

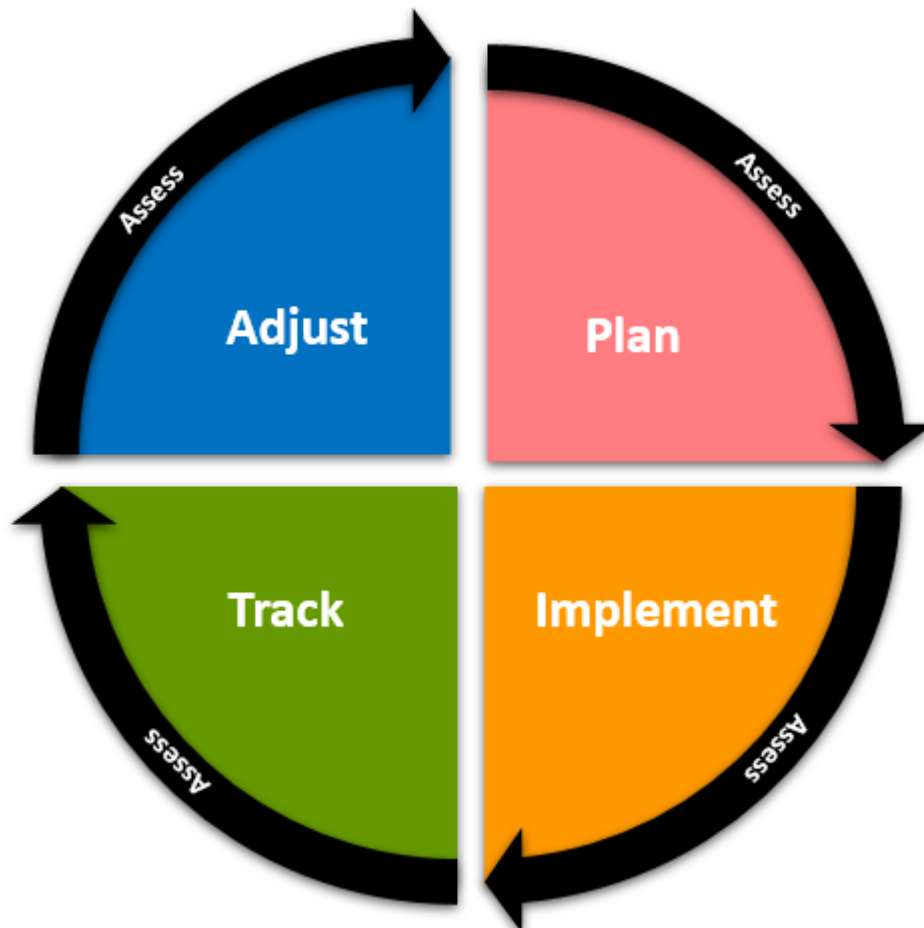
CREATING A CONTINUOUS QUALITY IMPROVEMENT SYSTEM

CHILD WELFARE CONTINUOUS QUALITY IMPROVEMENT MISSION

Maintain an organizational structure and the necessary resources to support the MDHHS Children's Services Agency (CSA) in self-monitoring performance by capitalizing on our strengths and proactively addressing opportunities for growth. MDHHS will utilize a specific method for continuous quality improvement (CQI) to develop statewide and local quality assurance activities aimed at improving the quality of services we deliver to children and families.

MDHHS will use the Plan-Implement-Track-Adjust (PITA) method to plan and execute all statewide and local quality assurance activities. This method is a cyclical process that has fundamental phases during which various analytic and decision-making tasks are executed. Each phase of the process must be informed by an assessment of the evidence.¹

MDHHS METHOD OF CQI: PLAN-IMPLEMENT-TRACK-ADJUST



¹ https://www.chapinhall.org/wp-content/uploads/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

PLAN.

- Identify the goal & outcome.
- Collect baseline performance.
- Assess current approach.
- Brainstorm potential solutions.
- Design an intervention.
- Develop a plan for action.

IMPLEMENT.

- Apply the intervention.
- Complete the action steps identified in the plan.

TRACK.

- Measure the performance outcome and assess results.
- Determine impact of intervention.
- Assess implementation.
- Provide feedback.

ADJUST.

- Adjust intervention as needed.
- Standardize the intervention or develop a new intervention.
- Establish future plans.
- Start the cycle over as needed for new interventions.

ROLES AND RESPONSIBILITIES

The CSA sets priorities using the work product and information from its major divisions. Several business areas are central to building a continuous quality improvement (CQI) system:

Local Offices. Effectively execute child welfare programs and conduct county-specific quality assurance activities to continuously improve child welfare practices delivered to children and families.

Business Services Centers (BSC). Now include Quality Assurance Analysts to support the counties in the region, maintain fidelity to MiTEAM, facilitate the development of local CQI teams, and guide plans for quality assurance activities.

Child Welfare Field Operations (CWFO). Provides management and oversight of child welfare business operations and performance.

Child Welfare Services & Support (CWSS). Provides technical assistance and monitoring of private agency child welfare performance in cooperation with BSCs and county offices where those private agencies serve. Provides organizational coordination of local continuous quality improvement processes for the Child Welfare Field Operations Director.

Division of Child Welfare Licensing (DCWL). Performs statewide licensing activities for child placing agencies and child care institutions. This includes initial, annual and special evaluation of compliance with licensing rules, department policy, and child welfare contracts.

Division of Continuous Quality Improvement (DCQI). Performs large-scale activities to collect quantitative and qualitative data and information. Examples include ISEP data reporting; Quality

Service Reviews (QSR); Federal AFCARS, Child & Family Services Plans (CFSP), Child & Family Services Review (CFSR)/Annual Progress & Services Reports (APSR) requirements.

Office of Child Welfare Policy and Programs (OCWPP). Manages department child welfare program policies, including the MiTEAM practice competencies, and administers statewide child welfare contracts.

A primary area of focus for CSA in the next year is to maintain a formal statewide CSA CQI plan. Priorities will be identified at the state level and taken through the PITA cycle. Throughout the cycle, local CQI teams will be assigned different quality assurance activities to drive statewide improvement. To ensure success we will educate/coach child welfare leaders and staff about the CQI process and quality assurance activities performed by and through each of these business areas.

MiTEAM

The Enhanced MiTEAM Practice Model was developed utilizing a CQI process. The Enhanced MiTEAM Practice Model is our initial statewide intervention focused on the quality of our work. Our goal is to unify our child welfare practices, specifically around teaming, engagement, assessment and mentoring, so that we can improve safety, permanency and well-being outcomes for children and families. Like all CQI processes, the enhanced MiTEAM Practice Model will move through various phases to ensure that we are utilizing effective intervention strategies to reach our desired outcomes. This means that the model and our implementation efforts will naturally evolve over time. The Children's Services Agency (CSA) has already completed the first two phases of the cycle, PLAN-IMPLEMENT. Between May 2016 and November 2017, CSA directed all offices to complete the components of each training cycle (virtual learning tutorials, individual automated application exercises, Individual Field Application Exercise Worksheets, practice calls, parallel steps, MiTEAM Specialist Led Application Exercises, Supervisor Led Application Exercises, practice, demonstration of skills and assessment on the Measuring Fidelity Worksheet). The goal was to become trauma informed and improve two specific skills for each competency of teaming, engagement, assessment and mentoring and three sub-competencies, case planning, case plan implementation and placement planning. As of November 2017, the MiTEAM Enhancement initial implementation was formally completed, and it is time to engage the next phases of our PITA cycle, TRACK-ADJUST.

During the TRACK-ADJUST phase, the CSA Administration recognizes a need for locally allocated resources to assist county offices in completing quality assurance activities. The former MiTEAM departmental analyst will now be under the BSC to facilitate development of local CQI teams, guide plans for quality assurance activities, support counties in the region and continue to ensure we maintain fidelity to MiTEAM.

LOCAL CHILD WELFARE CONTINUOUS QUALITY IMPROVEMENT PLANNING

Local CQI teams will be assigned quality assurance activities to drive statewide improvement and they will also create local level interventions. As we move forward local offices will develop a written, living local CQI plan (using a provided template) that identifies the following:

- Local priority goals around quality assurance activities.
- Outcomes desired.
- An expected intervention with objectives and action steps.

You will also need to include a communication plan to update and engage child welfare staff and community partners regarding the status of your goals and interventions being employed to meet your goals. The CQI plan will be used by BSC directors and the Children's Services Agency to monitor

improvements and be alerted to locally identified systemic barriers that require state level awareness and possible intervention (through the CSA Quality Improvement Council). When we have consistent sources of information, supported by facts and data, leveraging necessary resources and intervention will be easier.

To lay a foundation to set us up for future success, there are two current priorities that need attention in your local office.

1. Develop CQI-receptive culture and vision in each county office that focuses on continuous learning and improvement; providing assurances of leadership being involved in CQI; maintaining communication strategies for sharing information.

- Develop and facilitate a CQI team that includes staff from all levels. Practically speaking, DHHS directors are expected to develop a county-wide CQI team that sponsors and moves forward quality assurance activities. These activities will originate from a variety of sources including the local level, DCQI or the CSA/BSC. Minimally, the local office director is responsible to ensure the regular convening (at least quarterly) of the team. It is expected that local CQI teams will include leaders from private agencies that provide case management in that county. Periodically it will be essential to pull in court, community partners, services providers or Community Mental Health (CMH) representatives when there are issues that involve their collaboration.

2. Review primary sources of data/information for monitoring areas identified as priority.

- Ensure the team is familiar with and aware of the different data that is already available (MMR, QSR, MiTEAM fidelity data, DCWL licensing reviews, caseload compliance, etc.).
- Begin to analyze the data to determine preliminary strengths or potential opportunities for growth.

As our CQI structure continues to evolve additional information will be provided to guide and support this process.

FUTURE PRIORITIES

Moving forward in our commitment to CQI processes (PLAN-IMPLEMENT-TRACK-ADJUST), other priority areas of practice will need local attention in all counties across the state:

1. TRACK-ADJUST the initial implementation of the MiTEAM Enhancements.
2. Safety of unlicensed relative placements.
3. Support to youth aging out of foster care.
4. Assessment and intervention on all abuse/neglect complaints made regarding children already in foster care.
5. Decrease in separation of children from parents and lengths of stay in care.
6. Increase bio-parent participation in school and medical appointments.
7. Decrease use of congregate care and lengths of stay in congregate care.
8. Accurate completion of the CPS Risk Assessment Tool.