
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 CQI 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 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 provides an annual written report to the Board CQI Committee that summarizes the outcomes of the goals established in the annual plan. A summary of this report is also presented each year, for approval, 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 outlined in the subcontract; and validation of data submitted and billed to CFBHN when compared to backup 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 Behavioral Health Services (BHS) 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 Finance and Carisk 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.

Managers of the Community Action Treatment (CAT), Tiers 2 and 3, Florida Assertive Community Treatment (FACT), Family Intensive Treatment (FIT), Multidisciplinary Child Welfare Teams – FIT Tier 2, Central Receiving Systems, Prevention, Prevention Partnership Grant (PPG), and LATTERS – FACT Tier 2 programs validate the data utilized in the calculation of performance measure progress. Performance measure data validation is conducted on an annual basis with NSPs that offer the programs named above. Each Program Manager documents the method utilized to conduct the data validation and the results of each review. A copy of the written summary is provided to each NSP and is maintained in the SharePoint system to document that the performance measure data validation process has been completed.

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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 *PLAN*, by which those involved establish objectives and processes required to deliver the desired results.
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 may, or to determine if the original plan may need to be revised.
5. The *ACT* phase is the 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. Technical Assistance

1. On an ongoing basis, Technical Assistance is offered to NSPs by all departments of CFBHN.
2. Technical Assistance 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.

E. 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.
3. The UM department staff review data on admissions, discharges, waitlists, 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 practices in treatment.

F. Complaints and Grievances Process

1. The BHS team addresses complaints and grievances reported to CFBHN by individuals and families who receive Network services. BHS 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, as required by CARE.

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2. The CQI department is responsible for investigating and addressing complaints made by current or former staff members of NSPs. Reports summarizing the results of each complaint review are shared with the complainant, the NSP, and DCF.
- G. Surveys
1. Individuals involved in treatment services delivered by NSPs are asked to complete Community Persons Served Satisfaction Surveys (CPSSS). The CQI Manager oversees the data collection and reporting requirements for all applicable NSPs.
 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.
- H. 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 and 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 BHS Training Manager documents training provided to NSPs and prepares a monthly training summary.
 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.
- I. Internal and Stakeholder Committees
1. Risk Management/CQI Oversight Committee: The Risk Management/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 review organizational data, 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.

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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. Executive Provider Circle: This group is composed of the Chief Executive Officers, Executive Directors, or designees of those positions. The Circle meets to discuss local and community concerns related to behavioral health.

Continuous Quality Improvement (CQI) Program Approval:  Alan Davidson, President/Chief Executive Officer	Date Issued: <u>10/01/2003</u> Last Revision: <u>08/08/2025</u> Review Date: <u>08/08/2025</u>
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