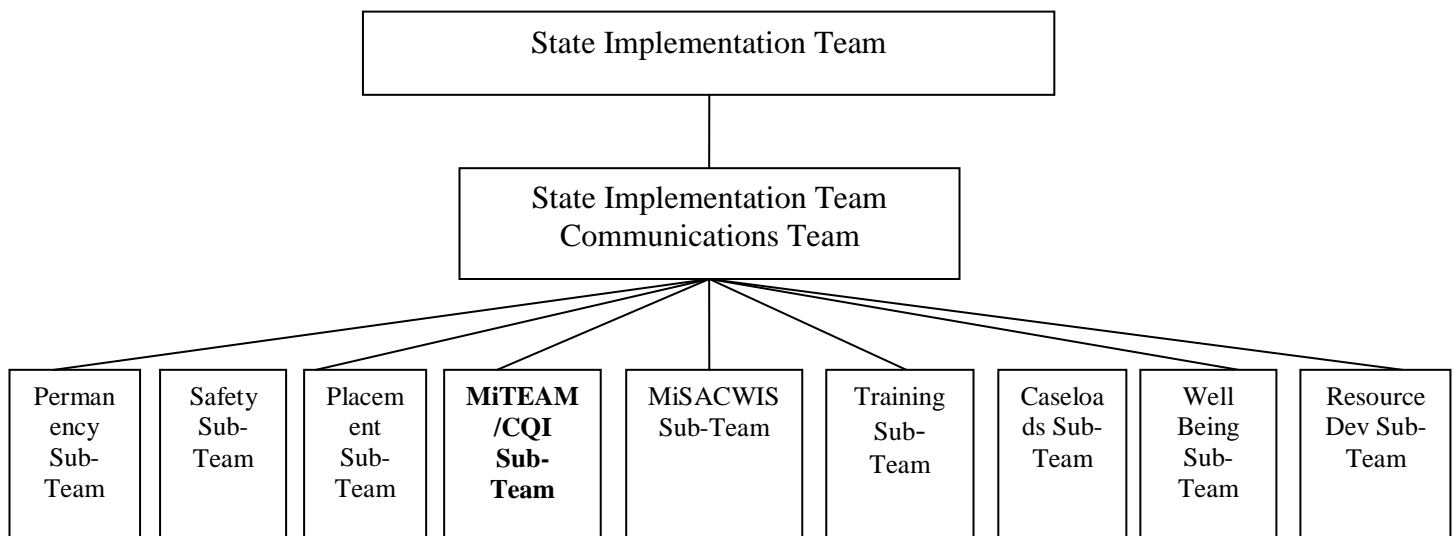
II. Structure of the CQI Process

This section of the CQI plan provides descriptions of: the proposed implementation team and planning structure at the state level and at the local level for the champion counties and future implementing counties in regards to CQI activities; the structure of DCQI and BCAL in regards to staff CQI responsibilities; and possible structured activities of private agency CQI processes.

**Proposed Implementation Team and Planning Structure**

MDHS is currently establishing an implementation team and planning structure at the state level and at the local level for the champion counties and future implementing counties in part to facilitate the integrated implementation of the further developed MiTEAM and CQI functions described in this CQI Plan. At the state level there is a proposed MiTEAM/CQI Sub-Team that will:

- Develop and monitor the implementation of plans related to expanding the MiTEAM practice model and the ongoing implementation of the model statewide.
- Monitor the implementation of this CQI plan and ensure coordination between MiTEAM and CQI.
- Serve as a resource for local MiTEAM and CQI Sub-Teams in ensuring fidelity to the practice model and appropriate implementation county-by-county.
- Work collaboratively with DCQI to plan for a baseline review of counties beginning the initial implementation phase of MiTEAM in order to provide a standard against which to measure progress going forward.
- Consult with DCQI on planning ongoing annual reviews of implementing counties.

State Implementation Team

State Implementation Team Communications Team

| Permanency Sub-Team | Safety Sub-Team | Placement Sub-Team | **MiTEAM /CQI Sub-Team** | MiSACWIS Sub-Team | Training Sub-Team | Caseloads Sub-Team | Well Being Sub-Team | Resource Dev Sub-Team |

At the champion county level there are proposed CQI Sub-Teams that will:

- Develop and monitor the implementation of plans related to implementation of the CQI processes within the county(ies) and link CQI implementation activities with MiTEAM implementation.

- Function as *working teams* that engage in a regular schedule of county case reviews and debriefing with appropriate staff to identify strengths and needs in practice.

- Coordinate the implementation of county CQI activities and be responsible for carrying out CQI activities in the county CQI Sub-Team's Work Plan.

- Engage in a baseline review of the county's status as it begins the initial implementation phase (in collaboration with DCQI and the State MiTEAM/CQI Sub-Team).

- Engage in subsequent annual reviews designed to evaluate progress going forward (in collaboration with DCQI and the State MiTEAM/CQI Sub-Team).
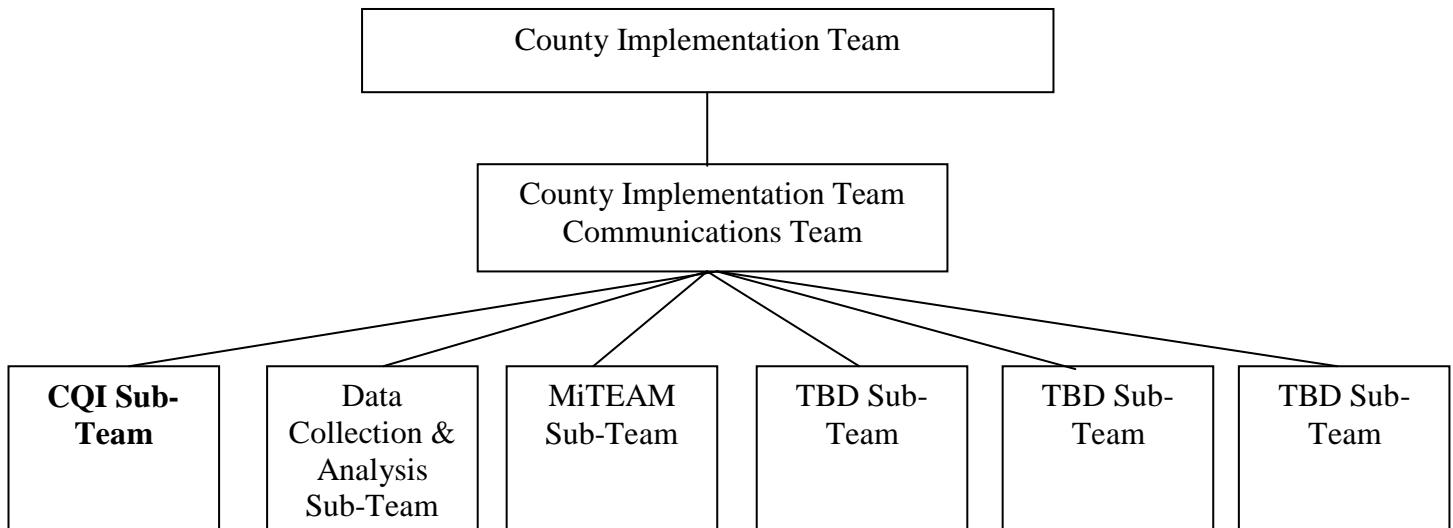
The "working team" nature of the county CQI Sub-Teams will require members who can devote time to this work and it is anticipated that someone will be designated in the implementing counties to be responsible for coordinating implementation activities including implementation of CQI functions. In addition, at the county level there are proposed Data Collection and Analysis Sub-Teams that will have responsibility for reviewing and evaluating regular data reports related to progress within the county(ies) toward improving outcomes, and other practice-related indicators. These teams will provide analysis of data and other information to the other sub-teams and to the County Implementation teams for their use in ongoing monitoring and evaluation activities. Membership on the County Implementation teams and sub-teams should include a mix of public and private representatives. Since implementation of MiTEAM and CQI will directly affect both the public and private agencies, both should be represented on the County Implementation teams and sub-teams.

An initial task of all sub-teams will be to develop a work plan that includes at a minimum the following information:

- The goals and objectives of the team, and specifically a statement of the sub-team's role in CQI.

- The specific tasks of the sub-team and the people on the sub-team who will be responsible for the tasks.

- The reporting procedures for the sub-team.

- The communication strategies the sub-team will use to relate information to stakeholders at all levels of the agency and those outside the agency (in collaboration with the State Implementation Team Communications Team and County Implementation Team Communication Teams as relevant).

A critical initial task of the State MiTEAM/CQI Sub-Team and DCQI will be to develop a plan for a baseline review of counties beginning the initial implementation phase of MiTEAM in order to provide a standard which to measure progress going forward. Components of the baseline review will include: generation of KPI and outcome performance information; QSR case reviews focusing on key practices in MiTEAM (and possible use of practice observations and additional case reviews); and evaluation of systemic factors. There is further information in regards to generating KPI and outcome information in the Data Plan section of this plan. QSR case reviews are currently scheduled in the champion counties as follows: Lenawee 10.14.2013 – 10.18.2013; Mecosta/Osceola 11.18.2013 – 11.22.2013; and Kalamazoo 12.9.2013 – 12.13.2013. There is further information in regards to evaluating systemic factors in the Review of Systemic Factors section of this plan. The planning for the baseline reviews will incorporate a collaborative role for the champion county CQI Sub-Team in the baseline review. DCQI, CSA (state and local), and private agency staff will carry out these baseline reviews.

In addition to these initial baseline reviews of counties, the State MiTEAM/CQI Sub-Team and DCQI will develop a plan for ongoing annual reviews of implementing counties utilizing the same measures and methodology of the baseline reviews. The planning for the ongoing reviews will incorporate a collaborative role for the champion county CQI Sub-Team in the annual reviews. DCQI, CSA (state and local), and private agency staff will carry out these annual reviews.

DCQI and BCAL

DCQI is structured to provide for staff with responsibilities related to: targeted case reads, QSR development and implementation, CFSR support functions, data management functions, and statistical analysis. BCAL is structured to provide for staff with responsibilities related to: licensing/contract monitoring, foster home monitoring, and to provide DCQI, the State

MiTEAM/CQI Sub-Team, and county level CQI Sub-Teams with information from BCAL reviews.

Private Agency CQI

Many private agencies have CQI processes that are in alignment with Council on Accreditation (COA) requirements. These CQI processes are similar to MDHS CQI processes and may be structured in a manner to carry out the following types of activities: satisfaction surveys, quality focus groups, case record reviews, training compliance assessment, risk management, best practice reviews, and outcome measurement. The Department will coordinate MDHS CQI requirements to be complementary with COA requirements.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with the structure of the CQI process and prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• The State MiTEAM/CQI Sub-Team will be established	State Implementation Team	11.15.2013
• Champion County CQI Sub-Teams will be established	County Implementation Team	11.15.2013
• Champion County CQI Sub-Teams will develop a clear understanding of the CQI processes of the private agencies operating within their county.	Champion County CQI Sub-Teams	12.31.2013
• The State MiTEAM/CQI Sub-Team and DCQI will develop a plan for a baseline review of counties beginning the initial implementation phase of MiTEAM in order to provide a standard against which to measure progress going forward. Key issues to be considered include: how will KPIs and outcomes be measured (*see the related activities in the Data Plan section*); how will QSR information be utilized; should practice observations and case reviews in addition to the QSR be utilized; and how will systemic factors be evaluated? _See the associated activities for the Champion_	State MiTEAM/CQI Sub-Team and DCQI	12.31.2013

County CQI Sub-Teams in the Case Review Plan table and Review of Systemic Factors table in this plan in regards to relevant information being sought from the private agencies that should be used to inform the baseline review approach.		
• The State MiTEAM/CQI Sub-Team and DCQI will develop a plan for ongoing annual reviews of implementing counties utilizing the same measures and methods as the baseline reviews.	State MiTEAM/CQI Sub-Team and DCQI	1.31.2014

III. Data Plan

This section of the CQI plan provides a blueprint for the CQI tasks of data identification, collection, analysis, and interpretation. The first part of the section presents an overall data plan; the second part focuses on a data plan specifically for the implementation of MiTEAM in the champion counties.

Part 1: Overall Data Plan

In order to ensure the continuous quality improvement of a system, it is critical to have ongoing accurate information about how that system is operating. The type of information needed is driven by the system's goals, objectives, and desired outcomes, with the overarching questions being: (1) is the system achieving its goals, objectives, and desired outcomes; and (2) if not, what must be done to correct the system so that it does achieve its goals, objectives, and desired outcomes? The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will implement the following steps to address these overarching questions on an ongoing basis.

- Identify areas of inquiry that require attention and the types of information needed, such as trends in performance over time, compliance concerns, or effectiveness of program improvement efforts;

- Formulate data questions with regard to each area of inquiry and types of information needed and operationalize the questions into measures with specified data elements;

- Identify potential data resources available for the specified data elements and assess the quality of the data;

- If information on specific data elements is not readily available, determine procedures for collecting that information in the most efficient and effective manner;

- Determine the most appropriate data analyses (quantitative, qualitative, or a combination of both) based on the data question and the type of data that is available or was collected to answer the question;

- Analyze the data and prepare a report that answers the question being investigated and can be easily understood by all stakeholders;

- If the analyses indicate that in a particular area, the system is not achieving its objectives or desired outcomes, assist stakeholders at State and/or local levels in using available data, existing research, and/or anecdotal evidence to understand the possible reasons why this problem is occurring and to develop improvement efforts that will address the problem; and

- Conduct ongoing monitoring and testing of program improvement efforts to assess whether the efforts are resulting in the desired improvements

The following discussion delineates these specific activities and identifies issues that will be necessary to consider in implementing each of the steps provided above.

Identify areas of inquiry and types of information needed

A CQI data plan must be responsive to various areas of inquiry and types of information. Some information needs pertain to the Department achieving conformity with nationally recognized child welfare outcomes for children and families.[2] Other information needs pertain to trends in performance over time on KPIs that the Department believes are (1) essential to child safety, permanency and well-being, and (2) will support sustained positive outcomes for children and families. There are also information needs regarding additional child welfare practice and systemic areas that will support better outcomes for children and families that are included in the MSA. Finally, some information needs concern whether program improvement efforts are producing desired results.

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will be responsive to the range of information needs at any given time. Specifically, with regard to the types of information needed, the State MiTEAM/CQI Sub-Team and county CQI related Sub-Teams will:

- Monitor KPIs to assess system performance before, during, and after implementation of the MiTEAM practice model;

- Monitor outcomes and objectives to assess compliance with MSA requirements;

- Monitor outcomes and practice to assess conformity with CFSR-PIP requirements; and

- Monitor improvement efforts to determine effectiveness.

The Department has identified seven KPIs as the initial practice areas of inquiry for the CQI process. Additional performance indicators may be added as the Department moves forward with implementation of the expanded MiTEAM model and as data regarding specific areas of inquiry, such as educational performance, become more accessible. The seven KPIs are as follows:

- Child welfare professionals will ensure completion of the initial face-to-face contacts in a time frame required by policy for CPS investigations.

- Child welfare professionals will visit children assigned to their workload as required by policy.

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[2] The Federal Child and Family Service Review (CFSR) identifies certain national outcomes for children and families in the areas of safety, permanency and well-being, which are consistent across States. In Michigan, the MSA has adopted the same outcomes.

- Child welfare professionals will ensure children placed in unlicensed, relative placements have timely initial home studies and licensing waivers.

- Child welfare professionals will ensure children in care are provided updated and current medical, dental and mental health examinations and when necessary, appropriate follow up treatment.

- Child welfare professionals will develop and complete timely and thorough case plans in cooperation with children and their parents and current caregivers.

- Child welfare professionals will ensure children with a reunification goal will visit with their parents, if those parents are available.

- Child welfare professionals will ensure older youth aging out of the foster care system are engaged in a formal 90-day discharge planning meeting to support their transition to independence.

The KPIs were selected as the initial focus of the CQI data efforts because the Department believes that they reflect the core practices that are central to achieving broader outcomes. The CQI effort also will focus on areas of inquiry that pertain to key practices and outcomes relevant to the CFSR and the MSA. These include the following.

- Timely initiation of investigations

- 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 (re-entries into custody)

- Children placed in residential care

- Number of children in care 15 of the most recent 22 months

- Median length of stay in foster care

- Length of time to achieve permanency

- Timeliness and permanency of reunification

- Supervisory training

- Mentoring of new workers

- Licensing workers' qualifications and training

- Caseloads for foster care, adoption, licensing, and POS workers

- Visits between worker/child, worker/parents, parents/child, and siblings

- Licensing of foster homes

- Relative licensing issues

- Placement exceptions (proximity, sibling separations, number of children in the home, limitations on emergency placements, number of emergency placements)

- Use of psychotropic medications

Formulate data questions with regard to each area of inquiry and types of information needed and operationalize the questions as measures with specified data elements

In order to measure the KPIs and identified outcomes in a meaningful way, it is necessary to operationalize both the KPIs and the outcomes so they become measurable questions. The critical feature of a measurable question is that it defines all of the data elements necessary to answer the question. Some examples of the data elements that may be included in a measurable question are:

- The specific time frame that the measure will incorporate (e.g., the first quarter of the State fiscal year or a specified MSA period);

- Specific definitions of terms (e.g., maltreatment defined as a substantiated report, recurrence defined as more than one substantiated report occurring at a different time, face-to-face contact defined as a child welfare professional in physical contact with a child who is the subject of a maltreatment report or a member of a family in which one of the children is the subject of a maltreatment report); and

- Both the denominator and the numerator (if the expected result is a percentage), for example, of all maltreatment reports that were received and assigned for an investigation during the first quarter of the State fiscal year (denominator), what percentage had a face-to-face contact between the child welfare professional and all of the children in the family within the time frame required by policy (numerator).

Depending on the area of inquiry, the State MiTEAM/CQI Sub-Team and local CQI Sub-Teams will be responsible for operationalizing each KPI and outcome and will make available the list of operationalized measures to all stakeholders on an ongoing basis. It is important that KPIs are operationalized consistently at all levels so that the State and counties are all measuring the same thing.

Identify potential resources available for the specified data elements and assess the quality of the data. If information on specific data elements is not readily available, determine procedures for collecting that information in the most efficient and effective manner.

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will be responsible for determining whether data are available for any particular measure and assessing the quality of the available data. Data quality assessment would incorporate the following:

- Validating the data from automated data systems by comparing the data in the aggregated reports with case record information;

- Determining completeness of data in automated data systems or case files, i.e., is the data element reported consistently across child welfare professionals and over time. (This lack

of completeness, for example, often pertain to caseworker-child visits or parent-child visits, which may not always be recorded in the automated system);

- Observing the consistency of the data for a particular indicator over time to identify unusual or unexpected patterns that may suggest data quality issues rather than actual changes in performance; and

- Observing the consistency of the data for a particular indicator across counties and between counties and private providers.

Most of these quality assessments pertain to SWSS which is Michigan's current child welfare automated data system and MiSACWIS, the automated data system that will be implemented in late 2013 and early 2014.

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will also be responsible for determining that data systems are collecting and storing data in a manner that permits the generation of the correct metric to answer the question.

If data for a measure are not available from the automated system, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will identify alternative resources, such as case record reviews, interviews with key stakeholders, BCAL data, Foster Care Review Board (FCRB) reports, observation of practice in natural settings, and supervisory logs. In these situations, it may be necessary for the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams to triangulate data sources (validate data through cross verification from two or more sources) when the automated system does not have the data or when there are concerns about completeness, consistency, and accuracy of data from the automated system. For example, with regard to the KPIs, Michigan has access to aggregate data reports from their current automated data system (SWSS) for at least part if not all of the first six KPIs, but not for the seventh KPI—*Child welfare professionals will ensure youth aging out of the foster care system are engaged in a formal 90-day discharge planning meeting to support their transition to independence*. Data pertaining to this last KPI may be obtained from some or all of the following resources:

- Case record reviews of children who aged out of the foster care system – i.e., were discharged from foster care at 18 years of age or older during a particular time period;

- Reports from the Foster Care Review Board involving children who aged out of the system;

- Supervisory worksheets used to monitor caseloads; and

- Interviews with key stakeholders (e.g., Independent Living service providers, the young person who was discharged, the child's caseworker, the child's caregiver at the time of discharge).

This is an example of how the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams can use a variety of resources to identify whether a particular child who aged out of foster care engaged in a formal discharge-planning meeting designed to support transition at least 90 days before discharge.

When necessary, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will make decisions about whether sampling is necessary and how to sample based on the availability of data and the type of question being addressed. Levels of confidence and error intervals will be established for each measure to determine an appropriate sample size.

It is expected that when MiSACWIS is fully functional, the need for alternative data resources will be diminished since the Department has made concerted efforts to ensure that the range of data elements necessary for a fully functioning CQI system has been incorporated into MiSACWIS. A fully functioning MiSACWIS also will resolve some of the data consistency issues that currently may arise between data supplied by private agencies and data collected at the local county levels.

Determine the most appropriate data analyses, analyze the data, and prepare a report that answers the question being investigated and can be easily understood by all stakeholders

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will ensure appropriate data analyses are conducted depending on the type of CQI issue being addressed and the data collection process. The data analyses will incorporate the following procedures:

- Data analyses will be conducted to answer the "what" questions – i.e., what does performance look like on the measure?

- Data analyses will be conducted to examine the "why" questions – why does performance on the measure look a particular way – e.g., at, below, or above expectations?

- Data analyses will be conducted to examine the "how well" question – what is the quality of the work being done? (In most instances this will require some qualitative review to augment the quantitative analysis.)

- Members of the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will examine statistically the various factors that may be correlated with performance and conduct analyses to determine the strength of these relationships.

- The State MiTEAM CQI Sub-Team and county CQI Sub-Teams will access alternative sources of data that may provide potential explanations for performance, such as stakeholder interviews, case record reviews, and research findings of empirical studies.

When the analyses are completed, the MiTEAM/CQI Sub-Team and county CQI Sub-Teams will prepare reports that present the data in a variety of formats, including tables and graphs that are easily readable and clear. The reports will include a statement about the specific questions addressed in the analysis and an interpretation of the data in a manner that is consistent with the methodology and answers the specific questions addressed by the analyses. The interpretation will take into account the types of data collected, the quality of data collection, the kinds of analyses conducted, and the data collection process, particularly if sampling was involved. The reports will specify any caveats that may pertain to data interpretation.

Assisting in the program improvement process

When appropriate, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will incorporate information regarding strengths and areas needing improvement in the reports with regard to specific issues and these sub-teams will generate potential hypotheses regarding the possible causes of the strengths and areas needing improvement. When it is clear that there is an area needing improvement in the system, the State MiTEAM/CQI Sub-Team and county CQI Sub-Team will provide additional data to enhance an understanding of the causes of the problem and to assist key stakeholders in developing improvement efforts to resolve the problem.

After the State or local stakeholders have identified a program improvement effort that they want to implement, the State MiTEAM/CQI Sub-Team and county CQI Sub-Team will monitor implementation at an early stage, and then on an ongoing basis to determine if the program improvement effort is effective. If monitoring data indicate early on that the program improvement effort is not likely to be effective, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will report this to stakeholders and re-engage them in the process of identifying an alternative improvement effort.

Part 2: Data plan for the implementation of MiTEAM and the expanded CQI process in the champion counties

Initially, the MiTEAM practice model and the expanded CQI process will be implemented in three champion counties. The assumption that is being examined in this process is that the implementation of the MiTEAM practice model will result in improvement in performance on the KPIs and ultimately on desired outcomes, those that are specified in the Department's *Principles to Practice Matrix*, which is attached as appendix A. Therefore, for each of these counties, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to address the following issues with regard to the data plan:

- Determine which KPIs and selected outcomes need to be operationalized (for example – a measurable question is developed with identified specific time frames, specific definitions of terms, denominators and numerators, etc.) so champion county performance can be generated and reported.

- Baseline performance on the KPIs and on the outcomes must be established prior to implementation.

- Similar non-champion counties may be selected as comparison counties for purposes of performance on the KPIs and on the outcomes to ensure that observed changes were due to the MiTEAM model and not to other potential causal factors.

- A process for monitoring the MiTEAM implementation for fidelity must be established to ensure that the intervention is being implemented as intended. At present, it is anticipated that the QSR process will be used to assess fidelity of MiTEAM. In addition, some initial reviews of cases or observations of practice focusing specifically on particular aspects of the MiTEAM model may be needed to ensure fidelity and to address any fidelity concerns early on in the implementation process.

- Assessment intervals must be established for collecting and analyzing data.

In order to measure the KPIs and identified outcomes in a meaningful way, it is necessary to operationalize both the KPIs and the outcomes so they become measurable questions.

Ensuring that the KPIs are operationalized measures will require collaboration between State MiTEAM/CQI Sub-Team and county CQI Sub-Teams to ensure cross-state consistency for the measure. Once it is determined that all of the KPIs (except KPI 7) are operationalized, data reports for the champion counties on each KPI (except KPI 7) will need to be generated and validated. When there are data concerns or when the automated data system does not have the data, the county CQI Sub- Teams will need to conduct case record reviews and possibly supporting stakeholder interviews to generate the baseline data. If this is done in regards to the KPIs, a standardized case review instrument focusing on one or more of the KPIs will need to be developed and a sample will need to be selected that reflects a high level of confidence (probably 95 percent) and a low confidence interval (probably 5 percent). Because these findings will serve as the baseline measure for the KPIs in question, it is imperative that they are as representative of the full population as possible.

Once the data collection sources are identified, DCQI, the State MiTEAM/CQI Sub-Team, and the county CQI Sub-Teams will collaborate to ensure data is collected prior to MiTEAM implementation and a report will be prepared on all identified indicators. The State MiTEAM CQI Sub-Team and county CQI Sub-Teams will then monitor performance on an annual basis through the same data collection methods that were used to collect the baseline data.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with the data plan and prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• Determine which KPIs need to be operationalized (for example – identify specific time frames, specific definitions of terms, denominators and numerators, etc.) so champion county performance can be generated and reported	DCQI	12.31.2013
• Generate data reports from SWSS for the champion and comparison counties for each KPI except for KPI 7	DCQI	DCQI will determine this due date
• Validate all KPI data reports and take action to address identified data quality concerns	DCQI	DCQI will determine this due date
• Determine how data will be collected for KPI 7 and for other KPIs (such as KPI 5) where information may be needed to supplement existing information from SWSS	DCQI and State MiTEAM/CQI Sub-Team	12.31.2013

• Collect and analyze data on the KPIs to establish baseline measures in the champion and comparison counties prior to implementation of MiTEAM in the champion counties	DCQI	12.31.2013
• Determine which selected outcomes (from the *Principles to Practice Matrix* in appendix A) need to be operationalized so champion county performance can be generated and reported	DCQI and State MiTEAM/CQI Sub-Team	12.31.2013
• Collect and analyze data on the outcomes to establish baseline measures in the champion and comparison counties prior to implementation of MiTEAM in the champion counties	DCQI	12.31.2013
• Determine a schedule for generating KPI and outcome data in the champion and comparison counties	DCQI	12.31.2013

IV. Case Review Plan

This section of the CQI plan addresses the CQI activity of case reviews as a specific type of data collection requiring analysis and interpretation. The first part of the section describes key components of a case review process; the last part focuses on specific MDHS case review activities.

Part 1: Key Components of a Case Review Process

As stated previously, MDHS is currently establishing an implementation team and planning structure at the state level and local levels for the champion counties and future implementing counties to facilitate the CQI functions described in this CQI Plan. A primary CQI function involves conducting case reviews when relevant. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will engage in the following activities either before or during implementation of a case review process:

1. Assess the appropriateness of a case review to answer a particular CQI question and the types of case reviews that are available or feasible.

2. Identify the specific goals of the case review, the information to be collected, and the questions to be answered by the case review.

3. Develop a case record review protocol (if one is not readily available) to extract data from case records and/or key stakeholder interviews and test the efficacy of the protocol prior to full use.

4. Determine the types of cases to be reviewed (i.e., whether the review will target particular types of cases), the number of cases to be reviewed, the manner of selecting cases for review, and the implications of both the number and selection process for generalizing findings to the "population".

5. Ensure that trained staff are available or are recruited to conduct the case reviews.

6. Report findings of the case reviews in a timely manner so that strengths and areas needing improvement are identified and communication with all key stakeholders is facilitated.

7. When relevant, engage with stakeholders to develop program improvement plans to address identified areas needing improvement.

Assessing the appropriateness of a case review to answer a particular CQI Question

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will determine whether answering a particular CQI issue or question requires a case review. Case reviews may be an appropriate data collection method if: the existing system wide databases do not have data pertaining to the particular issue/question; MDHS staff have concerns that the existing data in the Department's automated information system are not of sufficient quality to provide a reliable answer to the particular question; or it is determined by MDHS staff that the information from the Department's automated information system does not provide a sufficiently comprehensive assessment of the issue to permit identifying possible program improvement strategies. Once it is determined that a case review is needed, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will determine the type of case review needed (e.g., a CFSR type review, a QSR review, a general QA review, a BCAL review, etc.)

Preparing a plan for the case review

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will ensure that a plan for the case review is developed that identifies the specific goals of the case review and the information to be collected in accordance with the questions to be addressed by the case review. Prior to implementing a case review, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will ensure a document is prepared identifying the initial plan for the case review, including the goals of the case review and the information to be collected. The initial plan should include specifics with regard to selecting or developing a case record review protocol, determining the types of cases to be reviewed, and the availability of trained staff to conduct the case review. County CQI sub-teams should solicit feedback from key stakeholders on the initial plan and make appropriate revisions to the plan.

Developing or selecting a case record review protocol

If answering a particular CQI issue or question requires a case review, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to either develop a case record review protocol or select an existing protocol to (1) extract data from case records, (2) conduct key stakeholder interviews (including all individuals involved in the case), and/or (3) conduct observations of children and families in natural settings. It will be critical to test the efficacy of the protocols on a few cases prior to full use. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will test the efficacy of any new protocol by assessing (1) whether it is useful in obtaining the desired information (utility), (2) whether different users of the protocol produce similar information under similar circumstances (inter-rater reliability), and (3) whether the information collected through the protocol is sufficient to answer the questions being assessed (validity). For example, MDHS is currently intensely involved in the development of the QSR case review process in part to assess the fidelity of MiTEAM.

Determining the types and number of cases to be reviewed

When answering a particular CQI issue or question by conducting a case review process, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will ensure steps are taken to determine the types of cases to be reviewed (i.e. whether the review will target particular types of cases or issues), the number of cases to be reviewed, the manner of selecting cases for review, and the implications of both the number and selection process for generalizing findings to the "population". Depending on the goals of the review, the question being addressed, and the types of information needed, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will determine whether the case review will focus on a particular type of case (e.g., children 14 and older, children with a permanency goal of adoption, children served by private and public agencies). Targeted case reviews that focus on a specific area, such as education or health services or engagement of parents in case plan, will have a population of the entire number of children in foster care, because these areas apply to all children. However, if just targeting one area, then fewer resources will be necessary because the review process will be faster. Targeted case reviews that focus on specific types of cases will have smaller populations from which to sample, so there will be fewer cases needed in the sample (although often not that much fewer), but the reviews may take longer because a range of issues may be assessed. Since most case reviews involve selecting a sample, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will determine the number to be selected and how the sample will be selected such as a random sample of the population (which may be a target population), a purposeful sample (selecting a sample for a particular issue), or a stratified random sample. When relevant and considering the nature of the CQI issue or question being addressed by a case review process, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will make a determination regarding the desired confidence level and report confidence interval to establish for the sample in order to generalize sample findings to the populations. The State MiTEAM/CQI and county CQI Sub-Teams will have to assess available resources for conducting case reviews and make decisions regarding moving forward with case reviews accordingly.

Ensuring availability of trained staff to conduct case reviews

When answering a particular CQI issue or question by conducting a case review process, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will ensure a cadre of staff is trained

to both conduct various aspects of the case review (including extracting information from case files, interviewing stakeholders, and conducting observations in natural settings) and as necessary provide training to others who may be involved in conducting the case review process (train-the-trainer model). The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will also ensure there are periodic monitoring activities to ensure that reviewers are conducting the case reviews in accordance with the protocols.

Part 2: Specific MDHS Case Review Activities

There are several key MDHS case review protocols either currently in use or in development. These include: a modified CFSR protocol utilized to ensure specific MSA related items are reviewed; a QSR protocol that is being developed and will be utilized in an ongoing manner to assess fidelity of MiTEAM; a CPS Central Intake (Intake MI-QA) protocol; a CPS Investigation (Invest MI-QA) protocol; Targeted Case Reads (TCR) that are used to track, analyze and report compliance with policy requirements that have been identified as important indicators of successful child welfare service outcomes; and a consolidated case review protocol utilized by BCAL regarding licensing requirements and contract/policy requirements. There also may be case review protocols in use by various private agencies. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to understand all existing MDHS case review processes and relevant private agency case review processes prior to selecting or developing a case review process to address a CQI issue or question.

In addition, there is an expectation that county CQI Sub-Teams will be working teams that engage in a regular schedule of case reviews and debriefing with appropriate staff to identify strengths and needs in practice in relation to the implementation of MiTEAM. An approach to meet this expectation is for the county CQI Sub-Teams to conduct two QSR case reviews (one foster care and one in-home) monthly on randomly selected cases. Direct and prompt feedback will be provided to the caseworker and supervisor whose case is selected for review and findings from the QSR case reviews will be shared during county CQI Sub-Team meetings and provided to the State MiTEAM/CQI Sub-Team. This approach will require members of the county CQI Sub-Team to be trained to conduct QSR case reviews.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with the case review plan and prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• DCQI and BCAL will provide the following information to the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams regarding the key MDHS case review processes identified in this section: description of areas covered by case reviews; type and number of	DCQI and BCAL	11.15.2013

cases reviewed; sampling strategy; frequency of reviews/schedule for conducting reviews; make-up of case review teams and necessary supports for the review team such as training and coaching; description of process to ensure inter-rater reliability and quality of case reviews; and description of how information is reported and utilized.		
• Champion County CQI Sub-Teams will seek the following information from the relevant private agencies regarding case review processes currently being utilized: description of areas covered by case reviews; type and number of cases reviewed; case review protocols utilized; frequency of reviews; and description of how information is reported and utilized.	Champion County CQI Sub-Teams	12.31.2013
• *See the table in the Structure of the CQI Process section of this plan for the activity of determining how QSR and if practice observation and additional case reviews should be utilized in the baseline review of counties beginning the initial implementation phase of MiTEAM*		
• Develop guidance regarding county CQI Sub-Teams engaging in a regular schedule of county case reviews and debriefing with appropriate staff to identify strengths and needs in practice.	State level MiTEAM/CQI Sub-Team and DCQI	12.31.2013

V. Review of Systemic Factors

This section of the CQI plan addresses the CQI function of evaluating the capacity of the child welfare "system" (state level and local level) to support implementation of MiTEAM. To implement this function, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to ensure that the following primary systemic factors are assessed:

- Training for public and private agency staff
- Caseloads
- Court processes (including legal support from county prosecutors)

- Recruitment, licensing, and retention of foster and adoptive parents

- Service array (including public/private partnership)

- Statewide information system/SWSS/MiSACWIS

- Oversight and monitoring (including supervision, coaching, and CQI processes at the state and local level)

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to determine the methods and time frames for gathering information regarding the systemic factors listed above. Possible methods include surveys, focus groups connected with the QSR process, stakeholder interviews, data reports, and other tools. For example, the QSR process gathers information about the influence of systemic issues through a series of focus groups with agency staff at different functional levels, with staff and administrators from partner agencies in the community (such as schools, mental health, housing, domestic violence services and the courts), with informal community partners such as faith community, with a range of service providers, with foster parents, with advocates such as guardians ad litem and court appointed special advocates, and at times with specific groups of clients such as youth transitioning to adulthood, teen parents or parents recovering from substance abuse. A review of the primary systemic factors listed above should be a component of the baseline review in champion counties prior to implementation of MiTEAM and during ongoing annual reviews of implementing counties. Champion county CQI Sub-Teams will need to understand any current private agency methods for gathering information regarding these primary systemic factors and consider how these methods and resulting information may be utilized while developing a plan for reviewing the systemic factors.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with the review of systemic factors and prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• *See the table in the Structure of the CQI Process section of this plan for the activity of determining how systemic factors will be evaluated in the baseline review of counties beginning the initial implementation phase of MiTEAM*		
• Champion County CQI Sub-Teams need to seek information from the relevant private	Champion County CQI Sub-Teams	12.31.2013

agencies to understand any current methods for gathering information regarding the primary systemic factors listed in this section		

VI. Reporting and Feedback Plan

Two critical tasks for a CQI system are (1) to report the findings of CQI inquiries to all relevant stakeholders, and (2) to assist stakeholders in interpreting the findings of CQI inquiries and relating those findings to the stakeholders' area of concern. This section provides information on a general reporting and feedback plan in Part 1, and in Part 2, discusses a plan for the champion counties with regard to reporting and feedback for both baseline information and information as the implementation of MiTEAM in those counties moves forward.

Part 1: General plan for CQI reporting and feedback

The State MiTEAM/CQI Sub-Team will develop a template for the major CQI reports. The template will be structured in the following manner for each CQI finding:

- A statement of the measureable question or questions addressed in the CQI inquiry (including questions about particular systemic factors)

- The data source or data collection method and the type of analysis

- Any concerns about the quality of the data or the reliability of the data collection method (including consistency, accuracy, sampling error, etc.)

- A presentation of data in the clearest format possible (e.g., tables, graphs, charts), sometimes employing multiple presentations to ensure clarity

- An interpretation of the data as it pertains to the measurable question, taking into account possible caveats related to data quality and sampling procedures

If any given inquiry results in a concern regarding practice or outcome performance, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will incorporate in the report information that may enhance an understanding of the possible factors that may explain less than expected performance with regard to a practice or outcome. This may involve providing additional data pertaining to the area of inquiry. For example, if placement stability is not at expected levels, the State MiTEAM/CQI Sub-Team or county CQI Sub-Team may provide data in the report that presents information about placement stability for different age groups, different ethnic groups, sibling groups of various sizes, or children with identified disabilities. This will allow stakeholders to begin to think about possible program improvement efforts. (This area is covered more specifically in the section of this plan focused on program improvement activities.)

The selection of stakeholders to receive specific reports will depend on the topic of the study, the nature of the study, and the relevance of the study to various stakeholders. The final

determination of the stakeholders who are to receive any given report will be made by State and local administrators. Some examples of potential stakeholders include the following:

- CSA divisions, county child welfare agency directors, and CPA administrators
- The MMT, when the information is relevant to the MSA
- The Federal government when the information relates to the CFSR or PIP
- State Implementation Team and County Implementation Teams
- State MiTEAM/CQI Sub-Team and county CQI Sub-Teams

Other recipients would include, but not be limited to, Ombudsmen, Foster Care Review Boards, the Court Improvement Project director and managers, Tribes, and relevant State tasks forces pertaining to child welfare. Depending on the type of inquiry, reports also may be disseminated to mid-level managers and unit supervisors.

Depending on the complexity of the situation, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams may follow up the dissemination of reports with conference calls with key stakeholders to assist in interpretation of findings and relevance of findings for the stakeholders and Tribes. In addition, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will solicit feedback from recipients of each report using a standard feedback form to allow recipients to comment on various aspects of the report. Sub-Teams will make changes in the report to align with feedback.

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will establish the time intervals for reports on specific KPIs and outcomes and on program improvement efforts. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams also will ensure that time intervals are consistent with the implementation of MiTEAM and any other program improvement efforts that are implemented. It is expected that the monitoring and reporting on KPI performance will occur more frequently than outcome performance since the former are practice related and thus are more likely to exhibit change over short periods of time.

Part 2: Reporting and feedback plan for the implementation of MiTEAM and the expanded CQI process in the champion counties

Prior to the implementation of the further developed MiTEAM in the champion counties, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will develop a reporting template incorporating the elements described in Part 1 above, and reflecting each of the KPIs and outcomes that will be the focus of the CQI effort. As baseline data are produced for the KPIs and outcomes, reports will be disseminated to all relevant stakeholders in the counties. This will be followed by one or more conference calls with stakeholders to ensure that the data are being interpreted in a consistent manner across stakeholders.

Reports regarding the fidelity of MiTEAM through QSR reviews will be disseminated immediately after data collection and analysis to unit supervisors as well as mid-level managers and other stakeholders. This will allow unit supervisors to address any concerns in a timely manner directly with caseworkers who may not be implementing the model as intended.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with the reporting and feedback plan and to prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• Develop a reporting template for the findings of the baseline reviews to be conducted in champion counties	State MiTEAM/CQI Sub-Team and DCQI	12.31.2013
• Develop a reporting template for the findings of the annual ongoing reviews to be conducted in champion counties following the baseline review	State MiTEAM/CQI Sub-Team and DCQI	1.31.2014
• Prepare a report of the findings from the baseline reviews conducted in champion counties within 60 days of the review	DCQI	Due dates will be dependent on the baseline review schedule
• Prepare a report of the findings from the annual ongoing reviews to be conducted in champion counties following the baseline reviews	DCQI	Due dates will be depended on the baseline review schedule
• Prepare baseline data reports on all KPIs and selected outcomes	DCQI	DCQI will determine this due date
• Establish a schedule for data reports for the KPIs and outcomes (e.g., KPIs may need to be reported on more frequently than outcomes since they are practice-related indicators)	DCQI	DCQI will determine this due date
• Prepare an annual CQI Report regarding the components of the expanded CQI plan	State MiTEAM/CQI Sub-Team and DCQI	10.31.2014

VII. Program Improvement Activities

A fundamental purpose of a CQI system is to provide information that can 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 promising practices can be identified and replicated, and areas needing improvement can be targeted for attention. This section provides information on the structure to support program improvement activities in relation to the integrated implementation of MiTEAM and CQI.

Structure to Support Program Improvement Activities

The implementation team and planning structure MDHS is currently establishing at the state level and local level for the champion counties and future implementing counties is the primary structure to support program improvement activities. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will play a primary role in the identification and prioritization of areas needing improvement that should be addressed by the State Implementation Team and the local County Implementation Teams. The baseline reviews in champion counties prior to implementation of MiTEAM, the regular schedule of county case reviews, and ongoing reviews of implementing counties on the same baseline measures will be important sources of information regarding strengths and areas needing improvement. The information regarding areas needing improvement obtained during the baseline reviews (inclusive of KPI and outcome information, QSR findings, and information regarding systemic factors) and other CQI activities should inform the State Implementation Team and local County Implementation Teams in their exploration of possible solutions to be incorporated into the State and/or County Implementation Planning process. Incorporation of possible solutions into the implementation planning process will follow a Plan – Do – Study – Act cycle so possible solutions can be thoughtfully selected and tested within a reasonable amount of time to determine how to proceed with the improvement activity.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with preparing for program improvement activities and for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
• A process will be developed to ensure that the State Implementation Team and Champion County Implementation Teams receive information regarding areas needing improvement obtained during baseline reviews and other CQI activities	State MiTEAM/CQI Sub-Team State Implementation Team	12.31.2013
• The State Implementation Team and Champion County Implementation Teams will explore possible solutions to be incorporated into the implementation planning process to address areas needing improvement that have been	State MiTEAM/CQI Sub-Team State Implementation	Ongoing activity

identified	Team	
• Guidance needs to be developed regarding a Plan-Do-Study-Act approach to incorporating possible solutions into the implementation planning process	State MiTEAM/CQI Sub-Team	12.31.2013

VIII. Implementation Strategy Considerations

There is an expectation that the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will develop work plans. The "Activity Tables" within the sections of the CQI plan are meant to inform the upcoming sub-team work plan development. This section of the CQI plan identifies important implementation strategy considerations regarding CQI functions at the state and local levels meant to support the implementation of the further developed MiTEAM in a phased manner beginning in the three champion counties. The important strategy considerations are categorized as "effective messaging and communication" and "monitoring the implementation of CQI functions."

Effective Messaging and Communication

To ensure effective messaging and communication, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams must collaborate with the State Implementation Team Communications Team to develop and implement a communication plan with the goal of ensuring key stakeholders clearly understand CQI approaches and key elements of this expanded CQI Plan. Some anticipated core elements of effective messaging include:

- Providing multiple messages to county offices and private agencies regarding the phased and integrated approach to implementing MiTEAM and CQI (possible use of list serves, virtual groups, etc.)

- Clarifying that implementation of the further developed MiTEAM and CQI processes does not constitute an addition of new practice for staff but represents a strengthening of MiTEAM based on the Department's experience with implementation efforts up to this point and an effort to ensure that CQI is able to help the system self correct when necessary

- Reinforcing frequently the fact that the QSR is not an audit but a means to understand fidelity to MiTEAM

- Providing information to staff as to how the further developed MiTEAM and CQI activities will help them better serve families

- Providing information to staff about how MiTEAM may result in time saving if practice is "done right the first time"

- Providing information to all relevant stakeholders regarding barriers identified to effectively implementing MiTEAM and possible solutions

- Sharing success stories early on in the implementation process

- Convening inclusive meetings with counties and private agencies early on in the implementation process

- Ensuring that key staff in the counties and private agencies are receiving messages and that communication is not solely focused on top level leadership

- Ensuring that a process is established for all parties to receive information to support implementation in the counties

Monitoring the Implementation of CQI Functions

The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will have an important role in monitoring the implementation of CQI functions in this plan. It is anticipated that the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams efforts to carry out their work plan will be a primary means of monitoring the implementation of the CQI functions. Also, the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams may rely on surveys and focus groups with public and private staff to monitor implementation of CQI functions. The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will need to explore if the private agencies are currently gathering and providing information such as in quarterly COA reports that may provide relevant information regarding CQI functions. The purpose of a phased implementation is for the champion counties to serve as a test environment and the expectation is that the State MiTEAM/CQI Sub-Team and county CQI Sub-Teams will use the champion counties (including the relevant private agencies) experiences to further define and refine the CQI functions in this plan.

Activity Table

The table below provides an initial list of activities, the person or unit responsible for the activities, and the date that the activity must be completed in order to move forward with implementation strategy considerations and prepare for implementation of MiTEAM in the champion counties.

Activity	Person or Unit Responsible	Date Due
- The State level MiTEAM/CQI Sub-Team will develop a work plan addressing the key elements of this expanded CQI plan. *There is an expectation that the State MiTEAM CQI Sub-Team will develop a work plan and the identification of needed specific CQI activities, person(s) or unit(s) responsible, and due dates within the sections of this plan is meant to inform the upcoming sub-team work plan*	State MiTEAM/CQI Sub-Team	12.31.2013

development.		
• Champion County CQI Sub-Teams will develop a work plan for implementing CQI in their county and this plan should incorporate an understanding of the CQI processes of the private agencies operating within their county as well as the public agency processes. *There is an expectation that county CQI Sub-Teams will develop work plans and the identification of needed specific CQI activities, person(s) or unit(s) responsible, and due dates within the sections of this plan is meant to inform the upcoming sub-teams work plan development.*	Champion County CQI Sub-Teams	Dependent on due date for the Champion County Implementation Plans
• The State MiTEAM/CQI Sub-Team and county CQI Sub-Teams in collaboration with the State Implementation Communication Team will develop and implement a communication plan with the goal of ensuring that key stakeholders clearly understand CQI approaches and key elements of the expanded CQI plan.	State MiTEAM/CQI Sub-Team Champion County CQI Sub-Teams State Implementation Communication Team	12.31.2013
• Champion County CQI Sub-Teams will explore if the private agencies are currently gathering and providing information such as in quarterly COA reports that may provide relevant information regarding the status and results of CQI functions.	Champion County CQI Sub-Teams	12.31.2013

Appendix A

Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency, and well-being.

Guiding Principles

Safety is the first priority of the child welfare system.

Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.

The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.

When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.

Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.

Children will be reunited with their families and siblings as soon as safely possible.

Community stakeholders and tribes will be actively engaged to protect children and support families.

Services will be tailored to families and children to meet their unique needs.

Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.

Leadership will be demonstrated within all levels of the child welfare system.

Decision making will be outcome-based, research-driven and continuously evaluated for improvement.

MiTEAM Practice Model Skills

- Engagement
- Teaming
- Assessment
- Mentoring

Key Performance Indicators

Child welfare professionals will ensure completion of the face to face contacts required for CPS investigations.

Child welfare professionals will visit children and parents assigned to their workload as required by policy.

Child welfare professionals will ensure children placed in unlicensed, relative placements have timely initial home studies and licensing waivers.

Child welfare professionals will ensure older youth aging out of the foster care system are engaged in a formal 90-day discharge planning meeting to support their transition to independence.

Child welfare professionals will develop and complete timely and thorough case plans in cooperation with children and their parents and current caregivers.

Child welfare professionals will ensure children in care are provided updated and current medical, dental and mental health examinations and when necessary, appropriate follow up treatment.

Child welfare professionals will ensure children with a reunification goal will visit with their parents, if those parents are available.

Outcomes

Safety

Recurrence of Maltreatment.

Maltreatment in Foster Care.

Permanency

Timeliness and Permanency of Reunification.

Placement Stability.

Permanency for Long Stayers.

Timeliness of Adoption.

Continuity of family relationships is preserved.

Well-Being

Families will have enhanced capacity to provide for their children.

Children will receive services to meet their educational, physical, and mental health needs.