



SERVING VOLUSIA, FLAGLER AND PUTNAM
COUNTIES

ANNUAL QUALITY MANAGEMENT PLAN FY 2019-2020

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.

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 three (3) counties within Florida's Judicial Circuit 7. CPC delivers prevention, non-judicial, adoption, foster care and related services, and independent living pursuant to Chapter 409.1671, Florida Statutes, while ensuring each child and family's safety, permanency and well-being.

The system of care has been designed in Volusia/Flagler/Putnam to ensure that resources are redeployed to:

- Support the goals of the Adoption and Safe Families Act (ASFA): Child safety, permanence, and well-being
- Build appropriate substitute care capacity
- Support evidence based best practices
- Support state statute, administrative code, and policies
- Ensure accountability for outcomes.

Organization History

CPC serves Volusia, Flagler and Putnam Counties in East Central Florida. The agency was founded in 2001 as a result of a legislative mandate to privatize child welfare services in the State of Florida. CPC contracts with the State of Florida Department of Children and Families to serve area children who have been abused or neglected. CPC provides foster care and related services, including in-home intervention, adoption, and independent living services.

Organization Mission, Vision, & Core Values

As established by the staff and Board of Directors, CPC's mission, vision, and core value statements reflect an approach that is focused on excellence in service delivery, collaboration in system design, and accountability in meeting performance targets.

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 our service outcomes in an objective and systematic manner throughout the organization;
- Identify deficiencies or gaps in service delivery, review and track corrective actions, ensure deficiencies or gaps are rectified, and provide opportunities and tools to improve client care;
- Provide suggestions for implementing necessary changes to resolve identified problems in client service delivery;

- Provide ongoing assistance to all programs in identifying discrepancies and following up on service delivery and staff development needs;
- Create a positive culture by training and educating staff regarding the expectation and requirements of the continuous quality improvement process;
- Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to their clients; and
- Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

Quality Assurance Department - Staff Resources and Infrastructure

The Quality Assurance Department is comprised of one (1) Quality Assurance Manager and three (3) Quality Assurance Specialists who possess a bachelor's degree in the Human Services and are state credentialed Child Welfare Professionals. The Specialists positions are designated to conduct quality reviews required by the DCF contract as well as internal quality reviews. Specialists are also involved in quarterly data analysis and provide technical support around quality improvement efforts.

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 fifty 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.

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/ individual’s present
- Current safety plan sufficiency and monitoring
- Current permanency goal and progress/barriers towards permanency
- Case management tasks required to achieve permanency and person(s) responsible
- Current status of well-being records
- Follow-up from previous supervisory review tasks and discussion

The FSFN documentation shall be completed within three (3) business days of the supervisory consultative discussion.

Case Management Quality Assurance Reviews

The Quality Assurance Specialists will complete case reviews this fiscal year using Windows into Practice - the Guidelines for Quality Assurance and Continuous Quality Improvement - to determine the quality of the agency’s child welfare practice related to safety, permanency and child and family well-being. The process will include completing specific review tools designed to compile more comprehensive information about our families and to provide accurate feedback to case management.

A total sample of twenty-eight (28) cases will be reviewed each quarter - ten (10) Rapid Safety (RSF), sixteen (16) FL CQI CFSR file reviews and one (1) FL CQI In-depth review with case specific interviews and one (1) PIP case as assigned by the Children’s Bureau. The sample list is selected from the state’s AFCARS listing in FSFN and the reviewers will use the appropriate mix of in-home/out-of-home cases as determined by the QA Manager or designee for that quarter. Reviews will be completed and entered into the appropriate portal/database by the 5th day of the month following the end of the quarter being reviewed.

Rapid Safety Feedback Reviews

Purpose: The Rapid Safety Feedback (RSF) instrument utilizes Safety Decision Making Methodology (SDMM) designed to flag key risk factors in in-home cases that could gravely affect a child’s safety. The five (5) components of the tool are:

The Rapid Safety Feedback review focuses on open in-home service cases for children ages 0-4 (with sample targeting infants first) and the standards to be completed are:

- **Item 1:** Family Assessments. Are recent family assessments sufficient to identify safety concerns and case plan actions needed to effectively address caregiver protective capacities and child needs?

The Rapid Safety Feedback review focuses on open in-home service cases for children ages 0-4 (with sample targeting infants first) and the standards to be completed are:

- **Item 2:** Case Manager Visits. Was the frequency and quality of the case manager's visits with the child, the mother and father sufficient to ensure child safety and evaluate the progress toward the case plan outcomes?
- **Item 3:** Background Checks and Home Assessments. Are background checks and home assessments sufficient and responded to with a sense of urgency when needed to address potential danger threats?
- **Item 4:** Safety Management. Is a sufficient safety plan in place to control danger threats and actively monitored to protect the child?
- **Item 5:** Supervisory Case Consultation and Guidance. Is the case manager supervisor conducting guided discussions at specific points in the case management process focused on promoting effective practice and decision making?

Process: Quality Assurance (QA) Specialists will receive a sample list of children who are service recipients on the state's "Children Receiving In-home Services Daily QA Listing." in FSN during the defined selection period. The applicable number of cases will be vetted for review and then assigned to specific QA Specialists with the expectation that the case reviews will be completed according to the review process as previously outlined. A consultation process or de-briefing between the QA Manager and QA Specialists is completed on all cases to increase inter-rater reliability. If an immediate safety concern(s) is identified from the tool, the QA Specialist will enter a Safety Request for Action (RFA) in FSN within 24 hours of identification and document subsequent actions in FSN within 24 hours of notification. The outcomes of the RSF reviews will be then entered into the Department of Children and Families Qualtrics database.

A case management consultation process will be utilized to review the finalized cases each week until the required ten (10) cases are completed. The consultations will be discussions that include the QA Manager, QA Specialists, and the appropriate Case Management personnel (Program Administrators/Supervisors/Case Managers) as needed and available. Each case will be reviewed as to their strengths and areas needing improvement. Resolution of any Safety RFA's, if applicable, and any other areas needing improvement will be discussed with a due date assigned to the recommended administrative concerns. The QA Specialists will then enter the outcomes of the consultation in FSN and follow through to completion the recommendations within thirty (30) days of the consult date.

Florida CQI File Reviews and In-Depth Reviews

Purpose: The Florida CQI instrument is aligned with the Federal Child and Family Services Review (CFSR) process, using both file reviews and in-depth reviews with case specific interviews. The review process is designed to determine child safety, permanency and wellbeing based on eighteen (18) items.

Both reviews examine in-home and out of home cases; with the in-depth reviews utilizing interviews with case participants to provide an in-depth study of case management practice and systemic factors affecting positive outcomes for our families.

<i>The FL CQI CFSR tool is a case file review that focuses on both in home and out of home children and the standards to be completed are:</i>	
CFSR Safety Outcome 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	<ul style="list-style-type: none"> • Item 1: Were responses to accepted child maltreatment reports and face to face contact with the children made timely
CFSR Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate	<ul style="list-style-type: none"> • Item 2: Were efforts made to provide services to the family to protect the child and prevent removal? • Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns?
CFSR Permanency Outcome 1: Children have permanency and stability in their living situations	<ul style="list-style-type: none"> • Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement made in the best interest of the child and consistent with achieving the child's permanency goal? • Item 5: Did the agency establish the appropriate permanency goal for the child in a timely manner? • Item 6: Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living
CFSR Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	<ul style="list-style-type: none"> • Item 7: Did the agency make concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings? • Item 8: Were concerted efforts made to achieve reunification, guardianship, adoption or other planned permanent living arrangement? • Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends? • Item 10: Did the agency make efforts to place the child with relatives when appropriate? • Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver from whom the child was removed?
CFSR Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	<ul style="list-style-type: none"> • Item 12: Did the agency make concerted efforts to assess the needs and provide services to children, parents and foster parents? • Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process? • Item 14: Were the frequency and quality of visits between the case worker and child(ren) sufficient to ensure safety, permanency and well-being?

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

CFSR Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	<ul style="list-style-type: none"> • Item 15: Were the frequency and quality of visits between the case worker and the mothers and fathers of the child(ren) sufficient to ensure safety, permanency and well-being?
CFSR Well-Being Outcome 2: Children receive the appropriate services to meet their educational needs	<ul style="list-style-type: none"> • Item 16: Did the agency make concerted efforts to assess the children's educational needs and appropriately address any identified needs?
CFSR Well-Being Outcome 3: Children receive the adequate services to meet their physical and mental health needs	<ul style="list-style-type: none"> • Item 17: Did the agency address the physical health needs of the children, including dental health needs? • Item 18: Did the agency address the mental/behavioral health needs of children?

Process: The Quality Assurance Specialists will receive a sample list of children who are service recipients on the state's AFCARS listing in FSFN during the defined selection period. The appropriate mix of in-home/out-of-home cases are selected and assigned to specific QA reviewers with the expectation that the case reviews will be completed according to the review process as previously outlined.

Both the FL CQI file reviews and the FL CQI In-depth reviews will be completed using the CFSR Onsite Review Instrument dated January 2016 and outcomes entered into the Federal Online Management System (OMS). A pre-consultation to discuss the outcomes of each case will take place with the QA Manager. If a safety concern is noted, then an RFA will be requested and followed through on as outlined in the Rapid Safety Feedback process. The QA Specialist will then enter the results of the review into the OMS system by the 10th of the month following the end of the quarter being reviewed. A consultation with the appropriate case management personnel, Program Office Administrator (POA), Case Manager Supervisor (CMS) and Case Manager (CM) will be completed to discuss the findings and recommendations.

Specific to the FL CQI In-depth reviews, the QA Specialists will select one (1) case each quarter from the sample list, where the case type (in-home or out of home) will be determined by the corresponding Federal PIP case scheduled during that quarter. Two (2) QA Specialists will be involved in the in-depth reviews. One QA Specialist will take the lead; completing the file review and facilitating the interview process while the second QA Specialist serves as the scribe and collaborator to ensure inter-rater reliability. The interviews will be face to face when possible and attempts will be made to interview all applicable participants to ensure sufficient information is collected during the process. Interviewees will include the Case Manager Supervisor, the Case Manager, the parent/relative/foster parent (when applicable), any service providers currently involved with the child and family, the school teacher or daycare provider, the Guardian ad Litem (when applicable) and the child (if age and developmentally appropriate). The interviews will be completed within five (5) business days after initiation of the review of the case. After completion,

the lead reviewer will de-brief with the with the appropriate POA, CMS and CM as previously outlined.

Federal Child and Family Services Program Improvement Plan Review (PIP)

Community Partnership for Children (CPC) will be participating in the Federal PIP reviews scheduled to be completed in the State of Florida July 1, 2019 – June 30, 2020.

Purpose: The Federal CFSR PIP review is conducted by the Children's Bureau every seven years. Through the reviews, the Children's Bureau assesses state programs implemented under titles IV-B and IV-E related to child protection, foster care, adoption, family preservation and family support, and independent living services. The onsite review will address areas in Florida's Child Welfare System that the Children's Bureau determined to need improvement.

Process: The PIP reviews will follow the FL CQI In-depth process but partner a CPC QA Specialist with a Department of Children and Families (DCF) Operations Review Specialist, with the Children's Bureau providing oversight. CPC has been assigned to complete one (1) PIP case for each quarter in FY 2019.2020.

One (1) CPC QA Specialist and one (1) DCF Operations Review Specialist will be assigned as reviewers to complete the in-depth case review. The two (2) reviewers will team together and determine the appropriate case participants, schedule and complete the interviews and agree on the outcomes based on the information. Interview protocol and consultation with the appropriate agency staff will be followed according to the FL CQI In-depth review process and completed in a three (3) day window previously scheduled by the agency and approved by the department. The CPC QA Specialist will enter the outcomes in the OMS portal and designate it as a PIP case.

The QA Manager will complete the Initial QA, using the OMS QA Notes and making recommendations. A designated staff member for the Office of Child Welfare will serve as the Site Leader/Second Level QA making the final recommendations.

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 is 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.

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

Schedule of Case Management Quality Assurance Reviews

First Quarter Review Schedule (July 2019 - September 2019)	
August 27-29, 2019	Federal PIP Case Review Completed
September 28, 2019	FL CQI Case Reviews and In-Depth Completed*
September 28, 2019	Rapid Safety Reviews/Consultations Completed*
October 5, 2019	All Data Entered into DCF Qualtrics and OMS System
Second Quarter Review Schedule (October 2019 – December 2019)	
October 1-3, 2019	Federal PIP Case Review Completed
December 31, 2019	FL CQI Case Reviews and In-Depth Completed*
December 31, 2019	Rapid Safety Reviews/Consultations Completed*
January 5, 2020	All Data Entered into DCF Qualtrics and OMS System
Third Quarter Review Schedule (January 2020 – March 2020)	
January 14-16, 2020	Federal PIP Case Review Completed
March 29, 2020	FL CQI Case Reviews and In-Depth Completed*
March 29, 2020	Rapid Safety Reviews/Consultations Completed*
April 5, 2020	All Data Entered into DCF Qualtrics and OMS System
Fourth Quarter Review Schedule (April 2020 – June 2020)	
April 28-April 30, 2020	Federal PIP Case Review Completed
June 28, 2020	FL CQI Case Reviews and In-Depth Completed*
June 28, 2020	Rapid Safety Reviews/Consultations Completed*
July 5, 2020	All Data Entered into DCF Qualtrics and OMS System

*See the QA Calendar on the Center for Child Welfare for actual scheduled dates for these reviews.

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 performance 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 focus areas 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/continuous quality improvement efforts.

2019-2020 Contract and Scorecard Measures			
Ref #	Measure Description	Standard	Tracking
1	Rate of abuse or neglect per day while in foster care.	8.50 or less	Data collected via DCF Performance Dashboard/ FSFN reports.
2	Number of children with finalized adoptions between July 1, 2019 and June 30, 2020.	277	Data collected via DCF Performance Dashboard/ FSFN reports.
3	Percentage of children under supervision who are seen every thirty (30) days.	≥99.5%	Data collected via DCF Performance Dashboard/ FSFN reports.
4	Children exiting foster care to a permanent home within twelve (12) months of entering care.	≥40.5%	Data collected via DCF Performance Dashboard/ FSFN reports.
5	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home.	≥91.7%	Data collected via DCF Performance Dashboard/ FSFN reports.
6	Children's placement moves per 1,000 days in foster care.	4.12 or less	Data collected via DCF Performance Dashboard/ FSFN reports.
7	Percent of children in out-of-home care who have received medical services in the last twelve (12) months.	≥95.0%	Data collected via DCF Performance Dashboard/ FSFN reports.
8	Percent of children in out-of-home care who received dental services within the last seven (7) months.	≥95.0%	Data collected via DCF Performance Dashboard/ FSFN reports.
9	Percent of young adults in foster care at age 18 who have completed or are enrolled in secondary education.	80%	Data collected via DCF Performance Dashboard/ FSFN reports.

Reporting:

CPC compiles data and disseminates the CPC System Data Report on a monthly basis. The report is sent to DCF, administrative staff of our subcontracted providers, CPC Senior

Management, legislative representatives/ delegates, court administration, community alliance members, Board members and other relevant parties. The report details our company's progress on system and contract performance measures with transparency and accuracy.

Contracted Provider Performance:

CPC has developed a comprehensive array of diverse and quality services that are responsive to the unique needs of the children and families we serve. CPC manages this array of services effectively, maximizing funding and ensuring that a competent network of providers is meeting the ongoing permanency, safety and well-being needs of our children and families. All CPC contracts contain performance measures that are specific to the services provided, and that measure the quality of services provided. Each contract also contains an Outcome Measure Report that providers are required to complete to document compliance with each performance measure on a monthly basis. All subcontracted providers submit the Outcome Measure Report, along with other statistical reports and an invoice for services to the assigned CPC Contract Manager on a monthly basis. The Contract Manager reviews the data for accuracy and compliance. If there are any errors noted on the reports, the Contract Manager contacts the provider and requests an amended report.

All approved Outcome Measure Reports are submitted to the CPC Contract Coordinator to enter into a database for tracking purposes. Reports are compiled monthly to display performance by provider, by type of service and by performance measure. Additionally, the Department of Contracted Services develops Provider Report on a quarterly basis for each contract. The report 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 the months during the quarter.

If a provider is consistently failing to meet outcome measure targets, CPC will schedule a meeting with the provider to discuss contractual obligations and/or request development of an improvement plan that will assist with bringing the provider into compliance. After two quarters of not meeting target, CPC may initiate a formal corrective action plan with the subcontracted provider.

All gathered data is also used to assist the Contract Monitoring team with assessing overall provider compliance during the annual onsite Contract Monitoring. During the annual on-site monitoring, if the provider is found to be non-compliant with services, tasks, performance measures or any other related contract item, a corrective action plan is required from the provider within thirty (30) days of the issuance of the report. CPC completes regular follow-up reviews of any cited items to ensure that all identified issues have been corrected and institutionalized.

Reporting:

Each subcontracted provider receives a Quarterly Provider Report 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.

Coordination of Quality Processes

Breaking Barriers Meetings/Operational Meetings: Management staff from DCF, CPC and other critical system stakeholders meet monthly for reviewing performance data, processes and outcomes for programs in the system of care. Identified barriers are addressed and action plans are developed to remove the barriers and improve performance through quality improvement activities.

DCF/ CPC Quarterly Partnership Meetings: DCF Contract Management, DCF Operational Staff and CPC Management Staff meet quarterly for 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 Staff, CPC Contract Management, Case Management and licensing staff from each contracted Child Placing Agency or Child Caring Agency meet monthly to review subcontract performance and issues related to licensing, placement or management of foster care and group homes.

Ongoing Program Improvement Initiatives

The primary purpose of CPC's Quality Management System is to identify critical performance/outcome measures, track performance against those measures that are deemed 'areas needed improvement' 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, data from our Florida CQI, RSF and CFSR case reviews and national data indicators. This examination is focused on those measures which produce the critical outcome of safety and 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 developed systems to track and report performance against these measures and deploys the results weekly throughout the organization to ensure that the improvement initiative is producing desired results. There is knowledge, attention and involvement throughout all levels of the organization regarding the importance of the effects of quality improvement activities to the overall performance and quality of our System of Care.

CPC utilizes FSFN, DCF Web Portal, and Mindshare to generate a variety of critical internal reports. Mindshare is a FSFN data-mining system that allows for daily, real-time tracking of everything from home visits to trending of national data measures, our DCF contract measures and CFSR case review outcomes. In addition to reporting, Mindshare has a built-in system that provides notice to all levels of case management staff of upcoming tasks needing completion. CPC has found that continuous emphasis on performance and accountability using these tools is a critical component in assuring performance and forms the initial basis for our QI efforts.

The second component of the CPC QA System is Quality Improvement. As discussed above, continuous reviews of performance by the leadership team forms the basis for our QI efforts. We use data as a management tool and can proactively address any opportunities for improvement that exist. Based on the review of the data generated from FSFN, RSF reviews and CFSR/Florida CQI case reviews, formal improvement plans are developed by the leadership team in partnership with the internal or subcontracted staff who are responsible for making improvements in key performance areas. When needed, formal problem identification, gap analysis, root cause analysis and the identification and implementation of action steps to improve outcomes is implemented in our system. CPC has used this approach to reduce the incidence of runaways and to reduce the number of children returning to out of home care. A strength of this approach is the partnership between CPC staff and DCF. This has allowed for the broadest possible input from child welfare professionals at all levels and significantly improves solution-focused efforts within the organization. This multi-level approach allows for effective dissemination of law changes, policy updates, and implementation of best or promising practices as key staff are engaged in the improvement planning and training processes.

As new information becomes available through case reviews, performance measure trend data or from other sources, CPC will systematically evaluate the information and address the issue with one of the strategies outlined above based on the nature of the information, the expected outcomes and the overall impact of the initiative on improving our system of care.

Systemic Factor Monitoring

CPC will address the Child and Family Services Review Systemic Factors through implementation of new practices and enhancement of existing systems that are intended to provide improvement in the areas that were identified as needing action. To address the Systemic Factor related to the Statewide Information System, CPC utilizes Mindshare, a FSFN data-mining and analytics system, to ensure data integrity by developing reports to assist with quickly identifying errors and electronically notifying case management of data that is missing, late or duplicative. The use of Mindshare by operational and management staff will help to ensure that the data entered in FSFN is accurate and timely.

The Systemic Factor related to Service Array and Resource Development in rural areas will be addressed through ongoing monthly child welfare stakeholder community meetings in Putnam County called Putnam SafetyNet Alliance, the most rural area of CPC's purview, to ensure

comprehensive availability of services for children and families that are served by the system of care in that county.

Systemic Factors will continue to be monitored monthly through a performance data and service array review at CPC Operational Managers meeting and the DCF/CPC Breaking Barriers meetings to ensure overall progress and compliance.

Targeted Strategies and Continuous Quality Improvement Activities to Improve of Performance Measures and Case Review Findings

Safety Plan Training:

Outcomes based on QA's Rapid Safety Feedback (RSF's) reviews and Abuse During Services Performance Measure during FY 18.19 highlighted the need for ongoing safety plan management training. Training attendance was mandatory throughout the year and trainings were offered as new Case Managers/Supervisors were hired. As Quality Assurance continued to review findings from the RSF's and CQI (Supervisor Reviews and Post Placement) activities, it was determined that the previous classroom-type trainings had not been as effective as needed. QA, in conjunction with the Training Department, held individual unit trainings on CFOP 170-7 throughout the months of April and May 2019; and individual one on one trainings were held when requested for staff who needed extra assistance.

Continuing into the new FY 19.20, QA determined that again, additional individualized attention was needed for staff to fully understand how to develop sufficient safety actions, how to identify the appropriate safety monitors; and how to set adequate frequency standards for monitoring. QA and Training are presently delivering ongoing in-service trainings, unit to unit, using actual cases that Case Managers and Supervisors need assistance with in completing sufficient plans. Along with the core training objectives, there will be an additional focus for supervisory staff on reviewing safety plans for sufficiency and the importance of the Supervisor consistently conducting guided discussions with the Case Manager to promote effective practice and decision making.

Permanency:

In January of this past FY 18.19 QA developed a tool to review the quality of supervisor reviews and then provided one on one training with each Supervisor. New Supervisors are being trained as they come into the agency. Although the activity was started in January – due to additional needed trainings and redefining the process – the activity was not fully operational until March 2019.

The Director of Case Management (DCM) implemented a focused Supervisory Review Process to ensure timely were completed. Every month the DCM sends the Supervisors a listing of all cases in their Unit that need a supervisory review. The listing is sorted with the goal of

reunification color coded in BLUE and other goals in GOLD. All reunification cases need to be reviewed and documented in FSFN; and a Date Completed is entered on the spreadsheet. Activity is monitored by the DCM to ensure compliance. In conjunction with this activity, QA developed a QA Supervisor Review Protocol and created an Excel workbook to track and monitor the frequency and quality of the supervisor reviews being completed. Pulling a weekly supervisor review list from Mindshare, QA reviews the frequency and quality of the Supervisors work according to the QA Tool and enters outcomes on the Excel tracker. Strengths and recommendations are made for opportunities for improvement; and recommendations are requested to be completed within 7 days and are followed up on for completion by QA on the tracker. The Director of Case Management and appropriate POA's are notified of all correspondence.

Re-abuse/Re-entry:

Quality Assurance will continue the CQI activity developed in January of 2019 where Reintegration staffings (Family Team Meetings) are monitored for frequency and quality. The staffings are held every 30 on all children in post placement supervision to assess family stability, continued parental behavior change, service provision and address any other unmet needs of the children and/or family.

The Quality Assurance Department pulls a bi-weekly list from Mindshare of all staffings at the 3-month and 5-month mark of post placement supervision. The staffing is reviewed for quality content and to complete a modified tool that contains elements of the RSF tool, to ensure the safety plan is sufficient, safety monitors have been contacted and that other service interventions are ongoing and sufficient. All outcomes are documented on the tracker, noting strengths and making recommendations on opportunities for improvement. Follow up on the issues and recommendations identified by QA are requested to be completed within a 7-day timeframe and followed through to completion by QA on the Excel tracker.

For any post placement case that has service provision issues that need to be addressed or a placement that could potentially disrupt, an Integrated Practice Team Meeting will be scheduled immediately to develop a stability plan to intervene for the family.

Any post placement cases with case related issues that could potentially disrupt, are addressed with the Director of Case Management in order to prevent removal.

Permanency Action Team

A Permanency Action Team was formed by Community Partnership for Children on July 3, 2019 that includes the Office of Child Welfare (OCW), the Department (DCF) and Children's Legal Services (CLS). The team will be examining the agency's system of care to improve performance outcomes in the areas of achieving permanency with 12 months and to prevent re-entries within 12 months of reaching permanency. A second meeting was held on July 26th, 2019, and with the assistance of the OCW, participants were able to complete a Case Management Process Map (a 365-day to permanency map). Several subgroups continue to work on associated

(operational/CLS/QA) projects, including Children Legal Services (CLS) and the court systems, with special focus in East Volusia. The next Team meeting is scheduled for September 23rd, 2019, where the plan is to resolve all process mapping/systemic issues and develop targets and goal achievement dates.

CPC is also working with Mindshare to create a Case Management Workflow Report based on the 365-day process map. The report will track in real time the completion all required milestones in a dependency case in order to manage the progress toward permanency. Each Case Manager/Supervisor will have this report on their dashboard and will be able to easily identify which task is due next. Management will review the report to ensure compliance.

The Permanency Specialists will continue to schedule a permanency staffing of all cases at the 4th and 9th month from removal. Conditions for Return are included and thoroughly discussed at each staffing. Written recommendations and required follow-up items are sent to the Case Manager, Supervisor and POA within 2-days of the staffing, to include the recommendation to schedule a Critical Juncture Staffing.

CPC's Training Department will continue ongoing trainings in the area of Maintaining Connections; and a Conditions for Return training is scheduled for October 2019.

Permanency and Well-Being Trainings and Activities

Trainings continuing this fiscal related to FLCQI outcomes will focus on Assessing and Engaging parents, Maintaining Connections; and a Conditions for Return training scheduled for October 2019. A new training will be offered that targets Engaging Traumatized Parents.

In FY 2018-2019 a protocol was developed in Records Management to monitor and track medical and dental requests in order to improve efficiency and compliance with performance measures. The process was re-assessed throughout the year, in conjunction with Senior Case Management, to include medical/dental request forms to be completed by case managers and sent to Records for processing. Records utilizes a monthly Excel tracker to monitor the entire process from request date to the date of the provider report being uploaded into FSFN. Records staff communicate with case management on issues with incorrect information and notifies case management when provider records are received and uploaded into FSFN. The process has recently started to make a positive impact on the agency's performance in both medical and dental outcomes.

Other Activities:

Monthly Senior Management Team Meetings will continue during the fiscal year for the purpose of providing pertinent quality assurance findings, case management data, policy updates, and training for Supervisors in order to improve agency performance, resolve systemic barriers and ensure continuous quality improvement.

In July 2019, Quality Assurance Specialists started daily monitoring the Child Not Seen List from FSFN. Immediate correspondence is issued to the appropriate Case Managers/Supervisors to inform them of the need for a home visit or if a correction is needed in FSFN.

The Training Department has scheduled a 2-day Strength Based Supervision training for CPC POA's/Supervisors and the DCF PA's during the first quarter of FY 2019-2020. The program was developed specifically for the state of Arizona Child Protective Services and was adapted for Supervisors at the DCF in Florida. The curriculum will cover an in-depth approach to Social Service Supervision (group and individual), organizational culture and climate, critical thinking skills and group discussions/group activities.