Continuous Quality Improvement Program Plan

FY 2013-2015
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I. INTRODUCTION

The South Florida Behavioral Health Network (SFBHN) is a community-based managing entity operating in collaboration with contracted network service providers, its Board of Directors, SFBHN employees, the Florida Department of Children and Families (DCF), consumers, consumers’ family members, community stakeholders, and other governmental agencies. SFBHN continually works to improve the behavioral health of consumers and their families. SFBHN’s mission is to ensure a quality system of care for people at risk and affected by substance use and mental health disorders in Miami-Dade and Monroe Counties.

SFBHN strives for excellence in the delivery of behavioral health care services to the individuals residing in the Southern region of Florida (Miami Dade and Monroe Counties). SFBHN's system of care philosophy encompasses these core values:

- Consumer Driven
- Individualized to meet the needs of the Consumer
- Family Focused
- Community Based
- Culturally and Linguistically Competent
- Transparent
- Recovery and Resiliency Focused

Through the implementation of this plan, SFBHN will be able to:

- Ensure financial strength and programmatic accountability to achieve performance outcomes and standards in the most cost effective and efficient manner possible;
- Identify gaps in services and specialized needs;
- Identify priority populations including, but not limited to criminal justice involved, child welfare involved, and co-occurring;
- Use the collection and analysis of data to improve the network and network provider compliance and when necessary incorporate improvements into action plans;
- Ensure effective evaluation, implementation, and improvement of corrective action plans.

Additionally, the plan supports the DCF in its achievement of its goals:

- Resolution of complaints and grievances of Individuals Served and those against SFBHN;
- Assessment of community needs for behavioral health services;
• A locally accessible System of Care based on a system needs assessment inclusive of individuals served, families, and community stakeholders;
• Continuous Quality Improvement (CQI) through the systematic use of EBPs and a comprehensive quality management program designed to monitor and ensure the highest level of care possible;
• Early diagnosis, prevention, intervention, and treatment to enhance recovery, and early social and emotional development for children;
• Specialized behavioral health services for parents involved with the child welfare system;
• Specialized behavioral health services to residents of assisted living facilities;
• Effective assessment and treatment of Co-occurring Disorders;
• Effective assessment and treatment of consumers with trauma;
• Innovative services to elder adults enabling them to live in the least restrictive care settings;
• Innovative and specialized services for consumers involved in the criminal justice system including criminogenic risk assessment tools to assist in the placement and treatment of this priority population and identification of specialty providers that can offer the essential elements of services for this special population thus improving accountability and outcomes.
• Collaboration with the state and community Stakeholders towards the Department’s highest priority to reduce admissions and length of stay for children and adults in residential treatment facilities and state hospitals and return them to a community environment;
• Administrative efficiencies throughout the service array;
• Redirection of funds from restrictive care settings to community-based recovery support services;
• Funding of prevention coalitions;
• Enhancement of the continuity of care for children, adolescents and adults, (including the elderly) entering the publicly funded behavioral health service system; and
• Implementation of DCF’s interagency agreements which include, but are not limited to, the Department of Juvenile Justice (DJJ), Children’s Medical Services (CMS), Department of Education (DOE), Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Corrections (DOC), and the judicial circuit(s).
II. PURPOSE AND COMMITMENT TO THE PROCESS

SFBHN’s Continuous Quality Improvement Plan (CQI Plan) is developed in accordance with the mission, vision and values developed by SFBHN’s Board of Directors, as outlined in the Strategic Plan. Continuous Quality Improvement is not the responsibility of one individual or department, but is shared by all SFBHN staff members and the Board of Directors System of Care (SOC) and CQI Committee. All staff members are expected to assist in the implementation of this plan with the Board SOC/CQI Committee providing guidance and approval. SFBHN is committed to the development, implementation, and continuous quality improvement of the network with priority given to those areas that impact consumers and their families. In order to support this commitment, the CQI Division is led by the Vice President of CQI and Information Technology who additionally acts as the Corporate Compliance Officer. This individual is expected to be certified in healthcare compliance and serves as the system’s champion of change. The Division is staffed by individuals who are degreed, experienced, and have demonstrated ability to serve as change agents. SFBHN further supports the commitment by ensuring that all staff receives continuous training that supports the CQI program. Training topics will include but will not be limited to evidence based practices; fraud, abuse and waste detection and prevention; system of care coordination and utilization management; and other topics that support innovation in service delivery and performance outcome management.

Additionally, each division and related units of SFBHN have an integral role in the CQI process. SFBHN ensures that each division works collaboratively with the CQI Division to promote and implement the CQI Program.

III. SCOPE

The scope of SFBHN’s CQI Plan includes SFBHN operations, the network service providers, and the community partners. This plan encompasses activities that monitor compliance with contracts, applicable rules and regulations and with the process for identifying opportunities for improvement.

IV. SFBHN SOC/QI COMMITTEE

A table of organization and committee structure (with the description of the committees) outlines how the Board of Directors is provided information and management makes decisions. The structure and plans outline how consumers, consumers’ families, stakeholders, the community and providers have input into the decisions made by SFBHN Management and the Board of Directors.

The SFBHN Board of Directors instructs the President and the SFBHN Management Team to establish the SFBHN System of Care/Quality Improvement (SOC/QI) Committee. This committee has the primary responsibility of developing, implementing, and overseeing all quality improvement and assurance activities, in
accordance with the plans. The SFBHN SOC/QI Committee is chaired by a member of the Board of Directors and co-chaired by the SFBHN Vice President for Behavioral Health and the Vice President of Continuous Quality Improvement and Information Technology. The committee is comprised of representatives from each department within SFBHN and selected Board members. The committee may form sub-committees, as needed, to carry out the functions of this plan. These subcommittees may include SFBHN staff, representatives of provider agencies, individuals served, and family members of individuals served and/or other stakeholders to carry out the functions of the plan.

As part of ongoing Continuous Quality Improvement activities, SFBHN's CQI Division staff provides training and data to the Board of Directors, SFBHN staff and other stakeholders. The purpose of this training is to provide information on all aspects of SFBHN's activities and assist the Board in its strategic planning process and decisions regarding contracting and service development.

The following SFBHN Committees are central to the CQI process for SFBHN and for the network service provider. These committees include community, provider, consumer and other stakeholder participation and as such are used for dynamic communication and change management. Additionally, these committees in concert with data analysis allow SFBHN to identify service gaps and need for specialized services.

**Committees that Meet Bi-Monthly**
- Data Group
- FACES Governance
- SOC/QI Board Subcommittee

**Committees that Meet Quarterly**
- ASOC Provider/Stakeholder
- CSOC Provider/Stakeholder
- CSU/Detox Program's Directors
- DCF Planning Council
- FACT Advisory Committee
- FACES Cultural Linguistic Committee
- Forensic Stakeholders
- Peer Specialist Training and Support
- Regional Prevention
- South Florida State Hospital Stakeholders
- Statewide Consumer Network Grant Advisory Committee
- Employment
- Housing Stakeholders

The meetings of all committees are recorded. Committee reports and recommendations are forwarded to SFBHN management and the Board of Directors for review and action when applicable. The meeting frequency may change as determined by each committee.
V. RELATIONSHIP WITH OTHER SFBHN PLANS

SFBHN has developed the following plans and procedures to set system priorities, direct the activities of its staff, monitor network service providers, and ensure compliance with all state and federal rules and regulations.

- Strategic Plan
  - Developed and approved by the Board of Directors
  - Includes input from stakeholders, including consumers and family members of consumers
  - Identifies priorities of the organization and sets the direction for SFBHN

- Network Management Plan
  - Developed and approved by SFBHN management
  - Includes detailed procedures for effectively managing and monitoring sub-contracted providers, both administratively and programmatically

- Corporate Compliance and Ethics Program
  - Developed by the Corporate Compliance Officer and approved by the Board of Directors
  - Includes Fraud, Waste and Abuse Protocols and External Complaint and Grievance procedures

- Utilization Management Plan
  - Developed by SFBHN staff and approved by the Board of Directors
  - Outlines the processes for the system of care and utilization management
  - Identifies the priorities for transforming the system of care.

- Contract Accountability Monitoring Manual
  - Developed by the Contract Accountability Division and approved by SFBHN Management
  - Outlines the process for monitoring the network service provider
  - Establishes an ongoing collaboration with the CQI Division regarding findings, issues of compliance and the need for corrective action

- Contract Management Operating Procedure (Revision in draft form)
  - Developed by the Contract Management Unit/Division and approved by SFBHN Management
  - Establishes guidelines for the procurement of services
  - Establishes procedures and guidance for negotiating, writing, managing contracts, the maintenance of a contract file, duties of a contract manager, and activities related to monitoring
  - Establishes an ongoing collaboration with the CQI Division regarding findings, issues of compliance and the need for corrective action

- Emergency Preparedness Plan
  - Developed by the CQI Department and approved by SFBHN Management
  - Describes the actions to be taken in the event of an emergency and/or disaster. Directs staff activities to preserve life and reduce damage to corporate property
• Updated annually.

- Continuity of Operations Plan (COOP)
  - Developed by the CQI Department and approved by SFBHN Management
  - Outlines the processes to be implemented to ensure the continuation of operations in the event of a natural or human caused disaster

- Risk Management Plan
  - Developed by the CQI Department and approved by SFBHN Management
  - Outlines the activities to be undertaken by staff to mitigate risks to the organization

- Data Exchange and Data Management and Security Plans
  - Developed by the IT Division and approved by SFBHN Management
  - Outline the processes and procedures for data reporting, quality assurance and security of client specific data
  - Includes the Data Collection Improvement Plan

- Performance and Outcomes Measurement Plan
  - Developed by the CQI and IT Departments and approved by SFBHN Management.
  - Incorporated in the CQI process to improve the system through the analysis of the data collected on performance and outcome measures.

- Accessibility Plan
  - Developed by the CQI Division and approved by SFBHN Management
  - Promotes accessibility and removal of barriers by addressing the accessibility needs of consumers, funders, provider representatives, care practitioners, family members, volunteers, visitors, employees and community stakeholders. It also addresses access to facilities and in a limited way, to services. Access to services is addressed in the SFBHN System of Care Transformation Plan.

- Training Plan
  - Developed by the SFBHN staff and approved annually by SFBHN Management
  - Outlines training priorities and requirements for network service providers and SFBHN staff.

Each of the plans described above stands on its own and fulfills specific needs of the organization. The CQI Plan outlines the processes for utilizing data and information collected from each of the plans and committees. This information is used to evaluate the performance of SFBHN and network service providers, and to identify opportunities for improvement. Other than the Training Plan, which is updated annually, the plans may be amended and updated as needed. The plans requiring the approval of the Board of Directors need only to be reviewed and approved by the Board when there is a material change to the document or process. Additionally, DCF will review policies, procedures, and plans as specified in SFBHN’s main contract with DCF.
VI. ROLES, RESPONSIBILITIES

Continuous quality improvement activities are integral functions of South Florida Behavioral Health Network. SFBHN management provides oversight, support, and ensures implementation of the CQI Plan through its structure. However, all SFBHN staff members are responsible for carrying out the functions of the CQI Plan.

The SFBHN CQI Plan establishes the formation of a CQI Division and supporting CQI activities. The SFBHN Board of Directors has charged the President with developing and executing Continuous Quality Improvement programs. That authority has been delegated to the Vice President of Continuous Quality Improvement and Information Technology. Oral reports on activities are made to the Board of Directors during its scheduled meetings. These reports are made by the President (or designee) for the purpose of providing regular updates on the progress of the activities of the CQI plan. The Management Team and SFBHN staff are responsible for monitoring the services provided to families and individuals served by the network service providers.

VII. NETWORK PROVIDER ACCOUNTABILITY

Continuous Quality Improvement and Accountability take place through a variety of methods, including but not limited to the review of compliance and quality elements of each provider through the Provider Report Card, Contract Accountability Monitoring, complaint and grievance protocol, performance and outcome measurement monitoring, incident reporting trending and investigations, and monitoring of a provider’s ability to effectively and accurately execute evidence based practices, emerging trends, and promising practices. These elements were identified as the most important indicators of sound programmatic and financial management and contractual compliance by the network’s provider agencies.

REPORT CARD:
The Report Card provides a snap shot of the provider’s current compliance and status. It identifies each provider's status in the following areas:

- Data submission, validation and accuracy
- Improvement in outcomes and performance
- Fiscal solvency and stability
- System of care quality and utilization management
- Continuous quality improvement
- Contract compliance and contract monitoring
- Corrective action plan(s) identification

Many elements of the Report Card are scored according to measurements defined in the Report Card “Data Dictionary” that is provided to all network providers. These definitions enable SFBHN and network providers to identify measures which exceed,
meet or fall below targeted goals. The Report Card allows stakeholders to quickly identify areas of concern, note trends and monitor changes. Each Report Card section has critical indicators which, if scored as failing, may require the provider meet formally with SFBHN staff to discuss issues resulting in the failing score and any corrective actions needed to immediately rectify these issues. At the end of the fiscal year, the Report Card issued to identify providers with high performance scores that are eligible to receive lapse funds to cover uncompensated units. The Report Card and back-up reports are provided to the appropriate provider administrative staff and to DCF on a monthly basis. Information on issues of ongoing concern is submitted to the Board of Directors for review and action.


The criteria for Data performance evaluates the provider's ability to report clean data according to the following indicators:

- Data submitted monthly (critical indicator)
- Clients linked to an admission record are also shown as receiving services
  - Open Substance Abuse Episodes of Care linked to services received within the previous 90 days
  - Open Mental Health Episodes of Care linked to services received within previous 210 days
  - Open Substance Abuse Episodes of Care linked to the required ASAM (American Society of Addiction Medicine) Placement
  - Mental Health Episodes of Care linked with the required FARS (Functional Assessment Rating Scale)
  - Mental Health Episodes of Care linked with the required CFARS (Children’s Functional Assessment Rating Scale)
  - Mental Health Episodes of Care linked with the required Mental Health Performance Outcomes

*These indicators may be changed based upon the needs of the Network.

A second critical aspect is the provider's fiscal solvency and sustainability. In particular, the Fiscal Division evaluates the following aspects of a provider’s financial strength on the Report Card through the following measures:

- Compliance with monthly invoice submissions (critical indicator)
- Invoice vs. Data validation
- Accuracy of Invoice
- CCST direct service utilization percentages
- Utilization of prorated contracted budget (critical indicator)
• Submission of the appropriate financial statements (critical indicator)
• Adequacy of resources ratio of 1.0 or greater
• Current ratio of 1.0 or greater
• Revenue to expenses ratio of 1.0 or greater
• Net assets ratio of 0.1 or greater

*These indicators may be changed based upon the needs of the Network.

The Report Card may be changed as needed after material changes are presented to the SOC/QI committee and approved by the Board of Directors.

SECRET SHOPPER:
As an additional evaluation tool, CQI and System of Care staff will perform “Secret Shopper” exercises. For accountability purposes, the Provider Report Card tracks a provider’s performance during the exercise. The purpose of the exercise is to attempt to access services in the same manner in which consumers would access services. The goal is to observe how the staff of provider agencies interacts with consumers; for example, whether they treat consumers with courtesy and empathy, and whether they offer appropriate assistance and services in a timely fashion. If the provider agency does not adequately demonstrate the ability to provide ready access to appropriate services, the findings of the “Secret Shopper” may result in an onsite visit, formal meeting, and/or corrective action.

SATISFACTION SURVEYS:
Consumer satisfaction surveys are collected and analyzed as per Attachment I of the DCF contract with SFBHN. Findings of the surveys will be forwarded to the providers. Those providers whose collective scores are less than 95% will be required to submit a corrective action plan.

As per Attachment I of the contract between DCF and SFBHN, DCF will conduct Subcontractor and Stakeholder satisfaction surveys. The results will be handled as per DCF directions.

CQI QUALITATIVE REPORTS:
The CQI Division tracks and analyzes several outcome measures for individuals served and utilization management outcomes. These measures are tracked over time and where possible and applicable, are compared against national outcomes. Further, this analysis will be used to improve the quality of care and utilization management and may be used to identify technical assistance and training needs if the data dictates the need to increase provider knowledge.

Gaps in services are identified through the CQI Qualitative Reports and through specialized reports such as those used to analyze data detailing consumers’ cultural/linguistic status, age, gender, sexual orientation, spiritual beliefs, socio-
economic, and geographic location, as well as provider capability to provide treatment for co-occurring disorders. Specialized needs can be identified through data analysis as they occur or as trends indicate increased need in the future. Other sources of information on gaps or special needs are identified through system of care meetings including but not limited to the CBC Alliance, SAMH Planning Council, HIV Regional Planning Council, SOC/QI, ASOC and CSOC provider meetings, Miami Dade Addiction Services Board, Consumer Network and the Cultural Linguistic Committee meetings.

The CQI Division, along with the System of Care staff, reviews this information quarterly to determine trends and identify issues that result in the system’s inability to provide high quality, effective and efficient services. When applicable, the System of Care staff will conduct consumer service details that follow the consumer from the point of the referral through to the current date. The service detail process includes a review of the consumer’s medical file, program policy and procedures, staff and consumer interviews, and other related information collection methods.

CQI ACTIVITIES:
Additionally, Contract Accountability Division staff monitor case management providers to ensure that mental health services are being provided in accordance with the consumers’ community living support plan, and that consumers are living in a safe and clean facility. When necessary, the division staff reports concerns related to health and safety to the proper authorities. These activities allow SFBHN to effectively evaluate the course of treatment to determine if the consumers’ needs and preferences are being considered and if services are being coordinated effectively by providers.

Agencies are expected to implement evidence based practices in their service delivery. SFBHN has identified all evidence based practices, promising practices, and emerging trends currently being used within the system of care. The next step will be for the CQI team to conduct evaluations on a provider’s ability to execute with fidelity these practices. The team will use a System of Care Evaluation Tool or EBP specific tool to evaluate the providers’ fidelity to the practice. Each provider will be required to submit its fidelity plan, which will be used as the basis for the EBP specific evaluation tool. If it is determined that the provider has not implemented the practice with fidelity, SFBHN will work with the provider by providing technical assistance, coordinating learning partnerships, or providing other assistance. The SOC/QI Committee will determine the timeframe for evaluation of fidelity to EBPs.

SFBHN continues to promote the CCISC Initiative and the Trauma Informed Care initiative through contract requirements, mandatory participation in trainings and committees, and through validation of providers’ action plans. When validating these action plans, SFBHN refers to the results of Secret Shopper exercises; complaints and grievances; critical incident reporting; investigations, and contract monitoring; and reviews documented evidence that corrective action plans have been implemented. Documented evidence includes but is not limited to training materials, sign in sheets,
agendas and/or testing tools. The results will be used to identify additional training needs.

Peer Reviews may be conducted to support and improve the quality of service provision and systems processes and evaluation against licensing standards, and to identify or evaluate the execution of evidenced based practices. Peer Reviews may be conducted at various levels to include units within the Managing Entity, among network providers, specialty services, or as part of medical quality reviews conducted by the Medical Director. The Peer Reviews may be guided by specific tools such as the Peer Review Tool, or based on fidelity plans for evidenced based practices, or created for a specific or targeted review.

**CONTRACT ACCOUNTABILITY AND CONTRACT MANAGEMENT:**
The SFBHN Contract Accountability Monitoring Manual provides specific details describing the monitoring process. This plan is incorporated in the structure and implementation of the CQI Program. As described in greater detail within that manual, upon the completion of the monitoring, subject experts are involved in the exit discussions and the evaluation of corrective action plan submissions. Through this process, those agencies that are identified as having issues will receive the necessary technical assistance to make systematic changes to their provision of services, data reporting processes, or related accountability practices. The Contract Management Unit conducts “pop-in” visits to provide another level of evaluation. These visits include interviews of consumers and staff. When applicable, the visit may extend to reviewing consumer files, policies and procedure, and facility walk-throughs.

**FRAUD, WASTE, ABUSE PROTOCOLS AND COMPLAINTS/GRIEVANCES:**
SFBHN's Corporate Compliance and Ethics Program, along with the Fraud, Abuse, and Waste Protocol, provides for structured processes to ensure that both internal and external entities are monitored in these areas. Complaints, grievances and incident reports are tracked, analyzed, and, when applicable, investigated. SFBHN uses findings from this process to help evaluate providers’ performance, thus enabling SFBHN to mitigate risk and improve the quality of services. If issues of fraud, waste and abuse are identified, the information is disseminated to the network.

**CORRECTIVE ACTION PLANNING PROCESS:**
All activities conducted through the CQI Program may result in a provider being placed on corrective action. Areas to be addressed may include but are not limited to noncompliance with rules and statutes; noncompliance with contract requirements; sub-standard consumer care; and/or ineffective continuous quality improvement programs. SFBHN works directly with the provider develop a corrective action plan that includes the following components to ensure rapid performance improvement and agency sustainability:

- Description of the finding
Corrective action plans are monitored to ensure that providers have accomplished required tasks, implemented CQI processes to ensure compliance and continued maintenance, and provided evidence that they have met their success indicators and that improvements are effective. As this process unfolds, SFBHN conducts follow-up monitorings that may result in additional findings that the provider will be required to address and correct. All corrective actions issued by SFBHN Divisions and subsequent units are recorded and tracked on the Report Card. The number and/or criticality of the corrective action plans (e.g., if two corrective action plans are issued by separate Divisions for health and safety issues) may warrant a formal meeting with SFBHN and the provider's executive management.

In an extreme case when a provider is discovered to have critical non-compliance issues and does not carry out the required tasks to comply with its corrective action plan, SFBHN may terminate its contract. SFBHN will then implement a transition plan to ensure continuity of services to the consumers served by that provider. This plan will include coordination with other network providers to transfer services in the most appropriate and efficient manner. SFBHN may also establish a 1-800 informational “hotline” for consumers and staff of the agency, place SFBHN staff at critical facilities to ensure consumer safety and implementation of the transition plan, and provide technical assistance to the terminated provider to ensure a seamless transfer.

CHANGE COMMUNICATION:
As policy and procedures change internally or at the State or Federal level, SFBHN will incorporates such changes in internal policy and procedures and/or within contract revisions and amendments, when appropriate. Additionally, manuals or plans impacted by such changes are updated accordingly. Updated materials are shared with subcontractors through e-mail, postings on the SFBHN website, discussions in program-specific meetings, and in Board meetings as appropriate.

The SFBHN CQI Division is responsible for reviewing and making changes to network policies and procedures as necessary. If material changes are to be made, the SOC/QI Committee reviews and approves any revised plans.

VIII. PROVIDER CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND ACCREDITATION EXPECTATIONS
As part of SFBHN's CQI program, each provider is responsible for establishing its own continuous quality improvement program. Providers are also responsible for becoming accredited by a nationally recognized body or fulfilling the requirements established by CARF for non-accredited providers in the section of the CARF Business and Services Management Network Manual. SFBHN believes that these requirements will increase the capacity of individual providers to monitor their own operations for strengths and weaknesses and participate in an ongoing process of self-improvement, which will result in a stronger overall system of care.

Each provider's CQI program must include the following components:

- A continuous quality improvement program that objectively and systematically monitors and evaluates the appropriateness and quality of care to ensure that services provided are consistent with prevailing professional standards, and to identify and resolve problems. Additionally, the program must support activities that ensure that fraud, waste and abuse do not occur.

- A written plan that addresses the minimum guidelines of the network provider's continuous quality improvement program, a copy of which must be provided to SFBHN

- A quality assurance review committee(s) with defined scope and objectives and a framework for evaluating outcomes with best practice models to improve performance.

To support providers’ CQI process, SFBHN will sponsor CQI Learning Partnerships to review the CQI requirements, promote the sharing of knowledge and practices, create opportunities for service partnerships and assist in moving the system of care forward towards innovation, improved quality and access to care.

IX. DATA COLLECTION, REPORTING, AND ANALYSIS

The collection, interpretation and analysis of data are important functions of SFBHN and are integral to the evaluation and improvement process. All data gathered is to be systematically tracked, analyzed and reported. This systematic process is to include the specific data to be gathered, staff responsible for reporting, and the reporting processes. Data is to be used at all levels of the organization and is gathered to evaluate current performance to identify opportunities for improvement. SFBHN's goals include: continuing to increase mechanisms for data utilization; building capacities for data collection; expanding data infrastructure; and increasing data dissemination strategies efficiently and in ways accessible to all the communities we serve. To carry out these functions the following data collection tools may be used:

1. Data reports
2. Stakeholder surveys  
3. Consumer surveys  
4. Special projects and studies  
5. Focus groups  
6. Surveillance data  
7. Progress towards meeting initiatives, goals and performance outcomes.

The data gathered may be used to identify specific target populations, programs, geographic areas and/or to answer other questions. These target populations may include:

1. Consumers  
2. Consumers’ family members  
3. Community stakeholders  
4. Other agencies and providers serving consumers

Data collection methodologies may include:

1. Evaluation of data sets to identify:  
   • The services that are being provided  
   • Number of individuals unable to obtain services  
   • Reason(s) individuals cannot obtain services  
   • Service(s) needed and services available  
   • Gaps in services offered and services needed by geographical areas  
   • Waitlists

2. Monitoring the network service provider for compliance with contracts including:  
   • Data submission  
   • Number served  
   • Outcomes (days in community, successful discharge etc.)  
   • Use of funding and spend down  
   • Data versus billing  
   • Submission of plans and required documents  
   • Submission and compliance with corrective action plans  
   • Fraud, waste, and abuse detection and prevention  
   • Other data elements determined to be crucial for the network service provider

3. Epidemiological Profiles – the numbers and demographics of those individuals needing services.

4. Profile provider service capacity (e.g., specialized services to particular populations; services to specific geographic areas)
5. Assessment of Utilization Management (i.e., assessment of treatment compared to outcomes, individuals not in treatment; service needs; gaps)

Decisions made by SFBHN management, the Board of Directors and its committees are driven and supported by data. Data is used to evaluate current resources, identify service gaps, and determine strategies to increase or reallocate resources to address identified needs.

SFBHN will utilize the Curam Software UM System, a customized electronic data system that will inform the data collection, reporting, and analysis process within the CQI program. The Curam System will be used for utilization management, performance outcome measurement and care coordination. The system will include the following data management functions:

- Identification of clinical and financial eligibility of consumers served;
- Reporting of service units provided by each provider;
- Processing of invoices, payments and claims adjudications;
- Availability of logical algorithms that ensure that DCF is the payor of last resort;
- Predictive analysis functions;
- Tracking and managing waitlists and bed slot utilization and vacancies for residential/CSU beds or other applicable services;
- Tracking the process of consumer referrals: the referral component allows SFBHN to track the submission of a referral to the receipt of the referral. Information related to the percent of individuals connected to services enables SFBHN to monitor providers for engagement, proper discharge planning, and consumer care;
- Coordinating care through the Care Coordination module. This module provides SFBHN with significant detail on the care of the consumers according to several functional aspects such as treatment/care planning, discharge planning, resource acquisition, and individual wellness progress.

SFBHN’s Data Management and Security Plan identifies in greater detail the reporting process that supports the above activities. The Plan includes descriptions of reports to be generated for error identification, inappropriate or inaccurate billing, and service validation. Through these reports, the IT Unit can identify issues and make those issues known to the provider(s). Each provider has its own reports folder that contains the reports used to evaluate its compliance with DCF Pamphlet 155-2. Every other month, SFBHN holds a mandatory Data Group Meeting to discuss errors, provide technical assistance, and educate providers on any changes within data reporting procedures, rules, and regulations.
To ensure that providers are fully aware of the importance of data reporting, they are paid based on the accuracy of their data submissions. Invoices are verified against service data recorded in the Knight Software System and the Curam Software UM System. Only clean and accurate data will be accepted for invoice payment. Additionally, the IT Unit provides technical assistance to providers to improve data reporting if needed.

If the provider, despite technical assistance, has not indicated improvement, it will be placed on a corrective action plan and monitored accordingly. If the provider continues to remain on a data related corrective action plan and has not demonstrated improvement, SFBHN will formally meet with the provider’s executive management to address the lack of improvement and noncompliance. If necessary, SFBHN may assign SFBHN staff to perform on-site validation of services at the provider’s location.

DATA INTEGRATION:
SFBHN will coordinate with DCF in the future integration of appropriate data among data systems operated by the DCF, such as Florida Safe Family Network (FSFN) and the Automated Community Connection to Economic Self-Sufficiency (ACCESS). Integration of these systems will allow the verification of benefits and eligibility status along with other relevant data. Data crosswalks can be created to assist in the transference of the data so that accurate reporting can occur.

X. PERFORMANCE AND OUTCOME MEASURES PLAN

SFBHN uses performance and outcome measures as integral components to the overall CQI Plan. These measures are defined in the Subcontracted Provider contracts, Provider Report Cards, and the CQI Qualitative Data Reports. These measures are collected through the various methods described above and are based on state performance and outcome measures and the federally-mandated National Outcome Measures (NOMs). These measures are monitored through the contract management and monitoring process and additionally through the CQI Division Provider performance measures monitoring process.

The IT Department posts contract performance measures on the online provider portal on a monthly basis so that providers can monitor their progress accordingly. Additionally, compliance with provider contract performance measures is recorded in the Contract Accountability Reports. Provider contract performance measures are monitored monthly by the IT Division and quarterly through the CQI Division, which evaluates whether or not the provider is addressing those measures in a timely and efficient manner. If monitoring reveals that the provider is not meeting performance measures according to SFBHN’s expectations, the provider may be placed on corrective action to improve outcomes. Providers are required to submit as part of their plan the steps they will undertake to improve the reporting of the data and/or increase the number of consumers served, or other actions that would be necessary for improvement of performance outcomes. For those provider contract performance measures that appear to be negatively impacted by external influences over which the
provider has not control, such as lack of housing and employment opportunities for consumers, or if the system as a whole is not meeting a measure, SFBHN develops special initiatives. For example, SFBHN has developed two special initiatives for housing and employment, in which SFBHN is working with other community based agencies to find resources and avenues to improve outcomes in these areas.

Additionally, the Provider Report Card monitors each provider’s data submissions as part of its performance and outcome measures.

XI. CONTINOUS QUALITY IMPROVEMENT PROCESS

The following plan is based on the concepts and practices of Six Sigma, a system designed to reduce errors in processes, and the ISO 9000, a series of standards developed by the International Organization for Standardization. These systems are recognized as best practices and contribute to an organization's ability to innovate and evolve.

**Elements and Principles**

The essence for integration and innovation is based on four critical elements:

![CQI Diagram](image)

When conducting its activities, SFBHN applies the following principles:

**Principle 1: Consumer Driven and Family Focused**

The SFBHN understands both the current and future needs of the customer and their family/support system, has identified ways to meet the needs, and strives to exceed their expectations.

Key Benefits:

- SFBHN is able to increase revenue by responding to market opportunities such as applying for grants that allow for service enhancements.
• Consumer experience is improved.
• SFBHN increases the effective use of resources.

Application:
• SFBHN researches and measures consumer satisfaction and acts on findings.
• SFBHN ensures that the practices and goals of the network are in alignment with consumer needs and expectations.
• SFBHN communicates the needs of consumers throughout the network.
• SFBHN ensures a balance among all consumers, both internal and external.

Principle 2: Leadership
The Leadership of SFBHN will establish purpose and direction which fosters unity and desire to become fully involved in the achievement of its objectives.

Key Benefits:
• People will understand their role and how they can contribute to the network’s success.
• Activities are implemented in a united way and are evaluated.
• Miscommunication between all levels will be minimized.

Application:
• A clear picture of the vision is established.
• Goals and targets are set that challenge the network.
• Shared values and ethical role models are created and empowered at all levels of the organization.
• Trust is established and fear is eliminated.
• People are provided with the necessary resources, training, and freedom to act with responsibility and accountability.
• People’s contributions are recognized.

Principle 3: Involvement of People
People are the essence of SFBHN and their full involvement allows the network to advance and adapt.

Key Benefits:
• Motivated and committed people are involved with SFBHN and the network.
• Innovation and creativity are encouraged.
• People are held accountable for their performance.
• People are eager to participate and contribute to the vision.

Application:
• People understand how their contribution impacts the network.
• People accept ownership of problems and their responsibility for solving them.
• People evaluate their performance against their personal goals.
• People actively seek opportunities to improve their experience and knowledge.
• People openly discuss problems and solutions.

Principle 4: Process Approach
The desired result is effectively achieved when activities and resources are managed as a process.

Key Benefits:
- Effective use of resources results in lower costs and more efficient use of time.
- Results are improved and predictable.
- Opportunities for improvement are focused and prioritized.

Application:
- The activities necessary to obtain the desired result are systematically defined.
- Clear responsibility and accountability for managing key activities are established.
- The impact of key activities are analyzed and measured.
- Risks, consequences and impacts of activities on customers and other interested parties are evaluated.

**Principle 5: Systematic Approach to Management**

*Understanding and managing interrelated processes as a system and how that system impacts SFBHN's ability to achieve its objectives.*

Key Benefits:
- Processes are integrated and aligned in a way that will best achieve desired results.
- Management is able to focus on key processes.
- Stakeholders are confident about the consistency, effectiveness and efficiency of the organization.

Application:
- Systems are structured to achieve objectives in the most effective and efficient ways.
- Management understands the interdependence of processes and systems.
- There is better understanding of the roles and responsibilities necessary to achieve common objectives and reducing barriers.
- Management understands the capabilities of the network and establishes resource constraints prior to action.
- Management continually improves the system through measurement and evaluation.

**Principle 6: Continual Improvement**

*Continual improvement of the network’s overall performance is a permanent objective of SFBHN.*

Key Benefits:
- Improved capabilities and processes lead to better performance.
- All activities are aligned to the network's strategic intent.
- Quick and flexible responses to opportunities can be made.

Application:
- SFBHN employs a consistent organizational-wide approach to continual
improvement towards performance.
- SFBHN makes continual improvement to services, processes and systems an objective for every staff member.
- SFBHN establishes goals to guide, and measure to track continual improvement.
- SFBHN recognizes and acknowledges improvements.

**Principle 7: Factual Approach to Decision Making**

*Effective decisions are based on the analysis of data and information.*

**Key Benefits:**
- Informed decisions are made.
- The effectiveness of past decisions can be demonstrated through reference to factual records.
- There is an increased ability to review, challenge and change opinions and decisions.

**Application:**
- SFBHN ensures that data and information are accurate and reliable.
- SFBHN makes data accessible to those who need it.
- SFBHN analyzes data and information using valid methods.
- SFBHN makes decisions and takes action based on factual analysis and experience.

By dynamically integrating the four elements of CQI and keeping the principles listed above in the forefront of all operations, SFBHN and its network of providers can effectively address each opportunity that presents itself and bring about positive change to the system of care.

**Establishment of the Performance Improvement Framework:**

SFBHN uses a framework for performance improvement that is based upon approved concepts and processes. This framework will be used during transformational and improvement activities and enables SFBHN to record and replicate activities when necessary. It also allows for SFBHN to look retroactively at the original outcome when current practices have deviated from the original desired result. As such, the following diagram displays the Performance Improvement Framework of DMAIC (Design, Measure, Analyze, Improve and Control).
This improvement strategy is based on the efforts of the project teams, measurability of activities and outcomes, and training as core aspects. The following are the phases and their descriptions:

Design: Phase 1 of the process includes identifying the process that needs to be improved.

Measurements: Phase 2 focuses on identifying variables, mapping the process, conducting measurement, recording results, and estimating short and long term processes.

Analyze: Phase 3 addresses the analysis and benchmarking processes, identifying gap analysis, the use of statistical tools in order yield information to be considered.

Improvement: Phase 4 activities include the identification of the process’s performance and any needed improvements.

Control: Phase 5 and the final phase begins by documenting and monitoring the new process(es) and conditions. Depending upon the findings, the process(es) may need to be revisited and previous phases may need to be re-implemented.

Through the processes and expectations identified above, the CQI program/plan follows a systems approach to reporting, analyzing, and tracking such areas as critical incidents, gaps in services, system wide training needs, areas for corrective action, improved outcomes and performance, grievance and complaint resolution, and necessary or needed training is provided accordingly.