

Continuous Quality Improvement (CQI) Program

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to administer a CQI program that: collects, tracks and trends data; assesses progress on Network goals; and works with Network Service Providers (NSPs) to maximize performance and improve the system of care.

Purpose

The purpose of this policy is to summarize the key components of the CFBHN CQI program.

Procedure

A. The CQI Plan

1. The CQI Plan is reviewed and updated annually. The plan, which defines annual goals, objectives and strategies, is first presented to the CFBHN Management Team, CQI Oversight Committee, and then to the Board CQI Committee for review and recommendations. Once approved by the Board CQI Committee, the committee chair, or their designee, presents the plan to the full Board of Directors. Per contract requirements, the CQI Plan is also submitted to the Department of Children and Families (DCF) on an annual basis, (It may be submitted in draft form to DCF while awaiting final Board approval.)
2. The CQI Director presents updates on the progress of the plan to the Board CQI Committee during the regularly-scheduled meetings. Summaries of these updates are presented to the Board of Directors by the Chair of the Board CQI Committee or designee. 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.

B. Quality Assurance Monitoring

1. The CQI department is responsible for quality assurance monitoring of subcontracted 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. Purchase orders and performance-based contracts may also be monitored by CFBHN, in accordance with contract requirements.
2. The CQI team works with the Contracts 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 NSP file in the SharePoint system. CQI coordinates with the Finance and Information Systems (IS) departments to identify and correct any errors discovered in billing and/or data entry. Quality initiatives may also be added to the monitoring review. While not counted in the monitoring scores, they are reported to the Network and Board CQI Committees for consideration of further action that may benefit the system of care as a whole

C. Change Processes

1. CFBHN has adopted the Plan-Do-Check-Act cycle, also known as the Deming wheel, to formally document change processes within the organization.
2. The model starts with a *PLANn*, by which those involved establish objectives and processes required to deliver the desired results.

Continuous Quality Improvement (CQI) Program (continued)

3. The next step is *DO*, which involves carrying out the plan made in Step 1.
4. In the *CHECK* stage, data and results gathered from the *DO* phase are reviewed and evaluated to determine if the expected outcome was achieved. This phase may be repeated several times to help identify changes that may work better than others, or to determine if the original plan may need to be revised.
5. The *ACT* phase is stage in which identified improvements are made. This step acts upon the information gathered during the previous phases of the cycle, and involves the implementation of the changes and adaptations that were tested and proven successful.

D. Business Intelligence (BI) Portal and Scorecard

1. The CFBHN BI Portal and Scorecard provide a snapshot of the NSP's status with regard to contract deliverables. Reports utilized for this review are internally-generated and include:
 - a. NSP Status Report
 - b. Numbers served report
 - c. Performance outcome measures report
 - d. Response to Corrective Action
 - e. Invoice verified by data – Data units versus billed units
 - f. Consumer Satisfaction Survey results
 - g. Timely report submission
 - h. Lapse of funding
 - i. Audit findings
2. 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. Areas of ongoing concern are submitted to the appropriate CFBHN department, committee, or the Board of Directors for review and action.

E. Technical Assistance

1. On an ongoing basis, Technical Assistance is offered to NSPs by all departments of CFBHN. It is provided upon the request of the NSP, or if it is determined that the organization is in need of training or additional guidance in a particular area.

F. Utilization Management and Care Coordination


1. The CFBHN approach to Utilization Management (UM) and Care Coordination is a data-driven analysis of the system of care. Staff synthesize quantitative and qualitative data to evaluate access and effectiveness of the system, and identify opportunities for improvement.
2. Care Coordination is a process of assisting individuals through their recovery, and offering 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. Once an individual is successfully linked with a case manager, that professional assumes the responsibility of coordinating care. Care Coordination may be provided on an ongoing basis for those with acute needs.

Continuous Quality Improvement (CQI) Program (continued)

3. The UM department staff review data on admissions, discharges, wait lists, lengths of stay, readmissions, and other utilization metrics. Based on the data, this group identifies trends and develops initiatives, which are operationalized through subcommittees, ad-hoc workgroups, and CFBHN or NSP staff.
 4. CFBHN staff collaborate with DCF to identify emerging trends in the behavioral health field, and to support and assist NSPs' implementation of evidence-based programs and practice in treatment.
- G. Complaints and Grievances Process
1. The NDCS team addresses complaints and grievances reported to CFBHN by individuals and families who receive Network services. NDCS staff report the number of complaints and grievances received, and the status of their resolution, to the CQI Oversight Committee on a monthly basis. An analysis of complaint and grievance data is conducted on an annual basis
 2. The CQI department is responsible for investigating and addressing complaints made by staff members, or former staff members, of NSPs. Reports summarizing the results of each complaint review are shared with the complainant, the NSP and DCF
- H. Consumer and NSP Surveys
1. Individuals involved in treatment services delivered by NSPs are asked to complete consumer satisfactions surveys. The CQI team oversees the data collection and reporting requirements for all applicable NSPs. Results of this survey are shared with DCF on a quarterly basis.
 2. The CQI department conducts a survey after monitoring visits to assess NSP satisfaction with the monitoring process, monitoring procedures, and any opportunities for improving usefulness of monitoring visits.
 3. The NDCS department also conducts an NSP and stakeholder satisfaction survey to measure satisfaction and to identify opportunities for CFBHN improvement.
- I. NSP Training
1. The Risk Management Department conducts an annual training for NSPs on critical incident reporting,
 2. NSPs are provided training on Block Grant programs, and other specialty funding, on an annual basis, including Temporary Assistance for Needy Families (TANF); Women's Block Grant services; and the HIV program.
 3. The CQI department provides training to NSPs on CARF standards for unaccredited providers, SAMH Consumer Satisfactions Surveys, and /or other topics as needed or identified as of interest.
 4. The Contracts department conducts an annual training to orient and update NSP staff on contract requirements in place in the new fiscal year, as needed.
 5. The NDCS Training Manager documents training provided to NSPs and prepares a monthly training summary.

Continuous Quality Improvement (CQI) Program (continued)

6. Other 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.
- J. Internal and Stakeholder Committees
1. **CQI Oversight Committee:** The CQI Oversight Committee is CFBHN’s internal quality improvement body. It serves to integrate information from CFBHN departments and ensure meaningful communication around issues that impact NSP performance and service provision. The CQI Oversight Committee meets each month, a minimum of ten times each year. Working with the CFBHN management team and the CQI Board Committee, CQI Oversight members identify performance 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, as needed.
 2. **Network CQI Meeting:** The Network CQI Meeting is held quarterly and open to all NSPs and DCF, to review compliance measures, outcome measures, risk management data , trends and/or opportunities for improvement. This meeting encourages members at all levels of the Network to engage in discussion and the development of solutions that may improve services to individuals served.
 3. **Board of Directors’ CQI Committee:** This committee provides Board-level oversight of the CQI process, functions and performance of the Network and its NSPs. The purpose of this committee, and its membership requirements, are defined in the corporate bylaws. The committee meets at least quarterly, as scheduled by the Chief Operating Officer (COO) and the Board CQI Committee Chair. 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.
 4. **Regional Councils:** Regional Councils consist of representatives of geographical circuits, including NSPs, law enforcement, parents/caregivers, and other community partners/stakeholders. Regional Councils meet to discuss local and community concerns related to behavioral health. Each Regional Council’s Chair provides an update on the work of the committee to the Board of Directors.

Continuous Quality Improvement (CQI) Program		Date Issued: <u>10/01/2003</u>
Approval: 	Linda McKinnon, President/Chief Executive Officer	Last Revision: <u>11/3/2020</u>
		Review Date: <u>11/3/2020</u>