

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 18, 2022
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Jules Brace, Orange County Sheriff Office
Sherri Gonzalez, Children's Home Society (acting Chair)
Natalie Mullett, Park Place Behavioral Health Care
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Compliance Director
Miralys Martinez, Risk Management Specialist
Trinity Schwab, Chief Operating Officer
Karla Pease, Executive Assistant and Recording Secretary

Guests

Amy Hammett, Department of Children and Families

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, August 18, 2022, at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:04 p.m.

Minutes

Natalie Mullett made a motion to approve the minutes as written, Lisa Portelli seconded; motion passed.

Risk Management

- Incident Reports data was reviewed and explained. Trends were discussed in FY20-21 versus FY21-22. For Q4, the month of June in FY21-22 had a higher number of reported incident than in prior months.

June reporting in one business day decreased to 70% due to several community incidents not reported to providers until a later time. Attestations reporting Compliance increased due to automated monthly reminders in FY21-22.

Employee misconduct is higher this fiscal year as opposed to last fiscal year. A comparison of substantiated and unsubstantiated employee misconduct incidents shows that the increase was not significant. Death incidents were down this fiscal year compared to last.

The Compliance Director mentioned that Five Points is working on being able to automatically analyze this type of data soon rather than the Compliance department analyzing manually.

Quality Improvement

- Person Served Satisfaction Surveys – The Compliance Director shared survey results with members. A flyer was shared with the network to help promote submission of more surveys.
- Secret Shopper Program – This program runs along the monitoring schedule if included in the monitoring scope. Secret Shopper calls also take place if there is a reason to do so as a follow up to a call of action. The type of questions asked by CFCHS on the secret shopper calls were discussed with members.

Compliance

- a) CFCHS Compliance Line Reports – one complaint received; however, this complaint was not related to CFCHS or any of the providers. Risk Management Specialist spoke to this person to advise her of other avenues for help. Several messages were left, but this person did not return the calls. This case has been closed on the compliance line.
- b) FWA – none
- c) HIPAA Privacy/Security – none
- d) Training – Q4 information was shared on the numerous trainings provided this quarter to CFCHS staff and Network providers.
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Seventeen providers will be monitored in FY 22-23. Board members, who are not providers, were invited to attend the entrance and exit interviews with providers. A new position, Financial Analyst, has been posted to help with monitoring.
- f) Public Records Requests - none
- g) Whistleblower Reports - none
- h) CARF – Reaccreditation is good for 3 more years.

Other/Public Input – a member suggested to move the meeting times from 1 pm to 1:30 pm.

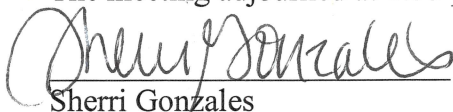
Sherri Gonzales made the motion to change the meeting time from 1 pm to 1:30 pm, Natalie Mullet seconded, motion passed.

Next Meeting

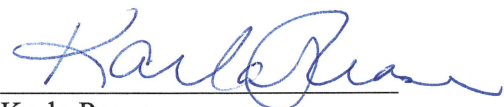
The next meeting will be October 20, 2022, at 1:30 pm.

Jules Brace made a motion to adjourn, Lisa Portelli seconded, motion passed.

The meeting adjourned at 1:53 pm.



Sherri Gonzales
Compliance/QI Committee as Acting Chair



Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, August 18, 2022
Central Florida Cares Health System, Inc.
Board Room**



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| I. Welcome/Introductions | Thomas Todd | 5 minutes |
| II. Approve Minutes | Thomas Todd | 5 minutes |
| III. Risk Management <ul style="list-style-type: none">• Incident Report Data & Trends | Miralys Martinez | 15 minutes |
| IV. Quality Improvement <ul style="list-style-type: none">• Person Served Satisfaction Surveys• Secret Shopper Program | Geovanna Gonzalez | 15 minutes |
| V. Compliance <ul style="list-style-type: none">a) CFCHS Compliance Line Reportsb) FWA/Complaints & Grievances/Investigationsc) HIPAA Privacy/Securityd) Traininge) Network Monitoring-Schedule, Findings, Issuesf) Public Records Requestsg) Whistleblower Reportsh) CARF | Geovanna Gonzalez | 15 minutes |
| VI. Other/Public Input | Group | 3 minutes/person |
| VII. Adjourn | Group | 1 minute |

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, April 21, 2022
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Thomas Todd, Chair, Connection Church/Consumer Advocate
Jules Brace, Orange County Sheriff Office
Luis Delgado, Consumer Advocate
Sherri Gonzalez, Children's Home Society
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Compliance Director
Miralys Martinez, Risk Management Specialist
Jerrymar Foster, Quality Improvement Specialist
Karla Pease, Executive Assistant and Recording Secretary
Valentina Melnichuk, HR Director

Guests

Vanessa Suarez, Department of Children and Families
Amy Hammett, Department of Children and Families
Anne Sutherland, Department of Children and Families

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, April 21, 2022, at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:04 p.m.

Minutes

Luis Delgado made a motion to approve the minutes as written, Sherri Gonzalez seconded; motion passed.

Quality Improvement

The Compliance Director welcomed the new employee, Jerrymar Foster, to the Compliance Team.

- a) Employee Satisfaction Survey (ESS)
The HR Director reviewed the ESS results with Board members along with CFCHS initiatives in response to the employee feedback. A suggestion by the Chair was to know how many surveys were completed by new employees. There was discussion about the ways employees could do the survey in more anonymity and incentives for employees to complete the surveys.
- b) Board Satisfaction Survey
The Risk Management Specialist reviewed the responses to each of the questions on the annual board satisfaction survey.

c) Person Served Satisfaction Survey

Quarter 3 results were shown. The survey reflects the new process implemented by DCF. The number of questions went from 34 to 12, so CFCHS cannot compile what was collected in Quarter 1 for comparison due to the reduced number of questions. Quarter 1 is N/A, Quarter 2 collected 369 (324 valid), and Quarter 3 there were 300 surveys (272 were valid). When CFCHS managed the survey, no questions could be skipped which reduced the number of invalid surveys. However, in the current survey, persons served can submit the survey after answering only one question, causing the invalids to be higher. DCF made additional changes to the demographic sections to include 'transgender' options. The survey Compliance Threshold domains in red were discussed. The new DCF survey does allow providers to identify feedback for specific programs. Anne Sutherland will ask DCF headquarters if this can be revisited.

Risk Management

- a) Incident Reports data was reviewed and explained. Trends were discussed in each of the areas. The largest numbers of incidents in Q3 were in employee misconduct at 19, of which 15 were unsubstantiated, 3 were substantiated, and one is pending investigation results. A continued decrease in this category is expected since a provider was submitting data on programs not related to CFCHS funding.
- b) Complaints & Grievances – last quarter a complaint was received about a provider's new supervisor making programmatic changes not aligned to the intent of the program and to DCF's guidance documents. The complaint was referred to the provider who investigated and is requiring that the new supervisor takes training on leadership, and communication to improve the interaction with staff.

The Chair asked for the number of incidents versus the number of clients served. The Compliance Director informed the committee that this may soon be possible since there were conversations with Five Points for the automation of reports instead of the manual reporting current reporting.

Compliance

- a) FWA - none
- b) HIPAA Privacy/Security – The CIO completed the HIPAA risk assessment for our CARF accreditation process and is also covered in the COU monitoring taking place now.
- c) Training – information was shared on the numerous trainings provided this quarter to CFCHS staff and Network providers.
- d) Network Monitoring-Schedule, Findings, Issues – A table was shown with the status of FY 21-22 monitoring.
- e) Public Records Requests - none
- f) Whistleblower Reports - none
- g) CARF – Received reaccreditation for 3 more years. No findings or recommendations. Only 3% of surveyed entities receive no findings or recommendations.

Other/Public Input – Members agreed to the meeting schedule for the next fiscal year.

Next Meeting

The next meeting will be August 18, 2022, at 1:00 pm.

Luis Delgado made a motion to adjourn, Sherri Gonzalez seconded, motion passed.

The meeting adjourned at 2:14 p.m.

Thomas Todd
Compliance/QI Committee Chair

Karla Pease
Recording Secretary

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