

Collaborating for Excellence

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How to use this document:

- There are two ways to use this document - either manually with the INDEX and page numbers or with the PAGE THUMBNAILS within the PDF.
- Manually each section is listed by number and spanning page numbers on the Index page (i.e. Page 1 of the PDF) as well as on the bottom right corner of each page of this PDF document.
- **To GO DIRECTLY** to the report or marketing piece, you would like to view, **CLICK** on the line on the Index page labeled with name of the document you are looking for. It will bring you to the first page of that section of the PDF, then view the pages as needed, or **CLICK** on the titled thumbnail page from *Adobe Acrobat*.
- **To PRINT the pages** you would like to share, use the PAGE NUMBERS indicated on the index that coordinates with the document you are referencing. You may **PRINT to a printer** or **PRINT as PDF** to create a new digital document to share via email or server. For EXAMPLE using the reference below, go to **PRINT and BE SURE to type in pages 27-30 in your PRINT QUE** for the “2012–2013 Annual Report” as well as determine whether your document will be printed on paper or into a new PDF separated from the rest of this document:

7. 2012–2013 Annual Report

27–30

- You may also print a section by selecting the **THUMBNAIL PAGES** and **PRINT SELECTION**.
- Please be mindful of the style guide sheet at the end of the document for proper usage of the CFBHN logo and fonts.



Collaborating for Excellence

Quality Improvement



Collaborating for Excellence

Quality Improvement encompasses a variety of options to deploy the latest in process improvement techniques, maximize utilization, ensure appropriate accreditation and reduce risk. Every CFBHN contracted Partner is committed to quality improvement participation. Using our nationally trained NIATx™ Change Leaders, CFBHN can guide businesses through a proven model of rapid cycle change predicated on existing resources. Utilization Review, powered by the latest Milliman® software, ensures the right care at the right place at the right time at the right intensity to produce desired results. CFBHN also assists Partners in securing and maintaining appropriate accreditations — providing consumers peace of mind when accessing services. Finally, our Certified Risk Managers help Partners identify and reduce risks and liability through onsite facility inspections and clinical operations reviews, development of disaster preparedness protocols, and creation of incident reporting and tracking systems.

Network Development & Clinical Services



Collaborating for Excellence

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the continuum of care. Network development is never complete – it is an ongoing and evolving process. Product offerings and their delivery are under constant review. Analysis shows what is successful and what needs adjustment, then close collaboration with Partners determines clinical decision-making. Recent initiatives include reduction in use of “deep-end” more expensive crisis services in favor of less costly front-end prevention services – all while producing better outcomes. Constantly on the forefront of innovative and evidenced based best practices, Network Development and Clinical Services locates and secures internationally renowned trainers and educators then brings them to the area to provide customized and focused CEU seminars and professional development training. Finally, a key element of Network Development success is growth and expansion of unique coalition, consortium and community provider organizations supported by CFBHN’s “feet on the street” management team.



www.cfbhn.org

Information Management



Collaborating for Excellence

Today's fast paced business environments demand cutting edge computerized business intelligence solutions. Being able to access data, link to outcomes and properly validate costs is key to making quality decisions that affect lives for the better and ensure cost accountability. CFBHN's powerful and secure system platform on Microsoft® SharePoint® can be tailored to meet your need for specialized data sets in "real-time". Confidential information is never compromised during transmission. Web portals offer the latest in shared technology for generating easy-to-read reports when and how you need them and dynamic data "CUBING" offers powerful drill-down capabilities for sophisticated data mining. We are experts in deploying the latest mobile technology. Recently in-field system navigators began using Apple® iPad® for real-time data access and input. Other key initiatives include launching Telemedicine for improved service access and migration to a secure Electronic Health Record system. Our IT team offers vast experience in benchmark analysis, predictive modeling and customized vouchering systems to track expenditures. Help-desk support is there for you 24-7. Our Partners never feel alone with continuous up-to-the-minute training in the latest product enhancements for their chosen technological solution.



www.cfbhn.org

Financial Management



Collaborating for Excellence

CFBHN has the expertise to negotiate and manage federal, state, county and commercial contracts ensuring that each contract undergoes a rigorous process for compliance, accountability and sanctioning when appropriate. With a 5-year track record of clean audits, Accounting offers full-service fiscal management overseeing accounts receivable and payable in a state of the art computerized system. Our Partners received monthly statements of cash flow projections and detailed analysis to assist them in budgeting and forecasting. Other services available include analysis of potential acquisitions and allocation of capital and assistance with implementation of internal controls and processes. CFBHN's newest division, Group Purchasing, selects the most essential business services then seeks qualified collaboratives to offer our Partners attractive group discount rates. Savings can drastically reduce bottom line expenses freeing capital for more productive purposes. Human Resources is another full-service department experienced in sourcing benefits plans for health, dental, vision, 401K and EAP programs as well as payroll services. Other areas of expertise include development of salary surveys, employee handbooks, written policy and procedures and employee screening protocols. Finally, HR can assist with any type of Board Development and securing MOU's from community partners and stakeholders.



www.cfbhn.org

Consumer & Family Affairs



Collaborating for Excellence

Almost every publically funded service entity from Child Welfare, Justice Services and Medicaid Managed Care requires the inclusion of consumers and families in the planning, development, execution and monitoring of services. CFBHN has developed a robust department dedicated to engaging consumers and family members in community level advocacy. Consumer & Family Affairs provides active leadership development to a variety of grass-roots community advocacy organizations, conducts continuing education (CEU) training opportunities and guides development of targeted social marketing campaigns. Recently, a successful pilot program launch gauged consumer satisfaction via a computerized research tool. Projects like this drive process improvements throughout all system platforms.

Business Development & Marketing



Collaborating for Excellence

Effective positioning in today's marketplace is crucial for long-term success. Using Marketing's 4-P's we will identify the key elements to position your products or services appropriately then move from thought to action. Business Development & Marketing will analyze current or new market potential gauged against your organization's strengths then design a solution for maximum market penetration. We will work closely with you to develop comprehensive communication strategies that align with your goals and support your objectives. If you are in need of a minor facelift or a complete redesign, we can update your brand image and flow that concept throughout your collateral support materials. We can update your web site or leverage the latest in social media platforms for both internal and external communications. Public relations, event planning and fund raising assistance is also available. Finally, we seek to facilitate and support collaboratives in the community through our Alliance Partnership with Help Fuel A Cause.



www.cfbhn.org



Help Fuel A Cause Alliance is an innovative promotional organization connecting businesses with non-profit organizations to help impact the world in a positive way.

helpfuelacause.org



719 South US Highway 301 • Tampa, FL 33619

BRIDGING GAPS WITH MANAGEMENT SOLUTIONS

CFBHN works collaboratively with every Partner to deliver solutions designed to meet today's challenges. Uniquely tailored to fit your needs, our customized management solutions deliver quality and value.

Our administrative office is conveniently located in Tampa, Florida. We offer a full range of services in six departments: *Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services, and Quality Improvement.*

Call today and put our team of professionals to work for you.



Collaborating for Excellence

- Business Development & Marketing • Consumer & Family Affairs
- Financial Management • Information Management
- Network Development & Clinical Services • Quality Improvement



Business Development & Marketing

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Financial Management

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Information Management

Today's fast paced business environments demand cutting edge computerized business intelligence solutions. Being able to access data, link to outcomes and properly validate costs is key to making quality decisions that affect lives for the better and ensure cost accountability. CFBHN's powerful and secure system platform on Microsoft® SharePoint® can be tailored to meet your need for specialized data sets in "real-time". Confidential information is never compromised during transmission. Web portals offer the latest in shared technology for generating easy-to-read reports when and how you need them and dynamic data "CUBING" offers powerful drill-down capabilities for sophisticated data mining. We are experts in deploying the latest technologies like Apple® iPad®, telemedicine and secure Electronic Health Record (EHR) systems.

Network Development & Clinical Services

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the continuum of care. Network development is never complete – it is an ongoing and evolving process. Product offerings and their delivery are under constant review. Analysis shows what is successful and what needs adjustment; then close collaboration with Partners determines clinical decision-making. Recent initiatives include reduction in use of "deep-end" more expensive crisis services in favor of less costly front-end prevention services – all while producing better outcomes.

Quality Improvement

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BRIDGING GAPS WITH MANAGEMENT SOLUTIONS

CFBHN works collaboratively with every Partner to deliver solutions designed to meet today's challenges. Uniquely tailored to fit your needs, our customized management solutions deliver quality and value.

Our administrative office is conveniently located in Tampa, Florida. We offer a full range of services in six departments: *Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services, and Quality Improvement.*

Call today and put our team of professionals to work for you.



719 South US Highway 301, Tampa, FL 33619
phone: 813-740-4811 fax: 813-740-4821
www.cfbhn.org



Collaborating for Excellence





Information Management

Today's fast paced business environments demand cutting edge computerized intelligence solutions. We offer a secure system platform using Microsoft® SharePoint® that can be tailored to meet your data mining needs. Deploying the latest technology is our specialty like using Apple® iPad® for in field use, telemedicine for increased accessibility to care and storage of Electronic Health Record (EHR) information in a secure system.

Network Development & Clinical Services

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the care continuum. We support best practice and evidenced based clinical pathways with customized training programs as well as community involvement with our "feet on the street" management team.

Quality Improvement

Quality improvement encompasses a variety of options to deploy the latest in process improvement techniques, maximize utilization, ensure appropriate accreditation and reduce risk. NIATx™ change process improves delivery of services within existing resources and use of Milliman® software ensures the right care at the right place at the right time at the right intensity for desired results.

Business Development & Marketing

Effectively positioning yourself in today's market is crucial for long-term success. We use Marketing's 4-P's to identify key elements that will most effectively position your products or services appropriately then move from thought to action. Your solution can be as broad or targeted as you desire from complete rebranding to managing a special project or assistance with social media.

Consumer & Family Affairs

Our robust department is dedicated to engaging consumers and family members in the planning, development, execution and monitoring of products and services. Consumer feedback is crucial in developing the best mix that is both cost efficient and effective.

Financial Management

From complete contract management to state of the art computerized "back office" accounting functions we offer solutions for all your needs. Group purchasing and human resource services complete the package.



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2010 – 2011 Annual Report

Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life.”

Looking back on the previous year, I am moved by the work that has been completed as Central Florida Behavioral Health Network assumed responsibility of the SunCoast Region as Florida’s first Managing Entity for substance abuse and mental health services. Managing Entities are designed to be cost-conscious integrators of high quality behavioral and whole health systems and we have developed and used technology and innovation during the course of the past year to enhance individual lives and create solutions for the communities we serve. Our culture inspires innovation, excellence and compassionate care and fosters collaboration – between individuals, teams, programs, partners, governments and others – to ensure new knowledge and care solutions can be applied as widely and effectively as possible. More and more, these solutions rely upon integration of diverse services, expertise, programs and processes to ensure consumers get the right care, in the right place at the right time. In this community report, we highlight only a small portion of the contributions and successes over the past year. Importantly, we worked closer than ever with our key partners, the Department of Children & Families and the Juvenile Welfare Board, to deliver high-quality services, improve care quality and outcomes, reduce costs, and find efficiencies through innovation and administrative cost reductions. Looking towards the future we will continue working to improve access to care, provide the most effective and cost efficient integrated treatment solutions available and support use of Evidenced Based Practices. Thank you to the Department of Children & Families, the Juvenile Welfare Board and our network of provider organizations for helping individuals and families in their quest for wellness and recovery.

Linda McKinnon
CEO

Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.





Community Focus... Individual Results

Seamless Transition

On July 1, 2010, Central Florida Behavioral Health Network assumed responsibility of the Department of Children & Families substance abuse and mental health funded services for the SunCoast Region. Transition to the Managing Entity occurred without disruption to the established safety net provider network and ensured continuity of care for individuals that rely on publically funded services. Contracting with fifty-two providers in eleven counties from Pasco to Lee, CFBHN served over 105,000 individuals in the previous year with a full array of services. Services included acute care, residential treatment, housing, medical, outpatient and recovery support. Substance abuse prevention services are provided to over 40,000 at risk children.

CFBHN Culture

What CFBHN has developed in a short period of time is truly phenomenal. It is true that an organization that serves people needs to recruit, develop and retain employees who are exceptional. CFBHN employees are just that. They challenge themselves and each other daily to be truly innovative in seeking breakthrough solutions. Their creativity is tapped in a variety of ways and their marked agility enables them to adjust rapidly and quickly produce results. They are insatiably curious and embrace possibilities. CFBHN has become a learning environment incubator where benchmarking is de rigueur and knowledge is continually shared – both individuals and the organization benefit from this curiosity. Above all, CFBHN employees hold themselves and our partners accountable for being the best stewards of public funds and maximizing production results.

Guiding Principles

As CFBHN moves forward to accomplish its mission there is a genuine commitment to understand the uniqueness of every community we serve. In doing so we foster collaboratives that focus on common goals and provides respect for each partner's valued leadership in their community.

These partnerships will become the bedrock to implement standards of care that are based on Evidenced Based Practice and will take integration with healthcare systems to the next level. We know that whole health and wellness is essential for individuals and systems. Being on the forefront of anticipating future needs with health care reform is a challenge we also embrace. Finally, we are committed to using the power of technology to drive decision making and help us become the most advanced, efficient and effective system of care.

Juvenile Welfare Board (JWB)

In 2008 CFBHN contracted with the Pinellas Juvenile Welfare Board (JWB) to develop and manage a Family System of Care for Pinellas County. This innovative contract provides families access to supportive services through a service pool of dollars. The program was initially a therapeutic model but is now moving towards becoming more of a "prevention anchored in the community" model. The Information & Referral Hotline – 211 is currently the front door for Pinellas County families to call in and be screened for services. Some families are then scheduled for assessments and receive case management/navigation by PEMHS staff. These staff provide linkage and referral to coordinated services that will best meet the family's needs. CFBHN provides utilization review of all services.

Innovation... The Next Phase

This past year CFBHN invested over \$100,000 in targeted training for Evidenced Based Practices including development of Peer Services for individuals and families, Co-occurring Disorders Treatment, and Trauma Informed and Recovery Oriented Care. Our goal to improve access to care will occur through improved communications, streamlined and standardized admissions criteria and improved discharge planning. With our ability to do sophisticated data mining, we have found that 80% of all individuals served successfully in the system of care cost less than \$5,000. However, the remaining 20% struggle to cope with the most severe mental and physical illnesses and are not as successful in achieving



recovery. It is imperative we address these high cost utilizers and find more integrated and comprehensive ways to meet their needs at a more sustainable cost to the system.

One of the biggest “stressors” of the current system – forensic involved individuals – needs to be addressed as well. We are seeing increasing numbers of priority admissions from prisons; 270 in the first quarter of 2011 compared to 208 in the same period the prior year.

However, there is good news for families on a variety of fronts. This area was just awarded a System of Care grant to begin the process of identifying key elements required for a truly groundbreaking initiative in total family care. CFBHN staff were instrumental in supporting this collaborative initiative and will remain engaged in the process as this grant award is implemented.

Fiscal accountability is key to all public service, especially in these times. Administrative cost reduction is always front and center. This past year CFBHN used administrative cost savings in excess of \$550,000 to invest into the system of care. Not only are we scrutinizing everything we do for cost savings we are also exploring volume purchasing opportunities that will benefit our contracted provider organizations.

Finally Governance is an important element in providing prudent oversight, guidance and community ownership. Our governance structure is built around consumers, engaged community partners as well as stakeholders who serve in a wide variety of key leadership positions in their communities.

Community Consortia bring another important voice to the conversation and Community Coalitions pinpoint local needs to reduce substance use and abuse.



Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Dr. Robert Nixon, President

Strategic Planning and Solutions
Professor Emeritus USF Tampa

Craig Latimer, President Elect/Treasurer

Retired Major Hillsborough County Sheriff's Office
Chief of Staff Hillsborough County Supervisor of Elections

Nancy Hamilton, Past President

CEO Operation PAR

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas County

Community & Stakeholder Directors

Circuit 6 Pinellas & Pasco Counties

Paula O'Neil, Clerk of Courts Pasco County
Gary MacMath, CEO Boley Centers, Regional Council Chair Circuit 6

Circuit 10 Polk, Highlands & Hardee Counties

Gaye Williams, CEO Central Florida Health Care (FQHC)
Susan Benton, Sheriff Highlands County
Robert Rihn, CEO Tri-County Human Services,
Regional Council Chair Circuit 10
Kathy Hayes, Division Director Winter Haven Hospital,
Behavioral Health Division, Private Receiving Facility Circuit 10

Circuit 12 Desoto, Manatee & Sarasota Counties

Ed McBride, Senior Vice President Sarasota YMCA
Mary Ruiz, CEO Manatee Glens, Regional Council Chair Circuit 12

Circuit 13 Hillsborough County

Richard Brown, CEO Agency for Community Treatment Services
April Dean, Local Outreach Director Grace Family Church
Walter Niles, Director Health Equity Office,
Hillsborough County Health Department
Brian Rushing, Youth Community Director
Dr. Alvin Wolfe, Distinguished Professor Emeritus
USF Department of Anthropology
Mary Lynn Ulrey, CEO Drug Abuse Comprehensive Coordinating Office,
Regional Council Chair Circuit 13

Circuit 20 Charlotte, Collier, Glades, Hendry, & Lee Counties

Ann Amall, Director Lee County Human Services
Jon Embury, Court Operations Manager Charlotte County Clerk of Courts
Kevin Lewis, Executive Director Southwest Florida Addictions Services,
Regional Council Chair Circuit 20



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Healing through Art...The Project Return Story

Sandra B. and Loren G. claim their usual work space each morning. They met a few months ago when Loren became a member at the Project Return Center for people experiencing mental illness. Sandra has been attending art classes for many years so she knows her way around the art supply room. Depending on her mood, she may pull out an unfinished painting or settle down with a basket of colorfully pattern material scraps for a needle work appliqué project. Their styles couldn't be more different: Loren cautiously outlines the figure of a cowboy breaking in a horse, careful to follow the exact contour of the figure, while Sandra loads her brush up with paint and applies with a flourish.

"I never knew I had this talent, until I came to Project Return," Loren says. He has found his passion. Whimsical figure drawings attest to his natural ability for delicate and precise detail, however, he hesitates when it comes to color. "That is something I am working on – getting over my fear of making an irreversible mistake." Sandra is teaching him to treat each attempt as part of a learning process. "Mistakes are part of the process" she says, "Don't let fear of failure stop you from trying to create something beautiful or interesting."



"House in the Village" by Luzaldo C.

Visitors at the Central Florida Behavioral Health Network's Tampa offices can see an exhibit of paintings by Project Return artists that is impressive in variety and skill level. Traditional landscapes, expressive abstract compositions and skilled figurative studies line their hallways and serve as reminders of the positive impact art can have in the daily lives of those who make it and those who simply enjoy it.

Many artists work at Project Return and on any given day you might see fifteen to twenty. Instruction is tailored to individual styles, skill levels and expectations and artists learn not only how to express themselves, but how to care for and maintain materials. Responsibility and ownership develops naturally and abilities are given a chance to develop in a completely relaxed and non-threatening atmosphere.

Art instructor, Michelle Barron, encourages members to treat the program as a resource, not as a fixed study course. "The minute someone picks up a piece of charcoal and begins to experiment with line and



Tommy D. in front of his painting "The Stilling of the Storm."

shape on a piece of newsprint, they are beginning to engage with something outside themselves in an active, creative and positive way," she says. In the process, friendships develop and often a sense of identity is fostered. Artists do not refer to their art as "therapy" – it is a way of life. Artists busily gather materials, set up their work spaces, peruse the art library for inspiring reproductions and then get to work. Michelle works her way from table to table, advising Loren on color choices, helping a young woman thread a beading needle, or checking on a table busily making holiday decorations.

Artwork is displayed in the Lobby Gallery as well as other public spaces and can be purchased at various locations throughout Tampa Bay. Proceeds benefit individual artists and the program and every May, in celebration of Mental Health Month, they host an annual open house.



John B. in lobby with his painting.



Loren G. and Sandra B. with Loren's painting.

Several artists have also been featured in one person shows. John B. participated in the Princeton University Medical Center annual juried art show for people with disabilities and has received numerous awards. Tommy D. is represented through a north Georgia art gallery and is currently featured in "Outsider Art Inside the Beltway," a juried show coordinated through Art Enables in the Washington D.C. area. Several times artists have been commissioned to create special pieces. In 2008 they created Community Service Awards presented at the annual Disability Awareness Expo at the Museum of Science and Industry. In 2009, Norman M. created the City of Tampa's Disabled Employee Award of the Year. His wooden sculpture incorporated a variety of textures created through wood burning and mixed media. He designed the piece specifically for the award recipient who is visually impaired.

"I look forward to painting each day when I get up," Sandra says. "And now Loren and I look forward to it together." Meaningful activity in a relaxed setting helps build a sense of identity, purpose and belonging. These artists celebrate and support each other and in doing so, they celebrate life. □



Bridging Gaps with Management Solutions

Business Development & Marketing

Rebranding of CFBHN across all communication vehicles to support education and outreach.

Engaged community stakeholders and partners in federal and state grant applications.

Developed group discount programs to reduce sub-contractor costs.

Developed Administrative Cost Ratio Methodology to track administrative cost efficiencies for the network.

Financial Management

Transitioned to fully automated accounting system. Benefits include administrative efficiencies, error reduction and ability to tie to individual.

Trained all provider sub-contractors on electronic invoice submission.

Brought into alignment all reporting requirements.

Network Development & Clinical Services

Implementation of uniform SIPP admission and discharge processes reduced overall admissions.

Prevention Coalitions were established in ten SunCoast Region communities.

The SARG Process is fully funded and brings a targeted focus on how to meet unique community needs for substance abuse reduction.

CFBHN is well positioned to maximize BNet funds. Total families served have increased 5% over previous year.

FACT focused on graduation concept and new admissions. Over 100 new admissions and 112 discharges have occurred this past year.

Consumer & Family Affairs

Provided certification preparation training for almost 40 family and adult peer specialists with the goal to improve access and service delivery outcomes.

Used ROSI (Recovery Oriented Systems Indicator) survey tool with almost 200 consumers to pinpoint needs. Results will be used to guide system development and improve service delivery.

Established NAMI support groups and hosted region wide community education courses.

Information Management

Grew infrastructure to meet increased demands. Multiple upgrades allows for increased security and functionality including mobile device management.

SharePoint web access now serves over 300 internal and external users providing a multitude of instance access reporting capabilities.

Quality Improvement

A number of reporting and data access instruments have been developed and launched to streamline communications.

Adoption of Milliman Continued Stay Guidelines will pinpoint appropriate clinical steps to develop alternatives to high cost, "deep end" services.

The NIATx protocol was adopted to lead rapid cycle improvement change processes throughout the system of care.



Our partner Help Fuel A Cause Alliance is an innovative promotional organization connecting businesses with non-profit organizations to help impact the world in a positive way.

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Central Florida Behavioral Health Network, Inc.

2011 – 2012 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of substance abuse providers in Hillsborough County. Currently CFBHN contracts with over sixty nine organizations providing a full array of mental health and substance abuse services in the SunCoast region and Circuit 10. The geographic area served spans from Pasco in the north, throughout the Tampa Bay area, east through Polk, Highlands and Hardee and south down through Collier county. The range of services includes acute care, residential treatment, housing, medical, intervention and outpatient and recovery support services. Substance abuse prevention services are also provided for at-risk children and adults.

CFBHN provides a transformational influence that empowers local communities to develop, advocate for, and implement innovative solutions for the social, economic, and individual health and wellness problems that impact people's lives. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services. Together this partnership continually meets the changing needs of public sector leadership, private sector employers and employees, and individual community members who require specialty health care services. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best-practices



Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life.”

We are certainly pleased with how Central Florida Behavioral Health Network continues to deliver on the promise to be a great Florida Managing Entity. Today we are recognized as the best example of how to manage publicly funded services for Florida citizens as we continue growth and development of the system of care for the Department of Children & Families Substance Abuse and Mental Health. We are also proud to remain a partner of the Pinellas County Juvenile Welfare Board as they serve unique family needs in their geographic region. This past year we continued to challenge our programs and processes as we strengthened our relationships. We listened to individuals and families that receive services and applied that valuable input. Notably communities now have access to new advocacy opportunities with established consortiums and coalitions. We launched our social media initiative and other electronic communication vehicles to enable us to stay connected and engage in conversations using media people prefer. We continue to champion use of evidenced based practices and support solid initiatives like Trauma Informed Care. Looking towards the future we engaged with Dr. Mary Gamble from the Sterling Group in a robust strategic planning process, first with our executive leadership and finally the entire CFBHN team. The future direction for CFBHN is succinctly pinpointed and we reinforce our commitment to be an innovative leader in our field.

Linda McKinnon
CEO



Dr. Robert Nixon, Professor Emeritus
President of the Board



Vision

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Craig Latimer, President Elect

Hillsborough County Supervisor of Elections
Retired Major Hillsborough County Sheriff's Office

Paula O'Neil, Treasurer

Pasco County Clerk and Recorder

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas

Community Directors

Ann Arnall, Community/County Government

Director Lee County Human Services

David Beesley, Provider

CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement

Sheriff Highlands County & President Florida Sheriff's Association

Maureen Coble, Community/Community Based Care

Sarasota Family YMCA

April Dean, Community/Family Advocacy & Faith Based

Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care

Children's Network of Southwest

Ray Gadd, Community/School System

Assistant Superintendent Administration & Operation,
Pasco County School Board

Nancy Hamilton, Provider

CEO Operation PAR

Kevin Lewis, Provider

CEO Southwest Florida Addictions Services

Wendy Merson, Community/Private Receiving Facilities

CEO Windmoor Healthcare

Pamela Meunier, Community/County Government

Policy Coordinator, Sarasota County Health & Human Services

Walter Niles, Community/Public Health

Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider

CEO Tri-County Human Services

Brian Rushing, Community/Youth 18-21

Terri Saunders, Community/Community Based Care

CEO Heartland for Children

Kathy Smith, Community/Legal System

Lee County Public Defender

Mary Lynn Ulrey, Provider

CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Dr. Alvin Wolfe, Community/Stakeholder

Distinguished Professor Emeritus USF Department of Anthropology

Gaye Williams, Community/Federally Qualified Health Center

CEO Central Florida Health Care (FQHC)



Community Focus... Individual Results

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

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Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to insure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely and effective.

Current Snapshot

July 1, 2011, began our second year of developing a responsive network for the communities we serve as the Managing Entity for Florida's Department of Children & Families, Substance Abuse and Mental Health. We continued our system of care development and ensured each community voice was heard through active community consortiums, coalitions and regional councils. We managed \$138,569,807 through contracting with sixty-nine organizations serving 111,770 persons with a full array of services

including acute care, residential treatment, housing, medical, outpatient and recovery support services. We efficiently and effectively managed all contracted funds with an expended rate of 99.99%. We also supported and managed substance abuse prevention services for 41,248 At-Risk adults and 20,412 At-Risk children. The end of the 2011-2012 fiscal year began the process of transitioning Circuit 10 (Polk, Highlands and Hardee counties) into our Managing Entity system.

Juvenile Welfare Board (JWB)

In 2008, Juvenile Welfare Board (JWB) of Pinellas County contracted with CFBHN to assist in the development and management of a Family System of Care for Pinellas County. This has now evolved into a collaborative system known as the Family Services Initiative. This innovative contract provides families access to the right supportive services, at the right time, through its pool of dollars. The program is now more of a "prevention anchored in the community...#157; model. The Information & Referral hotline – 211 is one of the front doors for Pinellas County parents/adults with children to call in and be screened for services and community resources." Some families, if necessary, are referred on to receive case management/navigation services by PEMHS staff. These staff provides linkage and referral to coordinated services that will best meet each family's needs. CFBHN provides utilization review of all support services.

Future Focus

Through our sophisticated data systems we have been able to pinpoint the individuals that struggle to cope with their illness and have not achieved success in their journey towards recovery. Several pilot programs developed and managed by our Consumer Affairs Director have shown significantly positive results that we hope will ultimately improve individual outcomes while achieving cost savings. We look forward to expanding these pilots throughout our system.

We are pleased that our system of care received a substantial federal grant that will be implemented in the next fiscal year. We look forward to the roll out of this grant, our partnership in the implementation and the benefits children and families will ultimately receive.

Administrative cost reduction efforts continue as a primary focus. During fiscal year 2011-2012 approximately \$1.3 million was invested in critical infrastructure development and community programs.

Bridging Gaps with Management Solutions

Business Development & Marketing

Continued our partnership with the University of South Florida/Florida Mental Health Institute in application for a broad range of federal grants

Supported:

- 2011 FADAA/FCCMH annual professional conference via displays and professional workshop presentations
- 2012 National Council Mental Health and Addictions Conference in Chicago via a Co-Occurring System Development poster presentation
- 2012 Annual Peer Conference with program development
- Local NAMI affiliates with technical assistance and awards
- Developed communication vehicles to support community consortiums
- Participated in strategic planning initiatives with the Tampa Bay Health Care Collaborative and Polk Health Care Alliance
- Launched CFBHN targeted social media campaign and weekly electronic news vehicle

Consumer & Family Affairs

Trained:

- 13 Peer Specialists
- 18 family members through the 13 week Family to Family education class
- 85 Success 4 Kids staff in Advocacy to meet COA accreditation

Successfully developed and launched:

- RESPITE Pilot Program that resulted in an overall 41% reduction in Crisis Stabilization Unit use along with a 10% reduction in total days spent in CSU
- High Utilization Project that reduced costs for 23% of participants who received appropriate care
- Instrumental in the strategic planning process for the Circuit 6 System of Care Collaborative Planning Grant

Financial Management

- Linked Contracts/Finance and automated tracking of funding by cost center in the new CAFÉ
- Issued three competitive procurements for Sarasota/DeSoto Counties
- Successfully processed Medicaid Match billing cycle with Hillsborough County
- Implemented 12 substance abuse prevention coalition contracts

Information Management

- Created an internet based DASHBoard to track performance measures and level of funding
- Implemented FTP portal in IhsIS
- Conducted seven data submission training sessions for subcontractors
- Enhanced the SAMH data cube and BI portal
- Provided seamless transition on Circuit 10 data submission

Network Development & Clinical Services

- Invested in Trauma Informed Care training for frontline staff to better understand client behaviors. Over 100 persons received training through three eight hour day long trainings conducted by Dr. Robert Macy, a leading expert in the field. CFBHN collaborated with The Crisis Center of Tampa Bay to include Psychological First Aid as a component of the training.
- Community partners and stakeholders benefited from a new consortium that came online to serve Manatee County and CFBHN engaged Circuit 10 (Polk, Highlands and Hardee Counties) through partnership with the long established Partners in Crisis local chapter. Additionally Pasco County formed a separate Regional Council.
- CFBHN championed a collaborative approach for Hillsborough dependent and delinquent youth-at-risk. Critical intercept points were identified along current service pathways that prevented further penetration of the youth into child serving agencies and diverted them to services that allowed them to remain successfully in the community.
- Monthly conference calls increased connectedness between mental health targeted case management and residential services. This resulted in greater numbers of children being diverted into a SIPP level of care and a more efficient use of TCM for discharge planning.
- CFBHN began transition of Circuit 10 FACT Teams into the SunCoast care system via training surrounding processes and the philosophical approach to admissions and graduation. State Hospital admission and discharge planning benefitted from monthly conference calls that focused on decreasing length of stay and increasing community success by planning for wrap around services. A weekly reporting system monitored Forensic State Treatment Facilities diversions and individuals on wait lists.

Quality Improvement

- Completed an on-site CARF survey resulting in an additional three year accreditation
- Organized and held NIATx training sessions for providers and community participants to promote use of this method that produces improvement through a rapid cycle change process
- CFBHN has a perfect track record with zero late reports submitted to funder
- Initiated a Suicide Prevention Information webinar series to share and receive information and resources
- Instituted an electronically transmitted file share review protocol which reduced travel expense and risk exposure while improving staff productivity
- Continued development of the SharePoint web access feature to improve critical incident reporting, secure e-transmission of client PHI and ensure robust critical incident data collection
- Developed CATS to capture and track corrective actions
- Conducted 14 drills and reduced risk exposure with policy guidelines for hand-free device driving





“COD - Rumors of My Death Have Been Greatly Exaggerated”

42nd National Council Mental Health and Addictions Conference
April 15-17, 2012 Chicago

Presenters:

Marcia Monroe, LCSW, MSW, MBA

Email: mmonroe@cfbhn.org

Doris Nardelli, MPA

Email: dnardelli@cfbhn.org

This abstract outlines the successful development of Co-Occurring capabilities of community mental health and substance abuse providers located in a large urban and rural geographic region of central Florida. The initiative was started with a small federal planning grant and was later expanded and supported with existing funding and “Sweat Equity” of a wide range of community partners, stakeholders and provider organizations. Success has been remarkable for all, particularly consumers served by the system. Now embedded in the system “DNA”, this project continues to drive adoption of Best Practices while successfully launching new initiatives that are particularly germane today. CFBHN is available to consult with you regarding Co-Occurring System Development which can also include whole health integration, trauma informed care and process improvement.



Collaborating for Excellence

Historical Perspective

Less than ten years ago, central Florida provider organizations recognized the growing prevalence of Co-Occurring disorders in populations they served. The term “Co-Occurring” is used to describe individuals who have a DSM-IV Axis I (Diagnostic and Statistical Manual of Mental Disorders) major mental disorder (e.g. psychotic, depressive or bipolar disorder) and a substance abuse disorder occurring simultaneously and independently of each other. A National

Current COD Definition

Co-occurring is used to describe individuals who have a DSM-IV Axis I major mental disorder (e.g. psychotic, depressive or bipolar disorder) and a substance abuse disorder.



But What is COD Really?

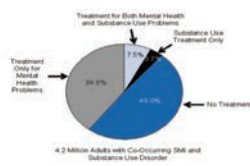


Comorbidity study revealed a high percentage of individuals - between 50% to 75% of total persons served (with higher numbers in special

settings like jails and juvenile justice and in the public sector) - were Co-Occurring. Reported treatment rates were dismal with over 50% receiving little to no treatment at all and less than 8% receiving any form of coordinated treatment. However, the substance abuse and mental health providers in Florida, just like most of the rest of the nation, had developed their treatment systems separately – screening, assessment, treatment, data management and most importantly funding streams never intersected. This was proving to be a substantial barrier to successfully treating the growing number of Co-Occurring consumers presenting at their door. Most often individuals would simply “bounce” between providers, courts, jails, hospitals and homeless shelters without ever achieving any sort of recovery. Poor outcomes were the norm in these “siloed” systems of care. Unless capability to identify and capacity to properly treat both disorders simultaneously were developed, they knew failure would continue.

Funders were also pressing for improved systems as the cost burden rate was continuing to skyrocket out of control for this poorly delivered, uncoordinated care model. So in 2003, along with a partnership with the University of South Florida/Florida Mental Health Institute, the region was able to secure a small federal planning grant. This grant was leveraged to build consensus, plan for change and implement an exemplary practice model. In total the grant engaged and impacted ten counties, thirty provider organizations and a wide array of Community Partners and Stakeholders including law enforcement, county government, child welfare, juvenile justice, education, Medicaid, primary health, housing, veterans and vocational services.

Treatment Rates



Basic Facts



Plan and Process

The biggest investment was the substantial amount of “Sweat Equity” devoted by top management and line staff throughout the process. A significant first achievement was the production and execution of an “MOU – Memorandum of Understanding”. Every provider organization CEO and a large percentage of the community partner and stakeholder representatives executed this document. Monthly meetings and task force workgroups were established. Some areas in the region even carved out additional resources to speed system development in unique ways (more about this in the case study example later). A major commitment was made to fundamentally change the way business was done.

The first task was to review the status of research in the field. Guided by their University/Institute partner, the group chose to adopt the Dr. Ken Minkoff CCISC (Comprehensive, Continuous, and Integrated System of Care) model. It offered flexibility and emphasized the wide range of progress that could be achieved using existing resources. Crucial core principals of “No Wrong Door” and “Welcoming” were adopted almost instantly and embedded in Policy and Procedures. Some crucial concepts adopted included approaching consumer engagement in a “Hopeful, Empathetic, and Accepting” manner. The triumvirate of Best Practice Methodology included Good Tools, Training and Transformation. Dr. Ken Minkoff’s CCISC Toolkit products guided system change with a tool for system evaluation (the COFIT), program evaluation (the COMPASS) and staff development needs (the CODECAT). Locally a comprehensive 26-Point Checklist was developed for use across the spectrum of services and to facilitate staying on track towards goal completion. Training was identified as crucial and during the period over 1000 practitioners received instruction from leading experts in the field including Dr. Ken Minkoff, Rhonda McKillip and others. “Opinion Leaders” were developed in each organization using a specially developed “Train the Trainer” curriculum. TIP 42 manual sets from SAMHSA were widely disseminated along with Rhonda McKillip “The Basics” and Carlo DeClemente’s “Stages of Change”. System Transformation was achieved using existing resources and data systems began to successfully identify co-occurring individuals for the first time without expensive upgrades or modifications.

Basic Characteristics



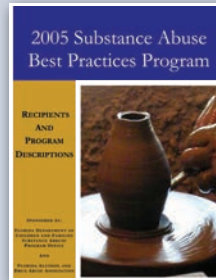
Two Examples

SunCoast Region

SunCoast is a very large geographical and diverse region spanning eleven counties served by over fifty-two provider organizations. All regional providers early on committed to the concept of becoming Co-Occurring capable. This is evidenced by the drafting and signing of an MOU by their respective CEOs'. Every organization evaluated their programs and staff using the Dr. Ken Minkoff toolkit as well as the 26-point checklist. They greatly increased their ability to identify Co-Occurring individuals through their data systems from a less than 5% identification rate in 2003 to over 85% presently. CFBHN's Quality Improvement division notes providers have included Co-Occurring principals and language in their Policy and Procedures and have developed human resource procedures and job descriptions for staff that include Co-Occurring capability. Many include Co-Occurring in their mission and vision statements, as part of their marketing and educational materials and in consumer satisfaction surveys. The use of Recovery Peer Specialists as part of the treatment team has greatly advanced the understanding of Co-Occurring issues as well. Co-Occurring is now a thread that weaves throughout all SunCoast organizations.

Circuit 10 Polk, Highlands and Hardee Counties

Largely a bedroom community located almost equidistance from the large metro areas of Tampa and Orlando, this three county service area included two very rural and in many ways underserved locations. However, leadership in this area embraced the clarion call and allocated funding to support the creation of a Coordinator position to spearhead development of organizational capabilities. In a bold move, they employed a person for this project whose expertise was in planning, business development of strategic alliances, marketing and advertising. They developed a structured strategic plan and called the initiative "Charting a Course for Change". Provider organizations enhanced their capacities for coordinated care and treatment. In less than one year they were recognized for their achievement by being named the 2005 Exemplary Program of the year by the state professional organization FADAA and the state mental health authority DCF at their annual conference. Along with changing the way they did business, providers also launched education and outreach campaigns including support of an award winning yearlong newspaper expose on substance abuse and mental health written by The Ledger reporter Robin Adams and sponsorship of a Recovery Month Event in 2007 for the community on a local University campus. Communications support for the event included newspaper inserts, bus signage, local cable TV features, radio interviews and PSA spot announcements. As the system continued to mature the advantages of developing Co-Occurring capabilities became readily apparent. When a change in top management at a local hospital called for a refocus of efforts for providing mental health services in adjacent Highlands County back to Polk only, a primarily Substance Abuse only provider was able to quickly step in and fill the gap without service interruption. All providers are currently heavily engaged in Trauma Informed Care initiatives, Whole Health Integration and Telemedicine deployment. These initiatives are built on the bedrock foundation of Co-Occurring System Development.





Resources

www.cfbhn.org

Includes links to PowerPoint training and outreach educational presentations featuring Parallel Process of Recovery model, Elements of CCISC, Four Quadrant Model including Whole Health Integration, Defining Capable and Enhanced Programming, Current Treatment Options, Program Infrastructure Basics, Policies and Procedures, Screening and Assessment, Treatment Planning, Human Resources Staff Development, and Data Management

http://cmhwbt.fmhi.usf.edu/co-occurring/intro_00_title.cfm

<http://kenminkoff.com/>

www.mckillipbasics.com

<http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA08-3992>

<http://store.samhsa.gov/pages/searchResult/co-occurring>

<http://store.samhsa.gov/resources/facet/Issues-Conditions-Disorders/term/Co-Occurring-Disorders>

<https://netforum.avectra.com/eWeb/StartPage.aspx?Site=USPRA>

<http://users.erols.com/ksciacca/>

<http://www.nattc.org/resPubs/cooccurring/defining.html>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2200799/>

Bios & Network Profile

Marcia Monroe is the Vice President of Network Development and Clinical Services for Florida's first and largest Managing Entity, Central Florida Behavioral Health Network. She has 30 plus years of professional experience in substance abuse and mental health services and is recognized as a leader in the Co-Occurring field. Her range of experience covers both high level administrative and direct care services in hospital inpatient and community mental health settings and as Utilization and Account Manager for two behavioral health companies servicing national and regional accounts. In her private practice she is called upon to evaluate felons for involuntary placement and provide expert testimony. A Licensed Clinical Social Worker, she received her Master's Degree in Social Work from the University of Houston and her Master's in Business Administration from NOVA University.

Doris Nardelli is the Manager of Business Development and Marketing for CFBHN. Doris has over eight years' experience in the field having won recognition for Co-Occurring System Development in central Florida and for her service as Chair of Florida's Mental Health Planning Council. Her professional career spans both the public and private sector having worked in Advertising and Product Development and as Manager of Communication and Training for Kohler's Faucet Division in Kohler, Wisconsin. She also managed a family owned franchise company startup in the Carolinas and was manager of educational services for a contractor with Florida's Department of Juvenile Justice. She earned her Master's in Public Administration from the University of South Florida and attended the University of Chicago's Executive Series in Strategic Planning.

CFBHN continues to build on the successful initiative of Co-Occurring System Development. Work today spotlights the value of incorporating trauma informed care services while simultaneously developing primary health care connections. Use of process improvement protocols such as NIATx has clearly demonstrated the viability of rapid cycle change predicated on existing resources. CFBHN currently manages a 16 county area with over 62 community substance abuse and mental health providers serving over 200,000 persons. CFBHN is Florida's first accredited Service Management Network through CARF (Commission on Accreditation of Rehabilitation Facilities) and has a successful track record of maximizing revenues while improving service access and quality throughout the system of care.

Call Marcia or Doris today at 813.740.4811 to discuss how CFBHN can develop a program to meet your needs.

Production and Design:

John Parrott, Director of Strategic Promotions, LogoGram, Inc.

Jules Davidson, Graphic Designer, LogoGram, Inc.



Central Florida Behavioral Health Network, Inc.

2012 – 2013 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of substance abuse providers in Hillsborough County. Currently CFBHN contracts with over seventy-six organizations providing a full array of mental health and substance abuse services in the SunCoast region and Circuit 10. The geographic area served spans from Pasco in the north, throughout the Tampa Bay area, east through Polk, Highlands and Hardee and south from Desoto to Lee counties. The range of services includes acute care, residential treatment, housing, medical, and outpatient and recovery support services. Substance abuse prevention services are also provided for at-risk children.

CFBHN provides a transformational influence that empowers local communities to develop, advocate for, and implement innovative solutions to the social, economic, and individual health and wellness problems that impact people's lives. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services. Together this partnership continually meets the changing needs of public sector leadership, private sector employers and employees, and individual community members who require specialty healthcare services. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best-practices.



Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life”

I am certainly pleased to provide this annual report. I invite you to spend some time and get to know us and the services we provide our local communities. We have continued to fulfill our commitment to become a great Managing Entity as we bring home new innovations and cutting edge programs in the pursuit of better health. As a not for profit 501 (c) (3) community services network, we contract with over 76 providers in our fourteen county geographic service area to provide a full array of mental health and substance abuse services funded by the Department of Children and Families. We are also proud to continue our relationship with the Juvenile Welfare Board of Pinellas County in service to children and families. We know that if individuals and families are offered hope, choice and the opportunity to thrive within a community that supports their quality of life they will achieve success. Toward that end we work diligently to empower local communities to develop, advocate for and implement innovative solutions for individual health and wellness problems. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services and together these partnerships continually meet changing needs. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best practices along with efficient and effective management of public funds. We look forward to the future for our communities and the people we serve.

Linda McKinnon
CEO



Dr. Robert Nixon, Professor Emeritus
President of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Board of Directors

The governing board is inclusive of consumers, family members, community partners and stakeholders. All geographic areas are represented.

Officers

Dr. Robert Nixon, President

Strategic Planning and Solutions
Professor Emeritus USF Tampa

Craig Latimer, President Elect

Hillsborough County Supervisor of Elections
Retired Major Hillsborough County Sheriff's Office

Paula O'Neil, Treasurer

Pasco County Clerk and Recorder

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas

Community Directors

Ann Arnall, Community/County Government

Director Lee County Human Services

David Beesley, Provider

CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement

Sheriff Highlands County & President Florida Sheriff's Association

Maureen Coble, Community/Community Based Care

Sarasota Family YMCA

April Dean, Community/Family Advocacy & Faith Based

Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care

Children's Network of Southwest Florida

Ray Gadd, Community/School System

Assistant Superintendent Administration & Operation,
Pasco County School Board

Nancy Hamilton, Provider

CEO Operation PAR

Kevin Lewis, Provider

CEO Southwest Florida Addictions Services

Wendy Merson, Community/Private Receiving Facilities

CEO Windmoor Healthcare

Pamela Meunier, Community/County Government

Policy Coordinator, Sarasota County Health & Human Services

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Ed McBride Community/Community Based Care

Sarasota Family YMCA



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acute care, residential treatment, housing, medical, outpatient and recovery support services at 276 sites. We efficiently and effectively managed all contracted funds with an expended rate of 99.99% and increased the number of persons served over the previous year by 7%. We also supported and managed substance abuse prevention services for 250,097 at-risk adults and children. CFBHN's total administrative cost was 3.8% of which 3.2% was funded through service dollars. During the 2012-2013 fiscal year Circuit 10 (Polk, Highlands and Hardee counties) was fully transitioned into the CFBHN Managing Entity network.

Juvenile Welfare Board (JWB)

CFBHN continues its strong association with the Juvenile Welfare Board (JWB) of Pinellas County to bring services to families in need. The Family Services Initiative (FSI) is a collaborative community initiative that provides linkage and referrals to children and families living in Pinellas County while also providing support and wrap around services. The goal of this initiative is to keep families together with supports and wrap-around services that address basic needs while empowering them to become self-sufficient.

Future Focus

We firmly believe that use and analysis of data will drive improvements in the system of care. We carefully track those individuals who struggle with their illness and have not achieved success in their journey towards recovery. In turn we take this information and design programs we pilot. Once successful outcomes are achieved we expand these initiatives throughout our network to benefit others. Most of these programs have the added benefit of producing cost savings as well as improving outcomes.

We are constantly aware of our responsibility to be good stewards of state funding. To this end we work diligently to reduce administrative costs and whenever possible seek to provide reinvestment opportunities for the communities we serve.

Bridging Gaps with Management Solutions

Business Development & Marketing

- Expanded reach to new audiences with social media and electronic newsletter
- Supported professional education with workshop presentations at major conferences
- Produced new literature and support materials for CFBHN and community consortiums including Consumer Handbook
- Cataloged 101 innovations in the Positive Action Tracking (PATs) System
- Manager served on the State Substance Abuse & Mental Health Advisory Council, Polk NAMI Board of Directors and Polk State College Advisory Council

Consumer & Family Affairs

- Department provided training and technical assistance:
 - 27 Peer Recovery Specialists in both Family & Adult
 - 49 Peers and provider staff in Wellness Recovery Action Planning
 - Hosted Parents & Teachers as Allies workshop
 - Developed and hosted Motivational Interviewing training for Peers
 - Shared personal lived experience with mental illness with 80 Polk County and 209 Hillsborough County deputies during their Crisis Intervention Team training
 - Four local NAMI affiliates in leadership and advocacy
 - Expansion of Respite Care in Pinellas County
- Developed and launched free monthly NAMI education programs
- Provided phone and email assistance regarding community resources to 400 families/caregivers and individuals
- Initiated a Consumer Advocacy Council to further develop Peer Specialist Services
- Developed and facilitated adoption of the Certified Recovery Peer Specialist Service in the Sarasota system of care
- Director:
 - Participated on a workgroup that brought the Clubhouse Model to Pasco County
 - Served as CFBHN and NAMI representative at community events including VA "May is Mental Health Month Fair", Tampa "Health and Wellness Prevention Awareness Day" and Master of Ceremonies at "Breakfast of Champions" sponsored by Success 4 Kids.
 - Represented Peers on the Florida Council for Community Mental Health Care and served on the Florida Certification Board Advisory Council.

Financial Management

- Data vs Billing automation ensured 100% validation
- Contractor Status Report automation enabled CFBHN to monitor provider spend rates
- Roll out of SharePoint provided secure information transfer
- Several new tracking systems were brought online to improve efficiencies and CAFÉ was enhanced
- Secured a perfect audit

Information Management

- Continued DASHBoard enhancements to track performance measures and level of funding
- Implemented "Speed Pass" into IIS
- FIOS Internet upgrade completed for cost savings and better service
- Improved provider and network capabilities in the data warehouse by integrating clusters
- Launched the Sheriff's Data Sharing and the HN/HU projects
- Conducted NIATx project for website improvement

Network Development & Clinical Services

- CFBHN takes an active role in preventing children from entering the child welfare system and deeper end services through collaborative interagency calls identifying immediate needs of the child and family at risk. These interagency calls ensure an integrated and aggressive approach that has produced system efficiencies. The goal is identifying system gaps and breaking down barriers while moving towards integration using a collaborative approach with key community stakeholders.
- CFBHN State Hospital admission and discharge planning benefitted from monthly conference calls focusing on decreasing length of stay and increasing community success by planning for wrap around services. CFBHN continues their reporting system monitoring Forensic State Treatment Facilities diversions and individuals on wait lists.
- CFBHN implemented a Care Coordination program with the objectives of maximizing resources, monitoring access to services, assuring clinical appropriateness, improving quality and emphasizing efficiency within the system of care. The HighNeed/HighUtilizer program was designed to improve outcomes, reduce readmissions, and reduce cost of care. Individuals identified as HN/HU received integrated care coordination to determine what could be done to support the individual, in the least restrictive level of care, and reduce the likelihood of their returning to a higher level of care, without negatively impacting safety and quality of care.

Quality Improvement

- Automated collection and dissemination of TANF information to DCF and subcontractors
- Sponsored two community NIATx training sessions and implemented several internal quick change projects resulting in cost savings.
- All Risk Management functions were transferred to an e-format resulting in more efficient reporting to and from subcontractors and to DCF.
- Risk Management organized a "Suicide Prevention webinar" series to provide information and resources to subcontractors for six different events.
- Training was provided to all unaccredited subcontractors on CARF standards





Care Coordination

CFBHN's Care Coordination (CC) program ensures client services are based on medical necessity criterion as outlined in Florida Administrative Code. Additionally, CFBHN uses the Milliman Behavioral Health Care Guidelines, the industry "Gold" standard, to work with contractors on utilization and quality of care. Milliman Care Guidelines are developed from research and literature reviews and assist with decision-making regarding level of care, length of stay, overall course of treatment and high utilization.



Primary Focus

Every good behavioral health care system needs to provide care coordination as part of its offering to consumers with complex or persistent conditions.

- CFBHN Care Coordination further believes consumers with co-occurring medical or substance abuse/and or mental health issues should be served through the Comprehensive, Continuous, Integrated System of Care (CCISC) model that organizes services for individuals with co-occurring psychiatric and substance disorders (ICOPSD). This system construct improves treatment capacity for individuals in systems of any size and complexity and has been supported through the efforts of Doctors Ken Minkoff, MD and Chris Cline, MD, MBA. The model has been expanded to include co-morbid physical symptoms as well the more traditional substance abuse/and or mental health symptoms.
- Care Coordination reduces the possibility a person will receive redundant or conflicting treatment and ensures an open line of communication for all providers engaged in an individual's care plan – appearing “seamless” to the consumer. Consumers can focus on their recovery plan rather than on processing systems issues.

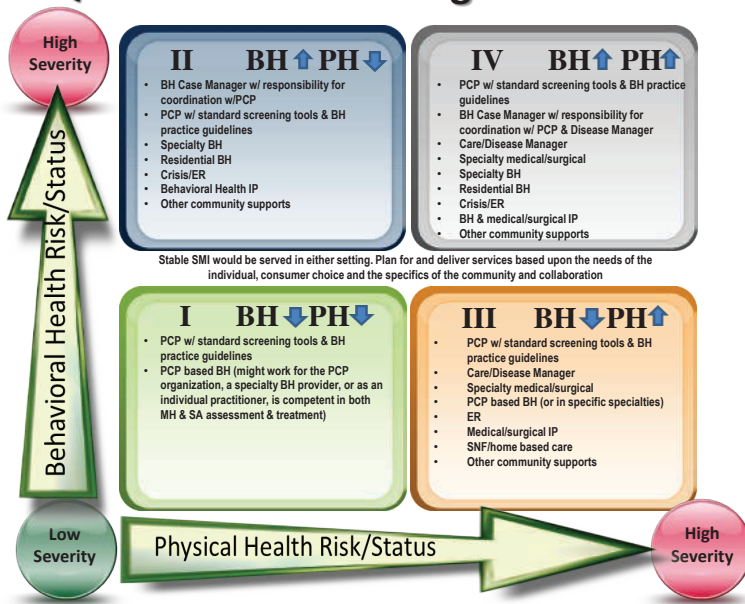
- CFBHN is a strong supporter of individual choice and with Care Coordination, consumer participation and partnership is included in the process so the individual is the focus – not their illness.
- Care Coordination ensures individuals and their families receive the right services, at the right time, for the right duration and frequency required.

Substance Abuse Priority Populations

Federal block grant regulations define the priority populations for substance abuse services as women who are pregnant and/or intravenous (IV) drug users. Those women requesting services that fit the requirements of a priority population are to be given preference for admission. The specific hierarchy is:

1. Parents/caregivers and children who are involved with the child welfare system and have substance use
2. Pregnant women with intravenous (IV) drug use
3. Pregnant women
4. Intravenous (IV) drug users

Four Quadrant Clinical Integration Model



High Need/High Utilization Program

The High Need/High Utilization Program (HN/HU) was designed to improve outcomes, reduce readmissions and reduce cost of care. Individuals identified as HN/HU receive integrated care coordination from CFBHN staff to match the intensity of service to the severity of symptoms. In addition to services they are already receiving, additional care coordination involves collaboration with service providers regarding the individual's situation and review of their assessed needs, treatment plan, discharge and aftercare plans as well as other applicable information. The goal is to determine what can be done to support the individual in the least restrictive level of care that also reduces the likelihood of their returning to a higher level of care – all without negatively impacting safety and care quality. Another goal is to increase the days between an individual's last discharge and readmission back into the same level of care.

Ensuring Access for Special Populations

When a service request is received from an individual identified as being in a priority population and the CFBHN contracted provider is unable to accommodate the request within established time frames, that provider, in collaboration with CFBHN will reach out for assistance in locating available services elsewhere for the individual. If services cannot be located or the individual declines to accept services elsewhere, the provider is expected to provide interim services, as defined by federal regulations, until the appropriate level of care is available.

Transforming Behavioral Health Services through the Creation and Implementation of an Effective Care Coordination Model

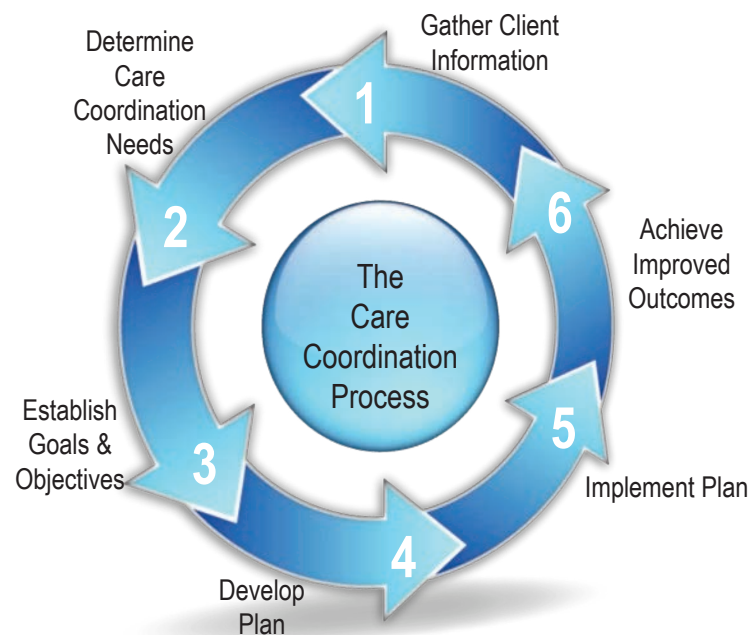
CFBHN believes that effective Care Coordination must be flexible and respond to the needs of the communities and individuals served while also incorporating best clinical research. This must be accomplished while also meeting ever evolving federal and state requirements. Changes to CFBHN's processes are driven through the collection and analysis of data and input of CFBHN providers and other stakeholders. Data comes from a variety of

sources and include treatment outcomes, cost of care, quality improvement monitoring reviews, satisfaction survey information, risk management/incident reporting and information from individuals served and other stakeholders. Change driven by data transforms the system from being reactive to proactive. CFBHN constantly analyzes data trends, identifies improvement opportunities to initiate quality improvement activities that are constantly monitored using data to ensure that changes bring about desired results.

“Community Focus.... Individual Results”

Early Successes

- Reduction in average length of stay in Detox Services translated into approximately a 10% reduction in cost per individual served
- Over 30% reduction in average length of stay for Adult Mental Health Residential Level 1
- 45% increase in number served in Adult Mental Health Residential Level 1 resulting in \$550,000 redirected into less costly services for the system of care
- Reduction of over 3.5% in cost per individual served for Adult Crisis Stabilization
- Reduction of over 13% in cost per individual served for Children's Crisis Stabilization



Central Florida Behavioral Health Network, Inc. (CFBHN) is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of Hillsborough County Florida substance abuse providers. CFBHN is the largest and one of the oldest Florida Managing Entity organizations. ME's are responsible for developing and managing a system of care for publically funded safety net services through a contract with the Department of Children & Families, Substance Abuse and Mental Health Program Office. As an ME, CFBHN contracts with local community organizations to provide services in a fourteen county geographic area. Range of services includes acute care, residential treatment, housing, medical, intervention, outpatient and recovery support. Substance abuse prevention services are also provided for at-risk children and adults. CFBHN is the first Florida CARF* accredited Services Management Network. CFBHN also manages a variety of local and federal service contracts that support and complement the DCF contract and the community system of care. *Commission on Accreditation of Rehabilitation Facilities

Vision

Central Florida Behavioral Health Network envisions communities where wellness and integrated healthcare enhance the life of every community member.

Mission

Central Florida Behavioral Health Network designs and manages value-driven integrated systems of specialty healthcare services.

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually leads to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.



Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement





Consumer & Family Affairs

CFBHN's Department of Consumer & Family Affairs was developed a decade ago when leadership recognized the importance of engaging with persons who access publicly funded mental health and substance abuse services. We believed that in order to deliver services that are truly helpful, individuals and families must be involved in every facet of the system of care – including development, execution and monitoring of services. Real involvement has been overwhelmingly positive for persons receiving services in their own communities, while enabling us to be both efficient and cost effective while driving process improvement across all platforms within the system.

Collaborating for Excellence



Primary Focus

Consumer & Family Affairs focuses in three key areas; Consultation, Training and System Development. The department develops and executes activities to support their mission in the following ways:

- **Consultation**

We have the expertise and ability to develop a wide variety of pilot programs supported by the latest research. These programs employ a variety of innovations using Evidenced-Based Best Practices in the fields of wellness and recovery.

- **Training**

Just like polished athletes, proper training is essential to mastering skills and achieving results. Consumer & Family Affairs provides training that enables consumers and families to be in control and reach wellness goals. Our trainings are focused to both professional and para professionals and include topics like State of the Art Disease Management, Recovery Tools and Techniques for Best Care, Sensitivity Awareness and Mental Health First Aid. Consumer & Family Affairs training programs are delivered via remote technology as well as on-site classes.

- **System Development**

Many components must come together to create and maintain a quality system of care that best meets individual needs. Consumer & Family Affairs has become the “Go-to-Resource” for identifying and developing those components.

Our staff are the consummate community advocates whose goal is elimination of discrimination against individuals with behavioral health needs while increasing awareness of the value of behavioral health services to the community at large. The Department serves as outreach coordinators across providers and communities to support and assist consumers and family members as they learn to navigate wellness pathways and access community services that best support recovery.

Consumer & Family Affairs is the role model that puts a face and a voice to the hope individuals and families critically need on the journey to recovery.

“Community Focus..... Individual Results”

Consultation

Consumer & Family Affairs is the expert in understanding the key components required to build a quality system of care. Through focus groups, surveys and research we identify solutions for system service gaps and partner with communities to develop action plans to address the gaps. Assistance includes recommendation and planning for program delivery, system and provider process improvements and monitoring focused on customer experience, service delivery and improved outcomes.

Consumer & Family Affairs works closely with consumer and family groups, professional organizations as well as local, state and federal funders to develop grounded and practical budgets for wellness service strategy implementation. They provide valuable education and guidance to a wide array of Advisory Councils, community stakeholders, providers and self-help and grassroots organizations.

Training

Consumer & Family Affairs are the experts in providing training opportunities for Peer Specialist and Family Specialist Certification, Wellness Programs and Mental Health First Aid.

Recovery Peer Services have recently been introduced as an adjunct to treatment and have been proven very successful. Peer Services does two things - contains cost and improves outcomes for individuals in treatment. Recovery Peer Specialists are individuals with a mental illness and/or co-occurring disorder and Family Recovery Peer Specialists are family members or caregivers of an individual with a mental illness and/or co-occurring disorder. These trained specialists assist consumers and families in building personal recovery tools, setting goals, problem solving, accessing resources and focusing on wellness. Because Peer Specialists have achieved recovery in their own lives, this makes them uniquely qualified to help struggling individuals and families coping with a debilitating illness.

Specialists must meet the training and internship requirements of the Florida Certification Board before they can provide services as a paraprofessional. Our staff has provided training to over 70 Recovery Peer Specialists in our Network. CFBHN remains committed to the training and support of future Certified Peer and Family Specialists.

Consumer & Family Affairs has also championed and supported the nationally recognized Evidenced Based Practice program WRAP® (Wellness Recovery Action Plan®) developed by Mary Ellen Copeland, PhD. This program teaches consumers necessary skills that will enable them to thrive while living with a mental illness and/or co-occurring disorder.

Dr. Copeland describes WRAP® as “an evidence-based system that is used world-wide by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience of mental health difficulties; people who were searching for ways to resolve issues that had been troubling them for a long time. WRAP® involves listing personal resources, developing Wellness Tools and then using those resources to develop Action Plans to use in specific situations determined by the individual. WRAP® is adaptable to any situation. WRAP® also includes a Crisis Plan or Advance Directive. WRAP® is universal — it is for anyone, any time, and for any of life’s challenges.”

Consumer & Family Affairs has trained over 300 consumers and professional staff in the use of WRAP®.

System Development

Consumer & Family Affairs has piloted a variety of innovative, promising and best practice programs designed to improve service delivery. Identifying no alternatives to hospitalization for individuals approaching a crisis, they conducted structured interviews and focus groups and determined that an unlocked, short term residential program with easy access and flexible length of stay would be the ideal solution.

The CARE Respite Unit was quickly brought on line in Tampa. Repurposing funds from more costly levels of care, Northside Mental Health Center opened the unit. It is not locked and allows the time and flexibility people need to get their lives in order. The CARE Respite Unit provides 7-9 days of time to adjust to medications, 3 meals a day and a clean, safe environment in which to recover from a crisis. Staff are trained to assist in developing a wellness recovery plan and necessary education to meet individual goals. Education and assistance is provided on how to obtain prescribed medications, apply for benefits or secure safe and permanent housing if needed.

- Results are Stunning! In the six months following discharge from the CARE Respite Unit, 41% of 200 individuals did not need to enter a Crisis Stabilization Unit (CSU – a locked facility for observation and treatment).

Consumer & Family Affairs has also adopted and fully supports the nationally recognized Mental Health First Aid training. Like First Aid, this is appropriate for everyone. It teaches the skills necessary to help people who are developing a mental illness or are in a crisis while raising awareness and educating the community. MH First Aid teaches:

- How to recognize signs of addictions and mental illnesses
- A 5-step action plan to assess a situation and provide help
- About the impact of mental and substance use disorders
- About local resources and where to turn for help

Along with the National Council for Behavioral Health, CFBHN has provided training throughout the network.

The **Mental Health First Aid** program employs a cute Koala mascot named ALGEE whose name is an acronym that provides a step-by-step plan to address any crisis situation.



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Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement





2013 – 2014 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. Currently CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area covers the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact their lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of compassionate and quality services. Working together, this partnership continually works to meet the changing needs of public sector leadership, private sector employers and employees, and individuals who require services. To support this network, CFBHN manages total system development while providing education, training, and advocacy support as well as research, development, and implementation of best-practices in the treatment field.



* CARF is the Commission on Accreditation of Rehabilitation Facilities.

Collaborating for Excellence

We support the opportunity for every individual and family member to thrive in their own community. To that end we encourage hope, support choice and strive to bridge gaps."

Thank you for taking time to review our Annual Report to the community. We are proud to be in our fourth year as your Managing Entity for Substance Abuse and Mental Health Services in the fourteen counties we serve. Our contracted provider organizations continue to excel and we are proud of the recipients of this year's 5 Star Incentive Performance Awards.

This past year we have been actively engaged with the implementation of the new Child Protection Safety Methodology System as well as supporting families as they have transitioned to the Medicaid Managed Care program in Florida. This year also saw the formation of the Florida Managing Entity Association (FAME) and I am proud to serve as the Board of Director's Chairperson. FAME is working closely with the two statewide professional organizations, FADAA and FCCMH, to improve our publically funded system of care.

We look forward to continuing our work of improving the lives of those who seek care on their road to recovery. As I recently read on the National Council website, General Colin Powell said "Always focus on the front windshield, not the rear view mirror". I wholeheartedly agree.

We are always interested to hear feedback about our progress and the care we provide as we move forward. I can be reached at lmckinnon@cfbhn.org. We would love to hear from you.

Linda McKinnon, President & CEO



Thank you for the opportunity to serve as President of CFBHN's Board of Directors. This year has brought many challenges and opportunities our way. I am pleased our Board consists of many talented individuals from throughout the region who are both compassionate and caring. Our focus is to faithfully execute the mission of CFBHN according to Corporate Bylaws and Governance Policies.

To that end we work to ensure that the highest quality of service is delivered in a fair and equitable manner to every community in our region. We also support the concept of rewarding outstanding provider organizations and fully endorse CFBHN's 5 Star Incentive Performance Award Program.

I credit my previous career experience of 35 years in law enforcement, first as a crime scene investigator then later in supervision of homicide and major crime investigations, as the catalyst for deepening my understanding of issues many individuals face. I saw first-hand the impacts of substance abuse and mental health in my work then and was fortunate to be able to implement a countywide system for child protection investigations in Hillsborough County that improved child safety. I believe in the value of this work and what CFBHN is doing.

This is our pledge to the citizens we serve - we will continue to work diligently on your behalf through the operations of CFBHN and the governance of this Board of Directors.

Craig Latimer, Chair of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus...

Individual Results

99.4% | Expenditure
Rate on
Services

128,514 | Numbers
Served in
Treatment

241,844 | Numbers
Served in
Prevention

\$163,499,653 | Total
Contract
Funds

Values

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Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration.

Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

Current Snapshot

July 1, 2013, began our fourth year of managing the network of safety net substance abuse and mental health services funded through Florida's Department of Children & Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils throughout all fourteen counties. CFBHN managed \$163,499,653 through contracting with community organizations

serving 128,514 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services and reached 241,844 individuals through Prevention programs. We efficiently and effectively managed all contracted funds with an expended rate of 99.4% and a total administrative cost of less than 4% – a good value for taxpayer funded services.

CFBHN has a highly qualified and dedicated workforce consisting of doctoral and master's level degreed professionals as well as licensed and certified managers. Many CFBHN staff "Give Back" to their communities in a variety of ways. Neal Dwyer, Community Manager, serves on the Florida Center Advisory Board, Niaja Jackson, Prevention, serves on the Sacred Recovery System Board, Rich Rolfes, Program Manager Specialized Services, serves on the Circuit 13 Juvenile Justice Board, Armandina Shanahan serves on the Suncoast Community Health Center Board, and Dr. Tonicia Freeman-Foster serves on the West Central Ryan White Care Council. Others donate hours of their time for worthy community causes like loan Fernandez, Senior Systems Administrator, Andrea Butler Fernandez,

Contract Manager supporting the Alzheimer's Run and Joanne Szocinski, Senior Systems Support Analyst, who trains loving therapy dogs. CFBHN staff collectively has done their part to help families in need through support of Thanksgiving Food Drives sponsored by Metropolitan Ministries and Christmas Toy Collections for children in foster care.

CFBHN is also proud to employ United States veterans; including Joseph Ahrens, System Administrator, Larry Allen, COO, Tony Collera, Senior Quality and Risk Manager, Neal Dwyer, Community Manager, and Michael Krause, Director of Contracts. They have served our country and now proudly serve our local communities as part of the CFBHN team.

CFBHN's Annual Employee Survey shows that 100% of staff care about CFBHN's future and are willing to put in a great deal of effort to ensure success, 93% are satisfied with their job and 98% wish to stay with CFBHN until they retire!

Collaboration with Juvenile Welfare Board (JWB) of Pinellas Helps Families

The Family Services Initiative is a collaboration among four partner agencies: Juvenile Welfare Board (JWB), CFBHN, 211 Tampa Bay Cares, and Personal Enrichment through Mental Health Services (PEMHS). Along with this core group, many other community providers as well as the Pinellas County School System are accessed to provide for local families in need. The focus is on prevention and providing families the right service, at the right time, and for the right need. Essential supports and wrap around services are provided in a timely manner and meeting basic needs empowers families to become self-sufficient. CFBHN's IT System manages and tracks service requests and ensures efficient and timely access to necessary resources. An in-depth video was created this past year to illustrate program advantages, and can be accessed through the CFBHN website. Also, a recent ROI Case Study clearly illustrates that by investing as little as \$2,700 to a family in need avoided \$50,000 in Child Welfare costs.

5-Star Performance Award Recognition Program

Every year CFBHN contracted providers participate in a process that analyzes performance by category according to a "Scorecard". The highest performers in each category can earn a performance incentive financial award. The total amount available for distribution in 2013–2014 was \$321,392, and those providers who earned performance awards were recognized at the Annual Board meeting October 20, 2014. Award winners can be viewed on the CFBHN website.



Reinvestment Funds Help Families Get the Help They Need Via "Speed Pass"

For the second year in a row, dedicated funds were available to help families with children involved in the child welfare system get the help they needed as quickly as possible. The total amount of funds dedicated was \$567,000. Dubbed internally as "Speed Pass", families in need of services were quickly

identified and referred to contracted providers to receive a wide range of mental health or substance abuse services. Vouchers were issued through the CFBHN IHSIS system which enabled accurate tracking, monitoring, and reporting. The concept proved so valuable the state funded the creation of treatment teams to serve this population using CFBHN's established model.

\$5 Million Grant for Healthy Transitions Awarded

In partnership with the DCF SAMH Program Office, CFBHN was awarded a \$5 million/5 year "Now Is the Time: Healthy Transitions Grant" from SAMHSA to focus on early intervention and treatment for youth/young adults 16-25 at risk of or diagnosed with a serious mental illness. Dr. Tonicia Freeman-Foster, Senior Program Manager, will be responsible for implementation of the grant.

CFBHN Assumes Responsibility for Required Survey Processing

The QI Department assumed responsibility for the submission process of the required Consumer Satisfaction Surveys to DCF this past year. In total thirty-five contracted provider organizations submitted 12,340 collected surveys of which 11,459 were deemed usable (not missing any required data). Surveys included demographic data such as program where services were received, race, sex, and age. Questions covered such topics as access to care, quality of care, general satisfaction, outcomes, and social connectedness and were ranked on a scale producing a satisfaction score percentage. As this was the first year data was collected, it will be considered a "baseline" year for information. All results were shared with individual providers so they could assess if specific areas needed additional attention for process improvement. Internally, other CFBHN departments such as Network Development & Clinical Services will be using the data for future planning purposes.

Major IT Initiatives Builds Crucial Infrastructure

CFBHN is committed to providing timely and detailed information necessary to improve outcomes and support community planning. To that end, CFBHN's robust infrastructure is designed to allow for rapid expansion, system redundancy, data resiliency, information security, and maximum system availability. There are approximately six hundred active end users on the network including internal staff, subcontractors, and DCF personnel. CFBHN hosts various on-demand or software as a service (SaaS) applications that increase staff productivity for the entire region. Operating on thirty-four servers (twenty of which are Virtualized) plus five Storage Area Networks (SAN) CFBHN can immediately expand as needed and achieve high input/output operations per second (IOPS). This ensures fast data file uploads and query retrieval.

CFBHN operates "In the Cloud" with three major applications including the Contracts and Finance Exchange website (CAFE) developed by



Lightwave Management Services, the Integrated Human Services Information System website (IHSIS) developed by Tidgewell Associates Inc. (TAI), and SharePoint (Data and Business Intelligence Sharing). Systems are configured in clustered servers which utilize Microsoft's latest technologies to provide high availability and maintain optimum functionality.

Data Warehousing is used for mission critical reporting and business intelligence forecasting against disparate data sources which are combined together for a clearer picture of overall business operations used in critical decision making. SharePoint is used within the network to allow for easy sharing of data in a secure and privilege-based environment, protecting client information and data. This allows users to exchange data securely in an environment where all transactions are tracked. Also available through the SharePoint portal is our Business Intelligence Dashboard, which provides reports providers can use to manage their data and review utilization in the following categories: contracts/finance, provider data reporting, utilization management, scorecards, and performance measurement.

Utilizing the SQL Server Reporting Services (SSRS) and Analysis Services (SSAS) CFBHN is able to provide diverse platforms for higher interoperability across many devices and platforms for reporting purposes. By utilizing data cubes we offer full ad-hoc reporting across disparate data sources that can be customized fully by the end user without having the technical knowledge to create meaningful reports. Both SSRS and SSAS allow for automated processes on required reporting elements to be built that can be run on demand against real time data allowing for aggregate data views where the end user can drill down to the specific records that make up the global view. CFBHN systems conform to all Security and HIPAA standards.

Shaping the Future

We are challenged to provide for our most vulnerable fellow citizens in their most desperate hours of need. Good health and well-being is a precious gift, one we strive to make available to those we serve. We know a solid infrastructure is essential to meet this goal. We will continue to work diligently to be good stewards of the resources entrusted to us for support of this safety net of publically funded services and look forward to continuing our work.

We also believe in working smarter. To that end we apply analytics to every part of our administrative operation – changing how we drive efficiency, increasing the effectiveness of our services, and improving risk management. Daily we drive productivity and streamline processes with our partners, striving to be a leader, and an innovative model for our industry. We know the world is becoming more mobile and better connected through technology. In the year ahead, CFBHN plans to leverage the power of technology to improve outcomes and benchmark performance and will continue to pursue the latest in service technology both for our internal performance and to provide better services.

We welcome you to visit our website often, invite you to subscribe to our ENewsletters, and connect with us through social media. Thank you for reviewing our 2013–2014 Annual Report.

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Craig Latimer, Chair, Community/Law Enforcement/Elected Official
Supervisor of Elections/Retired Major Hillsborough County Sheriff's Office

Ray Gadd, Vice Chair, Community
Assistant Superintendent Administration & Operation,
Pasco County School Board

Paula O'Neil, Treasurer, Community/Elected Official
Pasco County Clerk and Recorder

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Dr. Robert Nixon, Immediate Past Chair, Community/Business
Strategic Planning and Solutions/Professor Emeritus USF Tampa

Community & Stakeholder Directors

Ann Arnall, Governance Committee Chair/Community
Director Lee County Human Services

David Beesley, Provider
CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Maureen Coble, Community
Retired COO, Sarasota YMCA Partnership for Safe Families

April Dean, Community/Family Advocacy & Faith Based
Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care
Children's Network of Southwest

Nancy Hamilton, Provider
CEO Operation PAR

Kevin Lewis, Quality Committee Chair/Provider
CEO Saluscare Inc.

Larry Lumpee, Community
Past Assistant Secretary for Department of Juvenile Justice & Retired CFBHN COO

Dr. Subhakararao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Mary Lynn Ulrey, Provider
CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Karen Windon, Community
Deputy Court Administrator Manatee County

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions

Business Development & Marketing

- CFBHN grows social media with Facebook Friends
- Corporate and Prevention Partners ENewsletters expanded reach via Constant Contact. Transition automated production and improved appearance. Tracking reports gauge communication effectiveness
- Setting standards as the “Go-To” field expert, staff presented at national and state conferences including The National Council, Florida Council on Community Mental Health/Florida Alcohol and Drug Abuse Association (FCCMH/FADAA), Florida Juvenile Justice Association (FJJA), and Florida School of Addictions
- Produced Care Coordination and Consumer & Family Affairs brochures, Consumer Handbook and Legislative Packets
- Supported National RX Take Back Day via CW44 TV “Bayside” interview featuring Linda McKinnon, CEO & President
- Named Tampa Bay Non Profit of the Year Finalist
- Received Pearl Logic Certificate of Operating Cost Efficiency Recognition Award
- Linda McKinnon, CEO & President, named Professional of the Year by FADAA and Administrator of the Year by FCCMH. She serves as Board Chair of the Florida Association of Managing Entities (FAME) and on the Boards of FCCMH, FADAA and Executive Board of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition
- Larry Allen, COO, serves as President of the Florida Association of Health Care Quality
- Marcia Monroe, VP, named finalist for Tampa Bay Business Woman of the Year and FCCMH Administrator/Supervisor of the Year. She serves on the Florida School of Addictions. Board of Directors
- Doris Nardelli, Business Manager, named 2013 Advocate of the Year by FADAA and serves on the Board of Directors for Florida Partners in Crisis, Polk NAMI and the Polk State College Advisory Council

Consumer & Family Affairs

- CFA serves as a hope role model and voice for those on the recovery journey. Engaging with consumers, they use input to improve the care system via education, advocacy, peer support, and resource location
- Provided phone and email assistance to 300 families and consumers
- Developed a Florida Assertive Community Treatment (FACT) family guide booklet

- Provided training for: Peer Recovery Specialists, West Virginia Leadership Academy Advocacy Program, Mental Health First Aid, NAMI Family to Family, and Wellness Recovery Action Planning (WRAP)
- Provided Technical Assistance to establish Peer Support, Vocational Rehabilitation, Peer Assisted Liaison, and Florida Veteran’s Outreach services. Established Consumer Support “Warm Line” and launched Peer Advocacy Councils in Hillsborough & Pinellas Counties
- Provided education and support materials at community health fairs and events
- Carol Eloian, CFA Liaison, served as NAMI Hillsborough President and serves on the Board of Directors for FCCMH and the Florida Certification Board Behavioral Health Advisory Council

Financial Management

- Received two outstanding Audits via DCF Contracting Oversight Unit and JWB - both reporting no findings
- Implemented enhancements to CAFÉ (contract administration) software providing additional accountability and control - Budget and Corrective Action Module and Finance Cost Reimbursement Module
- Streamlined contracted provider fiscal reports resulting in improved efficiencies, less reported errors, and enriched monitoring capabilities

Information Management

- Heather Hains, CIO, worked with DCF, Florida Managing Entities, and the Florida Council State Technology Workgroup to develop a statewide IT Committee serving as Chair
- Business Intelligence (BI) Dashboard was redesigned and expanded to include “Real Time” reporting to track performance measures and funding levels
- Launched SharePoint “Helpdesk Support” for internal staff and external contractors
- Automated: Appropriation 375 Pregnant Women Funding Data Collection & Reporting through integrating IhsIS and SharePoint, QI Monitoring Reports including Prevention Data, and new MSS Child Welfare Referral Process in IhsIS for CPI investigators and contracted providers
- Re-designed network infrastructure by expanding the HA environment and data warehouse guaranteeing minimal downtime
- Completed internal hardware and software upgrades for maximum efficiency
- Managed live daily booking and release data

import from Pinellas Sheriff Department matched against internal service system

Network Development & Clinical Services

- Took active role in preventing children from entering the child welfare system and deeper end services via collaborative interagency calls identifying child and family at risk needs
- Developed diversionary staffing process for court involved adolescents and families producing system efficiencies that broke down barriers to successful community reintegration and identified service gaps
- Facilitated community meetings during the Florida Medicaid Managed Medical Assistance Program rollout
- State Hospital Admission & Discharge Planning decreased length of stay and increased community success by planning wrap around services. Tracked Forensic Treatment Facility diversions and monitored Wait Lists
- Care Coordination maximized resources by monitoring service access and assuring clinical appropriateness. Focusing on “High Need/High Utilizers” improved quality and efficiency – realizing better outcomes, fewer readmissions, and reduced cost of care
- Lisa Jones, Prevention Program Manager, presented on Coalitions and Community Health & Wellness at the 2014 Washington DC CADCA Forum, provided KIT Solutions training to other ME’s, and Technical Assistance to Coalitions statewide
- Margo Fleisher, Training Program Manager, facilitated Mental Health First Aid training and coordinated Trauma Informed Care (TIC) efforts

Quality Improvement

- Sponsored internal and external NIATx training improving process efficiencies and producing cost savings
- After their monitoring visit, contracted providers were surveyed to solicit feedback for improvement
- Improved SharePoint site organization making it more “user friendly”
- Risk Management participated in a DCF trial improving the Incident Reporting and Analysis System (IRAS)
- Provided training to contractor providers on TANF, Pregnant Women, and Prevention services
- Became a DCF Beta test site

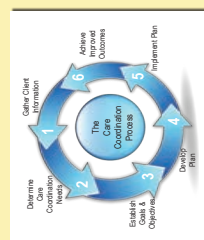
HIGH NEED HIGH UTILIZATION (HN/HU) PILOT PROJECT

Presented by: Marcia Monroe, LCSW, MSW, MBA
& Doris Nardelli, MPA

Methodology

Identified HN/HU individuals received integrated care coordination matching intensity of service to symptom severity. Additional care coordination involved collaboration with service providers regarding individual situations, review of assessed needs, treatment, discharge and aftercare plans as well as other applicable information.

The HN/HU program ensured client services were based on medical necessity criterion and fit Millman Behavioral Health Care Guidelines (the industry "Gold" standard). Millman Care Guidelines were developed from research and literature reviews and assist in decision-making regarding level of care, length of stay, overall course of treatment and high utilization.



SEAMLESS

This Pilot Program reduced the possibility of a person receiving redundant or conflicting treatment and ensured an open line of communication for everyone engaged in care planning. Individuals focused on recovery rather than processing systems issues.

CHOICE

The HN/HU program strongly supported individual choice. Participation and partnership meant focus was on individuals – not illnesses.

PERFECT FIT

Care Coordination ensured individuals and families received the right services, at the right time, for the right duration and frequency required.



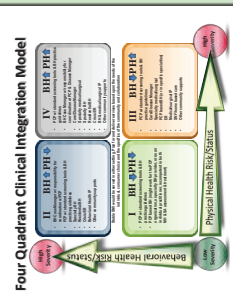
Additional Credits:
John Parratt, Director of Strategic Promotions & Development, LogoGram, Inc.
Jules Davidson, Graphic Designer, LogoGram, Inc.

Statement of Need

A growing number of individuals were accessing the highest cost system services without positive outcomes. Situational analysis resulted in development of the HN/HU pilot project. Goals were to improve outcomes, reduce readmissions and reduce cost of care.

The question became – what needed to be done to support individuals in the least restrictive level of care while also reducing the likelihood of their return into a higher level of care (all without negatively impacting safety and care quality)? A secondary goal was to increase days between an individual's last discharge and readmission back into the same level of care.

Individuals were also recognized as medically complex for both primary health issues as well as behavioral health needs. Use of the internationally recognized Comprehensive, Continuous, Integrated System of Care (COISC) model developed by Doctors Ken Minkoff and Chris Cline was implemented. This system construct improves treatment capacity for individuals in systems of any size and complexity.



Focus

CFBHN believes effective Care Coordination must be flexible and respond to community and individual needs while incorporating the best clinical research – and also meeting ever evolving federal and state requirements. We change processes based on data and results. Data collection comes from a variety of sources including treatment outcomes, cost of care, quality improvement monitoring reviews, satisfaction survey information, risk management/incident reporting, information from individuals served and other stakeholders. Change driven by data transforms the system from being reactive to proactive.

Measurable Results

- ✓ Reduction in Delux Services average length of stay translated into an approximate 10% reduction in cost per individual served
- ✓ A 30% reduction in average length of stay was achieved for Adult Mental Health Residential Level 1 Services
- ✓ Numbers served in Adult Mental Health Residential Level 1 Services increased by 45%, resulting in \$640,000 being redirected into less costly services for the system of care
- ✓ Cost per individual served for Adult Crisis Stabilization was reduced by 3.5%
- ✓ Cost per individual served for Children's Crisis Stabilization was reduced by over 13%
- ✓ Average days between discharge and readmission increased by 33%
- ✓ Days waiting for services reduced by 84%



2014 – 2015 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area includes the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of high quality compassionate services. Working with our partners, CFBHN continually meets the changing needs of public sector leadership by providing for those individuals who require public services. To support this network, CFBHN manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*



Collaborating for Excellence

“Recovery Points are clear milestones on the road to a happy and healthy future. Our system of care ensures that the keys to success are provided to those who need this opportunity. We encourage hope, support choice and strive to bridge system gaps.”

We are pleased to present our 2014-2015 Annual Report to the community. Having completed our fifth year as your Managing Entity for Substance Abuse and Mental Health Services in the Suncoast Region and Circuit 10, I am pleased to report that the Department of Children and Families has exercised their option to renew our contract for an additional five years.

Our contracted provider organizations continue to excel and we are proud to be able to host a special awards luncheon in honor of this year's Five Star Incentive Performance Awards recipients on October 27, 2015.

During the previous year we continued to focus on families and children who are served in the child welfare system, working diligently with our partners to focus on prevention and intervention initiatives and services.

The Florida Managing Entity Association (FAME) that was formed the previous year continues to provide leadership and is working closely with the Department of Children and Families as well as the two statewide professional organizations FADAA and FCCMH, to improve our publically funded system of care. I am proud to continue service as the Board Chair of this organization.

Please feel free to contact me with your feedback and comments. I can be reached at lmckinnon@cfbhn.org. I would love to hear from you.

Linda McKinnon, President & CEO



It has been a distinct honor and privilege to have served as Chair of CFBHN's Board of Directors since 2013. Our Board consists of many talented individuals dedicated to the mission of ensuring public services are available to those in need. We do this by faithfully executing the mission of CFBHN according to Corporate Bylaws and Governance Policies.

I am very pleased to participate in this year's October luncheon event honoring those outstanding provider organizations who earned incentive awards through CFBHN's Five Star Incentive Performance Award Program. Our Board has been very supportive of the concept and is excited about the results it has generated. Most gratifying is hearing the real success stories of persons served through these programs as well as having the opportunity to personally meet them at the luncheon. We know there are countless other stories waiting to be shared as well as more waiting to be made.

Moving forward, I am encouraged by the continued growth and development of CFBHN as a leader in Florida public service. The processes and expertise that have been developed are of the highest caliber and will ensure all funds are efficiently and effectively used for those most in need.

This year it is my honor to pass the Board Chair position to The Honorable Paula O'Neil. I know she will continue to faithfully execute the CFBHN mission through her guidance and leadership. Our pledge to the citizens we serve – to work diligently on their behalf through the operations of CFBHN and the governance provided by this Board of Directors.

Craig Latimer, Chair of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus...

Individual Results

Current Snapshot

\$164,836,198
TOTAL CONTRACT FUNDS

99% | Expenditure Rate
on Services

119,493
Numbers Served in Treatment

327,200 | Numbers Served
in Prevention

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.

Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

July 1, 2014, began our fifth year of managing the network of safety net substance abuse and mental health services funded through Florida's Department of Children & Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils throughout all fourteen counties. CFBHN managed \$164,836,198 contracting with community organizations serving 119,493 persons with a full array of services including acute care, residential, housing, medical, outpatient, and recovery support while reaching 327,200 through prevention. We efficiently and effectively managed all contracted funds with an expended rate of 99% and a total administrative cost of less than 4% – a good value for taxpayer funded services.

Top Leadership Reports to Florida Legislature

Linda McKinnon, President & CEO, prepared and presented a very in depth and comprehensive report on the effectiveness of the Managing Entity Model to the Florida Senate during the 2014–2015 session. She clearly outlined the benefits accruing to Florida relative to behavioral health services managed by CFBHN in the SunCoast Region and Circuit 10 and what could be expected as the Managing Entity model matured. The Florida Legislature had specific goals: ensuring that maximum resources were available for services, services were delivered by a high quality network, reduce reliance on deep end costly service while increasing community capacity to provide effective lower cost services, prioritizing needs of families served in the child welfare system to ensure safety, ensuring local community voices are heard, and finally that employment opportunities for individuals receiving services were a focus. The full report can be found at www.cfbhn.org. Briefly CFBHN accomplished:

- Reduced operational costs from 14% to 3.5%. 96% of funds go to services
- Maintained CARF accreditation as the only Florida Accredited Services Management Network and required accreditation of network subcontractors. Additionally, the CFBHN Board initiated a Five Star Incentive Award program for those subcontractors who achieved and surpassed quality measures providing earned incentive awards from reinvestment funds
- Met 100% of all quality measures required by contract
- Successfully diverted from State Hospital admission 40% of referrals representing a cost savings to the state of approximately \$7,162,315. Reduced CSU readmissions within 30 days to below 10%. Increased FACT Team admissions by 140 persons and reduced Residential Level 1 services by 48% by placing individuals in less costly housing options.
- Since 2010 increased funding targeted to families in crisis by \$3,840,983 and this year diverted 93% of potential lockout calls from home placement
- Included stakeholders from throughout the region on the CFBHN Board of Directors and used a structured approach that engages communities via Consortiums, Coalitions, Regional Councils, and Acute Care Committees
- Supported Peer Specialist training and funded new employment initiatives
- Developed a robust IT infrastructure for sharing data and business intelligence which is transparent and available for on demand viewing

Florida TaxWatch Says ME's A Great Value

"Ensuring that the delivery of government services is efficient and effective is a core function of Florida TaxWatch. Along with promoting and protecting

budget integrity, improving taxpayer value and government accountability, and educating citizens on the activity of their government, analyzing government service delivery models is the mission of Florida TaxWatch as a nonpartisan, nonprofit public policy research institute,” says President and CEO Dominic M. Calabro. The March 2015 report details their research and analysis of the Florida Behavioral Health System finding it a good model for delivering services. The complete report can be found at floridataxwatch.org.



Marcia Gonzalez Monroe Honored with National Award

The National Council of Behavioral Health recognized Marcia Gonzalez Monroe, CFBHN Vice President of Network Development & Clinical Service, as the Mental Health Professional of the Year. She received the Inspiring Hope Award, supported by Eli Lilly and Company, at the 2015 National Conference held this year in Orlando, Florida. She has graciously given her \$10,000 award from Eli Lilly to establish the Arthur Gonzalez & Marcia Gonzalez Monroe Scholarship Fund. Proceeds will be awarded to ten deserving first time professional attendees to the 2016 National Council Conference and is being supplemented by the



National Council with discount conference rates for those attendees who are selected. Her award acceptance speech can be viewed on our website at www.cfbhn.org. Ms. Monroe also currently serves on the Board of Directors for the Florida School of Addictions and is widely recognized as one of the national leaders in co-occurring system development.

5-Star Performance Award Recognition Program

Every year CFBHN contracted providers participate in a process that analyzes their performance by category according to a “Scorecard”. The highest performers in each category can earn a performance incentive financial award. The total amount available for distribution in 2014–2015 was \$400,000, and providers who earned performance awards will be recognized at the first annual Award Recognition Luncheon October 27, 2015. A complete list of award winners can be viewed at www.cfbhn.org.



Managing Transition in an Emergency

What happens when a long time community behavioral health provider organization is no longer able to sustain themselves and decides to abruptly close their doors? CFBHN faced this dilemma early in 2015 for a remote rural area in southwest Florida – Hendry and Glades counties. CFBHN stepped up to work with the closing organization’s Board of Directors to ensure a smooth, seamless transition of services until a new subcontractor organization could be secured. The goal was to sustain and transfer services but make the process appear seamless to the general public. Offices were never closed and

staff were transitioned, maintaining continuity of care. However, a big part of the solution was to use a telemedicine service called “Click A Clinic”. It proved so successful “Click A Clinic” has been retained as a permanent part of the service array for the new provider and is now being looked at as a model to replicate across the state in both rural and urban areas. Cost effective and responsive, “Click A Clinic” has been praised by both professionals and those individuals receiving services. Success was measured by the high number of scheduled appointments kept, return follow-up appointments and positive client satisfaction surveys.

Families Get Help with FIT and Make Great Strides with Family Court

FIT Teams work to keep families and children safe. CFBHN manages four providers in our network and a total of 247 families were served this fiscal year. During that time families were successfully discharged and many elected to maintain contact for support and aftercare services. Additional program success includes; improved communication between all stakeholders, availability of incidental funds to enable families to purchase clothes for job interviews and material fees for vocational school and being able to provide emergency rent and utility payments to ensure a stable home environment is maintained. Many families with prior unsuccessful child welfare histories were able to successfully complete the FIT Program and because of the intensive treatment level plus peer support and follow-up, many children were able to safely remain with family and not be removed from their home. And with FIT Team counselors in court, the judicial system has become an active partner who is critically engaged in program success.

\$5 Million Grant for Healthy Transitions Moving Forward

In 2013-2014, in partnership with the DCF SAMH Program Office, CFBHN was awarded a \$5 million/5 year “Now Is the Time: Healthy Transitions Grant” from SAMHSA to focus on early intervention and treatment for youth/young adults 16-25 at risk of or diagnosed with a serious mental illness. Dr. Tonicia Freeman-Foster, Senior Program Manager is responsible for implementation of the grant and led a team last August to meet with the other grantees in Bethesda, MD. This meeting enabled all to network, learn about best practices and meet their federal grant officers. Upon returning to Tampa, Dr. Freeman-Foster held a planning meeting with all partners and stakeholders to share information received at the grantee meeting and began work on the Communication Plan which included a required Social Marketing component. The Local Evaluation Team was also created whose task is reviewing program outcomes, identifying measures and selecting measuring tools. Both the “Transition to Independence Process” and “Wraparound Models” will be used in this program to address the wide variety of youth needs. Currently, all providers have signed contracts, are in the process of hiring professional staff, and have hired the young adults who will be part of the team. Plus, all local 211 Centers are working together to streamline their processes. Everything is a go!

Consumer & Family Affairs Leads the Way in Expanding Knowledge

Carol Eloian, Director, and her department are leading the way in helping communities understand behavioral health issues while focusing on reducing



stigma and discrimination. They provide educational events including; training for over 100 Bay Area Legal, Inc. attorneys in Mental Health Sensitivity to empower them to separate myths from facts when working with mentally ill individuals and families, conducting Webinars on how to best use Peer Specialists services to increase recovery opportunities, and engaging with college psychology students in open forum discussions about family perspectives and needs. Ms. Eloian also played a key role in the 13th Judicial Circuit updating of the 5-Year Sequential Intercept Mapping Project identifying system gaps and proposing solutions.

Engaging with consumers who have achieved recovery is also a key focus. They are leading and supporting development of Peer Advocacy Councils throughout the region bringing in special kick-off speakers. These councils will become a key to success as members mentor those just beginning recovery and are new to the Recovery Oriented System of Care concept.

Finally, they are spearheading an initiative with local National Alliance on Mental Illness (NAMI) affiliates to join together with the hope each affiliate will become stronger through sharing. Collaborative goals include sharing signature trainings, increasing membership, participating in fundraisers, focusing communication efforts, supporting advocacy for younger consumers and advocating filling service gaps in housing, respite care and short-term residential treatment while also focusing on the need for increased base funding.

IT Expands Capacity and Delivers

CFBHN is committed to providing timely and accurate information. Presently there are approximately eight hundred active end users on the network both internal and external. This year CFBHN has increased the number of servers to forty-two with twenty-five virtualized. While operating "In The Cloud" on three major applications, data warehousing enables CFBHN to provide mission critical reporting. Client information is secure and protected in the network. The CFBHN systems conform to all Security and HIPAA standards. This past year saw the call for CFBHN to step up and provide reporting for the entire state for the FIT program and with the robust nature of the CFBHN IT system there are many future opportunities available for service of Florida needs.

Future Focus is on Recovery Points and Communication

CFBHN does a very good job of developing and maintaining an efficient and effective system of care. People are receiving high quality services and are achieving recovery. In an effort to share this information in a more



personal way CFBHN is launching a series of Success Stories which will be available through various communication channels including our website, social media accounts and YouTube. The world of communication is changing rapidly and if we want to stay ahead of the curve we need to employ means of communication people like to use. Please visit our website often, subscribe to our ENewsletters, and connect with us through social media. Let us hear from you with thoughts, suggestions and ideas.

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Craig Latimer, Chair, Community/Law Enforcement/Elected Official
Supervisor of Elections/Retired Major Hillsborough County Sheriff's Office

Paula O'Neil, Vice Chair, Community/Elected Official
Pasco County Clerk and Recorder

Ray Gadd, Treasurer, Community/Elected Official
Assistant Superintendent Administration & Operation, Pasco County School Board

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Dr. Robert Nixon, Immediate Past Chair, Community/Business
Strategic Planning and Solutions/Professor Emeritus USF Tampa

Community & Stakeholder Directors

Ann Arnall, Governance Committee Chair/Community
Director Lee County Human Services

David Beesley, Provider
CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Maureen Coble, Community
Retired COO, Sarasota YMCA Partnership for Safe Families

April Dean, Community/Family Advocacy & Faith Based
Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care
Children's Network of Southwest

Nancy Hamilton, Provider
CEO Operation PAR

Kevin Lewis, Quality Committee Chair/Provider
CEO Saluscare Inc.

Larry Lumpee, Community
Past Assistant Secretary for Department of Juvenile Justice & Retired CFBHN COO

Dr. Subhakar Rao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Mary Lynn Ulrey, Provider
CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Karen Windon, Community
Deputy Court Administrator Manatee County

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions

Business Development & Marketing

- Social media presence expanding with Facebook Friends and Twitter launch
- Constant Contact expanded ENews reach providing tracking to gauge effectiveness
- Presented workshops and posters at national and state conferences; National Council, FCCMH/FADAA, FJJA, and Florida School of Addictions
- Published Annual Report/Managing Entity/FACT brochures, Quick Reference Card for Law Enforcement and banners. Produced Electronic Consumer Handbook, FACT Family Guide, Child Service Packet, Legislative Toolkits, state and federal district specific Legislative information, Funding Infographic and new branded templates. Produced PSA's for editorial boards, Hendry/Glades and RX Drop Off day.
- CFBHN named Finalist for Tampa Bay Non Profit of the Year 2015
- Linda McKinnon, President & CEO, is Board Chair of the Florida Association of Managing Entities (FAME), serves on the Boards of Florida Council of Behavioral Health, the Florida Alcohol and Drug Abuse Association, and the Executive Board of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition.
- Business Manager Doris Nardelli serves on the Boards of Florida Partners in Crisis, Polk NAMI, and Polk State College Advisory Council

Consumer & Family Affairs

- Worked with NAMI Hillsborough and Grace Point Wellness Foundation to produce communications brochure providing insight on living with mental illness and impacts family members and caregivers experience due to HIPAA privacy rule when communicating critical health information
- Trained over 200 Hillsborough County Sheriff Officers in 40 hour Crisis Intervention Training (CIT) program that helps officers called to a mental health emergency
- Florida Leadership Academy training provided to 30 Recovery Peer Specialists to strengthen leadership, networking and advocacy skills enabling them to earn CEU credits for certification
- Carol Eloian, Director, serves on the Florida Certification Board Behavioral Health Advisory Council where she made curriculum standardization recommendations for updated Peer Recovery Specialist certification to include additional substance abuse training
- Trained on SAMHSA recovery oriented evidenced based practice "Whole Health Action Management" that teaches self-management skills for community mental health centers, health homes and group settings
- Participated in statewide DCF "Recovery Oriented System of Care" forum to create shared vision to shape prevention, treatment and recovery support systems in Florida

Financial Management

- CFBHN received outstanding audit from DCF Contracting Oversight Unit. No reported findings.
- CFBHN implemented Finance and Contracts central depository which allows subcontractors to submit reports electronically thereby improving efficiency
- Enhanced CAFÉ system by automating additional contracting processes creating efficiencies for CFBHN and subcontractors who can now complete their funding tool, auto calculate match and receive post award notices
- In the 2014–2015 FY, CFBHN purchased an additional \$1,068,093 in services from carry forward 2013–2014 FY funds

Information Management

- Developed Statewide IT solution for Family Intensive Treatment funding
- Automated reports; Performance Measures (under new algorithms and contract), Block Grant, Quarterly, Alliance, and Real Time Access
- Developed Network Security Enhancements to infrastructure and policies, Data Warehouse and High Availability
- Automated; Specific Appropriation 375 MSA81 subcontractor reports on SharePoint integrated with Integrated Human Services Information System service data to increase efficiency by automatically populating and eliminating duplicated data entry (Reports are dynamic and can be monitored by levels and performance), Child Welfare Registrations so Child Protection Investigators can refer families, and Reconciliation/Expenditure reports
- Received Sheriff Booking Data, compared to persons served, and reporting to subcontractors
- Managed 100% standard data validation to invoice
- Heather Hains, CIO, participates on IS Strategic Committee, ME IT Committee and IM Project Team

Network Development & Clinical Services

Overall System

- Delivered 70 trainings including; Seven Evidenced Based Practices (Motivational Interviewing/Stages of Change), Four Trauma Informed Care System Change and Practice, Two Co-Occurring Disorders, Eight Limited Mental Health for Assisted Living Facilities, Five Children Mental Health, One NIATx collaboration with QI Department, Five Mental Health First Aide, and Nineteen Continuing Education

Child System of Care

- Managed 167 Child Welfare Interagency/Lockout calls resulting in 142 children diverted from placement (increase of 27 calls over previous year with 12 additional cases diverted),

12 Interagency calls to identify options for non-Medicaid at risk children, and 24 placement calls for Statewide Inpatient Psychiatric Program (SIPP) and Specialized Therapeutic Group Homes (STGH)

- Participated in 5 statewide Child Welfare Work Groups. New Program Manager's focus for coming year will be integration
- Created Child Welfare parent survey that assesses unmet needs and identifies system improvement and "Youth At Risk Staffing Process Models" that link high risk youth to community resources and divert from deep end care
- Used \$472,283 for private residential non-Medicaid placement services
- FIT (Family Intensive Treatment) teams met all deliverables

Adult System of Care

- Care Coordination key to maximizing resources by monitoring service access and assuring clinical appropriateness. Focusing on "High Need/High Utilizers", individuals realize improved outcomes, reduced readmissions, and reduced care costs. Conducted 681 consumer resource calls for linkage to community resource, developed Non Priority/Priority Call tool for tracking and trending, and resolved 59 consumer complaints.
- CFBHN has lowest rate per 1000 in Florida State Hospitals. FACT served 148 "new" clients with yearend census at 99.6% capacity, implemented computerized process for monthly FACT Team reports, facilitated monthly State Hospital discharge planning calls with 38% of admissions diverted, implemented new client interview process, and trained teams on role and purpose of Peer Specialist.

Prevention

- Lisa Jones, Program Manager, provided KIT training to providers and ME managers. Worked with coalitions to increase numbers served using evidenced based practices. Is Prevention Partnership Grant Review Team member.

Quality Improvement

- Improved SharePoint site organization making it more "user friendly" for subcontractors and CFBHN
- Developed monitoring systems to reward subcontractors based on performance in full reviews, limited, modified limited and a "skip" year
- Provided training to subcontractors on TANF, Pregnant Women and Prevention services
- Revised scoring and monitoring tools to include "service bundling"
- Sponsored NIATx training to improve process efficiencies and produce cost savings
- Surveyed subcontractors after monitoring visits for improvement feedback
- Launched monitoring tool quality initiatives to get baseline information on items like integration of behavioral and primary healthcare



Central Florida Behavioral Health Network, Inc.

2015 – 2016 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area includes the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

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** CARF is the Commission on Accreditation of Rehabilitation Facilities*



Collaborating for Excellence

"Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities."

Linda McKinnon, President & CEO



We are pleased to present our 2015-2016 Annual Report to the community.

This past year CFBHN provided direct treatment services for 113,683 individuals and prevention services for 1,862,595. But that tells only part of the story. So many others were impacted through provision of these vital, life changing services – children, families, and communities. Our video

series Recovery Programs and Recovery Points graphically tells stories like a single woman struggling through addiction who made the decision to keep her child and is now a business owner and recipient of a Habitat for Humanity House, those that found work experience, support and success at Vincent House's "Recovery through Work" program rather than dropping out of society and making an impression on the living room couch, or young people in transition who are "Bent not Broken" in an innovative Healthy Transitions program.

CFBHN is proud to be an innovative organization that brings high quality services to meet the needs of fragile lives. In that vein, CFBHN staff stepped up and were active participants in statewide system development work groups that focused on critical need areas like Information Technology, Care Coordination and Child Welfare Integration. Final products from these workgroups became instrumental in informing legislation that was passed into law in 2016. These laws will improve the system of care and positively impact service delivery to Floridians in need for years to come.

Also, early in 2016, a Statewide Steering Committee was convened to review and recommend system wide changes in response to Governor Rick Scott's Executive Order. The Executive Order called for a comprehensive review of publically funded service delivery with the goal to develop a statewide model for a coordinated system of behavioral healthcare to be integrated across multiple funding streams. At the request of DCF Secretary Mike Carroll, I served as Co-Chair of the Committee and recommendations were submitted to the Governor in June 2016.

The Florida Association of Managing Entities (FAME) continued to work diligently to better align ME processes, data collection, system development, education, and advocacy across the state. CFBHN is proud to be an active partner in the association as we continue to make strides.

Please feel free to contact me with your feedback and comments. I can be reached at lmckinnon@cfbhn.org. As always, I welcome your input.

Linda McKinnon, President & CEO

The Honorable Paula S. O'Neil, Ph.D. Chair



It has been a sincere pleasure to observe CFBHN providers deliver services that truly make a difference as they meet critical needs in our 14 counties. Their dedication is seen daily touching lives, changing perspectives, and restoring hearts. Value-driven integrated services managed by CFBHN illustrate core values of innovation, agility, inspiration, and accountability. These values are

demonstrated daily by courageous providers and their teams as they employ the professionalism needed to combat mental illness that 20% of our population experience in a given year (National Institute of Mental Health, 2015). Research also shows that a significant number of persons also experience homelessness (US Department of Housing and Urban Development, 2011) and incarceration (Glaze, 2006; Treatment Advocacy Center, 2017). This takes a toll on families, friends, and communities. I am grateful to the professionals who work at CFBHN, the Board Members, and CFBHN Providers in the trenches every day, all of whom are committed to making every dollar count toward treatment of this societal problem.

This dedication was demonstrated when the Board of Directors made the decision to forego distribution of the 2016 Financial Incentive Awards due to the substantially negative impact of budget cuts to federal block grants. Nonetheless, providers were recognized and applauded at The Meadows, October 21, 2016, at the annual 5 Star Performance Award Recognition Luncheon.

Additionally, the CFBHN Board of Directors was recognized by the Tampa Bay Business Journal as 2016 Outstanding Directors. The makeup of CFBHN's Board of Directors is both diverse and expansive, including a wealth of knowledge second to none. It is an honor to serve with each and every one.

Looking toward 2017, we face continued funding challenges, but I am confident we have the skill set to conquer concerns and provide extraordinary community service.

Pele said, "Success is no accident. It is hard work, perseverance, learning, studying, sacrifice, and most of all, love of what you are doing." I am grateful that our team of board members, staff members, and providers LOVE what they do!

The Honorable Paula S. O'Neil, Ph.D. Chair.

Glaze, L.E. & James, D.J. (2006). Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report. U.S. Department of Justice, Office of Justice Programs Washington, D.C. Retrieved March 5, 2013, from <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhp/pji.pdf> - See more at: <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.x9VTIR3W.dpuf>, National Institute of Mental Health. (2015). Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved October 23, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>, Treatment Advocacy Center. (2017). Evidence and Research: Fast Facts. Retrieved from <http://www.treatmentadvocacycenter.org/evidence-and-research/fast-facts>, U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2011). The 2010 Annual Homeless Assessment Report to Congress.

Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus..

Individual Res

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.

\$176,586,788
TOTAL CONTRACT FUNDS

98.5% | Expenditure
Rate on Services

113,683
Numbers Served in Treatment

1,862,595 | Numbers Served
in Prevention

Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

Current Snapshot

July 1, 2015, began CFBHN's sixth year managing the safety net system of care for substance abuse and mental health services funded through Department of Children and Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed \$176,586,788 contracted through community organizations serving 113,683 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services and reached 1,862,595 individuals through prevention. Contracted funds were efficiently and effectively managed at a 98.5% expended rate with a total administrative cost less than 4% – a good value for Florida taxpayers.

Linda McKinnon Represents CFBHN through Service

Linda McKinnon, President & CEO, was elected to the National Council for Behavioral Health Board representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). Her experience in the substance abuse and mental health field will help inform and guide local and national policy. She was also recognized for her influence and expertise here locally in the Tampa Bay area by the prestigious Tampa Bay Business Journal as 2016 Businesswoman of the Year finalist in the Non-Profit category.



Senate Bill 12 Provides a Roadmap for Better System Development in Florida

CFBHN leadership were requested to testify at multiple Florida Senate and House hearings related to Mental Health and Substance Abuse and had the opportunity to provide direct input and feedback in the crafting of Senate Bill 12 - the most substantial piece of legislation related to behavioral health to be passed in decades. Provisions in this bill include; standard requirements for care coordination for persons with high/need high utilization (HN/HU) of acute care services, community driven needs assessments, uniform processes for state hospital diversion, admission and discharge planning, annual review of administrative requirements and reporting, Managing Entity (ME) accreditation, standards for ME and provider procurement, requirements for all state agencies and Medicaid Plans to coordinate service delivery planning with MEs, provisions for MEs to request funds based upon identified community need, and a required recommendation for revenue maximization strategies to be submitted in late 2016. The bill substantially strengthens the roles of the ME in assuring community safety net services are both available and of high quality.

Florida Association of Managing Entities (FAME) identified a viable strategy this year designed to maximize the "draw down" of Federal funds while protecting funding for community safety net services. That strategy will be considered by the Florida Legislature during the 2017 session.

CFBHN and Vincent House Joined Together in an Innovative Private/Public Partnership

CFBHN entered into its first "Public/ Private Partnership" with Vincent House this year. The collaboration combines CFBHN resources with the philanthropy of Bob and Joan Geyer of Sunset Automotive Group. Longtime mental health advocates and Sarasota residents, the Geyer's contributed \$1.5 million in funding to build Vincent Academy, a "Recovery through Work" program for adults living with mental health challenges. The facility will be state of the art and offer education, community integration, skills training and career placement. Groundbreaking on the 8,500 square foot facility occurred April 14, 2016, with services scheduled to commence fall of 2016.



5-Star Performance Award Recognition 2015

Annually CFBHN contracted providers participate in a process that analyzes their performance by category according to a "Scorecard". In each category the highest performers are eligible to earn a performance incentive financial award. The total amount available for distribution in 2015 was \$400,000. Providers who earned performance awards were recognized at the Award Recognition Luncheon, October 27, 2015.

Event keynote speaker was DCF Secretary Mike Carroll. He shared; "I am so happy to have Central Florida Behavioral Health Network as our Managing



Entity and I think it is because of their willingness to partner, their willingness to be innovative and their willingness to get out of the box at times to make things happen. I also think it is because the provider network that is CFBHN is second to none."

A complete list of award recipients and a short video of the event can be viewed at www.cfbhn.org or through the link <https://vimeo.com/145877123>.

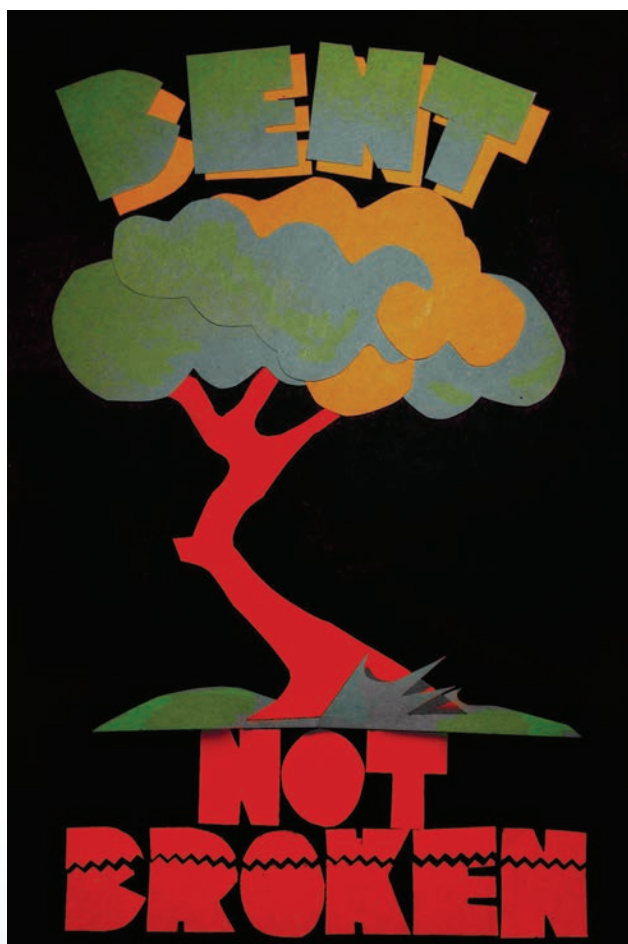
CFBHN Gives Back

CFBHN identified that many of the network's acute care units were in need of physical plant improvements and asked providers to submit their requests which totaled some \$1.5 million. Requests were prioritized to address safety concerns and CFBHN contributed \$350,000 to support much needed facility improvements throughout the network.

Connected! Engaged! Inspired! ~ Healthy Transitions is the "GO-TO" Program for Young Adults

Young adults age 16-25 came together and created a symbol for their program participation - one of hope, resiliency and strength. Here is what it means in their own words...

"We all have beautiful minds, and we all have been through some rough patches in life. But like a tree weathering a storm, we are bent, but not broken!"



Under the direction of CFBHN Senior Program Manager Dr. Tonicia Freeman-Foster, providers in Pinellas and Hillsborough County successfully launched this 5 year grant in fall 2015. Suncoast Center, 211, Hillsborough Kids and Crisis Center of Tampa Bay became fully operational and trained six staff to be Certified Advanced Wraparound Practitioners ~ 6 of 60 statewide! A total of 4,671 youth have been served year to date.

A well-executed communication plan got the message out to the community about this new program and engaged with youth in need. To really understand more about the program and the impact made on individuals check out the YouTube channel. There you can view the outreach commercial, the over-view program video as well as individual interviews and short stories. Go to www.cfbhn.org or CFBHN Healthy Transitions YouTube channel at https://www.youtube.com/channel/UCGTU1e_Yn7StN7fq6ZyQ9BQ

Consumer & Family Affairs Leads Recovery

The Consumer & Family Affairs (C&FA) department has never been more active. The dynamic duo of Director Carol Eloian and Beth Picora, Consumer & Family Specialist, serves not only the CFBHN region but the state of Florida and our nation in Washington. Both were leading subject matter experts for the Florida Recovery Oriented System of Care (ROSC) task force and the Department of Juvenile Justice benefited from their knowledge base on what works to engage with and divert juveniles from committing crimes. Carol continued the work she started with the Florida Certification Board by supporting training and development of Certified Peer Specialists statewide. Looking to redesign Drop-In center services, state representatives met with C&FA to tour CFBHN showcase facilities. As a member of the Project Launch Grant Infant/Early Childhood Team, C&FA focused on increasing family involvement and ensuring sustainability after grant completion. Through participation in Hillsborough PFLAG (formerly known as Parents, Families and Friends of Lesbians and Gays) service resource development, they meet the requirement of the Federal Block Grant for Cultural and Linguistic Initiatives. As active members of both the Florida Assertive Community Treatment (FACT) Advisory Council and the Family Intensive Treatment Team (FIT) Committee, their technical expertise fuels training initiatives that ensure individuals and family members have successful recovery journeys. Finally, giving back through training and teaching is a critical contribution to the system of care and is detailed in the bulleted section of this report.

Network Development & Clinical Services is Where the "Rubber Meets the Road"

Care Coordination and Child Welfare Integration were areas that received special focus this fiscal year. Care Coordination maximizes scarce resources by monitoring timely access to clinically appropriate services. Individuals with high needs and high utilization of services (HN/HU) and special populations, as defined by state and federal funders, were assisted by Care Coordinators to realize improved health outcomes while reducing the likelihood of readmission into acute care. This process also reduced overall cost of care over time. Care Coordinators achieved success by streamlining and monitoring the waitlist process, locating residential services, prioritizing special populations like pregnant female IV drug users as well as child welfare involved persons, and obtaining and evaluating detailed admission history to better facilitate placement solutions. For individuals who experienced extensive stays within the system, Care Coordinators collaborated for successful aftercare and stepdown planning as well.

Impressive results were realized. Approximately 68% of individuals in the program had previously accessed crisis mental health care two or more times in the 6 months prior to their admission into Care Coordination. Six months after discharge from successful Care Coordination services, less than 5% of the individuals had accessed any crisis service. Similar results were obtained for those accessing substance abuse detoxification services. Prior to Care Coordination, readmissions of twice or more were at 51%. Six months following discharge after successful Care Coordination that number was less than 6%. Dramatically, for children receiving crisis mental health services, the readmission rate was 42% six months prior to admission. With Care Coordination the rate dropped to less than 2.5% 6 months following discharge. CFBHN Chief Clinical Officer, Marcia Gonzalez

Monroe, also served as co-chair for the Florida Care Coordination Committee that ultimately produced the guidance document for implementation statewide.

Child Welfare Integration coupled with Prevention resources brought additional supports for troubled families into being. The growing prevalence of children entering the foster care system due to substance abusing parents is a nationwide challenge. CFBHN created new programs and recruited additional specialty providers to meet the local need. With our partners, CFBHN completed the Child Self Study Project in order to improve service delivery while also engaging all facets of the system. Rachel Brockhouse, Child Welfare Manager, was named among those recognized and presented with the Systems Changer Award for her work at the Child Protection Summit fall 2016.



Recovery Programs Joins Recovery Points to Tell Powerful Stories

Last year CFBHN launched the video series Recovery Points to tell the very personal stories of individuals who had benefited from the public safety net of care. These stories covered three distinct points in time that revealed how lives were impacted and changed for the better.

CFBHN knows that treatment and support works for individuals, families and communities. Results are seen every day. So, to complement the personal stories program, CFBHN developed a more in-depth look at how Recovery Programs are meeting needs in a variety of areas such as; substance abuse services, housing supports, prevention services, youth transitional services and the benefit of FACT services and Medicare Part D. All these stories can be viewed on the CFBHN website at www.cfbhn.org or on the CFBHN YouTube channel: <https://www.youtube.com/channel/UCCLfEaGFcH4CBpsKfgriYg>. Take a few moments to get to know some of your fellow Floridians and celebrate what a difference services have made in their lives.

We invite you to visit our website often at www.cfbhn.org, subscribe to our ENewsletters, and connect with us on social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2015-2016 Annual Report

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

The Honorable Paula O'Neil, PH.D. Chair, Community/Elected Official
Pasco County Clerk of the Court & Comptroller

Ray Gadd, Vice Chair, Community/Elected Official
District School Board Pasco County

Larry Lumpee, Treasurer, Community
Past Assistant Secretary for Department of Juvenile Justice/Retired CFBHN COO

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Kevin Lewis, Quality Committee Chair/Community Advocate

Clara Reynolds, Provider/Regional Council Chair
CEO Crisis Center of Tampa Bay

Alison Salloum, Ph.D./Community
University of South Florida

The Honorable Craig Latimer, Immediate Past Chair, Community/Business
Hillsborough County Supervisor of Elections

Community & Stakeholder Directors

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Josh Dillinger, Community Business Representative
GCD Insurance Consultant

Ray Fischer, Community/Community Based Care
Children's Network of Southwest Florida

Nancy Hamilton, Provider
CEO Operation PAR

Doug Leonardo, Provider/Receiving Facility
Executive Director Baycare Behavioral Health

Dr. Subhakar Rao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

John H (Jack) Minge III, Provider/Regional Council Chair
CEO Coastal Behavioral HealthCare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider/ Regional Council Chair
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Brena Slater, Community/Community Based Care
Sarasota YMCA/Safe Children Coalition

The Honorable Andy Swett, Judge/ Community
Lee County Justice Center

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions



Education and Advocacy

- Facebook Friends grow in number and reach through social media and expansion continued with launch of the CFBHN YouTube channel to distribute Recovery Points and Programs videos.
- Media communication educated the public via cable regarding proper RX Prescription Drug Disposal and the Good Samaritan law which resulted in 33,563,533 total network impressions as it directly supported Prevention Coalition messaging. Healthy Transitions used a variety of mediums for outreach including cable broadcast, billboards and in theatre messaging to generate a total of 8,338,935 impressions in the service counties.
- New educational materials were developed and senior staff shared this information with editorial boards and news outlets in Tampa, St Petersburg, Lakeland, Naples, Ft. Myers, Tallahassee, and Miami. This resulted in positive reporting on quality of community services and need for adequate funding to maintain the system of care.
- CFBHN led the development of a platform presented at legislative delegations statewide to educate that mental health and substance disorders are diseases of the brain, that stigma must be addressed, that Mental Health First Aid and Crisis Intervention Team (CIT) training are valuable tools for managing crisis situations, and the status of funding supporting the public system of care.
- CFBHN produced statewide reports identifying numbers of persons served, treatment outcomes, and associated costs highlighting the fact that MEs are a cost effective means to deliver community driven safety net services. Working collaboratively with the two professional trade organizations (Florida Alcohol and Drug Abuse Association/ FADAA and Florida Council for Community Mental Health/FCCMH), Florida Association of Managing Entities (FAME) presented these

findings to the legislature. This uniform messaging resulted in an additional \$75 million in behavioral health funding allocated by the 2015-2016 legislature ~ the first major infusion of new funding into the system of care since the 2003 closure of G Pierce Woods State Hospital.

- Marcia Gonzalez Monroe, Chief Clinical Officer and Doris Griggs Nardelli, Director of Communications presented workshops and posters at national and state professional conferences including; The National Council for Behavioral Health, Florida Behavioral Health Conference, Florida Juvenile Justice Association Annual Conference, and Florida School of Addictions. Linda McKinnon presented to the National Medicaid Congress.
- Published Annual Report and Compassion Fatigue Brochure, developed branded report templates, legislative toolkits, and Recovery Points and Recovery Programs videos.
- CFBHN named Finalist for Tampa Bay 2016 Non Profit of the Year.
- Linda McKinnon, President & CEO, was named finalist for Tampa Bay Business Journals 2016 Businesswoman of the Year.
- Board Service by CFBHN Staff; Linda McKinnon, President & CEO, serves as Board Chair of FAME, Board Member of FADAA and FCCMH and Executive Board Member of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition. In 2016 she was elected to the National Council for Behavioral Health Board of Directors serving the Southeast, Region 4. Marcia Gonzalez Monroe is Board Member of the Florida School of Addictions. Doris Griggs Nardelli is Board Member of We Care of Central Florida, Polk State College Advisory Council, and NAMI Polk. Dr Tonicia Freeman-Foster, Senior Program Manager Health Transitions, is Board Member of the West Central Florida Ryan White Care Council. Armandina Shanahan, Clinical Program Specialist, is Board Member for Suncoast Community Health Center, a Federally Qualified Health Center.

Consumer & Family Affairs

- Established and supported Peer Council Support Networks assisting members in applying for certification while providing ongoing support to employees and volunteers. Focus includes stigma reduction while encouraging and fostering hope.
- Supported several grassroots National Alliance on Mental Illness (NAMI) local affiliates via Board and Committee service and training on signature evidenced-based programs.
- Grew staff capacity with Intentional Peer Support (IPS) and Wellness Recovery Action Plan (WRAP) facilitator training.
- Provided technical assistance to one of Florida's first Central Receiving Facilities implementing the Recovery Peer Specialist role based on Senate Bill 12 "No Wrong Door" model.
- Provided training to approximately 395 individuals; middle and high school student chapter members of "Health Occupations Students in America", Ombudsman Program for Area on Aging volunteers, law enforcement, Assisted Living Facility staff, Recovery Peer training, and WRAP training for subcontractor professionals and VA Center personnel.
- Assisted Hillsborough NAMI with first annual Recovery Walk garnering over 400 supporters.

Financial Management & Human Resources

- Converted to a new accounting system – Abila Mapping Information Platform (MIP).
- Enhanced the CAFÉ system to automate provider funding tools. Also provides the ability to process match and post award notices which reduced provider amendment processing times. Results included maximizing efficiency of CFBHN contract and financial management staff.
- Streamlined the contracting amendment process.
- Conducted subcontracted provider organization risk assessments which included an objective

Bridging Gaps with Management Solutions (continued)

and systemic approach to addressing financial stability within our provider network.

- Established a staff development philosophy “Together Everyone Achieves More” facilitating a 2-day retreat. This supports a core organizational requirement to ensure staff are highly motivated, innovative, and engaged to produce continued organizational excellence.
- HR negotiated employee health benefits from projected 20% increase to 0% saving \$90,389 annually.
- Created Electronic access for “Benefit Open Enrollment”. Result was less employee time spent in meetings and increased employee satisfaction concerning benefits knowledge.

Information Management

- Provider partners require access to the CFBHN data system for report availability. To eliminate any downtime, reporting services were relocated to offsite data partner at Peak 10.
- In order to identify specific individual services, two new data codes were added to the system – “Billed and Paid”. These codes improved accounting for all billed services.
- With a goal to improve efficiency, CFBHN Contracts and IT teams jointly developed a new application to collect provider organization’s performance measures and share information in an “On Demand” basis so providers can make adjustments as needed.
- Data analysis is a critical component of decision making. IT implemented enhanced file upload capability into the Central Florida Health Data System (CFHDS) ensuring accurate and timely data access.
- With the launch of Care Coordination, in-depth reporting for the HN/HU identified individual was critical. IT met the challenge to ensure collection of meaningful data while providing added reporting options.
- CFBHN launched a new electronic Risk Management System to replace a cumbersome manual system improving reporting and analysis capability.
- Smaller providers often lack necessary resources to invest in a certified Electronic Health Record (EHR) system. Because smaller “niche” providers are valuable contributors to the system of care, CFBHN worked with partner Askesis to develop and provide an affordable solution.
- To improve data collection intelligence, the Dashboard and Business Intelligence (BI) portals were redesigned to generate additional reporting capability. Provider partners are now better able to “drill down” into the data and more easily self-monitor their performance.

Network Development & Clinical Services

Prevention

- Deployed a number of new environmental strategies that reached 1,862,595 persons. Targeted prevention services for high risk families now include BAYS and Pace Center for Girls as new providers with Pace including prevention in their daily curriculums.
- The opioid crisis demanded ongoing efforts to reach all community segments in innovative ways.
- Over 90% of Prevention Providers and Coalitions met annual performance goal targets.
- Prevention and IT staff were instrumental at the state level in transitioning to a new database collection system that will serve to identify and spot statewide trends.

Child System of Care

- Three new Family Intervention Treatment (FIT) teams were awarded in Manatee, Pinellas and Hillsborough counties for a total of seven operational in the Network. Teams served 275 families with 72 successfully completing treatment and avoiding out of home placement for children.
- Eight Family Intervention Services (FIS) providers operated in the network and services were redesigned this year to better integrate with child welfare serving agencies while establishing uniform performance standards.
- A community wide “Youth at Risk” staffing process model was developed to identify and link high risk youth to community resources. CFBHN hosted 188 interagency “lock out” calls with appropriate stakeholders resulting in a diversion of 160 youth from out of home placement into child welfare.

Adult System of Care

- The 14 network FACT teams served 1544 persons including 149 new admissions comprised mainly of diversions away from and discharges out of state hospitals.
- Of 313 referrals for state hospital admission coming from the network’s 34 receiving facilities, 130 (42%) were successfully diverted to community programs like FACT, residential treatment, or other.
- CFBHN launched a refocus on use of residential beds for both state hospital diversions and discharges. Fourth quarter results show a 73% success rate for use of this valuable resource and it is anticipated the program will make an impressive impact next fiscal year.
- CFBHN was awarded funding to implement a “Voucher System” in Circuits 6 and 13. This funding will be used to transition FACT team members who are ready to “step down” and move into a less intensive service situation live successfully in their communities. This will in turn

increase FACT team openings for individuals requiring that level of care.

- CFBHN was responsible for coordinating over 400 discharge planning calls.
- Linked 1668 consumer resource calls to services or assisted with care coordination. All 37 consumer complaint calls were resolved satisfactorily.

Forensic

- Access to residential treatment for persons with a 916 commitment status was increased to serve 190 persons being diverted or released from Forensic State Hospitals ~ a 36% increase over previous year.
- 578 individuals were monitored on Conditional Release Orders.
- All persons successfully returned to the community within 30 days of meeting discharge status.
- Successfully scheduled follow-up appointments for 780 state prison releases at end of sentencing.

System of Care

- CFBHN was selected to participate in the development and implementation of national strategies to reduce psychiatric crisis readmissions and implement tobacco free treatment environments.
- Delivered 35 training opportunities to network providers and community stakeholders on; Evidenced Based Practices, Trauma Informed Care, Mental Health First Aid, NIATx Quality Improvement, Child Mental Health, Adult HN/HU, Federal Block Grants, Consumer & Peer Development, Family Support, and Services in Assisted Living Facilities.
- Launched quarterly “Secret Shopper Calls” to assure that network providers were meeting federal access standards while also enhancing consumer engagement. Shared the call results with providers and offered technical assistance whenever needed to improve service access.

Quality Improvement

- CFBHN advocated successfully to assure that all MEs are accredited by 2020. Through accreditation all seven MEs and their provider networks meet the highest standards for quality and safety.
- CFBHN successfully obtained third full Commission on Accreditation of Rehabilitation Facilities (CARF) 3-Year accreditation.
- The Consumer Satisfaction Survey submission process was automated and enhanced to include level of care received. This enabled CFBHN and the provider network to better identify services being evaluated by consumers. CFBHN received and processed 11,166 surveys noting an overall 92% General Satisfaction rating for the quality of care individuals received.

Thank you to Our Sponsors

Platinum Level \$ 1000 Plus

Lightwave	Greg & Kim Myers
TAI	
CFBHN Staff	Linda McKinnon, President & CEO Larry Allen COO Julie Patel CFO Heather Hains CIO

Gold Level \$500 to \$999

Bank of America	Jennifer Arrowsmith
GDC, Gionis Caulley & Dillinger	Josh Dillinger
Sthal & Associates	Ken Williams

Silver Level \$200 to \$499

Harriet Steinbracker



Five Star Performance Award Recognition Luncheon

October 27, 2015
IMG Academy Golf Club
 4350 El Conquistador Parkway
 Bradenton, Florida 34210



"Today we recognize and honor the 2014-2015 5 Star Performance Award Recipients. These organizations truly embody the belief that providing services to those in need ensures we have healthy communities. We are pleased that you have come to share in the excitement and inspiration of the moment, as these distinguished individuals accept recognition for their hard work and dedication."

~ Linda McKinnon, President & CEO



719 South US Highway 301, Tampa, FL 33619 • phone: 813-740-4811 fax: 813-740-4821 • www.cfbhn.org

Luncheon Schedule:

11:00	Registration and Meet & Greet
11:30	Luncheon Seating
	Welcome by Larry Allen, Chief Operating Officer CFBHN
	Opening Remarks by the Honorable Craig Latimer, Board Chair CFBHN
	Program Introduction by Linda McKinnon, President & CEO CFBHN
	Special Presentation "Recovery Points"
	Introduction of Department of Children & Families Special Guests by Linda McKinnon
12:00	Introduction and remarks by John Bryant Department of Children & Families
	Special Guest Speaker Secretary Mike Carroll, Department of Children & Families
12:30	Introduction of Dr Robert Nixon, Past Board Chair CFBHN by Linda McKinnon
12:45	Presentation of Awards by Linda McKinnon and Kevin Lewis Quality Improvement Committee Chair CFBHN
1:30	Special Awards to Board members by Linda McKinnon
	David Beesley
	Dr Robert Nixon
	Mary Lynn Ulrey
	Honorable Craig Latimer
1:45	Special Announcement of Public Private Partnership by Larry Allen
2:00	Closing Remarks by the Honorable Paula O'Neill, Incoming Board Chair CFBHN

Five Star Performance Award Recipients

Group One

Drug Free HighlandsAisha Alayande, Executive Director & Kelly Johnson, Fiscal Agent
Drug Free Hardee..... Maria Pearson, Executive Director & Amy Drake, Financial
Manatee County Substance
Abuse Coalition.....Sharon Kramer, CEO Rita Chamberlain, CFO
Lee County Coalition for a
Drug Free SW Florida..... Debra Comella, Executive Director & Finance Officer
HCADA (Hillsborough County
Anti Drug Alliance Cindy Grant, Executive Director & Kevin Drake, Financial
HCDAA (Desoto County CoalitionAsya Shine, Program Coordinator & Financial
Drug Free Hendry County Mary Prouty, Program Manager & Financial
Drug Free CollierMelanie Black, Executive Director & Financial
Drug Free Charlotte County..... Diane Ramseyer, Executive Director & Bill Janes, Financial
Hope Clubhouse.....James Wineinger, CEO
Vincent House William McKeever, Executive Director

Group Two

Crisis Center of Tampa Bay Clara Reynolds, CEO & Sunny Hall, CFO
Operation PAR, Inc.
(Pinellas County Coalition) Nancy Hamilton, CEO & Amy Scholz, CFO
First Step of Sarasota, Inc.
(Sarasota County Coalition) David Beesly, CEO & Brenda Asher, CFO
Youth and Family Alternatives, Inc.Mark Wickham, CEO & Kim Hamm, CFO

Group Three

Project Return, Inc..... Natalie Michaels, CEO & Madeline Ercolano, CFO
Lutheran Services Florida, Inc..... Sam Sipes, CEO & George Wallace, CPA
Lee Memorial Health Systems
d/b/a Lee Memorial Hospital.....David Harrod, CEO & Ben Spence, CFO

Group Four

Suncoast Center Inc. Barbara Daire, CEO & Kevin Driscoll, CFO
Volunteers of America Florida, Inc..... Janet Stringfellow, CEO & Ray Tuller III, CFO
Hanley Center Foundation, Inc.....Kae Jonsons, CEO & Dathan Griffiths, CFO
Jewish Family & Children's Services
Sarasota-Manatee, Inc. Rose Chapman, CEO & Jeff Rohleder, CFO

Group Five

Charlotte Behavioral Health Care Inc. Jay Glynn, CEO & Derek Rogers, CFO
Manatee Glens Corporation Mary Ruiz, CEO & Sean Gingras, CFO
Tri-County Human Services, Inc..... Robert Rihn, CEO & Arlene Venezia, CFO



FACT: Florida Assertive Community Treatment

It is well recognized that Assertive Community Treatment (ACT) is a successful model that supports recovery in the community for severely and persistently mentally ill individuals and dramatically reduces the need for crisis care and hospitalization. Florida has branded their approach FACT for the "Florida" model. Once thought to be a lifetime service, CFBHN (the regional Managing Entity) pioneered the concept of "Graduation". Individuals are engaged in the concept upon admission and then provided services they need to allow for a more full integration into the community using natural supports. Now, more individuals than ever before can be served using fixed funding. CFBHN currently manages fourteen teams in the Suncoast Region and Circuit 10.

“Community Focus..... Individual Results”

Primary Focus

The primary focus of FACT is to provide services that will sustain and support individuals who are coping with severe and persistent mental illnesses, and possibly co-occurring disorders, so they can reduce or eliminate crisis care as well as repeated hospitalization. The multidisciplinary FACT team provides services based on a personalized plan of care to individuals residing in their own communities.

The program model evolved out of the work led by Arnold Marx, M.D. and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in the late 1960's. Their research found that recovery results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once clients moved back into their community, recovery efforts digressed due to the lack of ongoing support. In 1972, the researchers moved hospital ward treatment staff into the community to test their assumption and thus launched PACT (www.nami.org). There are now many such teams and programs across the country and they operate under a variety of names.

The first Florida Assertive Community Treatment (FACT) team was funded in 2000 at \$1,254,000. Of that amount, \$254,000 was allocated for unfunded client needs. Now, 15 years later, the funding allocation from the state legislature remains the same and there are a total of 32 Florida teams with each serving a maximum of 100 members at any given time. Fourteen of those teams operate in the SunCoast/Circuit 10 Region and are managed by CFBHN.

Although a FACT team has a primary county assignment, their members often chose to live outside of that primary county and FACT continues to serve the person unless the member's resident county is a considerable distance from the FACT team location. For example, FACT teams in Pinellas, Hillsborough and Pasco have members that live in each of those counties.

Admission Criterion

To be admitted onto a FACT team a person has to have one of the following diagnosis categories:

- Schizophrenia or other Psychotic Disorders (295 series)
- Mood Disorder (296 series)
- Anxiety Disorder (300 series)
- Personality Disorder (301 series)

Additionally, they must meet one of the following six criteria:

- Demonstrate a high risk for hospital admission or readmission
- Have prolonged inpatient days (90+ within one calendar year)
- Have repeated (three or more per calendar year) local criminal justice involvement
- Have been referred for aftercare services by one of the state correctional institutions
- Referred from an inpatient detox unit and have a documented history of co-occurring disorders
- Have repeated admissions (three or more per calendar year) to a crisis stabilization unit (CSU)

They must also meet at least three of the following characteristics:

- An inability to consistently perform ADL (Activities of Daily Living) skills or fail to perform them without significant support or assistance
- An inability to be consistently employed (at a self-sustaining level) or be unable to consistently carry out a homemaker role
- Be unable to maintain a safe living situation
- Have a co-occurring substance use disorder (for 6 or more months)
- Have a high or a recent criminal justice history
- Have coexisting mild mental retardation
- Exhibit destructive behavior to self or others

Referral Process

Individuals are referred to the FACT team if they meet admission criteria and are prioritized based on the following:

- They are being diverted from a civil state hospital admission
- They are being discharged from a civil state hospital in Florida
- They are a child who is “aging out” of the Children’s Mental Health System
- They have been a “High Utilizer” of the public CSU system and this fact is negatively impacting their life

FACT Services

Services will include the provision of the specified mental health treatment, rehabilitation and support services as well as competency training for individuals adjudicated incompetent to proceed and such other medical, vocational, social, and educational and rehabilitative services the person's condition requires to assist in successful community living.

The following are services all FACT teams must provide:

- Crisis assessment and intervention
- Comprehensive assessment
- Illness management and recovery skills
- Individual supportive therapy
- Substance abuse treatment
- Employment services
- Side-by-side assistance with activities of daily living
- Intervention with support networks (family, friends, landlords, neighbors, and others)
- Support services, such as medical care, housing, benefits, and transportation
- Case management
- Medication prescription, administration and monitoring

The FACT team is available to provide treatment, rehabilitation and support activities seven days per week with two overlapping shifts and operate a minimum of twelve hours per day on weekdays and eight hours each weekend day and every holiday. They have the capacity to provide multiple contacts per week to persons experiencing severe symptoms or significant problems in daily living. These contacts may be as frequent as two to three times per day, seven days per week, depending on need.

FACT Team Staffing Pattern

The minimum staffing configuration for a team in Florida is:

- A mix of individuals with clinical and rehabilitative training and experience but 80% of all staff must be mental health professionals with one full time team leader.
- An 80% full time psychiatrist or ARNP for every 100 members
- At least one Florida licensed Registered Nurse must be on duty each workweek day defined as Monday through Friday.

- At least one or more staff serving as an employment specialist
- At least one or more staff with training and experience in providing substance abuse services
- At least one peer specialist
- At least one program assistant
- No more than 12.3 staff may be employed with FACT funding

Discharge Criterion

Individuals can stop receiving services for a variety of reasons. Discharges from FACT may occur when individuals meet one of several criteria;

- Moving outside the geographic area of responsibility of the FACT team
- Moving outside the state of Florida (persons are not administratively discharged until a period of sixty days have passed and efforts to link to mental health services will be documented in the record)
- Person requests a discharge (they can rescind their request up to forty-five days and services will resume)
- Person has been admitted to a state mental health treatment facility and has remained in the facility for more than a year and it has been determined there is no anticipated date of discharge
- Person has been adjudicated guilty of a felony crime and has been sent to state or federal prison for a sentence that exceeds one year
- Person is a resident of a skilled nursing facility and will not be returning to the community (FACT waits thirty days)

The most preferable discharge is based on the demonstrated ability of the person to perform on a continued basis in major role areas (work, social, and self-care) without requiring assistance. This is the core basis for the “Graduation” concept pioneered by CFBHN. Where once FACT was thought to be a service for life, it is now possible to work towards a recovery that offers a person a better life.

Joy’s Story

I was molested when I was about 5 or 6 years old. Although the man was stopped, I was left feeling that I was a very bad little girl since that is what he told me I would be if anyone found out. By the time I was 8 or 9 I had begun self-injury and was hearing voices telling me to injure myself. I would stand by the road and run out in front of cars at the last minute – then the voices would stop for a time. At twelve I made the first attempt on my life and then started seeing a therapist. After graduation I spent most of the next year and a half trying to attend college but this was complicated by repeated hospital admissions where I received ECT treatments. Through staying in a group home for a short period of time I was able with intensive therapy to recover enough to move to Tampa. I met my husband of 38 years there and our family now consists of two children and two grandchildren.

However, in 1994 the voices and depression returned and I was admitted to the CSU about 3-4 times a year for a month or more. I was even admitted to the state hospital twice until January 2002 when I was sent to a community short term residential treatment unit. Things then began to change. I was very surprised when my therapist told me I had to make some progress. Over the course of the next year I covered many of the problems that had complicated my life including over 40 years of very self-destructive behavior. My therapist worked very hard with me and continued to do so when I was transferred to a Group home and then supervised apartments. The therapy I received and the groups I attended restored hope, responsibility and accountability for me and gave me control over my life again.

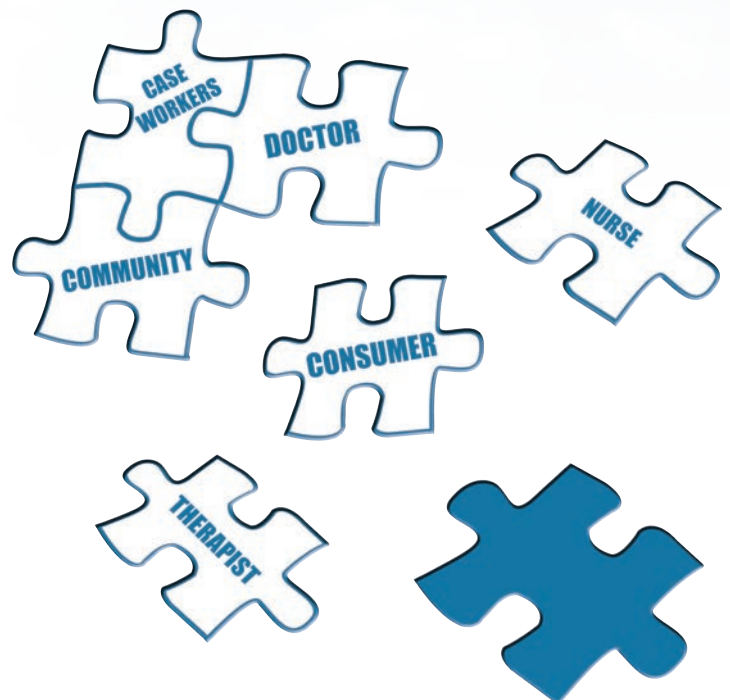
When I returned home I was asked to join a new advisory council being started by the community health center. I and another person launched a support group and I discovered NAMI (National Alliance on Mental Illness) a grassroots organization that provides free training on mental illness. Also at this time the Peer Recovery initiative was just getting started and I became a Certified Peer Recovery Support Specialist as well and began working in the field. For my work I received the Peer Specialist of the Year award from the statewide professional organization Florida Council on Community Mental Health in 2010. In 2011 I also received the Able Trust Award for Adult Leadership. I continue to be employed by the community mental health center as a Certified Recovery Peer Specialist and serve as Vice President of the local NAMI chapter. I am a state Trainer for the In Our Own Voice program, a mentor (instructor) for the Peer to Peer program, a trained member for Provider program team, and a Connections support group leader.

I wish there had been a FACT team available for me earlier in my life. I know from having worked for the FACT team as a Peer Specialist what a difference it can make. I believe I could have achieved recovery much sooner had I been able to take advantage of those services.

Measurable Results

CFBHN's work with the FACT concept to incorporate into the system of care as an essential service in the continuum as well as development and implementation of the “Graduation” concept has resulted in very dramatic results. Lessons learned include the sense of empowerment an individual experiences when they have real hope supported by a workable plan. Countless life success stories have resulted – especially for younger team members. Some other very tangible benefits include:

- ✓ Increased admission of 140 individuals annually into the CFBHN network through use of the “Graduation” concept
- ✓ Reduced use of costly residential services by over 50% by redeploying savings to less costly housing options
- ✓ Reduced state hospital admissions by 40% last year through use of diversion screenings
- ✓ Realized a \$7,000,000 cost savings via the state hospital admissions diversions



Central Florida Behavioral Health Network, Inc. (CFBHN) is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of Hillsborough County Florida substance abuse providers. CFBHN is the largest and one of the oldest Florida Managing Entity organizations. ME's are responsible for developing and managing a system of care for publically funded safety net services through a contract with the Department of Children & Families, Substance Abuse and Mental Health Program Office. As an ME, CFBHN contracts with local community organizations to provide services in a fourteen county geographic area. Range of services includes acute care, residential treatment, housing, medical, intervention, outpatient and recovery support. Substance abuse prevention services are also provided for at-risk children and adults. CFBHN is the first Florida CARF* accredited Services Management Network. CFBHN also manages a variety of local and federal service contracts that support and complement the DCF contract and the community system of care. *Commission on Accreditation of Rehabilitation Facilities

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Central Florida Behavioral Health Network envisions communities where wellness and integrated healthcare enhance the life of every community member.

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Central Florida Behavioral Health Network designs and manages value-driven integrated systems of specialty healthcare services.

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually leads to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.



Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement



Florida Assertive Community Treatment (FACT)



A Guide for Family Members and Other Supporters of a FACT Team Client



Carol Eloian BA, CRPS-F
Consumer and Family Affairs Liaison
2014

Collaborating for Excellence

What is FACT?

Program of Assertive Community Treatment (PACT) is a comprehensive, community-based treatment, service delivery model provided to people who have been diagnosed with a severe and persistent mental illness (i.e. schizophrenia, schizoaffective disorder, or bi-polar disorder). This program model evolved out of the work led by Arnold Marx, M.D., and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in late 1960s.

Their research found that Recovery results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once the clients moved back into their community their recovery efforts digressed for the lack of ongoing support following discharge.

“In 1972, the researchers moved hospital-ward treatment staff into the community to test their assumption and, thus launched PACT.” (National Alliance on Mental Illness (NAMI), www.nami.org) “Not only does NAMI use PACT and ACT interchangeably, but PACT or ACT is also known by other names across the country. For example the ACT program is known as,

- ◆ Community Support Programs (CSP); Wisconsin
- ◆ Mobile Treatment Team (MTT); Rhode Island & Delaware
- ◆ Program Assertive Community Treatment (PACT); Virginia

- ◆ **In Florida the PACT/ACT is known as Florida Assertive Community Treatment (FACT)**
 - ◆ First team was funded in 2000 at \$1,254,000. Of that amount \$254,000 is used for unfunded client needs. The funding remains the same for the last 14 years.
 - ◆ Currently there are 32 teams in Florida. Each team serves a maximum of 100 members.
 - ◆ Fourteen (14) of the 32 teams are contracted to serve clients that meet the admission criteria and the referral process under the Managing Entity, Central Florida Behavioral Health Network (CFBHN) in Pasco, Pinellas, Hillsborough, Polk, Hardee, Highlands, Manatee, Sarasota, Charlotte, Desoto, Lee, and Collier, Hendry and Glades.

How did my loved one become eligible for a Team, and how long will my loved one receive this service?

Referral Process:

Referrals are prioritized for FACT teams under Central Florida Behavioral Health Network (CFBHN):

- ◆ Diversion from Civil State Hospital admission referred by CFBHN (Under a BA-8 or Voluntary to STF)
- ◆ Discharge from Civil State Hospitals in Florida
- ◆ Children “aging out” of the Children’s Mental Health system
- ◆ Individuals that have High Utilization of PUBLIC CSU’s that is negatively impacting the individual’s life
- ◆ Other referrals



Admission:

Your loved one would have to have **ONE** of the following diagnosis categories:

- ♦ Schizophrenia, other Psychotic Disorders (295 series)
- ♦ Mood Disorders (296 series)
- ♦ Anxiety Disorders (300 series)
- ♦ Personality Disorders (301 series)

Additionally, must meet ONE of the following SIX criteria:

- ♦ Demonstrate a high risk for hospital admission or re-admission – Prolonged inpatient days (90+ within one calendar year)
- ♦ Repeated, 3+ episodes per calendar year, local criminal justice involvement
- ♦ Referred for aftercare services by one of the states correctional institutions
- ♦ Referred from an inpatient detox unit and documented history of co-occurring disorders
- ♦ Repeated, 3+ admissions within one calendar year, to a crisis stabilization unit

Meet at least THREE of SIX of following characteristics:

- ♦ Inability to consistently perform ADL skills or failure to perform them without significant support/assistance
- ♦ Inability to be consistently employed (self-sustaining level) or inability to consistently carry out the homemaker role.
- ♦ Inability to maintain safe living situation.
- ♦ Coexisting **substance use disorder** (6+ months).
- ♦ High or recent **criminal justice history**.
- ♦ Co-existing **mild mental retardation**.
- ♦ **Destructive behavior** to self and others.

Discharge:

Your loved one may be discharged when he/she meets one of the following criteria:

- ♦ The person moves outside of the geographical areas of the FACT team's responsibility.
- ♦ The person moves out of the state of Florida.
- ♦ The person demonstrates an ability to perform on a continued basis in major role areas (work, social and self-care) without requiring assistance from the program.
- ♦ The person requests discharge, despite the team's repeated efforts to develop a recovery plan acceptable to the person served by the team.
- ♦ The person has been admitted to a state mental health treatment facility and remained in such facility for period exceeding one year and after direct consultation with the individual's treatment team at the facility, it has been determined that there is no immediate, anticipated date of discharge; or the person has been adjudicated guilty of a felony crime and subsequently sent to state or federal prison for a sentence that exceeds one year or is in a skilled nursing facility and it is determined that return to the community is not possible due to the clinical needs of the individual served.



The Managing Entity Model Crossing the Broad Spectrum with a Community Focus

State funding authorities across the nation continue to grapple with how to best manage and account for public funds while ensuring delivery of quality services to growing and needy populations. A proven answer lies in the Florida Managing Entity model, which has made use of non-profit management organizations that have shown their ability to; build consensus, employ collaborative techniques, make good use of data to drive decision making and can implement best practice models that focus on unique community needs. The CFBHN experience can be replicated in both urban and rural settings and provides a solid platform for integration of behavioral and primary healthcare.

Collaborating for Excellence

Primary Focus

CFBHN's primary focus is to develop and manage a community based safety net system of care that provides a continuum of services to sustain and support individuals coping with mental illnesses, substance use and abuse, and co-occurring disorders. This is done through six functional departments: Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services and Quality Improvement.

Responsible for fourteen counties in Central Florida, CFBHN serves over 120,000 persons annually in treatment and over 185,000 in prevention services. The focus is on promoting use of Evidenced Based Best Practices and matching severity of illness to intensity of service – all while reducing system costs. CFBHN has piloted innovative programs in care as well as developed IT solutions that have driven performance and improved outcomes.

For example, one of the most significant programs developed by CFBHN is Care Coordination (CC) which is based on the Comprehensive, Continuous, Integrated System of Care (CCISC) model pioneered and perfected by the internationally renowned Ken Minkoff, MD and Chris Cline, MD and MBA. Increased treatment capacity throughout the network has shown impressive growth and delivery of behavioral health services has been transformed. CC reduces the possibility a person will receive redundant or conflicting treatment and incorporates best clinical research options. Protocols ensure open lines of communication for everyone in the individual's plan of care – appearing “seamless” to the consumer. Consumers are able to focus on recovery while CFBHN manages process issues. CFBHN's robust and dynamic IT infrastructure provides in-depth data collection that is carefully analyzed so any changes required are

“Community Focus..... Individual Results”

proactive rather than reactive. Results are used to identify and act on quality improvement opportunities. The mantra is “the right service, at the right time, for the right duration and frequency required.” See CFBHN's Care Coordination brochure for more detail.

Florida Managing Entity Facts

There are currently seven ME's statewide who administer, manage and ensure accountability of public funds dedicated to the support of Florida's public behavioral health needs. Their mission is to provide the highest quality of care for persons in need of mental health and substance abuse services and who have no other payer source. These essential services help fellow Floridians rebuild their lives and become productive.

The Florida Legislature authorizes ME's and this makes us the first state in the nation to build this new management system. Implementation has brought BIG positive changes including:

- Duplication elimination, improved efficiencies and local control
- Funding matched to performance
- Smarter system development which has opened lines of communication and leveraged work with nontraditional partners like child welfare, law enforcement and veteran's groups

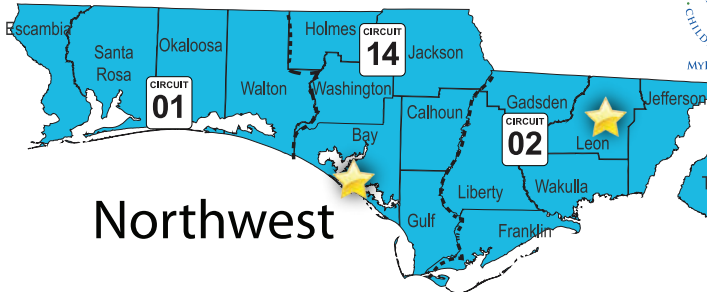
The CFBHN Story

Incorporated in 1997, CFBHN was created to pilot a not for profit alternative to effectively manage behavioral healthcare. In 2005 CFBHN began managing all substance abuse treatment and prevention funds for the Department of Children & Families (DCF) in the SunCoast Region and was also awarded the management of the \$17,000,000 Access to Recovery Grant.

In 2011 CFBHN was awarded the DCF Managing Entity contract which included mental health funding. This contract was expanded in 2012 to include the Circuit 10 counties of Polk, Highlands and Hardee. What began

as a collaboration of local Hillsborough County Florida substance abuse providers is now one of the largest and most experienced Managing Entity organizations in Florida.

The CFBHN vision is simple – communities where wellness and integrated healthcare enhance the life of every citizen, especially those coping with debilitating illnesses. Core areas are Adult Mental Health, Adult Substance Abuse, Children's Mental Health and Children's Substance Abuse in a myriad of individual programs. Every recovery is important as the ripple effect touches not only the individuals affected by the illnesses but also their families and communities.



Northwest

Northeast

MANAGING ENTITY

Big Bend Community Based Care, Inc.

Circuits 1, 2 and 14 - HQ: Pensacola

Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.

Anticipated Start Date: 3/1/2013

Lutheran Services Florida, Inc.

Circuits 3, 4, 8 and 7 - HQ: Jacksonville

Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties.

Start Date: 7/1/2012

Central Florida Behavioral Health Network, Inc.

Circuits 6, 10, 12, 13 and 20 - HQ: Tampa

Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties.

Start Date: 7/1/2010

Central Florida Cares Health System, Inc.

Circuits: 5, 9, 10, 18 and 19 - HQ: Orlando

Serving Brevard, Orange, Osceola and Seminole counties.

Start Date: 7/1/2012

Southeast Florida Behavioral Health Network, Inc.

Circuits 15 and 19 - HQ: Fort Lauderdale

Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.

Start Date: 10/1/2012

Broward Behavioral Health Coalition, Inc.

Circuit 17

Serving Broward county.

Start Date: 11/6/2012

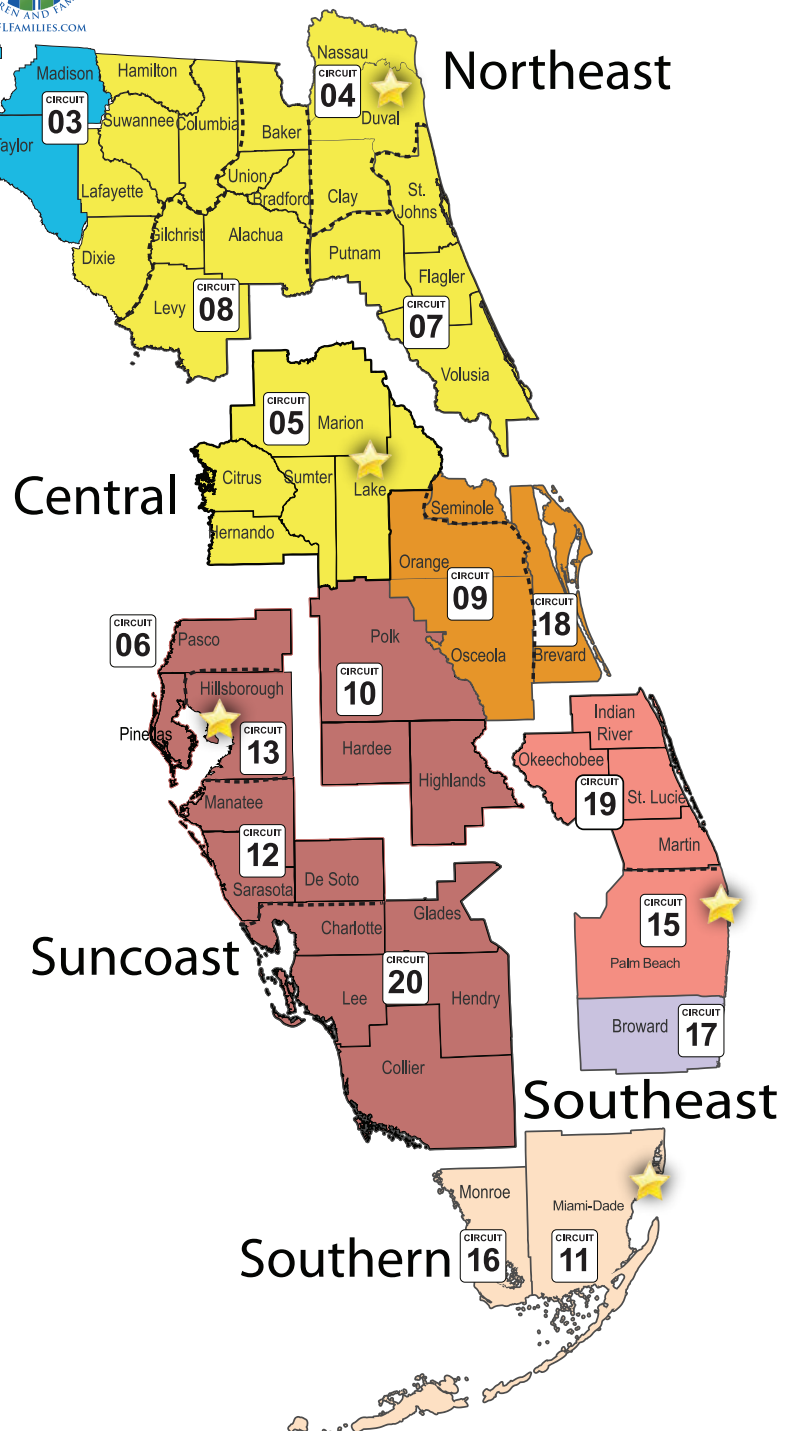
South Florida Behavioral Health Network, Inc.

Circuits 11, 16 - HQ: Miami

Serving Dade and Monroe counties.

Start Date: 10/1/2010

Circuit Border -----
DCF Headquarter Offices ★



Central

Suncoast

Southeast

Southern

Key steps in replicating CFBHN's success is forming close working relationships with all partners and truly developing "A Listening Ear". Paying attention to fiduciary responsibility is crucial and building an IT infrastructure that can handle the load while operating in real time is critical to effectively managing growth and achieving efficiencies. And since Florida operates "In the Sunshine" it must all be done transparently.

Florida Tax Watch Says ME's A Great Value for Florida

**Florida
TaxWatch**



"Ensuring that the delivery of government services is efficient and effective is a core function of Florida TaxWatch. Along with promoting and protecting budget integrity, improving taxpayer value and government accountability, and educating citizens on the activity of their government,

analyzing government service delivery models is the mission of Florida TaxWatch as a nonpartisan, nonprofit public policy research institute," says President & CEO Dominic M. Calabro.

The recently completed report dated March 2015, details their research and analysis of Florida's Behavioral Health Managing Entity system finding it a good model for delivering services. Their complete report can be found at floridataxwatch.org.

CFBHN Measurable Results

- ✓ Excellent steward of public funds enjoying perfect audits with an expenditure rate of 99.99% of all allocated funds
- ✓ Increased numbers served annually on flat allocations while decreasing administrative costs from 14% of total funding to less than 3.5% – without sacrificing quality
- ✓ CFBHN is Florida's first and only CARF accredited Services Management Network maintaining quality standards. Based on solid performance record, CFBHN received an automatic three year renewal on first application in 2009
- ✓ Reduced reliance on deep-end costly service by increasing community capacity to provide effective and less costly service – savings to state hospital system alone exceeded \$7,000,000 in 2014
- ✓ Crisis Stabilization Unit (CSU) readmissions within 30 days are below 10% largely due to Care Coordination for persons meeting High Need/High Utilization criteria
- ✓ Increased network and system capacity to serve high risk families and those involved in the Child Welfare System by targeting funding and developing highly responsive IT solutions that identify and prioritize referrals thereby expediting service access
- ✓ Actively engage communities and stakeholders in determining needs and providing system oversight through a structured approach
- ✓ Increased opportunities for recovery through development of Club-houses, Certified Peer Recovery Specialist training programs, SOAR, WRAP, Trauma Informed Care and Mental Health First Aid training and educational programs

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Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement



Promoting Self Care for Compassion Fatigue



SIGNS

- Poor Concentration
- Forgetfulness
- Irritability & Short Temper
- Over Helpful
- Crying
- Easily Angered
- Detached from Self and Others
- Becoming Emotionally Isolated
- Calling in Sick

Reminder:
take care of
myself!

SELF-CARE TIPS

- Be Present
- Set Limits
- Use Humor
- Do Something Nice for Self
- Do Something Fun
- Relax
- Be Connected
- Let Go of Ego
- Recognize Your Limits
- Maintain Good Health Habits
- Seek Treatment
- Be Tolerant
- Quit Taking it Personally!



Business Development & Marketing • Consumer & Family Affairs • Financial Management •
Information Management • Network Development & Clinical Services • Quality Improvement



What Does It Look Like?

But is it Compassion Fatigue or Burnout? Compassion fatigue is more about the emotional fallout from actually delivering services and that is why it is called "secondary trauma". Helpers working with those in harm's way relive the sufferer's experience secondarily. The emotional wear and tear of this kind of stress can eventually lead to burnout, however burnout takes longer and can be a function of many other things like, paperwork, work conditions, colleagues, or the "grind". The more important question to ask is: Do I Love my work? If the answer is "no", it is probably burnout. If the answer is "YES", you are more likely suffering Compassion Fatigue (Figley, 2004). Compassion Fatigue usually is accompanied by a rapid onset of symptoms and is more pervasive than burnout often emerging suddenly with little warning. There is a sense of helplessness, shock and confusion, with a sense of isolation and the symptoms seem disconnected from the real causes. However, those with Compassion Fatigue report an ongoing sense of responsibility for the care of the suffering even though they themselves are suffering.

Some of the warning signs include:

- Not setting boundaries
- Taking on more than you admit you can handle
- Exposure to written materials, things seen, things heard
- Absorbing reactions of others
- Absorbing emotions of others
- Trying to do too much for others

So is it Compassion Fatigue or Burnout? Take a self test, The Professional Quality of Life Scale; Compassion Satisfaction and Fatigue at http://www.proqol.org/ProQol_Test.html is free and can be done privately, providing unbiased feedback that can motivate self care action.

What Can Be Done to Promote Self Care?

Begin with ethical standards like "First Do No Harm". It is time to recognize that do no harm can be impacted by our own fitness with the exposure to distress of others taking a day after day toll. The adage should evolve to include "First Do No SELF Harm".

Self analyze using the 188 Hours Exercise. How do you spend those weekly hours—atwork, home and on other activities? Keep a log or journal that will help you achieve balance and promote self care

Build personal resilience which is the key to self care (www.theresilienceprogramme.com)

- o Embrace the difficulty and reframe it as a learning experience
- o Have a wide range of tools and skills to deal with many different type of challenges
- o Practice flexible thinking – switch between a range of thinking styles to find the best one for the situation
- o Develop the ability to bounce back from a difficult situation without suffering damage
- o Have a sense of vision, purpose and values that act as guiding lights to enable you to keep going forward
- o Become Self Aware through mindfulness and self observation training
- o Get good at giving and receiving feedback
- o No one needs to be a superhero; however we all have inner strength
- o Like bamboo, aim to be flexible but firmly rooted



What Can Be Done By Employers?

Employer responsibility is to set the stage for a healthy work environment and recognize situations and issues that adversely impact staff. Organizations will reap the rewards of a productive and self aware workforce that can handle the stress load. Ultimately many problems such as absenteeism and staff turnover will be resolved.

- Increase knowledge base. Read and pursue training. Several websites offer free educational materials including video clips from Gift from Within <http://www.giftfromwithin.org>
- Become certified. The Green Cross Academy of Traumatology offers certification
- Work towards Systemic Change. Spread the word and seek to educate and treat others. Impact institutions, policies and procedures that create a climate for inducing compassion fatigue and for discouraging the assessment and treatment in the workplace



CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. Currently CFBHN contracts with community service organizations to provide a full array of publicly funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area covers the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact their lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of compassionate and quality services. Working together, this partnership continually works to meet the changing needs of public sector leadership, private sector employers and employees, and individuals who require services. To support this network, CFBHN manages total system development while providing education, training, and advocacy support as well as research, development, and implementation of best-practices in the treatment field.

* CARF is the Commission on Accreditation of Rehabilitation Facilities.

Collaborating for Excellence

Compassion Fatigue in the Workforce You Have to Take Care of You First

Presented by:

Marcia Gonzalez Monroe, LCSW, MSW, MBA
and Doris Griggs Nardelli, MPA

Compassion fatigue is a common issue facing those in the helping professions. Even when well-equipped and unstressed, this work can take its toll. Employers need to understand the signs and symptoms and be prepared to manage employee workload and environment to combat burnout and eliminate compassion fatigue. Likewise, employees need to recognize symptoms and practice self-care. Charles Figley, Distinguished Professor and Director of the Tulane University Traumatology Institute, has published extensively on the subject beginning with his groundbreaking work of 1985 *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized*.

Generally known as "the cost of caring", Compassion Fatigue is recognized by the American Psychiatric Association in their diagnostic manual. One can be traumatized either directly or indirectly with indirectly noted as

Compassion Fatigue. "It is obvious that traumatization can come from helping suffering people in harm's way as well as being in harm's way ourselves and those that work with the suffering suffer themselves because of the work. Many of us are drawn to this work as a calling. To say the least, our work brings us joy. But the work of helpers can also be emotionally toxic. The same tendencies we have for helping others make us especially vulnerable to overlooking our own needs. It is as if we have a self care blind spot. We need to recognize and do something about it to avoid compassion fatigue, the ultimate cost of caring" (Figley, 2007)

Compassion Fatigue





2016 – 2017 Annual Report

CFBHN is a not for profit 501 (c) (3) corporation and a CARF International Accredited Services Management Network organization. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region which includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services provided: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Our mission is accomplished by seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. Through these partnerships, CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

"Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities."

Linda McKinnon, President & CEO



We are pleased to present our 2016-2017 Annual Report to the community.

This year CFBHN celebrates 20 years of continuous service to communities in need. Founded in 1997 by a group of individuals with foresight and courage, this organization has grown and developed to the full service organization it is today. Originally conceived as

a provider sponsored network to serve just this region of Florida, the concept was quickly recognized as the answer for Florida's safety net system of care statewide. The Legislature moved to allow the Department of Children & Families to structure their delivery system within the framework of seven Managing Entities (ME's), as the new organizations were called, to develop and manage the public safety net of care for substance abuse and mental health services.

Focusing on established relationships and unique local community needs, the new organizations approached service delivery with vigor and the spirit of entrepreneurship. The "can do" attitude was contagious, sparking new innovations and bold methods to meet needs across a wide spectrum. Accountability was set as the bedrock key to functional organization of the new ME's and robust IT systems were developed to track services and appropriate use of funding.

Working hard to leverage new technologies was a focus, but so was building healthy collaborative partnerships across the spectrum of public and private service providers. This focus will continue to grow and develop and lead us forward. We know the key to successfully meeting individual needs is closely intertwined with our local communities and we look forward to continuing to demonstrate how these valuable services can lead to recovery for individual, families and communities.

This was a challenging year facing a statewide Opioid Crisis, sunseting of federal funding, as well as a devastating Hurricane Irma. CFBHN rose to the occasion in all fronts and met community needs. I certainly look forward to tomorrow, next year and the next twenty years to demonstrate how we can accomplish our mission and meet challenging needs together. I look forward to a future that provides for Florida's citizens in time of need so their lives will be full of promise and hope.

Please feel free to contact me with your feedback and comments. Enjoy reviewing this Annual Report and please visit our newly redesigned and highly responsive website at www.cfbhn.org. I welcome your comments and can be reached at lmckinnon@cfbhn.org. As always, I welcome your input.

The Honorable Paula S. O'Neil, Ph.D. Chair



Another year has passed and we have seen unbelievable dedication and commitment from the staff and providers with Central Florida Behavioral Health Network (CFBHN). These unmatched providers deliver life-changing services that sincerely make a difference in our community, fulfilling the critical needs of our 14 county populations. Each day their team members touch lives, change perspectives, and restore hearts.

Over the past year, efforts were successful to update the vision, mission, and values of CFBHN. The vision of "envisioning communities where accessible behavioral healthcare enhances the lives of all" is one all of us can embrace. After all, that is why we are all dedicated to the progress of this field. The mission of "managing a quality behavioral health system of

care that brings help and hope to individuals, families, and communities" is the reason for our existence. It is why we know that our combined work and determination will contribute to a better, healthier tomorrow.

The value-driven integrated services managed by CFBHN illustrate its updated values: accountability, advocacy, collaboration, innovation, and transparency. Those values were carefully chosen because they represent the focus the network has. Each member of the network, whether staff or provider or board member, wants to ensure that we are all accountable for our actions. We want to serve as advocates both to our clients and to our purpose, and, in some cases, our team members feel like we are the only advocates for some of our clients. We realize the need to collaborate with funding source benefactors, other networks, other mental health and substance abuse professionals, and one another to provide the spectrum of services available. As funding and other resources have been limited, the need for innovation has increased, and, thankfully, technology has assisted in that quest. Finally, all shareholders within CFBHN realize the value in transparency to the public, other agencies, and one another.

With the responsibility of more than ten million persons served and more than 100,000 persons treated, the task of the network is overwhelming and requires the support of every member of our community. In September, Governor Scott supported new legislation and funding to fight the opioid crisis. In October, President Donald Trump declared the opioid epidemic a "national public health emergency," citing that "64,000 Americans died from overdoses last year, 175 every day, seven every hour." (Vitali, 2017) While this may be news to some, it is not news to our providers who work tirelessly daily to mitigate the results of the opioid crisis in our community. We are all hopeful that our leaders will recognize the need to address the problems identified, as President Trump said, "as Americans, we cannot allow this to continue. It is time to liberate our communities from this scourge of drug addiction." (*Vitali, 2017)

Mental health problems take a toll on families, friends, and our community. I am grateful to the professionals we work with within CFBHN, including the Board Members, the CFBHN Team, and the Providers in the trenches every day, all of whom are committed to making every dollar count toward treatment of this societal problem. I want to especially thank all CFBHN staff as well as our community collaborative partners who quickly responded this year in the aftermath of the devastation of Hurricane Irma. The assistance you provided in our communities was invaluable. As we look toward 2018, we continue to face funding challenges and behavioral health obstacles, but I am confident we have the skill set to conquer these concerns and provide the extraordinary service the community has seen and is confident we will address.

Albert Einstein said, "Try not to become a man of success, but rather try to become a man of value." I am grateful that I work with dedicated men and women of value!

*Vitali, A. (2017, October 27). Trump calls opioids "worst drug crisis in American History." NBC News. Retrieved from <https://www.nbcnews.com/politics/white-house/trump-declare-oxioids-public-health-emergency-n814536>

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Community Focus... Individual Results



Current Snapshot

July 1, 2016, began CFBHN's seventh year managing the safety net system of care for substance abuse and mental health services funded through Department of Children & Families. Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed **\$183,457,896** contracted through community organizations serving **108,548** persons with a full array of services including acute care,



residential treatment, housing, medical, outpatient, and recovery support services and reached **10,174,160** individuals through prevention. Contracted funds were efficiently and effectively managed at a **98%** expended rate with a total administrative cost less than **4%** — a good value for Florida taxpayers.

Senate Bill 12 Continues to Guide Responses for System Development in Florida

Implementation continues relative to the legislation passed in 2016 regarding Mental Health and Substance Abuse services. The Managing Entities have focused on those individuals with high needs and high utilization of services (HN/HU) by providing a Care Coordination protocol. All contracted service providers within the CFBHN network currently are or are on their way to becoming fully accredited by a recognized governing body that fits their specific type of service delivery. Staff continue to reach a high success rate

of diverting individuals to services within their local communities and away from more restrictive settings while also meeting the unique needs of families with comprehensive teams and services.

Linda McKinnon Represents Southeast Region on National Stage



Linda McKinnon, President & CEO, continues her work as an elected Board Member to the National Council for Behavioral Health representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). She is frequently called to testify before Florida legislature committees and works with national elected officials through the National Council.

Florida's Next Biggest Challenge – Addressing the Opioid Crisis

The Opioid Crisis has attacked Florida hard. More than 14 people per day are dying. Hospitals and Emergency First Responders are deluged with caring for persons who overdose, sometimes several times in the same day. Jails have become default residential detox centers. All of this is occurring at the same time a large federal block grant, some \$21,000,000, expired at the end of the 2016–2017 fiscal year — much of it tied to critical needs like residential treatment and core community wraparound services that support recovery.

Even though Governor Scott was able to secure some \$27,000,000 in the spring of 2017 for medication assisted treatment (MAT) and outpatient services, it will probably not be enough to meet the growing need. Those funds were quickly dispersed following the execution of an executive order and CFBHN was able to begin serving individuals in programs almost immediately. However, it is estimated an additional \$50,000,000 will be required to combat this crisis as well as meet mental health needs in fiscal year 2018-

2019. The Florida legislature will be reviewing what will be required to meet this need and determine if appropriations can be allocated to support services.

5-Star Performance Award Recognition & 20th Anniversary Open House

Annually CFBHN contracted providers participate in a process that analyzes their overall performance by category according to a "Scorecard". For 2016 the performance incentive award that each recipient would have earned was voluntarily donated back into the system of care by that recipient to cover shortfalls in budget allocations. The same was true for 2017. This was fully supported by CFBHN Staff and Board of Directors.

However, award recipients were recognized and honored in 2016 and will also be recognized for their achievements at the Anniversary Open House scheduled for November 16, 2017.

The Anniversary Open House will welcome celebrity National Football Players

to help with the celebration including Martin Gramatica of the Super Bowl Winning Tampa Bay Buccaneers. He will be joined by NFL Alumni David Jones and Ike Alama-Francis. All of the players will be available to meet and greet guests and share their stories. Along with Martin as a guest speaker, the event will again welcome the Department of Children & Families Secretary Mike Carroll who will speak to the attendees.

A complete list of award recipients can be viewed at www.cfbhn.org.

Healthy Transitions – Supporting Youth and Young Adults to Achieve their Dreams!

The program vision is "To create a sustainable legacy of physical, mental and social supports that enable youth and young adults to thrive in their communities." The Florida Healthy Transitions' primary partner organizations: Florida Department of Children & Families, Central Florida Behavioral Health Network, 2-1-1 Crisis Center of Tampa Bay, Success 4 Kids & Families, 2-1-1 Tampa Bay Cares, Suncoast Center, and BMR Consulting have been working diligently to bring this vision to life - and they have the results to prove success! The non-traditional approach of meeting young people in their communities, supporting them in identifying their own treatment and transition goals, and providing young people with the tools needed to be successful, is proving to be a very effective strategy.

Since its January 2016 launch, Florida Healthy Transitions (HT) has provided services to 12,705 youth, young adults and families. Additionally, over 300,000 local residents have been reached through the program's social marketing efforts. And some 6,033 individuals have been educated about the program through one-on-one outreach efforts at local activities, events, community meetings, and street outreach.

Almost 6,000 youth and young adults have contacted 2-1-1 for services, and based on their actual and/or potential risk factors, were screened for Healthy Transitions and related behavioral health services. About 128 youth and young adults have participated in the Transition to Independence Process (TIP), Motivational Interviewing, and the Cognitive Behavioral Therapy Informed Wraparound Process – all designed to assist them in achieving their transition plan goals. And 74 youth and young adults have participated in the program's weekly Mental Wellness~ Bent Not Broken support groups.

**We all have beautiful minds,
and we all have been through
some rough patches in life...
But like a tree weathering a storm,
we are bent, but not broken!"**

~ Created by program participants

**FEELING SAD,
ALONE OR STUCK?**
Healthy Transitions can help.
Age 16-25 • Text FHT to 898211

Success in recovery is a daily effort. Stay the course.

Florida Healthy Transitions doesn't discriminate and participants expand across all races, ethnicities, genders, sexual orientations, and socioeconomic statuses. The program's evaluation reports reveal that after being enrolled in the program for only 6 months, Florida Healthy Transitions' program participants demonstrated nearly a 50% improvement in the following areas: ability to handle daily life, hopefulness, frequency of depression, sense of belonging in their communities, and re-enrollment/enrollment in school or vocational training programs.

Additionally, several participants successfully engaged in therapy/medication management services, decreased hospitalizations due to mental health crises, increased ability to access transportation independently, earned their diploma or GED, enrolled in college, obtained employment, secured stable housing, and successfully completed their transition plan goals. Furthermore, 97% of the program's participants indicated they would still elect to receive Florida Healthy Transitions' services, despite having other options.

The program continues to work to improve services for youth and young adults through: bridging the child and adult behavioral health systems of care and services, changing the traditional paradigm of services to one that is tailored to and guided by the youth/young adult's voice and choice, employing youth and young adults in various roles (in addition to Certified Peer Recovery Support Specialists) and providing a wide spectrum of peer supported services.

Success stories can be viewed at the new CFBHN website www.cfbhn.org landing page for videos or on our YouTube channel at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork>. Additional information can also be located on the program's website at: <http://flhealthytransitions.org/>

Consumer & Family Affairs Leads Recovery

Consumer & Family Affairs (C&FA) added to their team this year and welcomed Jo Dee Nicosia, B.S., as the Florida Children's Mental Health System of Care – Sustainability Grant, Local Coordinator. Along with Director Carol Eloian and Beth Picora, Consumer & Family Specialist, this team serves to keep the focus on recovery throughout Florida and the nation.

The entire team has taken an important role in spearheading the Recovery Oriented System of Care (ROSC) concept in this region and statewide. This role completely dovetails with the leadership provided they provide to the Florida Certification Board regarding training and development of Certified Peer Specialists and the additional work with grassroots organizations like National Alliance on Mental Illness (NAMI) that helps to support volunteer work throughout the network.

Board service is also a critical component of the work this team does and in the bulleted section of this report you can see the many committees, work groups and task forces of which they are a critical member. Finally, their community organization and training initiatives are without parallel.

Network Development & Clinical Services Extends into a Critical Area - Housing

Housing was a very key element of this past year's focus. CFBHN answered the call by creating a special department with staff resources dedicated to connecting and understanding the local housing environment.

CFBHN Housing Specialists made valuable connections with mental health/substance abuse providers, stakeholders, and the nine Continuums of Care (CoC) throughout the region and assisted in the Point in Time counts that are critical to understanding and evaluating needs.

They also engaged with local housing sources to establish SOAR Steering Committees. A SAMHSA best practice recommendation, SOAR strives to work

collaboratively with local Social Security Administration offices to streamline the disability application process.

Training is a key component of any successful project launch and the Housing Specialist Team coordinated Supportive Housing Training provided by the Florida Supportive Housing Coalition throughout the region. Designed for Frontline Staff, it increased knowledge and facilitated communication between CoCs, key community stakeholders, and provider organizations.

Enhanced Communications

CFBHN's new website redesign will launch December 1. A total makeover, this website will provide the latest up to the minute features with a consumer focus and feel. Developed to clearly present quality information, it has been field tested by community users who certified the Services Locator is top-notch and fully responsive. This key feature of the new site, the Service Locator, will guide users through easy to navigate "buttons" that drill down selections based on age and type of service required. The map will then plot resources close to the users address, provide additional information as well as a link to the provider organization's website if available. Hovering over the listed services will provide easy to understand descriptions. In addition to traditional substance abuse and mental health services, the site also boasts a new feature to help locate **Housing** – an identified key need for the region.



The site will also feature a complete Newsroom designed to more effectively engage with media sources and a landing location for the library of **Recovery Points and Programs** videos that showcase real people and their success stories. Another very exciting component of this project is the mobile friendly version that properly sizes and fits the information to smart phones, tablets and other mobile devices. Visit the new site at the same address www.cfbhn.org.



The **Recovery Points & Programs** series of dynamic stories launched just last year and they tell compelling true stories of successful recovery journeys. Each year CFBHN adds to these stories and will be shortly debuting program stories on Family Intensive Treatment (FIT) and NAMI Pinellas along with four short PSA's linked to the services provided in the network by our provider organizations. Take a few moments to get to know some of your fellow Floridians and celebrate what a difference services have made in their lives. The stories can be viewed on the CFBHN You Tube Channel – which now has its own name – at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork> or you can view them from our website in a special section devoted to videos.

So please take time to visit our redesigned and vibrant website at www.cfbhn.org. While there subscribe to our Newsletter and connect with us on social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2016-2017 Annual Report. ■

ision

e behavioral healthcare enhances the lives of all

ission

k: Managing a quality behavioral health system
to individuals, families and communities

Values

aboration

Innovation

Transparency

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation

Officers

The Honorable Paula O'Neil, PH.D., Chair, Community/Elected Official
Pasco County Clerk of the Court & Comptroller

Ray Gadd, Vice Chair, Community/Elected Official
District School Board Pasco County

Larry Lumpee, Treasurer, Community
Past Assistant Secretary for Department of Juvenile Justice/Retired CFBHN COO

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Kevin Lewis, Quality Committee Chair/Community Advocate
Executive Director Lee Association for Remarkable Citizens

Clara Reynolds, Provider/Regional Council Chair
CEO Crisis Center of Tampa Bay

Alison Salloum, Ph.D./Community
University of South Florida

The Honorable Craig Latimer, Immediate Past Chair, Community/Business
Hillsborough County Supervisor of Elections

Community Directors

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Josh Dillinger, Community Business Representative
GCD Insurance Consultant

Ray Fischer, Community/Community Based Care
Children's Network of Southwest Florida

Nancy Hamilton, Provider
CEO Operation PAR

Doug Leonardo, Provider/Receiving Facility
Executive Director Baycare Behavioral Health

Dr. Subhakararao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

John H (Jack) Minge III, Provider/Regional Council Chair
CEO Coastal Behavioral HealthCare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider/Regional Council Chair
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Brena Slater, Community/Community Based Care
Sarasota YMCA/Safe Children Coalition

The Honorable Andy Swett, Judge/Community
Lee County Justice Center

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions



Education and Advocacy

- Some of our most exciting news of the year is the total website redesign. Set to officially launch December 1, the website will sport a consumer friendly look and feel and be highly responsive to locating services that match need. A fully functioning Newsroom will enhance effective communication with the media and there is space for viewing the Recovery Points and Programs video success stories.
- Social Media continues to engage the general public by providing important educational messaging. With expanded reach, targeted messages have “gone viral” without any paid support reaching in the millions of views. The “Good Sam” PSA video remains one of the most watched videos on the CFBHN You Tube channel.
- The success story video program now includes a video for the Family Intensive Treatment Team program and NAMI Pinellas. Four new short version PSA's will debut in December.
- CFBHN Staff and Programs have been featured in four CW44 Bayside TV shows this past year and staff interviewed as experts for numerous newspaper articles throughout the region.
- Presentations to all legislative delegations and personal meetings were held both in district and in Tallahassee with Florida elected representatives and with US Congressional elected representatives in district and Washington.
- Staff assisted with emergency response in the Disaster Recovery Centers following the Hurricane Irma devastation affecting most of the region and the state.
- Support and expertise was provided to town halls, forums and other gatherings concerning the Opioid Crisis.
- Linda McKinnon (President & CEO), Larry Allen (Chief Operating Officer), Marcia Gonzalez Monroe (Chief Clinical Officer), Doris Griggs Nardelli (Director of Communications) and Stephanie Johns (Quality Improvement Director) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference, the Florida School of Addictions and the National Medicaid Congress.

- Numerous staff continue board service nationally, on a state level and locally.

Consumer & Family Affairs

- Focusing on advocacy staff served on numerous committees and boards including: the Recovery Oriented System of Care (ROSC) Transformation Task Force seeking to transform services statewide, the Florida Certification Board, the Behavioral Health Advisory Committee, the Code of Ethic Review Committee, the Suicide Task Force of Tampa Bay, and the Florida Children's Mental Health System of Care Expansion and Sustainability Project federal grant in Pinellas and Pasco Counties focusing on improving outcomes for children and youth with Serious Emotional Disturbances (SED)
- Supported local initiatives like; “World Suicide Prevention Day”, held at the James A. Haley Veterans Administration facility, which provided education and resources to over 80 community members, PFLAG (formerly known as, Parents, Families and Friends of Lesbians and Gays) which promoted cultural and linguistic competencies while providing substance use and mental health resource information to the LGBTQ community, service on Florida Assertive Community Treatment (FACT) Advisory Councils to encourage families/ caregivers involvement and support while loved ones navigate their recovery journey, and partnering with Family Intensive Treatment Team (FIT) staff to provide technical support for Recovery Peer Specialists and for appropriate use of Wraparound.
- Continued work from previous year to the Peer Support Coalition of Florida, retained advisory membership to the grassroots advocacy organization National Alliance on Mental Illness (NAMI) affiliates, and promoted consumer and family involvement and advocacy for “voice and choice” (a system of care principle) via Tampa Bay Health Advisory Board Behavioral Health Workgroup, Safe and Sound's, Family Health & Wellbeing Committee, Connect 4 Families Pinellas, Pasco Children's Behavioral Health Partnership, Healthy Hillsborough, Infant Mental Health, and Polk County's Inmate Behavioral Health Care.
- Functioned as a CEU training provider for 185 individuals seeking required Recovery Peer

Specialist training for certification. Training included Wellness Recovery Action Planning (WRAP), Helping Others Heal Recovery and Wraparound.

- Provided trainings to eliminate stigma and discrimination to over 1200 individuals via; Health Occupations Students of America, Ombudsman Program for Area on Aging, Pasco and Hillsborough Sheriff Deputies, Assisted Living Facilities staff, Hillsborough Mental Health Court personnel, ROSC Regional Summit participants, Faith based Leaders Forum, and the Peer Specialists Discovery Conference.

Financial Management & Human Resources

- Developed Alternative Payment Methodology Work Group to review alternative payment methodologies for Fiscal Year 2018 – 2019.
- Developed 401K Fiduciary Committee.
- Changed 401K provider to Transamerica to lower fees and improve long term performance.
- Switched health plan provider to AvMed negotiating a 10% increase (when other carriers were quoting 40% increases) saving CFBHN over \$250,000.
- Hosted Physician who conducted Stress Management staff training.
- Implemented a “Volunteer Day” Program. Employees may use up to 8 hours of a workday annually towards volunteering at an institution of their choice (11 employees utilized this in the 1st six months it was available).
- Enrolled all staff into Teladoc service. Staff and/or a family members are able to speak to a licensed physician by web, phone or mobile app in under 10 minutes 24/7. High satisfaction rates reported.
- Introduced a new online employee training site, ThinkHR, with over 200 course topics. Currently organization has two active online training sites which ensures compliance, reduces risks, and drives employee engagement and productivity.
- Provided Supervisor training to all interested staff.
- Conducted “Bridge out of Poverty” diversity training for all staff.
- Created a “Leave Sharing” program to assist with salary continuation for staff who experience extraordinary, unplanned, and involuntary circumstances and are unable to work.

Bridging Gaps with Management Solutions (continued)

Information Management

- Contract Action Tracking System (CATS) was enhanced to utilize a SQL backend.
- The Prevention Reporting APP for the regional logic model (FDLE, FIRES, Florida Charts, FYSAS, Local data, Medical Examiner, FLDOE, etc.) was implemented.
- Enhancements to SharePoint system included:
 - Streamlined and automated Department of Children & Families Equipment Approval Process
 - Implementation of Peer Specialist Training and Certification tracking
- Provided research for outside stakeholder's projects:
 - City University of New York - cost of care using state service data
 - State of Florida - Revenue Maximization
 - Pinellas County Department of Health
- Enhanced the Health Data System (HDS) to allow vouchering for multiple programs and payers. Claim data automated into Contract and Finance Exchange (CAFÉ) billing system
- The Electronic Health Record (EHR - Psychconsult) was implemented at Success 4 Kids July 1st. Also used the Reporting Services website to assist Success 4 Kids in producing their own reports.
- Additional Sheriff Departments were brought onboard as part of the Arrest Data Sharing Project.
- The Healthy Transitions federal application was enhanced to include automated file upload for reporting.
- Included file processing and validation for Central Receiving Facilities.
- Prevention Based Performance System billing file included in Data vs Billing system.
- The Master Client Index was implemented per Department of Children & Families requirements.
- Included additional data sources in the data warehouse.
- Brought the new Britney Way Conference facility on line and connected to corporate infrastructure.

Network Development & Clinical Services

Prevention

- Staff participate in a variety of state level workgroups including the Florida Needs Assessment Focus Group and State Epidemiological Outcomes Workgroup.
- The new database collection system launched last

fiscal year, the Florida Prevention Based Performance System, is successfully capturing all prevention activity including numbers served, activities, training, staff assignments, and help desk ticket activities. This information will prove invaluable in spotting trends and evaluating overall success of initiatives.

- Funding was identified and reallocated to address the Opioid Crisis in heavily hit counties including Lee, Charlotte, Highlands, and Sarasota.
- Prevention Consultant provided evaluation services, reviewed coalition deliverables and issued monthly reports based on findings.

Child System of Care

- Hosted 167 Interagency "lockout calls", 21 less than previous fiscal year.
- Revised Children Specific Staffing Team (CSST) application in English and Spanish versions.
- Decreased SIPP levels of care admissions over previous year by 13. CFBHN continues to focus on the use of lower level as of care as appropriate and to advocate for the use of CAT teams and STGH as next levels of care from outpatient and in-home therapies.
- Circuits began creation of "pre staffing processes" connected with court involved youth.
- Continued focus on Evidence Based Programs supported by CFBHN training opportunities for provider organizations.
- Children's Mental Health Database flags youth 17 ½ years old to assist in coordinating a FACT team referral for a smooth transition into the adult system.
- Created a FIT Manual that coincides with issuance of amended Guidance Document 18 (FIT Model Guidelines and Requirements)
- Six Behavioral Health Consultants work in the network assisting Child Protective Investigators regarding behavioral health issues relative to in-home child safety.
- Completed initial Child Welfare/Behavioral Health Self-Study with plans for quarterly update submissions on progress.

Adult System of Care

- The 14 Florida Assertive Community Treatment (FACT) Teams continued to focus on priority populations as identified in Senate Bill 12 and the Department of Children and Families defined Priority of Effort. FACT admitted 154 new clients this past fiscal year with 32% of these admissions diversions from State Mental Health Treatment Facilities admission, 32% being SMHTF discharges and the remaining 36% falling into other categories. There were a total

of 153 discharges from the 14 teams during the year. Waitlist for admission to FACT varies on a monthly basis during the year with a total of 72 at year end waiting for a FACT slot.

- Assisted with 1,186 Non Priority Community Resources Calls and linked the caller to appropriate community resources.
- All 56 complaints were resolved successfully and there were Zero Grievances filed.

Forensic

- Successfully diverted 185 individuals from the State Hospital and facilitated over 354 forensic residential referrals to regional community partners to promote diversion from state mental health treatment facilities and assist in discharging.
- The Forensic Multidisciplinary Team serves a capacity of 45 individuals in the Tampa metro area.

System of Care

- Assisted with 61 DCF tracker cases with an average response time of less than 24 hours.
- Performed and logged 64 "Secret Shopper" calls and continued the very successful program of sharing results and offering technical assistance to improve service performance and access.
- Delivered more than 34 onsite and webinar trainings throughout the year including: Behavioral Health in Assisted Living Facilities, Care Coordination, Mental Health First Aid, Adult System of Care, NIATx Change Leader Academy, Child/Parent Cognitive Behavioral Therapy, Infant Mental Health, Motivational Interviewing, and Stages of Change.

Quality Improvement

- Created new QI methodology with differentiated Corrective Actions from formal Areas of Concern resulting in reduction of total number of Corrective Actions issued.
- Reviewed, revised and updated all monitoring tools for Fiscal Year 2016-2017.
- Risk Manager worked closely with IT to develop a new Data Summary Process required for weekly critical incident reviews. New process dramatically shortened prep time for reporting.
- The new Monthly Incident Report Template streamlined process for summarizing number and type of incidents reported by contracted providers.
- New Risk Reporting Software was field tested this fiscal year and will be fully implemented in Fiscal Year 2017-2018.
- New Risk Manager came on board October 2016.



FIND HELP. GET ANSWERS. at our NEW WEBSITE!

www.cfbhn.org



And We Are Mobile Friendly Too!

We are the experts in publically funded behavioral health services. Our goal in redesigning our website was to make it as user friendly as possible while providing information to help those seeking care.

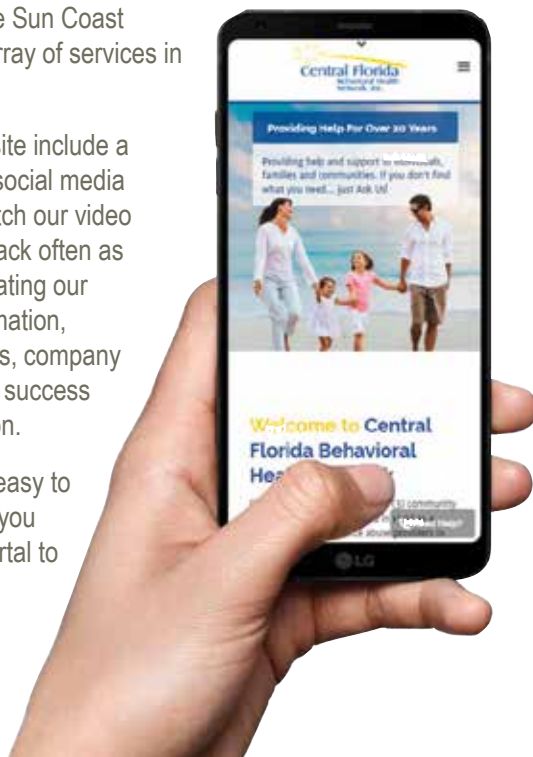
We work collaboratively with our network of community partners in the Sun Coast Region to provide a full array of services in the 14 counties we serve.

New features of our website include a dynamic service locator, social media access and a page to watch our video success stories. Check back often as we will be constantly updating our content with helpful information, articles, blogs, newsletters, company announcements and new success stories in the News section.

Enjoy the fresh look and easy to access information while you rely on us to provide a portal to the information you need.

Log on... check us out.

www.cfbhn.org



719 South US Highway 301 • Tampa, FL 33619



2017-2018

CONSUMER HANDBOOK



Funding provided by:



Administrative Office
719 South US Highway 301
Tampa, FL 33619
813.740.4811
www.cfbhn.org

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INTRODUCTION

Central Florida Behavioral Health Network, Inc. (CFBHN) is pleased to provide our 2017-2018 Consumer Handbook for persons eligible to receive mental health and/or substance abuse services in the Suncoast Region and Circuit 10. We trust this handbook will provide useful information as you seek services through our network of community providers.

Every year during Florida's annual legislative session, elected representatives develop a budget which allocates general revenue funds to pay for services throughout the state. Florida also receives a variety of federal funds (including block grants) that provide services according to federal guidelines. Both of these fund types are managed through a Managing Entity (ME) contract between the Department of Children & Families (DCF) Substance Abuse and Mental Health (SAMH) Program Office and CFBHN. Under the current contract, CFBHN provides a system of care in the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

CFBHN ensures that quality services and best practices are provided to consumers and families who are eligible to receive SAMH funded services throughout the network. CFBHN network providers employ principles of recovery including: choice, hope, trust, personal satisfaction, life sustaining roles, interdependence and community involvement. Services must also be culturally and linguistically competent and are provided regardless of race, religion, color, national origin, age, sex or sexual orientation. As used in this handbook, the term “**Consumer**” refers to an individual receiving service at a CFBHN subcontracted provider agency. Again, services provided through the CFBHN managed system of care are funded by State of Florida general revenue and some specialized federal funding. These services are NOT funded by insurance plans, the Florida Agency for Health Care Administration (AHCA) Medicaid program, or the Federal Medicare program.

This manual provides general information only. Should you need assistance and/or have questions related to mental health and/or substance abuse services managed by the ME through the provider network that are not answered in this handbook, please call 813.740.4811. Please keep this handbook for future reference.

ABUSE HOTLINE

Abuse can come in many forms including verbal, physical or sexual mistreatment. The Abuse Hotline is the phone number you can call to report abuse, neglect and/or mistreatment for all children and vulnerable adults in Florida.

Telephone Number: 1-800-96-ABUSE (22873)

TDD (Hearing Impaired) Number: 1-800-453-5145

If an emergency situation occurs where an individual appears to face immediate risk of abuse or neglect likely to result in death or serious harm;

CALL 911 FIRST

Contact the Abuse Hotline SECOND

ACCESS TO CARE

Geographic Location

CFBHN's expectation is that services will be available in contracted counties either by public and/or private transportation that meets the following guidelines:

- Services are to be within thirty (30) minutes typical travel time in urban areas
- Services are to be within sixty (60) minutes typical travel time in rural areas

When it is determined that a service is not available within these time frames, CFBHN staff will evaluate community needs and if an unmet need is identified will expand services of a current subcontractor, develop a new subcontractor, or increase capacity through use of technology such as telemedicine and/or E-therapy. Identification of need and comprehensive plan development will be accomplished through meetings with local subcontractors and community members.

possibility of recovery. A key component in this process is a “*Recovery*” or “*Treatment*” plan. Provider staff works with individuals to develop a personal recovery plan which should include overall health and well-being goals, not just mental health and substance abuse issues. Plan components may include participation in support groups as well as individual therapy, basic health care maintenance, stable housing, development of family and interpersonal relationships, as well as community connections. It can also include educational, occupational, and volunteer goals.

COMPLAINTS AND GRIEVANCES

CFBHN has a procedure for filing a complaint or grievance if you are not satisfied with the services you receive. However, CFBHN recommends you first discuss the situation with your therapist, case manager, psychiatrist, and/or the program supervisor/manager at your provider organization before contacting us. You should also request a copy of your provider’s grievance policy and follow those instructions as well. If you are not satisfied with the results then you can call CFBHN at **877.355.2377**.

CONSUMER CHOICE IN SERVICE PROVIDERS

You have the right to choose any substance abuse and mental health provider from within the SunCoast and Circuit 10 subcontractor provider network. If you would like to change your therapist at the provider organization you have chosen, first ask to speak to the therapist’s supervisor and attempt to be reassigned to another therapist. Should you need further assistance, you may contact CFBHN Network Development and Clinical Services at **813.740.4811** or at ndcs@cfbhn.org.

CONSUMER RIGHTS & RESPONSIBILITIES

Your **rights** as a consumer while receiving treatment at a facility are protected under Florida law. When you request or receive services, you should be given written information regarding your rights by the provider.

Here is a list of specific rights:

- To be treated with dignity and respect
- To be free of abuse and neglect
- To be treated in the least restrictive setting
- To receive a physical examination within 24 hours after arrival
- To participate in the development of an individualized treatment plan and discharge plan
- To give express and informed consent to treatment by competent individuals

- To access a system for filing complaints
- To be free of seclusion and restraint unless imminent danger is evident
- To access a telephone to report abuse or speak to an attorney at anytime
- To access a telephone for private communications with family and friends unless such communication is deemed harmful
- To immediate access by a person's family, guardian, guardian advocate, representative, or attorney
- To have personal property and clothing inventoried upon admission and to receive a copy of the inventory
- To vote in national, state, and municipal elections if eligible and registered to vote
- To reasonable accommodations under the Americans with Disabilities Act (ADA)
- To protection of confidential records
- To access to grounds unless restricted for medical or safety reasons

You are also encouraged to assume some reasonable **responsibility** for the success of your treatment.

Active engagement in your care increases the likelihood of achieving positive outcomes.

- Be on time for all appointments and call if you can't make an appointment
- Talk to your case manager, doctor, counselor, peer specialist and others providing your care about needs, preferences, and goals you have
- Provide information about progress in meeting your goals
- Be very involved in developing and reviewing your service/treatment plan
- Tell your provider when you are experiencing problems
- Let staff know about any changes to your medications or changes in your health
- Let your provider know if you decide to discontinue services
- Treat staff and other consumers with respect and consideration
- Follow the rules of the program where you receive services
- Respect the confidentiality and privacy of other consumers
- Present your Medicaid, Medicare or Insurance card each time you come for an appointment
- Let your provider know about changes in your name, address, insurance, telephone number, or your finances

- Pay your bill or make arrangements with the provider to meet a payment schedule

EMERGENCY SERVICES

Crisis Stabilization Unit (CSU)

If it is determined that an individual is a risk to themselves or others, the individual can be admitted to a CSU for an examination. The individual can be admitted either voluntarily or involuntarily under the Florida Mental Health Act, commonly referred to as the Baker Act (named for the state representative from Miami that sponsored the law). Crisis Stabilization Units are available for both children (CCSU) and adults (CSU).

Detoxification Services (DETOX)

Services can be provided in an inpatient setting where medical and clinical procedures allow adults and and/or children to withdraw from addictive substances.

- Adult Detox settings are known as Addictions Receiving Facilities (ARF)
- Children's Detox settings are known as Juvenile Addictions Receiving Facilities (JARF)

FEE FOR SERVICES

Community mental health centers that receive funds from the State provide treatment and services based on what you can afford to pay. Every person is responsible to pay for some of the cost of their care, but if you have very little money or no money, services are still provided. This is called a "*sliding-scale*" or "*sliding fee basis*" of payment. DCF funds are always the payer of last resort.

PRIORITY POPULATIONS

There are several categories of individuals and families who are designated to receive priority for services that are funded through general revenue or federal funding.

- Children and parents who are not Medicaid eligible or who need services that are not covered by Medicaid, and who are in or placed from households that DCF Child Protective Investigators determined that children were "unsafe" without additional services, will have priority for substance abuse and mental health services. Per Section 394.674, F.S.;
 - Eligibility for adult mental health services for parents is based upon the emotional crisis they are experiencing due to the potential removal of their children


- Eligibility for adult substance abuse services is based on parents who put children at risk due to their substance abuse disorder
- These individuals may not be placed on a wait list for longer than one week
- A primary goal of treatment is to place individuals into the appropriate recommended treatment service as soon as possible. This is especially important for pregnant women and intravenous (IV) drug users who seek substance abuse treatment. According to Section 1923 of the Public Health Service Act (45 CFR 96.126):
 - IV drug users are to be placed into treatment within fourteen (14) days of their request for treatment
 - Pregnant women are to be placed in treatment within forty-eight (48) hours of their request for treatment

PROVIDER DIRECTORY BY COUNTY

CFBHN contracts with community provider organizations throughout the SunCoast region and Circuit 10. The best resource to determine which contracted organization provides services in your area is to visit our website or access through your mobile phone or device at www.cfbhn.org. Click on the tab Service Locator and at the top of the page to find the type of service you need near you. Provider organizations are listed by address, show what services are offered, display contact information such as address and phone number, and have a link to their websites (if available) for more detailed information.

QUICK REFERENCE CARD

Please clip and
keep handy



Administrative Office
 813.740.4811
www.cfbhn.org

Complaints & Grievances: 877.355.2377
 Network Development & Clinical Services: ndcs@cfbhn.org

Abuse Hotline: 1.800.96.ABUSE (22873)
 TDD (Hearing Impaired) 1.800.453.5145

For A Life Threatening Emergency Call 911

For a list of all services and locations nearest you in the Suncoast and Circuit 10 go to the website www.cfbhn.org

Florida Assertive Community Treatment (FACT)



A Guide for Family Members and Other
Supporters of a FACT Team Client



Collaborating for Excellence

What is FACT?

The Program of Assertive Community Treatment (PACT) is a comprehensive, community-based treatment, service delivery model provided to people who have been diagnosed with a severe and persistent mental illness (i.e. schizophrenia, schizoaffective disorder, or bi-polar disorder). This program model evolved out of the work led by Arnold Marx, M.D., and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in late 1960s.

Their research found that "*Recovery*" results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once the clients moved back into their community their recovery efforts digressed for the lack of ongoing support following discharge.

"In 1972, the researchers moved hospital-ward treatment staff into the community to test their assumption and, thus launched PACT." (National Alliance on Mental Illness (NAMI), www.nami.org) "Not only does NAMI use PACT and ACT interchangeably, but PACT or ACT is also known by other names across the country. For example the ACT program is known as,

- ♦ Community Support Programs (CSP); Wisconsin
- ♦ Mobile Treatment Team (MTT); Rhode Island & Delaware
- ♦ Program Assertive Community Treatment (PACT); Virginia

In Florida the PACT/ACT is known as Florida Assertive Community Treatment (FACT)

- ♦ First Florida team was funded in 2000 at \$1,254,000. Of that amount \$254,000 is used for unfunded client needs. The funding has remained the same since inception.
- ♦ Currently there are 33 teams in Florida. Each team serves a maximum of 100 members.
- ♦ Fourteen (14) of the 33 teams are contracted to serve clients that meet the admission criteria and the referral process under the Managing Entity, Central Florida Behavioral Health Network (CFBHN), in Pasco, Pinellas, Hillsborough, Polk, Hardee, Highlands, Manatee, Sarasota, Charlotte, Desoto, Lee, and Collier, Hendry and Glades.

How did my loved one become eligible for a Team, and how long will my loved one receive this service?

Referral Process:

Referrals are prioritized for FACT teams under Central Florida Behavioral Health Network (CFBHN):

- ♦ Diversion from Civil State Hospital admission referred by CFBHN (Under a BA-8 or Voluntary to STF)
- ♦ Discharge from Civil State Hospitals in Florida
- ♦ Individuals that have High Utilization of PUBLIC CSU's that is negatively impacting the individual's life
- ♦ Children "aging out" of the Children's Mental Health system
- ♦ Other referrals



Admission

Your loved one would have to have **ONE** of the following diagnosis categories:

- ♦ Schizophrenia, other Psychotic Disorders (295 series)
- ♦ Mood Disorders (296 series)
- ♦ Anxiety Disorders (300 series)
- ♦ Personality Disorders (301 series)

Additionally, must meet ONE of the following SIX criteria:

- ♦ Demonstrate a high risk for hospital admission or re-admission
- ♦ Prolonged inpatient days (90+ within one calendar year)
- ♦ Repeated, 3+ episodes per calendar year, local criminal justice involvement
- ♦ Referred for aftercare services by one of the states correctional institutions
- ♦ Referred from an inpatient detox unit and documented history of co-occurring disorders
- ♦ Repeated, 3+ admissions within one calendar year, to a crisis stabilization unit

Meet at least THREE of SIX of following characteristics:

- ♦ Inability to consistently perform ADL skills or failure to perform them without significant support/assistance
- ♦ Inability to be consistently employed (self-sustaining level) or inability to consistently carry out the homemaker role
- ♦ Inability to maintain safe living situation
- ♦ Coexisting **substance use disorder** (6+ months)
- ♦ High or recent **criminal justice history**
- ♦ Co-existing **mild mental retardation**
- ♦ **Destructive behavior** to self and others

Discharge:

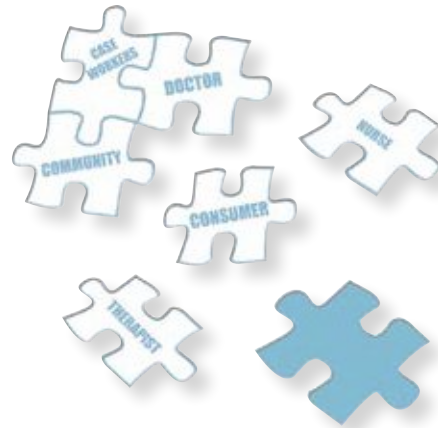
Your loved one may be discharged when he/she meets one of the following criteria:

- ♦ The person moves outside of the geographical areas of the FACT team's responsibility
- ♦ The person moves out of the state of Florida
- ♦ The person demonstrates an ability to perform on a continued basis in major role areas (work, social and self-care) without requiring assistance from the program
- ♦ The person requests discharge, despite the team's repeated efforts to develop a recovery plan acceptable to the person served by the team
- ♦ The person has been admitted to a state mental health treatment facility and remained in such facility for period exceeding six months and after direct consultation with the individuals treatment team at the facility, it has been determined that there is no immediate, anticipated date of discharge; or the person has been adjudicated guilty of a felony crime and subsequently sent: state or federal prison for a sentence that exceeds one year or is in a skilled nursing facility and it is determined that return to the community is not possible due to the clinical needs of the individual served

How is the FACT Team Staffed?

The Team/Staff possess a combination of abilities and professional skills to provide a broad range of treatment, rehabilitation and supportive services.

- ◆ Team Leader (Director)
- ◆ Psychiatrist/Psychiatric ARNP
- ◆ Registered Nurse
- ◆ Licensed Mental Health Professionals
- ◆ Bachelor's Degree Level Mental Health Professionals
- ◆ Substance Abuse Treatment Specialist
- ◆ Vocational Specialist
- ◆ Certified Recovery Peer Specialist
- ◆ Program Assistant



What are some of the areas of assistance that is provided by the FACT Team?

These areas of assistance may be provided by a FACT Team Member or they may link them to a service provider who can provide assistance or training.

- ◆ Daily Activities
- ◆ Family Life
- ◆ Intervention with Support networks (family, friends, landlords, neighbors etc)
- ◆ Financial Management
- ◆ Counseling
- ◆ Health Care (linkage to primary health care provider or specialist)
- ◆ Employment-support services
- ◆ Medication Support
- ◆ Substance Abuse Treatment
- ◆ Financial supportive benefits (i.e. assisting with financial assistance applications, and accompanying consumers to administrative offices).

What is my role with assisting my loved one in receiving health care service?

“At the point of admission, the FACT Team involves the client and family members in collaboration to lessen the family’s burden and assist the client to achieve his or her goals. This collaboration has specific characteristics such as:

- ◆ *“Establishing the ongoing process for regular communication with family members.”* Learning of the individual’s development and illness history, current symptoms and functional status, and about the client-family relationship.
- ◆ *“Regular involvement of the psychiatrist with the family.”*
- ◆ *“Lessening the clients’ overreliance on the family.”* Taking over practical functions (e.g., shopping, laundry, money management, medication administration). Increase the intensity of contacts to the client in the new gradually move out from the family home into his or her own residence, provide necessary support and assistance to the client in the new living situation, and help the client develop a pattern of visiting with family members that maintains supportive ties.

- ♦ *“Individualized education about the client’s mental illness”.* Efforts are made to help families learn new attitudes toward themselves and the client, such as not blaming themselves or being overly critical of the client.
- ♦ *“Re-involving the excluded client with his or her family.”* If the relationship between family members and a relative who has a mental illness had been severed or greatly damaged, family members may hesitate to become re-involved. The team, with the clients consent, attempts to help families gradually reconnect in a way that respects the distance they have established.

What is the contact information for contacting the FACT Team?

- ♦ Please see last page for your FACT Team’s contact information.

What are the hours of operation?

The FACT Model includes a team approach and is mobile in the community; therefore, you would need to contact your FACT Team Leader to determine the best way to contact them.

The majority of the service/treatment activities occur during weekdays (Monday –Friday), in addition, your loved one would be provided crisis assessment and intervention on twenty-four (24) hours per day, seven (7) days per week basis. These services would include telephone and/or face-to-face contact.

What can family members do to advocate for their loved one?

FACT Advisory Committees are comprised of FACT Leaders, Staff and Community Stakeholders. To ensure that organizational services and the culture of the population being served are reflected in the outcomes.

There are other community stakeholder meetings that families can attend. Check with your local NAMI affiliate office. To find your local NAMI Affiliate, go to NAMI.org and click on “Find Your Local NAMI”.

When would or should I contact the FACT Team?

After receiving this Informational packet, it is advisable to write down your question or concerns then contact the local FACT team office to discuss those questions. Always insure that you obtain the name and title of the staff person you speak with when making contact.

What types of supports can the Family/Caregiver access?

CFBHN nor the FACT Teams are affiliated with the following organizations. The following information is provided for your convenience only!

- ♦ **NAMI is the National Alliance on Mental Illness**, the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

Find your local NAMI Affiliate at www.nami.org.

- ◆ **The Depression and Bipolar Support Alliance (DBSA)** is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder. DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Find your local DBSA Chapter for local support groups and on-line peer support at <http://www.dbsalliance.org>

- ◆ **AI-Anon Family Groups** are mutual support group of peers who share their experience in applying the AI-Anon principles to problems related to the effects of a problem drinker in their lives. It is not group therapy and is not led by a counselor or therapist; this support network complements and supports professional treatment. In AI-Anon, members do not give direction or advice to other members. Instead, they share their personal experiences and stories, and invite other members to “take what they like and leave the rest”—that is, to determine for themselves what lesson they could apply to their own lives.

Find your local Al-Anon Family Group at <http://www.al-anon.alateen.org> or call 888-4AL-ANON (888- 425-2666).

If I have further questions regarding the PACT Model, where would I find more information?

- ◆ Log onto www.NAMI.org type “PACT” in the “Search” field.

NOTES ♦ QUESTIONS ♦ CONCERNS ♦ NOTES ♦ QUESTIONS ♦ CONCERNS ♦ NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Florida Assertive Community Treatment (FACT)
Central Florida Behavioral Health Network (CFBHN)

A Guide for Family Members and Other Supporters of a FACT Team Client

FACT Team Contact Information:

Team Name:	
Location:	
Building Operating Hours:	
Phone Numbers:	
Office Phone Number:	
Office Fax Number:	
Team Leader Phone Number:	
Team	
Leader:	
Assistant Team Leader:	
Psychiatrist:	
Nurse:	
Counselor:	
Certified Recovery Peer Specialist:	
Office Manager:	

Other Important Contact Numbers:

Emergency:	9-1-1
Non-Emergency:	
Crisis Intervention Team Officer (CIT)	
Resources:	2-1-1
NAMI Affiliate:	<p><i>For your local affiliate:</i> http://www.nami.org/ click on "Find Your Local Affiliate" tab.</p>



CFBHN, Inc.

Font and Logo Color Guide



LOGO Yellow:

PANTONE 116 C or CMYK 0/12/100/0

LOGO Blue:

PANTONE 280 U or CMYK 100/72/0/18

SHOOTING STAR SHADOW:

7% of image using LOGO BLUE

FONT Gray:

CMYK 0/0/20/50

FONTS:

Subhead Eras Medium ITC Gray
with .5 yellow rule below in CMYK 0/12/100/0

Justified Paragraph Arial Narrow Gray

Business Card Name Arial Narrow Bold Italic Blue