



Continuous Quality Improvement (CQI) Plan Quality Assurance Plan

FY 2021-2022



CQI Oversight Committee: 10/27/2021
Board CQI Committee Approval: 11/10/2021
Submitted to DCF: 11/10/2021 (DRAFT), 12.17.2021 (FINAL)
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Introduction and Scope

The mission of Central Florida Behavioral Health Network, Inc. (CFBHN) is to manage a quality behavioral health system of care that brings help and hope to individuals and families. The Continuous Quality Improvement (CQI)-Quality Assurance Plan is an important component of the mission of the Network, and helps to ensure the quality and consistency of the array of behavioral health services offered by Network Service Providers (NSPs).

The CQI process utilized by CFBHN incorporates input from: Individuals receiving services, their families and advocates; NSPs; The Board of Directors, through the Board CQI Committee; Funders; Community consortiums; Regional Councils; National and state quality initiatives; Accrediting bodies; and Internal information from performance measures, risk management, finance, and contracts.

CQI activities establish the structure, design, measures, and reporting mechanisms that frame the inter-departmental work of CFBHN, and requirements put into place for NSPs. The CQI Plan directs the staff to regularly collect, track, trend and utilize data to monitor NSP performance, internal department goals and to improve the system of care. The CQI - Quality Assurance Plan is updated annually, but edits to the plan may be made during the fiscal year to reflect contract changes or a required directive received from the Department of Children and Families (DCF), the Board of Directors or other stakeholders.

This plan applies to CFBHN, its Board of Directors, NSPs, and all individuals who are eligible for, and utilize services contracted through, or managed by, the Network.

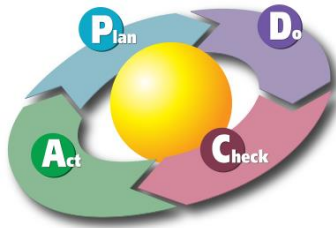
Continuous Quality Improvement Principles

CQI is a systematic approach to assessing, prioritizing, and adapting services to improve impact and quality. CFBHN's work is based on the following principles:

- *Recovery-Oriented System of Care (ROSC)/Recovery Management*
This person-centered and family-directed orientation is supportive of multiple pathways toward recovery. It stresses individualized approaches that are holistic, culturally-competent, trauma-informed, grounded in partnership and transparency, and that encourage choice.
- *Accountability*
System structures and processes are evaluated in relation to outcomes to identify inefficiencies, ineffective care, and preventable errors, as well as to promote the maximization of available resources.
- *Continuous Improvement*
Processes must be continually reviewed, assessed, and adapted to promote improvement.
- *Data-Informed Practice*
Clear and meaningful data from a range of sources is essential to inform practice, evaluate results, and support data-driven decision making.
- *Empowerment*
Program staff at all levels of the organization, along with individuals and families receiving services, are part of the process of improving quality, and should have the opportunity to influence structure and to have input into service design and delivery.
- *Leadership Involvement*
Leaders support continuous quality improvement activities, including the allocation of resources and staff and client empowerment.

Rapid Cycle Change Processes

CFBHN utilizes the *PLAN-DO-CHECK-ACT* (P-D-C-A) process as a key component of its quality improvement activities. The first phase of the model, *PLAN*, requires that a potential change be identified. This step may include a walk-through, in which an individual engages in an activity or experiences the procedure that has been determined to be problematic. The walkthrough may include interviews to learn about the process' strengths and areas in need of improvement.



Once the change to be tested has been formally identified, it is implemented as part of the *DO* stage. During this phase, the impact of the change is observed, and data is gathered to assess its effects on the system or process under review.

The data that is collected as a result of the change is reviewed and analyzed during the *CHECK* phase. Impacts of the change, both anticipated and unanticipated, are examined to determine if its desired results were achieved.

After reviewing the collected data, the *ACT* phase requires a change team to make the decision to adopt, adapt, or abandon the change that was tested. The *P-D-C-A* process is designed to be repeated as often necessary, to continue to test and identify system improvements.

CQI Staff Responsibilities

The CFBHN Board of Directors has assigned the CEO the responsibility for the development and execution of the CQI and Risk Management programs. This authority has been delegated to CFBHN staff, with the primary responsibility residing with the CQI Director and the CQI and Risk Management teams. These functions are carried out in collaboration with NSPs and through various internal and external committees, the Regional Councils, and consortiums.

The CQI department includes a full-time CQI Director, a CQI Manager, Risk Manager, four Quality Specialists and a Risk Management Specialist. The Quality Improvement team works with the other CFBHN department staff on an ongoing basis to ensure understanding and compliance with federal, state and other contract requirements.

Continuous Quality Improvement (CQI) Oversight Committee

The CQI Oversight Committee is CFBHN's internal quality improvement/quality assurance body. It serves to integrate information from CFBHN departments and ensure meaningful communication around issues that impact NSP performance and service provision. The Oversight Committee is chaired by the CQI Director, with the assistance of the CQI and Risk Manager positions.

CFBHN CQI Oversight Committee Members - Staff Representation		
CEO or Administration Representation	CQI Director	Consumer & Family Affairs
Chief Operating Officer	CQI Manager	Information Technology
Finance/Human Resources	Risk Manager	Contract Management
Network Development & Clinical Services	Care Coordination/ Utilization Management	Community/Housing Services

Each Oversight Committee member assists in the development, implementation, and evaluation of the goals contained within the annual CQI plan. The committee may form subcommittees or ad hoc workgroups to carry out the functions of the plan. These subcommittees may be formed using CFBHN staff, NSP staff, an individual receiving services (and/or a member of his/her family), and other stakeholders. The CQI Oversight Committee meets each month, a minimum of ten times each year.

The CQI Oversight Committee reviews data elements, items, and reports, including:

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1. Risk Management data reports, including incident reports and file review summaries
2. CQI monitoring results
3. NDCS reports, including a summary of consumer complaints and grievances
4. Corrective Actions or other areas of concern identified by CFBHN departments
5. Human Resources reports, including staff turnover
6. Finance and Contract department updates
7. Corporate compliance issues
8. CQI and Risk Management goal status
9. CFBHN policies, procedures and plans

Working with the CFBHN management team and the CQI Board Committee, CQI Oversight members identify issues or concerns and make recommendations to resolve them. Responsibility is assigned to CFBHN or stakeholder staff, or to the appropriate CFBHN committee or workgroup, to develop an action plan and report back on results.

Network CQI Meeting

The Network CQI Meeting is held quarterly and open to all NSPs and DCF staff to review compliance measures, monitoring results, risk management data, trends and/or opportunities for improvement. During this meeting, the CQI team members provide updates to NSPs, encourage discussion to identify issues in need of attention, and solutions to address concerns.

Board of Directors' Continuous Quality Improvement Committee

The Chief Operating Officer (COO) and CQI Director work with the Board of Directors to support the activities of the Board CQI Committee. The committee provides Board-level oversight of the CQI process, functions and performance of the Network and its NSPs. The purpose of this committee, including membership requirements, is defined in the corporate by-laws. The committee meets at least quarterly, as scheduled by the COO, in conjunction with the Board CQI Chairperson. The Board CQI Chair has the authority to form subcommittees, to address specific issues and quality improvement initiatives, and to assign new members, as needed.

On an ongoing basis during the fiscal year, the Board CQI committee is provided with an overview of the organization's performance in several key areas, including but not limited to: Quality improvement monitoring; Risk Management activities; and contract performance. The committee also assists staff in the development of system-critical plans and policies.

The CQI-Quality Assurance Plan

With input from stakeholders, the Continuous Quality Improvement – Quality Assurance Plan is reviewed and updated annually. The plan, which defines annual goals, objectives and strategies, is first presented to the CFBHN CQI Oversight Committee, and then to the Board CQI Committee for review and recommendations. Once approval by Board CQI Committee is obtained, the committee chair, or his/her designee, presents the plan to the full Board of Directors. Per contract requirements, the CQI Plan is also submitted to the DCF on an annual basis. It may be submitted in draft form to the Department while awaiting final Board approval.

The COO, CQI Director or a designee presents updates on the progress of the plan to the Board CQI Committee during the regularly-scheduled meetings. The CQI Director is also required to provide an annual report to the Board CQI Committee that summarizes activities and outcomes of the plan. A summary of this annual report is also presented to the CFBHN Board of Directors by the Chair of the Board CQI Committee or their designee.

Quality Assurance Monitoring

The CQI department is responsible for quality assurance monitoring of NSPs. This process includes: Monitoring for compliance with federal and state regulations and rules; performance on requirements set forth in the subcontract; and

validation of data submitted and billed to CFBHN when compared to back-up documentation. Incidental expense purchases are monitored by CFBHN, in accordance with contract requirements.

As required by contract, the CQI Team completes an annual risk assessment on all NSPs. This document is submitted to DCF by July 31 of each year. The assessment weighs factors which include, but are not limited to: Type of funded service; Level of funding; Key leadership changes; Corrective actions received during the previous year; Risk Management history; and financial considerations to establish an average, above-average and below-average level of potential risk to the Network. Priority and depth of the monitoring visits is, in part, determined by the level of risk identified by the assessment.

The tentative annual monitoring schedule is developed by the CQI department within the first month of the CFBHN fiscal year and distributed to NSPs by July 31 as required by contract. Requests for changes to the schedule are accommodated throughout the year to ensure the least amount of disruption to the subcontractor's staff and the CFBHN monitoring team.

The schedule is maintained in the CQI department SharePoint site, which lists the NSP, monitoring dates, and the Quality Specialist who serves as the organization's primary contact throughout the monitoring process. This information is updated on an ongoing basis. Changes in contract requirements regarding monitoring are taken into consideration each year and implemented as directed.

All newly-funded NSPs receive a comprehensive monitoring during the first year of their contract with CFBHN. This monitoring includes a BASELINE review to identify areas in need of attention or correction, and, when applicable, a follow-up that assesses progress in addressing those previously-identified areas of concern. Findings from the follow-up are documented as the agency's formal monitoring results for the year.

After the first contract year, in accordance with F.S. 402.7306, providers in good standing that offer CFBHN-funded services accredited by the Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or other recognized body, undergo a FULL monitoring once every three years. A LIMITED review process is utilized for the other two years of the three-year cycle.

Programs that require an annual review are an exception to this guideline. These include those funded by federal Block Grants, newly-developed state or federal programs, or activities that require ongoing service validation. Unaccredited providers that meet the Network Service Provider criteria defined in policy are also monitored annually according to standards and guidelines established by CFBHN's Network accreditation through CARF.

COALITION monitoring is conducted with unaccredited NSPs that provide prevention-focused, community coalition services. Providers that are unaccredited and only offer coalition services (with no direct client contact), are eligible to be monitored on a biennial basis. If an NSP offers coalition activities and is funded by CFBHN to offer additional services in the community, it is not eligible for biennial review. Instead, that organization is reviewed on an annual basis.

Formal monitoring, outside of the schedule outlined above, can be requested by DCF, the Board of Directors, CEO, COO, or other members of the Executive team as deemed necessary to address identified concerns with a contracted NSP. This type of monitoring may be conducted at any time, and at any interval, regardless of the provider's accreditation status.

The CQI team works with the Finance, Contract and Network Development and Clinical Services (NDCS) departments to maintain a current understanding of each NSP's funding and the applicable program requirements. All monitoring-related correspondence and reports are maintained in an electronic file in SharePoint on the CFBHN server. CQI coordinates with the Finance and IT departments to identify and correct any errors discovered in billing data entry.

As necessary, quality initiatives may be added to CQI monitoring tools. Quality initiatives are developed by the CQI Team, DCF, NSPs, or other stakeholders involved within the Network. Quality initiative data is not scored, and does not factor into provider monitoring results. Data collected through this process is instead summarized and reported to the Network and Board CQI Committees for consideration of further action that may benefit the of system of care.

On an annual basis, the CQI team develops and revises monitoring tools for use in the coming year. Tool updates incorporate:

- New or revised requirements outlined in DCF Guidance Documents;
- Contract requirements in place for the upcoming fiscal year;
- Changes to the program monitoring requirements as documented in statute or defined by grant guidelines; and/or
- Item revisions or updates made after a review of provider performance data from the previous year.

Updates to program monitoring tools are made in conjunction with CFBHN Program Managers to ensure that they are complete and accurate. This process also allows Program Managers to incorporate feedback gathered from NSPs into tool revisions. After obtaining approval from DCF, the CQI team posts each updated tool into SharePoint, and alerts providers that they are available for review.

Monitoring tools for use with new grants, or programs new to CFBHN, are developed in conjunction with the CQI team, CFBHN managers and NSPs contracted to deliver the new service. Newly-created monitoring tools are piloted in the first year of the program to ensure that results accurately capture and reflect each NSP’s level of performance.

Scoring targets anticipated for FY 21-22 are listed in the table below. Scores that fall below these targets will result in Corrective Action.

Tool type	Total Tool Score	Individual Item Score
Administrative Tool	N/A	100%
Program Tool	95%	80% Corrective Action is issued for an individual item on a program tool only if the sample size is 5 or above.
Unaccredited Standards Tool	N/A	100%
Service Validation Tool	98%	N/A

Scoring categories, and follow-up requirements related to each, are summarized below.

Commendation	Innovations, best practices or strengths identified during the monitoring visit and cited in the report.
Compliant	Scoring targets are met, and no follow-up is required.
Area of Concern	An Area of Concern includes item-specific issues that do not meet the criteria for Corrective Action, but that require follow-up on the part of the NSP, CQI staff or both. Areas of Concern are identified in the monitoring report, along with the next steps, or follow-up, required. The monitored provider must respond to Areas of Concern with a formal Action Plan (AP) within 30 days.
Corrective Action	Scoring targets are not met. If a tool or an item is identified to require Corrective Action, the monitored provider must submit a written Action Plan (AP) within 30 days. CQI staff will follow-up with each organization to review the implementation and outcomes of the plan within 90 days of its anticipated completion.
Unable to Complete	This category refers to items or tools that could not be reviewed during the monitoring. This may occur when there is no sample for the CQI team to review, or because an item or tool is slated for a follow-up or focused review during the organization’s next scheduled monitoring.

Activities of the monitoring process are divided into three categories: Pre-Monitoring; Monitoring-Specific; and Post-Monitoring. Steps of each phase are outlined on the pages that follow.

Pre-Monitoring Activities	
<i>Lead Assignment</i>	One member of the CQI staff is identified to be the lead agent for all of the monitoring activities associated with a particular NSP. This individual serves as the CFBHN's main point of contact throughout the monitoring process, and is responsible for ensuring that all steps of the review are documented and completed in a timely manner.
<i>Date Notification and Confirmation</i>	At the start of each fiscal year, NSPs are notified of, and asked to confirm, the monitoring date(s) assigned to their agencies. This initial notification includes the type of monitoring to be conducted for each organization. A pre-monitoring call is also offered as part of this step, and if accepted, it may also be scheduled.
<i>Tool and Data Sample Posting</i>	Following confirmation of the date, the specific tools that will be utilized as part of the organization's monitoring visit are posted onto SharePoint. The sample of program data that will be reviewed as part of the monitoring is also compiled and posted onto the site.
<i>Pre-Monitoring Call</i>	The pre-monitoring call is used to discuss monitoring logistics and arrangements for the review. It also ensures that any questions regarding monitoring tools and the monitoring process are answered.
<i>Team Assignments</i>	The CQI lead assigns specific tasks or covered service reviews to members of the CQI team that will be accompanying him or her on the monitoring. This includes coordinating schedules and travel arrangements, as necessary, and ensuring that CQI team members have access to monitoring tools and data samples.

Monitoring-Specific Activities	
<i>Entrance Summary</i>	As requested by the NSP, the CQI lead will provide an overview of the monitoring process for the staff participating in the review, answer any questions, and determine the flow of the activities for the day.
<i>Tool Completion</i>	Members of the CQI team review agency service documentation and complete the tools specific to each type of program or covered service funded by CFBHN. Completed tools are forwarded to the CQI team lead for completion of the monitoring report.
<i>Exit Summary</i>	As requested by the provider, the CQI lead may provide a summary of preliminary results identified at the completion of each day of the monitoring, or at the completion of the entire review, itself. The exit summary will also outline next steps and identify time frames in which to expect the monitoring report to be posted.

Post-Monitoring Activities	
<i>Post-Monitoring Call</i>	NSPs are offered the opportunity to schedule a post-monitoring call to review results, receive technical assistance, and have questions answered. Participation in a post-monitoring call is optional for NSPs.
<i>Monitoring Report Preparation and Publication</i>	A report of results is prepared within 30 days of completion of the monitoring review. When there are Corrective Actions or Areas of Concern cited, providers are given the opportunity to review a draft of the report prior to its final publication.
<i>Monitoring Follow-Up</i>	When a Corrective Action or Area of Concern is formally identified in a monitoring report, the NSP is asked to submit an Action Plan. The Action Plan summarizes the steps that each provider will take to address the concerns identified during the monitoring. The CQI lead must approve a provider's Action Plan, and assigns it a completion date, by which the activities outlined on the plan are expected to be accomplished. A follow-up review will be conducted within 90 days of the plan completion date to assess the provider's progress in each of the areas identified to be in need of attention. A follow-up report documents this progress, and either denotes that an issue has been resolved or is in need of additional attention.

Analysis and Reporting

CQI reports and data are presented on a consistent basis to members of the CFBHN management team. The management team, through authorization of the CEO, meets regularly to review reports that track performance and utilization of resources. Data reports utilized by CFBHN are listed below.

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<i>Subcontractor Status Report</i>	This report compares the dollars earned, per the NSP's year-to-date invoice, to the projected utilization for the months remaining in the year. This report is produced by the Data Team.
<i>Data v. Billing</i>	This report shows the total units submitted as IT data compared to the units submitted on the invoices year-to-date. It is produced by the Data Team.
<i>Numbers Served Report</i>	This report shows the NSP and network-wide year-to-date number served, with detail by population and by contract. It is produced by the IT Department.
<i>Outcomes Report</i>	This report shows year-to-date key outcomes (substance use percent completion, substance use percent employed, mental health days worked, and mental health days in the community) for CFBHN and by NSP and target population. This report is produced by the IT Department.
<i>CQI Monitoring Reports</i>	Reports are generated from the findings of NSP monitoring visits. The findings include Corrective Actions or identified Areas of Concern, and results of follow-up monitoring. This report is produced by the CQI department.
<i>Critical Incident Reports</i>	This report tracks the type and number of critical incidents reported by NSPs to-date, as well as incidents internal to CFBHN by month and year. It includes a breakdown of incident type, timeliness, level of care and rate per 1000 served. This report is produced by the CQI department.
<i>Waitlist Reports</i>	Data is collected and tracked by month and the year-to-date for persons added to and removed from the waitlist, reasons for removal, and length of time on the list. This report is produced by the Utilization Management staff.
<i>Program Availability Report</i>	Program Availability is a tool used by CFBHN, DCF, and NSPs to locate available services and reduce wait time for consumers in need of Detox, Residential and Room and Board services. NSPs must update the tool as often as a bed opening occurs, but at least once per week, even if no beds are available. The Utilization Management department oversees the program availability information.

Dashboard and Scorecards

The CFBHN Dashboard and Scorecard provides a snapshot of the NSPs' status with regard to contract deliverables. Reports utilized for this review are internally-generated and include:

- NSP Status Report
- Numbers served report
- Performance outcome measures report
- Invoice verified by data - Data units versus billed units
- Community Persons Served Satisfaction Survey results
- Timely report submission
- Lapse of funding
- Audit findings

Each element is scored to identify those measures exceeding, meeting, or falling below a defined target. These benchmarks link multiple management functions and support data-driven decision making. Benchmarks and ancillary data reports are submitted to each CEO and/or their designated staff on a monthly basis and are made available on the CFBHN website. As identified, areas of ongoing concern are submitted to the appropriate CFBHN department, committee, or the Board of Directors for review and action.

Priority Populations

Priority populations are defined in state statute (394.674.F.S.) and by the federal Block Grant programs that support the mental health and substance use services funded by CFBHN. Members of a priority population who request services are given preference for admission. In fiscal year 21-22 these identified populations include:

For adult mental health services:

1. Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are:
 - a. Older adults in crisis.

- b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.
 - c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
 - d. Other persons involved in the criminal justice system.
 - e. Persons diagnosed as having co-occurring mental illness and substance use disorder
2. Persons who are experiencing an acute mental or emotional crisis as defined in 394.67(17) F.S.

For children's mental health services:

- 1. Children who are at risk of emotional disturbance as defined in 394.492(4) F.S.
- 2. Children who have an emotional disturbance as defined in 394.492(5) F.S.
- 3. Children who have a serious emotional disturbance as defined in 394.492(6) F.S.
- 4. Children diagnosed as having a co-occurring substance use and emotional disturbance or serious emotional disturbance.

For substance use treatment services:

- 1. Adults who have substance use disorders and a history of intravenous drug use.
- 2. Persons diagnosed as having co-occurring substance use and mental health disorders.
- 3. Parents who put children at risk due to a substance use disorder.
- 4. Persons who have a substance use disorder and have been ordered by the court to receive treatment.
- 5. Children at risk for initiating drug use.
- 6. Children under state supervision.
- 7. Children who have a substance use disorder but who are not under the supervision of a court or in the custody of a state agency.
- 8. Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.

Utilization Management and Care Coordination

The CFBHN approach to Utilization Management (UM) and Care Coordination is a data-driven analysis of the system of care. Staff process quantitative and qualitative data to evaluate system access and effectiveness, and identify opportunities for improvement.

Care Coordination assists individuals through their recovery, and offers linkage to community services and supports to improve health and well-being. These may include access to additional behavioral health services, primary physical health care, housing, and/or social supports. Based on the person's needs and wishes, case management may also be a beneficial service identified in his or her care plan. Once an individual is successfully linked with a case manager, that professional assumes the responsibilities of coordinating care. Care Coordination may be provided on an ongoing basis for those with chronic needs.

The UM department staff review data on admissions, discharges, wait lists, lengths of stay, readmissions, and other utilization metrics. Based on the data, the department identifies trends and may develop initiatives that are operationalized through subcommittees, ad hoc workgroups, and CFBHN or NSP staff.

NDCS, Consumer and Family Affairs, and DCF collaborate to identify emerging trends in the behavioral health field, and to support and assist NSPs' implementation of evidence-based programs and treatment practice. As part of the contract development process, NSPs are asked to submit annual descriptions of their services and programs, and to highlight the evidence-based practice utilized by each.

Satisfaction Surveys, Complaints and Grievances

The NDCS team responds to complaints and grievances made by individuals and families receiving CFBHN services. NDCS reports the number of complaints and grievances received, and the status of their resolution, to the CQI Oversight Committee on a monthly basis. In accordance with CFBHN's CARF Network accreditation, an annual analysis of consumer complaint and grievance data is also conducted.

Individuals involved in treatment services delivered by NSPs are asked to complete satisfaction surveys. The CQI team oversees the data collection and reporting requirements for all applicable NSPs.

NSP Staff Development and Network Feedback

Upon completion of each NSP's monitoring review, the CQI department invites staff members who participated in the monitoring process to complete an online survey. The survey assesses NSP satisfaction with the monitoring process and procedures, and asks for suggestions to improve the usefulness of monitoring reviews. A summary of these reports is shared with the CFBHN Management team, the CQI Oversight Committee, and the CFBHN Board of Directors for review and recommendations.

An additional important aspect of the CQI Plan is to ensure that training is provided or facilitated in areas identified to be of interest or in need of improvement. Training needs are identified from results gathered from CFBHN data reports, the CQI monitoring process, feedback from individuals receiving services, their family members and/or advocates, input from NSPs and/or discussion among community consortiums, alliances, and CFBHN Regional Councils.

The Risk Management team conducts an annual training for NSPs on critical incident reporting. Training updates on CARF Standards for unaccredited providers, Satisfaction Surveys, and TANF requirements may also be provided for organizations that are responsible for meeting those guidelines. The CQI department works collaboratively with the NDCS, Consumer and Family Affairs, Contracts, IS and Finance departments to develop, conduct, or arrange for specialized training for NSP staff, as needed. NSPs are encouraged to identify training needs and incorporate them into corrective action plans where appropriate. Follow-up monitoring will confirm what training took place and any subsequent improvements that resulted.

CQI Goal Summary for FY 21-22

This section provides a summary of the continuous quality improvement goals established by CFBHN for FY 21-22.

- A. Formalize and standardize the CQI department's role in CFBHN's Recovery Orientation Monitoring (ROM) process. This includes creating ROM handouts, report documents and templates for use with the NSPs that are required by the *Recovery Management Practices* Guidance Document to participate in ROM Reviews.
- B. Implement, document, and share with NSPs new procedures established by DCF related to the revised Satisfaction Survey.

CQI Goal Summary - FY 20-21

This page provides a summary of the continuous quality improvement goals established by CFBHN for FY 20-21. Goals are broken into two sections, and include those specific to CFBHN's CQI department, and those put into place for CFBHN and the Network as a whole.

1. CQI Department Goals

Goal 1-A: *Expand options for virtual monitoring.*

Three options were developed by CFBHN to allow virtual monitoring to be conducted with NSPs. The organizations were permitted to select one of the options below, or a combination of the three.

1. Upload documentation onto SharePoint to allow the CQI team to review it and complete monitoring tools.
2. Schedule a video conference during which required documentation could be shared with CQI staff.
3. Provide the CQI team with remote access log-in rights to the organizations EHR.

Goal 1-B: *Ensure that monitoring conducted by CFBHN aligns with policies, procedures and methods utilized by the DCF SAMH office.*

On an annual basis, DCF reviews and approves the compliance monitoring tools that will be utilized in the coming year. Monitoring reports are uploaded to the DCF site in SharePoint as they are finalized. Results are also summarized in the quarterly reports submitted to the Department.

Recovery-Orientation Monitoring (ROM) is scheduled to begin in FY 21-22. The local region's Recovery-Oriented Quality Improvement Specialist (ROQI), Ken Brown, has been actively involved in CFBHN's ROM planning process, and the training provided to NSPs.

Goal 1-C: *Develop and/or revise training materials for CFBHN staff and providers specific to software updates made to the RL6 data system.*

Software updates were not made in FY 2020-2021. This goal will be carried over into FY 2021-2022.

2. Network-Wide Goal(s):

In light of challenges faced by the Network as a result of the COVID-19 pandemic, no Network-wide CQI goals were established for FY 2020-2021.