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.

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, CFC’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.

Guiding Principles
Based on this vision, CPC works with its community partners to:

- Provide services that are strength based, culturally competent and community based;

- Address the needs of the child/family to achieve meaningful outcomes for children;
- Reduce the placement rate and length of stay in care (LOS) by increasing access to individualized, wraparound services for more children and families to divert children from unnecessary placements, shorten time in care when placement is needed, and support families after reunification to prevent re-entry;

- Improve the timeliness and quality of assessment, case planning and service provision to children in care;

- Actively involve families in the case planning process throughout the episode of care;

- Recruit and retain an adequate number of qualified foster homes and fill in the array of other placement options;

- Increase timely adoptions when adoption is the best permanency option;

- Increase independent living services;

- Coordinate the services of substance abuse and mental health agencies in order to meet the behavioral health needs of children and their parents to advance safety, well-being, and permanency goals;

- Maintain a stabilized workforce offering opportunities for professional and personal development for its employees.

**Core Values**
As set by the Chief Executive Officer, all CPC staff uphold the company values of courage, commitment, candor and competence in how we conduct our work and interact with others.

We strive to:

- Have the **courage** to do the right thing at the right time for the right reasons.

- Be **committed** to the mission, the company and each other to ensure success.

- Have the **candor** to speak openly and honestly, be passionate about our position regarding an issue and support the final decision.

- Have the **competence** to know our jobs, continually increase our professional development and successfully meet our outcomes.

**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.

I. Focus on Coordination

**Unit Supervisory Discussion Guide**

**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.

**Objective:** CPC frontline supervisors will review 100% of open cases assigned to their unit every ninety (90) days. These reviews will be conducted by unit supervisors face-to-face with the assigned case manager in a supervisory discussion format utilizing the “Mentoring and Modeling Quality” Discussion Guide.

**Review 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/ individuals 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 discussion.

The Quality Assurance Department will track compliance through FSFN reports and disseminate compliance to Unit Supervisor and Senior Management Team via the Unit Data Report on a weekly basis. In addition to tracking compliance, a random minimum sample of five cases per supervisor will be selected on a quarterly basis by the Quality Assurance Department to review the chronological note for quality and content purposes as described above.

**CBC Base Reviews**

**Purpose:** Case Reviews are intended to be an internal review of service quality elements and oversight of compliance with practice standards. The purpose of the base review is to provide structured feedback for enhancement of casework process and collect data to determine areas of strong service delivery and areas that need improvement.

**Objective:** CPC Quality Assurance staff will review a sample of 12 cases each quarter selected randomly by DCF Central Office and provided to CPC on or before the 15th day of the month preceding the review quarter. These reviews will be conducted by agency Quality Assurance Staff using the approved Case Management Review Tool and Interpretive Guidelines.

**Process:** The reviewers selected for the base reviews are the three (3) current Quality Assurance Specialists employed by CPC. Quality Assurance Specialists are required to:

1. Possess a bachelor’s degree in the Human Services
2. Complete Phase I of the Pre-Service Training, Supervisory Certification through successful completion of the Field Based Performance Assessment and Case Management Review Tool training.

Quality Assurance staff will receive a sample list from the Department of Children and Families Central Office by the 15th of the month preceding the review quarter. The extract consists of children who are service recipients during the defined selection period are selected based on the approved Central Office sample methodology. The cases will be assigned to CPC Quality Assurance Specialists with the expectation that all case reviews will be completed during the first two months of the review quarter. The final month of the review quarter will be utilized for tracking, analyzing, trending and reporting of the findings. CPC will use the internal tracking systems to input, summarize and review case data.
Quality Services Review

**Purpose:** Quality Service Reviews (QSR) are intended to be a powerful self-evaluation tool, helping child welfare agencies assess the effectiveness of their practices and the interventions provided to the families served. Quality Service Reviews are directly tied to the core components of individualized practice- engagement, assessment, planning, implementation and results- each QSR measures the degree to which true practice is occurring with each individual family being served.

**Objective:** Quality Service Reviews significantly change the case review process utilized by CBC and DCF for the past few years. Quality Service Reviews focus less time on reviewing documentation and more time interacting and interviewing key case participants. The process focuses on two major components:

Child and Family Status Indicators - how the child and family/caretaker are functioning related to the following subcategories:

- Safety from Exposure to Threats of Harm
- Child Vulnerability
- Stability
- Living Arrangement
- Permanency
- Physical and Dental Health
- Emotional Well-being
- Early Learning and Development
- Academic Status
- Pathway to Independence
- Parent and Caregiver Functioning and Resourcefulness

Practice Performance Indicators how the system of care, services, case professionals impact the life of the child and family related to the following subcategories:

- Engagement Efforts
- Voice and Choice
- Teaming
- Assessment and Understand
- Planning for Safe Case Closure
- Planning for Transitions and Life Adjustments
- Implementation
- Maintaining Quality Connections
- Tracking and Adjustment
- Cultural Awareness and Responsiveness
- Psychotropic Medication Management
Each subcategory is reviewed via documentation review and case participant interviews for quality and compliance with core concepts and consideration ideals and is ranked on the following 6 point scale:

6 – Optimal Status/Practice  
5 – Good Status/Practice  
4 – Fair Status/Practice  
3 – Marginal Status/Practice  
2 – Poor Status/Practice  
1 – Adverse Status/Practice  
N/A

A summary report is completed regarding the findings. The summary report contains the following information:

**Facts about the Child and Family** (150 words):
Family Composition and Situation  
Agencies Involved and Providing Services  
Reasons for Services  
Services Presently Needed and Received

**Child’s Current Status** (250 words): Describe current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts necessary for an understanding of the family’s current status. The narrative should support and explain the overall status rating.

**Caregiver’s Status** (150 words): Because the child’s status is often linked to the family’s status, document whether the family is receiving the supports necessary to adequately meet the child’s needs and maintain the integrity of the home.

**Factors Contributing to Favorable Status** (100 words): When the status is positive, identify the contributions child resiliency, family capacities, and use of natural supports and generic community services made.

**Factors Contributing to Unfavorable Status** (about 100 words): Describe the local conditions that seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future if status is not improved.

**System Performance Appraisal Summary:** Describe the current performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances necessary for understanding the situation.

**What’s working Now** (250 words): Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors contributing to the current success of these system functions.

**What’s Not Working Now and Why** (150 words): Identify and describe any service system
functions not working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

**Six-Month Forecast/Stability of Findings** (150 words): Based on the current service system performance found for the child, is the child’s overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions likely to occur over the same time period, and explain your response.

**Practical Steps to Sustain Success and Overcome Current Problems** (100 words): Suggest several practical next steps to take to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and improve poor practices and local working conditions for this child and family in the next 90 days.

**Review Process:** CPC Quality Assurance staff will review a random sample of 5 cases each quarter using the Quality Services Review model. Each quarter a random sample of 5 open cases primary to the services units will be selected for this review process. The sample will be chosen by utilizing either a listing provided by DCF or if that listing is not available/provided by DCF then CPC will utilize the FSFN report Children Active Receiving In-Home or Out-of-Home Services Daily Listing by Agency. CPC will use the approved sampling methodology for obtaining the QSR sample as outlined in the Florida Quality Service Review Protocols for Child Welfare Case Management Reviews.

The reviewers utilized for the Quality Services Reviews are the three (3) current Quality Assurance Specialists employed by CPC. Quality Assurance Specialists are required to:

1. Possess a bachelor’s degree in the Human Services

2. Complete Phase I of the Pre-Service Training, Supervisory Certification through successful completion of the Field Based Performance Assessment and Case Management Review Tool training.

All staff that complete reviews will be trained in the Department of Children and Families’ (DCF) Quality Services Review process within 6 months of hire and/or beginning a review. Staff who have not been trained and are awaiting training may participate in reviews but may not be the lead reviewer. The lead reviewer will always be staff who have taken the DCF training and have been certified by DCF.

All reviews will be completed in teams of two. Reviews consist of documentation review, case interviews and debriefings with the Dependency Case Manager and the Dependency Case Manager Supervisor.

All reviews will be completed and entered into the DCF web-based tool at: [http://apps1.dcf.state.fl.us/WebSecurity/login.aspx](http://apps1.dcf.state.fl.us/WebSecurity/login.aspx)

Reviews will be completed and entered into the DCF web-tool by the following dates:
1. September 15, 2011 (for reviews completed in July – September 2011) Pilot Qtr
2. December 15, 2012 (for reviews completed October – December 2011)
3. March 15, 2012 (for reviews completed January – March 2012)
4. June 15, 2012 (for reviews completed April – June 2012)

**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 are 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.

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

**Local Review Schedule:**

**Base Reviews**
Quality Assurance staff will receive a sample list from the Department of Children and Families Central Office prior to the beginning of the review quarter. The cases will be assigned to CPC Quality Assurance Specialists with the expectation that all case reviews will be completed during the first two months of the review quarter. The final month of the review quarter will be utilized for tracking, analyzing, trending and reporting of the findings. CPC will use the internal tracking systems to input, summarize and review case data.

**Quality Service Reviews**
Quality Assurance staff will receive a sample list from the Department of Children and Families Central Office prior to the beginning of the review quarter. The cases will be assigned to Quality Assurance Specialists with the expectation that all case reviews will be completed during the first two months of the review quarter. The final month of the review quarter will be utilized for tracking, analyzing, trending and reporting of the findings. CPC will use the Statewide QA Database to input, summarize and review case data.

**Coordination of Quality Processes**
Finance and Performance Committee: CPC’s Board of Director’s has established a formal Finance and Performance Committee. This committee is comprised of four (4) active Board Members and CPC Senior Management Staff. The committee meets on a monthly basis with one of the main purposes being to review the company’s overall performance. The committee developed a Strategic Objectives Report that outlines compliance with Contract Performance measures to include current status, validation tools and whether quality improvement activities are required.
DCF/ CPC Monthly Performance Reviews: DCF Contract Management Staff and CPC Quality Assurance Staff meet by the 20th of every other month 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 on a monthly basis to review subcontract performance and issues related to foster care licensing placement or management of foster homes.

II- Focus on Results

Contract Measure Performance:

<table>
<thead>
<tr>
<th>Proposed 2011-2012 Contract Performance Measures</th>
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<tr>
<td>Performance Measures:</td>
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<tr>
<td>1. The percentage of children served in out-of-</td>
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<td>home care who are not maltreated by their out-</td>
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<td>of-home caregiver shall be at least 99.68%.</td>
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<td>2. The percentage of children under supervision</td>
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<td>who are required to be seen every 30 days who</td>
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<td>are seen every 30 days month shall be 99.50%.</td>
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<td>3. The percentage of children reunified who were</td>
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<td>reunited within 12 months of the latest removal</td>
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<tr>
<td>shall be at least 76.2%.</td>
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<td>4. The percentage of children reunified who re-</td>
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<td>entered out-of-home care within 12 months shall</td>
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<tr>
<td>not exceed 9% percent.</td>
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<td>5. The percentage of children who were adopted</td>
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<td>who were adopted within 24 months of the latest</td>
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<td>removal shall be at least 44.6%.</td>
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<td>6. The percent of children in out-of-home care</td>
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<td>24 months or longer on July 1 who achieved</td>
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<td>permanency prior to their 18th birthday and by</td>
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<td>June 30 shall be at least 34.54% percent.</td>
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<td>7. The percentage of children in out-of-home</td>
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<td>care for at least eight days, but less than 12</td>
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<td>months, who had two or fewer placement settings,</td>
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<td>shall be at least 86% percent.</td>
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<tr>
<td>Tracking:</td>
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<tr>
<td>Data collected via DCF Performance Dashboard/</td>
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<tr>
<td>FSFN reports.</td>
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8. The number of children with finalized adoptions between July 1, 2011 and June 30, 2012 shall be at least TBD.

Data collected via DCF Performance Dashboard/ FSFN reports.

**Reporting:**
CPC has developed comprehensive systems to report contract and Unit performance to management, the Board and community stakeholders.

CPC compiles data and disseminates the CPC System Data Report via e-mail on a weekly 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.

**Strategic Objectives set by the Board:**

CPC and its Board have set the following strategic objectives for fiscal year 2011-2012:

<table>
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<tr>
<th>Strategic Goal</th>
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<tbody>
<tr>
<td>I. Meet all contract performance outcomes and implement a quality System of Care for citizens of Volusia, Flagler and Putnam Counties.</td>
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**Objectives**

- Maintain case management turnover at no more than 25%
- Reduce out-of-home care by 50%. Reduce licensed care by 15% from the level stated January 1, 2011.
- Continue to work with DCF on identifying issues with FSFN – Develop an improvement plan in cooperation with DCF
- Continue planning an ASO concept where we can implement best-practices across key areas (Finance, IT, Training, HR, Grant Writing) by June 30, 2012.
- Document, submit, and implement all necessary steps to be COA accredited by June 2012.
- Foster Care Redesign objective(s) – Through the implementation of foster care redesign reduce the shelter rate of children to the state average by December 2011 and reduce the rate to below the state average by December 2012.

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<td>II. Strengthen community advocacy initiatives to take a leadership role in working with providers and developing resources.</td>
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**Objectives**

- Hold a legislative session for local legislative delegates, city and county leaders and conduct at least two community forums on an annual basis to include legislative delegates, community partners, and local businesses with the purpose of increasing community involvement

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<tr>
<td>III. Strengthen Community Relations by taking a leadership role to engage a broad range of providers and community support to meet the changing needs of clients.</td>
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</table>

**Objectives**
Ensure attendance and active participation at all executive committee meetings of One Voice for Volusia
Implementing a grant writing function within the ASO process
Facilitate community partnerships with local provider partners in fundraising activities
Build a comprehensive Strategic Communications Plan
Conduct quarterly personalized, target specific, direct mail campaigns to include personal update letters from the CEO and Board of Directors
Continue CEO community relations initiative to include donor outreach through personal visits, phone calls and written communications

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<tr>
<td>IV. Improve Board development, recruitment, and retention.</td>
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**Objectives**

| Increase to a total of 15 members from a developed list of specialties by December 31, 2011 |
| Develop a process to ensure that board membership will represent all counties in the service area consistent with client population by December 31, 2011. (2 Flagler, 2 Putnam, and over Volusia with at least 1 Southeast Volusia, 1 West Volusia) |

**Reporting:**

A Strategic Objective Status Report that details the action steps, outcomes and responsible party is updated and disseminated to each Board member on a quarterly basis.

**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:**
CPC disseminates Subcontractor Performance Summary Reports on a quarterly basis to the Board and CPC Senior Management. 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. CPC’s contract management team produces detailed summary reports for subcontractor performance on a quarterly basis and provides to the Board of Directors and interested stakeholders for review.

**Ongoing Improvement Initiatives:**

The primary purpose of CPC’s Quality Management System is to identify critical performance/outcome measures, track performance against those measures, 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, and data from our case reviews. This examination is focused on those measures which produce the critical outcome of 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 develops 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 is addressing the contract performance measure: No more than 9% of children are removed within 12 months of a prior reunification through the development and ongoing implementation of the countermeasures developed through the Quality Improvement and Control (QIC) Story.

**Independent Annual or Multi-Year Evaluation of Child Welfare Practice and Outcomes:**

Community Partnership for Children will either contract with a private sector third party reviewer or will partner with one or more other Community Based Care Lead Agencies to complete the independent annual/multi-year evaluation of child welfare practice and outcomes audit. CPC will ensure this audit includes QSR data. This report will be presented to the CPC Board of Directors and other identified local community structured forums to develop a System Improvement Plan. The System Improvement Plan will establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement.

**Evaluation and Reaction to New Information:**

CPC’s Quality Assurance System is focused on Quality Improvement. Continuous reviews of performance by the leadership team form the basis for our quality assurance efforts and ensures that we quickly identify and address opportunities for improvement. Actions may include the development of new tracking tools, implementation of countermeasures and monitoring of progress. A second approach used by CPC is a formal improvement process. Steps include formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes. CPC has used this approach to reduce the incidence of runaways and is currently using this approach to reduce the number of children returning to out of home care. One of the strengths of this approach has been the engagement of CPC staff at all levels, along with staff from the Department. This has allowed for the broadest possible input from child welfare professions at all levels and significantly improved solution adoption within the organization.

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.

**Critical Life, Health or Safety Threats:**

CPC has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. If a reviewer determines there is a threat to the child’s life, health or safety a Request for Action Form is completed that clearly documents the unresolved concerns and demographic information. The form is routed to the Chief of Quality Assurance and Contracted Services to review for completeness/accuracy for tracking purposes. The Request for Action form is then routed to the Director of Case Management for action/response on the same business day that the concern was identified. The Director of Case Management has one (1) business day from the receipt of the Request for Action Form to provide a written response to the Chief of Quality Assurance and Contracted Services resolving the issue.
presented and the immediate actions taken. All follow-up including actions required or completed for resolution will be reported the same business day that they occur until the presented critical life, health of safety threat is satisfactorily resolved. CPC Quality Assurance Department will track the flow, timeliness and follow-up for all Request for Action Forms received.

**National Accreditation:**

CPC has chosen to seek accreditation through the Council on Accreditation (COA.) COA is an internationally recognized accreditation organization with a focus on child welfare. COA serves as an oversight agency ensuring the organizations they accredit are providing quality services to their customers. CPC has hired a Project Manager for the focused purpose of applying and coordinating our agency's full accreditation by the Fiscal Year 2012/2013.