



**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF THE SECRETARY**

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**Contract Correspondence Transmittal (CCT)**

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<b>Attachments/Forms:</b> 1	

Dear PCC/PCP Provider,

Programs vary widely in how much data they collect and track as part of their ongoing quality improvement efforts. The Children’s Review Program (CRP) has developed, at the Cabinet’s request, a systematic way of collecting information about the treatment services being provided to youth in your care. This information will be available to your program, to aid in your agency’s continuous quality improvement efforts. The overall goal of this collaborative effort is to improve children’s experiences while in placement. Attached is a list of the data categories for which CRP is collecting information. Issues are being identified to bring individual service and documentation concerns as well as program patterns to your attention that you may not be aware of, and to hopefully encourage discussion of service or documentation changes that may need to be made. For example, the identification of a "Physical Management" issue for a particular youth, due to numerous incidents of physical management during a review period, could serve as a trigger for discussion within your program of possible alternative or preventive interventions for the youth.

These clinical service and documentation data are typically gathered from the information your program provides to CRP as part of the level of care assignment process. CRP provides general summaries of this information to the Cabinet, which primarily uses the data to look at broad patterns and to identify system-level areas for improvement in services (e.g., increasing the provision of family therapy). Information regarding significant child-specific issues may be provided to the Cabinet separately for any necessary follow up to improve services for the child.

In order to access your program’s quality improvement data through the CRP web application, you will need to contact Tye Reece to identify users for your agency. It is recommended that the users be at a supervisory rather than a direct care or case management level. Identified users will be able to access quality improvement data for their program beginning immediately, based on information reported to CRP on or after October 1, 2014.

