



**Community Partnership for Children**

*protecting children . . . fostering family stability*

**ANNUAL QUALITY  
MANAGEMENT  
PLAN  
FY2017-2018**

COMMUNITY PARTNERSHIP FOR  
CHILDREN SERVING VOLUSIA,  
FLAGLER AND PUTNAM COUNTIES

## **Background and Introduction**

Community Partnership for Children's (CPC) mission, values, approach and philosophy demonstrate its sound commitment to child welfare and safety. The organization's results-oriented performance reveals its success with developing an effective system of care with a focus on strong community-based partnerships. Community Partnership for Children (CPC) was established as a lead agency to provide an efficient integration of case management and related services for dependent children offered by community-based network providers. CPC delivers prevention and diversion services, adoption, foster care and related services, and aftercare pursuant to Chapter 409.1671, Florida Statutes, while ensuring each child and family's safety, permanency and well-being.

The system of care has been designed in Volusia/Flagler/Putnam to ensure that resources are redeployed to:

- Support the goals of the Adoption and Safe Families Act (ASFA): Child safety, permanence, and well-being
- Build appropriate substitute care capacity
- Support evidence based best practices
- Support state statute, administrative code, and policies
- Ensure accountability for outcomes.

## **Organization History**

CPC serves Volusia, Flagler and Putnam Counties in East Central Florida. The agency was founded in 2001 as a result of a legislative mandate to privatize child welfare services in the State of Florida. CPC contracts with the State of Florida Department of Children and Families to serve area children who have been abused or neglected. CPC provides foster care and related services, including in-home intervention, adoption, and independent living services.

## **Organization Mission, Vision, & Core Values**

As established by the staff and Board of Directors, CPC's mission, vision, and core value statements reflect an approach that is focused on excellence in service delivery, collaboration in system design, and accountability in meeting performance targets.

## **Mission Statement**

The mission of CPC is to design, implement, and manage a quality child protection system for the citizens of Volusia, Flagler and Putnam Counties. The agency endeavors to restore families, support caring relatives, connect children with loving homes, and prepare adolescents for adulthood.

## **Vision Statement**

CPC's vision statement has been set by the Board of Directors, and includes the following elements:

- CPC will operate a service delivery system that will achieve excellence in providing quality services that assure the safety, well-being, and life permanency of children and the stability of families.

- CPC will foster community investment in the lives of children and families by not only participating in, but also being a catalyst of, community partnerships in improving the lives of local children.
- CPC will be a premier employer by demonstrating that staff are valued, fairly compensated, and given abundant opportunity for personal and professional development.

## **Approach to Service Delivery**

The mission, vision, and value statements outlined above drive CPC's overall approach to service provision. In executing our mission, vision, and values, CPC is clearly focused on our client, the child, and believes that the family is the most important resource we work with on behalf of our client. We have a steadfast belief that the best place for children is with their own family. For this reason, the objectives of reducing the number of children in the dependency system, reducing the number of children in out of home care and those in out of home care for 12 months or more, and providing permanent families through adoption have been the focus of our operations.

As a performance-driven and results-oriented approach, performance data is shared liberally with all stakeholders, including the state of Florida Department of Children and Families (DCF), CPC staff, board members, subcontractors, funders, legislators, other social service organizations, and the media. This practice, which has become a hallmark of CPC's service approach, serves several purposes. First, it fosters trust in CPC within the community as a lead agency that will disclose not just positive performance data, but all performance data, in the interest of transparency. Second, it keeps CPC's partners in the community mindful of the areas of systemic success and those in need for improvement. Third, it communicates CPC's value of accountability for performance. Finally, having stakeholders throughout the community review performance data prompts CPC and its partners to respond to where performance targets are not being met.

The goals of the Quality Assurance Program are to:

- Increase evidence-based best practices in the system of care;
- Assure accountability for outcomes;
- Assure all programs are providing services in accordance with agency standards, state and federal guidelines;
- Assure the delivery of the highest quality services to the children and families we serve;
- Ensure that client needs are accurately assessed, that needed services are identified and delivered, and that client progress is evaluated;
- Provide mechanisms for monitoring and evaluating all of our service outcomes in an objective and systematic manner throughout the organization;
- Identify deficiencies or gaps in service delivery, review and track corrective actions, ensure deficiencies or gaps are rectified, and provide opportunities and tools to improve

client care;

- Provide suggestions for implementing necessary changes to resolve identified problems in client service delivery;
- Provide ongoing assistance to all programs in identifying discrepancies and following up on service delivery and staff development needs;
- Create a positive culture by training and educating staff regarding the expectation and requirements of the continuous quality improvement process;
- Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to their clients; and
- Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

### **Quality Assurance Department - Staff Resources and Infrastructure**

The Quality Assurance Department is comprised of three (3) Quality Assurance Specialists who possess a bachelor's degree in the Human Services and are state credentialed Child Welfare Professionals.

Community Partnership for Children does not subcontract dependency case management services for the children and families we serve, with the exception a specialized sibling foster care contract that services up to twenty children. This unique characteristic of our Lead Agency allows for quality improvement that is accomplished by continual internal and external review activities conducted by CPC staff, clients, contracted providers, independent stakeholders from the Volusia/Flagler/Putnam Communities and oversight from the State of Florida Department of Children and Families. Performance and Quality Improvement is an internally driven process utilizing available performance data generated by supervisors and staff that are responsible for service delivery. Continuous internal improvements in service provision and administrative functions are conceived and implemented by employees.

## **Seamless QA/CQI of Case Management**

### **Supervisory Review Process**

Purpose: Supervisory review, by its fundamental nature, is intended for immediate feedback for a case manager to use for quality improvement that supports the safety, permanency and well-being of the children we serve. This frontline activity will provide the timeliest opportunity to capture, process and implement information and processes that are vital to achieving permanency for children. Unit supervisory discussions will focus staff on quality case work and create a process that allows staff to have mechanisms for gaining knowledge of best practice and delivering the highest quality of casework to the children and families that we serve.

Process: Every ninety (90) days during the life of the case, the Unit Supervisor will review all open cases in the unit and subsequently facilitate a qualitative discussion with the assigned case manager to assure needed safeguards and services are in place and casework activity is moving the child toward an appropriate safe and permanent living arrangement. Cases that

have been open for at least 45 days in any given quarter are required to be reviewed in that quarter.

The Unit Supervisor will document in Florida Safe Families Network (FSFN) that the discussion occurred, summarizing any major points that may need further attention and potential issues to be considered in the future. At a minimum, the following information must be documented on the "Supervisory Review" FSFN chronological note:

- Date of supervisory discussion/ individual's present
- Current permanency goal and progress/barriers towards permanency
- Case management tasks required to achieve permanency and person(s) responsible
- Follow-up from previous supervisory review tasks and discussion

The FSFN documentation shall be completed within three (3) business days of the supervisory consultative discussion.

### **Case Management Quality Assurance Reviews**

The Quality Assurance Specialists will complete case reviews this fiscal year using Windows into Practice - the Guidelines for Quality Assurance and Continuous Quality Improvement - to determine the quality of the agency's child welfare practice related to safety, permanency and child and family well-being. The process will include completing specific review tools designed to compile more comprehensive information about our families and to provide accurate feedback to case management.

A total sample of twenty-eight (28) cases will be reviewed each quarter - ten (10) Rapid Safety (RSF), sixteen (16) FL CQI CFSR file reviews and one (1) FL CQI In-depth review with case specific interviews and one (1) PIP case as assigned by the Children's Bureau. The sample list is selected from the state's AFCARS listing in FSFN and the reviewers will use the appropriate mix of in-home/out-of-home cases as determined by the Chief Operating Officer (COO) or designee for that quarter. Reviews will be completed and entered into the appropriate portal/database by the 10<sup>th</sup> of the month following the end of the quarter being reviewed.

### **Rapid Safety Feedback Reviews**

Purpose: The Rapid Safety Feedback (RSF) instrument utilizes Safety Decision Making Methodology (SDMM) designed to flag key risk factors in in-home cases that could gravely affect a child's safety. The five (5) components of the tool are:

***The Rapid Safety Feedback review focuses on open in-home service cases for children ages 0-4 (with sample targeting infants first) and the standards to be completed are:***

- **Item 1:** Family Assessments. Are recent family assessments sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs?
- **Item 2:** Case Manager Visits. Was the frequency and quality of the case manager's visits with the child, the mother and father sufficient to ensure child safety and evaluate the progress toward

the case plan outcomes?
<ul style="list-style-type: none"> <li>• <b>Item 3:</b> Background Checks and Home Assessments. Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats?</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Item 4:</b> Safety Management. Is a sufficient safety plan in place to control danger threats and actively monitored to protect the child?</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Item 5:</b> Supervisory Case Consultation and Guidance. Is the case manager supervisor conducting guided discussions at specific points in the case management process focused on promoting effective practice and decision making?</li> </ul>

Process: Quality Assurance (QA) Specialists will receive a sample list of children who are service recipients on the state’s “Children Receiving In-home Services Daily QA Listing.” in FSFN during the defined selection period. The applicable number of cases will be vetted for review and then assigned to specific QA Specialists with the expectation that the case reviews will be completed according to the review process as previously outlined. A “pre-consultation” process or de-briefing between the COO and QA Specialists is completed for all cases to increase inter-rater reliability. If an immediate safety concern(s) is identified from the tool, the QA Specialist will enter a Safety Request for Action (RFA) in FSFN. The QA reviewer will follow through on the identified safety issues to ensure the recommended action(s) are resolved within three (3) business days.

The outcomes of the RSF reviews will be then entered into the Department of Children and Families Qualtrics database. A case management consultation process will be utilized to review the finalized cases each week until the required ten (10) cases are completed. The consultations will be roundtable discussions that include the COO, the Director of Case Management, the Training Supervisor(s), the QA Specialists and the appropriate case management personnel (Program Administrators/Supervisors). Each case will be reviewed as to their strengths and areas needing improvement. Safety RFA’s, if applicable, will be discussed and if any other improvements are identified, additional guidance, requested as Action Steps, will be provided and a due date assigned. The QA Specialists will then enter the outcomes of the consultation in FSFN and follow through to completion the recommendations (Action Steps) within thirty (30) days of the consult date.

### **Florida CQI File Reviews and In-Depth Reviews**

Purpose: The Florida CQI instrument is aligned with the Federal Child and Family Services Review (CFSR) process, using both file reviews and in-depth reviews with case specific interviews. The review process is designed to determine child safety, permanency and well-being based on eighteen (18) items.

Both reviews examine in-home and out of home cases; with the in-depth reviews utilizing interviews with case participants to provide an in-depth study of case management practice and systemic factors affecting positive outcomes for our families.

**The FL CQI CFSR tool is a case file review that focuses on both in home and out of home children and the standards to be completed are:**

<p><b>CFSR Safety Outcome 1:</b> Timeliness of Initiating Investigations of Reports of Child Maltreatment</p>	<ul style="list-style-type: none"> <li>• <b>Item 1:</b> Were responses to accepted child maltreatment reports and face to face contact with the children made timely</li> </ul>
<p><b>CFSR Safety Outcome 2:</b> Children are Safely Maintained in Their Homes Whenever Possible and Appropriate</p>	<ul style="list-style-type: none"> <li>• <b>Item 2:</b> Were efforts made to provide services to the family to protect the child and prevent removal?</li> <li>• <b>Item 3:</b> Did the agency make concerted efforts to assess and address the risk and safety concerns?</li> </ul>
<p><b>CFSR Permanency Outcome 1:</b> Children have permanency and stability in their living situations</p>	<ul style="list-style-type: none"> <li>• <b>Item 4:</b> Is the child in foster care in a stable placement and were any changes in the child's placement made in the best interest of the child and consistent with achieving the child's permanency goal?</li> <li>• <b>Item 5:</b> Did the agency establish the appropriate permanency goal for the child in a timely manner?</li> <li>• <b>Item 6:</b> Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living</li> </ul>
<p><b>CFSR Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children</p>	<ul style="list-style-type: none"> <li>• <b>Item 7:</b> Did the agency make concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?</li> <li>• <b>Item 8:</b> Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living arrangement?</li> <li>• <b>Item 9:</b> Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?</li> <li>• <b>Item 10:</b> Did the agency make efforts to place the child with relatives when appropriate?</li> <li>• <b>Item 11:</b> Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver from whom the child was removed?</li> </ul>

<p><b>CFSR Well-Being Outcome 1:</b> Families have enhanced capacity to provide for their children's needs</p>	<ul style="list-style-type: none"> <li>• <b>Item 12:</b> Did the agency make concerted efforts to assess the needs and provide services to children, parents and foster parents?</li> <li>• <b>Item 13:</b> Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process?</li> <li>• <b>Item 14:</b> Were the frequency and quality of visits between the case worker and child(ren) sufficient to ensure safety, permanency and well-being?</li> <li>• <b>Item 15:</b> Were the frequency and quality of visits between the case worker and the mothers and fathers of the child(ren) sufficient to ensure safety, permanency and well-being?</li> </ul>
<p><b>CFSR Well-Being Outcome 2:</b> Children receive the appropriate services to meet their educational needs</p>	<ul style="list-style-type: none"> <li>• <b>Item 16:</b> Did the agency make concerted efforts to assess the children's educational needs and appropriately address any identified needs?</li> </ul>
<p><b>CFSR Well-Being Outcome 3:</b> Children receive the adequate services to meet their physical and mental health needs</p>	<ul style="list-style-type: none"> <li>• <b>Item 17:</b> Did the agency address the physical health needs of the children, including dental health needs?</li> <li>• <b>Item 18:</b> Did the agency address the mental/behavioral health needs of children?</li> </ul>

Process: The Quality Assurance Specialists will receive a sample list of children who are service recipients on the state's AFCARS listing in FSFN during the defined selection period. The appropriate mix of in-home/out-of-home cases are selected and assigned to specific QA reviewers with the expectation that the case reviews will be completed according to the review process as previously outlined.

Both the FL CQI file reviews and the FL CQI In-depth reviews will be completed using the CFSSR Onsite Review Instrument dated January 2016 and outcomes entered into the Federal Online Management System (OMS). A pre-consultation to discuss the outcomes of each case will take place with the COO. If a safety concern is noted then an RFA will be requested and followed through on as outlined in the Rapid Safety Feedback process. The QA Specialist will then enter the results of the review into the OMS system by the 10<sup>th</sup> of the month following the end of the quarter being reviewed. A consultation with the appropriate case management personnel, Program Office Administrator (POA), Case Manager Supervisor (CMS) and Case Manager (CM) will be completed to discuss the findings and recommendations.

Specific to the FL CQI In-depth reviews, the QA Specialists will select one (1) case each quarter from the sample list, where the case type (in-home or out of home) will be determined by the corresponding Federal PIP case scheduled during that quarter. Two (2) QA Specialists will be involved in the in-depth reviews. One QA Specialist will take the lead; completing the file review and facilitating the interview process while the second QA Specialist serves as the



scribe and collaborator to ensure inter-rater reliability. The interviews will be face to face when possible and attempts will be made to interview all applicable participants to ensure sufficient information is collected during the process. Interviewees will include the Case Manager Supervisor, the Case Manager, the parent/relative/foster parent (when applicable), any service providers currently involved with the child and family, the school teacher or daycare provider, the Guardian ad Litem (when applicable) and the child (if age and developmentally appropriate). The interviews will be completed within five (5) business days after initiation of the review of the case. After completion, the lead reviewer will de-brief with the COO and then staff a consultation with the appropriate POA, CMS and CM as previously outlined.

### **Federal Child and Family Services Program Improvement Plan Review (PIP)**

Community Partnership for Children (CPC) will be participating in the Federal PIP reviews scheduled to be completed in the State of Florida July 1, 2017 – June 30, 2018.

Purpose: The Federal CFRS PIP review is conducted by the Children’s Bureau every seven years. Through the reviews, the Children’s Bureau assesses state programs implemented under titles IV-B and IV-E related to child protection, foster care, adoption, family preservation and family support, and independent living services. The onsite review will address areas in Florida’s Child Welfare System that the Children’s Bureau determined to need improvement.

Process: The PIP reviews will follow the FL CQI In-depth process but partner a CPC QA Specialist with a Department of Children and Families (DCF) Operations Review Specialist with the Children’s Bureau providing oversight. CPC has been assigned to complete one (1) PIP case for each quarter in FY 2017.2018.

One (1) CPC QA Specialist and one (1) DCF Operations Review Specialist will be assigned as reviewers to complete the in-depth case review. The two (2) reviewers will team together and determine the appropriate case participants, schedule and complete the interviews and agree on the outcomes based on the information. Interview protocol and consultation with the appropriate agency staff will be followed according to the FL CQI In-depth review process and completed in a three (3) day window previously scheduled by the agency and approved by the department. The CPC QA Specialist will enter the outcomes in the OMS portal and designate it as a PIP case.

An additional CPC QA Specialist will complete the Initial QA, using the OMS QA Notes and making recommendations. A designated staff member for the Office of Child Welfare will serve as the Site Leader/Second Level QA making the final recommendations.

### **Executive Management and Region Discretionary Reviews**

Purpose: Based on quality assurance review results or any other pertinent information, the Department of Children and Families or CPC may conduct a focused topic review. The purpose of these reviews is to support the department or CPC in assessing areas of concern or to supplement information obtained from other Quality Assurance processes.

**Objective:** CPC Quality Assurance and Senior Management staff will work in conjunction with DCF staff and will respond in a comprehensive and expedited manner to Executive Management and Region Discretionary Review requests. These reviews will be conducted by QA or Senior Management staff upon either internal or external request.

**Process:** The reviewer identified for Executive Management and Region Discretionary Review requests will be determined based on the focus of the review.

**Schedule of Case Management Quality Assurance Reviews**

<b>First Quarter Review Schedule (July 2017 - September 2017)</b>	
August 8–10, 2017	Federal PIP Case Review Completed
September 28, 2017	FL CQI Case Reviews and In-Depth Completed*
September 28, 2017	Rapid Safety Reviews/Consultations Completed*
October 10, 2017	All Data Entered into DCF Qualtrics and OMS System
<b>Second Quarter Review Schedule (October 2017 – December 2017)</b>	
October 17–19, 2017	Federal PIP Case Review Completed
December 31, 2017	FL CQI Case Reviews and In-Depth Completed*
December 31, 2017	Rapid Safety Reviews/Consultations Completed*
January 10, 2018	All Data Entered into DCF Qualtrics and OMS System
<b>Third Quarter Review Schedule (January 2018 – March 2018)</b>	
January 30–February 1, 2018	Federal PIP Case Review Completed
March 31, 2018	FL CQI Case Reviews and In-Depth Completed*
March 31, 2018	Rapid Safety Reviews/Consultations Completed*
April 10, 2018	All Data Entered into DCF Qualtrics and OMS System
<b>Fourth Quarter Review Schedule (April 2018 – June 2018)</b>	
May 1–3, 2018	Federal PIP Case Review Completed
June 30, 2018	FL CQI Case Reviews and In-Depth Completed*
June 30, 2018	Rapid Safety Reviews/Consultations Completed*
July 10, 2018	All Data Entered into DCF Qualtrics and OMS System

\*See the QA Calendar on the Center for Child Welfare for actual scheduled dates for these reviews.

***II- Focus on Results***

**Contract Measure Performance**

CPC has developed comprehensive systems to report Scorecard, Contract Performance and System of Care Data to management, the Board and community stakeholders. Implementation of the Quality Management System is a continuous process that begins with an assessment of CPC’s performance by gathering pertinent data from case reviews, examining the status of contract measures, evaluating performance of subcontracted providers, and reviewing stakeholder and client satisfaction data. This examination is focused on measures which produce the critical outcomes of safety, permanency and well-being for our children, national

accreditation standards and recognized best practices. This collaborative evaluation assists in identifying for us those measures that will form the basis of our quality assurance efforts. Contract outcome measures are systemically integrated in the measures we select for quality assurance. By examining the data generated from case reviews, exit interviews, contract monitoring, incident reporting, and satisfaction surveys we identify additional measures for our quality assurance efforts.

Ref#	Measure Description	Standard	Tracking
1	Rate of abuse or neglect per day while in foster care.	8.50 or less	Data collected via DCF Performance Dashboard/ FSFN reports.
2	Number of children with finalized adoptions between July 1, 2016 and June 30, 2017.	235	Data collected via DCF Performance Dashboard/ FSFN reports.
3	Percentage of children under supervision who are seen every thirty (30) days.	≥99.5%	Data collected via DCF Performance Dashboard/ FSFN reports.
4	Children exiting foster care to a permanent home within twelve (12) months of entering care.	≥40.5%	Data collected via DCF Performance Dashboard/ FSFN reports.
5	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home.	≥91.7%	Data collected via DCF Performance Dashboard/ FSFN reports.
6	Children's placement moves per 1,000 days in foster care.	4.12 or less	Data collected via DCF Performance Dashboard/ FSFN reports.
7	Percent of children in out-of-home care who have received medical services in the last twelve (12) months.	≥95.0%	Data collected via DCF Performance Dashboard/ FSFN reports.
8	Percent of children in out-of-home care who received dental services within the last seven (7) months.	≥95.0%	Data collected via DCF Performance Dashboard/ FSFN reports.

Ref#	Measure Description	Standard	Tracking
9	Percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education.	80%	Data collected via DCF Performance Dashboard/ FSFN reports.

**Reporting:**

CPC compiles data and disseminates the CPC System Data Report on a monthly basis. The report is sent to DCF, administrative staff of our subcontracted providers, CPC Senior Management, legislative representatives/ delegates, court administration, community alliance members, Board members and other relevant parties. The report details our company’s progress on system and contract performance measures with transparency and accuracy.

**Contracted Provider Performance:**

CPC has developed a comprehensive array of diverse and quality services that are responsive to the unique needs of the children and families we serve. CPC manages this array of services effectively, maximizing funding and ensuring that a competent network of providers is meeting the ongoing permanency, safety and well-being needs of our children and families.

All CPC contracts contain performance measures that are specific to the services provided, and that measure the quality of services provided. Each contract also contains an Outcome Measure Report that providers are required to complete to document compliance with each performance measure on a monthly basis. All subcontracted providers submit the Outcome Measure Report, along with other statistical reports and an invoice for services to the assigned CPC Contract Manager on a monthly basis. The Contract Manager reviews the data for accuracy and compliance. If there are any errors noted on the reports, the Contract Manager contacts the provider and requests an amended report.

All approved Outcome Measure Reports are submitted to the CPC Contract Coordinator to enter into a database for tracking purposes. Reports are compiled monthly to display performance by provider, by type of service and by performance measure. Additionally, the Department of Contracted Services develops Provider Report Cards on a quarterly basis for each contract. The report card displays, in a reader-friendly manner, the timeliness and accuracy of invoices, the timeliness of reports/supporting documentation, and compliance with each contractual performance measure for all of the months during the quarter.

If a provider is consistently failing to meet outcome measure targets, CPC will schedule a meeting with the provider to discuss contractual obligations and/or request development of an improvement plan that will assist with bringing the provider into compliance. After two quarters of not meeting target, CPC may initiate a formal corrective action plan with the subcontracted provider.

All gathered data is also used to assist the Contract Monitoring team with assessing overall provider compliance during the annual onsite Contract Monitoring. During the annual on-site monitoring, if the provider is found to be non-compliant with services, tasks, performance measures or any other related contract item, a corrective action plan is required from the provider within thirty (30) days of the issuance of the report. CPC completes regular follow-up reviews of any cited items to ensure that all identified issues have been corrected and institutionalized.

#### Reporting:

Each subcontracted provider receives a Quarterly Provider Report Card for each contract that they have with CPC. On an annual basis, each subcontracted provider receives a comprehensive on-site monitoring report that details overall provider compliance with the terms of the contract to include compliance with contract performance measures.

#### ***Coordination of Quality Processes***

Breaking Barriers Meetings/Operational Meetings: Management staff from DCF and CPC meet monthly for the purpose of reviewing performance data, processes and outcomes for programs in the system of care. Identified barriers are addressed and action plans are developed to remove the barriers and improve performance through quality improvement activities.

DCF/ CPC Quarterly Partnership Meetings: DCF Contract Management and Operational Staff and CPC Management Staff meet quarterly for the purpose of reviewing the status of contract measures, subcontractor performance and Corrective Action progress (as applicable.) Additionally, ongoing Quality Improvement activities and trends that may indicate the need for improvement initiatives are discussed.

Child Placing Agencies/ Group Homes Performance and Program Meetings: CPC Program Office, CPC Contract Management, Case Management and licensing staff from each contracted Child Placing Agency meet monthly to review subcontract performance and issues related to foster care licensing placement or management of foster homes.

#### **Ongoing Program Improvement Initiatives**

The primary purpose of CPC's Quality Management System is to identify critical performance/outcome measures, track performance against those measures that are deemed 'areas needed improvement' and where necessary develop and implement improvement strategies. It is a combination of Quality Assurance and Quality Improvement activities. The ultimate objective of the Quality Management System is to improve outcomes for children by strengthening practice, improving the timeliness, accessibility, quality and effectiveness of services, and developing enduring community supports for children and families.

Implementation of the Quality Management System is a continuous process that begins with an assessment of CPC's performance by examining the status of contract measures, any current corrective action plans, data from our Florida CQI and CFSR case reviews and national data indicators. This examination is focused on those measures which produce the critical

outcome of safety and permanency for our children and identifies those measures that will form the basis of our Quality Assurance and Improvement efforts. Contract outcome measures are always included in the measures selected for review and improvement. CPC developed systems to track and report performance against these measures and deploys the results weekly throughout the organization to ensure that the improvement initiative is producing desired results. There is knowledge, attention and involvement throughout all levels of the organization regarding the importance of the effects of quality improvement activities to the overall performance and quality of our System of Care.

CPC utilizes FSFN, DCF Web Portal, and Mindshare to generate a variety of critical internal reports. Mindshare is a FSFN data-mining system that allows for daily, real-time tracking of everything from home visits to trending of national data measures, our DCF contract measures and CF SR case review outcomes. In addition to reporting, Mindshare has a built-in system that provides notice to all levels of case management staff of upcoming tasks needing completion. CPC has found that continuous emphasis on performance and accountability using these tools is a critical component in assuring performance and forms the initial basis for our QI efforts.

The second component of the CPC QA System is Quality Improvement. As discussed above, continuous reviews of performance by the leadership team forms the basis for our QI efforts. We use data as a management tool and are able to proactively address any opportunities for improvement that exist. Based on the review of the data generated from FSFN, RSF reviews and CF SR/Florida CQI case reviews, formal improvement plans are developed by the leadership team in partnership with the internal or subcontracted staff who are responsible for making improvements in key performance areas. When needed, formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes is implemented in our system. CPC has used this approach to reduce the incidence of runaways and to reduce the number of children returning to out of home care. A strength of this approach is the partnership between CPC staff and DCF. This has allowed for the broadest possible input from child welfare professionals at all levels and significantly improves solution-focused efforts within the organization. This multi-level approach allows for effective dissemination of law changes, policy updates, and implementation of best or promising practices as key staff are engaged in the improvement planning and training processes.

As new information becomes available through case reviews, performance measure trend data or from other sources, CPC will systematically evaluate the information and address the issue with one of the strategies outlined above based on the nature of the information, the expected outcomes and the overall impact of the initiative on improving our system of care.

### **Systemic Factor Monitoring**

CPC will address the Child and Family Services Review Systemic Factors through implementation of new practices and enhancement of existing systems that are intended to provide improvement in the areas that were identified as needing action. In order to address the Systemic Factor related to the Statewide Information System, CPC will utilize Mindshare, a FSFN data-mining and analytics system, to ensure data integrity by developing reports to

assist with quickly identifying errors and electronically notifying case management of data that is missing, late or duplicative. The use of Mindshare by operational and management staff will help to ensure that the data entered in FSFN is accurate and timely.

The Systemic Factor related to Service Array and Resource Development in rural areas will be addressed through ongoing monthly child welfare stakeholder community meetings in Putnam County, the most rural area of CPC's purview, in order to ensure comprehensive availability of services for children and families that are served by the system of care in that county.

Systemic Factors will be monitored monthly through a performance data and service array review at CPC Operational Managers meeting and the DCF/CPC Breaking Barriers meetings in order to ensure overall progress and compliance.

### **Local Performance Improvement Strategies for CFSR and RSF Findings**

#### ***Safety Outcomes***

To continue address the practice trend involving effectively developing and monitoring safety plans CPC, in conjunction with the University of South Florida, will deliver training to all case management staff that reinforces the critical importance of safety planning. The curriculum for this training will include developing safety plans when conditions for return are met, consistent monitoring of safety plans, maintaining regular contact with safety monitors and updating safety plans at critical junctures. Along with the core training objectives, there will be an additional focus for supervisory staff on reviewing safety plans for sufficiency and the importance of the supervisor consistently conducting guided discussions with the case manager to promote effective practice and decision making. The in-service training will be delivered to all case management staff, judicial and non-judicial, in order to be sure that all of the training concepts and objectives are conveyed to ensure that safety planning for children and families is occurring effectively and appropriately.

The monitoring for improvement in the development and management of appropriate safety plans will include completion of the training and ongoing Operational Management review and analysis of Rapid Safety Feedback reviews, Florida CQI case reviews and other case-related data in order assess for effectiveness of the transfer of knowledge from the classroom to the field level with regard to developing and monitoring appropriate safety plans.

#### ***Permanency Outcomes***

The areas needing improvement regarding agency performance with Permanency Outcomes included parental engagement and preserving connections for children in care. To address this local practice trend, CPC will be conducting an in-service training for all case management staff that focuses on reducing trauma for children in care through parental engagement and techniques to help parents maintain a relationship with their children through regular meaningful contact and involvement in decision-making and planning. The training will also address trauma reduction for children through preserving connections and enhancing the continuity of familial relationships with is critical for children in care.

Progress will be measured by CPC by ensuring training completion and ongoing Operational Management analysis of Florida CQI case review data to assess improvements with parental engagement and preserving connections for children in care.

### ***Well-Being Outcomes***

The area needing improvement regarding engaging fathers will also be addressed through a 'Reducing of Trauma for Children in Care' training that will be conducted by the University of South Florida. The additional area needing improvement is the completion and documentation of regular medical/dental exams for children in out of home care and it will be addressed through ongoing agency oversight by both Case Management Managers and the CBCIH/ CPC Nurse Care Coordinator in order to continue to make improvements with this measure.

Progress will be measured by CPC by ensuring training completion and ongoing Operational Management analysis of Florida CQI case review data with regard to improvements with engaging fathers and applicable FSFN data reports that measure documentation of routine medical and dental examinations for children in out of home care.