

II. MISSISSIPPI CFSR PIP NARRATIVE

A. OVERALL STRATEGY FOR PIP DEVELOPMENT

The overall strategy for Mississippi's PIP development includes a combination of the continued simultaneous implementation of the Mississippi Practice Model and comprehensive Continuous Quality Improvement plan along with statewide initiatives in order to improve in all areas of safety, permanency, and well-being.

The implementation of the MS Practice Model/ CQI plan will be rolled out incrementally, with seven of Mississippi's thirteen regions having the full effect of implementation within the PIP time frame. The remaining six regions will roll-out incrementally after the PIP time frame. Concentration on regions in an incremental manner will allow the time and resources to be focused in a way to ensure success and effectiveness of the plan to benefit the entire state's child welfare system.

Although the MS Practice Model coupled with the CQI plan will affect all areas of safety, permanency, and well-being, Mississippi has additional plans with statewide effectiveness that will complement the MS Practice Model/ CQI plan and focus on specific areas needing improvement discovered through various self-assessments, assessments from other child welfare experts, and from the Child and Family Services Review.

Specifically, Mississippi's PIP will include plans for improvement in the following areas as a result of the CFSR Final Report 2010:

Outcomes--Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being 1, Well-Being 2, Well-Being 3

Systemic Factors -- Statewide Information System, Case Review System, Quality Assurance System, Service Array and Resource Development, Foster and Adoptive Parent Licensing, Recruitment, and Retention

National Data Standards -- Placement Stability, Maltreatment of Children in Foster Care

Since much improvement can be made when resources and attention are focused on certain areas, Mississippi plans to use PIP goals to target the areas needing the most improvement.

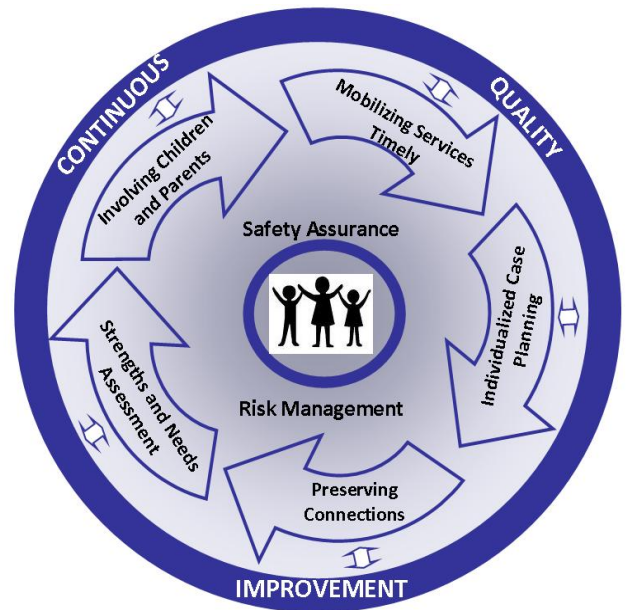
B. STRATEGIES, GOALS, ACTION STEPS AND BENCHMARKS

Much of Mississippi's Program Improvement Plan is tied to the simultaneous implementation of **The Mississippi Practice Model (PM)** and the comprehensive **Continuous Quality Improvement (CQI)** process, which will be rolled-out incrementally in at least seven regions to some degree during the Program Improvement Plan period. **These seven regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S. The state is divided into thirteen regions. These seven regions first implementing the Mississippi Practice Model include the three regions which participated in the CFSR and include the largest metropolitan region. Approximately fifty percent of the total children in foster care in Mississippi are represented in these first seven regions. Many goals and action steps will clearly specify that actions are to be performed only in those first seven regions implementing the Practice Model. Other goals and action steps may apply to all regions statewide.**

The roll-out of the other six regions of the state will occur during or after the expected PIP timeframe, so they will not be specifically noted in action steps associated with the MS Practice Model/CQI roll-out. Focused efforts in this incremental manner will ensure more successful outcomes for the families served in the entire state.

Mississippi's Child Welfare Practice Model

Mississippi's Department of Human Services (MDHS) is currently addressing a number of initiatives in its efforts to strengthen child welfare practice and improve outcomes for children and families. The *Olivia Y* Settlement Agreement provides the foundation for many changes underway, along with MDHS' pursuit of accreditation by the Council on Accreditation, the upcoming Federal Child and Family Service Review (CFSR) and continuing efforts to implement family centered practice in the State. In its efforts to organize and comprehensively address the many changes underway, MDHS is adopting a child welfare Practice Model that will guide all interventions with children and families. The Practice Model, while serving as a vehicle for implementing MDHS' many mandates, is primarily a reflection of the value that the Department places on family-centered practice and on strengths-based interventions with families. The Practice Model includes six interconnected categories of activities, all aimed at ensuring the safety, permanency, and well being of children and families. The implementation of the Practice Model will be reinforced through a Continuous Quality Improvement (CQI) process that will permit the Department to monitor and support staff



and providers in serving children and families in ways that reflect the components of the Practice Model.

Components of the Practice Model

- ◆ Safety Assurance and Risk Management: Activities in this component will help children remain safely at home when possible and appropriate and ensure safety of children in foster care. This requires thorough initial and ongoing safety and risk assessments throughout the life of the case, and providing services commensurate with the level of risk or harm present for a child.
- ◆ Strengths and Needs Assessments: Comprehensive assessment of the strengths and needs of all family members is an ongoing process of gathering, organizing, and analyzing information for the purpose of informed decision-making and service-planning. It incorporates, but goes beyond safety and risk assessment, and identifies underlying conditions affecting the family's circumstances.
- ◆ Involving Children and Families in Case Planning and Decision Making: This component requires the participation of age-appropriate children and youth and all relevant family members in identifying their unique strengths, needs, and service requests, and in developing plans that address their needs, establish goals, and support appropriate relationships with children in foster care.
- ◆ Individualizing Case Planning: Individualized case planning starts with information from the comprehensive family assessment and continues to be informed by ongoing assessment throughout the life of the case. Case plans are developed *with* the family not *for* the family, occurring early in the casework process, addressing underlying issues that contribute to the presenting needs and are flexible to change as the family's needs and progress toward achieving the identified goals change.
- ◆ Mobilizing Appropriate Services Timely: This component of the Practice Model requires that services be designed and delivered pursuant to an assessment of children's and parents' needs, and includes an adequate array of appropriate placement resources, therapeutic, safety and supportive services. Services should be specifically matched to the family members' strengths and needs.
- ◆ Preserving and Maintaining Connections: This component promotes the normalizing of relationships for children in foster care whenever safe and appropriate. Activities focus on keeping children safe and stable within placement settings that permit them

to retain important relationships, cultural traditions and connections, and social institutions that, such as school, religion, and communities.

MDHS began implementation of the Practice Model with two regions in the State in early 2010. Regions are being added at intervals until all regions and counties in the State are involved in implementation activities.

How the Practice Model Will Affect MDHS Staff

- ◆ Staff will work in partnership with family members to make decisions and monitor progress;
- ◆ Staff will work closely with service providers to develop and evaluate specific services for families;
- ◆ Staff will be trained in the components of the Practice Model;
- ◆ Staff will be supported in their practice by practice coaches during the implementation period; and
- ◆ Staff will receive feedback on their interventions that helps them to support families and children.

How the Practice Model Will Affect Stakeholders

Stakeholders, such as service providers, foster caretakers, and other agencies will . . .

- ◆ Benefit from uniform decision making and case planning processes;
- ◆ Provide individualized and flexible services based on assessed needs of children and families;
- ◆ Participate in team planning and decision making with families and MDHS;
- ◆ Support children and families in maintaining strong, safe relationships; and
- ◆ Support reinforcement of the Practice Model through CQI activities.

How the Practice Model Will Affect Families and Children

- ◆ Family members will have a voice in identifying their strengths and needs and in developing plans;
- ◆ Families will have a single case plan that guides their work with MDHS and service providers;
- ◆ Permanency decisions can be made sooner through prompt provision of services and informed decision making;
- ◆ Services will be tailored to the strengths and needs of family members; and
- ◆ Absent parents will be engaged and involved whenever appropriate.

The Practice Model roll-out procedure in each region includes a 6-month planning period in which implementation teams are formed, plans are developed, and stakeholders are engaged.

After the 6-month planning period in each region, an extensive CQI baseline review is conducted. This baseline review mimics the CFSR, in that a similar review instrument is used by a two-person team who use the paper case record plus the electronic case record in MACWIS to review the case on specific items, and conduct private interviews with caseworkers, parents, foster parents, children, and other professionals to aid in the review. Reviewers then rate the region's performance against high standards of safety, permanency, and well-being. The high standards include recommendations of best practice and requirements found in CFSR, Mississippi's *Olivia Y. Settlement Agreement* and Council on Accreditation guidelines. In this way, the field staff gain a keen awareness of the expectations of practice and a clear sense of how this can be accomplished in a way to provide excellence in child welfare practice and meet standards required of Mississippi Division of Family and Children's Services (MS DFCS). Local stakeholders' involvement during the baseline review includes personal engagement, confidential questionnaires and attendance at the baseline review exit conferences in each region.

The information gathered during the baseline review in each region is compiled into a CQI report and used to demonstrate specific strengths and areas needing improvement for that region so that information can be strategically used to guide the one-year implementation period to follow.

Regional Implementation Teams will develop regional improvement plans in which the strengths and areas needing improvement are individualized for that area, yet still meet statewide standards. Gaps in resources and training can be determined and addressed.

During the one-year implementation period, the Center for Support of Families and MS DFCS partner together to provide intense training and coaching of front-line workers, supervisors, and regional directors to equip DFCS staff with the knowledge, tools, habits, and successful practice experience to enable DFCS staff to provide best practice for the children and families served, which will in-turn, result in substantial improvement in subsequent CQI reviews. Desk audits and monthly CQI case reviews help staff and CQI unit to measure progress on an on-going basis.

Monthly CQI case reviews of one foster care case and one in-home case will be conducted in each region every month following the baseline review.

There is an official follow-up CQI review after the one year of implementation to measure progress for that region and to help make improvements to the entire Practice Model/CQI process to benefit regions not yet involved in implementation.

The most intensive training and technical assistance from Center for Support of Families for each region will end after the one-year implementation period in each region. The Regional CQI Coordinator and Regional Foster Care Reviewer will work closely together to help sustain and continually improve the region's provision of best child welfare practice.

Out of the six Mississippi Practice Model components, Mississippi will focus on two of the components for the Program Improvement Plan—1) **Safety Assurance and Risk Management** and 2) **Strengths and Needs Assessments of Children and Families**. Implementation of these two components in the first seven implementation regions will be utilized to improve child welfare practice in Strategies I and II. The two components are expected to have a positive effect on the National Data Standard of Maltreatment in Foster Care.

Strategy I: Strengthening Safety Assurance and Risk Management

Goal A is to implement the Safety Assurance and Risk Management component of the Practice Model in the first seven Practice Model implementation regions of the state.

This goal will focus on the implementation of the Safety Assurance and Risk Management component of the Practice Model in the first seven implementation regions.

Safety and risk-related interventions are designed to help children remain safely at home whenever possible and appropriate. Assuring child safety begins with the first report to MS DFCS that someone suspects a child is being maltreated and continues through initiating investigations of maltreatment; initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification; and case closure. Safety and risk interventions are applicable for all children within a home, not only for a child for whom a report of maltreatment has been received.

Action steps include 1) Development of a new safety and risk assessment form, 2) training of staff on Safety Assurance and Risk Management by practice coaches and staff from Center for Support of Families, 3) provision of Practice Guides to staff, and 4) coaching of staff to assist in integration of knowledge and techniques learned into daily case activities and relationships.

Strategy II: Improve Strengths and Needs Assessments of Children, Parents, and Resource Parents and provide matching services to meet the needs.

Goal A: Implement the *Strengths and Needs Assessments* component of the Practice Model in the first seven Practice Model implementation regions of the state.

This goal will focus on the implementation of the *Strengths and Needs Assessment* component of the Practice Model in the first seven implementation regions.

Comprehensive family assessment is the ongoing and continuous process of gathering, organizing, and analyzing information for the purpose of informed decision making and service planning concerning the safety, permanency, and well-being of children, youth

and families. Beyond an assessment of risks, safety and the circumstances leading to agency involvement, the assessment includes a broader focus of the strengths and needs of all individual family members along with underlying conditions affecting the family.

Action steps include 1) Development of a new strengths and needs form, called the Comprehensive Family Assessment, 2) training of staff on Strengths and Needs Assessment by practice coaches and staff from Center for Support of Families, 3) provision of Practice Guides to staff, and 4) coaching of staff to assist in integration of knowledge and techniques learned into daily case activities and relationships.

Goal B: Strengthen Parent/Child/Worker visitation in the first seven Practice Model implementation regions of the state.

An initial state-wide training has been conducted on how to conduct Quality Visits using one particular curriculum. Workers were trained on how to structure and conduct visits with both children and parents in order to promote placement stability, well-being and permanency. Supervisors received additional training on how to help staff prepare for their contacts with children and parents.

Additionally, as the Practice Model rolls out incrementally, staff are learning more about how to improve the quality of visits through the components of the Practice Model.

Through the **action steps**, there will be an emphasis to ensure that the current staff in the first seven implementing regions have received training on how to improve the quality of visits and then to coach the staff to integrate the knowledge learned into daily practice.

Goal C: Enhance access to services for children and families by collaborating with community partners to maximize provision of matching services in the first seven Practice Model implementation regions of the state.

The Resource Development Unit is a newly created program within the Mississippi Department of Human Services Division of Family and Children Services (MDHS DFCS) designed to ensure the delivery of an adequate array of services in the State of Mississippi through maximizing the use of existing services and coordinating the development of new services through contracts, collaboration with other agencies and service providers, and coordination of service/resource related work within DFCS and the state as a whole. The Resource Development Unit will help ensure the compatibility of existing services and newly created services with the principles and practices required by the *Olivia Y. Settlement Agreement*, the Children's Bureau, Council on Accreditation (COA) standards, and the Practice Model.

The Resource Development Unit, through proactive planning and development, prepares for current and future service needs and implementation of the plan for efficient and effective service delivery. The Unit not only addresses existing service needs within DFCS units, but will seek services that address issues for all children and their families and will work to make these services available and easily accessible. Other functions

include addressing financing issues related to service provision, contracting procedures, protocols and practices, and the substance of services provided.

Communication and collaboration are keys to reaching the success desired for all children and their families. The agency is currently undergoing a gradual implementation of the new Practice Model. Each DFCS Region across the state is required to form a Practice Model Implementation Team that is made up of internal and external stakeholders according to the regional implementation schedule for each Region. These teams assist the DFCS Region in forming a strategic plan to improve service delivery to DFCS clients. With our primary goal as connecting people to resources for the purpose of helping children and families achieve success. The Resource Development Unit will take advantage of the communication taking place in these Implementation Teams so that collaboration efforts can strategically increase service delivery in each Region. During the Program Improvement Plan (PIP) time frame, seven Regions will be implementing the Practice Model and will have Teams in place for collaboration. These regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Action Step 1: Staff and develop the Resource Development Unit in the MDHS DFCS, including hiring a Division Director II, Program Manager, and a Program Specialist.

A Bureau Director II, Resource Development, was hired to build the Resource Development Unit. In November 2010, the Division Director II was hired and will be directly responsible for supervising the program manager and the Projects Officer III's. In addition, the Division Director II will collaborate with provider nonprofit agencies and search for new resources for the state. In December 2010, a Program Manager was hired and is responsible for creating a Statewide Resource Directory that will assist DFCS Workers in locating needed resources for families and children. Both of these individuals are completing course work for their masters' degree in social work. Additionally, three Special Projects Officer III positions are in the process of being filled. Three individuals who are fluent in Spanish have been identified and will join the staff in the near future. They will be located throughout the state (north, central and south) to build an interpreter program to enable the DFCS to provide better services to families and children that are non-English speaking or limited English proficient.

Action Step 2: Resource Development Bureau Director or designee will meet with the Mississippi Department of Mental Health (MDMH) Director of Children's Programs and the Community Mental Health Center (CMHC) Children's Coordinators in their bimonthly statewide meetings to inform, negotiate, and communicate barriers in service delivery to improve access to individualized services for families and children.

The Resource Development Director and the Division Director began meeting December 2010 with the MDMH Director of Children's Programs and CMHC Children's Coordinator's in their bimonthly statewide meetings.

The MDMH meets bimonthly. The Bureau Director, II, Resource Development, is a member of this group. Dates and times for meetings are communicated via e-mail. The

first meeting was held on December 15, 2010 at 10:30 A.M. at Mississippi State Hospital, and the second meeting was held February 18, 2011 at 10:30 A.M. at Mississippi State Hospital. The scheduling of dates and time is determined by the MDMH State Children's Coordinator, Division of Children and Youth Services. The meetings are documented by summaries which indicate what occurred in the meetings and how progress was made toward the goal.

From participation in this group, each CMHC Children's Coordinators is requested to provide a schedule for DFCS children to receive mental health assessments timely. Three regions plan to initiate schedules to accommodate DFCS needs for children. This is documented by copies of schedules, summaries of meetings, and/or ultimately letters of intent. It is anticipated that as collaboration continues and needs are expressed that all 15 CMHC Regions will join in providing services that fit the needs of children and families.

Collaboration and communication with MDMH will continue on an ongoing basis in order to continue to build relationships between the two agencies.

Action Step 3: Resource Development Director will meet with the Executive Directors of the Community Mental Health Centers (CMHC) at the monthly Executive Directors' meeting on at least one occasion to discuss DFCS needs, gaps in services and funding sources for meeting those needs.

The Resource Development Director will meet with the CMHS Executive Directors to discuss barriers to service delivery between the two agencies. Communicating and collaborating with the Executive Directors will develop better relationships and will provide opportunity for DFCS to express needs of children and families. Reform efforts related to the Practice Model for providing better services to children and families will be discussed. With a better understanding of what DFCS is doing and how CMHC's system of care fits with the Practice Model reform to serve the whole family system, barriers can be addressed.

Summaries of meetings and letters of intent will be evidence of collaboration. However, the most important evidence that CMHC's are providing the services needed will ultimately be that children are receiving mental health assessments timely, which will be measured through MACWIS reports.

Action Step 4: Regional Directors in the first seven regions implementing the Practice Model will invite CMHC Children's Coordinators to participate in the development and implementation of the Regional Implementation plan.

Each DFCS Region will begin implementing the Practice Model according to the implementation schedule for the Region. The Regions will form a Regional Implementation Team made up of internal and external stakeholders. The Regional Director will lead the team in preparing and implementing a strategic plan to improve service delivery within that DFCS region. The Regional Director will share data with the team that was gathered through Continuous Quality Improvement reviews and data

gathered through our Mississippi Child Welfare Information System that produces reports regarding performance of practice standards.

Included in each plan will be ways to improve the service delivery of mental health services. External mental health stakeholders are essential in these strategic planning efforts, including the Children's Coordinators of the Mississippi Department of Mental Health's Community Mental Health Centers. Since collaboration with current service providers is key to maximizing their services, communication with these players is crucial.

Regional Directors are the leaders for the counties in their regions, as well as the leaders of the Implementation Team. Therefore, the RD's will determine who should be invited to participate on the implementation team. The Regional Directors will, by letter, formally invite all MDMH Community Mental Health Center Children's Programs Coordinators within the MDHS DFCS region to participate in their Regional Implementation Teams. (MDHS and MDMH regions are not the same and therefore more than one Children's Coordinator may be invited. In fact, Children's Coordinators may serve on more than one MDHS Implementation Team.) These letters of invitation will be provided as evidence that the Regional Directors have initiated contact with the Community Mental Health Centers.

The Resource Development Unit will follow up with the MDMH Children's Coordinators at the bimonthly meetings to insure their invitations to join the MDHS Regional Implementation Team were received. The Resource Development Director or her Designee will contact MDHS Regional Directors to discuss any barriers in communication efforts in regard to inviting the Children's Coordinators.

The Resource Development Unit will receive copies of the letters of invitation from the Regional Directors via email and will maintain a record of the invitations in order to provide sufficient quarterly updates of goals achieved.

Strategy III: Strengthen Child Welfare Practice through Family Team Meetings (FTM).

Goal A: Train and implement Family Team Meetings to improve practice in the first seven Practice Model implementation regions.

An effective tool for developing individualized case plans and monitoring the status of the plans is the Family Team Meeting (FTM). This provides the opportunity to bring together both informal (the family, including non-custodial parents as appropriate, extended family members, friends and other informal community supports) and formal supports (representatives from education, mental health, physical health, substance abuse, etc who may be involved with or needed by the family) for the family to identify supports and services which will assist the family in achieving positive outcomes and ultimately reaching a life without the formal child welfare's intervention. Once the initial plan is

developed the FTM provides the forum to regularly review the child and family's status, progress and results to ensure that the case plan maintains relevance, integrity and appropriateness.

It has been determined that the purpose of a Family Team Meeting is often misunderstood and underutilized by caseworkers. Therefore, it has been determined that it is worth the time and effort to train workers on elements, such as who to include in FTMs, when to hold FTMs, for what reasons to hold FTMs, and how to facilitate FTMs.

Action steps will include 1) training on Family Team Meetings in the first seven implementing regions with assistance from Center for Support of Families, and 2) coaching on Family Team Meetings to assist staff to integrate FTM's into their daily practice.

Strategy IV: Strengthen permanency and stability for children in their living situations.

Goal A: Strengthen permanency by utilizing Permanency Round Tables.

This goal will utilize Permanency Roundtables to break through obstacles regarding permanency on children in foster care for long periods of time in order to achieve legal permanency or permanent connections for these children. This concept is already being introduced to staff. The steps will include training and technical assistance from Casey Family Programs, as well as a planning process before implementation begins. There will be an intense re-visiting of all issues and relationships pertaining to the child's permanency and a collaboration of effort among systems to accomplish permanency goals for children whose permanency goals are most challenging.

Although Permanency Roundtables are set for specific children in foster care, there is an expectation that staff participation in trainings and experience in Roundtables on many children will have a major effect statewide on the mindset of staff when faced with daily decisions and case activities which impact permanency for all children.

Action Step 1: Training and Technical Assistance will be obtained by Casey Family Programs regarding Permanency Roundtables. This training for pertinent state office staff, regional directors, area social work supervisors, and many stakeholders was conducted in the framework of a Permanency Summit, which was held in November, 2010. This summit included an introduction to Permanency Roundtables, and conveyed the urgency of prioritizing permanency for children in foster care. Training and Technical Assistance from Casey Family Programs will be ongoing through 2012.

Action Step 2: Specific DFCS staff will be designated to participate on Permanency Roundtables teams with special attention given to the matching of participants skill sets to what is needed in each role for success of the objectives. Each team of six will consist of a Facilitator, a Master Practitioner, a Casey Consultant, a Scribe, the Area Social Work Supervisor of the case, and the Child's Worker.

Action Step 3: Scope of Permanency Roundtable Project will be determined, including list of specific children to be included, timeframes of Roundtables, and other logistical details. Case selection criteria will be determined. Some elements reviewed will include length of child's stay in care, whether child has an identified adoptive placement, and the stage of permanency for each child. Plans for preparation and follow-up will be determined.

Action Step 4: The DFCS staff designated to participate will receive specialized training as needed for their particular roles.

Action Step 5: Permanency Roundtable implementation will begin. The week-long Permanency Roundtable event for each area will include a day of Permanency Values training to include staff and stakeholders, a day of skills training to include Permanency Roundtable participants, 2-1/2 days of Permanency Roundtable meetings, with daily debriefings and a final debriefing. Each set of Permanency Roundtable participants will commit to action plans with the goal of achieving legal permanence and/or permanent connections for all children addressed.

Goal B: Enhance permanency through competency training to provide placement stability, determine appropriate permanency goals, achieve appropriate permanency goals, and achieve time adoption within 24 months or less, when appropriate.

History:

In 2010, Mississippi worked with the National Resource Center for Adoption (NRCA) to offer training on their Adoption Competency Curriculum. NRCA consultants trained the Resource Supervisors on the three modules. Three 3-day sessions were conducted in May, July, and September 2010. Approximately 28 people were trained on three modules of the Adoption Competency Curriculum:

- Child Assessment and Preparation
- Family Assessment and Preparation
- Decision-making and Placement Selection

2011-2013 Action Steps

Action Step 1: Because the path to permanency is much the same whether it is through adoption, reunification, family preservation or placement with a relative, the three previously trained models of the Adoption Competency Curriculum (ACC) will be used to develop a Permanency Competency Training. Adjustments will be made on content and presentation to accommodate the broader emphasis on permanency and not just adoption. TA has been discussed with NRCA consultants. The Permanency Competency Training

will reflect the 6 components of the Practice Model, the tenets of family centered practice, and agency policy. This action step will be completed by the end of the Second Quarter.

Action Step 2: Staff will be trained on the Permanency Competency Curriculum by the end of the Fourth PIP Quarter. Roll out of the Permanency Competency Curriculum will follow the same schedule as the roll out of the Practice Model for Regions I-S, II-W, V-W, IV-N, I-S, IV-S, and III-S. Training will begin in the Third Quarter and be completed by the end of the Fourth Quarter.

Action Step 3: Practice Model Coaches will be the first group of staff trained and will be trained separately by the end of the Third Quarter. Practice Model coaches will play an important role in helping staff to integrate permanency training into their every day practice.

Goal C: Strengthen Permanency by Diligent Recruitment and Retention of Resource Homes.

The statewide focus on diligent recruitment and retention of Resource Homes is expected to have a direct effect on the issue of placement stability. Having more homes available will help the DFCS staff to place children in homes that are better suited for their needs and reduce the chances of having to be moved to another placement.

The statewide training of foster parents and staff on new licensure standards will help the state apply its foster care standards to all licensed or approved foster family homes (Resource Homes) or child care institutions receiving title IV-E or IV-B funds.

History:

In October 2010 Mississippi was awarded one of seven discretionary grants for the Diligent Recruitment of Families for Children in the Foster Care System by the Children's Bureau. This grant is awarded as a cooperative agreement between the Administration on Children, Youth and Families (ACYF), the Children's Bureau (CB) and the Mississippi Department of Human Services.

Mississippi will use these grant funds to develop and implement a diligent recruitment program to identify, prepare, and support resource families for children in the State's foster care system. Activities will focus on locating families who will serve as foster and adoptive families for children who are the most difficult to place:

- Large sibling groups,
- Sexually abused children,
- Children who act out sexually or are sexually active,
- Pregnant girls who plan to keep the baby in the foster home,
- Children with severe behavioral problems,
- Teenagers of both genders, and
- Children with physical (including medically fragile), emotional or intellectual challenges.

The diligent recruitment initiative will be linked to major reforms in the State that include implementing a new Practice Model, a Continuous Quality Improvement process, and policy revision. It will also allow State Office to hire additional staff dedicated to the recruitment and retention of resource families. The State has committed to additional staff for recruitment and retention at the state level in addition to those funded by the grant.

Recruitment strategies will include general, targeted, and child-specific recruitment and will use market segmentation data to identify the types of families most likely to foster and adopt the kinds of children in Mississippi's foster care system as well as the communities where those families are most likely to live.

In addition to the financial resources of the grant, tremendous support and technical assistance are provided to grantees by the Children's Bureau and AdoptUsKids. Mississippi's grant also includes the additional support of an evaluator and the Center for the Support of Families.

The Diligent Recruitment grant requires a 12-month planning period (Phase I) for the development of the project and a 48-month implementation period (Phase II). The planning period of the grant will be completed by the end of the Second Quarter of the PIP.

Phase I (of the Grant) activities will be completed in the First PIP Quarter will include hiring and training project staff and establishing the State Implementation Team. Grant staff and DFCS leadership will identify team members and the project evaluator and CSF consultant will work with grant staff to train and orient the team to their purpose and function.

Other Phase I activities will include but are not limited to:

- Obtain data needed on characteristics of children in care, the State's need for additional resource families (Quarter 1)
- Develop specific recruitment strategies and implementation schedule for Phase II (Quarter 2)
- Adapt Regional Implementation Plans to include diligent recruitment strategies (Quarter 3)
- Evaluate current training, policies and procedures within the Resource Units and other units to identify changes needed for implementation (Quarter 2)
- Consult with AdoptUsKids regarding training of their "customer service" model in Mississippi (Quarter 2)

During Phase II of the Grant, recruitment activities will be implemented to include statewide general recruitment as well as targeted and child-specific recruitment. The following general recruitment activities will begin the Fourth Quarter of the PIP and will be ongoing:

- Diversity training for resource staff
- Statewide broadcast activities

- Implement internal tracking procedures to identify inquiring families and status
- Add recruitment information to MDHS web site
- Develop contracts with Licensed Child Placing Agencies
- Revise and implement training for resource families

Targeted recruitment activities will begin in Phase II and will include but are not limited to:

- Develop baseline data (Quarter 1)
- Develop Strategic Recruitment Plans (Quarter 3)
- Modify existing Regional Implementation Plans in early Practice Model regions, I-S, II-W, V-W, and IV-N (Quarter 3)
- Develop Regional Implementation Plans in later Practice Model regions, I-N, IV-S, and III-S (Quarter 4)
- Implement other targeted recruitment activities (Quarter 3)

Child-Specific Recruitment Activities will also begin in Phase I and continue through Phase II. These will include but are not limited to:

- Update and restructure the Mississippi adoption photo listing exchange (Quarter 4)
- Fully implement the expedited licensure policy and protocol for relative resource homes (Quarter 1)
- Use Practice Model to identify/evaluate relative resources early (Quarter 1)

Action steps for PIP time frame are listed below:

Action Step 1: Design statewide resource recruitment and retention strategies and plan for gathering baseline data. The copies of the plans will be evidence of completion, in addition to a summary of recruitment and retention activities to be submitted in on-going quarters.

Action Step 2: Develop and implement recruitment and retention strategies in the first seven regions implementing the Practice Model. Evidence of completion will be copies of regional plan recommendations and summary of recruitment/retention activities in those regions.

Action Step 3: Revise policy related to licensure standards for resource homes and facilities. (Included in Phase I of the Grant.) Evidence of completion will be a copy of the policy issued and evidence of dissemination.

Action Step 4: Train direct service workers, supervisors, resource workers, resource supervisors, and facility staff on revised policy related to licensure standards. (Included in Phase II of the Grant.)

Action Step 5: Incorporate revised licensure standards into Resource Parent training. (Included in Phase II of the Grant.)

Strategy V: Strengthening Monitoring and Oversight through Continuous Quality Improvement process.

Goal A: Mississippi's State Automated Child Welfare Information System (MACWIS) will readily identify the placement location and permanency goals for every child who is in foster care.

In efforts to assure that MACWIS will readily identify this information, it has been determined that action steps will include a validation process of particular MACWIS reports. Based on the validation of these reports, AFCARS and NCANDS will need to be resubmitted and guidance provided to staff regarding error and error trends discovered.

MACWIS Reports Validation Process - Overview

STEP 1: The process for MACWIS reports validation begins with the validation coordinator 1)conducting user testing for newly developed reports, 2) documenting the high level business rules and data point locations for each report, 3) pulling report samples (minimum of 5 – 10%), 4) assigning reports (or parts of reports) to reviewers for data validation.

STEP 2: Each data validation team member takes their assigned report (or report section) and while using the high level business rules/data point locations document as a guide, works each sample record to determine in MACWIS if the data in the system matches the report data based on the data point location within MACWIS. Each team member documents their findings within a standardized error reports document.

STEP 3: The validation coordinator compiles team member validation results for QA review, and then assigns the report or report sections to QA team members for secondary validation of results (approx 5% of reviewed cases are reviewed for QA).

STEP 4: The validation coordinator reviews all results, researches issues found, documents errors for further review by MIS. When possible, errors are communicated from the validation coordinator to the social workers for data correction. Error trends discovered during the validation process will be communicated to the Field Operations Director for dissemination to field staff to improve practice.

Reports developed during the Bridge Plan of the *Olivia Y* Settlement Agreement in the Summer of 2010, including reports listed in Action Step 1 below and any newly developed reports moving forward are scheduled for re-validation every 6 months. The re-validation process works the same as above with the exception of the validation coordinator beginning with #3 of STEP 1 – pulling report samples – since the other tasks would have already been completed during the initial round of validation.

Action Step 1: Validate MACWIS reports on Placement Stability regarding Number of children in custody 12 months or less that have 1 or 2 placements (MWZPLM5D) and Placement Stability- Number of Placements for Children in Active Custody (MWBRD07D).

Action Step 2: Validate MACWIS report specifying Children Placed In-County and Out-of-County and within 50-mile Radius (MWLS314D)

Action Step 3: Validate MACWIS report on Children who have had Permanent Plan Developed within 30 days of Entry into Foster Care (Report number will be assigned when validated report is in production.)

Action Step 4: Based on results of validation, resubmit AFCARS and NCANDS at or before 6-month intervals and notify Children's Bureau Regional Office of submission.

Action Step 5: Practice guidance provided to staff on errors and/or error trends according to validation process. The information will be sent from the validation coordinator to Field Operations Director to use to inform field staff so that practice can be improved.

Goal B: Have a multifaceted continuous quality assurance system that evaluates the quality of services, identifies strengths and needs of service delivery system, provides relevant reports, and evaluates implemented program measures.

History: Mississippi DFCS has used the Foster Care Review program as the primary vehicle for quality assurance. Since at least 2008, Mississippi has been in the process of developing a comprehensive continuous quality improvement unit, which includes improvements to the Foster Care Review program, but additionally includes an Evaluation and Monitoring Unit. Since the planning for this unit began, significant progress has occurred regarding the infrastructure of the unit, such as hiring and developing staff and development of the written plan to coordinate the accountability and feedback loop to what is being trained and coached to front-line staff during the one-year implementation period of the MS Practice Model.

Action Step 1: Staffing of the Continuous Quality Improvement Unit is ongoing. Some roles have already been filled, such as Director of CQI, Director of Evaluation and Monitoring, Director of Foster Care Review, and Director of MACWIS. Others, such as CQI Regional Coordinators, will be hired for each region before the region begins implementation of the CQI plan.

A CQI subcommittee will be designated to include Evaluation and Monitoring Unit's Regional CQI Coordinator and Foster Care Reviewer from that region plus any others designated by Regional Director. The CQI subcommittee will be made up of agency staff

and, eventually, community partners, and will meet quarterly to review data from the monthly CQI case reviews, the data dashboards, and the Foster Care Review reports. The data presented will be used by the committee to help inform the Region's Implementation Team of progress toward implementing the Practice Model and to aide in the development of strategies for improvement planning.

CQI Directors' Meetings are held to provide coordination/collaboration of all CQI functions (Evaluation and Monitoring, Foster Care Review, MACWIS, Council of Accreditation (COA) process, Court Improvement, DFCS Complaint Line, and Special Safety Reviews, which address maltreatment of children in Foster Care.)

The CQI State Level Implementation Team meets quarterly to provide leadership to the overall CQI plan/process and serves as communication and support channel between state level and regional level staff.

An organizational chart with dates of hire will demonstrate the progress made in this area.

Action Step 2: The initial comprehensive CQI Plan has been developed and will be revised periodically. Evidence of completion will be submission of the initial CQI Plan. A CQI case review instrument with instructions, scoring guide, and guide to finding information in MACWIS has also been developed.

Action Step 3: A summary of activities will document how the CQI Plan is implemented in the first seven regions. Activities may include introductory meetings with direct service workers and supervisors in the regions, meeting with Regional Director and Regional Area Social Work Supervisor to plan for the CQI on-site baseline review to be conducted in that region, coordination of Regional Implementation Teams, and communication with regional staff regarding engagement of stakeholders.

Action Step 4: Conducting the CQI baseline reviews in the first seven implementing regions will include a process similar to the CFSR, except that review items and scoring additionally provide for measurement against COA standards and *Olivia Y.* Settlement Agreement requirements, as well as CFSR standards.

A universe of in-home and foster care cases is requested from Mississippi Information System (MIS) in each region in preparation for CQI on-site case review. Fourteen foster care cases and ten in-home cases are randomly selected from the universe of cases. Non-applicable cases are eliminated and case-specific interviewees are invited and scheduled to participate in on-site case review. Elimination criteria includes any Interstate Compact for the Placement of Children (ICPC) case, any case that has not been open 60 days within the period under review (PUR), any case that is labeled for the wrong region, or any case in which the family requests not to be interviewed. Stakeholder surveys are sent out to external and internal stakeholders (DFCS workers, DFCS supervisors, Resource Parents, judges and other court personnel, tribes involved in the region, and regional implementation team). Surveys address systemic factors: 1) Training of Staff and Providers, 2) Placement Resources, 3) Service Array, 4) Caseloads, 5) Oversight and

Monitoring, 6) Court Processes, and 7) Data Quality and Usage. Surveys are collected and concluded the week following CQI baseline on-site review.

CQI staff and rotating state office staff from various program areas partner with caseworkers and supervisors from the region being reviewed to conduct the on-site review. Training is held the first day. Days two and three are reserved for case reviews, which include electronic case research and pertinent interviews with internal and external stakeholders. Debriefings are held at the end of days two and three for all case review participants to discuss findings, trends, strengths, areas needing improvement, preliminary data, status of review schedule, and to receive any additional instruction needed. Trained CQI staff conduct primary QA on case reviews as reviews are completed, providing assistance to reviewers, and fielding any safety issues discovered on days two and three. Day four is reserved for an Exit Conference, which is conducted by CQI staff and includes external stakeholders, field staff and supervisors from the region, and state office staff.

Data indicators are compiled from MACWIS and based on Practice Model components. These data indicators are used to set the baseline. This information is provided to all DFCS staff via the Data Dashboard, which is accessed through MACWIS.

A region-specific Baseline CQI Review Report is compiled after each region's baseline CQI on-site case review has been conducted. This report gives background information and evaluates that region's progress in the incorporation of each Practice Model component into daily practice. Information is compiled from 1) Data Indicators, 2) on-site case record reviews and case member interviews, 3) desk audits, and 4) stakeholder surveys.

Annual CQI Follow-Up Reviews, Monthly Reviews, and methods of communicating feedback to the field to improve practice are explained below. They will not be included in action steps, but will be included in measurement.

Annual follow-up reviews will be conducted in each of the first seven regions one year after that region's CQI baseline review, and every year thereafter. The same method used for baseline reviews will be used for the follow-up reviews.

Monthly reviews will be conducted in each of the first seven regions beginning the month following the region's baseline CQI review. Monthly case reviews are conducted on one in-home case and one foster care case in each region by the CQI Regional Coordinator who partners with a county worker from a different county than the family's case being reviewed. These reviews include interviews with case members and a debriefing of the results of the case review with the Area Social Work Supervisor, assigned caseworker, and (if available) the Regional Director or their designee. The results are then compiled and presented at the quarterly Regional CQI Committee meetings to inform practice on the Region's progress toward implementing the Practice Model. Monthly case reviews will not be conducted in months in which baseline or follow-up reviews are held.

Feedback is given to each Region regarding its progress toward incorporating concepts of the Practice Model into daily practice.

The CQI subcommittee, made up of agency staff and, eventually, community partners, and will meet quarterly to review data from the monthly CQI case reviews, the data dashboards, and the Foster Care Review reports. The data presented will be used by the committee to help inform the Region's Implementation Team of progress toward implementing the Practice Model and to aid in the development of strategies for improvement planning. Feedback is also provided to field staff through the Data Dashboard, which is accessed through MACWIS.

After the baseline CQI review is held in each of these first seven regions rolling out the Practice Model/CQI, desk audits are conducted by workers on each case having an ISP. These desk audits require them to evaluate and document on a separate desk audit form details on items where data indicators have not yet been established, such as: service type, timeliness of each ISP, date of most recent assessments, date of most recent Family Team Meeting, date of Initial Dental Evaluation, date of Initial Medical Evaluation, and date of Initial Mental Health Evaluation. Reports from Desk Audit Results are forwarded to the county and regional staff for feedback and corrective action.

Strategy VI: Strengthen Court Processes with collaboration and/or cross-training between Mississippi Supreme Court, Administrative Office of the Courts' Court Improvement Program, Mississippi's Commission on Children's Justice, Youth Court personnel, Tribes, and DFCS Staff to improve permanency outcomes.

HISTORY:

Collaboration with Court

Significant collaboration with the Youth Courts and the Mississippi Supreme Court occurred from October 2008 through June 2010. Three curricula were developed and trained to direct workers statewide and are currently part of the ongoing mandatory training for all new hires: (1) Professional Development for Youth Court Practice; (2) Interstate Compact for the Placement of Children (ICPC), Title IV-E Eligibility and the Uniform Rules of Youth Court Practice; and (3) Disproportionality and Six Steps to Find a Family: A Practice Guide for Family Search and Engagement. Keynote speakers for the Annual Judges and Referees Conferences were provided by the Administrative Office of Courts and DFCS CIP Workgroup.

DFCS participated in drafting the Uniform Rules for Youth Court Practice (URYCP) during 2008 with the Task Force appointed by the Chief Justice of The Mississippi Supreme Court. The Rules became effective January 2009. (See The Mississippi Supreme Court website under Rules for the text of the Uniform Rules for Youth Court Practice www.mssc.state.ms.us).

PROGRAM IMPROVEMENT PLAN STRATEGIES AND GOALS

The Primary Strategy is to strengthen court processes with collaboration and cross-training between the Mississippi Supreme Court, Administrative Office of the Courts' Court Improvement Program, Mississippi's Commission on Children's Justice, Youth Court personnel, Tribes, and DFCS Staff to improve permanency outcomes.

Goal A is to hold seven regional summits of approximately 30-40 participants with representation from the courts, Tribes, DFCS staff and other local stakeholders to develop strategies from each Regional Implementation Plan for court-related permanency issues. Seven regional summits are planned, which correlate with the rollout of the Mississippi Child Welfare Practice Model in Regions I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Action Step 1: Work with the Practice Model Coordinators to identify seven dates (four in the Fall of 2011 and three dates in the Spring of 2012) to hold the summits and choose locations to hold the meeting.

Multiple Regions are targeted in order to reach the maximum number of Chancellors, Youth Court Judges, Referees, Prosecutors, Guardians *ad litem*, Court Administrators, Attorney General's Office representatives, Administrative Office of Courts representatives, DFCS Regional Directors, Area Social Work Supervisors, and Practice Model Coaches for participation in identifying barriers to permanency for children, developing short term goals and commitment of the participants to achieving the goals. The short term goals will be included in the modified Regional Implementation Plans.

Action Step 2: A State Office coordinator will be identified to oversee development of an invitation list, an agenda, to contact potential presenters and to calendar tasks.

Action Step 3: Work with Practice Model Coordinators to organize a team to contact local legal stakeholders and send out invitations, collect RSVPs and gather regional data reports in folders for dissemination.

Action Step 4: The regional coordinators will develop county invitation lists of youth court judges, referees, chancellors, GALs, county prosecutors, Attorney General's Office attorneys, DFCS Regional Directors, DFCS ASWSs, Practice Model Coaches, Administrative Office of Court and DFCS/AOC Court Improvement Program Workgroup.

Action Step 5: When the meetings are convened in each Region, the invitees will become a standing committee known as "Legal Stakeholders for Permanency for Children". This group will develop short term plans to address barriers to permanency which will become part of the modified Regional Implementation Plans.

Action Step 6: Regional Implementation Plans will be modified at each regional summit as determined by attendees in the county regarding specific barriers to permanency.

Action Step 7: A reporter for each Regional Summit will be appointed to forward a quarterly progress report of the Regional Implementation Plan to the Court Improvement Program workgroup (CIP) for tracking improvement. Also, the Regional Implementation Plans will be monitored and progress reported through the Practice Model process.

Action Step 8: Develop a short survey on Survey Monkey regarding feedback from judges on how the Regional Implementation Plan has been implemented in their court at the Annual Judges and Referees Conference in 2012.

Action Step 9: Work with Center for Support of Families to develop agenda to include an overview of the Mississippi Practice Model.

Goal B is to develop training for the Annual Judges and Referees Conference regarding diligent search and engagement of families in permanency planning.

Action Step 1: The Conference is scheduled for September 14-16, 2011 in Natchez, Mississippi. This Conference is mandatory for all Youth Court Judges and Referees, as well as Chancellors. The Mississippi Judicial College will send out the notices, agenda, registration and program for the Conference.

Action Step 2: The Administrative Office of Courts will print conference materials for the training.

Action Step 3: Technical assistance will be requested from the National Resource Centers on diligent search and engagement of families in permanency planning for the 2011 Conference. Additional technical assistance will be requested for topics requested by the judiciary for the 2012 Conference. The National Resource Centers will provide the curricula and speakers for these events.

Action Step 4: The training will be presented at the Youth Court Judges and Referees Conference September 15, 2011.

Goal C is to improve timeliness of filing termination of parental rights petitions (TPR) by DFCS submitting complete and accurate TPR packets to the Attorney General's Office (AG's) and for the AG's Office to file TPR petitions timely.

Action Step 1: In Mississippi, the AG's Office is appointed by statute to file petitions for termination of parental rights and set hearings. DFCS, AOC and the AG's Office representatives will meet monthly to analyze the tracking documents produced by the AG's Office and DFCS' Mississippi Automated Child Welfare Information System (MACWIS) reports regarding children in custody 13 out of 22 months, 15 out of 22 months and other reports.

Action Step 2: The AG's Office will collaborate with DFCS and AOC to analyze the current separate tracking reports that are prepared by DFCS and the AG's Office to identify barriers to filing petitions timely and achieving adoption or other permanent

placement timely. This goal will focus on CFSR Item 28 regarding filing of TPR petition when a child has been in custody 15 out of 22 months. The AG's Office will provide monthly reports regarding TPRs pending 0-3 months; 3-6 months; and 6 months and older to DFCS which track name of child, date TRP packet is received, date filed, attorney responsible for filing the petition, county and status of hearing set. The AG's Office will also provide instructions for submitting a TPR packet and Checklist for Termination of Parental Rights Actions.

Action Step 3: Representatives will identify where breakdowns occur in the TPR process at the monthly meetings, notify DFCS staff of breakdowns and outline corrective plans of action.

Action Step 4: The DFCS Permanency Unit will track packets submitted by the field staff for completeness and determine whether packets return to the county for additional information. MACWIS reports currently available are:

- MWCURTP2 Listing of Children Freed for Adoption: Region/County/Total Plan/Total TPR
- MW14017S Children with Court Ordered TPR Request – State Totals
- MW14017R Children with Court Ordered TPR Request – Region Totals
- MW14017E Court Ordered TPR Request – Without Judge's Request Date
- MWZ014S1 Children Who Have Been in Custody for 15 out of the Most Recent 22 Months with **no** ASFA Exception Noted: County/Region/State Summary Totals
- MWZ014S2 Children Who Have Been in Custody for 15 out of the Most Recent 22 Months **with** ASFA Exception Noted: County/Region/State Summary Totals
- MWZ014D3 Children Who Have Been in Custody for 13 out of the Most Recent 22 Months with **no** ASFA Exception: Worker/Child ID/Child Name/Birth Date/Custody Date/Time in Custody/TRP Req. Date/TRP Pet. Filed Date/Legally Freed Date
- MWZ014S3 Children Who Have Been In Custody for 13 out of the Most Recent 22 Months with **no** ASFA Exception: Region/County/Total w/TPR Request Date/Percent; Total w/TPR Petition Filed/Percent; Total Legally Freed Date/Percent

Action Step 5: DFCS will develop a system for monitoring cases where child's primary goal is adoption or has been changed to adoption.

Action Step 6: Submission of a TPR packet to State Office will be required within 30 calendar days of the designation of the primary goal as adoption in new cases, or change in the primary goal to adoption when reunification has not been achieved.

Goal D is to notify all persons involved in a case, who have the right to present information in hearings, of the date, time and location of such hearings in advance sufficient to make arrangements to attend.

Recent changes in the Social Security Act – Title IV-E confer a “right” to be heard instead of an “opportunity” for preadoptive parents and other caregivers at all reviews and permanency hearings. The Fostering Connections to Success and Increasing Adoptions Act of 2008 also requires notice to all adult relatives of a child within 30 days of the child’s removal, of the relatives’ options to become a placement resource for the child. The Courts are required to document in their orders that such notifications have occurred.

Action Step 1: DFCS will revise policy regarding duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute and federal guidelines.

Action Step 2: Train supervisors and direct service workers regarding duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute through Advanced Professional Development for Court Procedure.

Action Step 3: DFCS will reinforce the duty to notify all persons who have the right to present information or participate in hearings according to Mississippi statute by the third PIP quarter in Regional Directors’ and ASWS’ staffing meetings with direct service workers. Agendas of the staffings will be provided to the CIP workgroup for tracking.

Action Step 4: DFCS will provide information, such as bench cards, regarding rights of persons to present information at hearings to judges and court personnel at the Judges and Referees Conference and at the seven Regional Summits to be held in the first seven regions implementing the Practice Model, I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Action Step 5: One element of this goal will be to provide information regarding these requirements through a letter from the Mississippi Supreme Court to all Chancellors, Youth Court Judges and Referees in Mississippi. Further, this goal includes making sure DFCS staff are aware of their duty to notify all persons, who have the right to present information at scheduled reviews or permanency hearings, sufficiently in advance to make arrangements to attend.

Action Step 6: A report will be developed by the Administrative Office of Courts Court Improvement Program, through Mississippi Youth Court Information Delivery System, (MYCIDS), to track participation at hearings. Feedback will be available quarterly to the court in counties that are fully operational using MYCIDS through AOC.

C. IMPLEMENTATION AND MONITORING

The Program Improvement Plan for Mississippi will be implemented in the allotted two-year time frame. Mississippi DFCS has strategic plans in place that will far exceed the

two-year time frame of the PIP, so goals outlined reflect the part of the on-going process that is expected to be completed in the two-year PIP time-frame.

There are workgroups in place for each major strategy of the PIP, which consist of MS DFCS staff at state, regional, and county levels, community service providers, state and regional level department heads of collaborating agencies or organizations, and other various stakeholders. Other DFCS staff and stakeholders may serve as consultants to these workgroups throughout the PIP process. Many sources of training and technical assistance, federal and non-federal, will be utilized. These workgroups will monitor and track PIP progress through each quarter and report to the PIP team in time for collection of information to be included in submission of quarterly reports to the regional office of the Children's Bureau.

On action steps in the PIP Matrix that apply specifically to the first seven regions implementing the Mississippi Practice Model, the action step is listed first and below that, the seven regions are divided into four clusters, so that implementation of each action step and progress in those clustered groups can be monitored clearly. For example, actions to be implemented in the first two regions, I-S and II-W, will have a separate line in the matrix for that action step to show quarter due and quarter completed for those two regions only. Then regions V-W and IV-N will have a separate line in the matrix to show quarter due and quarter completed for those two regions only. This process will continue to allow all seven regions to demonstrate progress since the implementation is incremental.

Action steps not broken down into these regional clusters will either be implemented statewide, or may be steps that can be implemented and monitored in all seven regions at one time.

D. DATA AND MEASUREMENT PLAN

The methodology described below will capture a good cross section of new performance across the seven regions after the baseline is completed in the first two PIP quarters.

The first seven regions to implement the Practice Model/ CQI Plan in the state will also be the same seven regions used to set the PIP Baseline. These seven regions are I-S, II-W, V-W, IV-N, I-N, IV-S, and III-S.

Baseline and annual follow-up CQI Reviews include fourteen foster care cases and ten in-home cases from each region. Monthly reviews include one foster care case and one in-home case per region.

The chart below shows when CQI Baseline Reviews and CQI Annual Follow-Up Reviews have occurred or are planned to occur from the beginning of the entire Practice Model / CQI roll-out period through the end of the PIP timeframe and how the data will be rolled for PIP quarterly progress measurement.

Region	Type of CQI Review	Date	Included in PIP Baseline/Month of Last Review	PIP Quarterly Report, Regions Reported, and Rollup
I-South	CQI Baseline Review	June 2010		
II-West	CQI Baseline Review	June 2010		
V-West	CQI Baseline Review	December 2010	X	
IV-North	CQI Baseline Review	January 2011	X	
I-North	CQI Baseline Review	May 2011	X	
I-South	CQI 1 st Annual Follow-Up Review	June 2011	X	
II-West	CQI 1 st Annual Follow-Up Review	June 2011	X	
IV-South	CQI Baseline Review	July 2011	X	
III-South	CQI Baseline Review	August 2011	X	Q1 Report 8/11 baseline not yet summarized (5 months overlap adjustment applied)
V-West	CQI 1 st Annual Follow-Up Review	December 2011	December 2010	Q2 Report 11/11 Baseline Reported
IV-N	CQI 1 st Annual Follow-Up Review	January 2012	January 2011	
III-N	CQI Baseline Review	February 2012	N/A	Q3 Report 2/12 Drop V-West baseline – report rolling through V-West 12/11
V-E	CQI Baseline Review	March 2012	N/A	
VII-E	CQI Baseline Review	April 2012	N/A	
I-N	CQI 1 st Annual Follow-Up Review	May 2012	May 2011	Q4 Report 5/12 Drop IV-N baseline – roll through IV-N 1 st Follow-Up
I-S	CQI 2 nd Annual Follow-Up Review	June 2012	June 2011	
II-W	CQI 2 nd Annual Follow-Up Review	June 2012	June 2011	
IV-S	CQI 1 st Annual Follow-Up Review	July 2012	July 2011	
III-S	CQI 1 st Annual Follow-Up Review	August 2012	August 2011	Q5 Report 8/12 Drop I-N, I-S baseline – roll through I-S 1 st Follow-Up
II-E	CQI Baseline Review	September 2012	N/A	
VI	CQI Baseline Review	October 2012	N/A	
VII-W	CQI Baseline Review	November 2012	N/A	Q6 Report 11/12 Drop II-W, IV-S, III-S baseline – roll through III-S 1 st Follow-Up
V-W	CQI 2 nd Annual Follow-Up Review	December 2012	December 2011	
IV-N	CQI 2 nd Annual Follow-Up Review	January 2013	January 2012	

III-N	CQI 1 st Annual Follow-Up Review	February 2013	N/A	Q7 Report 2/13 Drop V-W 1 st Follow-Up – roll through V-W 2 nd Follow-Up
V-E	CQI 1 st Annual Follow-Up Review	March 2013	N/A	
				Q8 Report 5/13 Drop IV-N – roll through IV-N 2 nd Follow-Up

Schedule allows measurement to be compared against baseline in 6 quarterly reports – additional reporting is possible through non-overlapping period as long as pattern of 7 baseline regional reviews is maintained.