

CQI Statewide Community Webinar



Shining the Light
Leading the Change
Partners For Ohio's Families

Transcript

Slide 1

Long pause at the beginning, some technical difficulty.

Slide 2

Good Morning, Thank you for participating in the first of a series of webinars that will hopefully provide child welfare professionals an opportunity to learn from each other and identify ways to incorporate Continuous Quality Improvement practices into the important work you do with children and families.

The Office of Families and Children has engaged in significant efforts over the past five years to improve our responsiveness to the community we serve. In 2010, ODJFS was awarded a federal grant for a three-year implementation project with the Midwest Child Welfare Implementation Center (MCWIC). This project, known as Partners for Ohio's Families or PFOF, aimed to improve outcomes for the children and families who come into contact with Ohio's child welfare system by enhancing our work with local public and private agencies across the state.

Although OFC's work with MCWIC ended in September 2013, the Partners for Ohio's Families initiative continues on as a result of the significant outcomes achieved to date. OFC continues to engage public and private agency partners through the PFOF Advisory Board and through the Regional Technical Assistance model. The internal OFC Solutions through Empowerment and Partnership (STEP) team also continues to meet monthly to address issues of organizational culture and climate that could impact the office's ability to sustain innovation and adhere to its vision, mission and principles.

We see the CQI Statewide Community as an extension of the work we have been doing since 2010. We recognize the importance in partnership and understand that if all of the partners are not at the table; it is our families and children that suffer. Everyone's voice and experience is important in the work that we do and we look forward to continuing to work with each of your agencies as we move forward.

Today you will receive information about statewide efforts to enhance child welfare practice, learn what Continuous Quality Improvement (CQI) is and why it is important in the work we do.

You will also have an opportunity to hear ways local agencies are using CQI activities to enhance procedures and practice.

Most importantly, I hope that you learn how you and your organization can benefit from CQI. I believe we are at great point in our history where we are able to use research and science and combine it with best practice to find new ways to serve Ohio's families and children. I hope you will be excited about what you hear and want to be part of this work.

I now turn you over to Carla Carpenter, Bureau Chief for Systems and Practice Advancement, and who is also the Tri-Chair of the CQI Advisory Council. She will give you information about federal expectations and the partners that have been involved in this work so far.

Slide 3

As Jennifer mentioned, I am over OFC's Bureau for Systems and Practice Advancement, and I am a co-chair of our Statewide CQI Advisory Team. I am excited to welcome all of you to our first statewide CQI webinar! Thanks for taking time out of your busy schedules to join us today! We hope that today's webinar will be the start of an ongoing conversation. Today, you'll hear about steps we are taking at a statewide level to implement a Continuous Quality Improvement approach to our work, and you'll hear examples of how both public and private agencies across the state are using CQI to improve practice and outcomes. We hope this will spark continuing conversation within your agencies and with OFC as we work in partnership with you.

The phrase Continuous Quality Improvement is used in different ways and in different contexts, so we wanted to start off with a discussion of what OFC and the CQI Advisory Team mean when we talk about CQI – what it is and what it isn't.

Let's start with CQI: "What it is!"

CQI is a disciplined and logical way to tackle challenges – both big and small – by asking the right questions at the right time.

It is an ongoing and continuous process, NOT a project or initiative with a beginning and an end, which means we're striving to always be learning. CQI provides a pathway to becoming that type of a learning organization or a learning system.

Now – what CQI Isn't?

CQI is not Quality Assurance. While some folks use the terms "Quality Assurance" and "CQI" interchangeably, there are some important differences.

QA can be an important part of an overall CQI process, but typically QA is more narrowly focused on compliance – did you meet timeframes, did you complete a form or a process correctly, etc. CQI has a much bigger overall focus. It is about assessing strengths, transparently

and proactively dealing with challenges and concerns and, again, supporting our ongoing learning about what works and what doesn't. There are no "gotcha" moments with CQI. It's not "catching" someone doing something wrong – or right for that matter. When something is working well, CQI is about understanding why and how to replicate that. When something is not working well, we need to explore it to understand why and find a solution.

A CQI process can be implemented on small or large scales (individual unit within an agency all the way on up to the scale of a statewide child welfare system).

Our vision for Ohio is an integrated statewide CQI structure that accomplishes two things:

1. Creates an infrastructure for us to tackle problems and challenges of a statewide nature – those that are challenges across counties - in partnership with counties and private agencies – e.g., improving performance on CFSR measures.
2. Assists agencies in developing or growing their own CQI systems – not looking to replace local CQI efforts.

Slide 4

How are we accomplishing these big goals? It takes a team!

CQI Advisory Team – 30 members representing agencies of varying sizes & regions of the state, private agencies, PCSAO, OACCA, OCWTP, Supreme Court of Ohio, all OFC Bureaus

Our CQI Advisory Team is jointly led by state, county and private agency tri-chairs – Jodi Harding from Lighthouse Youth Services, Linda Peters from Franklin County Children Services, and myself.

The Advisory Team has 4 Subcommittees working on distinct aspects of the CQI Plan:

- Framework – Creating the blueprint for statewide CQI – document to articulate our CQI vision, principles, and lay out an infrastructure/plan for implementing that ongoing cycle of CQI to address statewide challenges & assist local agencies.
- Statewide CQI Community – Exploring ways to create a culture/community of learning and CQI across the state.
- Data Reports – Focused on ways to make data more accessible.
- Peer Partnership – Strategies for building an interagency peer review process that would support agencies in working together on CQI activities. EXPLORING CFSR self-review – interest in this; what it could look like; etc.

Slide 5

Why this focus on CQI now? There are several important pieces coming together that have sparked a strong focus on CQI and created an opportunity to build meaningful statewide CQI connections.

Environmental Context

The Social Services system as a whole has shifted towards an outcome-based environment. Funders have performance and reporting requirements to ensure funds are being used optimally, and states and individual agencies are being asked to demonstrate a return on that investment through good outcomes for children and families. We are held accountable for providing better service for clients, and we are assessed on the actual outcomes we achieve.

Organizational Commitment

As a state, Ohio has a tradition of commitment to improving services for families and children. We historically haven't shied away from implementing promising strategies – such as our Title IV-E Waiver, Differential Response and new work in the area of Permanency Roundtables – if there is evidence that a strategy has potential to improve outcomes.

There is mutual accountability between and among the state, counties and private agencies alike to work in partnership, share our knowledge, and ultimately, to improve practice and outcomes as a result.

Federal Expectations

Alignment with federal guidance:

- States have been required by the federal government to focus on the development of statewide CQI systems – held accountable through Title IV-B Child and Family Services Plan as well as CFSR.
- We developed a CQI plan as part of our Title IV-B five-year Child & Family Services Plan (the CQI Advisory Team is part of this plan), and we'll be evaluated on the quality of statewide CQI efforts in our next CFSR in 2017.

All of these factors combined build momentum for statewide CQI, and we want to work together to seize this opportunity!

At this point, I would like to turn things over to Colleen Tucker-Buck. Colleen is our Child Welfare Initiatives Administrator with the Bureau for Systems and Practice Advancement and one of the co-Chairs of our Statewide CQI Community Subcommittee.

Slide 6

Continuous Quality Improvement (CQI) shines a light on the current practice and procedures within Child Welfare. We are able to see the details as well as the entire picture. The CQI process gives us the ability to shine a light on our strengths and deficits. And there will be deficits and that is okay.

CQI is a continuous learning process and provides us an opportunity to build on what is working and look at ways to improve practices and functions that are not. Like the swoosh in the logo, CQI is never-ending.

There are no gotcha moments, no easy answers- but a chance to open up dialogue. So many times we get caught up in our day to day work and we continue to do things the way we have always done them – and not see any solutions. Why? Because we don't have an alternative way of doing things and this is the way we have always done it. CQI is a process involving everyone, and it is critical during the process that individuals with different skills and viewpoints are heard during the process.

CQI will be incorporated into practice moving forward. When you see the CQI logo, know that this is an opportunity for partnership and growth. We can all learn from each other and we all bring knowledge and skills to the table.

Now we are going to show you a video. The CQI Statewide subcommittee laughs a lot and though we have all evolved past caveman status, we thought you would enjoy this and hopefully it will get you thinking.

Slide 7

Killing Good ideas – YouTube Video

<https://www.youtube.com/watch?v=ku4Ugw0IQ4Q>

Slide 8

The cavemen are afraid of change. We all know change is scary but as we all know, the only thing that is constant is change and we need to work together to adapt. If we kill ideas before we have a chance to process the idea to determine if we have the resources, time and attention to develop the idea fully; we take the chance of passing up an idea that could improve the lives of the families and children we serve. Imagine our lives without FIRE...What would life be like without fire?

HAVE PARTICIPANTS THROW OUT A FEW THINGS...

- The obvious answer is heat;
- We would be cold but electric heaters fix that problem;
- What about, CARS...you need a spark;
- Lots of RAW FOOD (lots of sushi and vegetables);
- No Trains;
- Fire changed the way we worked, lived and survived.

For those of you that came from the MicroFACSIS, SIS, Legacy System days...think back to your life pre-SACWIS. Yes, Integrating SACWIS into your life might have caused some extra grey hairs (I was living it with you) but I know just the ability to easily share data among counties has improved casework and helped agencies get a better picture as to the needs of a

family. Imagine if Ohio had killed that idea, if we had said it is too hard, too expensive, we don't have enough resources; where would we be?

Now that I have gotten you thinking about the possibilities, I am going to turn it over to Linda. Linda will give you the background of CQI and the CQI Cycle of Learning and Improvement.

Slide 9

Thanks Colleen!

Good morning everyone. I'm Linda Peters, Director of Performance Improvement at Franklin County Children Services. I'm excited to be able to be part of Ohio's work to build a strong, integrated CQI system and a presenter for the first CQI webinar. I am fortunate to be able to represent FCCS as part of Ohio's workgroup for the Child and Family Services Plan, Ohio's team for the new CFSR measures, a participant in the Ohio CQI Academy and now as a Tri-Chair for the CQI Advisory Team.

I think this is an exciting time in child welfare and as the cavemen video illustrates and Colleen shared with her SACWIS example, an opportunity to make important changes that will have a positive impact.

The caveman video is lighthearted and humorous and provides an appropriate introduction to Continuous Quality Improvement or CQI. It helps set a positive tone with the message that looking for improvements and making changes is literally an age old, human activity. But while making changes and improvements are important; it may not be as simple and straightforward as it seems. Who hasn't asked if something new comes in a different color? Or worried about the dangers? For Ohio, CQI in child welfare is a big change...we want to help lead the change...

The CQI word cloud on the slide you see illustrates some of the key terms/concepts related to CQI and many that you will hear discussed today.

Many of you may know this information but I was asked to give some Background on CQI.

The initial concepts of CQI began in the manufacturing industry in the 1930's with the work of W. Edwards Deming and others, often referred to as Total Quality Management (TQM).

TQM or CQI differs from quality assurance (QA) in that it is a way of working - a philosophy that focuses on continual improvement; whereas QA is essentially an evaluation of compliance.

The important part of the CQI philosophy is that it requires ongoing improvement in the quality of work products and processes. Deming introduced the model of "PDSA" (Plan - Do - Study - Act) as a roadmap for improvement and making and testing change. The model requires the use of data to inform the PDSA cycle. There are other models for CQI; Plan, do check, act, FADE, DAPIM, and more.

Now let's talk about CQI in child welfare.

Remember, Deming's work with TQM and CQI in manufacturing was in the 1930's. The concepts have been applied to many other fields beyond manufacturing; service industries like retail, IT, transportation- airlines, then on to human service fields like medicine/healthcare, education/academics. Today many have advanced TQM systems and are using tools/processes like six sigma, lean, or lean six sigma.

Slide 10

What about child welfare? The current definition for CQI in Child welfare comes from National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs- it was finalized in May 2005. Yes, 2005 --So, we are certainly **not** the pioneers in CQI but we are now joining the movement. We are shining the light and leading the change for CQI in child welfare. CQI is being embraced by child welfare and there are significant resources and support from the Children's Bureau, the Child Welfare Information Gateway, Casey, and others...

For child welfare, Continuous quality improvement (CQI) is —the **complete process** of identifying, describing, and analyzing **strengths and problems** and then **testing, implementing, learning from, and revising solutions**.

It relies on an organizational culture that is proactive and supports continuous learning.

CQI is firmly grounded in the overall mission, vision, and values of the agency. It necessitates the use of data to aid in analyzing problems and potential solutions to see what is working and what should be changed.

Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.

As I think about the child welfare CQI definition and the focus on proactive change, continuous learning, using data to measure outcomes, and participation and inclusion of all the parties to achieve improvements and quality I think about the parallel to casework. So much of the CQI definition sounds like our work with children and families.

We identify/assess strengths and problems and make a plan – the case plan, with possible solutions/services and we implement the plan. We set benchmarks and expectations for outcomes. Then we review data on progress on the plan/outcomes and make adjustments to revise the solution or plan.

All this is done with the basic premise that people and behaviors can change, that children and families must be involved for the plan to work, that we can change/amend the plan and that our ultimate goals are better outcomes/quality for children and families as measured by safety, permanency, and well-being data. We've been doing this work with children and families for a LONG time. Maybe we were more pioneers in CQI than I thought!

Slide 11

I also wanted to highlight several underlying principles for CQI in public child welfare that have been identified. These principles express the overarching values that must guide all policies, programs, practices, tools, infrastructure, and supports for CQI. They are interrelated and work together in a dynamic way. They are not ordered in priority, as all are equally important to an effective CQI system:

1. Data and information include both quantitative and qualitative sources and are gathered both formally and informally. Quantitative – measurable/countable – outputs, how many, how much. Qualitative- often has to be defined- timely, efficient, accurate, high quality. If we think about CFSR/CPOE- the measures are quantitative, while the case reviews are qualitative. Formally – through/with specific tools, reports at specific times and informally – anecdotes, stories, through discussion, feedback, anytime. People involved with and in the system have valuable input and CQI seeks to use all available sources of information, including, but not limited to, input from children, youth, and families, stakeholder input, staff feedback, personal experiences, and SACWIS/ MIS reports.
2. Data and measurement are not ends unto themselves. The purpose of collecting, analyzing, and monitoring data and information is to identify trends and anomalies that can guide and improve (but not dictate) practice at all levels of child welfare. Most importantly, data and information must be used to tell stories about what is happening in practice and policy. Data driven vs. data informed- both are much better than data ignored!
3. Staff are in this work because they are committed to improving outcomes for children and families; the system must support them in this work. CQI can support staff in improving their practice to ultimately improve the system for children and families. People often say “if it ain’t broke, don’t fix it,” but CQI emphasizes that all processes, even if they are not “broken,” can be improved. When it comes to working with children and families, we cannot afford to wait until things are broken before we try to make them better.
4. CQI is about constant learning, not simply quality assurance or compliance. While completion and timeliness are a part of quality, they are not all of quality. True CQI goes beyond basic compliance and focuses on continuous learning about practice and outcomes. This may be one of the biggest changes for true CQI- building a true learning environment where it is OK and EXPECTED that learning and improvement is constant. If we can acknowledge the opportunities for improvement, that we are not perfect, see progress as a few steps forward and a few back; embrace baseline data that are low by recognizing the potential for improvement.
5. CQI is dependent upon the meaningful and active engagement of staff at all levels, children, youth, families, and stakeholders. Those who are closest to the work must be true partners in using their experiences to explain the practices underlying the data (telling the stories behind the data) and in making recommendations for improvement based on those experiences. FOR Ohio’s CQI efforts these means all the partners from ODJFS, publics, private, the courts, community partners, and children and families.

As agencies transform from compliance-focused to learning organizations, all staff must receive training, preparation, and support on how continuous quality improvement should be the way the agency does its work. The support must be consistent and come from all levels of the agency, including supervisors, managers, and leaders.

Now that we have the child welfare definition of CQI, we see parallels to our work with children and families and we have talked about some of the key principles- it's time for our child welfare CQI model.

Slide 12

For child welfare in Ohio, the CQI model selected is the CQI Cycle of learning and improvement. This slide is a Graphic representation of that ongoing cycle & some of the questions we would ask as we follow the CQI process.

A CQI model – It's not rocket science, but it is a disciplined and logical way to tackle challenges – both big and small. And, as I think about it, this CQI model brings more science to the art of child welfare. Having more than 15 years in child welfare and serving at Butler County Children Services, a metro agency and now at Franklin, a major metro...with various roles from ongoing caseworker, adoption/foster care assessor, reviewer/facilitator, supervisor, SACWIS lead to CQI, I found myself wanting to know the “whys” or drivers behind our work and ways to measure our performance. I wanted to know which strategies worked better for children and families, how to make a difference for the families I worked with and then at a higher level for all the children and families served. I don't think I'm unique – I believe this is true for most who work in child welfare for any length of time. How often have you considered or asked similar questions? Perhaps CQI is our answer and the cycle of learning and improvement can be the model.

SIX STEPS in the CQI Cycle of learning and improvement:

1. Identify and understand the problem – This means identifying what needs to improve? What does the data tell us needs to be addressed? Looking for and Understanding contributing or underlying conditions – verifying this with data (not just our hunches), look for the root cause.
2. Research the solution – this means possible solutions – research your agency, compare unites/team, use the research – literature review/networking...what has been done, what worked, what didn't, what you can tweak, what has to be created.
3. Develop the theory of change- This means understanding about what change could make a difference – need to know the link between the problem and your proposed solution, which solution did you change and why? What will change, what is the expected change – don't just DO something else.
4. Adapt or develop the solution – define the solution specifically, tweak to your agency/unit/team, know your agency – DATA be strategic, be consistent.

5. Implement the solution – implementation PLAN – Making sure the right supports are in place to implement that change – monitor the implementation – change management strategies- consistency and fidelity.
6. Monitor and assess the solution – use data, what are the outcomes – short and long term, trends/patterns – takes time.

And then – guess what, continuous cycle, keep doing it – NEXT steps start with revising the problem statement.

Look at the central activities – highlighted in the center of the cycle of learning and improvement.

- ❖ Data collection – have to have this – need resource, need data quality
- ❖ Data analysis and interpretation – who owns the data, responsible for data quality, who will translate the data? Needs to have program staff input, be a collaborative effort
- ❖ Communication and collaboration – share your results-remember these are key to keeping everyone engaged.
- ❖ Sustainability – how to maintain improvements, integrate the change – for any CQI solution and broadly for CQI in general – this is a change – will have to get to the point it is integrated into practice, becomes the way we do things!

With the CQI cycle of learning and improvement in mind, we'd like to share some examples of CQI in action. Let's start with Kenyatta from Butler County.

Slide 13

My name is Kenyetta Lomax. I am the QA Coordinator at Butler County Children Services.

You may ask. . .

What does CQI have to do with safety? I would say a lot.

In 2006, one of my fellow co-workers encountered a violent and mentally ill client who assaulted her and prevented her from leaving the residence. The referral that initiated the investigation read that the client was Bi-polar and was not taking her medication. Unfortunately during the time of the incident, BCCS was not using SACWIS; therefore we were not able to highlight that information in the referral. Even though that information was documented in the narrative of the referral, it was amongst several paragraphs filled with details. I wonder if it was highlighted with a red H, identifying it as a safety hazard would the initiation of the investigation had been handled differently. Fortunately we now are able to highlight this and other safety hazards on this screen.

While attempting to protect children and strengthen families, child welfare case workers may face threats to their safety. Interactions with upset and sometimes violent clients can and often will happen during investigation, assessment, and placement. Children services employees, both in the office and in the field, are vulnerable and at-risk of having their personal safety compromised. Several factors that contribute to increased concerns for worker safety are a collapse of family structure, mental health, substance abuse, and being displeased with the agency.

In 2014, there was a total of 158 child welfare worker safety –critical incident reports filed with PCSAO. They ranged from verbal aggression, physical assault, being stalked by a client, to the use of a weapon.

As a worker, I want to know if someone in the home has a contagious disease, explosive behavior, gang activity, and/or has weapons in the home. I would approach that home visits differently. I would be more cautious.

What can we do from the CQI perspective to help with worker safety?

At the front end, Butler County screeners are asking during each call into our hotline if there are any safety hazards that a worker needs to be made aware of prior to entering a home and it is documented on the Safety Hazard Screen in SACWIS.

Butler County supervisors serve as an important source of support for workers in the field, so ensuring quality supervision concerning safety issues helps enhance workers' coping strategies for safety incidents. Another part of our supervision process is to shining a light on safety hazards and leading the change by documenting them in SACWIS so that the next worker will be given the chance to safeguard themselves in the future.

As a result of CQI, BCCS has dropped from 28 incidents of worker safety critical incidents in 2013 to 10 in 2014.

Slide 14

This is Toni Kokaliars. I have 23 years in child welfare. I have worked in several positions within Franklin County Children Services. I was an ongoing caseworker, worked in Quality Assurance, an Ongoing Supervisor, and currently I am a Supervisor in the Screening Department. I want to share two examples of how the CQI process works at FCCS.

I'd like to talk about CQI and peer review at FCCS and describe the process used for the CAPMIS Reunification Assessment tool also known as the RA.

Slide 15

At FCCS, CQI is based on true peer review in each of our COA accredited areas. When FCCS began peer reviewing the RAs in the Regions, we were not completing the RA timely with

quality and we were not using the RA to make informed decisions. Our baseline was really low! By utilizing the “peer review” process we were able to review policies and procedures, analyze data, share results, offer training and monitor performance, and the agency saw progress. In utilizing the peer review process the most important finding was related to the processes involved with the RAs. With peer review, caseworkers were asked about strategies for improvement and barriers. They identified that there was duplication in processes as they were being asked to put similar information in the RAs and in the agency’s Court Activity Request/Results also known as the CARR. The CARR was a form filled out by caseworkers to provide our attorney’s and court liaisons with information for court hearing coverage. With CQI and peer review, changes were made in the processes to simplify and reduce duplication of work. By utilizing our SharePoint site, information that was entered into the RA was pulled and automatically entered into the CARR. This change saved caseworkers a lot of valuable time, reduced duplication of work, improved efficiency and the agency saw success with timelines and quality of the RAs.

Another important benefit of CQI/peer review for me has been the connection to supervision. As a child welfare supervisor, we are trying to improve practice and caseworker performance and are always looking for successful strategies. At FCCS, our peer review process provides data regarding areas needing improvement and tools and strategies to help us make changes and improve outcomes.

The peer review process can be adapted for individual caseworkers and/or used with your entire team to gather data on performance, to provide tools and instructions for peer review, and to monitor improvements over time. The peer review “tool” can also be used as a guide and to clarify performance expectations. A good example would be a consistency in expectations of caseworkers throughout the agency. Often times workers feel that different supervisors have different expectations on paperwork. CQI and the peer review process brought a consistency between supervisors on information needed for a quality RA.

When looking at the data it is very obvious that progress was made.

In 2009 the agency only reviewed RA’s from the peer review sample. At that time we did not address timelines.

In 2010 we began looking at timeliness of RA completion.

First we had to define timeliness of completion.

The agency defined timeliness as the RA being completed 30 days prior to reunification. This assured that we were utilizing the tool to assist us with our decision making for reunification.

As you can see that in 2010 we were not using the RA tool for decision-making as it was intended, as only 38% were completed within the 30 days prior to discharge.

When looking at the purple piece of the pie you will notice that in 2010 34% of RA’s were not completed. By 2012 this percentage dropped to 7%.

In 2012 you can see that we made drastic progress and reached 75% of RA's completed within 30 days prior to discharge.

A key point to make at this time is to understand that progress will take time. It does take time to get a baseline, obtain data, train employees to achieve outcomes to better serve our children and families.

Slide 16

When looking at our Quality scores.

We had to begin defining what information a quality RA would have.

Our peer review workgroup defined quality for the agency.

This took a lot of time, work, and discussions with several departments within the agency.

We had to look at our policies, CAPMIS tools, talk with our legal, and evaluation department.

As you can see in 2009 our quality scores were at a low of 34% – it did not feel good, and we began being improvement focused.

With time and training of staff we saw gradual improvements over time and our quality scores improved and we were able to maintain 77%.

That is a great improvement from where we started.

When staff saw the progress and that we were able to review processes and reduce duplication of work, the “Peer Review Process” was viewed in a positive light by staff.

Slide 17

Kelly will present



Slide 18

SAFY Outcomes Scorecard Chart

Slide 19

Worker Safety

Visitation

Examples of future activities including: Regional CQI Forums, Agency to Agency Peer Review, Demonstrations of data reporting tools, and Agency and Regional Trainings based on need:

- A request for participation from all levels of an organization (a call to action);
- The CQI Website on the OFC webpage;
- A quote about change; and
- Mention the webinar series and request feedback regarding topics the viewers would like to hear. (We hope to have the next topic selected prior to this webinar).

Slide 20

Pending notes

Slide 21

Statewide CQI Community subcommittee – I would like to thank you for your attendance and I look forward to working alongside you as a CQI Partner.