

MDHHS Children's Services Agency Quality Improvement Council (QIC)

MDHHS must align leadership activities by developing an implementation team and planning structure that can oversee state and local teams and plans. A Quality Improvement Council (QIC) comprised of MDHHS/Children's Services Agency (CSA) senior staff, and headed by the CSA executive director, will direct the overall implementation of the initiatives of 8 sub-teams that address issues identified in the following areas:

- 1. Permanency**
 - a. Visits**
- 2. Safety**
- 3. Well Being: Education & Health**
- 4. Placement**
 - a. Foster and Adoptive Parent Recruitment and Retention**
- 5. Service Array**
 - a. Employee Development**
- 6. Training**
- 7. Communications**
- 8. Data: Children's Cabinet**

The QIC will be comprised of the co-chairs of the sub-teams and other designated senior leadership within CSA. Each of the sub-teams will be led by co-chairs, one senior CSA central office program staff and one senior CSA field staff.

The work of the QIC will be to convene at regular intervals to approve/modify/disapprove of sub-team recommendations, monitor activities and progress, and ensure regular status reports are available for state and local sub-teams.

The work for individual sub-teams is to address current issues needing attention and may change as MDHHS's focus of attention changes. The teaming structure in place will allow a means for the department to proactively address issues in a coordinated and dynamic manner. It is expected that each sub-team will convene at regular intervals to develop recommendations, monitor activities and progress, and ensure regular status reports are generated for the QIC and state and local sub-teams. The sub-teams will be responsible to reach out to other stakeholders, sub-teams, resources as is appropriate to make progress in assigned areas of attention.

Although the structure delineates work for individual sub-teams, coordination of work across teams will be essential. For this reason, a coordinator for the QIC and sub-teams must ensure that related assignments and/or activities requiring attention across sub-teams are carried out effectively and in a coordinated manner. Similarly, with the QIC assigning activities to the sub-teams, facilitating communication between and among the teams will be essential, and is different

MDHHS Children's Services Agency Strengthening Our Focus Advisory Council

from the communication/messaging functions of the Communication Sub-team.

Examples of QIC coordinating activities include:

Scheduling and convening the QIC and sub-team meetings; ensuring that issues needing attention are routed to the correct teams for action; monitoring and tracking progress on activities in the state implementation plan; collection, review and distribution of reports/minutes generated by teams; facilitating inter-team communication and information sharing among the sub-teams and the SOFAC; facilitating evaluation of the teaming and planning structures; and coordinating initiatives and efforts among sub-teams and the county Continuous Quality Improvement (CQI) Team that otherwise might not be well coordinated or effectively implemented.

The QIC will not replace the work that currently takes place within MDHHS organizational units/divisions or the advisory functions of the County Director Advisory Council (CDAC), but will primarily address cross-cutting areas. The structure of the implementation team/sub-teams will follow the organizational needs identified and will be focused on addressing those needs, rather than focusing on time-limited deliverables.

Sub-Teams

The representation in sub-teams was developed after reviewing the primary responsibilities¹ assigned to the sub-teams. While the composition of the team members may vary over time, depending on the responsibilities assigned to the team, at no time will they exceed a total of 10, unless approved by the QIC. The sub-teams are responsible to develop and monitor the implementation and oversight of plans and strategies outlined below. Membership of sub-teams is listed in the associated Excel spreadsheet.

Permanency: Federal permanency outcomes and key performance indicators (KPI) regarding timeliness and permanency of reunification and adoption; timely and thorough case plans; discharge planning for children aging out of foster care. Primary strategies include: expansion of MiTEAM and CQI processes; resource development strategies, such as performance based funding.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Child Welfare Partnership Council, Permanency Options Workgroup, Adoption Oversight Committee, Adoption Process Workgroup, Foster Care Review Board Advisory Committee,

¹ Primary responsibilities include federal outcomes (safety & permanency), the seven KPIs, and areas of concern identified in the Implementation, Sustainability and Exit Plan (ISEP).

MDHHS Children's Services Agency Quality Improvement Council (QIC)

Residential Transformation, Court Improvement Program, and the Judicial Advisory Committee.

- a. **Visits:** Addresses statewide performance for all visit requirements under the Implementation, Sustainability and Exit Plan (ISEP). This includes visits between worker and child/parents, between parents and children, and among siblings separated in foster care.

Safety: Federal safety outcomes and KPI related to face to face contacts with children in investigations and ongoing caseworker visits with children in foster care; major practice/systemic issues within the ISEP including timely initiation of investigations. Primary strategies include: expansion of MiTEAM and CQI processes; resource development strategies; and reduction of recurrence.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: CPS Advisory, Child Death Review Team, Michigan Infant Safe Sleep Advisory Committee and the Mandated Reporter Initiative.

Well-Being - Health: Practice/systemic areas within the ISEP pertaining to the use of psychotropic medications for children in foster care and the provision of timely medical, dental, and mental health examinations and treatment; other child and family well-being issues that arise going forward. Primary strategies include: expansion of MiTEAM and CQI processes; resource development strategies.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Health Liaison Officer Monthly and Quarterly meetings, Health Advisory Resource Team (HeART), Timely Medicals Workgroup and Action Teams and the Foster Care Psychotropic Medication Oversight Unit.

Well-Being - Education: Education outcomes for youth experiencing foster care with specific attention to federal, state and legal requirements established in the ISEP, boilerplate and CFSR, including school stability and grade advancement. Systemic barriers and supports that impact outcomes will be assessed. Strategies will be developed to address identified barriers.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Michigan Department of Education (MDE) Every Student Succeeds Act (ESSA) work group.

Placement: Plans related to the KPI on placement of children in unlicensed placements; areas within the ISEP pertaining to foster parent licensing, relative

MDHHS Children's Services Agency Strengthening Our Focus Advisory Council

licensing, and placement exceptions. Primary strategies include: expansion of MiTEAM and CQI processes; resource development; placement process activities.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Residential Transformation, Shelter sub-group and the Regional Placement Unit sub-group.

- a. **Recruitment and Retention:** Plans related to the ISEP pertaining to foster parent licensing and relative licensing, as well as retention for all foster family providers. Primary strategies include: expansion of MiTEAM and CQI processes; resource development; placement process activities.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Foster, Adoptive, Kinship Parent Collaborative Council, Residential Transformation Contracts Workgroup, the Adoption Oversight Committee, Treatment Foster Care/Therapeutic Foster Care Group and the Adoptive and Foster Parent Recruitment and Retention (AFPRR) workgroup.

Service Array: Assess and develop service array across the continuum in child welfare consistent with commitments made in the Child and Family Service Report and Plan. Ensure the service array and resource development system is functioning to ensure that the array of services is accessible, individualized and sufficient to meet children's and family's needs.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Child Welfare Performance Based Funding Task Force, Worker Relief and Service Array.

- a. **Employee Development:** Address child welfare employee development issues related to recruitment and retention.

Training: Practice/systemic areas within the ISEP pertaining to supervisory training and mentoring and licensing workers qualifications and training.

The co-chairs will ensure the activities of the following meetings/groups are monitored and inform work of the sub-team: Training Council and the Enhanced MiTEAM Training Workgroup.

Communications: Ensure and facilitate messaging about implementation plans and activities within MDHHS and externally among key stakeholders whose engagement is essential to effective implementation. It is critical that all parties have

MDHHS Children's Services Agency Quality Improvement Council (QIC)

a consistent understanding and expectations with regard to major improvement initiatives. Communicating should not be viewed as a singular or point in time event, but an ongoing process designed to engage, encourage, and clarify for all involved participants.

Data: Children's Cabinet: Analyzes and assesses data within child welfare. Identifies areas for QIC sub-teams to incorporate in their goals.

The Children's Cabinet is comprised of the CSA Executive leadership team, include BSC directors and MDHHS central office directors.

Reorganization from Strengthening Our Focus Advisory Council (SOFAC)

CSA developed the original statewide teaming structure in January 2014. Since that time, MDHHS has implemented the MiTEAM Practice Model and built a strong statewide Continuous Quality Improvement (CQI) process; therefore, reorganization of the teaming structure occurred in February 2017 and was renamed the Quality Improvement Council (QIC) to clearly align with the functions of the team.

Through this reorganization, the Caseload, MiSACWIS, MiTEAM/CQI sub-teams have been infused into the remaining sub-teams, and the Data: Children's Cabinet has been added, for more focus and inclusion of these areas in the sub-teams' work.

Expectations

Each year the sub-team's goals will be reassessed and approved by the QIC. The QIC and its sub-teams continue to evaluate the utilization of this new teaming structure and appropriately address needed adjustments on an ongoing basis.

Sub-teams are recommended to convene at least twice every month. Each sub-team must identify their own methods for scheduling meeting times/locations, communications, and ensure the completion of the QIC Implementation Plan (template provided on the CSA SharePoint site) prior to the monthly QIC meeting.

The QIC will then convene at least once every 4 weeks to review and direct the work of the sub-teams as previously described. Co-chairs for each sub-team will provide a summary of their report and identify specific aspects of the sub-team's strategies that require decision or input from the entire QIC. Although sub-team members will not actively participate in the QIC meetings, they will be encouraged to join the meeting as observers to allow for greater, first-hand sharing of information.