CBC LEAD AGENCY
QUALITY ASSURANCE PLAN
2009-2010

COMMUNITY PARTNERSHIP FOR CHILDREN SERVING VOLUSIA, FLAGLER AND PUTNAM COUNTIES
Background and Introduction

Community Partnership for Children’s (CPFC) 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

Community Partnership for Children (CPFC) 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. CPFC contracts with the State of Florida Department of Children and Families to serve area children who have been abused or neglected. CPFC 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, CPFC’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 Community Partnership for Children 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

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

- CPFC 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.

- CPFC 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.

- CPFC 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, CPFC 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 CPFC 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 CPFC’s overall approach to service provision. In executing our mission, vision, and values, CPFC 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), CPFC staff, board members, subcontractors, funders, legislators, other social service organizations, and the media.

This practice, which has become a hallmark of CPFC’s service approach, serves several purposes. First, it fosters trust in CPFC 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 CPFC’s partners in the community mindful of the areas of systemic success and those in need for improvement. Third, it communicates CPFC’s value of accountability for performance. Finally, having stakeholders throughout the community review performance data prompts CPFC 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: Community Partnership for Children frontline supervisors will review 100% of open cases assigned to their unit every quarter. 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: At least once a quarter 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 two (2) 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:** Community Partnership for Children Quality Assurance staff will review a sample of 17 cases each quarter selected randomly by DCF Central Office and provided to Community Partnership for Children 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 two (2) current Quality Assurance Specialists employed by Community Partnership for Children. 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 Department of Children and Families is currently revising the sampling methodology for the Base Review sample that will be utilized during F/Y 2009/2010. The review period will be the preceding 12 months from the review date. The cases will be assigned to the two 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. Community Partnership for Children will use the DCF Statewide QA Database to input, summarize and review case data.

**Side-by-Side Reviews**

**Purpose:** Side-by-Side Case Reviews are intended to be a promote knowledge building and sharing among DCF regional QA staff and Community Partnership for Children QA staff. The purpose of the Side-by-Side review is to provide collaborative quality assurance oversight of practice compliance and vital information for practice improvement.

**Objective:** Community Partnership for Children Quality Assurance staff will review a sample of 8 cases each quarter from DCF Central Office for the Side-by-Side Review. These reviews will be conducted according to the attached Regional Side-By-Side Review calendar (Appendix I).

**Process:** The reviewers identified for the Side-by-Side reviews will be the two (2) current Quality Assurance Specialists employed by Community Partnership for Children and the selected Department of Children and Families regional staff. Community Partnership for Children Quality Assurance staff will receive the sample list of the eight (8) cases to be reviewed from the Department of Children and Families Central Office prior to the scheduled review. The Department of Children and Families is currently revising the sampling methodology for the Side-by-Side Review sample. CPFC QA staff will retrieve the requested case files from the Centralized Filing Room and tab all of the documents required to complete the Case Review Tool in order to assist with the location of documents during the Side-by-Side review.

**Psychotropic Medications for Children in Foster Care**

**Purpose:** To ensure that express and informed consent or court approval has been obtained for children in foster care who are prescribed psychotropic medication and a valid medical plan is maintained in the child’s record.

**Objective:** Community Partnership for Children has identified a Program Specialist that will record, track, monitor and manage all children in foster care who have been prescribed psychotropic medication. The Specialist will also ensure that a valid medical plan is maintained in the child’s record and appropriate consent/court approval has been obtained.

**Process:** Community Partnership for Children has developed the following corrective action steps in the agency’s Psychotropic Medication Action Plan:

- Amend the Case Transfer Sheet (ESI) to include all information regarding psychotropic medication to include consent status.
- Amend the Monthly Child Status Forms submitted by subcontracted providers who manage foster homes and group homes to include dosage, prescribing physician and medication names of all children served.
• In conjunction with DCF, arrange and participate in advocacy training for frontline staff regarding treatment alternatives to psychotropic medication and the need to seek second opinions as needed when psychotropic medication is recommended as a form of treatment.
• Develop protocol for conducting 90-day multidisciplinary staffings for every child in foster care prescribed psychotropic medication to ensure that all statutory requirements are being met and that express and informed consent or court order has been obtained.
• Conduct monthly data integrity reviews of FSFN/AHCA lists to ensure validity of tracking system for children prescribed psychotropic medications.

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 Community Partnership for Children may conduct a focused topic review. The purpose of these reviews are to support department or CPFC in assessing areas of concern or to supplement information obtained from others Quality Assurance processes.

Objective: Community Partnership for Children 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.

Local Review Schedule:

Quality 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 the two 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. Community Partnership for Children will use the Statewide QA Database to input, summarize and review case data.

Side-By-Side Reviews

Coordination of Quality Processes
Finance and Performance Committee: Community Partnership for Children’s Board of Director’s has established a formal Finance and Performance Committee. This committee is comprised of four (4) active Board Members and Community Partnership for Children 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 Reprt (Appendix II) that outlines
compliance with Contract Performance measures to include current status, validation tools and whether quality improvement activities are required.

DCF/ CPFC Monthly Performance Reviews: DCF Contract Management Staff and CPFC 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 Performance and Program Meetings: CPFC Program Office, CPFC Contract Management and 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:

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<thead>
<tr>
<th>2009-2010 Contract Performance Measures</th>
<th>Tracking:</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-home care who are not maltreated by their out-of-home caregiver shall be at least 99.34%.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<tr>
<td>2. The percentage of children under supervision who are required to be seen each month who are seen each month shall be 100%.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>3. 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>4. The percentage of children reunified who re-entered out-of-home care within 12 months shall not exceed 9% percent.</td>
<td>Data collected via DCF Performance Dashboard</td>
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<td>5. 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>6. 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 30% percent.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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<td>7. 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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8. The number of children with finalized adoptions between July 1, 2009 and June 20, 2010 shall be at least 129.

Data collected via DCF Performance Dashboard/ FSFN reports.

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

Community Partnership for Children compiles data and disseminates the CPFC System Data Report (**Appendix III**) via e-mail on a weekly basis. The report is sent to DCF, administrative staff of our subcontracted providers, CPFC 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.

Community Partnership for Children compiles data and disseminates the CPFC Unit Data Report (**Appendix IV**) via e-mail on a bi-weekly basis. The unit data report is provided to the Program Operations Administrators, supervisors and other members of the management team to maintain focus on targets relating to Out of Home Care management.

**Strategic Objectives set by the Board:**
Community Partnership for Children and its Board have set the following strategic objectives for fiscal year 2009-2010:

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<th>Human Resources:</th>
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<tr>
<td>Maintain Case Management turnover at no more than 25%.</td>
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<td>Implement Alternative Work Location Plan.</td>
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<th>Board Advocacy:</th>
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<td>Commitment by Board Members to attend all DCF/ CBC Board Chair meetings with the Department Secretary.</td>
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<tr>
<td>Board members to conduct (2) two outreach/educational sessions for local legislative delegates, city and county leaders on an annual basis.</td>
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<th>Communications</th>
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<td>Commitment by Board Members to secure 25 Speaker’s Bureau engagements on an annual basis.</td>
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<td>Conduct monthly personalized, target-specific direct mail campaigns form the CEO and/or Board Members to personal contact/e-mail lists.</td>
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<td>CEO to conduct (5) five donor outreach through personal visits or phone calls to key donors on a quarterly basis.</td>
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<td>Develop and implement a plan to improve web based outreach using current media tools such as YouTube, Face Book and Podcasts.</td>
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<th>Fund Development:</th>
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<td>Develop and implement an annual Fund Development Plan with Senior Management Team and Fund Development Committee.</td>
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<td>Hold a minimum of four special events annually in collaboration with a community partner that demonstrates a common mission intersection.</td>
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Increase business/corporate sponsorships by 25% from 42 to 52 by June 30, 2010.
Increase grant funding from $12,000 to $50,000 by June 30, 2010.
Increase cash donations and special events revenue from $100,000.00 to $150,000.00 by June 30, 2010.
Board of Directors will secure 5 business/corporate sponsors on an annual basis.
Board of Directors will secure 5 private donors on an annual basis.

**System of Care:**
- Meet all contract performance outcomes
- Reduce out of home care by 10% and licensed care by 6%.
- Develop and implement Advanced Collaborative Professional Development Training Plan with DCF/USF.
- Reduce Out of Home Care by 10%. Reduce Licensed Out of Home Care by 5%.

**Reporting:**
A Strategic Objective Status Report *(Appendix II)* that details the action steps, outcomes and responsible party is updated and disseminated to each Board member on a monthly basis.

**Contracted Provider Performance:**

CPFC has developed a comprehensive array of diverse and quality services that are responsive to the unique needs of the children and families we serve. CPFC 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 CPFC 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 CPFC 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 CPFC 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, CPFC 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, CPFC 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. CPFC completes regular follow-up reviews of any cited items to ensure that all identified issues have been corrected and institutionalized.

**Reporting:**
Community Partnership for Children disseminates Subcontractor Performance Summary Reports on a quarterly basis to the Board and CPFC Senior Management. Each subcontracted provider receives a Quarterly Provider Report Card for each contract that they have with Community Partnership for Children. 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. CPFC’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 CPFC’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 CPFC’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. CPFC 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.

**Ongoing Performance Initiatives for 2009-2010:**
CPFC is addressing the contract performance measure: No more than 9% of children are removed within 12 months of a prior reunification through the development of a Quality Improvement and Control (QIC) Story. This activity will continue for the 2009-2010 fiscal year.
CPFC is addressing the contract performance measure: The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%. Some improvement has been realized through the implementation of internal quality improvement tools to include a Reunification Tracking Log. A listing of all the children in out-of-home care more than 12 months is distributed monthly to each Unit Supervisor and to Program Office staff. Each week the supervisors receive a summary of their progress that includes the total number of children reunified the previous week. A workgroup will be established to begin developing additional countermeasures to meet this goal.

Evaluation and Reaction to New Information:

CPFC’s Quality Assurance System is focused on Quality Improvement. Weekly 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 CPFC 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. CPFC 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 CPFC 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, Community Partnership for Children 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 of Safety Threats:

Community Partnership for Children 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 Vice President of QA/Contracted Services to review for completeness/accuracy for tracking purposes. The Request for Action form is then routed to the Senior Vice President of Operations for action/response on the same business day that the concern was identified. The Senior Vice President of Operations has one (1) business day from the receipt of the Request for Action Form to provide a written response to the VP of QA/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. CPFC Quality Assurance Department will track the flow, timeliness and follow-up for all Request for Action Forms received.
National Accreditation:

Community Partnership for Children 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. Community Partnership for Children has begun preparation within the company to achieve full accreditation with the intent to file and application in 2010.