Mission: The Children’s Network of Southwest Florida is Committed to Working with the Community to Protect Children and Preserve Families

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AGENCY OVERVIEW

The Children’s Network of Southwest Florida (Children’s Network), through governance of its local Board of Directors, serves as the lead Community Based Care agency for child welfare services in Circuit 20, the five-county-area comprised of Charlotte, Lee, Collier, Hendry and Glades counties. Children’s Network performs administrative oversight of a robust network of contracted Case Management Organizations (CMO) and Specialty Providers that are responsible for direct service delivery to children and families, and works collaboratively with its local community stakeholders to achieve positive outcomes related to safety, well-being and permanency.

Children’s Network promotes a corporate culture of continuous quality improvement utilizing a total quality management framework. As such the agency’s organizational structure is designed to include quality assurance functions in all departments albeit there is a dedicated quality management team that participates in standardized case reviews and executes other related duties. The Programs Department evaluates Foster Care Recruitment, Retention, Licensing and Relicensing, monitors Exit Interviews, conducts Foster Parent Surveys, and tracks ICPC home studies. The Contract Unit performs programmatic oversight and monitors all contracted providers. The Utilization Department analyzes service accessibility and efficacy, facilitates linkage to providers beyond the service area, and assures smooth case transfer from Child Protection Investigation to the CMO. The Staff Development Department equips CMO / Children’s Network staff, stakeholders and community partners with knowledge of best practices and current policies. Additionally, the team executes secondary file reviews of all candidates recommended for certification through the Florida Certification Board. The Fiscal and Revenue Maximization units complete audits to ensure fiduciary responsibility of applicable resources. The Executive Administrative Assistant records and processes all Client Relations matters effectuating timely resolution; outcomes are reported.

The Quality Management Department consists of members with varied areas of expertise and specialization providing a broad knowledgeable base and perspective that is essential to evaluate and address the complex needs of children, families and the system of care. The Quality Management Department is comprised of:

- 1 Director
- 1 Supervisor
- 2 ½ FTE Quality Management Specialists
- 1 QA/QI Specialist
- 3 Permanency Specialists
- 1 Adoption Specialist
- 1 Independent Living Specialist for youth in OOH care ages 13 -17
- 1 Independent Living Specialist for young adults formerly in care ages 18 – 23
- 1 Missing Child / Human Trafficking / Incident Report Specialist
- 1 Imaging Specialist*
- 1 Administrative Assistant

Besides the Imaging Specialist who is not required to be a certified QA reviewer, all QM Specialists have either received QA Reviewer certification through the Department of Children


and Families (DCF) or participated in local training and peer reviews to gain proficiency in the monitoring process while awaiting availability of the DCF training.

The Children’s Network values that analytic and systemic planning is essential to performance management therefore the continuous quality improvement process is multi-tiered, data driven and inclusive of stakeholders’ participation in decision making. Performance is evaluated, shared and/or addressed at various points and times including:

**Daily:**
- Exit Interviews
- Incident Reports
- Prevention of Sexual Abuse Safety Plans
- Permanency Staffings

**Weekly:**
- Data and Scorecard Meetings
- Well Being Management Reports (medical, dental, psychotropic medication)
- Administrative Reports (Imaging, ID verification etc.)
- Reunification Staffings

**Semi Monthly:**
- Supervisory Review Report
- Family Assessments / FFA ongoing / Progress Update Report

**Monthly:**
- Board Meetings
- Judicial Brown Bag Meetings
- Provider Contract Team Meetings
- DCF Team Meetings
- Florida Youth Shine Meetings
- Corrective Action Plan validation
- Quality Parenting Meeting
- QA Targeted Reviews and Debriefs
- CMO Directors Meeting

**Quarterly:**
- CMO Supervisor Meetings
- Statewide QA Managers Meetings
- DCF Regional Meetings
- Adoption Meetings
- IL Reviews and Meeting
- Model Court Meetings
- Alliance Meetings
- CFSRs
- Discretionary Reviews
Annually:
- Community Forums
- Contract Provider Monitoring
- DCF Contract Oversight Unit Monitoring / DCF Child Placing Licensing Monitoring
- Fiscal Monitoring

QUALITY ASSURANCE MODEL

In FY 2014 – 2015, Children’s Network completed 903 quality assurance and improvement reviews.

In accordance with the approved Statewide QA/QI model, each month Children’s Network conducted targeted reviews of cases that alternately focused on Safety, Well-being, and Permanency. This approach afforded the opportunity to evaluate safety factors impacting the most vulnerable aged children receiving in-home services, evaluate practices associated with promoting well-being, and assess efforts to promote timely permanency and stability for older youth in out-of-home care. The samples were large enough to allow statistical inference about the population served, were stratified to include specified age ranges within each focus area, and were inclusive of varied permanency goals to allow analysis of the quality of child welfare practices. Reviewers utilized the statewide evaluation instruments located in the DCF QA Portal.

In preparation for the federal Children and Families Service Review (CFSR) which will begin in April 2016, each quarter Children’s Network completed two CFSR cases consisting of a file review and interview of case participants, applicable service providers and other stakeholders with direct case involvement. Reviewers utilized the Children and Families Services Review Instrument and Instructions to record the case ratings. The CFSR Stakeholder Interview Guideline was referenced by staff in developing questions for the interviews.

Immediately following completion of the targeted review and CFSR, a case consultation was conducted with the Case Manager, Supervisor, and CMO Quality Assurance staff. This resulted in timely feedback, fostered coaching, and encouraged applying critical thinking skills to address identified case practices. In instances when managerial attention was deemed necessary, the Assistant Program Director and/or the Program Director participated in the case debrief. A monthly debrief was conducted with participation of all reviewers, Children’s Network management, CMO QA staff and management staff. The purpose of this meeting was to evaluate systemic strengths and areas for opportunities; the CMOs acknowledged the consultation process to be of value citing its strength based approach which promoted a collaborative relationship.

418 discretionary reviews were conducted within the fiscal year in addition to 333 Exit Interviews. The findings of these reviews were relevant and meaningful though when integrated with the targeted and CFSRs provided more insight into the quality of child welfare services. Following is a listing of the reviews along with the number of cases sampled:
- 54 Timeliness of Termination of Parental Rights Petition Review
- 32 Psychotropic Medication Reviews
- 45 Prevention of Sexual Abuse Safety Plan Reviews
- 26 Adoption Reviews
- 40 Extended Foster Care Reviews
- 18 Postsecondary Education Services and Support Reviews
- 18 Road to Independence Reviews
- 15 Child Health Check Reviews
- 15 Child Identification Reviews
- 21 Independent Living Reviews
- 10 Master Trust
- 333 Exit Interviews Reviewed
- 15 Missing Children Reviews
- 15 Parent and Separated Siblings Review
- 22 Contract Provider Reviews
- 37 Fiscal Audits

**PRACTICE TREND: SAFETY**

The Rapid Safety Feedback review focused on children 0 - 4 years of age receiving in-home services. Children's Network reviewed 48 cases during FY 2014 - 2015. The review instrument included 5 outcomes specifically associated with child safety: services to the family to protect the child; initial and ongoing assessments; safety planning; monitoring behavior change; and background and home assessment. As well, there were 4 core elements incorporated in all targeted reviews: Caseworker visits with the child; Caseworker visits with the parents; Safe Case Closure; Supervisory Case Consultation.

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**Rapid Safety Feedback Review**

**Children's Network FY 2014-2015**

![Graph showing Rapid Safety Feedback Review outcomes for Children's Network FY 2014-2015](image)
Children’s Network identified improved outcomes in all review items from the onset to the closing of the fiscal year. The following emerged:

- Ensuring families receive appropriate services to safely maintain children in their homes received the highest ratings of all the elements respectively in quarters 4 and 2. Case files indicate staff is working closely with families to identify their service needs then assists with connecting them with the right providers. The Children’s Network’s Utilization Management team ensures requests for services authorization submitted by case management are processed within a matter of days and if it’s an urgent matter, is able to coordinate same day service initiation.

- Case records document consistent practice in obtaining background screening and completed home study evaluations in the majority of cases. As the above graph depicts, an upward practice trend is demonstrated throughout the fiscal year culminating in a 78% rating. As Safety Methodology was rolled out on 1/1/2015, it is anticipated performance will continue to improve as CPI and Case Management become more adept at applying the concepts.

- Safety planning experienced an impressive 52% gain between quarters 3 and 4 attesting to Case Management is engaging families to develop appropriate plans when safety concerns arise.

- Timeliness of assessments – initial, ongoing and at critical junctures – to determine risk and safety concerns needs improvement. In addition to formal assessment tools, home visit forms were partially filled out and the corresponding note in FSFN provided minimal details of discussions held with the child and family. In FY 2014 – 2015 a CQI workgroup revised the home visit form to align with the Safety Methodology framework. If completed as intended, the user will obtain sufficient information to make informed judgements.

- Ongoing communication with service providers emerged as a need that impacts both assessments and monitoring behavior change. Feedback as to the parent’s process, protective parenting capacities is crucial to ensuring the child’s continued safety.

- Adherence to recommended frequency of home visits for families in post placement status emerged as a need. This was corroborated by the COU review of the agency as the sample indicated
The Permanency review included a sample of 48 youth ages 3-17 years who entered out-of-home care at the age of 13 and above and who have been in out-of-home care for 6 months. In addition to the core elements there were 2 outcome measures for this targeted review. Permanency Outcome 1 measured placement stability; timely establishment of the permanency goal and efforts to achieve permanency whereas Permanency Outcome 2 assessed sibling placement, parent and sibling visitation for siblings who are separated; preserving the child’s connections; relative placement; promoting the parental relationship; assessing needs and services for the child, parent and caregiver; involving the child and parent in case planning.

Children’s Network achieved 82% or higher for placement stability in 3 of the 4 quarters. All 8 CFSR cases also rated this item as strength. However, the related performance and scorecard measures were not achieved for the same period. Analysis of the data revealed children experiencing placement changes are typically new to the dependency system, are under age 12 and had an equally likelihood of disruption whether irrespective of placement type if the placement is made on “availability”. Further data assessment revealed the third placement tended to be stable. Understanding the trauma inherent in placement changes, a CQI workgroup led by the Programs Interim Director that includes a local dependency Judge, the President of the SWFL Foster and Adoption Support Group and other stakeholders is focused on developing initiatives to connect a foster parent and the birth parent at the shelter hearing to offer support and identify potential familial placement resources. The Relative Search Program will assist in assessing the suitability of the placement. Also, the Foster Care Licensing units now offer foster parent pre service training classes on weekends to attract families that cannot attend during the week.

Other Permanency 1 outcomes were influenced by the following case practices:
- Placement changes were aligned with permanency planning
- Timely establishment of permanency goals

Data from quality assurance reviews, discretionary reviews (see Timely Filing of TPR Petition) and performance measure attainment of 61.98% indicate the agency is struggling with timely achievement of permanency. During FY 2013 – 2014 southwest Florida experienced a significant increase in children entering care and the trend carried over into FY 2014 – 2015. Although the numbers began tapering off within the 3rd quarter, (4th quarter for judicial cases), data collected at case transfer from investigation showed that 79% of cases had judicial involvement, an increase of approximately 50% above the rate the prior year. In response to the increased demands for time on the docket, Local Court Administration assigned a Senior Judge to hear cases and the Magistrate now dedicates a standing afternoon to hear EFC cases.

The Children Network conducted desk reviews of 50 children in 31 cases whose placement in relative or nonrelative care ranged between 12-18 months. Subsequent “Rocket Docket” staffing focused on efforts needed to achieve permanency were held; 20% of the children obtained permanency.

![Permanency Review - Outcome 2](image)

- Maintaining siblings’ relationship through visitation received a perfect score of 100% in quarters 2 and 3. Programs Department which oversees licensing functions reinstated monthly staffings to assess the appropriateness of siblings continued separation while
in licensed care. Efforts will be made to locate a family foster home to accommodate the sibling group’s need.

- Children’s Network achieved moderate success averaging approximately 71% in the last 3 quarters in parent and sibling visitation for children in out of home care. A Business Objects report was created to assist CMO, Case Management, Supervisory and QA staff in identifying separated children.

- Preserving connections is trending in an upward direction.

- Exploration of relatives with subsequent placing when appropriate is also moving in the right direction. We anticipate this to continue as the QM Permanency Specialists who facilitate permanency staffings notify a unit colleague when a recommendation is made to conduct a relative search. The QM Specialist completes the referral on the Case Manager’s behalf then updates the FSFN record.

- Promoting the parental child relationship warrants considerable intervention to achievement improvement. The findings of this item were consistent with the psychotropic medication review and the CSFR wherein it was ascertained that concerted efforts are needed to engage and support parent’s involvement in activities related to the child. Failure to identify, locate, actively and consistently pursue parental involvement irrespective of the parent’s willingness negatively impacts items related assessment of needs and services as well as child and family involvement in case planning.

**PRACTICE TREND: WELL BEING**

The Well Being review targeted children 5-12 years of age in out-of-home care; the records of 48 children meeting this criterion. There were a total of 7 Case Review Items for this measure that has 3 outcomes: Well Being 1: frequency and quality of the Case Manager visit with child and the Case Manager visit with family. Well Being 2 monitored assessment of the child’s educational needs while Well Being 3 evaluated assessment of the child’s physical and dental needs the child’s mental health needs.
It is typical to find drastic variances in Well Being outcomes as there are fewer items to rate; performance can spike or decline from one quarter to the next. Also, these are compound questions requiring all components be “yes” to be rated as a strength.
Children’s Network Well Being outcomes rated in the average to low average range. The file reviews suggest that while children are visited by their Case Managers every 25-30 days, the documentation does not show those contacts to be consistently purposeful or focused on safety, permanency and well being. Particularly for younger children who may be verbal though are not given the opportunity to meet privately with the Case Manager. Children aged 6-12 are typically enrolled in school and/or attend a child program as was evident in the files reviewed. While there was evidence of formal and informal assessments of the child’s needs, ensuring services were initiated and followed-up on was not documented.

There were several significant systemic factors that may have impacted Well Being Outcomes. First, straight Medicaid was eliminated requiring selection of another entity for medical, dental, and mental health services. Children whose appointments were more than a month had to seek a new provider. The local dental provider who performed treatment for a great majority of children in Lee County did not join the the CBC - Integrated Health Plan; for almost 2 months there was limited access to dental services. See Discretionary Review for challenges related to Mental Health.

A discretionary review of 15 Out of Home cases were reviewed to determine if infants and toddlers received appropriate health screenings according to the periodicity well check schedule which is the standard in child welfare. 12 of the 15 received treatment in a timely manner. One child was not screened within 72 hours of shelter but was later assessed, the other two children also missed treatment at the scheduled junctures. A common issue in both this and the Well Being reviews was an inability to readily locate proof of medical records attesting to the child’s treatment in the case file.

**PRACTICE TREND: SUPERVISORY CONSULTATION & SAFE CASE CLOSURE**

- Implementation of the Rapid Safety Feedback review in January 2014 has led to increased focused Safe Case Closure. Data depicted above shows a steady increase going from 53% to 73% from the first to the last quarter. The positive finding in this area
is validated by the Children’s Network’s surpassing the targeted outcome for performance measure F302 each quarter of the fiscal year.

- Supervisory consultations were deemed to be mostly qualitative providing appropriate guidance to staff. However, reviews were not consistently timely and there were few instances of documented follow up with the Case Manager. The CMOs have both instituted policies that require Supervisors to conduct at least one documented consultation on each case every month. During the case review debrief process Supervisors contributed meaningfully in the dialogue and it was obvious most knew specific details of the case.

- Case Managers’ visit with the child ranks as one of the most critical functions in child welfare. Performance has improved incrementally each quarter to a 30% positive differential by the end of the fiscal year. Case Manager contacts with all children should involve an assessment of the child’s safety, permanency and well-being. The reviews indicate this was performed more frequently with teens than the younger populations albeit the teen was not included in case planning activities. Likewise, frequency of contacts is a typical safeguard to ensure the child is being adequately supervised. Case Managers are to adhere to the established schedule especially immediately following a reunification.

- Reviewer feedback, ratings in all 3 targeted reviews and the CFSR identified Case Manager contacts with parents as needing immediate, systemic attention to improve outcomes.

**PRACTICE TREND: CFSR**

Prior to implementing the CFSR in the Fiscal year 2014 - 2015, the Quality Management Department and CMO Quality Assurance staff participated in a joint comprehensive review of the CFSR Review Instrument, Case Rating Summary and other supporting documents. The team developed a PowerPoint presentation which was reviewed with Case Management Supervisory staff to ensure their familiarity with standards. Likewise, the review instrument was disseminated to all case management staff.

In August 2014, Children’s Network Quality Management Director and a Quality Management Specialist partnered with another CBC Lead Agency to participate in a Mock CFSR. The experience was mutually beneficial to both agencies as the commonalities and variances in systemic successes and challenges became apparent reinforcing the necessity of the community based care model and its inherent flexibility to respond to the community’s need.

Each quarter Children’s Network reviewed an in home and an out of home case. The small sample size must be weighted carefully against global application instead necessitating correlation with case practices identified through other case reviews and data sources. The following strengths were recognized:
• The focus child was either placed with siblings or maintained frequent visits when separated
• Placement stability was achieved in all cases
• Children were free of harm or abuse during the period under review
• Exploration of relatives and placement occurred when appropriate
• All caregivers facilitated visitation between the child and parent
• Efforts were made to preserve the child’s connections
• Physical and dental needs were met
• Formal and informal assessments were utilized to identify services for the child
• There was evidence of permanency planning and safe case closure
• Frequency of contacts with children

It should be noted, strengths primarily involving the parents were identified through the interview process. By examining the case files only, these would have been rated as practices needing improvement as the reviewers could not locate documentation of the extensive visits between the children and their parents; the ability to gather and synthesize information through personal interviews is a benefit of the CFSR process.

During fiscal year 2014 – 2015 Children’s Network struggled with achieving the contracted performance and scorecard measures related to placement stability which was clearly a strength. All cases revealed, the parents and caregivers had natural and informal support systems in place.

Improvement was noted in the following areas:

• Case Manager driven engagement with the parents especially fathers when the parents are not a couple
• Involving the child and parent in case planning activities
• Timely service referrals for parents
• Case Management observation of parent child interaction
• Updated safety plan to include safety managers

Case Managers appear overly reliant on the caregiver’s assessment of the parent child relationship whether visits were supervised or unsupervised. While the feedback obtained is vital, the Case Managers have no observational knowledge of the parent-child interaction so make recommendations based purely on someone else’s judgement. The frequency and quality of contacts with non-custodial parents were inconsistent, a pattern also identified in the targeted reviews. This created a domino effect of delayed service referrals which unintentionally led to delayed permanency in 3 of 4 applicable cases. In FY 2014 – 2015 analysis of statewide data showed Children’s Network to be one of five CBCs in the state that contributed to the statewide growth of children in outcome care. Further analysis revealed the five agencies had longer out home stays for children. Concerted efforts are needed to safely achieve permanency in a timely manner.
While all children were safe, **formalized** safety planning, documentation of safety actions and safety managers are still fairly new concepts for Case Management staff. Enhanced training should provide tangible scenarios for case managers to practice safety assessment and plan development.

**PRACTICE TREND: OTHER DISCRETIONARY REVIEWS**

**Services to Young Adults formerly in Foster Care:**

Services to young adults formerly in foster care emerged as a systemic strength. In March 2015 the DCF Contract Manager and CBC IL Specialist peer reviewed ten EFC cases which yielded no findings. Similarly, in April 2015 the DCF COU team monitored ten EFC cases that achieved the same outcome. These findings are consistent with the outcome of twenty additional EFC file reviews performed by Children’s Network. The only notable finding was that in instances wherein the young adult was not seen for 30 days, demonstrated multiple documented attempts by the Case Manager to no avail. The COU team monitored 10 Road to Independence files, 2 Aftercare records, and 15 PESS recipients; all resulted in no findings which is similar to the outcomes identified in the 18 PESS and 18 RTI files reviewed by Children’s Network in the fiscal year.

**Timely Filing of TPR petitions:**

Reviews conducted in the previous fiscal year indicated a systemic delay in timely filing of TPR petitions. At the onset of the new fiscal year it was ascertained the pattern remained. A review of 54 children whose removal occurred between 1/1/2013 – 9/30/2013 revealed 11 children did not have a petition filed, 22 were beyond the statutorily required filing date, 13 were filed beyond late and 8 were filed timely. 75% of children included in the sample were experiencing delayed permanency. The information was shared with key stakeholders resulting in interventions to improve performance which is being tracked closely.

**Exit Interviews:**

The Programs Department reviews the daily placement change logs to track children eligible for an exit interview. All exit interviews are reviewed to assess the child’s reported safety and well-being while in the placement. For fiscal year 2014 – 2015, the Licensing unit reviewed 333 exit interviews. It was determined that improvement is needed in completing the document within the prescribed timeframe; the trend was more evident at the CMO with the larger foster care population. It was also ascertained that the exit interview form required updating to include recent policy changes. The form has been documented and disseminated to all case management staff.

**Psychotropic Medication:**

Review of 32 records of children prescribed psychotropic medication in the second and third quarters revealed that although progress had been achieved in some areas compared to prior
fiscal years monitoring outcomes (i.e. name of the medication, prescribing physician, and dosages documentation in the medical tab, pre-consent for children under 11 years on two or more medications, concerted efforts to engage the parents in obtaining expressed informed consent when the parent is actively participating in case plan activities), the results indicated a continued systemic challenge in timely receipt of medical reports for children previously authorized by court order to be administered medication but the order had lapsed in spite timely medication management appointments and other efforts by the CMO. This matter was further compounded when the major mental health provider agency in the community experienced loss of several doctors within a relatively short period of time. This resulted in a moratorium on new patients and delays for existing ones. The provider has since employed replacement doctors though obtaining timely reports still present as a challenge. In FY 2015 / 2016 the Children’s Network will designate a Targeted Case Manager who will work closely with the mental health community and assisting in facilitating parental engagement.

Other areas requiring considerable focus to drive improvement is case management documentation that the child’s medication log was reviewed during home visits, discussing the child's medication with the caregiver at placement change evidenced in completion of the medication acknowledgement form.

**Prevention of Sexual Abuse:**

Monitoring of 45 placement changes of child requiring a sexual abuse prevention safety plans demonstrated a vigilance is required to ensure the document is executed prior to or at the time of placement, and requires full completion. Until a FSFN report can is available that allows for the immediate identification of children requiring such plans, the Children’s Network has created a data entry element in FSFN that generates a report to specified lead agency and CMO staff when the placement for a child meeting the criteria is moved. Although this approach is not in real time it serves the purpose of immediate follow up by designated staff to assure the safety plan was created. In the interim, the placement checklist of documents that must accompany a child when moving has been updated and each CMO has points to contact providing oversight. The Network will continue monitoring this critical safety area.

**Adoption:**

Evaluation of 26 children available for adoption was reviewed to assess efforts to recruit adoptive families and completeness of the adoption subsidy packets for children whose adoption finalized within the fiscal year. The review indicated all functions in the adoption placement and finalization processes were thoroughly completed so emerged as a strength within the system of care. An area requiring improvement involves timely and complete registration of children on the adoption site to promote recruitment. The Children’s Network has engaged its CLS partner to request notice of the verbal TPR ruling the day it is announced – or as close as possible thereto - which would enable the agency to proactively secure the required documents to list the child on the adoption site. A corrective action plan has been implemented to address the findings.
ADDRESSING FINDINGS:

Children’s Network’s continuous quality improvement structure ensures review findings are communicated to persons who have the most direct involvement and impact in effectuating positive child welfare practices. Case consultation with frontline staff is therefore an imperative component of the system. If the reviewer identifies critical safety concerns, a Request for Action is generated which requires the CMO to take immediate action to address the concern; when appropriate a stringent resolution time of 48 hours is indicated. If there are noted deficiencies that are correctable, the reviewer specifies the required action and negotiates a reasonable completion date during the case consultation. Children’s Network maintains a tracking log that is accessible to the CMO on a shared drive. Weekly updates are required and validated by the Children’s Network Specialist until satisfactorily resolved. If a case achieves a final rating at or below 40%, an individual corrective action plan is required that outlines the ongoing guidance and oversight beyond the Case Supervisor level to assure the case is progressing favorably for a minimum of three months.

Performance outcomes are discussed at QA/QI meetings, monthly contract provider meetings, DCF contract team meetings, quarterly CMO supervisor meetings, at various stakeholder meetings, at the monthly CMO Director’s meeting and is presented to the Children’s Network Board.

Identified systemic factors requiring significant policy or practice change are addressed by CQI workgroups with representation from various stakeholders. The team is typically guided by a Quality Management Specialist though a subject matter expert may also serve in that capacity. A strategic plan is developed, implemented and evaluated over time to ensure its effectiveness and continued necessity.