Kentucky

Safety Permanency Well-being

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is an ongoing process, not an event, that operationalizes he Department for Community Based Services' (DCBS/Department's) vision and mission by which all staff at all levels of the organization, client/customers, and stakeholders are involved and engaged in evaluating the effectiveness of DCBS in providing services. DCBS is committed to a data-informed, outcomes-driven, family-centered CQI process that is reflective of workforce and stakeholder inputs; creates a culture of learning for improvement and competence; and embeds an overarching quality assurance approach into the Department's everyday work of providing services to families, children, and vulnerable adults. A highly functioning CQI process is sustainable, data informed, proactive, inclusive of internal and external stakeholders, incorporates information from multiple aspects of the system, and is oriented toward solutions and problem solving. Achieving a highly functioning CQI process is critical to an agency's ability to become a learning organization.

Definition of CQI:
- *It is a philosophy* – it places a high value on improvement.
- *It is a system* – a coherent set of components that supports the continuous improvement process.
- *It is a cyclical process* – it seeks to identify, describe, and analyze strengths and problems and then test, implement, learn from, and revise solutions.

Key Features of a CQI System:
- It is *data-informed*, systematic, and proactive.
- It is *inclusive*, involving stakeholders and staff at all levels.
- It is *holistic,* incorporating information about multiple aspects of the system and establishing linkages

Leadership Commitment

DCBS leadership is committed to transforming the agency with a focus on inclusion, diversity of thought, trauma informed care, and a commitment toward addressing trends related to the overall vision of the Five Pillars 1.) Equity/Social/Economic Justice: Racism and Poverty,

2.) Trauma/Resilience/Engaged Healing: Staff and Clients/Consumers, 3.) Family and Children: Bio, Foster/Adoptive, Fictive/Kinship 4.) Health: Behavioral/Mental Health and Opioid Crisis/Chemical Dependency, and 5.) Operations/Implementation/Evaluation.

CQI is the opportunity to advocate for improved systems and processes, identify gaps, and make recommendations for quality services and resources to meet the needs of the families and children served by the agency, and to raise awareness related to secondary trauma among the workforce and families. It provides the opportunity to not only engage stakeholders, but ensure their voice and ideas are heard and reflected in the solutions. It will support and foster a culture of safety and learning, while building resilience into the organization by empowerment and collaboration.

Ongoing Learning Through Evaluation
The CQI process evaluates internal systems, procedures, and outcomes, and relationships/interactions between DCBS and external stakeholders. A key feature of Kentucky's CQI implementation is the annual evaluation of the state CQI plan to ensure continued alignment with the agency's strategic plan, allow for the opportunity to make changes where necessary, and to answer the following questions:

- Is the agency achieving set goals and outcomes?
- Is the agency making improvements to staff and stakeholder engagement?
- Is the agency identifying the correct outcome measures and what evidence exists that demonstrates the agency is improving?

CQI's Role in Organizational Resilience
The DCBS CQI process empowers staff through collaboration in leading the agency toward improved quality through three fundamental processes:
1. Building knowledge through data and reports on how each individual's and each group's performance contributes to achieving outcomes for children, adults, and families; as well as creating action plans for improvement.
2. Structuring and leading staff in a group process in identifying barriers and best practices; implementing solutions at the local/county, regional, or state level that will enhance service delivery and achieve improved outcomes.
3. Maintaining a case record review process and using the reviews at the team level for coaching and mentoring; as well as at the regional and state levels to identify trends, best practices, and needs for service improvements.

Teaming Structure

The formal DCBS CQI process consists of a tiered teaming structure at the local, regional, and state levels inclusive of stakeholder involvement and incorporation of key performance data. Since CQI is embedded into the everyday processes, the multi-level and stakeholder-inclusive teaming framework allows for the strengthening of the feedback loop and creates a pathway for information flow and solutions to be generated and implemented by all levels of staff within the organization and through engagement of external stakeholders. The feedback loop and communication process are critical to a high functioning CQI process and require input from multiple levels of the agency as issues are advanced through the system in an orderly way that assures a commitment to problem-solving and feedback. This interactive process allows give and take and the presentation of data from the local level to the state level.

Opportunities for Participation in the CQI Process:
It is vital to the success of the CQI process for all staff to be engaged and use their knowledge, vision, and skills to have multiple opportunities to lead the agency toward improved practices and results. Additionally, a high functioning CQI process is inclusive of stakeholders and trusted advisors such as birth parents, youth, relatives, fictive kin, foster/adoptive parents, service providers, and community partners. Various opportunities for engagement are as follows:

- *Participation in meetings*
  Meetings are held at all levels of the agency (local, regional, and state) and are for the purpose of solution-focused discussions using data to examine trends and identify opportunities for improvement. The inclusion of stakeholders and trusted advisors is crucial to provide the experience-related data to measure the effectiveness of the agency's engagement. Meetings provide a structured approach for tracking action plans and generating new solutions or modifying current strategies where indicated. Whether or not the meeting is labeled as a CQI meeting, where data is presented and solutions are developed presented to improve processes or service delivery, this is CQI embedded into the everyday practice of DCBS.
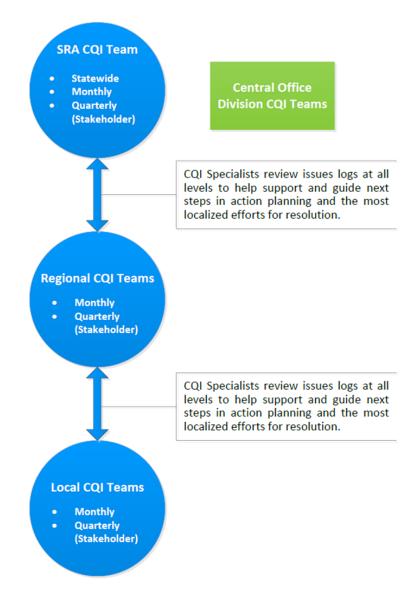
- *Collective Participation*
  Since not all staff can attend regional or state level CQI meetings, their voice can be represented through participation in a variety of ways:
  - Participation in annual employee surveys;
  - Standards of practice (SOP) development through the opportunity to provide feedback and suggestions prior to implementation;
  - The employee suggestion process;
  - Peer representation during regional meetings to communicate for the local team; and
  - Participation in committees, such as the regional retention committees.

Tiered CQI Teaming Structure

Executive Leadership CQI Team

SRA CQI Team
- Statewide
- Monthly
- Quarterly (Stakeholder)

Central Office Division CQI Teams

CQI Specialists review issues logs at all levels to help support and guide next steps in action planning and the most localized efforts for resolution.

Regional CQI Teams
- Monthly
- Quarterly (Stakeholder)

CQI Specialists review issues logs at all levels to help support and guide next steps in action planning and the most localized efforts for resolution.

Local CQI Teams
- Monthly
- Quarterly (Stakeholder)

Team Descriptions

Executive Leadership CQI
The executive leadership team is composed of representation from the commissioner's office, division directors or their designee, service region administrator (SRA) representation, CQI specialists, and stakeholder inclusion no less than quarterly. The primary purpose of this team is to provide support in the implementation of CQI best practices at all levels of the agency, foster a culture of learning and continuous improvement, incorporate identified key data and performance measures into decision making, and promote the agency's vision by leveraging the CQI framework. Key activities include, but not limited to:

- Participation in the annual review and approval of Kentucky's CQI plan;
- Review, at least quarterly, key performance measure outcomes to remain informed and provide feedback on potential changes if course correction is needed; and
- Through ongoing stakeholder engagement, take the opportunity to share data and progress on leadership goals during strategic meetings such as the State Interagency Council (SIAC), Administrative Office of the Courts (AOC) and DCBS communication meetings, and other meetings where leadership from partner agencies are in attendance.

Central Office Divisions and Branches
The central office divisions and branches CQI teams are composed of programmatic experts from the Division of Protection and Permanency (DPP), Division of Family Support (DFS), and the Division of Service Regions Division (DSR). The primary purpose of these teams is to provide support for the implementation of CQI activities through the promotion of continual learning and the alignment with the agency's SOP. During these activities, the agency is assisted in coordination of functioning, reinforcement of the CQI process, problem solving of identified issues, and utilization of data/information to drive performance/quality improvement toward the achievement of identified goals. These teams provide a forum for discussion and possible resolution of issues that have agency-wide implications and impact on service delivery to clients. These teams provide statewide support and guidance for the overall CQI process as well as strategic direction for the agency. Key activities include, but not limited to:

- Review of issues identified at the local and regional levels that would require additional clarification or expertise in resolving an issue;
- Review and consider recommendations from the local and regional levels related to policy and practice;
- Collaborate with regional CQI specialists to ensure appropriate and timely responses were provided to the regional and/or local team; and
- Foster a continual learning culture through development of or recommendation for training where a need is indicated.

Other Division Teams
DSR Branch CQI Teams
- Regional Permanency Branch (Wendy's Wonderful Recruiters/Child Focused Recruitment Model-CFRM)
- Centralized Intake Branch
- Field Development Support Branch (Rapid Response)
- Safety and Facilities Branch

Family Support (FS) Branch CQI Teams
- Case Review and Claims Branch
- Centralized Mailroom Branch
- Field Critical Response Branch
- Call Services Branch
- Branch Managers and Resource Management Analyst

FS Joint Team Meetings
- Quality Control (QC), DFS, and DSR error rate
- Kentucky Temporary Assistance Program (KTAP), Kentucky Works Program (KWP), and Medicaid specialists
- Public Assistance Program Specialist (PAPS) Regional Training Teams
- DFS, DSR, Office of Application Technology Services (OATS), Benefind, and Deloitte System and Issues Review

DPP lead CQI Teams
- CFSP CQI Stakeholder Meeting

SRA Team (statewide)
The SRA team meets monthly and is composed of SRAs, CQI specialists, and contingent on the agenda, division directors or designees, as well as other programmatic staff with a specific expertise needed for discussion. On a quarterly basis, the meeting is inclusive of stakeholders and the agenda reflects topics informed by data and the monthly meetings. The primary purpose of this team is to support the implementation of the continuous learning process through review of key performance measures and outcome data to promote a solution focused approach to developing data informed strategies to address gaps in practice. The SRA CQI team also serves as the connecting point between central office and the service regions, to foster collaboration and ensure the agency's vision toward becoming a 21st Century DCBS is communicated throughout all levels of the region. Finally, the SRA CQI team establishes a shared vision for practice across the nine regions and informs central office of gaps, training needs, etc. Key activities include:

- Promoting and supporting of a culture of continuous learning through review of data and outcomes.
- Developing an understanding of the CQI best practices to ensure successful implementation across the regions.
- Identifying opportunities for solution-focused strategy development.

Regional CQI Teams
The regional CQI team is composed of the SRA, regional programmatic staff, and the CQI specialist(s) who meet monthly. The CQI meetings can be merged with the monthly staff meeting by utilizing the CQI agenda and action plan, or the regional team can have a separate CQI meeting. The primary purpose of this team is to provide support to the region for the implementation of continuous improvement activities inclusive of reviewing regional outcome data, reviewing local CQI issues where barriers to providing services to families cannot be mitigated at their level, and to develop solution-focused strategies that address the specific and unique challenges for the respective region. The CQI meetings are co-facilitated by the SRA and the CQI specialist. Key activities include:

- Promoting and supporting a culture of learning through review of data and outcomes.
- Empowering staff by providing opportunity to participate in the problem-solving process and contribute to developing solutions.
- Engaging stakeholders and trusted advisors to foster and strengthen relationships and identify service gaps.
- Implementing solutions through action planning to enhance service delivery and achieve improved outcomes where indicated.

Examples of various regional teams include, but are not limited the following:
Protection and Permanency
- Supervisors CQI Team
- Specialized Investigations
- Permanency Team
- Staff Retention Committees
- Adult Protective Services

Family Support
- PAPS error rate meeting

Regional Stakeholders CQI Team
On a quarterly basis, the regional teams will host a CQI meeting inclusive of stakeholders, trusted advisors, and representation from local teams. The primary purpose of this team is to foster a better understanding of what is working, provide opportunity for staff and stakeholders to provide feedback and participate in generating solutions, and to build relationships with those who serve within the agency or are served by the agency. Key activities include:

- Ensuring staff and stakeholders are prepared for meetings so they understand the principles of CQI, its purpose, their roles in the process, and the opportunity to inform strategic decision making.
- Ensuring data and trends are presented in such a way that they are understandable and can be applied to inform action planning.

Stakeholder Engagement through the Teaming Structure

At the case level, stakeholders interact with local, regional, and state department personnel during case specific interactions. Local and regional personnel may also work at the community level with other organizations to coordinate service delivery and access issues. At the central office level, stakeholders at the administrator level interact with leadership in a variety of joint planning committees, advisory boards, focus groups, and task forces. Issues generated during stakeholder interactions, which may be identified as either local practice issues or administrative/organizational issues, may enter the CQI process at any level of the organization and be introduced as a topic. Unresolved issues may be elevated to the state CQI team for review/evaluation, with the executive leadership team operating as the final decision-making authority in the CQI process.

Examples of various types of stakeholder groups include, but are not limited to the following:

Protection and Permanency

Resource Parents

Each service region is expected to operate a regional foster/adoptive parent group that meets with resource parents to exchange data or information, discuss practices and outcomes, and/or seek solutions to issues and barriers. These meetings most often occur monthly and may be embedded within other meetings such as those of the foster parent association. Resource parents may send representation as appropriate or possible to the regional level CQI team. Issues identified by foster/adoptive teams are shared during the regional team meetings.

Voices of the Commonwealth (VOC) Youth CQI Group

The VOC is comprised of Kentucky foster youth and alumni ages 16-23 who are instrumental in communicating to DCBS staff, judges/court personnel, state officials, private childcare agencies, educators, foster/adoptive parents, and community partners issues and needs of youth in care and those who have aged out of the system. The VOC is a diverse group of young people who advocate for positive changes for children in out-of-home care (OOHC), assists with recruitment and training of foster parents for older foster youth, and helps coordinate independent living events. The VOC also works with current and former foster youth to mentor and develop strategies for successful outcomes, as well as educate them about their rights, responsibilities, available resources, and policies that effect foster children. The VOC have representatives from each region that assist with local/regional CQI groups in bringing their voice to the table and aiding CQI specialists in quality improvement efforts for youth. The VOC also assist with the CHFS KY RISE website that provides valuable independent living resources that include education, employment, essential documents, health, housing, and exit surveys.

https://prd.webapps.chfs.ky.gov/kyrise/Home/VoicesoftheCommonwealth

Local CQI Teams
Local teams are composed of county/team staff and meet monthly. The design of each team may vary due to different teams housed in multiple counties. CQI meetings can be merged with the monthly staff meeting by utilizing the CQI agenda, or the local team can have a separate CQI meeting. The primary purpose of these teams is to provide all staff with the opportunity to participate in the CQI process and contribute to the implementation of continuous improvement activities inclusive of reviewing outcome data and generating solutions through action planning as indicated. Engagement of stakeholders and trusted advisors are incorporated into the local CQI process to foster authentic relationships, achieve a holistic approach to improving service delivery, and provide opportunities for networking. Issues or barriers identified that cannot be mitigated at the local level should be discussed with the CQI specialist to determine where to route the issue. Key activities include:

- In collaboration with the regional leadership team and the CQI specialist, developing an annual plan outlining the strategy for quarterly stakeholder engagement.
- Completing the CQI web-based training (WBT) to gain an understanding of the basic principles of CQI.
- Participating in CQI activities such as reviewing data, having membership on a local CQI team, participating in surveys, and/or collective representation through advancing local solutions to the next levels.
- Participating in local Community Collaboration for Children (CCC) meetings could meet the criteria for a local level CQI team meeting with stakeholder engagement.
  - A plethora of locally based stakeholder meetings occur as a natural part of collaborative work and engagement at the community level. Stakeholder engagement is strong within the regions, and with the CQI redesign, intentionality to capture that engagement is a goal. This can be achieved by documenting attendance and communication (such as meeting minutes) around sharing agency data and information and working through discussions on areas for growth and improvement amongst stakeholders, organizations, and families regarding the improvement efforts.

Infrastructure Supports

CQI Specialists
CQI specialists are a part of the Field Quality Branch and are supervised by the Field Quality Branch Manager under DSR. They support and assist CQI teams at all levels and in varied other work to improve services and outcomes. Annual two-day to five-day classroom or e-trainings, as well as monthly conference calls, are conducted with the specialists. These events focus on data and reports, skills for analysis and facilitating change in the regions, feedback and skill development for specific issues, or exchange of ideas or practices that work.

CQI Specialist Responsibilities
1. Support the local and regional CQI process;
2. Train staff on related CQI processes and procedures;
3. Coordinate, facilitate, and ensure proper recording of local and regional operational issues CQI meetings;
4. Record CQI minutes in the tracking system, participate in local and regional resolution of operational issues, and provide feedback to local and regional teams on issue resolution;
5. Prepare the analysis/evaluation/synthesis of data related to CQI operational issues meetings for family support, protection and permanency, and regional teams;
6. Manage the analysis, evaluation, and synthesis of data related to all service areas;
7. Coordinate with state, regional, and local professional staff on self-assessment processes;
8. Collaborate with staff members through the CQI process in the analysis of policies, procedures, and practices that influence the achievement of safety, permanency, well-being, and self-sufficiency outcomes;
9. Generate management reports and displays that support best practices in team and regional decision making in the time frames specified by the SRA;
10. Monitor progress toward achieving state, federal, program, and special project goals and provide feedback to staff;
11. Analyze, prepare, interpret, and disseminate data from case reviews, administrative sources and data systems, or from other research/information systems;
12. Identify patterns of excellence or deficiencies in achieving state, federal, or program compliance;
13. Write, recommend, and assist with implementation of action plans to promote improvements based on information from operational issues or programmatic meetings;
14. Support and monitor the completion of local and regional operational issues or program meetings; and
15. Manage the CQI-Case Review Evaluation System (CARES) in their regions, including administrative functions, training, and feedback on system functioning.

Improvement Cycle and Agency Feedback

CQI Meetings

The following guidance for the CQI process and flow is inclusive of meeting structure, stakeholder engagement, communication, and ongoing feedback loops. Teams should dedicate time each month for this process to provide staff opportunity to identify barriers and discuss solutions to enhance processes. Data should be discussed to inform the teams focus and action planning. During monthly meetings, teams should review progress and their work toward achieving outcomes. During quarterly meetings, action plans should be reviewed alongside of the data to determine progress and if additional steps are needed. Depending on the individual needs of each team and county, there is flexibility to how CQI teams function. For example, quarterly meetings may involve representatives from individual teams within a county due to its size. The representatives would bring issues identified on their individual teams during monthly staff meetings. The goal is to empower teams to identify various issues impacting practice, develop an action plan, review its progress, and make decisions.

Meeting Guidance: CQI Meeting Process and Flow

 Cadence

- Regions will have monthly local and regional CQI meetings.
  Note: They can be separate meetings or merged with monthly staff meetings, since CQI is embedded into everyday processes.
- CQI meetings should be held monthly at the local level. Local is defined as either the team or county level. Regions may look different based on number of teams in any given county.
- CQI meetings should be held monthly at the regional level. Regional level meetings will need to be scheduled in such a way as to ensure timely responses are provided to issues that were not able to be resolved at the local level and were advanced.

Meeting Agenda, Action Planning, and Meeting Minutes

Each team meeting will utilize the standard agenda and action planning template. This will ensure meetings are productive, focused, and consistent throughout the agency. The action plan serves as the documentation for CQI meeting minutes, which are compiled by the CQI specialist and managed in a central location. At all levels, the agenda is set and prioritized by the facilitator and the scribe, who seek input from other team members as needed.

INSERT HYPER LINK TO AGENDA

Agenda Items:

- **Review Previous Minutes:** Provide an overview update on ALL unresolved issues and an update on ongoing action plans, particularly those that relate to your outcomes.
- **Discussion of Previous Team Meetings:** This would include any stakeholder meetings attended since the last CQI meeting.

- **Data:** Review and discuss key data measurements to identify barriers and create action plans. Connect to agency outcomes: *What is the data saying about the work? Are the current processes working and can they be replicated for continued improvement in similar areas? What are the implications specific to serving families, children, and vulnerable adults per agency mission?*

  Guidance for data discussion:

  - ➢ **Achieving State and Federal Outcomes:**
    - • **Case Review Summary and analysis:** Discussions with the local teams to be led by the supervisor or chief and for the regional team by the specialists or their designees.
      - • **P&P:** Discuss the actual number of reviews completed, the percentage of reviews that were required to be completed compared to the actual number reviewed, and the overall compliance found in the reviews. This should include first, second, and third level reviews.
        - ➢ NOTE: Any brainstorming and action planning developed to improve case review data is to be included in the action planning documentation rather than the summary.
        - ➢ Include trend analysis, 3rd Level case review data, team level displays of target outcomes, design of initiatives or plans to achieve.
      - • **Family Support:** Discuss the number of reviews completed for each program over the prior three months and the error rate. Discuss in action planning the plan to decrease the error rate.
- **Employee Recognition:** Discuss any employee recognition, formal or informal, by the agency, community partners or customers. Formal includes: certificates, awards, employee of the month, etc. Informal includes: thank you cards, letters of appreciation, etc.
- **Policy Updates:** Dialogue surrounding new policies, ways to improve, concerns, barriers, feedback on polices up for review.
- **Review Current Action Plans:** What is the status of the plans and are there next steps?

Stakeholder Engagement and Preparation
Stakeholders will be engaged at all levels of the agency. For example: birth parents, relatives, youth, service providers, etc.
- Stakeholders should be prepared in advance of a meeting by explaining the purpose of the meeting, their role to provide feedback based on their experience, and to make recommendations related to improving service delivery.
- When CQI issues are discussed and brought up amongst local, regional, or state level stakeholder groups, complete action planning and include in the meeting minutes. CQI issues discussed amongst families, stakeholders, and youth should also be documented and a process for resolution and improvement should be developed.

Data
The goal for the agency is to be data informed, outcomes driven, and family centered. It is vital that every staff person has access to performance data and a voice in decision-making for quality improvement, whether that is through direct or representative team participation. CQI teams at all levels use data to identify practice issues or areas of improvement that assist in the action planning for resolution and improvement and often coordinate with central office initiatives. During monthly meetings, teams should review progress and their work toward achieving outcomes. During quarterly meetings, action plans should be reviewed alongside of the data to determine progress and if additional steps are needed. CQI issues raised because of stakeholder interactions may also be introduced for discussion, development of action plans, and elevated for resolution at another level if necessary.

CQI Issue Identification
CQI is a process designed to improve quality, and issues that local and regional teams want to advance should relate to safety, permanency, and well-being. CQI assists DCBS in keeping its finger on the pulse of agency functioning. CQI provides a structured way to identify, review, and respond to agency issues. It is a method of looking at the services the agency provides and how the agency is providing them to best help achieve client goals.

Potential CQI issues should be viewed through the "lens of quality", to determine if the issue is truly one that in some way positively impacts the quality of the agency's work in contributing to desired client outcomes. In other words, does the existing issue impede direct quality service delivery to clients and/or prevent the agency from functioning organizationally to best provide quality client service.

Within local teams, all concerns that are perceived as barriers to quality work may be addressed as CQI issues. This open process is designed to empower staff to raise issues, generate solutions, and fix problems. Most barriers can be solved by the local team and may include researching the guideline, speaking directly with regional supervisors, or seeking clarification of policy from regional specialists.

Issues advanced to the region or state levels for resolution will be reviewed by the regional CQI specialist to ensure the concern has been thoroughly assessed and efforts have been exhausted at the orienting level to remedy. By doing this, issues remain localized and closest to the original submitter. Each team is expected to develop action plans and try to reduce the barrier at the local level or regional level prior to advancing it to the state level team. The local or regional teams are encouraged to make specific suggestions that may improve quality or define the problem with as much specificity as possible. These steps will enhance the quality of regional or state feedback on issues. The following screening guidelines are important in determining if an issue should be advanced to the regional or state levels for resolution:

> **Guidance for Non-CQI Issues**-Where to send the following non-CQI issues as they arise:
> - **The Worker's Information SysTem (TWIST) Issues:**
>   - TWIST issues should be sent to the regional CQI specialists. These will be reviewed and forwarded to the appropriate staff in DPP for resolution.
> - **Workplace/Staff Safety and Critical Incidents/Accidents:**

- o Safety issues: Safety administrators
- o Building issues: Building managers
- **Community partners concerns:**
  - o These issues should be addressed at a community partner meeting that is already naturally occurring if possible, i.e., private child caring (PCC) meetings, or develop a plan of action outlining who will address the issue (service region clinical associate (SRCA), specialists, SRA, FSOS, etc.).

Barriers

The CQI process focuses on solutions to identified barriers for the achievement and improvement of programs, services, and outcomes for clients. Barriers in any of these areas may become apparent to CQI team members in a variety of ways, including their own and their colleagues' casework, direct experiences with service delivery, interaction with community partners, trends in data, or issues identified at the state or regional level. To be appropriate for advancement through the CQI process, an issue must constitute a barrier to one or more of the following:

- The functioning of operations that influence the agency's capacity to deliver services that cannot be resolved at the local or regional level;
- The quality of service delivery that reflect regional or state practices;
- Regional or state practices that influence achieving program or client results; and/or
- Regional or state conditions that diminish client satisfaction.

Requires Teamwork

The barrier posed by a CQI issue must exist for multiple workers, clients, or community partners. Its removal must require joint effort by the members of a team, rather than individual initiative or routine administrative action.

Not Addressed by Existing Guidelines

An issue can be advanced if policies, procedures, and regulations:
- Are unavailable or insufficient to resolve it;
- Need clarification or changes that require a work group or team effort for their development; or
- Cannot be solved by simple methods, such as placing a phone call to central office for clarification.

Action Planning

Action planning is the process that captures information and the course of next steps in attempting to resolve the challenge or replicate the strength.

The action plan should reflect the issue, the data source, the next steps, who is responsible, and by what date. The plan is sectioned out as follows:
- Select the topic/issue/problem or promising practice recommendation the team will be discussing.
- Select related outcome (if feasible).
- Discussion: Describe the barriers that exist to solving the problem and brainstorm solutions to the problem.

- The team may also recommend promising practices that have worked for the team that the team would like to share (these may also be documented in the minutes to send to the next level).
- Action Plan: Every item must have a related action plan and description of the desired goal of the action. The team should document all the steps that have been taken to resolve the issue at the local level. Every action plan must have a designated point person and a target date for achievement.
- Progress: For items that are not resolved quickly, the team must discuss the progress of where the team is in meeting the action plan goal. While discussing the basics in review of the previous minutes, the team needs documented specifics in action planning.

Action plans and meeting minutes should be sent to the regional CQI specialist after each meeting, including stakeholder meetings.

Advancing CQI Issues
CQI specialists will review all issues requested to be advanced to the next level. Upon this review, the issue may remain with the originating level for further consideration of a resolution. A CQI team at any level should forward an issue to another level only if it has first:
- Determined that the issue meets all criteria for issue identification;
- Attempted to resolve the issue without success;
- Determined that resolving the issue would require a regulatory or policy change, rather than a clarification;
- Attempted to identify an agency official who might resolve the issue at the local or regional level without success;
- Concluded that the issue requires a CQI forum rather than any existing structure;
- Described the issue in writing in sufficient detail to enable those unfamiliar with it to understand its essential elements; and
- Proposed, also in writing, a solution or ideas that might help in forming a solution.

A CQI team should give heightened consideration to forwarding an issue to another level if the issue:
- Clearly requires resolution at the regional or state level;
- Overlaps boundaries between programs (such as Protection and Permanency, Family Support, and Child Support) that are ordinarily treated as distinct; or
- Appears to be a new issue-one that is likely without precedent within the agency.

A team should not forward an issue within CQI if it constitutes an emergency. Such issues should be brought to the attention of the SRA or other official(s) who can take prompt remedial action.

Before a regional CQI team advances a CQI issue to the state level, it must first determine that the issue either:
- Is a statewide issue for which a statewide resolution is necessary; or
- Is local or regional in scope, but local and regional resources are insufficient to resolve the issue.

CQI issues advanced to the Department's central office will be managed and screened. They will be reviewed by the appropriate team to determine the best process for addressing and resolving the issue.

CQI Meeting Minutes
Minutes are taken by the scribe and recorded on the CQI meeting minute's template. Agenda items are discussed, and both resolved and unresolved issues are recorded with action steps and ideas for resolution. Issues identified at each level can travel several routes. They can remain pending at the local, regional, or departmental level until a solution is identified. Issues can be advanced to the next level for resolution or returned to the previous level for additional information or solution. Some issues may be deemed unresolvable for a variety of reasons and be held as unresolved or pending for any period of time. The managers of the CQI process (specialists and central office leads) will review these pending issues periodically and resolve them as possible. For the issues requiring long-term system change and years of work to implement, an update should be provided to the originating team, as appropriate. The SRA CQI team will review the advanced issues from the regions during monthly statewide CQI meetings, except when a central office team would be more appropriate to review the issue for resolution.

Communication, Ongoing Feedback Loop, and Process
Timely responses and feedback to the regional and local levels for advanced issues is crucial. CQI minutes are compiled and managed in a central location for tracking purposes.
- Local issues that are unable to be resolved will be advanced to the regional level.
- Regional issues that are unable to be resolved will be advanced to the central office level.
- The executive leadership team, division directors, and SRAs will review the advanced issues from the regions during the next monthly CQI meeting.
- Resolutions or the status for each issue will be sent back to the respective region through the CQI specialist.

Core Data Set and Expectations for Use

Data Consistency and the Resolution of Data Issues
The goal is for the agency to be data informed, outcomes driven, and family centered. It is vital that every staff person has access to performance data and a voice in decision-making for quality improvement, whether that is through direct or representative team participation. CQI teams at all levels use data to identify practice issues or areas of improvement that assist in the action planning for resolution and improvement and often coordinate with central office initiatives.

Several mechanisms exist to promote data consistency and data quality. Central office staff, such as DPP, DFS, and DSR leadership, resource management analysts, CQI specialists, and other program staff are primary consumers of administrative data generated by a variety of information systems. They, or regional personnel who are receiving report information, may have questions about data elements. Issues such as consistency or interpretation of the data are sometimes elevated by email to contact points in central office—typically the Information and Quality Improvement (IQI) Unit or the Quality Assurance Branch in DPP. Those issues are discussed during monthly conference calls between CQI specialists and representatives from the various data systems. DSR resource management analysts also host bi-weekly data analysis and outcomes trainings in efforts to support quality improvement specialists in providing trends and outcome data to their respective regions.

In addition, a TWIST management reports team consisting of resource management analysts, quality control managers, SAP/BI reports managers, OATS leaders, DPP and DSR branch managers, social service specialists, and DPP and DSR leadership. This group works in conjunction with CQI specialists by analyzing and resolving management report issues identified by a variety of sources. This team is also imperative to the communication loop on changes to report functionality. Resolutions to such issues may include the consistency or accuracy of the data entry and may be rectified by a clarification to the appropriate SOP, data entry tip sheets, or data system instructions. Data system personnel also frequently run system utilities intended to assess conformity with federally mandated requirements regarding the consistency and completeness of AFCARS, NCANDS, and NYTD data. Additional data discrepancies or issues are topics for ad hoc discussion and if appropriate, action planning.

Analysis And Dissemination Of Quality Data
DCBS has a team of highly skilled staff in various positions that disseminate data to both internal and external parties. For internal review, DSR leadership and CQI Specialists analyze data for both Protection and Permanency and Family Support data provided by the resource management analyst. These analysts identify trends in federal and state outcome data on a weekly, monthly, and quarterly basis. In addition, the CQI Specialists also do a more in-depth analysis of trends in federal and state outcomes and provide that analysis to the regions, counties, and teams in which they are assigned. There are many data requests from external parties and these requests are fulfilled by a variety of positions within DCBS. Fact sheets are always available for dissemination by CQI Specialists and are produced monthly and quarterly. Other requests that are unable to be met by fact sheets are provided by DPP.

DCBS recognizes that staff need to receive support and explanation of analysis provided. In efforts to meet the need of staff both resource management analysts and CQI Specialists have begun sharing data as info graphs and serve as a support to leadership in understanding and interpreting the data.

Protection and Permanency
DCBS produces multiple targeted data publications that can be used for internal and focused dialog with stakeholders.

- Fact Sheets: Fact sheets capture specific aspects of program service delivery, including adult protective services, foster care, investigations, etc. Fact sheets include information on the number of reports, investigations, ongoing cases, and children in foster care. Fact sheets include information on the number of persons served and basic information about the service population. Fact sheets are disseminated monthly and are available to personnel. The fact sheets can also meet data requests from the public and legislators.
- Data in a Glance (DIG): Data are published quarterly based on information from SACWIS/CCWIS and the Department's Protection and Permanency case review system. DIGs allow supervisors and leadership to use the data for coaching and the development of program improvements. DIGs allow for comparison of performance between regions and a view of state-wide performance in comparison to federal outcomes.
- Case Review/CFSR Items Over Time: A planning document, this report isolates case review scores down to the supervisor level using a rolling year of data. The document is utilized by regional personnel to identify areas within region that may be varying in their performance, and may be used to target practice interventions (more intensive coaching or focused trainings) for specific supervisors and their teams.
- Child and Family Services Plan (CFSP) Reporting: Data from SACWIS/CCWIS, CQI-CARES, and other sources are used to establish target goals and as measures of activities undertaken during program improvement plans (PIP) and CFSP implementation. Performance data is tied to federally defined program outcomes in the areas of safety, permanency, and wellbeing. Successes and performance changes are reported annually in the Annual Progress and Services Report (APSR).
- Required Federal and State Reporting: Data and analysis are used in required federal and state reporting related to child welfare practices and outcomes for families.
- Ad Hoc Reporting: Leadership produce a variety of ad hoc reports or report excerpts for situational reporting, at the request of other agencies, or to facilitate stakeholder meetings where department outcomes are discussed.
- Employee Evaluation: Data from multiple systems are used in employee evaluations.
- Third-Level Case Review Feedback Tool: As third-level case reviewers complete a case review, this tool is completed and disseminated to the assigned current/most recent worker, FSOS, and regional quality assurance lead. The tool includes all item justification summaries from the federal onsite review instrument (OSRI) in order for the worker and regional management to understand assigned ratings for specific items.

<u>**Family Support**</u>
For Family Support, data is collected from the Health Benefit Exchange (HBE), Quality Assurance (QA) Module, and Integrated Eligibility and Enrollment System (IEES) is used for coaching and mentoring employees.The data is also used for:

- Required federal and state reporting: Data and analysis are used in required federal and state reporting related to child welfare practices and outcomes for families.
- Ad Hoc Reportng: Leadership produce a variety of ad hoc reports or report excerpts for situational reporting, at the request of other agencies, or to facilitate stakeholder meetings where department outcomes are discussed.
- Employee Evaluations: Data from multiple systems are used in employee evaluations.

Quality Data Collection

Overview of Data Sources
The foundation of a functional CQI system is the availability of valid and reliable data, both quantitative and qualitative, from a variety of sources. For data to be considered of value, it must be accurate, complete, timely, and consistent in definition and usage across the entire state. It is important to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. To collect data, the department, through the collaborative efforts of department personnel, the IQI Unit, and providers has established multiple data collection processes and systems. Data is available to DCBS from various sources and are differentiated by the type of data collected.

- **SACWIS/CCWIS/TWIST:** TWIST is utilized for child and adult protection cases (quantitative). TWIST produces quantitative case data for the National Child Abuse and Neglect Data System (NCANDS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), and a variety of management reports. Users are Protection and Permanency personnel at all levels. Users receive TWIST training as part of initial agency training after they are hired. Updates to TWIST or documentation process are trained through video conference, webinar, or by issue of detailed memorandum and tip sheets. TWIST programmers maintain user guides and TWIST tips for common user issues. TWIST users are also supported by access to a helpdesk available statewide through an 800 number.
- **CQI-CARES:** The case review system captures data entered directly by reviewers from Protection and Permanency personnel. Case review instruments include qualitative elements comparable to the federal Child and Family Services Review (CFSR) case review instrument. Case review data is published and available to Protection and Permanency personnel quarterly for coaching purposes. Users include personnel at all levels. Onsite training was provided statewide for all users following the launch of the system. Updates and refinements are trained through onsite visits, videoconferences, audio conferences, webinar, or detailed tip sheet issuances. Technical support is available through the IQI Unit.

- **The National Youth in Transition Database (NYTD)**: Per the requirements of 45 CFR 1356.80, the Department implemented NYTD. Primary users are the Department's independent living coordinators. Other users include three program staff in the OOHC Branch. Users are trained on the use of the system after being hired. Updates to the system are trained through onsite and audio/videoconference training or detailed memorandum/tip sheets. Ongoing technical assistance for users is provided through designated personnel in the Department's information technology group.
- **Primary Prevention Meeting and Event Tracking (PP-MET):** Community partners enter their primary prevention meetings and events into PP-MET. Data from the system informs the understanding of community-based services supporting child welfare. Statewide, onsite training was provided statewide for all users. Updates and refinements are trained through onsite visits, videoconferences, audio conferences, webinar, or detailed tip sheet issuances. Technical support is available through the IQI Unit.
- **In-Home Services Database:** Family Preservation and Diversion providers enter information about children and families served into the In-Home Services Database. Data collection informs program evaluation efforts. Statewide, onsite training was provided statewide for all users following the launch of the system. Updates and refinements are trained through onsite visits, videoconferences, audio conferences, webinar, or detailed tip sheet issuances. Technical support is available through the IQI Unit.
- **Sobriety Treatment and Recovery Teams (START) Case Management System:** START workers enter information into a web-based data entry system. The system provides a framework for case management and the data collected informs program evaluation efforts. Statewide, onsite training was provided statewide for all users following the launch of the system. Updates and refinements are trained through onsite visits, videoconferences, audio conferences, webinar, or detailed tip sheet issuances. Technical support is available through the IQI Unit.
- **Substance Abuse Provider Initiative [website]:** Substance abuse service providers under contract enter data on access, retention, costs, session attendance, and client outcomes. Data collected in the system can be used for contract monitoring and for program evaluation. Statewide, onsite training was provided statewide for all users following the launch of the system. Updates and refinements are trained through onsite visits, videoconferences, audio conferences, webinar, or detailed tip sheet issuances. Technical support is available through the IQI Unit.
- **Integrated Eligibility and Enrollment System (IEES):** Commonly referred to as the **"Worker Portal"**, is the statewide integrated and automated system where applications are entered and processed for all Family Support services. The system supports all casework and reporting functions for all eligibility programs offered in Kentucky. IEES determines eligibility and enrollment for the Supplemental Nutrition Assistance Program (SNAP), Transitional Assistance for Needy Families (TANF) cash assistance, Family Alternative Diversion (FAD), Child Care Assistance Program (CCAP), Medicaid (MAGI and non-MAGI) and State Supplementation and Supports Account Transfers with the Federally Facilitated Marketplace (FFM). IEES includes a public facing self-service portal, KYNECT benefits, and Worker Portal.

- **The Kentucky Automated Management Eligibility System (KAMES):** KAMES is an integrated quantitative statewide system that prior to IEES, supported casework and reported functions for food stamp, income maintenance programs, Temporary Assistance for Needy Families (TANF), kinship care, and other eligibility programs. Currently, KAMES is used as a historical data base for inquiry purposes.
- **The Health Benefit Exchange (HBE):** HBE is the health insurance marketplace in Kentucky created in accordance with the Patient Protection and Affordable Care Act. It is offered to individuals and families who are not covered by their employer and allows enrollees to compare health insurance plans.
- **The Quality Assurance (QA) Module:** A quality case review system for Family Support cases (Supplemental Nutrition Assistance Program (SNAP), TANF, etc.). Mandatory training is provided to all individuals who review Family Support cases on the Worker Portal. Updates are trained at the direction of Family Support leadership. System users are also supported by access to a helpdesk available statewide via phone and/or email.
- **Critical Incident Reporting System (CIR):** This system captures data and information regarding incidents, accidents, and other safety concerns involving staff, customers, and other stakeholders. Reports requiring immediate response are facilitated by a safety coordinator, strategically positioned in regions throughout Kentucky and are supervised by a state safety coordinator located in central office. Data is entered into the Critical Incident Reporting System by local staff and is available for report generation and identifications of trends for review at CQI team meetings. This information is valuable in the continual risk management efforts of DCBS.
- **Office of the Ombudsman:** Located in central office, the Office of the Ombudsman receives contacts on an ongoing basis from throughout the state regarding DCBS. Such contacts may include customer questions, complaints, or grievances regarding DCBS services. Reports are routinely generated by the ombudsman and CQI teams review and problem-solve around the data and information no less than quarterly. Each service region is responsible for tracking complaints and trends from the Ombudsman's Justified Complaint reports.
- **Stakeholder Surveys:** DCBS annually seeks input from a variety of stakeholders, inclusive of youth in care. Surveys are developed and distributed from central office. Survey findings may prompt further assessment through the CQI system and, where necessary.
- **Customer Satisfaction Surveys:** DCBS launched a web-based customer satisfaction survey in early 2011. This is an ongoing survey process for obtaining customer satisfaction with DCBS' P&P services. The URL for this survey is printed on all P&P forms shared with clients so that they can access the survey and respond. Larger offices may include a computer terminal accessible to clients for completing surveys while in the DCBS office.
- **Survey of Employees:** DCBS, in collaboration with Eastern Kentucky University EKU, initiated in 2016 an annual Employee Engagement Survey that measures staff satisfaction with key elements of the DCBS work environment. Additionally, DCBS offers an exit interview process to each staff person who resigns, retires, or transfers to other state positions outside the agency. Data and information collected from these comprehensive processes are used to improve customer service, workforce development, organization functioning, and facilitate other changes needed to better achieve agency outcomes.

Case Record Review Process and Tools

Case Review Processes
Key to the efficacy of a state CQI system is an ongoing case review component that includes a comprehensive review of case files of children, adults, and families served by the agency. Case reviews are important to provide an understanding of what is behind the safety, permanency, well-being, and self-sufficiency numbers in terms of day-to-day practice in the field and how that practice is impacting child, adult, and family functioning and outcomes. Case reviews are utilized to detect the quality of services for those being served and, therefore, focus on the assessment and monitoring of how child, adult, and family functioning is progressing in relation to the services provided.

CQI case review processes ensure a sampling universe of persons served statewide and should be sufficiently large enough to make statistical inferences about the population served by and stratified to include a proportion of cases that reflect different age groups, goals, and other considerations, such as varying geographic areas of the state, as appropriate. Case reviews are conducted by qualified staff that go through a uniform and consistent training process that helps ensure inter-rater reliability. The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases.

Protection and Permanency Case Reviews
DCBS operates an ongoing internal case review process that assesses statewide practice performance for the key child welfare areas using a uniform sampling process and methodology. DPP maintains the case review tools, to include the history of changes and any edits that are identified on an ongoing basis. DSR implements the first- and second-level case reviews and DPP implements the third-level case reviews. A random selection of cases is generated monthly by the SACWIS/CCWIS system. Random selection ensures that the cases selected are reflective of the cases worked statewide and representative of the state's universe of cases, including the portion of cases of children served in foster care and children served in their own homes.

For the purposes of PIP monitoring, cases for the third-level case review are selected in a different manner to meet federal requirements. Both in-home and OOHC cases are selected utilizing a rolling statewide sample. In-home cases are selected utilizing the following logic):
- Unduplicated list of cases by family (family ID/TWIST case number).
- No cases have a child with an out-of-home episode during the sample period.
- Case was open at least 45 consecutive days during the sample period (this is inclusive of cases that are open for investigation only and are "past due").
    - The most recent open date for the case that is within the reporting (sample) period or before the reporting (sample) period based on the 45 consecutive day logic.

Additional logic needed for a statewide sample includes:
- In-home sample frame will be pulled by designated geographical areas (as outlined in the table below) one month prior to the review.
- In-home sample period will be a rolling six months plus 45 days, with one month dropping off each pull.
- Only cases with a child protective services (CPS) component will be included in the sample, i.e., the sample will filter out adult protective services (APS), agency, non-agency, and provide cases.

OOHC cases are selected utilizing the AFCARS defined case population.

The case review tool is cross walked with the CFSR OSRI for use at the FSOS (first-level) and the regional (second-level) case reviews. To improve the case review process at the first and second levels, changes to the tools and review process will be forthcoming over the next several years. The OSRI is used for the central office (third-level) case reviews.

- First-level: FSOS-Currently, four cases are reviewed per month (reviewing the last six months), completed by the FSOS in evaluation of the case work.
- Second-level: Regional-Eighteen (18) cases per month (reviewing the last nine to 12 months), completed by designated regional staff in evaluation of regional trends.
- **Third-level:** Quality Assurance Branch – Dedicated case review staff from DPP's Quality Assurance Branch routinely conduct quality case reviews. Case reviews consist of a file review, utilizing the OSRI, as well as key case participant/stakeholder interviews. For PIP monitoring, 30 cases per month are reviewed statewide. Post PIP, the number of cases reviewed per month will be renegotiated for ongoing CQI purposes.

Case review data is collected in an online case review system created specifically for the first and second level processes-the CQI-CARES web-based data entry site which generates a review instrument inclusive of questions pertinent to the type of case. Each case review question has been correlated to a CFSR item and a crosswalk is available. The federal CFSR Online Monitoring System (OMS) is used for collection and reporting of third-level case review data. As a result of the frequency of case reviews, and the number of reviews conducted each year, there are sufficient numbers of reviews to conduct statistical analysis regarding statewide case practices.

Feedback Loop
The feedback loop for the first and second-level case reviews involves the reviewer providing the case worker and FSOS detailed feedback on the findings and relates it back to SOP when there are concerns.

The feedback loop for third-level case reviews involves the current/most recent worker, FSOS, CQI specialist, regional quality assurance lead, and service region receiving detailed feedback on the case reviewed. Additionally, regions will receive regional specific feedback on qualitative trends identified through case reviews, as well as a statewide view for comparison.

Additionally, central office leadership may commence ad hoc case reviews to explore specific areas of interest and practice. For ad hoc reviews, leadership may use specialized sampling methods to randomly select cases for review, isolate reviews to particular areas of the state, and use isolated areas of the review instrument to target on particular areas of practice.

Ad hoc and central office reviews are sampled randomly from TWIST, and do not necessarily include cases from the statewide review process. Since the areas of interest are small, utilizing fewer review questions, the state can increase the number of cases sampled per month.

Family Support Case Review
DCBS operates an ongoing internal case review process that assesses statewide performance quality for key family support areas using a uniform sampling process and methodology. The Quality Assurance (QA) Module is utilized to assess the quality of provided family support services.

Case reviews in Family Support are completed at three levels:
- Level 1 - Principals and/or supervisors are required to complete all non-case decision reviews. In addition, principal workers must complete 10 Case Decision Case Reviews per month. The Case Review Team completes 5 SNAP reviews per each case decision SNAP worker per month. The review numbers per each reviewer vary based upon staffing. Staff have 7 calendar days to make necessary corrections unless the case due date or cut-off dictates a shorter timeframe.
- Level 2 - Management reviews completed by supervisors and PAPS. Supervisors must complete 20 case decision case reviews, per month, with five being call service case reviews. SNAP, Medical, and KTAP/KWP PAPS are required to complete 20 level 2 case decision case reviews per month, with three being call service case reviews. Call services PAPS are required to complete 20 case decision case reviews per month, and all 20 must be call services case reviews. Any needed corrections follow standard regional protocols.
- Level 3 - QC and management evaluation (ME) reviews completed at random. Any needed corrections follow state/federal protocols and are captured in action plans.

Staff Training Requirements

Ongoing Organizational Improvement: Assessment and Training

Personnel Training and Competency
The state CQI process requires personnel competency in several areas.

- At all levels, personnel understand that daily casework creates agency data, that agency data describes state casework practices, and that improvement initiatives are monitored through ongoing review of agency data. New employees receive an orientation to CQI during their initial training. Concepts are reinforced through ongoing trainings and during regular meetings, inclusive of the mock-up video demonstrating how to participate in/facilitate a CQI meeting. The Department has established mechanisms for the transmission of case data to ensure that analysis and reports are disseminated back to the worker level. The reports are transmitted during regular meetings between the commissioner and agency leadership, on weekly and monthly cadences to SRAs and their regional teams, during regular meetings and conferences between the Quality Assurance Branch and regional CQI specialists. Additionally, reports are sometimes issued in memorandums from central office to field personnel. The Department has issued expectations for coaching and mentoring at a supervisory level based on case consultation and case review data. Case review findings are shared back with the regions for further discussion, capacity building, and introspection. The Department has also established the use of data elements into employee evaluations.
- All personnel who enter data in the variety of data collection systems receive specialized training on the specific data collection system. When new systems or new system components are released, they are accompanied by systematic training of users. Typically, new users are paired with more experienced workers for training on the appropriate data collection system. All systems have ongoing personnel dedicated to resolve user issues or answer technical data entry questions.
- All personnel who conduct case reviews have the appropriate level of expertise to conduct a case review, and all case reviewers receive appropriate guidance in the appropriate scoring of case review items. Case reviewers are typically personnel with direct experience in the program area they are reviewing.
- All personnel who engage in data review and analysis have appropriate knowledge and expertise to receive and work with data and data reports and can communicate analysis of those reports within the spectrum of their role within the agency. The Department continues to employ personnel directly responsible for oversight of SACWIS/CCWIS generated reports. The Department continues to select and employ personnel in the IQI Unit to produce analysis from the Department's array of data sources. The Department does not provide training for these personnel; instead the Department selects and contracts with these personnel based on their specific education and expertise in programming/information technology, the use of data, and data analysis techniques. CQI specialists are hired and trained to read, package, and disseminate case review and management report data within the regions. Resource management analysts and CQI Specialists are offered trainings that are applicable to their positions and receive credits for

participating. The state's CQI coordinator and the IQI Unit provide training and professional development to CQI specialists.

- Online training specific to CQI has been distributed to agency staff so that all staff have an awareness and understanding of the CQI process as an ongoing process. The training entails an overview and history of CQI, the role of the CQI specialist in supporting the work, a demonstration of how to lead an effective CQI discussion, and track action steps via the action plan.

- A thorough DACUM (developing a curriculum) on the CQI specialist role was conducted to build consistency for DCBS CQI specialists' roles, duties, and responsibilities. A need was identified to conduct an occupational analysis DACUM. The DACUM was facilitated by the EKU Training Branch, in which the CQI specialists analyzed their duties, knowledge, skills, and personal traits needed to help facilitate consistency and optimal functioning and performance statewide. During the DACUM process, the job tasks were ranked based on essential components of job, most time consuming, and tasks that should be included in introductory and ongoing training curriculums. Results from the DACUM identified training needs for new CQI specialists, as well as ongoing training needs for tenured CQI specialists that include enhanced Excel training and data analysis, as well as facilitation skills. CQI specialists recently completed The Capacity Building Center for States' (the Center) CQI Academy: Foundations of Continuous Quality Improvement, which provided Kentucky with additional information to include in the training academy.

- All decision makers have an awareness of data collection systems, Department capacity for analysis, and their responsibility to be guided by departmental data. The Commissioner's Office has formally included a review of agency data as a part of regular leadership meetings.