

FY
16/17

Substance Abuse & Mental Health Quality Management Plan

Big Bend Community Based Care, Inc.

The purpose of Big Bend's SAMH Quality Management system is to ensure excellent behavioral health care outcomes for children, adolescents, adults and elders served in our communities. One of the commitments we make toward fulfilling this purpose is to employ an analytic and systemic approach to planning and performance management.



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Substance Abuse and Mental Health
Quality Management Plan

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1. AGENCY OVERVIEW

A. MISSION

The Mission of Big Bend Community Based Care (BBCBC) is to provide the highest quality child welfare, substance abuse and mental health services for children and families through a network of accredited service providers within their own communities.

B. NETWORK MANAGEMENT AGENCY

BBCBC is an accredited network management organization that was initially formed in 2002 to develop community based child welfare services and supports for six counties within Florida's Second Judicial Circuit. The agency assumed responsibility for child welfare services in Judicial Circuit 14's six counties in 2005, at the request of the Florida Department of Children and Families (DCF). In 2012, BBCBC was awarded the state contract to act as the Managing Entity for Substance Abuse and Mental Health (SAMH) services for the Northwest Region, which encompasses the 18 counties that make up Judicial Circuits 1, 2, 14 and Madison and Taylor Counties from Judicial Circuit 3.

As a network-managing agency, BBCBC's primary role is to establish and maintain an integrated network of providers with the goal of ensuring optimal access to and the provision of quality services. The agency's approach is collaborative and inclusive of DCF, subcontracted service agencies, formal and informal providers, key community stakeholders and, the individuals, families and communities served.

Through this collaboration, BBCBC strives to develop and manage a System of Care that demonstrates quality programmatic and financial outcomes through partnerships, transparency, and efficiency. The System of Care is based on a service delivery approach designed to create a broad, integrated process for meeting our service population's needs.

In May 2016, Big Bend Community Based Care was awarded the prestigious *Governor's Sterling Award*. BBCBC is a first time recipient and the first combined Community Based Care Child Welfare State Lead Agency and Managing Entity to earn this award. For 24 years, the *Governor's Sterling Award* has recognized organizations and businesses in Florida that have successfully achieved performance excellence within their management and operations.

Figure 1. BBCBC Service Area – Northwest Florida



C. ROLE AS A NETWORK MANAGER

As a Network Management Agency, Big Bend’s role within the social services system is distinct from that of a service provider. BBCBC provides system-wide operational leadership and professional development, assures quality, compliance and fiscal accountability, and performs administrative functions that link innumerable services throughout our System of Care. These unique functions require a management approach that is specific to the agency’s role and function.

D. PURPOSE, PHILOSOPHY AND SCOPE OF QUALITY MANAGEMENT

The purpose of BBCBC’s Quality Management (QM) System is to ensure excellent behavioral health care outcomes for the children, adolescents, adults and elders served in our communities. Our success in implementing this program is essential to assuring that substance abuse and mental health practices and services provided in our communities meet high standards for quality and accessibility, demonstrate best practices, utilize evidence-based methods and comply with all Federal and State regulatory requirements. The QM System will encompass the full spectrum of behavioral health care services rendered by individual and network providers and address the evaluation of those services to ensure that medically necessary, appropriate care is provided in accordance with contractual and regulatory requirements. Input from clients, providers and community stakeholders will also be essential to delivering meaningful services.

Implementation of our QM System embraces the following quality improvement principles:

<i>The people we serve come first</i>	Services must be responsive and designed to meet the needs of clients, especially the priority populations. Data related to complaints and grievances, as well as satisfaction survey responses are essential to quality improvement and in the design and implementation of new services.
<i>Data informed practice</i>	Successful Continuous Quality Improvement (CQI) processes create feedback loops, using data to inform practice and measure results. Tools and methods that turn data into information and foster knowledge and understanding are used to inform quality-care decisions.
<i>Quality improvement is continuous</i>	A continual process of data-gathering, measuring and analysis is essential to assessing performance, identifying service gaps, determining roots causes, implementing improvement strategies and testing their outcome.
<i>Quality improvement involves everyone</i>	Quality improvement is the responsibility of every person within the organization and throughout the service

Leadership support for & involvement in CQI is essential

system. Every individual influences outcomes and contributes to building and developing quality. Agency executives and the Board of Directors must provide strong leadership, direction and support for quality improvement activities to affect lasting performance improvement.

E. CONTINUOUS QUALITY IMPROVEMENT (CQI)

BBCBC's Quality Management System is designed on Deming's *Plan-Do-Check-Act* model of Continuous Quality Improvement (CQI).

Plan The process of defining and planning a System of Care – its programs, processes, evaluation and remediation – in a manner best suited to meet the needs of the clients to be served. *(Agency Strategic, Operational, Quality Management and Risk Prevention plans)*

Do The process of implementing the planned System of Care throughout the service network. *(The provision of services through subcontracted providers and partners)*

Check The process of systematically monitoring services, collecting data, obtaining feedback; analyzing findings and identifying trends, strengths and opportunities for improvement. *(The system-wide review and analysis of service indicators and outcomes)*

Act The process of implementing performance improvement activities to overcome barriers to quality services and remedy deficiencies. This also involves follow-up to assess the effectiveness of the performance improvement activities implemented. If found to be ineffective, or if more improvement is needed or desired, the cycle continues to the *Plan* phase again and the process repeats. *(Implementing changes to address deficits)*



F. QUALITY MANAGEMENT PLANNING

While the BBCBC's quality management philosophy and systemic approach are the same for both its Child Welfare and Substance Abuse and Mental Health components, the Quality Management Plans for each of the programs are published separately. This separation allows for the delineation of activities specific to each program's services, populations and contractual requirements.

This document, the *FY 16/17 Substance Abuse and Mental Health Quality Management Plan* addresses quality assurance, continuous quality improvement and quality control activities specific to substance abuse and mental health services.

3. SAMH QUALITY MANAGEMENT

A. QUALITY MANAGEMENT RESPONSIBILITY

The responsibility for BBCBC's SAMH-related QM efforts ultimately resides with the SAMH Operations Manager. QM system design, planning and oversight are the responsibility of the Quality Management Director.

B. STAFF FOR SAMH QM ACTIVITIES

BBCBC has established a team approach responsible for SAMH program quality assurance, control, reporting and improvement activities. The SAMH Operations Manager supervises the SAMH Quality Assurance Specialist (QAS), Prevention Specialist, SAMH Data Administrator, and Network Coordinators. The SAMH Data Administrator supervises the managing entity data specialist position. BBCBC's Contract Manager also plays a key role in QM activities.

C. QUALITY MANAGEMENT FUNCTIONS

1. Collecting and monitoring data regarding critical incidents, quality of care concerns, client safety issues, client and provider complaints, service utilization, client outcomes, and system performance measures;
2. Assuring the provision of quality services through ongoing monitoring activities including onsite provider reviews, clinical peer reviews, medical/clinical record audits, credentialing file audits, monitoring data integrity and reporting timeliness, and soliciting input from our stakeholders (surveying for client and provider satisfaction, provider access & availability);
3. Reporting and communicating client outcomes and performance issues and trends to staff, Network contractors, and BBCBC's Executive Staff, Management Team, and Board of Directors, as well as the Florida Department of Children and Families (DCF);
4. Improving the provision of services by identifying gaps in services and special service needs, identifying and addressing service provider training needs, and implementing and monitoring performance improvement projects and Corrective Action Plans to assure subcontractor and provider accountability; and
5. Communicating utilization, performance and outcome data with our stakeholders.

4. FY 16/17 QUALITY ASSURANCE ACTIVITIES

The quality assurance activities included in this plan incorporate input from the agency's Board of Directors, partner agencies, services providers, prevention colleagues, and staff.

A. NETWORK MANAGEMENT AGENCY LEVEL

1. INTERNAL QUALITY ASSURANCE

Review of Operating Policies – Big Bend's (internal and external) operating policies are reviewed and updated on an ongoing basis to assure compliance with changes in Federal and State requirements, updates to best practices and in response to identified needs for quality improvement.

2. EXTERNAL QUALITY ASSURANCE

Financial Monitoring and Audits - Big Bend's fiscal/financial processes undergo annual monitoring by an independent, certified public accounting agency. Any findings are addressed by the unit with primary responsibility for the identified activity. Corrective actions are approved by the appropriate supervisor and leadership. Copies of the monitoring reports and any corrective actions are provided to the Board of Directors and DCF.

Programmatic and Administrative Monitoring – BBCBC's SAMH program is monitored by the Department's Contract Oversight Unit annually and by other state and federal monitors as scheduled for the Fiscal Year (i.e., Inspector or Auditor General Reviews, Federal reviews, etc.)

BBCBC's SAMH program will be included in the agency's next Council on Accreditation Review (COA), as well.

B. CONTRACTOR LEVEL

BBCBC will exceed its performance measure target for the completion of contractor monitoring in FY 16/17. The review schedule has been developed to assure thorough reviews, timely reporting and efficient follow-up.

The sample size for reviews is approximately 10% of the contractor's service population (minimum of 10 cases), but may be adjusted based upon Annual Risk Assessment results, performance data, or other identified concerns. Each sample is randomly selected and stratified by relevant service categories to assure a diverse mix of records for review. Individual records are randomly selected for review within each stratum (if applicable).

1. SUBCONTRACTOR REVIEW COMPONENTS

a. Administration and Management

Contract monitoring of administrative and management functions are completed by the SAMH Contract Manager and includes on-site visits to assure contractual compliance and reviews of required reports, performance and utilization data.

b. Programmatic Compliance

Reviews for programmatic components will be completed by agency staff who have expertise in the component under review (i.e., TANF reviews will be completed by the TANF Specialist by reviewing progress notes and treatment plans to assure that TANF goals are included in the consumer's treatment, etc.)

c. Quality Reviews of Clinical Services

Quality reviews for case management, residential care, medical services, outpatient services and detox will be completed by a licensed therapist and/or a licensed physician contracted by BBCBC for this purpose. Review tools will integrate practice items with nationally recognized standards for quality, such as the COA and CARF (*Commission on Accreditation of Rehabilitation Facilities*) Standards with specific contractual and state requirements for those services.

2. EXIT MEETINGS WITH CONTRACTORS

Following each review, exit meetings will be held with the contract provider staff to provide preliminary findings and gather additional information. Data will then be compiled and analyzed to assess compliance with requirements, quality standards, and overall performance.

3. MONITORING REPORTS

A final report will be completed for each contract provider monitoring review. The report will include summary and detailed data for compliance and quality. These reports will be reviewed and approved by the SAMH Operations Manager prior to dissemination. Final monitoring reports will be sent to the contractor, DCF Contract Manager and BBCBC's SAMH Operations Manager.

4. PERFORMANCE IMPROVEMENT REQUIREMENT

For contractors with monitoring results below 80% in a particular area, the contractor is instructed to submit a Corrective Action Plan (CAP). BBCBC's CAP template will be

provided to the contractor to assure that the resulting CAP documents how the contractor will address the identified deficiencies.

CAPs will be reviewed and approved by the SAMH Operations Manager. Unless there is imminent danger to a client, follow up will be conducted at the next regularly scheduled monitoring visit.

3. CRITICAL LIFE, HEALTH, OR SAFETY CONCERNS

For any critical life, health, or safety threat identified during the course of a quality/contract monitoring review, the QAS is responsible for:

- a. Addressing any safety concerns with the provider immediately upon discovery;
- b. Informing the SAMH Operations Manager and Quality Management Director;
- c. Documenting the safety concern and follow-up actions as a formal Request for Action (RFA);
- d. Assuring appropriate action and follow-up within 30 days are initiated to assure safety;
- e. Confirming that documentation of the identified safety concern, RFA, follow-up actions and the resolution of the concern are documented in the consumer's record/file; and
- f. Maintaining a copy of the RFA, documentation of completed follow-up actions and the resolution of the concern with the original review documentation.

4. STAKEHOLDER INPUT

Several strategies will be used to gather input from stakeholders, including:

- a. Consumer Satisfaction Surveys – BBCBC collects Consumer Satisfaction Surveys throughout the fiscal year and provides the survey results to both DCF and Network contractors/providers;
- b. Needs Assessment – BBCBC conducts a formal Needs Assessment to identify any unmet consumer needs in the service area. This assessment includes town hall meetings across the region to ensure that all interested parties have an opportunity to share concerns and needs; and
- c. Solicitation of input from community members and organizations, the court system representatives, and DCF partners.

Additionally, Stakeholder input will continue to be gathered on an ongoing basis via management and programmatic meetings, Community Alliance and Partnership meetings, during and as a result of community activities and collaboration with the Court system, DCF staff and leadership, community members, and other provider and service organizations.

New initiatives, services and activities are developed in cooperation with these stakeholders to address concerns, and update services and practice within the System of Care. Specific initiatives are assigned to the COO, SAMH Operations Manager, and/or staff for implementation and follow-up.

BBCBC's Board of Directors, Executive Leadership and Management Team are responsible for reviewing and incorporating stakeholder input in the development of short and long-term planning, policy, training, service development and contracting.

5. COMPLAINTS AND GRIEVANCES

All service-related complaints or grievances, whether submitted directly from the complainant or through the DCF Tracker System, are addressed by the SAMH Network Coordinators in accordance with BBCBC OP 1502 – Client Grievances and Complaints. Formal complaints addressed through the DCF Tracker System are tracked for satisfactory completion and necessary follow-up actions.

Quality assurance reviews requested due to a case or staff specific complaint will be completed in accordance with BBCBC OP 811 – Special Quality Assurance Reviews. Special Quality Assurance Reviews will be conducted for all formal grievances according to this policy.

4. DATA AND PERFORMANCE

BBCBC collaborates with the Department's Headquarters and Region staff, the Florida Association of Managing Entities, contracted providers and Five Points Technology Group to collect, analyze and disseminate performance data on an ongoing basis.

Data related to Managing Entity functions is reviewed at least monthly (as appropriate for the measure) by Executive Leadership. Examples of data reviewed by the CEO, COO, and CFO include budget forecasts, agency-level monitoring reports from State agencies and data on the status of any Corrective Action Plan, if applicable. Corrective or follow-up actions are assigned to staff as needed.

Results of contract monitoring/compliance activities are reviewed at Management Team meetings as they occur.

Providers' client-level data is submitted to the BBCBC Behavix data system for reporting to the State's Substance Abuse and Mental Health Information System (SAMHIS) data system. Five Points Technology Group is responsible for supporting the Behavix platform and ensuring the application is defect free. In addition, Five Points provides technical support and producing

canned data reports for service/event utilization, client outcomes and performance/contract measures to BBCBC. These data and reports are reviewed and used to identify areas in need of improvement to be addressed via CQI activities. Also BBCBC data staff produce ad-hoc data reports using Microsoft structured query language (SQL). A daily refresh of Behavix data is transferred to a BBCBC internal server to allow timely data reporting. BBCBC data staff have developed a suite of canned reports.

BBCBC behavioral health report descriptions	
Fiscal Reconciliation (Data to Invoice)	Calculated comparing the total invoiced expenditures to the dollar value of the data submitted.
Timely Submission of provider data	Provider data submitted by the 5th of each month
Child Welfare Substance Abuse Involved	Individuals with CWI selected on the substance abuse admission record.
State Mental Health Treatment Facilities discharges receiving community services	Compares the state hospital discharges to the community data set to determine if clients are receiving services in the community.
CSU/Detox Frequent Utilizers	Repeat crisis clients (3 or more admissions within 90 days CSU and/or Detox)
High Need/High Utilizers	Clients receiving a high volume of behavioral health services
Substance abuse admissions with no services	Substance abuse clients with an admission record and no service record.
Mental health admissions with no services	Mental health clients with an admission record and no service record.
Open substance abuse records with no services within 90 days	Mental health clients with an admission record and no service record within 90 days
Open mental health records with no services within 90 days	Substance abuse clients with an admission record and no service record within 90 days
Multiple open MH admission records	Clients with multiple admission purpose codes in the state data system (SAMHIS)

BBCBC is striving to improve care coordination by targeting funding to programs that intersect child welfare, substance abuse and mental health. Funding to programs that help reunify families that have completed their dependency court case plans, and are medically complex or needing resources are a priority for BBCBC.

BBCBC is actively participating in DCF initiatives regarding information management. These initiatives include:

- Acute Care Stabilization Utilization (ACSU)) Database - Comply with Senate Bill 12 passed by the 2015 Legislature by developing and implementing a statewide database;
- Creation of Unique Identifier and Master Client Index – Develop and implement methodology, to create a unique identifier to be maintained in a secure master client index (MCI). This will facilitate common registration of clients and coordination of their care across various systems, including child welfare and Medicaid systems;
- Implementation of Level of Care Utilization System – Develop and implement a clinically-based scoring system by; and
- Financial Accountability Data System – Develop specifications for Financial Accountability Data System funded by the Legislature.

5. CONTINUOUS QUALITY IMPROVEMENT

BBCBC's Continuous Quality Improvement activities for FY 16/17 will include:

A. DATA ANALYSIS

Aggregate data and reports for indicators such as service/event utilization, client outcomes and performance/contract measures will be reviewed monthly or quarterly as appropriate to the data indicator. Areas in need of improvement will be addressed through corrective actions at the Network or provider level, as appropriate.

BBCBC remains committed to the use of data analytics to improve performance. Currently, BBCBC is leading several green belt six sigma projects to streamline business processes and improve client care. Once counter measures are identified, Big Bend will incorporate these measures into provider contracts to improve performance.

B. CORRECTIVE ACTION PLANS

BBCBC will track agency-level Corrective Action Plan (CAP) items. Corrective Action Plans (CAPs) required of contractors as a result of BBCBC monitoring will also be tracked for completion and effectiveness.

C. TRAINING

All providers are required by contract to complete HIPAA and Security Awareness Training and compliance with this requirement is verified during Administrative Monitoring.

Big Bend consistently shares information with providers regarding appropriate trainings in which they may choose to participate. These opportunities are shared electronically and/or are posted on the BBCBC website. Additionally, BBCBC ensures that PATH, TANF and ALF training is provided annually throughout the Region. If specific training needs are identified, BBCBC will work in collaboration with DCF to address the need.

D. QUALITY MANAGEMENT AND STRATEGIC PLANNING

Whether long- or short-term, the strategic planning process at BBCBC includes a situational analysis that includes both a needs assessment and ongoing quality assurance and improvement data. The needs assessment for short-term plans may be abbreviated or more informal than that used for the long-term plan. However, a focus on demographic information, changes in the service population, trends in program performance, survey data and analysis of strengths and weaknesses in relation to these variables are the basis for the assessment. Quality assurance mechanisms for initiatives developed as part of the agency strategic plan are integrated into the planning process to assure that quality performance can be assessed.

6. ACCREDITATION STATUS

BBCBC was originally accredited as a Network Management Agency by the Council on Accreditation (COA) in 2009. The agency was re-accredited in December 2013 effective through December 2017.