

# CQI 2025 Projects

Tides CQI Team



**TIDES FAMILY SERVICES**

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**WE NEVER GIVE UP ON A KID... NEVER!**

# 2025 CQI Initiatives and Team Activity

The CQI team creates yearly initiatives, based on leadership requests, agency strategy and goals, and staff and stakeholder needs. The 2025 initiatives were:

- Electronic Health Record data quality and system updates to support team needs
- MRSS workflow, data, and reporting
- Reporting and dashboards
- Process improvement
- CMS billing transition

All projects undertaken by the CQI team are evaluated by priority based on how well they support these initiatives. Initiatives and related projects are reviewed in each CQI weekly meeting and updated as needed in response to leadership initiatives.

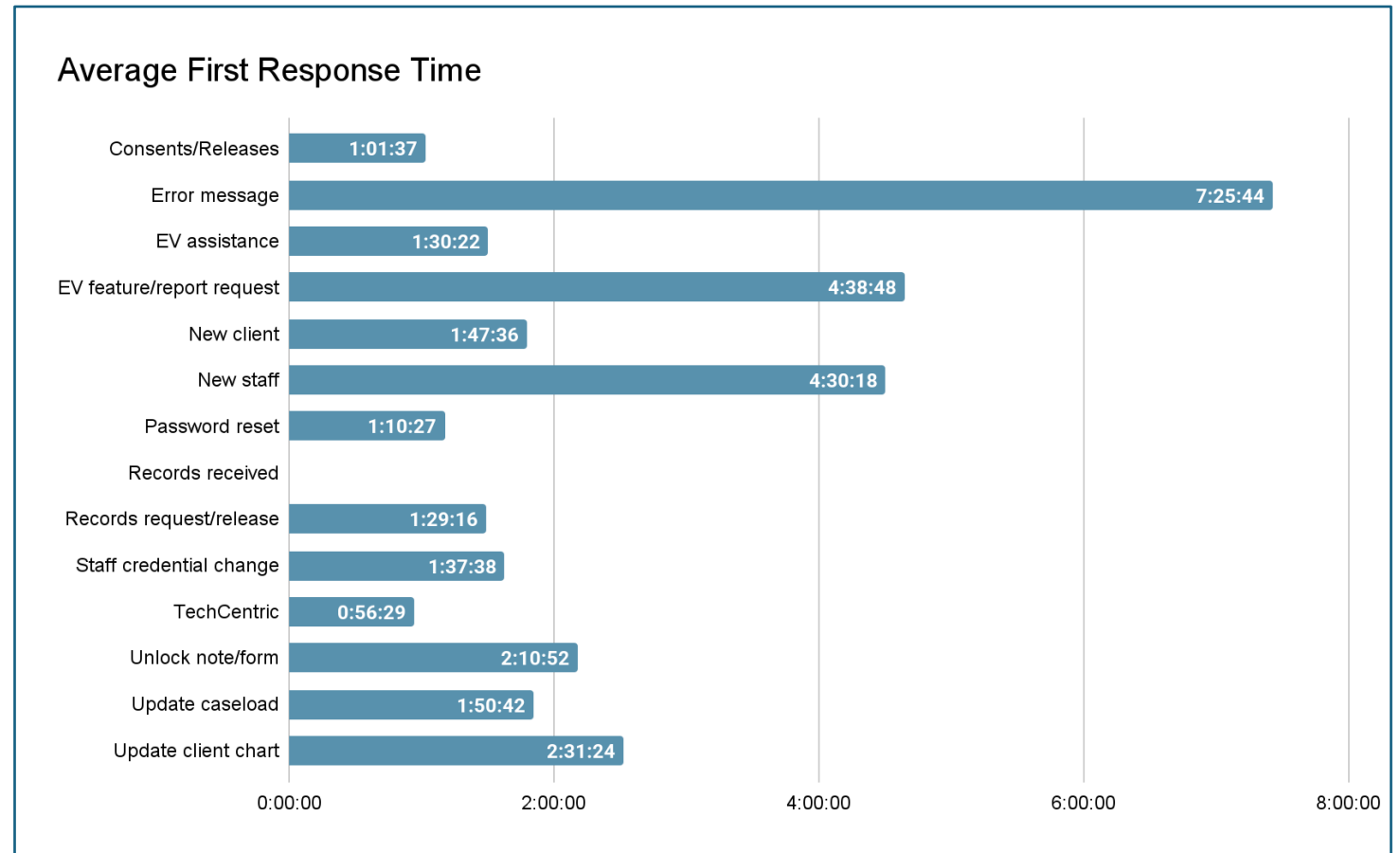
# Electronic Health Record data quality and system updates to support team needs

Accurate, up-to-date case records provide treatment teams with a clear picture of a client's treatment progress, and the basis for decisions that eventually lead to discharge. Case records which are not compliant with program standards may threaten accreditation and contract requirements. The team completed 79 projects which reduce duplication of effort and streamline workflows for direct service staff, including:

- Creation of on-demand training for new hires
- Creation of new programs, forms, and fields in response to expansion of the service array
- Monthly and weekly data quality checks
- Quarterly chart compliance audits

# Project spotlight: Echo Help Desk

The Echo Help desk was started in early 2025, in response to staff requests for a single interface for staff to raise questions related to Echo Vantage and general documentation issues. Since the Help Desk was created in February 2025, 1,188 requests have been entered and resolved. Most projects came to the Echo help desk from direct service staff. The average response time is 2 hours 21 minutes and the average resolution time is under 24 hours.



# MRSS workflow, data, and reporting


Optimizing systems operating the Mobile Response and Stabilization Services program is critical for maintaining its rapid response times, effective service delivery, quality documentation, and high data collection demands for its quick turnover of clients.

The goals of this initiative were to optimize data entry, data collection, data reporting, and process for MRSS staff and clients.

# Project Spotlight: MRSS Program Fidelity Tracking

Starting October of 2024, Rhode Island began its Certified Community Behavioral Health Clinics (CCBHC) regional program model for behavioral health. As a Designated Collaborating Organization (DCO) for the CCBHCs of Rhode Island, Tides is expected to provide high quality MRSS services to children under the guidance of the MRSS Fidelity Tool developed by Ohio’s Child and Adolescent Behavioral Health Center of Excellence and Center for Innovative Practices. The Fidelity Tool benchmarks highlight the importance of face-to-face contact with the client, short lengths of service, safety planning, stabilization services, and aftercare planning.

**Mobile Crisis Response Stabilization Program Fidelity Report**



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Oct 2024 through Nov 2025

**Benchmark Summary**

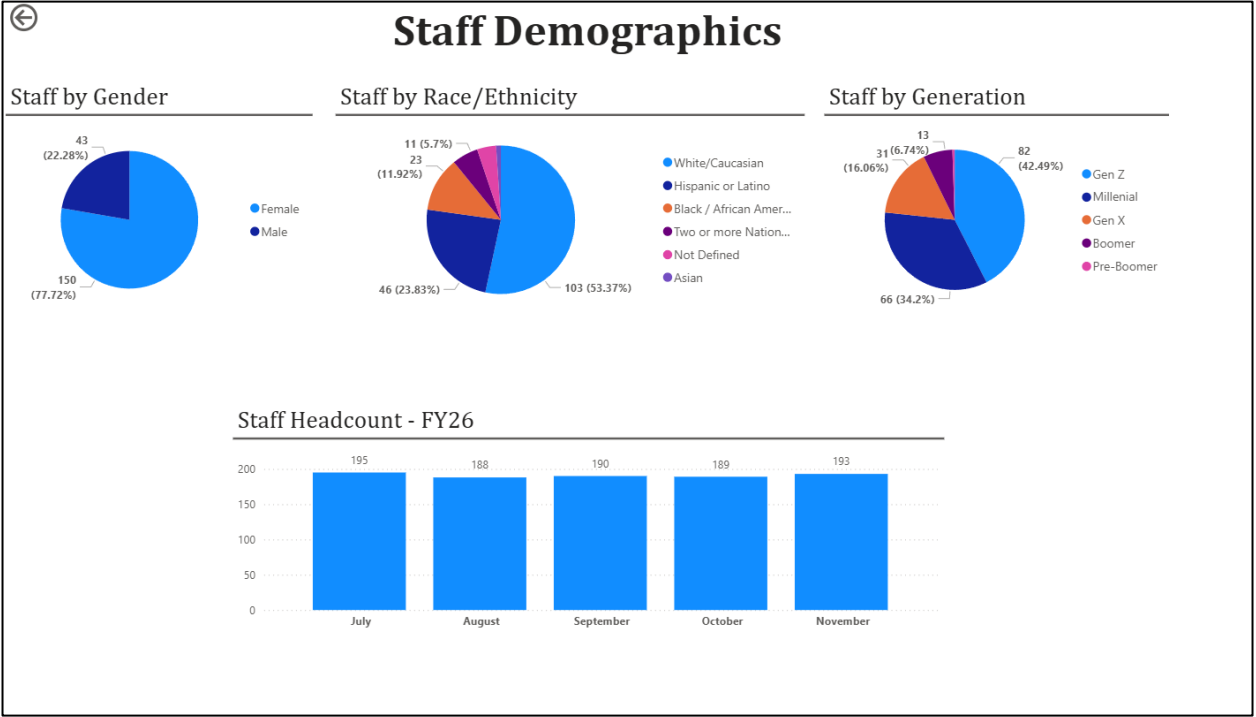
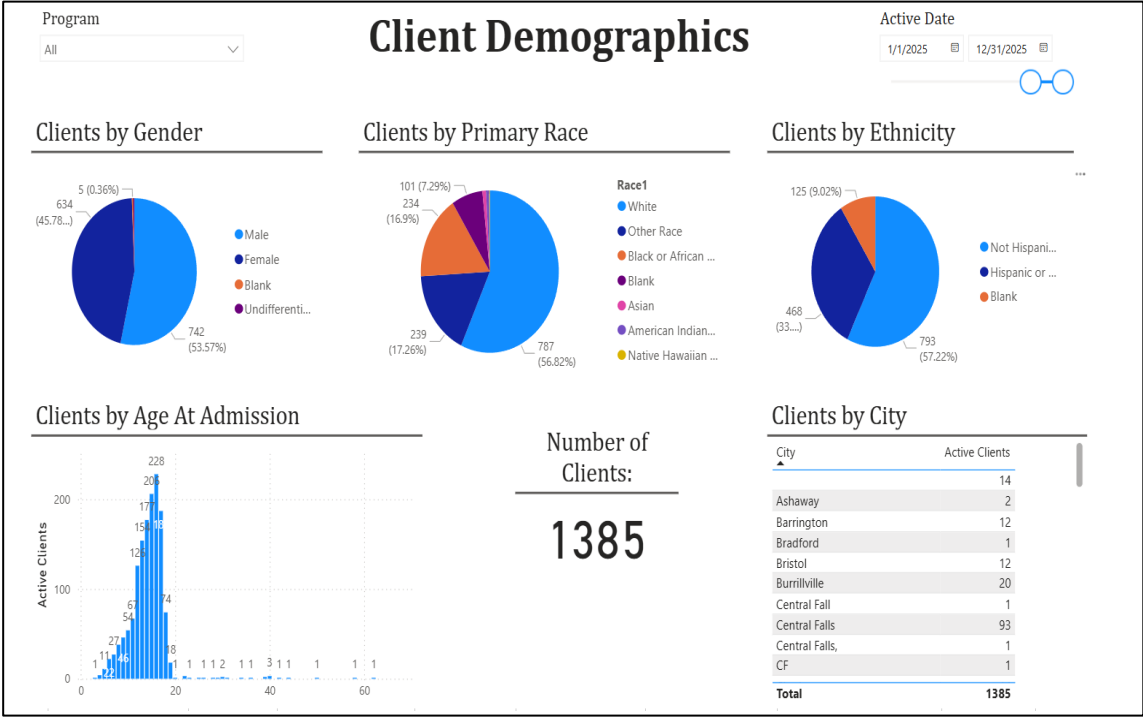
Benchmark #	Benchmark Subject	Benchmark Description	Measure	Gateway Included	Value	Rating
01	Initial Visit	A face-to-face visit in the home or community is completed for each episode.	(# initial service completed at enrollment start AND with location excluding telehealth) / (# enrollments)	No	96.1%	6 out of 6
02	Safety Planning Timing	Safety Plan was completed at first contact with youth.	(#(safety plan dates) = (initial service dates)) / (# enrollments)	No	74.9%	2 out of 6
03	Immediate Response Time	Immediate episodes receive face-to-face visit within 60 minutes.	(#(initial service datetime - referral call end datetime) <= 60 minutes) / (# immediate enrollments)	Yes	60.1%	1 out of 5
04	Program Duration	Youth received stabilization services of 4 days or more.	(# enrollments length of service >= 4 AND excluding immediate hospitalizations) / (# discharges)	Yes	93.7%	5 out of 5
05	Family-Defined Problem	The family defined the problem.	(# intake assessment #1 content present) / (# enrollments)	No	90.7%	5 out of 5
06	Referrals and Linkages	Youth/families were referred to services or supports that were indicated prior to MRSS discharge.	(# aftercare plan #6 present excluding 'declined') / (# enrollments excluding immediate hospitalizations, LOS to discharge less than 4 days, and 'lack of engagement' and 'refused services' discharge reasons)	No	94.6%	5 out of 5
Bonus 01	Youth/Family Peer Support	Youth and/or family receive peer support services.	(# enrollments with PSN staff) / (# enrollments)	Yes	26.8%	1 out of 2
08	Program Duration	MRSS episode does not exceed 42 days.	(# enrollments <= 42 days) / (# discharges)	Yes	84.0%	3 out of 4
09	Safety Plan	Comprehensive Safety Plan is present in 100% of charts reviewed.	(# safety plans) / (# enrollments excluding immediate hospitalizations)	No	92.1%	N/A
09.a	Safety Plan	Safety Plan includes assessment of safety concerns, risk behaviors, escalation patterns, and crisis triggers.	(# safety plan #1 aka 'warning signs' present) / (# safety plans)	No	99.4%	N/A
09.b	Safety Plan	Safety Plan includes actionable crisis stabilization steps created in collaboration with youth and family with strategies that are easily understood.	same as 09	No	92.1%	N/A
09.c	Safety Plan	Safety Plan includes risk mitigation and safety promotion steps were identified, implemented, monitored, and updated as needed.	(# safety plan #4 aka 'service environment' present) / (# safety plans)	No	95.6%	N/A
09.d	Safety Plan	Safety Plan includes natural supports and does not rely exclusively on professional resources.	(# safety plan #3 aka 'family and friends' present) / (# safety plans)	No	97.5%	N/A
09.e	Safety Plan	Safety Plan is signed by youth and caretaker. There is documentation of plan being provided to family.	(# safety plans signed by youth AND caregiver) / (# safety plans)	No	25.7%	N/A
<b>Safety Plan Total</b>		N/A	product of 09, 09.a, 09.c-e for 4 if 100%, product of 09, 09.a, 09.c-d for 3 if 100%, product of 09, 09.a, 09.c for 2 if >=90%, product of 09 and 09.a for 0-1	N/A	91.5% for 09 and 09.a	1 out of 4

# Reporting and dashboards

The CQI team has created Leadership dashboards using Power BI. These are used to provide real-time visibility to data about agency clients, personnel, and finances, and to enable use of client data to address racial, ethnic, and socioeconomic disparities faced by Tides clients. This data can be critical for obtaining funding, increasing recruitment and retention of staff, and building external support for our programs and our clients' needs.

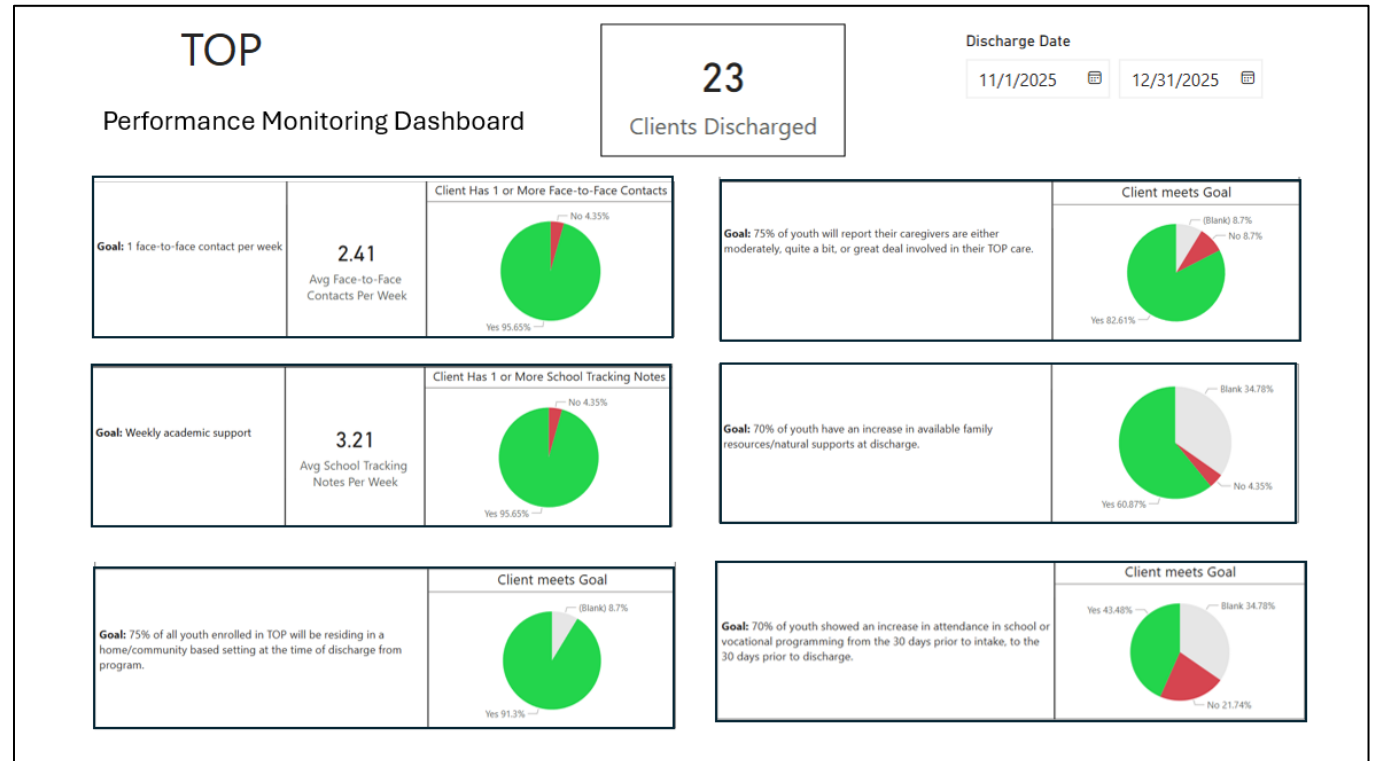
# Project Spotlight: Leadership Dashboards

Leadership dashboards provide information on client demographics, incidents, and outcomes. They also include data on staff demographics and productivity, and financial highlights. These dashboards are reviewed monthly by agency leadership.



# Project Spotlight: Performance Monitoring Dashboards

Performance monitoring dashboards provide performance data for DCYF programs at discharge. All performance measures in the DCYF contracts are tracked via these dashboards. Data in the dashboards provide real-time outcomes for all discharged clients. Teams use the dashboard to monitor adherence to performance standards and to make corrections as needed.



# Process improvement

## Process Improvement

The team executes process mapping, process analysis, and process optimization projects for common agency processes, especially legacy processes developed before our current tech capabilities. The CQI team has had success converting manual data collecting methods to automated data collection from our SQL databases (Echo Vantage and Paylocity) and is currently exploring the use of AI in analyzing agency data and processes.

### **Project spotlight: DCYF census project management**

In April 2025, weekly DCYF census reporting was taken over by the CQI team in order to automate a process that was previously completed manually through YMF emails. By automating the census reporting through Echo Vantage, the process is much quicker and streamlined, reducing errors by correcting them at the source in the Echo database. We have the ability to modify these reports with ease in order to meet additional DCYF requirements for data reporting, such as client disruptions and visit frequency. Through census reporting, we are also able to quickly describe visit frequency to the clinical teams so they may monitor families struggling with engagement. Since 5/21/25, there has been a 43% decrease in the number of clients who had no visits within the previous 2 weeks

# CMS billing transition

The upcoming transition from bundled rates to direct billing requires meticulous tracking of billable hours; the CQI team has increased focus on productivity, compliance, and enhanced documentation standards aligned with CMS requirements.

The goals of this initiative are to track direct client time for all DCYF programs, measure client engagement, and measure compliance with Medicaid standards.

# Project Spotlight: Productivity Dashboards

The productivity dashboard was created in Spring 2025 to allow Supervisors, Directors, and Senior Leaders to view client engagement and staff direct contact hours with clients. The dashboards show # of contacts, duration of contacts, and # of assigned clients seen each week. Between July-Oct 2025 there was a 60% increase in the number of hours staff spent face to face with clients and families, compared to the previous 4-month period.

