



# Continuous Quality Improvement Plan

FY 2026-2027

## CONTINUOUS QUALITY IMPROVEMENT PLAN

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## CONTINUOUS QUALITY IMPROVEMENT PLAN

### INTRODUCTION, MISSION STATEMENT, AND CORE VALUES

#### INTRODUCTION

The Continuous Quality Improvement (CQI) Plan of Gulf Bend Center (GBC) establishes a framework to promote transparency in performance measures and outcomes, ensure the accuracy of data collection and reporting, and reinforce individual and collective accountability for achieving organizational excellence. This plan directly aligns with and advances Gulf Bend Center's mission, vision, and values, while supporting the objectives outlined in the Quality Management Plan, other GBC local plans, and regulatory requirements.

#### MISSION, CULTURE & VISION

Gulf Bend Center's CQI Plan is grounded in the organization's mission and core values, which guide the planning, implementation, and evaluation of all quality initiatives. Through the CQI Plan, Gulf Bend Center strives to continuously enhance the behavioral and developmental health and wellness of the community by helping individuals live their best lives. The plan emphasizes the delivery of services that are linguistically and culturally appropriate, person- and family-centered, and responsive to each individual's unique needs. It also ensures that individuals receive supportive, compassionate care in the least restrictive environment appropriate to their needs.



#### OUR CORE VALUES



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## CONTINUOUS QUALITY IMPROVEMENT PROCESS OVERVIEW

The CQI Plan establishes the framework for systematically evaluating and improving all programs and services under Gulf Bend Center's Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disability Authority (LIDDA). This plan ensures ongoing compliance with contractual obligations, promotes data-driven decision-making, and supports the delivery of high-quality, person-centered services.

## GOVERNING BOARD OVERSIGHT AND ACCOUNTABILITY

Gulf Bend Center's Board of Trustees maintains ultimate oversight and authority for the organization's performance and continuous quality improvement activities. The Board delegates responsibility to the Executive Director (ED) to ensure that Gulf Bend Center employs a planned, system-wide approach to setting quality goals and measures; collecting, aggregating, and analyzing data; and implementing initiatives to improve service quality, effectiveness, and safety.

The Board retains final authority and responsibility for ensuring that adequate resources are allocated to assess, monitor, and enhance the organization's performance. The ED, in turn, assigns responsibility for carrying out quality assurance and improvement functions to the Quality Management and Compliance Department, led by the Director of Quality Management and Compliance. The Director of Quality Management and Compliance is formally designated as the staff member responsible for operating and overseeing the CQI Program. The Director of Quality Management and Compliance is responsible for coordinating with the CCBHC Core Team to implement the CQI Plan and for ensuring that performance data are consistently analyzed and improvement strategies are applied across all Gulf Bend Center programs.

GBC has established an Integrity Quality and Compliance (IQC) Committee as a standing committee to review, evaluate, and promote service quality, safety, and performance improvement throughout the organization. The IQC provides input and reports to the full Board on matters related to clinical quality, risk management, and staff and client safety.

## INTEGRITY QUALITY AND COMPLIANCE COMMITTEE

The IQC Committee provides oversight for quality, safety, and service improvement initiatives across Gulf Bend Center. The committee evaluates and prioritizes improvement efforts, ensuring alignment with organizational goals and removing barriers to effective implementation. The IQC reviews key outcome dashboards, performance indicators, and significant safety events to identify areas requiring corrective or preventive action.

Formal improvement tools are used to examine complex issues, determine contributing factors, and guide data-driven solutions. The IQC also ensures that Gulf Bend Center programs maintain compliance with Certified Community Behavioral Health Clinic (CCBHC) standards and other applicable quality and safety requirements. Through these efforts, the committee supports a culture of accountability, learning, and continuous improvement throughout the organization.

To ensure that all Continuous Quality Improvement (CQI) goals are achieved, the IQC will:

- Establish a structured review process to identify opportunities for improvement and recommend adjustments to staffing, services, and access that enhance the quality, efficiency, and timeliness

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of care.

- Prioritize performance indicators related to behavioral and physical health outcomes, emergency department utilization, hospital readmissions, and repeated crisis service encounters.
- Ensure the Medical Director participates in all aspects of the CQI Plan that pertain to the quality of medical services, including coordination and integration with primary care providers.
- Review and address significant critical events in accordance with regulatory requirements, performance measures, CCBHC standards, and other applicable guidelines.

The IQC Committee members include the following:

- Executive Director
- Chief Operating Officer
- Chief of Clinical Services
- Utilization Manager
- Director of Quality Management and Compliance
- Director of Human Resources
- Director of Information Technology
- Chief Financial Officer
- Director of Program Operations
- Director of Behavioral Health Services
- Director of Intellectual Developmental Disability Services
- Director of Nursing Services
- Community Development Coordinator

## CONTINUOUS QUALITY IMPROVEMENT

The Quality Management and Compliance Department collaborates with the appropriate Directors and Managers to ensure the ongoing implementation of CQI processes across all GBC services, including behavioral health, intellectual developmental disorder, substance use, and crisis services. Gulf Bend Center employs a CQI model that incorporates a structured, organization-wide approach to improving key clinical, operational, and administrative systems. This model is cyclical and data-driven, emphasizing planning, implementation, measurement, evaluation, and refinement to promote ongoing excellence in service delivery. The primary objective of the CQI process is to ensure that quality is embedded throughout all GBC functions, measured consistently, interpreted accurately, and used to inform strategic decision-making.

CQI projects are documented with defined goals, measurable outcomes, and evidence of progress toward established targets. CQI activities are conducted systematically throughout the year and are designed to promote measurable, sustainable improvements in service delivery and clinical outcomes.

Evaluation of GBC service delivery, compliance actions, and performance metrics are tracked and analyzed to assess performance across the Center. The IQC conducts quarterly reviews of materials submitted by members, which include Quality Management updates, CCBHC quality measures, SAMHSA goals and objectives, performance contract indicators, Human Resources data, financial data, Death reports, Utilization Management analyses, IT performance measures, and other information relevant to organizational outcomes. Any measures falling below established benchmarks are subject to focused monitoring and intervention through the Performance Measure process. In addition, the QM Department

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conducts comprehensive annual reviews to evaluate long-term trends, assess the effectiveness of improvement strategies, and identify opportunities for system-wide enhancement.

To support data-driven improvements, the QM and Compliance Department maintains a CQI data monitoring spreadsheet, in addition to the IQC data reporting spreadsheet, to track performance data for T-CCBHC quality measures, SAMHSA goals, objectives, and quality measures, and the Directed Payment Program for Behavioral Health Services (DPP BHS) quality measures. This tool supports timely review, monitoring, and evaluation of clinical quality indicators to drive service improvements. Data is updated regularly and shared transparently through an open-access folder available to the IQC, CCBHC Core Team, SAMHSA Core Team, Executive Management, and the QM Department, reinforcing collaboration and accountability throughout the organization.

### CQI PLAN GOALS

The goals of Gulf Bend Center's CQI Plan are to foster a culture of learning, accountability, and excellence throughout the organization. The CQI Plan provides a structured, data-driven framework to ensure that quality is continuously improved, patient safety is prioritized, and all services are delivered effectively, efficiently, and equitably.

**GOAL 1:** Continue to build upon a culture of continuous learning and improvement that emphasizes continuous quality improvement, patient safety, and enhancement of processes and outcomes across all Gulf Bend Center programs, including behavioral health, intellectual and developmental disability, substance use, and crisis services. This includes partnering with Human Resources to strengthen educational opportunities focused on quality, safety, and performance improvement during new employee orientation and throughout employment. Gulf Bend Center will also maintain continuous readiness to ensure compliance with all legislative, regulatory, and accreditation requirements, including Certified Community Behavioral Health Clinic (CCBHC) standards.

**GOAL 2:** Utilize transparent, meaningful, and evidence-based measures to champion the delivery of high-quality, person- and family-centered care. Gulf Bend Center will ensure that services are safe, effective, timely, efficient, equitable, and client-centered. Data management systems will continue to be refined to support transparency and to provide accessible, accurate, and credible information about the quality and equity of care delivered.

**GOAL 3:** Integrate and align quality initiatives throughout Gulf Bend Center to ensure that continuous improvement efforts are organization-wide and consistent with the Center's mission, vision, and values. The existing committee structure, including the IQC, will guide improvement efforts by reviewing performance data, identifying opportunities for enhancement, and developing targeted action plans. Internal learning collaboratives and cross-departmental communication will also be strengthened to promote organization-wide learning, consistency, and sustainable progress.

**GOAL 4:** Implement an operational CQI process that follows a structured, cyclical approach to identifying, measuring, and improving performance across all service areas. This process includes:

- Identifying practices and processes where improvement is needed to achieve excellence and meet established standards.
- Monitoring these functions accurately using valid and reliable data collection methods.
- Drawing meaningful conclusions from the data collected through careful analysis.
- Implementing targeted, evidence-based changes to improve quality and outcomes.

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- Evaluating the effectiveness of implemented changes.
- Communicating findings, results, and recommendations to the appropriate departments, committees, and leadership teams.
- Documenting outcomes and follow-up actions to ensure accountability, compliance, and continuous advancement of service quality.

Through these goals, Gulf Bend Center's CQI Plan seeks to embed quality improvement into every level of the organization—ensuring that services are effective, person-centered, data-driven, and aligned with the Center's commitment to excellence in behavioral and developmental health care.

### CCBHC QUALITY METRICS

As part of Gulf Bend Center's CQI framework, CCBHC quality metrics function as key drivers of data-informed improvement, enabling the organization to monitor outcomes, refine processes, and maintain compliance with CCBHC standards. These measures provide objective, meaningful indicators of clinical quality, service effectiveness, and access to care across all CCBHC core services. Through systematic collection, analysis, and review of these metrics, GBC identifies opportunities for improvement, evaluates progress toward strategic goals, and ensures the delivery of high-quality, person-centered care consistent with federal and state expectations. The following measures represent the key metrics used to evaluate Gulf Bend Center's performance as a Certified Community Behavioral Health Clinic:

- Time to Services (I-Serv)
- Depression Remission at Six Months (DEP-REM-6)
- Preventative Care Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
- Screening for Social Drivers of Health (SDOH)
- Controlling High Blood Pressure (CBP-AD)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (ED-FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (ED-FUM)

### SERVICE TARGETS, OUTCOMES, AND PERFORMANCE MEASURES

Gulf Bend Center monitors service targets, outcomes, and performance measures established through the LMHA and LIDDA performance contracts to ensure accountability and ongoing improvement across all program areas. Program Directors and Managers are responsible for tracking these measures, evaluating progress, and identifying areas that require additional attention or support. Performance data are reviewed quarterly and presented to the IQC committee for further analysis. The IQC provides recommendations and guidance for process improvements to strengthen service delivery, enhance client outcomes, and support compliance with contract requirements. Through this structured review process, Gulf Bend Center maintains a consistent focus on achieving performance expectations and advancing the quality of care provided to the community.

### IDENTIFIED QUALITY IMPROVEMENT PROJECTS

The CCBHC committee identifies and monitors targeted Quality Improvement (QI) projects that address emerging trends, areas of concern, or opportunities to enhance service delivery. These projects are developed based on data findings, committee recommendations, regulatory requirements, and organizational priorities. Each CQI project will include documentation of the project rationale, baseline data, planned interventions, and measurable progress toward identified outcomes. In addition to

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proactive improvement efforts, the IQC reviews sentinel and critical events to assess contributing factors and ensure timely corrective and preventive actions. The critical events QI projects identified for SFY 2026 are the following:

- GBC will use the Columbia-Suicide Severity Rating Scale (C-SSRS) assessment within our electronic health record system (SmartCare) to track suicide attempts by GBC consumers. The Database Programmer will create a report that extracts this data for review by the CCBHC and IQC committees.
- GBC will establish a process to track and analyze events related to non-fatal overdoses experienced by GBC consumers. The Database Programmer will develop a reporting mechanism within the electronic health record to extract these data for review by the CCBHC and IQC committees.
- GBC will monitor all-cause mortality events, including but not limited to deaths by suicide and fatal overdoses, among GBC consumers by using reports generated in SmartCare. The Death Review Committees will review mortality events as needed. The QM and Compliance Department will maintain these reviews. The CCBHC and IQC committees will review the reports' findings and make recommendations for process modifications when appropriate.
- GBC will monitor 30-day hospital readmissions for psychiatric or substance use reasons by utilizing the Life Events within SmartCare and MBOW reports. A quarterly report will be analyzed to assess readmission rates to inpatient hospitals. The IQC committee will review these findings and make recommendations for process modifications when appropriate.
- GBC will implement a process to focus on populations experiencing health disparities and to target improvement efforts, using data from the Risk Stratification Assessment to inform outcomes. The Database Programmer will create a report to extract this data, establish a unique baseline for each client, and track outcomes over time to assess improved outcomes for each client. GBC will use the disaggregated data (race, ethnicity, age, diagnosis, payer type, etc.) to monitor performance for populations experiencing disparities.

### PERFORMANCE INDICATORS

Each Program Administrator is responsible for monitoring predetermined performance indicators (metrics) that reflect the quality and effectiveness of program outcomes. These indicators are selected or developed annually by Program Directors and Managers, in collaboration with the Integrated Quality Committee (IQC). Each Program or Department will identify a minimum of two performance indicators each fiscal year, based on factors such as internal and external review findings, satisfaction survey results, incident reports, grant or contract requirements, new service initiatives, and other relevant considerations. Additional indicators may be added throughout the year if there are emerging trends or needs warrant further monitoring.

A performance indicator is a quantitative measure that provides objective information about the performance of a program's processes, services, functions, or outcomes. The following criteria guide the selection of performance indicators:

- Relevance: Alignment with Gulf Bend Center's mission, values, and strategic priorities.
- Importance: Focus on processes or outcomes that are high-volume, high-risk, or prone to recurring challenges.

For the purposes of this plan, each indicator consists of five essential elements:

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- Program or Department name
- Performance Standard
- Comparative data used to assess performance
- Performance threshold or target
- Data collection activities, including how the data will be collected, by whom, and the frequency
- Outcomes, including whether the current process in place allows the threshold to be met
- Plan, Do, Study, Act (PDSA) if applicable

### SUMMARY AND COMMITMENT TO QUALITY AND EXCELLENCE

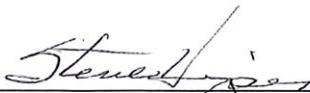
Gulf Bend Center reaffirms its commitment to delivering high-quality, person-centered services through a systematic, data-driven approach to continuous improvement. The CQI Plan serves as a dynamic framework that guides organizational learning, strengthens accountability, and ensures that all services reflect the highest standards of safety, effectiveness, equity, and responsiveness. Through rigorous performance monitoring, collaboration across departments, and active engagement of leadership, staff, and stakeholders, Gulf Bend Center strives to identify opportunities for advancement and to implement meaningful changes that enhance outcomes for the individuals and communities we serve. As an organization, we embrace transparency, innovation, and a culture of ongoing evaluation to ensure that care remains accessible, integrated, and aligned with regulatory expectations and best practices. With this plan, Gulf Bend Center renews its dedication to excellence and its unwavering focus on improving the health, well-being, and quality of life of every person who entrusts us with their care.

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### SIGNATURE PAGE

### APPROVAL

The Continuous Quality Improvement Plan for Gulf Bend Center was reviewed and approved on  
12/9/2025.



Steve Hipes, Gulf Bend Center Board of Trustees Chair



Jeffrey Tunnell, Executive Director Gulf Bend Center



Sebbie Miller, Director of Quality Management and Compliance, Gulf Bend Center