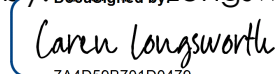
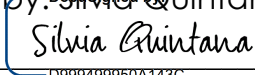




Broward Behavioral Health Coalition, Inc.	
Policy Title: Fidelity Quality Improvement Reviews	
Policy Number: BBHC0077	Contract Section (s): JH343
Effective Date: August 20, 2020	Revision Date: 8/4/2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: Caren Longsworth , Director of Quality Improvement	
Signature: <u></u> <small>7A4D56B701D0470...</small>	Date: <u>8/6/2023</u>
Approved by: Silvia Quintana , Chief Executive Officer	
Signature: <u></u> <small>D999499950A143C...</small>	Date: <u>8/6/2023</u>

Policy: It is the policy of Broward Behavioral Health Coalition, Inc. (BBHC) to continuously improve its system of care through the systematic implementation and use of evidence-based practices (EBPs). In supporting its provider network efforts to increase competency and capacity for delivering services through EBP (Evidence Based Practice) approaches, BBHC conducts Fidelity Quality Improvement (QI) reviews of EBPs used throughout the BBHC Network.

Purpose: The review's purpose is to determine how much the intervention matches the essential features of the EBP Model being used and to facilitate continuous quality improvement. This policy establishes formal direction and procedures for BBHC staff and the Providers to conduct Fidelity QI reviews.

Procedure:

- I. Eligible Evidence-Based Practices (EBPs) include nationally approved, empirically supported practices and interventions typically accompanied by fidelity measurement tools, resource kits on core competencies, and practice principles. They are typically endorsed by national clearinghouses, federal funders, and universities. Examples of those who endorse such practices, may include organizations such as the National Registry of Evidence-Based Programs and Practices (NREPP), Substance Abuse and Mental Health Services Administration (SAMHSA), California Evidence-Based Clearinghouse for Child Welfare (CEBC), Center for Medicare and Medicaid Services (CMS), National Alliance on Mental Illness (NAMI). To ensure best practices continue to advance and be

developed, a continuum of practices, programs, and trainings will also be considered so long as they are based upon models and practices that are “evidence-supported,” “promising,” or “emerging.”

II. Standards and Processes:

A. Fidelity QI Assessment - Prior to the start of the fiscal year, BBHC will prepare a Fidelity QI review schedule.

B. Site Visits Conducted - When the onsite Fidelity QI reviews are scheduled, the onsite visit may include, but is not limited to:

1. Review of developments and concerns that may have arisen since any previous Fidelity QI review
2. Interviews may be conducted along with a review of a sampling of records, procedures or tools utilized
3. Persons served may be identified to be interviewed, along with the review of a sampling of the files of persons served
4. Trainer certificates of those conducting EBP training will be reviewed
5. BBHC will communicate with the provider no later than two (2) weeks before the scheduled review
6. The scope of the Fidelity QI review will be communicated
7. Anticipated schedule for the Fidelity QI review will be developed
8. Key participants will be identified

C. Monitoring Activities

1. Monitor will meet with the provider's designated representative to review the evidence-based intervention(s) being utilized by the provider.
2. Records will be requested and reviewed to ensure evidence-based intervention(s) are being utilized and clearly documented and implemented with fidelity.
3. Interviews with staff will be conducted to ensure knowledge of and compliance with the evidence-based intervention(s).
4. Interviews with persons served will be conducted to ensure that they were educated about the evidence-based interventions being utilized.
5. The monitor will end the review with a close out meeting with the provider's designated representative to conclude the monitoring.

D. Fidelity Quality Improvement Report

A summary report will follow each review to provide the necessary feedback and to assist the provider with continuing quality improvement. Except for the Individual Placement and Support (IPS) report, all other Fidelity QI reports will be issued by BBHC no later than thirty (30) days from the day the review was completed. The report will document the findings from the Fidelity QI Tools that were administered. If the scores on the findings are low in an area, it will be required that the Provider submit either a Quality Improvement Plan (QIP) or a Corrective Action Plan (CAP) to bring the program up to fidelity. The relevant assessment components will be conducted again within 3 to 6 months from the last review date. If the findings are minimal, the site might be revisited within the next 12 months. The Fidelity QI Report findings will provide the feedback necessary to refine and strengthen the EBP Model implementation and sustainability.

REFERENCES:
ATTACHMENTS:
DEFINITIONS:

REVISION LOG

REVISION	DATE
Reviewed, formatting changes made	7/27/2021
Reviewed, no substantial changes made	7/29/2022
Reviewed, grammatical changes made, title updated	8/4/2023

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.