



## **Continuous Quality Improvement (CQI) Committee**

**October 19, 2021 | 9:30 am – 11:00 am**

**BBHC- MS Teams**

**Join Microsoft Teams Meeting**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_YTk4ZThlNjltODg0NC00NmQ1LWJmODctZWFiNWQ2ODRjOGQ2%40thread.v2/0?context=%7b%22id%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22oid%22%3a%22f319c377-5d75-4795-90f5-ac3faf934d56%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTk4ZThlNjltODg0NC00NmQ1LWJmODctZWFiNWQ2ODRjOGQ2%40thread.v2/0?context=%7b%22id%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22oid%22%3a%22f319c377-5d75-4795-90f5-ac3faf934d56%22%7d)

### **AGENDA**

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- 1. Welcome & Introductions**
- 2. Approval of Minutes from September 21, 2021**
- 3. Activity/Icebreaker- Video**
- 4. CQI Updates:**
  - CQI 1<sup>st</sup> Quarter Report
  - Performance Measures
  - Consumer Satisfaction Surveys
  - Monitoring
- 5. IRAS Updates**
  - Reportable vs. Non-reportable Incidents
  - IRAS Critical Incident Reporting Line: 954-312-0404  
Email: [Incidentreporting@bbhcflorida.org](mailto:Incidentreporting@bbhcflorida.org)
- 6. Next Meeting Agenda Suggestions**
- 7. Announcements**

**Next Meeting:** Tuesday, November 16, 2021 from 9:30 am -11:00 am



## **Clinical / Continuous Quality Improvement (CCQI) Committee**

**September 21, 2021 | 9:30 a.m. – 11:00 a.m.**

**Virtual Meeting via Microsoft Teams**

### **MINUTES**

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**Attendance:** Abby Mosher (Tomorrow's Rainbow), Aileen Turner- Nestor (Archways), Alicia Abdulla (Broward Health), Andrea Jacques (Chrysalis), Carmen Cantero (Citrus Health), Carol Lazarus (Broward Partnership), Claudia Paez (Harmony), Cristina Garcia-Menocal (Fellowship House), Donnalina Deliazar (House of Hope), Doris Rivas (Broward County), Daisha Vargas (Broward House), Eva Santiago Reed (Smith), Hugo Rocchia (Care Resource), Jacqueline Vega (Henderson), Jamie Powers (Broward House), Jennifer Branham (Carisk), Justin Cummings (BSO), Jessie Cardoza (Broward House), Jessica Maza (Broward Partnership), John Baumgartner (Broward House), Kristen Guerrise (Broward Housing Solutions), Karen Whyte (Broward House), Kendra Williams (Broward Partnership), Lee Greenstein (Henderson), Mary Carmody (Kids Inc.) (Marie Fairchild (Archways), Maria Dominguez (Memorial), Megan Betancourt (Banyan), Melina Visser (Citrus), Michele Disorbo (Camelot), Nicole Morin (DCF), Norma Wagner (DCF), Patricia Jones (Covenant), Paul Jaquith (Mental Health Association), Shirley Murdock (Carisk), Sean Kane (BARC), Sandra Ammons (BPHI), Sandra Cumper (NAMI), Tamika McBride (Broward County), Tania Hamilton (Gulf Coast Jewish Family & Community Services), Tonyetta Fice (Gulf Coast Jewish Family and Community Services), Valoria Thomas (Broward House), Veronica James (Our Children Our Future)

**BBHC Staff:** Areeba Johnson (Clinical Quality Improvement Coordinator), Amelia Benson (Program/Contract Monitor), Caren Longworth (Quality Improvement Manager), Danica Mamby (Director of Administration), Jacinth Johnson (Data Contract Manager), Stefania Pace, (Executive Assistant), Zakiya Drummond (Program/Contract Monitor)

#### **Welcome & Introductions**

Ms. Areeba Johnson called the meeting to order at 9:35 a.m. Attendance was taken via Microsoft Teams (electronically).

#### **Approval of Minutes**

Ms. Lee Greenstein made a motion to approve the minutes for the August 24, 2021 meeting. The motion was seconded by Ms. Patricia Jones and the minutes were unanimously approved.

#### **Activity/Ice Breaker**

Ms. Areeba Johnson presented a video by Ms. Oprah Winfrey stating affirmations on how to get to the meaning and purpose of life through patience.

#### **CQI Updates**

- **CQI Annual Report FY 20-21**

Ms. Caren Longworth presented the CQI Annual Report for FY 2020-21 and provided a summary of the Consumer Satisfaction Summaries, Secret Shopper Summaries, Performance



Measures, and BBHC's participation in ROSC were reviewed. The providers were also reminded to update their CLC plans annually.

Ms. Longworth reported the number of Complaints and Grievances for FY 20-21 was a total of ten (10) complaints. Five (5) complaints were regarding services not adequately received, two (2) complaints were regarding access to services, two (2) complaints were due to HIPAA violations and (1) was due an unreported assault.

Ms. Longworth reviewed and discussed incident reporting, and a total of (77) incidents were reported during the 4<sup>th</sup> quarter; (11) deaths; (29) elopements; (3) employee misconduct; (15) others; (17) significant injuries; and (2) suicide attempts. In addition, Ms. Longworth also reviewed the Mortality Review for FY 2020-21.

- **Performance Measures**

Ms. Longworth discussed the performance measures while going over the CQI Annual Report. All data performances measures were passing at the end of FY 20-21.

- **Consumer Satisfaction Surveys**

Ms. Longworth discussed the Consumer Satisfaction Surveys for FY 20-21 overall score for the network was 87%, the goal for the next fiscal year is to achieve over 88%. The providers were reminded of the recent changes to Pamphlet 155-2 Appendix, 4 Community Persons Served Satisfaction Survey (CPSSS), the survey questions for adults are 11 questions and (7) for children. Ms. Longworth reported a total of 197 CPSS surveys were received for this fiscal year thus far.

- **ROSC Monitoring**

Ms. Areeba Johnson presented a PowerPoint on the guidelines for the ROSC monitoring, to provide directions and recommendations on how to implement ROSC practices within the provider network.

- **Escalated Reporting Process for Serious Incidents**

Ms. Johnson discussed the memo DCF sent out regarding the reporting process for incidents of death and violent crimes. Instead of reporting the incident within in 24 hours on a business day, any death or violent crime must be reported immediately, which includes after-hours, nights, weekends, and holidays. Any questions or concerns regarding the new protocol will be relayed to DCF.

#### **IRAS Updates**

IRAS Critical Incident Reporting Line: 954-312-0404 / Email: [Incidentreporting@bbhcflorida.org](mailto:Incidentreporting@bbhcflorida.org)

**Next Meeting Agenda Suggestions – None**

**Announcements - None**

**Next Meeting: Tuesday, October 19, 2021 from 9:30 a.m. -11:00 a.m.**



**Continuous Quality Improvement (CQI)  
1st Quarter Report - FY 21-22**

<b>Report Date</b>	October 14, 2021
<b>Review Period</b>	July - September 2021
<b>BBHC CQI Staff</b>	Caren Longsworth, LCSW – Quality Improvement Manager Areeba Johnson, LCSW – Continuous Quality Improvement Coordinator Zakiya Drummond, MSW – Program/Contract Monitor Amelia Benson, MHC – Program/Contract Monitor
<b>Report Reviewed &amp; Approved by</b>	Danica Mamby – Director of Administration (Oversees the CQI Department)

**Scope/Purpose:**

The 1<sup>st</sup> Quarter Continuous Quality Improvement (CQI) Report is a summary of all CQI activities and reporting in the Quarter being reported. During the 1st Quarter of Fiscal Year (FY) 21-22, BBHC's CQI Department has conducted the following functions:

1. Processed electronic submission of Consumer Satisfaction Surveys for the 1<sup>st</sup> Quarter
2. Updated for FY 21-22 the Cultural Competency and Diversity Initiative (formerly the Cultural and Linguistic Competency Initiative) –
3. Investigated the Complaints & Grievances received by BBHC
4. Updated for FY 21-22 the Recovery Oriented System of Care (ROSC) Action Plan –
5. Provided oversight of the Secret Shopper Initiative
6. Reviewed Performance Measures for accuracy
7. Managed the tracking and follow-up of Incident Reports (IR)
8. Conducted Contract Accountability Review Monitoring
9. Provided technical assistance to Network Providers
10. Policies and Procedures were reviewed and updated
11. Updated for FY 21-22 the CQI Workplan –
12. Prepared for CARF Survey

**Documents Reviewed:**

During the preparation of this report, the following documents were reviewed:

1. Department of Children and Families (DCF) Community Person Served Satisfaction Surveys (CPSSS)
2. Cultural Competency and Diversity Plan for FY 21-22
3. ROSC Plan for FY 21-22
4. 1<sup>st</sup> Quarter Complaint & Grievance Log
5. Secret Shopper calls reviewed
6. Performance Measures
7. 1<sup>st</sup> Quarter Incident Reporting Report Tracking Log
8. Contract Monitoring Schedule
9. CAR Monitoring Reports
10. CARF Behavioral Health Standards Manual, CARF Standards Manual Supplement for Networks and Standard Workbook for Unaccredited Participating Providers

**Summary:**

**DCF Consumer Person Served Satisfaction Surveys**

During the 1<sup>st</sup> Quarter of FY 21-22, BBHC received a total of 717 completed surveys. In August of 2021, DCF released the revised satisfaction survey. For adults, the questions were reduced from thirty-one (31) to eleven (11), and for children they were reduced from twenty-seven (27) to seven (7). Per DCF’s directive, the site to submit electronic surveys was moved from BBHC’s Survey Monkey platform to the DCF’s platform. Prior to the directive from DCF, there were several Providers who submitted surveys in Survey Monkey or via paper format.

For the 1<sup>st</sup> quarter of FY 21-22, the satisfaction rate for adult services was 88%, and the satisfaction rate for children was 90%. Most respondents agreed or strongly agreed that the services they received were helpful. Table 1 below shows the rates separated into the survey domains for adults. Table 2 shows the rates separated into the survey domains for children.

**Table 1 – Adult Domains**

General Satisfaction		Access to Care		Appropriateness/ Quality of Care		Outcome of Care		Involvement in Treatment		Social Connectedness		Functional Satisfaction	
4.29	86%	4.41	88%	4.44	89%	4.40	88%	4.40	88%	4.29	86%	4.40	88%

**Table 2 – Child Domains**

General Satisfaction	Access to Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.51	4.45	4.44	4.67	4.62	4.48
90%	89%	89%	93%	92%	90%

**Cultural Competency and Diversity Initiative**

Broward Behavioral Health Coalition (BBHC) is committed to maintaining the value of cultural competency at the forefront of our daily interactions with children, youth, young adults, and families, as well as with system partners and service providers. We are committed to action from all System of Care partners that is directed and focused. BBHC staff created the Cultural Competency and Diversity Initiative Plan, formerly known as the Cultural and Linguistic Competency Initiative, for FY 21-22. The objectives continue to focus on creating and sustaining culturally competent services throughout the BBHC Provider Network.

**Complaints and Grievances**

During the 1<sup>st</sup> Quarter of FY 21-22, BBHC received five (5) complaints.

- Complaint 1 alleged that medication and money from two persons served were stolen at a facility and the staff did nothing to help. The complainant did not notify the provider’s management staff about the alleged thefts. When the allegation was made to BBHC the complainant expressed their desire to remain anonymous. BBHC investigated the matter, and the complaint could not be substantiated and was closed.
- Complaint 2 alleged that staff at a program demeaned her and she was discharged from the program without cause. The Provider staff reported that the complainant was discharged from the program following several episodes of disruptive and verbally abusive behavior. The incident logs were provided which substantiated the Provider’s report and attempts to work with the

complainant. BBHC staff was unable to contact the complainant to follow up. Based on the review of documentations requested from the provider and the fact that complainant could not be reached, the complaint could not be substantiated and was closed.

- Complaint 3 alleged that a person served was unfairly treated and discharged from a program. BBHC staff received progress notes and the incident report log that described several altercations that the complainant had with individuals at the program. The complainant was discharged following an altercation with another person served that resulted in law enforcement involvement. Based on the review of documentations requested from the Provider, the complaint of unfair treatment could not be substantiated and was closed.
- Complaint 4 alleged that they were being mistreated at a facility by the staff and being discriminated against due to his race. The complainant further alleged that medication was withheld by the facility, staff were not following COVID-19 safety protocol, and they were being charged for their treatment at the facility. BBHC staff requested and received documentation from the Provider regarding the complainant's treatment, as well as the Providers safety protocol and procedures. At the time of this report, this complaint remains open.
- Complaint 5 alleged that the person served was mistreated by a staff member at a facility. The complainant reported that he left the facility and was admitted to another program. At the time of this report, the complaint was open as BBHC staff continues to obtain information about the complaint.

## **ROSC**

ROSC is a value-driven framework to guide systems transformation. This involves a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery, and structuring behavioral health systems. The network of services both formal and informal are developed and mobilized to sustain long-term recovery for individuals and families impacted by behavioral health disorders.

CQI staff continue to attend ROSC statewide and regional calls. BBHC staff are collaborating with the DCF Recovery Oriented System of Care Quality Improvement (ROQI) Peer Specialist to conduct ROSC monitoring for Network Provider to determine their implementation of ROSC principles, to review the ROSC Self-Assessment Provider Tool (SAPT), as well as the Recovery Self-Assessments (RSA) completed by persons served.

## **Secret Shopper Initiative**

BBHC continues to manage the Secret Shopper Initiative, which was created to identify opportunities for system of care improvement. This initiative is focused on ensuring that front door staff, receptionists, and generally those who answer phone calls of individuals seeking services and information about services are knowledgeable about what services are available, provide a welcoming and encouraging environment, and do not discourage services based on ability to pay or other factors. Additionally, this initiative is to ensure the BBHC network providers have implemented a "No Wrong Door" policy.

During the 1<sup>st</sup> Quarter of FY 21-22, thirty-three (33) Network Providers received secret shopper calls. Seventy-eight percent (78%) of the calls made to Network Provider agencies resulted in a pleasant and informative experience for the secret shoppers. During those calls, if the agency did not provide the service needed, referral information for 211 and other agencies was given to the secret shoppers. There were three calls in which the secret shopper left a message and did not receive a call back. There was one call in which the staff who answered the phone was dismissive to the secret shopper and did not provide information.

## Performance Outcomes Measures (POM) Activities

BBHC continues to engage in data quality validation. The process includes review of all data submitted to the Provider Portal to identify potential coding and/or data errors, along with programmatic/clinical reviews. At the close of the 1<sup>st</sup> Quarter of FY 21-22, the BBHC network was attaining and/or surpassing all performance measures, in which data was calculated. Table 3 shows the BBHC Network measures at the end of the 1<sup>st</sup> quarter

**Table 3 – Performance Measures**

Measure	Description - BBHC Network 9.30.2021	Program	Program Type	Score	Target	Result
M0003	Average annual days worked for pay for adults with severe and persistent mental illness	Adult	Mental Health	83.32	40	Pass
M0703	Percent of adults with serious mental illness who are competitively employed	Adult	Mental Health	50.00%	24.00%	Pass
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	Adult	Mental Health	92.00%	90.00%	Pass
M0743	Percent of adults in forensic involvement who live in stable housing environment	Adult	Mental Health	83.00%	67.00%	Pass
M0744	Percent of adults in mental health crisis who live in stable housing environment	Adult	Mental Health	89.00%	86.00%	Pass
M0753	Percentage change in clients who are employed from admission to discharge	Adult	Substance Abuse	17.00%	10.00%	Pass
M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	Adult	Substance Abuse	-100.00%	15.00%	Pass
M0755	Percent of adults who successfully complete substance abuse treatment services	Adult	Substance Abuse	73.00%	51.00%	Pass
M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	Adult	Substance Abuse	97.00%	94.00%	Pass
M0012	Percent of school days seriously emotionally disturbed (SED) children attended	Children	Mental Health	N/A	86.00%	n/a
M0377	Percent of children with emotional disturbances (ED) who improve their level of functioning	Children	Mental Health	N/A	64.00%	n/a
M0378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	Children	Mental Health	N/A	65.00%	n/a
M0778	Percent of children with emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	100.00%	95.00%	Pass
M0779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	Children	Mental Health	100.00%	93.00%	Pass
M0780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	N/A	96.00%	n/a
M0725	Percent of children who successfully complete substance abuse treatment services	Children	Substance Abuse	N/A	48.00%	n/a
M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	Children	Substance Abuse	N/A	20.00%	n/a
M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	Children	Substance Abuse	N/A	93.00%	n/a

## Incident Reporting

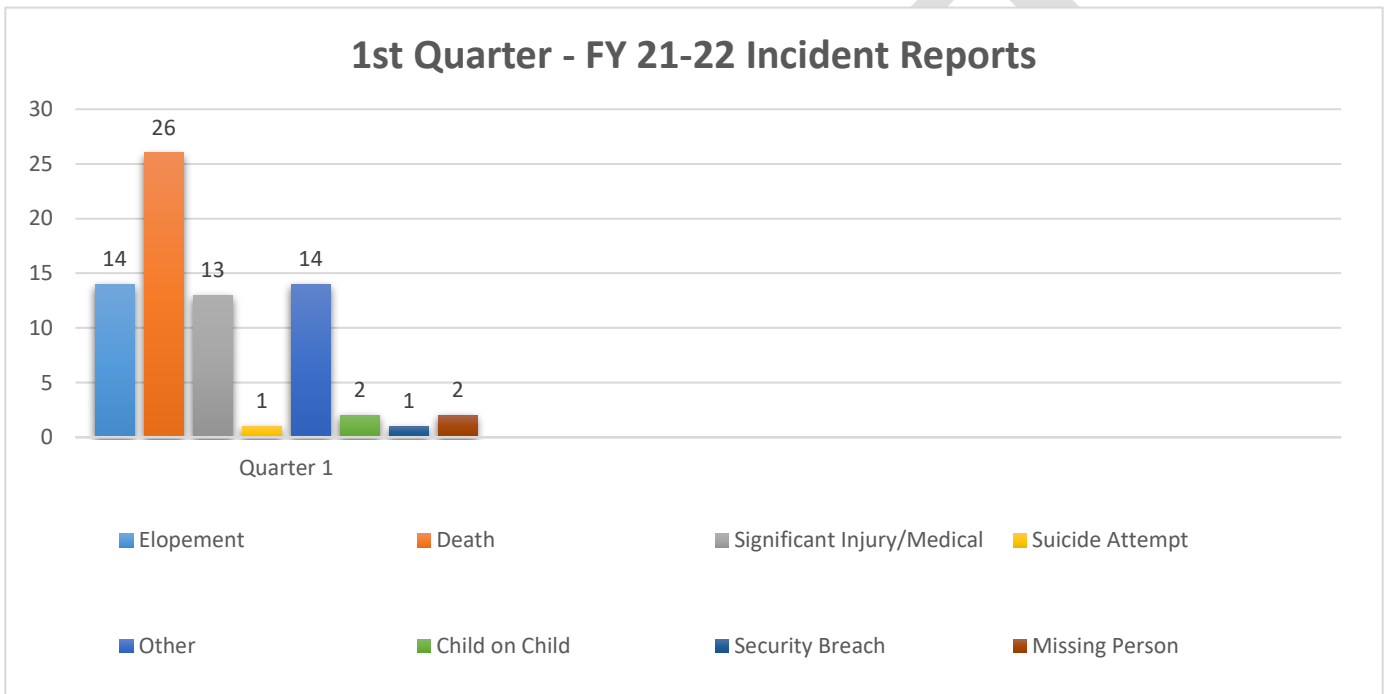
BBHC's CQI staff meet weekly to review new and pending incident reports. The CQI Coordinator contacts providers to obtain information about incidents reported to the IRAS system. During the 1<sup>st</sup> quarter of FY 21-22, BBHC CQI staff followed up on all incident reports and received detailed information from network Providers.

There were seventy-three (73) reported incidents during the 1<sup>st</sup> Quarter of FY 21-22:

- *Death (26)* \*Please see the Mortality Review section for details.
- *Other (14)* \*Reports made as other consisted of Baker Acts, person served arrests, drug overdoses, child abuse report, emergency medical care, indecent exposure, and person-served relapse.
- *Elopement (14)*
- *Significant Injury (13)*
- *Child on Child Sexual Abuse (2)*
- *Missing Child (2)*
- *Security Breach (1)*
- *Suicide Attempt (1)*

Table 4 provides a baseline for FY 21-22 and includes data analysis for July 2021 – September 2021, by number, and type of incident. For the 1<sup>st</sup> quarter of FY 21-22, of particular concern was that the number of deaths, significant injuries, and other reports that were related to drug overdoses. There were nine (9) fatalities from drug overdose, and six (6) non-fatal drug overdoses reported during this period. Prevention efforts will be discussed with Network Providers during the next CQI Committee meeting. This issue was present during the last fiscal year and a Harm Reduction training was provided at the CQI Committee meeting in June of 2021.

**Table 4 – Incident Reports**



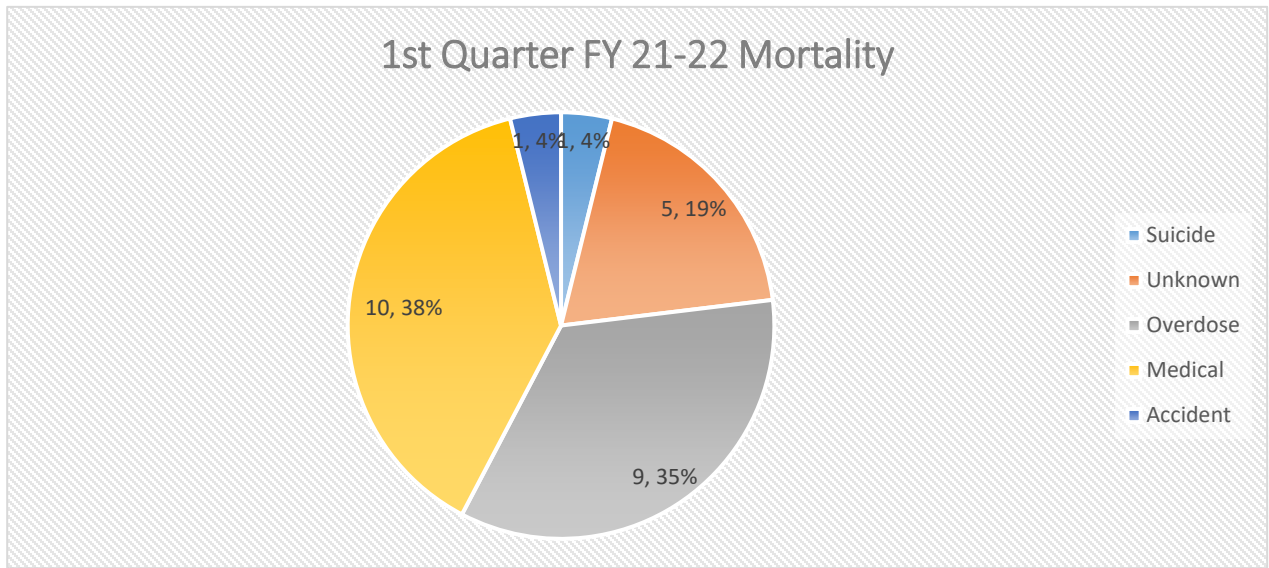
**Mortality Review**

During the 1<sup>st</sup> quarter of FY 21-22, there were twenty-six (26) deaths reported by BBHC Network Providers, as illustrated in Table 5. Ten (10) deaths were related to medical conditions such as cancer, COVID 19 complications, heart failure, and other medical illnesses. One (1) death was related to a car accident. One (1) death was related to suicide. Nine (9) deaths were related to drug overdoses, and the cause of five (5) deaths was unknown at the time of this report. BBHC is awaiting reports from the Medical Examiner’s Office being obtained by Providers. Table 5 shows the number for each incident report category and provides a baseline for FY 21-22.

Network Providers who had persons served die from drug overdoses were contacted to discuss efforts being made to prevent drug overdoses, including linkage to additional supports, MAT services, and providing Narcan to persons served. Another Harm Reduction training will be provided for Network Providers and prevention efforts will be regularly discussed during CCQI meetings.



**Table 5 – Mortality Reports**



**Contract Monitoring**

Contract Monitoring is a tool utilized to ensure contract compliance on an annual and an as needed basis in accordance with the established procedures and standards for all programs and services within the BBHC Provider Network. Reviews are conducted at least annually to ensure Providers are adhering to uniform procedures, delivering services in accordance with applicable federal and state laws, rules, and regulations; pursuant to the terms and conditions of the Provider’s contract with BBHC; and are following the policies and procedures established by BBHC and DCF.

During the 1<sup>st</sup> quarter of FY 20-21, two (2) virtual on-site monitoring’s were conducted. Common themes found in CAR monitoring during the past year were low service validation rates, treatment and/or service plans not signed and/or countersigned, staff not completing required training, expired background screening, and late I9 forms. Corrective Action Plans (CAPs) resulting from the findings will be monitored by BBHC. Any CAPs carried over from the last fiscal year will be reviewed to determine if the finding has been corrected and can be closed.

**CQI-related Technical Assistance, Training & Other Quality Activities**

BBHC CQI staff continues to provide technical assistance and trainings to the provider network and BBHC staff. During the August CQI Committee meeting, 211 and the Center for Hearing and Communication presented information about their services to committee members.

Prepared By:	Caren Longworth, LCSW
Title:	Quality Improvement Manager
Final Date:	10/14/2021