

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, February 20, 2020
Central Florida Cares Health System, Inc.
Training Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Tara Hormell, Children's Home Society
Luis Delgado, Surf Monkey Media/Consumer Advocate
Jules Brace, Orange County Sheriff Office
Thomas Todd, Connection Church/Consumer Advocate

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Risk Manager
Miralys Martinez, Quality Specialist
Trinity Schwab, Chief Operations Officer
Karla Pease, Executive Assistant and Recording Secretary

Guests

Debbie Owens, Board President, Seminole Prevention Coalition
Mark Broms, Finance Committee Chair, Brevard Homeless Coalition

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, February 20, 2020 at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. Tara Hormell, acting as Chair, called to order at 1:01 p.m.

Consent Agenda Items

A motion to approve the consent agenda was made by Thomas Todd, Luis Delgado seconded, motion passed.

Quality Improvement

a) Employment Satisfaction Survey

The Employment Satisfaction Survey was discussed in detail. Overall satisfaction was 84%. A few improvements have already been made as a result of the survey findings. The CEO commented on the possibility of implementing a half day off Friday once a month for staff. Another idea shared was having teambuilding opportunities with other organizations individually and agency wide. It was suggested by a member to ask the employees what they considered to be a good teambuilding exercise.

A member asked how CFCHS can retain employees based on the same ME budget since 2012. The CEO explained this is brought up in DCF meetings every quarter and FAME once a year. So far, CFCHS has been able to give yearly increases. The CEO indicated

the survey will be reviewed at a staff meeting and a salary comparison will be shown with other MEs as well as organizations in our region.

It was suggested by a member to make an effort to increase how employees feel valued since 6 out of 21 employees do not feel valued.

A motion to approve the Employment Satisfaction Survey and the proposed interventions to improve employee satisfaction as presented was made by Luis Delgado, Thomas Todd seconded, motion passed.

b) Client Satisfaction Survey

The Quality Specialist stated the CSS will be fully electronic July 1. Surveys are collected both in paper and electronic for Quarter 3 and 4. In Quarter 2, there were 830 surveys, 732 were processed as valid, and 78 were due to a client or provider error. 350 surveys were received in adult mental health, 223 for adult substance use, 171 for children's mental health, and 86 for children's substance use. There were more males than females in services. Provider scores should be at 85% or above. Network wide, all providers were above 85%. In Quarter 3, CFCHS received 365 paper surveys and 137 electronically.

c) Utilization Management

The Risk Manager explained CFCHS keeps track of the number of clients served and what number has been placed on a wait list. Also shown were the number of providers who are at 90% bed capacity. A member questioned 100% of the priority population received interim services and also questioned who is reporting the data and who is obtaining the numbers. The CIO is following up with provider's data.

d) Performance Measures

Numbers are captured through the FivePoints data system and all performance measures are being met.

e) Risk Management

There were no questions regarding risk management reports submitted to the committee.

Compliance

There were no whistleblower reports. Discussion took place about a Public Record Request from Florida Disability Rights. When the Compliance reports were sent via email, there were no complaints or grievances; however, there was a new complaint received by some members of the Board on February 19, 2020. The Board President will notify the Board members at the meeting at 3:00 pm, and will set up an Ad-Hoc Committee to review the allegations. Notifications to DCF will take place via incident report under "other" category.

Other/Public Input – None

Next Meeting

The next meeting will be April 16, 2020 at 1:00 pm. The meeting adjourned at 2:27 p.m.



Ian Golden
Compliance/QI Committee Chair



Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, February 20, 2020
Central Florida Cares Health System, Inc.
Training Room**



| | | |
|---|-------------------|------------------|
| I. Welcome/Introductions | Tara Hormell | 5 minutes |
| II. Approve Consent Agenda Items | Tara Hormell | 10 minutes |
| <ul style="list-style-type: none"> • August 15, 2019 Minutes • October 17, 2019 Minutes • Compliance Charter Revised on October 10, 2019 | | |
| III. Quality Improvement | | |
| a) Employee Satisfaction Survey | Geovanna Gonzalez | 10 minutes |
| b) Client Satisfaction Survey Report | Miralys Martinez | 10 minutes |
| c) Utilization Management | Benjamin Ho | 5 minutes |
| <ul style="list-style-type: none"> • Waiting List • Bed Capacity | | |
| d) Performance Measures | Geovanna Gonzalez | 10 minutes |
| e) Risk Management | Geovanna Gonzalez | 10 minutes |
| <ul style="list-style-type: none"> • Incident Reports Data | | |
| IV. Compliance | Geovanna Gonzalez | 20 minutes |
| a) CFCHS Compliance Line Reports | | |
| b) FWA/Complaints & Grievances/Investigations | | |
| c) HIPAA Privacy/Security | | |
| d) Training | | |
| e) Network Monitoring-Schedule, Findings, Issues | | |
| f) Public Records Requests | | |
| g) Whistleblower Reports | | |
| h) CARF | | |
| V. Other/Public Input | Group | 3 minutes/person |
| VI. Adjourn - Next Meeting | Group | 1 minute |
| April 16, 2020, 1:00 to 2:30 pm | | |

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 15, 2019
Central Florida Cares Health System, Inc.
Training Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Ian Golden, Brevard County Housing & Human Services
Jules Brace, Orange County Sheriff Office
Luis Delgado, Surf Monkey Media/Consumer Advocate
Tara Hormell, Children's Home Society

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Risk Manager
Karla Pease, Executive Assistant and Recording Secretary

Guests

Deanne Rothenberg, Aspire Health Partners
Jill Krohn, DCF
Michelle Gharssoubsalgado, SAMH

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, August 15 at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The meeting was called to order at 1:32 p.m.

Compliance Charter

The Compliance Charter was discussed where membership was noted, but the charter did not clarify what constituted a quorum. Under Procedures, #2 Membership, it mentions Board Members and staff constitute a quorum. This charter should be modified to remove "and staff" since staff do not constitute a quorum or vote. The CEO will look into and revise.

Ian Golden opened up discussion for nominations for a chair person. After discussion among members, it was decided that Ian Golden would be the most appropriate candidate for the chair of this committee.

Ian Golden nominated himself for chair of the Compliance/Quality Improvement Committee, Luis Delgado seconded, motion passed.

Introduction to the Compliance/Quality Improvement Committee

Ian mentioned instead of following the agenda for today's meeting, for the Risk Manager to give an overview of the committee and go over anything that needs to be addressed at this time.

The Risk Manager discussed in detail what the Compliance program actually is, how the program is divided into Quality Improvement and Compliance, the duties of the committee, the compliance hotline, and the reports that will be emailed to them one week prior to the meetings.

The Risk Manager spoke next about the Enterprise Risk Management exercise which addressed every perceived or real risk to the agency and scored them and making sure mitigating factors are in place to address the risks. This is a prevention mechanism to make sure the agency is in compliance.

The Compliance Plan will be emailed out to the committee for their review.

Quality Improvement

- a. The Client Satisfaction Survey was discussed being implemented electronically via Survey Monkey and the use of phones/tablets for client input. The cost of man hours with paper copies and input versus digital input was discussed.
- b. Utilization Management shows a waiting list for priority populations and shows which programs for substance abuse and detox residential were at 90% capacity.
- c. Performance Measures were projected.
- d. Risk Management shows incidents reported to CFCHS for the quarter and any incidents CFCHS has generated.

Compliance

The following items will be discussed at each meeting:

- a. CFCHS Compliance Line Reports
- b. FWA/Complaints & Grievances/Investigations
- c. HIPAA Privacy/Security
- d. Training
- e. Network Monitoring
- f. Public Records Requests
- g. Whistleblower Reports
- h. CARF

Other/Public Input – None

Next Meeting

The next meeting will be October 17, 2019 at 1:30 pm.

Tara Hormell made a motion to adjourn, Jules Brace, seconded, motion passed.

The meeting adjourned at 2:42 p.m.

Tara Hormell, Acting as Chair
on behalf of Ian Golden,
Compliance/QI Committee Chair

Karla Pease
Recording Secretary

**Compliance/Quality Improvement
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Thursday, October 17, 2019
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ATTENDANCE

Central Florida Cares Health System Board of Directors

Ian Golden, Brevard County Housing & Human Services
Luis Delgado, Surf Monkey Media/Consumer Advocate

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Geovanna Gonzalez, Risk Manager
Miralys Martinez, Quality Specialist
Angela Gambino, Care Coordinator
Rummy Miranda, Contract Manager
Karla Pease, Executive Assistant and Recording Secretary

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, October 17 at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The meeting was called to order at 1:39 p.m.

At the commencement of the meeting, there was only one member present. There was no quorum.

The approval of minutes and the Compliance Charter will be tabled until the next meeting.

Quality Improvement

The Provider Satisfaction Survey was discussed in detail and at length.

The Chair suggested the meetings going forward having a new start time at 1:00 pm instead of 1:30 pm.

Compliance

The following items were briefly discussed:

- a. Incident reports – chart shows a spike in incidents. Each type of incident was discussed.
- b. FWA - none
- c. Complaints & Grievances - The majority of the complaints were regarding non-funded clients, so these complaints were directed to providers.
- d. Whistleblower Reports - none

Other/Public Input – None

Next Meeting


The next meeting will be February 20, 2020 at 1:00 pm.

The meeting adjourned at 2:46 p.m.

Tara Hormell, Acting as Chair
on behalf of Ian Golden,
Compliance/QI Committee Chair

Karla Pease
Recording Secretary

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|--|---|---|
| Policy Title: Compliance/Quality Improvement Committee Charter | |  Central Florida Cares Health System |
| Department: Board | | |
| Date Issued: 06/03/2015 | Revised Date: 10/10/2019 Review Date: 10/10/2019 | |
| President Approval: | Effective Date: | |

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to outline in charters the purpose and responsibility of each of the Board Committees.

RELATED POLICIES: Board Committee Composition

PURPOSE:

To help committee members understand the committees' goals and how their role and functions contribute to the committee and the organization overall.

PROCEDURES:

1. **Establishment and Authority:** The Compliance/Quality Improvement Committee is a subcommittee of the Board of Directors established to oversee processes and advise on changes to improve the effectiveness of the system of care services, data collection, customer satisfaction approaches, and CFCHS' compliance program. Quorum for voting consists of fifty-one percent (51%) of the committee members.
2. **Membership:** The Committee shall be composed of at least three (3) Board of Directors. The meetings are open to the Provider Network, public, clients, family members, and CFCHS' employees. Any member of the Board of Directors may attend, and is encouraged to attend, the Compliance/Quality Improvement Committee Meetings.

CFCHS staff will be assigned to work with the Compliance Committee and provide compliance related reports.

3. **Leadership**
 - a. The Board of Directors shall approve a Board of Director to serve as the Compliance/Quality Improvement Committee's Chair.
 - b. Committee Chair shall manage the committee and its meetings.
 - c. CFCHS' Quality Specialist and Risk Manager will assist in organizing the agenda for the Committee Chair.
 - d. CFCHS' Executive Assistant will take minutes.

4. Meetings
 - a. Committee shall agree on the time and place of its meetings, provided that it shall meet at least once every three (3) months.
 - b. Committee shall determine the procedures for its meetings.
 - c. Committee meetings shall occur in person.
 - d. Meeting notices shall be posted according to the Sunshine Law and on CFCHS' website.
 - e. All meeting minutes shall be posted on the CFCHS' website subject to the Sunshine Law.

5. Quality Responsibilities:
 - a. Participate and advise on the automation of processes to increase validity and accuracy of data.
 - b. Review and analyze reports related to:
 - i. Incident report data for analysis and trending.
 - ii. Levels of satisfaction reflected in CFCHS' surveys.
 - iii. Complaints and grievances.
 - iv. Network Performance Measures.
 - v. CFCHS' Performance Measures.
 - vi. Utilization Management Reports, including but not limited to Bed Count Utilization, High End Utilizers, and Waiting List reports.
 - vii. Public Record requests.
 - viii. Review Auxiliary Aid Plan annually
 - c. Review network performance measures.

6. Compliance Responsibilities:
 - a. Oversight and evaluation of CFCHS' Compliance Program.
 - b. Develop and review of standards of ethics and conduct.
 - c. Promote and organizational culture that encourages ethical practices and commitment to compliance with laws and regulations.
 - d. Be aware of auditing and monitoring activities.
 - e. Maintain open lines of communication to ensure access to the Board.
 - f. Ensure CFCHS has an adequate Whistleblower policy and procedures.
 - g. Monitor the CFCHS Compliance Line.
 - h. Be the point of contact for the reporting, notification and investigation of compliance issues that implicate CFCHS' CEO, COO, or any of the Compliance Line Administrators (Compliance Officer/Risk Manager and Human Resources Generalist).
 - i. Know how the organization responds to identified problems, and as applicable, represent the Board in the mediation and resolution of compliance issues that involve employees, subcontractors, vendors, consultants or CFCHS agents.
 - j. Review and analysis of specific risk areas.
 - k. Be aware of, and ensure resolution of, reports made to the CFCHS Compliance Line.
 - l. Evaluate FWA or compliance trends.
 - m. Ensure proper protocols for the disclosure and handling of conflicts of interest.

- n. Report FWA and compliance activities to the Board of Directors via standard agenda item.
- o. Perform functions as delegated by the Board.

Reporting: Committee shall report to the Board on its activities and recommendations for full Board vote when applicable.

Charter revisions: Committee shall review this charter on an annual basis and recommend any changes to the Board.

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