QUALITY MANAGEMENT PLAN
FY2013-2014
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, 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.

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.

**QA Staff Resources and Infrastructure**

The Quality Assurance Department is comprised of 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.

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 Senior 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.

CBC Quality of Practice Standards (QPS) Reviews

Purpose: Case Reviews are intended to be an internal review of service quality elements and oversight of practice standards. The purpose of the 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 15 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. Reviews will be completed and entered into the DCF web-tool by the following dates:
1. September 15, 2013 (for reviews completed in July – September 2013)
2. December 15, 2013 (for reviews completed October – December 2013)
3. March 15, 2014 (for reviews completed January – March 2014)
4. June 15, 2014 (for reviews completed April – June 2014)

Quality Assurance staff will receive a sample list from the Department of Children and Families Central Office that consists of children who are service recipients during the defined selection period and 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.

Reporting: The summary report of the quarterly QPS Review findings will include at a minimum the overall performance in the five practice areas:
- Assessments
- Family Engagement
- Service Planning and Provision
- Promoting Case Progress
- Supervisory Review and Oversight

**CBC 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 CPC 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 are 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 Understanding
- Planning for Safe Case Closure
- Planning for Transitions and Life Adjustments
- Implementation
- Maintaining Quality Connections
- Tracking and Adjustment
- 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 six 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

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 2 cases each quarter using the Quality Services Review model. Each quarter a random sample of 2 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.

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.

Reviews will be completed and entered into the DCF web-tool by the following dates:
1. September 15, 2013 (for reviews completed in July – September 2013)
2. December 15, 2013 (for reviews completed October – December 2013)
3. March 15, 2014 (for reviews completed January – March 2014)
4. June 15, 2014 (for reviews completed April – June 2014)
Quality Services Review Results: The Quality Service Review findings for Community Partnership for Children demonstrate that the agency performed well overall during the past fiscal year. The quality of our case management practices and system of care remains strong with significant strengths demonstrated in the Child and Family Status Indicators with acceptable performance outcomes in many of the Practice Performance Indicators.

Consistent positive performance was evidenced in many of the family status domains indicating that the desired conditions were present in the child’s life with their parent(s) and/or caregivers. Demonstrated strengths and favorable trends were achieved in the areas of safety, stability, well-being and functioning; but not without a few targeted areas of concern. Opportunities for improvement were identified in several of the core practice functions and although consistent results over time were evidenced in each of these domains, the majority of outcomes identified some performance gaps in key areas such as engagement, assessment and understanding and planning for safe case closure. Additionally, voice and choice, teamwork and adjusting/planning for transition were areas that needed improvement.

Some of the factors contributing to less than favorable performance were systemic - the changing of the primary case manager, the ICPC process and the lack of available services or waiting lists in some locations. As these issues are identified, the agency’s operational management team continues to address and analyze each situation in order to provide the best course of action to improve the quality and performance of our internal practices and our overall system of care.

The majority of the Six-Month Forecasts documented during the QSR process reflected favorable outcomes for our children; predicting the child would be maintained in their current high status with or reaching permanency soon; or improving to a higher level than their current overall status in an effort to move towards permanency.

In order to continue to address achieving safe and timely permanency for children, Community Partnership for Children continues to utilize Permanency Staffing Specialists to conduct in-depth permanency reviews at the 30-day, 5 month, and 10 month mark during the first critical 12 months of a case. This process allows for cases to be reviewed for compliance, service provision and the appropriateness of the permanency goal at regular intervals. In addition, CPC has developed and implemented a comprehensive reintegration staffing process in order to provide administrative oversight every thirty days for all children who are reunified for the purpose of ensuring safety, stability and permanence of the reunification. Assessment and engagement are two of the domains that CPC will continue to monitor.

**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

Quality of Practice Standards 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
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 developed a Strategic Objectives Report based on the CBC Lead Agency Scorecard that outlines compliance with Contract Performance and Scorecard 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 monthly 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.

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<tr>
<th>Performance Measures:</th>
<th>Tracking:</th>
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<tbody>
<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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<tr>
<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 34.54% 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, 2012 and June 30, 2013 shall be at least TBD.</td>
<td>Data collected via DCF Performance Dashboard/ FSFN reports.</td>
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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%.

Data collected via DCF Performance Dashboard/ FSFN reports.

Reporting:
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.

**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 utilizes FSFN, DCF Web Portal, Survey Monkey 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, weekly 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 is currently using this approach on reducing 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.