QUALITY MANAGEMENT AND CQI PLAN
FY2015-2016

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.
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 and Executive Management Team will track compliance through FSFN reports and Mindshare. 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. The qualitative and quantitative information is compiled, summarized and reviewed by Executive Management for action as needed.

Case Management Quality Assurance Reviews

Purpose: The Quality Assurance Specialists will complete case reviews this fiscal year using 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 three specific review tools designed to compile more comprehensive information about our families and to provide accurate feedback to case management. These tools include the Rapid Safety Feedback process using Safety Decision Making Methodology (SDMM), the Florida Child and Family Services Review (FL CFSR) tool, aligned with the Federal CFSR; and the Federal CFSR Review with in-depth interviews of all case participants and other essential persons. These reviews will more readily identify concerns in case management practices or systemic issues to improve positive results for the child and family.
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:

CFSR Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate.

- Item 1: Were efforts made to provide services to the family to protect the child and prevent removal?
- Item 2: Were initial and on-going assessments conducted to assess emerging/impending danger relating to the child(ren) in their home?
- Item 3: Did the agency develop an appropriate safety plan with the family?
- Item 4: If safety concerns were present, did the agency continually monitor the safety plan as needed?
- Item 5: Are background checks and home study or assessment sufficient and responded to appropriately?

CFSR Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children’s Needs

- Item 6: Were the frequency and quality of visits between the case worker and child(ren) sufficient to ensure safety, permanency and well-being?
- Item 7: 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?

Florida Specific

- Item 8: Safe Case Closure
- Item 9: Supervisory Case Consultation

For Trend Reporting

- Item 10: Was a case consultation completed?
- Item 11: Was a Request for Action Completed in FSFN for an immediate safety concern?
- Item 12: Was the case a safety methodology case?

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

CFSR Safety Outcome 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

- Item 1: Were responses to accepted child maltreatment reports and face to face contact with the children made timely
CFSR Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate.

- Item 2: Were efforts made to provide services to the family to protect the child and prevent removal?
- Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns?

CFSR Permanency Outcome 1: Children have permanency and stability in their living situations

- Item 4: 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?
- Item 5: Did the agency establish the appropriate permanency goal for the child in a timely manner?
- Item 6: Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living arrangement?

CFSR Permanency Outcome 2: The continuity of family relationships and connections is preserved for the children have permanency and stability in their living situations

- Item 7: 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?
- Item 8: Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living arrangement?
- Item 9: 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?
- Item 10: Did the agency make efforts to place the child with relatives when appropriate?
- Item 11: 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?

CFSR Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

- Item 12: Did the agency make concerted efforts to assess the needs and provide services to children, parents and foster parents?
- Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process?
- Item 14: Were the frequency and quality of visits between the case worker and child(ren) sufficient to ensure safety, permanency and well-being?
- Item 15: 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?
CFSR Well-Being Outcome 2: Children receive the appropriate services to meet their educational needs

- Item 16: Did the agency make concerted efforts to assess the children’s educational needs and appropriately address any identified needs?

CFSR Well-Being Outcome 3: Children receive the adequate services to meet their physical and mental health needs

- Item 17: Did the agency address the physical health needs of the children, including dental health needs?
- Item 18: Did the agency address the mental/behavioral health needs of children?

Florida Specific

- Item 19: Safe Case Closure
- Item 20: Supervisory Case Consultation

For Trend Reporting

- Item 21: Was a case consultation completed?
- Item 22: Was a Request for Action Completed in FSFN for an immediate safety concern?
- Item 23: Was the case a safety methodology case?

Objective: The Quality Assurance Specialists will review a total sample of twenty-five (25) cases each quarter (ten (10) Rapid Safety, thirteen (13) FL CFSR and two (2) FL CFSR In Depth) selected from the Office of Child Welfare reports in FSFn on or before the 15th day of the month preceding the review quarter. The reviewers will use the appropriate mix of in-home/out-of-home cases as determined by the Chief Operating Officer (COO) for that quarter. Reviews will be completed and entered into the DCF web portal database by the 15th of the month following the end of the quarter being reviewed.

Review Process: Quality Assurance Specialists will receive a sample list of children who are service recipients during the defined selection period and are selected based on the approved Central Office sample methodology. The applicable number of cases will be vetted for review and then assigned to a specific Quality Assurance Specialist 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 with the COO and QA Specialists is completed for all cases in order to increase inter-rater reliability.

The Rapid Safety Feedback outcomes will be entered into the Department of Children and Families (DCF) QA portal and the case consultation process that will be utilized will be to review five (5) completed cases per week for two weeks (ten cases total) by means of 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 and Supervisors). Each case will be reviewed as to their strengths and areas needing improvement, and if improvements are identified, additional guidance will be provided and a due date assigned. This guidance, written as Action Steps, will be agreed upon during the discussion. The QA Specialists will then enter the outcomes of the consultation in FSFN using the appropriate screen to designate the Request for Action (Safety, FSFN or Administrative) and then follow through to completion immediately for Safety concerns and within thirty (30) days of the consult date for FSFn or Administrative Requests for Action.

The FL CFSR Review will be completed using the CFSR Onsite Review Instrument dated July 2014 and outcomes entered into the Federal Online Management System (OMS). The consultation process will take place after the cases have been de-briefed with the COO. The assigned QA Specialist will then meet with the appropriate Program Office Administrator (POA), Case Manager Supervisor (CMS) and Case Manager (CM) to discuss the findings and recommendations. The QA Specialist will then enter outcomes of the consultation into FSFN using the appropriate screen to designate the Request for Action (Safety, FSFN or Administrative). Aside from immediate response for a Safety Request for Action, the CMS will be responsible to follow through to completion of any recommendations within thirty (30) days of the consult date.

**Child and Family Services Review (CFSR) with Stakeholder Interviews**

**Purpose:** The Federal Child and Family Services Reviews (CFSR) with in-depth interviews will be completed using the CFSR Onsite Review Instrument dated July 2014 and outcomes entered into the Federal Online Management System (OMS). The reviews will include interviews with case participants and community stakeholders to provide an in-depth study of case management practice and systemic factors affecting positive outcomes for our families.

**Objective:** The Quality Assurance Specialists will review a sample of two (2) cases each quarter selected from the Office of Child Welfare reports in FSFN on or before the 15th day of the month before the review quarter. One in-home and one out-of-home case will be selected and completed by the 15th of the month following the end of the quarter being reviewed.

**Review Process:** The review process will ensure that two (2) QA Specialists will complete the case review process. On each case 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 include no fewer than seven case participants. Interviewees will include the Case Manager Supervisor, the Case Manager, the parent/relative/foster parent (when applicable), any major 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). After completion of the interviews and review tool - the lead reviewer will de-brief with the COO and then staff a consultation with the appropriate POA, CMS and CM to review the findings and discuss strengths and areas needing improvement. The lead QA Specialist will then enter outcomes of the consultation into FSFN using the appropriate screen to designate the Request for Action (Safety, FSFN or Administrative).
Schedule of Case Management Quality Assurance Reviews

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<th>First Quarter Review Schedule (July 2015 - September 2015)</th>
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<td>October 15, 2015</td>
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<th>Second Quarter Review Schedule (October 2015 – December 2015)</th>
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<td>October 31, 2015</td>
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<td>November 30, 2015</td>
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<td>December 31, 2015</td>
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<td>January 15, 2016</td>
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<th>Third Quarter Review Schedule (January 2016 – March 2016)</th>
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<td>January 31, 2016</td>
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<td>February 28, 2015</td>
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<td>March 31, 2015</td>
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<td>April 15, 2016</td>
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<th>Fourth Quarter Review Schedule (April 2016 – June 2016)</th>
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<td>April 30, 2015</td>
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<td>May 31, 2015</td>
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<tr>
<td>June 30, 2015</td>
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<td>July 15, 2016</td>
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*Sample sizes will be adjusted during the Federal CFSR period of April 1 – September 30, 2016. See the QA Calendar on the Center for Child Welfare for actual scheduled dates

Federal Child and Family Services Review (CFSR) with Stakeholder Interviews

Community Partnership for Children will be participating in the formal Federal Child and Family Services Review scheduled to be completed in the State of Florida April 1 – September 30, 2016. The review will partner the agency’s Quality Assurance Specialists with federal staff (the Children’s Bureau) in a two level process to assess the outcomes of children and families served by the state’s child welfare agencies and to identify systemic factors that affect the ability of state agencies to help children and families achieve positive outcomes. Community Partnership is scheduled to complete three (3) out-of-home reviews (April 2016, May 2016 and July 2016) and one (1) in-home review (August 2016).

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.

Coordination of Quality Processes

Operations Committee: CPC’s Board of Director’s has established an Operations Committee. This committee is comprised of four (4) active Board Members and CPC Executive Management Staff. The committee meets on a bi-monthly basis with one of the main purposes being to review the company’s overall performance. The committee reviews the CBC Lead Agency Scorecard, Contract Performance Reports and the System of Care Data to determine current status and whether quality improvement activities are required.

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 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

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.
### 2015-2016 Contract Performance Measures

<table>
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<tr>
<th>Performance Measures:</th>
<th>Tracking:</th>
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<tr>
<td>1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least 99.68%.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>2. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%.</td>
<td>Data collected via DCF Performance Dashboard</td>
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<td>3. The percentage of children reunified who re-entered out-of-home care within 12 months shall not exceed 9.9% percent.</td>
<td>Data collected via DCF Performance Dashboard</td>
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<tr>
<td>4. The percentage of children who were adopted who were adopted within 24 months of the latest removal shall be at least 44.6%.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>5. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 29.1% percent.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>6. The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86% percent.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>7. The number of children with finalized adoptions between July 1, 2015 and June 30, 2016 shall be at least 142.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>8. The percentage of children under supervision who are required to be seen every 30 days who are seen every 30 days month shall be 99.50%.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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**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.

**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 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 our DCF contract measures. 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, 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.