Continuous Quality Improvement (CQI) Committee
October 18th, 2022 | 9:30 am – 11:00 am
BBHC- MS Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MWViNjk0MTAtNjc3Ny00ZmU1LThlYTMtZTBjMWE1N2Y2YmNm%40thread.v2/0?context=%7b%22Tid%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22Oid%22%3a%22c21a5b4a-8413-4e49-b3cd-1515692c3561%22%7d

AGENDA

1. **Welcome & Introductions**

   ➢ Name and agency in the chat box for attendance purposes.

2. **Ice Breaker – Dog Compilation/ Dogs in Costumes**
   ➢ https://www.youtube.com/watch?v=QX_noXGYCGk

3. **Presentations:**

   ➢ **Misty Eyez Alicea (SunServe) –** Language Matters Flashcards.
   ➢ **Neil Mairansky and Michelle Krichbaum (Broward Health)** – Outpatient MAT Program Overview.
   ➢ **Caren Longsworth (BBHC) –** Fiscal Year 22-23 First Quarter CQI Summary.

4. **Provider Needs or Comments:**

5. **Reminders:**
   ➢ IRAS Critical Incident Reporting Email: Incidentreporting@bbhcflorida.org or call BBHC CQI Manager Caren Longsworth at 954-882-3867 or CQI Coordinator Lucia Garcia at 954-557-4767.
   ➢ All providers have been sent their most recent survey numbers, up until September 30th. Community Person Served Satisfaction Survey's Second Quarter surveys are due by December 31st.
      o CPSSS Link: https://floridadcf.iad1.qualtrics.com/jfe/form/SV_bmdzwmZQH1cMXSS
      o Please ensure that all questions are answered in these surveys. We have received survey information missing the program area, provider name, and adult or child survey information.

6. **PSA Video –** Young People Are Being Targeted 'Rainbow Fentanyl,' DEA Warns

   ➢ https://www.youtube.com/watch?v=HPPHui9-148

7. **Next Meeting Agenda Suggestions:**
   ➢ information regarding Youth Case Management collaboration and transition between BBHC and Henderson Behavioral Health and the process.

8. **Announcements**
   Next Meeting: Tuesday, November 15th, 2022, from 9:30 am -to 11:00 am.

Clinical/Continuous Quality Improvement (CQI) Committee
September 20th, 2022, | 9:30am – 11:00am
Virtual Meeting via Microsoft Teams

MINUTES

Attendance: Andrea Rapoli (Chrysalis), Annika Cooke, Barbara Harmon (Foot Prints to Success), Carl Falconer (TaskForce), Carol Loman (Henderson), Christine Fabrico, Cristina Garcia-Menocal (Fellowship House), Darline Jean (Broward Partnership), Doris Rivas (Broward Addiction Recovery Center), Ellianna Dorvil (Broward Partnership), Emma Munoz (Citrus), Illene Greenberg (Silver Impact), Jacob Torner, Janessa Dominguez (Shaping Change), Jessica Maza (Broward Partnership), Jevhky Mocombe (Kids in Distress), Justin Cummings (Broward Sheriff's Office), Kat Campbell (Silver Impact), Kathleen Bente (Department of Children and Families), Kendra Williams (Broward Partnership for the Homeless), Latrice Richards (United Way of Broward County), Laura Diaz de Arce (Mental Health America of Southeast FL), Lee Greenstein (Henderson), Luis Vazquez (Broward Health), Margaret DeCambre, Marie Fairchild (Archways), Michelle Disorbo (Camelot), Michelle Krichbaum (Broward Health Medical Center), Miluse Campian (Fellowship House), Neil Miransky (Broward Health), Nelson Bogren (Covenant House), Nicole Morin (Department of Children and Families), Norma Wagner (Department of Children and Families), Olga Bast (Broward County Evaluation and Planning), Paul Jaquith (Mental Health America), Pilar Dominguez (Memorial Healthcare), Rory Levine (The Village), Sarah Cummings (Broward Sheriff's Office Juvenile Assessment Team), Sean Kane (Broward Addiction Recovery Center), Sharon Blair-Moxam (Broward Health Medical Center), Sherly Constant (Care Resource), Shirley Murdock (Carisk), Tamika McBride (Elderly and Veterans Services Division), Tania Hamilton (Gulf Coast Jewish Family and Community Services), Tom Campbell (Broward Partnership for the Homeless), Tonyetta Fice (Gulf Coast Jewish Family and Community Services), Trifina Jonas (Broward Health), Vanessa Major (Broward Addiction Recovery Center) William Card (Banyan Health), Yanique Taylor (Tomorrow's Rainbow)

BBHC Staff: Amelia Benson (Program/Contract Manager), Caren Longsworth (Quality Improvement Manager), Danica Mamby (Director of Administration), Jacinth Johnson (Data Contract Manager), Lucia Garcia (CQI Coordinator), Nylah Cunningham (Administrative Assistant), Stefania Pace (Executive Administrative Assistant), Takisha DuPree (Program/Contract Monitor), Zakiya Drummond (Program/Contract Monitor)

Welcome & Introductions
Ms. Lucia Garcia called the meeting to order at 9:32 a.m. Attendance was taken electronically via Microsoft Teams.

Approval of Minutes from August 23, 2022
Mr. Paul Jaquith motioned to approve the meeting minutes for the August 23rd, 2022, meeting. The

motion was seconded by Ms. Emma Munoz.

Video – *Voices: September is Suicide Awareness Month*
Ms. Lucia Garcia presented a video covering the importance of suicide prevention and intervention in honor of Suicide Awareness month. The video also discussed the cultural aspect and stigma surrounding suicide.

Presentations:
Nicole Morin (DCF) – Recovery Oriented System of Care (ROSC) Overview
- Ms. Nicole Morin presented a PowerPoint explaining the importance of recovery, the purpose of ROSC monitoring, and the language surrounding addiction and mental health.
- For questions, providers are encouraged to call Ms. Morin at (561) 512 – 3947 or email Ms. Morin at nicole.morin@myflfamilies.com

Dr. Janessa Dominguez (Shaping Change LLC) – Crisis De-Escalation Overview
- Dr. Janessa Dominguez gave an oral presentation explaining what a crisis is, the language surrounding behavior, methods of crisis de-escalation, and why consistency is key in establishing strategies and a treatment plan.
- Dr. Dominguez advised that Shaping Change is currently accepting referrals for new clients. For questions, call (954) 589 – 1038 or email at info@shaping-change.com

Provider Needs or Comments:
None.

Reminders:
- Ms. Caren Longsworth reminded providers of the upcoming Consumer Advisory Council meeting on Tuesday, October 11th, 2022. The meetings are held virtually the second Tuesday of every month. For the meeting link, please email Ms. Longsworth at clongsworth@bbhcflorida.org
- Ms. Longsworth informed providers that monitorings have begun for the 2022-23 fiscal year. Providers were advised to review their monitoring reports and desk reviews from the last fiscal year.
- Ms. Longsworth reminded providers to regularly review their performance measures in the Carisk app.
- IRAS Critical Incident Reporting Email: Incidentreporting@bbhcflorida.org or call BBHC CQI Manager, Ms. Caren Longsworth at 954-882-3867 or CQI Coordinator, Ms. Lucia Garcia at 954-557-4767.
- All providers were sent their most recent survey numbers, up until September 2nd. The Community Person Served Satisfaction Surveys for the first quarter are due by September 30th.
  - CPSSS Link:
    https://floridadcf.iad1.qualtrics.com/jfe/form/SV_bmdzwmZQH1cMXSS
  Providers were also reminded to complete every answer on the surveys. Some of the surveys submitted have been incomplete, missing information such as the program area,

provider, and name.

Next Meeting Agenda Suggestions:

- Ms. Sarah Gillespie Cummings from BSO requested information regarding Youth Case Management collaboration and transition between BBHC and Henderson Behavioral Health and the process.

Announcements

None.

Next Meeting: Tuesday, October 18th, 2022, from 9:30 a.m. to 11:00 a.m.

Continuous Quality Improvement (CQI)
1st Quarter Report - FY 22-23

Report Date	October 12, 2022
Review Period	July - September 2022
BBHC CQI Staff	Caren Longsworth, LCSW – Quality Improvement Manager Lucia Garcia, MS – Continuous Quality Improvement Coordinator Zakiya Drummond, MSW – Program/Contract Monitor Amelia Benson, MS – Program/Contract Monitor TaKisha DuPree, MS – Program/Contract Monitor
Report Reviewed & Approved by	Danica Mamby – Director of Administration (Oversees the CQI Department)

Scope/Purpose:

The 1st 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) 2022-2023, BBHC's CQI Department has conducted the following functions:

1. Processed electronic submission of Community Person Served Satisfaction Surveys for the 1st Quarter
2. Updated for FY 2022-2023 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 2022-2023 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 2022-2023 the CQI Workplan

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 2022-2023
3. ROSC Plan for FY 2022-2023
4. 1st Quarter Complaint & Grievance Log
5. Secret Shopper calls reviewed
6. Performance Measures
7. 1st Quarter Incident Reporting Report Tracking Log
8. Contract Monitoring Schedule
9. CAR Monitoring Reports

Summary:

DCF Consumer Person Served Satisfaction Surveys

During the 1st Quarter of FY 2022-2023, BBHC received a total of 1079 surveys. In July of 2022, DCF released a revised satisfaction survey. For adults, the questions were increased from eleven (11) to fourteen (14), and for children they were increased from seven (7) to eight (8). The questions were simplified to help ensure that consumers can understand them. Surveys are being collected on the DCF survey platform and survey results are disseminated to the managing entity.

For the 1st quarter of FY 2022-2023, the satisfaction rate for adult services was 86%, which is a 1% decrease from the overall satisfaction rate for FY 2021-2022. The satisfaction rate for children was 85%, which is a 3% decrease from the overall satisfaction rate for FY 2021-2022. This information will be presented and discussed at the next CQI Committee meeting.

Table 1 below shows the overall satisfaction rates separated into the survey domains for adults. Table 2 shows the overall satisfaction rates separated into the survey domains for children. Most respondents agreed or strongly agreed that the services they received were helpful. For adults who are receiving substance abuse and/or mental health services, social connectedness had the lowest satisfaction percentage. For children receiving substance abuse and/or mental health services, social connectedness and functional satisfaction had the lowest satisfaction percentages.

Table 1 – Adult Domains

Adult Mental Health: Total Surveys – 518 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.32	4.38	4.40	4.40	4.32	4.10	4.29
86.4%	87.6%	88%	88%	86.4%	82%	85.8%

Adult Substance Abuse: Total Surveys – 285 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.32	4.38	4.40	4.40	4.33	4.11	4.3
86.4%	87.6%	88%	88%	86.6%	82%	86%

Table 2 – Child Domains

Child Mental Health: Total Surveys – 181 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.33	4.4	4.6	4.3	4.34	4.04	4.13
87%	88%	92%	86%	87%	81%	83%

	Child Substance Abuse: Total Surveys – 95 = 84%					
General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.22	4.25	4.52	4.24	4.33	3.98	3.96
84%	85%	90%	85%	86.6%	79.6%	79.2%

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, 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 updated the Cultural Competency and Diversity Initiative Plan for FY 2022-2023 and will continue to provide and/or sponsor culturally diverse training and initiatives to sustain the plan. BBHC will ensure that the CLAS standards are maintained. During Contract Accountability Review monitoring, BBHC will review Cultural Competency and Diversity Plans for network providers and ensure that the plans have been implemented and maintained.

Complaints and Grievances

During the 1st Quarter of FY 2022-2023, BBHC received three (3) complaints. BBHC staff investigated all complaints.

Complaint #1 – BBHC received a complaint alleging that internal fraud occurred at a network provider's agency which disrupted the operations of their services. This allegation was not founded; however, recommendations were made for incident reporting training, staff training for the submission of invoices, and policy updates.

Complaint #2 – BBHC received a complaint alleging that staff employed by a network provided was exhibiting unprofessional behavior toward a person served and a community provider. There were no findings identified. The network provider volunteered to provide customer engagement training as well as de-escalation training for all staff.

Complaint #3 – BBHC received a complaint alleging unsafe conditions and the presence of illicit drugs at a network provider facility. These allegations were unfounded; however, recommendations were made to improve the operation of the facility.

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.

BBHC staff work closely with the DCF Recovery Oriented System of Care Quality Improvement Specialist and the DCF Statewide Recovery Integration Specialist (ROQI) to improve recovery services offered in Circuit 17. During this quarter, one network provider was monitored for ROSC implementation by the ROQI. BBHC staff attended various ROSC meetings, including a strategic planning meeting which was focused on improving peer services as well as training and support to recovery organizations throughout the state. In addition, BBHC network providers were asked to

complete the annual ROSC Self-Assessment Provider Tool (SAPT). The results were pending at the time of this report.

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 1st Quarter of FY 2022-2023, thirty-seven (37) network providers received secret shopper calls. Ninety-five percent (95%) of the calls made to network providers were pleasant and informative for the secret shopper, which represents an increase from seventy percent (70%) during the last fiscal year. Providers are reminded to ensure staff who answer phone calls provide their name to all callers. Furthermore, all network providers are encouraged to become more knowledgeable about community resources and alternate providers in the community that could assist individuals with services unable to be provided by their agency.

Performance Outcomes Measures (POM) Activities

BBHC staff reviews all data submitted to the Provider Portal to identify potential coding and/or data errors, along with programmatic/clinical reviews. Technical assistance has been given to providers in need. As of October 11, 2022, the BBHC network was attaining and/or surpassing all performance measures, for which data was calculated. Table 3 shows the most current BBHC Network performance measures:

Table 3 – Performance Measures

Measure	Description - BBHC Network 10.11.22	Program	Program Type	Score	Target	Result
M0003	Average annual days worked for pay for adults with severe and persistent mental illness	Adult	Mental Health	63.88	40	pass
M0703	Percent of adults with serious mental illness who are competitively employed	Adult	Mental Health	38.00%	24.00%	pass
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	Adult	Mental Health	98.00%	90.00%	pass
M0743	Percent of adults in forensic involvement who live in stable housing environment	Adult	Mental Health	90.00%	67.00%	pass
M0744	Percent of adults in mental health crisis who live in stable housing environment	Adult	Mental Health	97.00%	86.00%	pass
M0753	Percentage change in clients who are employed from admission to discharge	Adult	Substance Abuse	10.00%	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	66.00%	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	95.00%	86.00%	pass

	M0377	Percent of children with emotional disturbances (ED) who improve their level of functioning	Children	Mental Health	N/A	64.00%	no data	
	M0378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	Children	Mental Health	N/A	65.00%	no data	
	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%	no data	
	M0725	Percent of children who successfully complete substance abuse treatment services	Children	Substance Abuse	N/A	48.00%	no data	
	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%	no data	
	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%	no data	

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 1st quarter of FY 2022-2023, BBHC CQI staff followed up on all incident reports and received detailed information from network Providers. There were seventy-five (75) reported incidents during the 1st Quarter. Table 4 provides the list and numbers of incidents reported. There were thirty-six (36) Elopements reported in this quarter, which represents most incident reports made. Deaths was the next highest category of incident reports made, with fifteen (15) deaths were reported this quarter. A detailed report of deaths is included in the mortality section of this report.

Regarding elopements, four (4) of the thirty-six (36) persons served returned to treatment. BBHC staff contacted four providers who had the most elopements to obtain an analysis of the elopements and what efforts are being made to decrease them. Each provider provided a summary of their findings.

Provider 1 – this provider reported 13 elopements. The provider reported that they track, trend, and analyze a variety of data elements pertaining to risk, safety, and security. Treatment program outcomes are a significant measure, and the provider strives to be as proactive as possible in their approaches, to not only mitigating negative outcomes but also in identifying positive practices to build on. The provider continuously tracks negative outcomes such as clients leaving against medical advice (AMA) or elopements. The provider is providing additional training to all milieu staff (Substance Abuse Case Workers, Peers, Mental Health Specialists, Drivers, etc.) in the form of a 2-hour program specifically geared to topics that can reduce the likelihood of AMAs and elopements, as well as other potential negative outcomes. While this provider's services are voluntary and do not include secure transport, they have identified the fact that some clients have been transported to appointments and left at the appointment location without staff presence, for the duration of their appointment, until pick up to return to the center. This was done only for clients that didn't present an immediate risk that would require constant staff presence. They have changed that process to identify clients who are participating in services under a civil, criminal, drug offender or child welfare case plan or court order/mandate, to now have constant staff presence and monitoring for the entirety of their appointments. The provider's staff have received additional training in incident classification and an additional classification (Elopement-Court Ordered) was added to their incident report form. The provider now collects and distributes a weekly discharge report specifically geared to identity and track discharge outcomes. Finally, the provider will be adding Care Coordination Services to our continuum. One of the goals of this is to proactively provide peer and professional

recovery engagement to clients who present the highest risk of needing to reenter high level services.

Provider 2 – this provider reported 10 elopements. The provider reported that they provide a welcoming environment upon admission; staff spending a lot of time 1:1 with new clients. Connecting them with a meaningful daytime activity as soon as possible to minimize down time and get them engaged in treatment as soon as possible. Weekly community meeting between staff and residents. Immediate case management and primary counselor assignment. We have an excellent onsite activity schedule that has been developed with input from residents. The provider is currently advertising to hire a Peer just for the residential programs. In the interim, they use HBH and South Florida Wellness Peers as available and if resident is interested. The Director of Housing attended recent Community meetings at all programs to express their concerns about the number of recent elopements, and what their thoughts were about why this was happening and how we could reduce this. Staff reported that persons served say "I'm only here because the judge said I had to be, I don't need to be in a program, I can take care of myself, and I said what I needed to, to get out of jail." Most clients are eloping due to substance use issues.

Provider 3 – this provider reported 6 elopements. The provider reported that clinicians are now meeting with new admissions within 24 hours to engage them. The case manager is meeting with new admission to assess their needs within 5 days. Medical and care coordinators are meeting with new admission to assess any medical and/or medications issues within 72 hours. The provider currently does not have peer specialists as part of their staff; however, if persons served were working with a peer specialist before admission, they encourage them to continue to do so. Persons served are assigned a "big brother" if they are reluctant or struggling. The provider plans to implement the following steps:
1. P/S will be assigned a peer within the community to provide supportive orientation to new persons served.
2. Behavioral Health Technician will maintain sight and sound by using provider procedures and engage any P/S who appears withdrawn or isolating.
3. Staff may accompany any P/S who is identified as at risk of elopement to medical appointments to continue engagement.
4. Provider is updating the client handbook to clarify expectations and to more efficiently orient P/S to Programming.
5. Provider will continue to address P/S concerns when presented.
6. Provider will identify supportive individuals in the P/S' life that can be contacted in the event of apparent withdrawal or lack of engagement with programming.

Provider 4 – this provider reported 3 elopements. The provider reported that their residential peer will go to the client's room while they are in the initial quarantine phase, introduce themselves, and begin to establish rapport. Moving forward the therapists will also go to the client's room to introduce themselves and assist them with whatever they may need prior to beginning their treatment process. At times, clients who want to leave prior to completion, we will engage all parties involved on their case and hold a multidisciplinary meeting with the client involved and see what can be done to help ease the desire to leave treatment. Some elopements occur in the evening when clinical staff are not at the facility and the behavior health techs are the ones that find out they are wanting to leave. They will do their best to encourage the client to stay. They often will call the clients therapist, lead tech and or the clinical coordinator or director. The provider only has one peer at residential, and as stated above, she will meet the client on day one and introduce herself. Let them know she will be here for them, to talk, to go to meetings, to help them with any assignments, get them clothing if they need and all other needs the client may have. At times, we will have peers from our other programs come and talk to the clients and provide any additional assistance that may be needed. They will also help them with their WRAP plans. Elopements occur at all times of the day and days of the week. Many strategies are used during differ times as stated above. We will be instituting more training for BHT staff to help the better understand and improve their interventions. Talking to clients with mental health issues would require a better understanding on how to engage them. More training would help overall. The BHT staff sometimes do no not contact the clinical team in a timely fashion, and that could prevent an elopement if they alert clinical immediately. Moving forward we will ensure that the clinical team will be alerted immediately and that includes the peer. The peer will speak with them and see if they can convince the client to stay. If they cannot convince them, they will discuss them enrolling in outpatient treatment and how to go about that process. The peer

will also give them their work phone number and encourage clients to keep in touch to assist them in signing up for the additional treatment.

Table 4 – Incident Reports

Type	Count of Incidents Reported to IRAS
Child-on-Child Sexual Abuse	1
Death-Adult (Medical)	5
Death-Adult (Overdose)	1
Death-Adult (Undetermined)	9
Elopement	36
Employee Misconduct (Billing)	1
Other (Contraband)	1
Other (Court Ordered Discharge)	1
Other (Fraud)	1
Other (ER Medical Services)	2
Other (Medication Error)	1
Other (Left Treatment AMA)	1
Other (Physical aggression)	5
Other (Sexual Abuse)	1
Other (Verbal aggression)	1
Significant Injury to Clients	7
Significant Injury to Staff	1
Grand Total	**75**

Mortality Review

During the 1st quarter of FY 2022-2023, there were fifteen (15) deaths reported by BBHC Network Providers, as illustrated in Table 5. Five (5) deaths were related to pre-existing medical conditions. Three (3) deaths were due to drug overdose. Seven (7) deaths were unknown at the time of this report. BBHC has requested reports from the Medical Examiner's Office. Table 5 shows the number for each incident report category and provides a baseline for FY 2022-2023.

Table 5 – Mortality Reports

1st Quarter FY2022-2023 Mortality

- Unknown: 7
- Overdose: 3
- Medical: 5
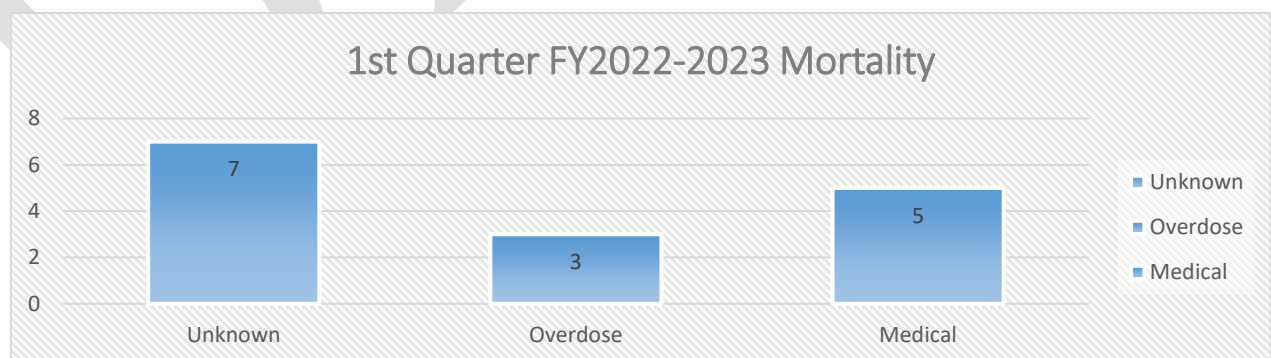
Mortality Reports for Unknown Deaths in FY 2021-2022

There were seventeen (17) deaths reported in which the cause of death was unknown. BBHC staff contacted the providers as well as the Medical Examiner's office and was able to obtain information

as to the cause of death for sixteen (16) of the persons served. Table 6 provides the causes of the deaths. Most of the persons served died following drug use and/or drug overdoses.

Based on the Medical Examiner reports received, overdoses contributed to the deaths of twenty-five (25) persons-served this fiscal year. Drug overdoses and prevention efforts have been discussed during CQI meetings. BBHC will present the results from the Medical Examiner's reports at the next CQI meetings and will continue working with network providers to reduce the number of overdoses in Broward County. Network providers should continue to make efforts to link persons served to support services and provide relapse prevention tools and support to prevent substance use relapse and overdoses.

FY2021-2022 Pending Cause of Death
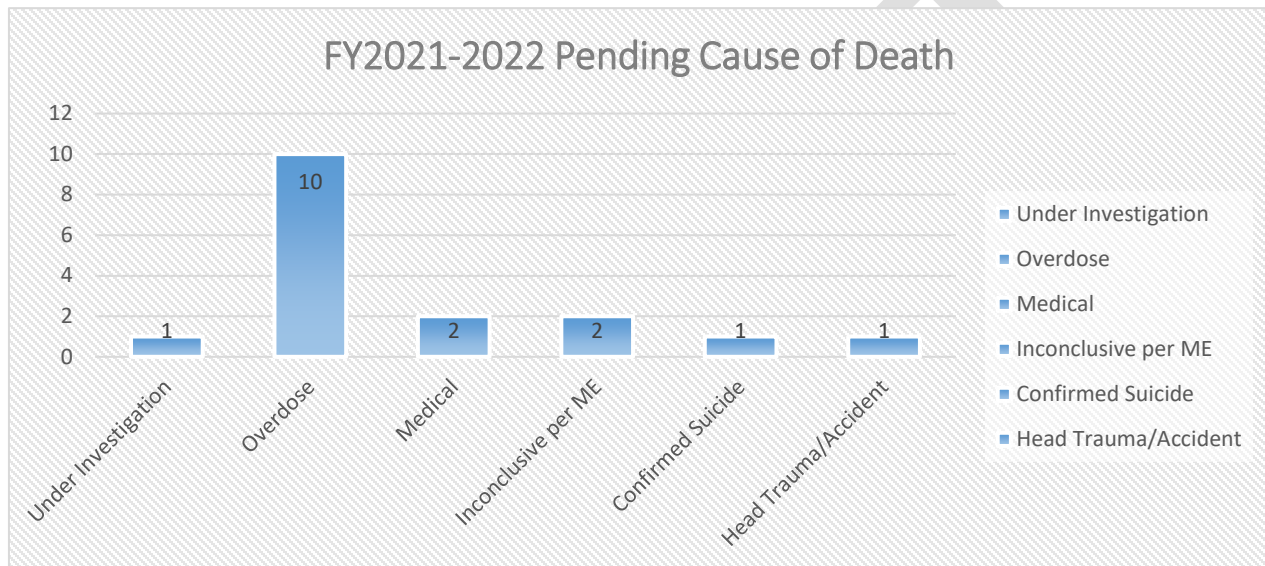
Contract Monitoring

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 1st quarter of FY2022-2023, one (1) virtual on-site monitoring was completed. Common themes found in CAR monitoring during the past year were low service validation rates, staff not completing required training, expired background screening, and late I9 forms.

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. In July, BBHC did not facilitate a CQI Committee meeting. During the August CQI Committee meeting, a representative from 211 provided a presentation on the services offered as well as the new 988 suicide crisis line. During the September CQI Committee meeting, a presentation on ROSC and the updated ROSC Guidance Document 35 was provided by the DCF ROQI. In addition, a community provider gave a Crisis/De-escalation overview.

Prepared By:	Caren Longsworth, DSW, LCSW
Title:	Quality Improvement Manager
Final Date:	10/12/2022