

Continuous Quality Improvement Project

Kentucky

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CONTINUOUS QUALITY IMPROVEMENT (CQI) STRUCTURE

Department Structure

In Kentucky, CQI responsibilities are not designated to one department, rather they have been imbedded throughout the entire Department of Community Based Services (DCBS). DCBS encompasses both the Division of Family Support (FS) and the Division of Protection and Permanency (P&P). Principles of CQI are used by staff throughout each of these divisions. DCBS is divided into nine administrative regions in the State; each region is comprised of up to 17 counties. Each region has one to two CQI Specialists (depending on region size) who are responsible for evaluating, sharing, tracking and interpreting data on their region's performance. CQI Specialists work very closely with the State CQI Coordinator. The CQI Specialists report information back to the State Coordinator and participate in monthly conference calls. The State also has several Central Office staff spread throughout the departments who are devoted to data collection, management, interpretation and reporting.

It is difficult to determine the exact cost of CQI activities due to the system being interwoven throughout DCBS. There is no specific budget item for CQI in the State.

In addition to the Central Office staff, Kentucky uses a team structure for CQI activities in the State. Kentucky's [CQI State Plan](#) describes the team approach:

The formal DCBS CQI process consists of teams/meetings at the local, regional, Central Office and department levels, supplemented by foster parent and community teams at both the regional and state level. The multi-level process allows for information flow and solutions to be generated and implemented by all levels of staff within the organization. Problems that require input from multiple levels of the agency 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. Meetings often include the use of data to examine trends or opportunities to improve, generate solutions, or determine strategies that work. Teams also discuss the results of case reviews or other information or reports to ground the discussion in 'what is' and generate a solution-focused discussion.

Generally CQI Meetings occur at least quarterly at all levels. Minutes are taken by the scribe and recorded in the CQI Minutes/Issues Tracking System (CQI_MITS). 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 “irresolvable” 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. Other issues require long-term system change and years of work to implement; field staff appreciate updates on solutions in progress.

Local CQI Teams

The local CQI teams consist of approximately 8-12 staff members from within the county. The goal is for every staff member including county support staff, child care workers and others to have a voice in decisions and access to performance data. Local CQI teams are designed to consist only of agency staff to allow for free-flowing discussion and decision-making on local issues. In addition, they may identify policies or issues that impact local operations and require resolution at the succeeding level (or levels). The internal nature of meetings at this level is intended to focus on internal issues rather than other agencies or community partners. *See the [CQI State Plan](#) for more details on local teams.*

Regional CQI Teams

The regional CQI teams are composed of the service region administrator, service region associate administrator, service region clinical administrators, specialists (CQI, FS and P&P) and representatives from each of the local teams or counties including the foster parent CQI team. Optional members of regional teams also include community partners, regional support staff (regional training coordinators, foster parents, MSW consultants and youth or family representatives). Regional CQI teams meet quarterly with representation of all or most of the team members to provide resolution and feedback to issues addressed at the local level. Regional teams also identify policies or issues that impact local or regional operations and require resolution at regional level or advancement to the department or return to the local levels. *See the [CQI State Plan](#) for more details on regional teams.*

CQI Teams & Community Partners

Community partners may be invited to attend any level CQI meetings for a specific identified need of information sharing (e.g., services the community partner provides, provisions of new service delivery by the community partner, community partner perspectives on community resources, etc.).

Central Office Solution-Focused Workgroups

CQI Central Office teams are different than local or regional teams since Central Office is responsible for generating policy, practice guidelines, and providing leadership to all quality improvement efforts. Therefore, teams may be formed to address specific practice or service delivery issues identified by regional or local teams, by internal quality assurance processes or by federal reviews and other program oversight efforts. These focused Central Office teams work to solve specific problems using a time-limited workgroup structure. In addition to identifying issues, Central Office workgroups provide

employees with a voice in the agency leadership. State leads enter solutions to issues advanced from the regional level into the CQI_MITS.

Staff Qualifications and Responsibilities

CQI Specialists' prime responsibility in each of the regions is data analysis, interpretation of data and report generation. CQI Specialists are supervised by their Regional Administrators. Though all CQI Specialists share the same common purpose, there may be variations in job responsibilities depending on the region (e.g. providing onsite TA, attending all local meetings).

Training

The State's ability to train CQI Specialists has been limited by budgetary constraints. Periodically, the State has been able to bring CQI Specialists together for training to cover topics, including: manipulation of data, spreadsheet work, technical skills, and best practice.

All new hires in the Family Support or Protection and Permanency departments receive training on the CQI process during their new employee orientation. Regional training coordinators provide this training. Ongoing CQI training is provided to regions by their CQI Specialists, including principles of CQI, how to use the minutes tracking system, and how to input CQI information. Some CQI Specialists also provide onsite technical assistance to their regions.

Committees

Kentucky's [CQI State Plan](#) describes the State's DCBS CQI Steering and State Team:

The Department CQI Steering and State Team consists of the commissioner, the deputy commissioners, commissioner's office staff, all Central Office division directors or their designees, the Training Branch manager, TWIST and KAMES representatives and two CQI specialists that rotate attendance. The Department CQI Steering and State Team meets at least quarterly to provide resolution and feedback to issues addressed at all previous levels and to guide the direction and implementation of CQI. *See the [CQI State Plan](#) for more details on the DCBS CQI Steering and State Team.*

CQI PLAN

Expectations, Missions, and Objectives

The CQI process implements the Department of Community Based Services' vision and mission to apply principles of a learning organization, make data informed decisions and engage staff and the community in continuous improvement. *See the [CQI State Plan](#) for DCBS' complete vision and mission statements.*

Kentucky's CQI process follows seven Guiding Principles:

- The CQI process is intended to complement the existing agency administrative structure. CQI is NOT intended to replace supervision.
- CQI uses case-related data in an aggregate, non-identifying way to provide feedback and accountability to staff in a timely fashion.

- CQI provides a time to reflect on events and processes that have occurred since the last CQI meeting.
- CQI process is NOT a quick fix for all problems.
- CQI provides a chance to create and look at new and unique ways of resolving one-time or ongoing problems and to build on agency and program strengths.
- CQI provides a chance to learn and develop by identifying training needs and possible changes in policy and procedures.
- CQI is NOT a replacement for existing methods of agency communication or the line of authority within the agency.

See the [CQI State Plan](#) for more details on the State's CQI Guiding Principles.

Kentucky's CQI process is described as improvement-based. Although compliance is important, the primary focus is on seeking greater improvements.

CQI Policies

Kentucky does not have any specific CQI policies. The [CQI State Plan](#) provides guidelines, expectations and a definition of the CQI structure.

ELEMENTS OF THE CQI SYSTEM

Qualitative Reviews

Kentucky's [CQI State Plan](#) describes the State's qualitative case review system, CQI-CARES:

Case reviews in Protection and Permanency are completed on-line. The CQI-CARES (Case Automated Review and Evaluation System) web-based data entry site includes separate review tools for various types of cases as follows:

- CPS Intake and Investigation
- CPS Ongoing and Assessment
- CPS Case Planning
- CPS Out of Home Care
- CPS Status
- CPS Foster and Adoptive Resource Home

A random selection of cases is generated on or before the 5th of each month. The cases are automatically loaded in the CQI-CARES system for review. When the supervisor logs on, the cases for review are visible. The forms for each case review can be printed from the CQI-CARES if desired; however, the review is most efficiently completed with data directly entered into CQI-CARES. Summary reports will be immediately available to the Family Services Office Supervisor (FSOS) to track and monitor trends within their team.

Supervisor Review:

- Each month, supervisors review (4) cases/children in the CQI-CARES system.

- Supervisors begin the reviews and select the elements of the case for review (e.g., investigation or out of home care) by the 12th of the month.
- Supervisors complete the reviews by the last day of the month.
- The FSOS coaches and mentors the case managers or the team to discuss strengths, weakness and any corrective actions.

Regional Review:

- Regional reviewers complete 18 reviews per region each month in CQI-CARES.
- Regional reviews are completed by the end of the month following the initial random pull.

Central Office Review:

- Central office (CO) reviews 32 cases each month in CQI-CARES.
- CO reviews are completed by the end of the second month after the initial random pull.

CQI Specialists play an integral part of the CQI-CARES review process, including being responsible for sending out lists of cases to supervisors, tracking the completion of reviews, and gathering and inputting data into the central data system. By virtue of their positions, reviewers at the local, regional and state level have met the qualifications for reviewing cases. There are no additional qualifications for reviewers in terms of education or experience.

CQI-CARES reviews measure safety, permanency and well-being indicators, as well as some targeted indicators. Interviews are not completed as part of the process; CQI-CARES is primarily a paper review.

To address inter-rater reliability, the State hosts periodic trainings on the case review tool, primarily with frontline supervisors. CQI Specialists provide technical assistance to local offices to improve reliability among reviewers. Central Office also provides scoring guide instruments to assist case reviewers with answering questions in a consistent manner and to help guide reviewers with the case review tool. This system is integrated into the CQI process as the data is also used to monitor CFSR/PIP measures (e.g., to guide staff in focusing on areas needing improvement, strengths, progress over time, to assist with meeting agency/program goals and outcomes, etc.).

Quantitative Data

Kentucky’s [CQI State Plan](#) describes the State’s use of quantitative data in the CQI process:

The CQI process relies on data to inform decisions, identify best practices and opportunities for improvement, and to spur action for change. The CQI specialists assist the region in using a variety of management reports generated for all programs. They also assist at times with program evaluation design, data collection, and dissemination of information. Primary data sources include reports from the major automated systems and other systems.

1. The Worker Information SysTem (TWIST) for child and adult protection cases
2. The Kentucky Automated Management Eligibility System (KAMES)
3. The CQI-CARES for data on case work quality reviews in Protection & Permanency
4. Data from the case reviews completed in Family Support
5. The CQI_MITS (Minutes and Issues Tracking System)

6. Specialized surveys of customers and employees

In 1995, Kentucky began its Federal Statewide Automated Child Welfare Information Systems (SACWIS) entitled The Worker Information SysTem (TWIST). TWIST, a Windows-based application, has meet Federal SACWIS expectations to be a comprehensive automated case management tool that supports social service workers' foster care and adoptions assistance case management practice.

Critical Incident Reporting

In 2006, DCBS initiated a statewide Critical Incident Reporting System to capture 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. Safety Coordinators are 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. Such information is valuable for in the continual risk management efforts of DCBS.

USE OF DATA

Reports

Kentucky's [CQI State Plan](#) describes the reports generated for use in the CQI process:

Program Improvement Plans in Protection & Permanency and Family support usually involve region specific plans with target goals set and monitored as the foundation for performance improvement. Employee evaluations are based on achieving target pre-determined goals and monitored through management reports at all levels of the organization.

Management reports are used to monitor the achievement of performance goals. Most management reports have detailed versions that can be drilled down to the case (family, child or individual level) level or aggregated by teams, counties, regions, or the state. These management reports are used to set priorities in case work. When CQI Specialists were hired in 2000, 3 reports were available to the regions including these three reports: Children in Placement Report; Referrals 45/60 Days Past Due and Case Listing. Currently more than 100 TWIST reports are routinely produced and include weekly, monthly, quarterly, and yearly reports.

Management reports are used to track case and child information, to evaluate staff productivity, to evaluate progress toward state and federal goals and to provide information related to specific data research. Reports must be easily accessible and provide information that is detailed for the frontline users and summarized for management users. Each region should have only their region's data, however at Central office and for longitudinal analysis statewide data is necessary.

Reports are stored on Business Objects websites and downloaded by CQI specialists. Once downloaded, the CQI specialists often prepare the report for specific functions such as guiding the work of investigative staff to complete referrals or identifying children needing annual permanency reviews. Once prepared, the CQI specialists load the reports into public folders accessed by regional and county

staff and supervisors. Business Objects also includes web-intelligence capacity. Data are now being stored in Business Objects as large universes of data that can be manipulated to create a great range of reports for case management, trend analysis, research and comparative efforts.

Kentucky also produces Fact Sheets for CPS, APS, Child Care and Kinship Care. These one-page reports are created and disseminated by Central Office CQI staff after pulling out key data points from various routine weekly and monthly reports. These reports show progress and variance across the State, showing all child welfare staff where the State currently is, where it's coming from, and where it need to go.

CQI-CARES data and reports are generated out to all regions and counties. All staff (down to the worker level) has access to this data. If a worker's case is reviewed, his/her supervisor provides direct feedback and discusses performance plans, if necessary. Composite data is also available statewide.

Data Software

Kentucky's data management group uses a wide variety of software for data management and analysis.

Plan Development and Training

Improvement plans are created as needed at any level (statewide, regional, county, team, worker) as identified through the State's CQI process. CQI Specialists play a large role in assisting with the development of regional performance improvement plans.

Data results are used at the State level to inform CFSP/APSRs, training programs, policies and practices. The CQI Steering Committee is primarily responsible for using data to address broader issues such as these.

Systemic Issues

Data is used to address systemic issues. Recently, members of the personnel division have been attending staff meetings to assist with the roll out of an annual staff satisfaction survey. One of the training directors sits on the CQI Steering Committee to learn about training needs that are being raised throughout the State. One of the safety coordinators also sits on the Committee to learn about safety concerns for both State staff and their clientele.

Identifying and Correcting Data Quality Issues

Workers are responsible for addressing any missing/incorrect information in case files. CQI Specialists assist staff in this process in filtering/drilling down management reports to worker level and identifying areas that need improvement (e.g., AFCARS and tracking-monitoring missing information that needs to be added to TWIST, monitoring caseworker performance activities such as visits, contacts, Family Team meetings, etc.).

Linking Data Sources

Linking data sources is completed by some of the State's CQI Specialists. The ability to link data varies from specialist to specialist, however, linking data is routinely performed by members of the Data Management Unit.

Collaborative Data Analysis Efforts

Kentucky reports a close relationship with the State's university system. Some of the Central Office staff who analyze and manage data systems are employed by Eastern Kentucky University, but are housed in the Department through contract.

STAKEHOLDER INVOLVEMENT

Internal/External Stakeholders

Kentucky's [CQI State Plan](#) describes the use of foster/adoptive parents and community partners in the CQI process:

Resource Parent CQI Meetings

Each region is expected to operate a regional foster/adoptive parent group that meets with resource parents to resolve problems and share information. These meetings most often occur quarterly and may be embedded within other meetings such as those of the foster parent association. It is not necessary to have a separate meeting labeled as the CQI meeting; it is necessary to include exchange of data or information, discussion on practices and outcomes, and/or a solution-focused approach to issues and barriers. Resource parents may send representation as appropriate or possible to the regional level team. Issues identified by foster/adoptive team are shared during the regional team meetings. Representatives of the foster parent association meet quarterly with the Commissioner and other state leadership to resolve issues that impact quality.

State and Regional Community Partner Teams

The Statewide Community Partner CQI Team includes representatives from other state agencies; university faculty; DCBS administrators and supervisors; health agencies; child advocacy groups; domestic violence prevention programs; Kentucky courts and law enforcement and juvenile justice agencies; education agencies; local governments; and housing and economic development agencies. It includes foster parents, youth, and sometimes families as they are able to attend. The group has met quarterly as a CQI team since early 2006. It advises the commissioner, Central Office staff and service region administrators on implementation of the CFSR, PIP and other initiatives. Similar teams meeting periodically in most regions through the CCC (Community Collaborations for Children) regional networks.

Kentucky's [CQI State Plan](#) describes the use of customer, employee and community partner surveys in the CQI process:

Since State Fiscal Year 2001-2002, DCBS has employed a systematic, statewide survey process to measure satisfaction with services among its clients, employees and community partners. Surveys have been conducted by a variety of methods (mailed surveys, web-based surveys, surveys handed out at meetings and mailed in, and face-to-face interviews). Each survey employs the best practices in survey methods to ensure reliable, valid and representative findings. The survey process is designed and implemented at the central office level with assistance from the regions. Results of customer satisfaction surveys have provided rich information to guide program improvements, the federal Child and Family Service Reviews, and a number of key program initiatives.

DCBS annually seeks input from a variety of stakeholders. Surveys are developed and distributed from the central office. When possible, analyses of the results are completed by region and reports on the findings are provided to each region. Survey findings may prompt further assessment through the CQI system and, where necessary, corrective steps. For example, a survey of all circuit, district and family court judges in Kentucky, conducted in 2004-2005, informed efforts to enhance partnerships between DCBS and courts. Results of a pair of surveys conducted in 2006 – one directed at physicians and one at P&P field staff – guided efforts to improve physicians' awareness of the signs of child abuse and neglect and to strengthen the relationship between community medical providers and DCBS. Surveys of families receiving family preservation services in 2008 identified the need to expand services to more families because of their high satisfaction with services. A survey of staff on their values and beliefs in 2010 identified needs for focused discussion on values related to engaging families in decisions about their care. See, for example, survey results included in the program evaluation of family preservation: http://chfs.ky.gov/NR/rdonlyres/1C6C930E-A2D9-4336-8CBF-CDA1C2D2D31A/0/FPPEvaluation_Final.pdf

Currently, a web-based customer satisfaction survey is in development. The URL for this survey is printed on all forms shared with clients in Protection and Permanency 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.

The State is also working to establish a Youth and Care CQI Team. This team would help to filter the voice of children in care into the CQI process.

Collaboration

Recently, collaboration between child welfare, mental health, and the judicial branch has taken place to address an increasing drug abuse problem in the State. Forums across the State have been organized to discuss the problem. Each of the counties also interfaces with its local mental health provider on a regular basis.

Privatized Systems

If indicated that the CQI staff needs to consult with a private provider during a case review, they will do so, though it doesn't happen often. Local private providers are primarily involved in the CQI process through the Community Collaborations for Children Network. The information gathered from these monthly meetings is fed through the CQI process.

FUTURE PLANS

The State would like to introduce more opportunities for CQI Specialists to improve their skills through training. Ideally, training would take place on an annual basis. The State would also like to improve the screening criteria for issues rising from the local CQI level. Some of the issues reaching the regional and State levels are not appropriate for the CQI Committee and therefore detract from their work on the important issues. Finally, the State is looking to add to the membership of the CQI steering committee in order to better represent voices of those who have not been represented in the past.

SUMMARY DOCUMENTS

[CQI State Plan](#)

[Family Preservation Program Evaluation](#) (for an example of survey results being utilized)