

Department Directors Report
March 2019

Contracts

- CFBHN received additional STR/opioid funding, which will be amended into contracts after review of January invoices on the 11th.
- The Contracts department issued performance improvement plans to providers who did not meet performance measures on the January Scorecard.
- The Contracts department sent out the Annual Required Documents checklist for FY 19-20 contracts on March 1st. Items are due to the Exhibit A site by April 1st.
- CFBHN has issued a Request for Proposals for Florida Assertive Community Treatment (FACT) services in Collier County. Please see our website for details.

Consumer and Family Affairs

Statewide Effort:

- Florida's statewide Recovery Oriented System of Care (ROSC) Transformation of Change Agents (ToCA) committee.
- Florida's statewide Wraparound Implementation Committee.
- Florida Certification Board - Behavioral Health Advisory Council.
- NAMI Florida governance to assist in completion of re-affiliation for Hillsborough, Pasco, and Polk affiliates.
- Florida statewide Children's System of Care (FCMHSOC) Expansion Sustainability Grant planning committees.
- Serves on the Statewide Youth Advocacy committee. This committee focuses on statewide youth social media campaign, "Mental Health Month (and Beyond)". Seven Suncoast regional youth participated.

Suncoast Region:

Florida Children's System of Care (FCMHSOC) Expansion Sustainability Grant:

- Offers TA to NAMI Pinellas in their endeavors to become a Recovery Community Organization (RCO) and local leaders for building capacity to engage Recovery Peer Specialist in the certification process (trainings, job placement and support) and connect them to the many facets of their recovery community.
- Collaborated with our internal QI team and Directions for Living to create a Florida Children's Mental Health System of Care (FCMHSOC) sustainability grant CQI tool. In March, this tool will be finalized for our next monitoring.
- Reviewed five consumer files for Wraparound fidelity measures and growth of the processes.
- Hosting the High Fidelity Wraparound 101 training on March 25-27, 2019. Advertised this event and vetted registrants for participation.
- Our Family/Youth coordinator developed a behavioral health focused youth group with the purpose for this community's youth to connect, have a safe place to share their successes and struggles, and advocate for systems changes. They convened on Jan. 7 and scheduled monthly meetings for the first Monday of every month. In February, this committee focused on raising community awareness of their efforts, and develop a countywide event to decrease



stigma and increase membership. This committee with collaborative efforts with a local animal shelter began planning their event, slated for the month of May and Children's Mental Health Day. The local event is to raise awareness for children's mental health challenges and resources.

- "Family Voices" a parent/caregiver advocacy group meets on the 4th Thursday of every month to connect, educate, advocate and support parents and caregivers of young children, youth, and/or young adults with behavioral health needs.
- Continues to support the Youth Social/Emotional Wellness group that meets every Friday. Ready for Life is an organization dedicated to assisting youth transitioning out of foster care. They offer resources, life skills, as well as the social emotional supports youth need to be successful.
- Continues to collaborate with the "Clearwater Neighborhood Family Center" and other various community partners to support a Youth Summit scheduled for June.
- Continues to serve on 'Refuse to Lose' committee, hosted by the Clearwater Police Department in partnership with the Upper Pinellas Ministerial Alliance and supported by various community partners such as the DJJ, Directions for Living, FCMHSOC, the judicial court circuit, Pinellas county school board, and United Way. This committee focuses on children and youth residing in the North Greenwood Clearwater area and are involved in criminal activities. This month FCMHSOC provided connection for families and youth to supports, resources, wraparound services, and additional opportunities to engage them in our monthly youth support groups.
- Collaborating and participating in JWB's Children's Mental Health initiative. This month we offered the Workforce committee educational information on implementing the wraparound philosophy into agencies delivery of services and to advocate for peers in the workforce.

Recovery Oriented System of Care (ROSC):

- Completed ACTs Transformation Assistance Site Visit. During this site visit, our team reviewed ACTs MAT program that included recovery Peer support services. Our team, reviewed charts while learning the newly developed statewide ROSC QI Tool, interviewed staff, and clients, reviewed policies and procedures, job descriptions and toured their facility. Our team is in the process of collecting individual reports from CFBHN, DCF Suncoast region SAMH office and Peer Support Coalition of Florida participating staff members, to combine a final report that is scheduled to be reviewed with ACTs CEO, and staff by end of March.
- CFBHN agreed to participate in DCF's project to align with the Departments POE's for the development of recovery oriented system of care (ROSC) transformation. This projects statewide workgroup (consists of staff including DCF headquarters and regional offices, managing entities and network provider's who participate in this project) to offer feedback in the Departments preparation for developing a ROSC Guidance Document by 6/30/19.

The States action plan for integrating the Self-Assessment Planning Tool (SAPT) for a ROSC transformation is to:

1. Incorporate SAPT and use best practices for completing the assessment tool and analyzing the responses;
2. Participate and use an on-line mechanism to implement the assessment tool that will collect and store the results;
3. Develop a strategic plan to implement a ROSC framework for each community provider;
4. Provide necessary technical assistance to agencies;
5. Evaluate the items needed to improve provider practice performance;
6. Develop a collaborative plan to work with providers and ME's to implement necessary changes, based on established SAPT baseline; and
7. Generate performance measurement requirements.

Per the Department's request, CFBHN submitted names of 30% of our network providers who may find interest in participating in this project to develop a base line by using the Self-Assessment Planning Tool (SAPT) on a provided on-line mechanism that will assist in analyzing the findings.



C&FA had submitted the names of 13 Suncoast region subcontractors' to receive the on-line platform link. These agencies were chosen for their current active participation in our Suncoast regional ROSC workgroup, and our C&FA's department will contact these agencies for their readiness to participate in this pilot project. We are also inviting all of our subcontractors to participate. This project is scheduled to begin this March and end in June.

Furthermore, this project offers our participants:

1. Provisions for training on best practices for completing of the assessment tool and analyzing the responses;
 2. Monthly TA conference calls for best practices.
 3. A one-day in-person training on the Self-Assessment Planning Tool (SAPT) and Recovery Self-Assessment (RSA) Tools for implementation;
 4. Summary of findings (ME's/DCF local office roll-up report) that include lessons learned, identify trends and action items for improvement and practice changes. The team will establish a baseline of level of implementation of ROSC for each provider and identify technical assistance and action plans needed to improve transformation. Implement necessary changes by 5/15/19.
- C&FA has collaborated with DCF's Suncoast region Recovery Oriented Quality Improvement Specialist to assist in a statewide effort to develop Recovery Community Organizations (RCO's) in local communities. In Hillsborough County, C&FA DACCO, and FADAA collaborated to offer their 1st community stakeholder "Listening Session". 51 individuals participated.

Peer /Consumer and Family Network Development and Support:

- NAMI Broward receiving a Allegany Franciscan Ministries grant that started a statewide advocacy initiative named, "NAMI Advocacy Group" or NAG. This grant's goal is to build capacity for a grass roots effort of consumers and families to advocate for improvement of behavioral health treatment and supports in the state of Florida. NAMI Broward choose to offer the NAMI's Smarts Advocacy signature program as the training tool. Committees would be developed by each participating NAMI affiliate to implement the plan.

CFBHN assisted in coordination for providing train the trainer (State trainers) NAMI's Smarts Advocacy signature program to Hillsborough, and Pinellas NAMI Affiliate Leaders. CFBHN also collaborated with NAMI Hillsborough to develop a NAG committee for improving behavioral health treatment and supports in their county. Furthermore, CFBHN also collaborated with NAMI Hillsborough to offer a half day NAMI Smart Advocacy training for 10 of its NAG committee members who are already meeting bi monthly to develop a advocacy strategic plan and practice their skills.

- C&FA is providing TA to NAMI Pinellas for their desire to expand their service delivery. TA included education on statewide innovative recovery oriented supports and services as well as connecting them to these organizations and resources and a MOU template for peers to work/volunteer on a CSU with supervision.



Faith Based Initiative:

- Since the three (Hillsborough, Pinellas, and Pasco) Fall 2018 Faith Based Opioid Crisis Forums, C&FA continues to support the development of strategic plans to continue collaboration for integrating faith leaders and behavioral health stakeholders in decreasing mental illness and substance use/addiction discrimination and stigma. In February, Hillsborough began planning two (Muslim, Spanish Christian) behavioral health events and help to launch a new communications and outreach team. On February 18th, the Pasco collaboration hosted a LIFE Summit at the Pasco-Hernando State College- Porter campus.
- FCHMSOC Suncoast participated in the quarterly FOCUS (Family Oriented Concept United to Serve) – Faith-based event on February 21st whose topic addressed the opioid epidemic and the faith community. This initiative is hosted by the JWB through collaboration and collective partnership from members of the faith-based community as well as social service providers. The FCHMSOC is already scheduled to meet in March to begin planning the next conference whose topics tackle persistent and plaguing issues that face many communities: homelessness, hunger, domestic violence, unemployment, and addiction, to name a few. The goal of FOCUS is to foster improved communication, build relationships, maximize resources, and create efficiencies aimed at strengthening communities.

Recovery Education and Workforce Development Training:

Date(s)	Trainer(s)	Title	Location	Audience	CEUs	Number of Participants
2-8-19	Ginny La Rue	Recovery Community Organization “Community Listening Session”	Tampa/CFBHN	Hillsborough County Behavioral Health Community Stakeholders	no	51
2-14-19	Margo Fleisher/ Beth Picora and a variety of other facilitators	Assisted Living Facility	Tampa/ CFBHN	Assisted Living Facility staff and administrators	yes	32
2-18-19	Jo Dee Nicosia/ LIFE Summit panelists	LIFE: Spirit and Wellness Summit	Pasco-Hernando State College in Wesley Chapel-Porter Campus.	Students, Faith leaders, behavioral health and social service providers	no	150 people were in attendance, 120 signatures at sign-in, and 98 evaluation forms were collected
2-4-19	Sarah Miller Family/Youth Coordinator	Youth Advisory Council	New Hope Church of Christ Largo, FL	Youth and Youth adults with mh/sa challenges	no	5
2/28/19	Sarah Miller Family/Youth Coordinator	Family Voices	Panera Bardmoor Center Largo, FL	Families with children experiencing mh/sa challenges	no	3



2/20/19	Sarah Miller Family/Youth Coordinator	NAMI's Ending the Silence presentation. At the mental health awareness & suicide prevention Lunch and Learn	SPC Clearwater	Youth, faculty, families	no	32
2/1/19	Sarah Miller Family/Youth Coordinator	Youth social/emotional wellness group	Ready for Life, Largo	Youth and young adults aging out of foster care (16-26)	No	3
2/8/19	Sarah Miller Family/Youth Coordinator	Youth social/emotional wellness group	Ready for Life, Largo	Youth and young adults aging out of foster care (16-26)	No	5
2/15/19	Sarah Miller Family/Youth Coordinator	Youth social/emotional wellness group	Ready for Life, Largo	Youth and young adults aging out of foster care (16-26)	No	5
2/22/19	Sarah Miller Family/Youth Coordinator	Youth social/emotional wellness group	Ready for Life, Largo	Youth and young adults aging out of foster care (16-26)	no	6
2/13/19	Sarah Miller Family/Youth Coordinator	Movies that Matter "Paper Tigers" a trauma-informed documentary.	Gulf High School, New Port Richey	Parents, The principal and faculty	no	8

Human Resources:

ANNUAL - AS OF 3/7/2019		4%
3	Total separated	
68	average # of employees	
4.41%		
2.94%	voluntary	2
1.47%	involuntary	1



CFBHN Children's Mental Health

During the month of February, CFBHN CMH staff participated in 47 interagency calls in the CFBHN circuits. Out of 47 interagency calls, 47 youth were diverted from entering child welfare. CFBHN CMH Team continues to participate on interagency calls named critical case staffings, interagency staffings, and youth at risk calls, and red flags staffings that are community stakeholder's calls to assist in linkage of needed mental health services to divert youth from entering deeper end systems of care.

CFBHN continues encouraging the Circuit Facilitators to promote the multi-disciplinary staffing process upon submission of the SIPP Packet and has observed an increase in participation since February 2018. In addition, CFBHN CMH Team continues to provide technical assistance to Suncoast Region and Circuit 10 on development of Youth At Risk Staffings to identify high need youth earlier and provide additional community resources. CFBHN Pasco County School Program Manager continues to work with Pasco County School System on provision of mental health resource linkage to the school system to support DCFs Priority of Efforts utilizing the Youth At Risk Staffing Model.

Child Welfare/SAMH Integration

Statewide calls with all FIT providers, ME, DCF, and other stakeholders occur monthly. In addition, calls with DCF and the MEs only occur bi-monthly. A statewide face to face meeting with FIT providers, CBCs, and MEs was held in Tampa on October 2 and 3 and discussions included overall review of programs, training on opioid misuse, and case reviews. The next statewide face to face meeting is tentative scheduled for April 15-16, 2019.

Civil State Hospital

As of the end of FEBRUARY 2019, CFBHN had 55 clients WAITING for a SMHTF bed.

FSH wait time for Males, 3-4 WEEKS, if under 65 and without any physical/intellectual/medical disability.

FSH wait time for Females is 3 to 5months.

SFSH wait times for Females is about 4-6 weeks and for Males about 4-6 weeks.

Civil State Hospital Waitlist		
State Hospital	Private	Public
Florida State Hospital	**32	13
South Florida State Hospital	3	7
North East Florida State Hospital	0	0

** 6 of the 55 from private receiving facilities have been transferred to the SRT and are waiting for the SMHTF bed on the SRT.

In FEBRUARY2019 there were12 ADMITS (5 FSH, 7 to SFSH, 0 to NEFSH) to a Civil SMHTF.



In FEBRUARY 2019 there were 15 DIVERSIONS from admission to a Civil SMHTF.

- QUARTERLY ADMISSIONS- N/A
- FY 18/19 TO DATE ADMISSIONS-107
- QUARTERLY DIVERSIONS-N/A

FY 18/19 TO DATE DIVERSIONS-93

Forensic

SunCoast Region/C10 has diverted 53 individuals from the State Hospital from July 2018 to January 2019 and continues to work with case management providers to increase diversion number each month. For July to March 1, 2019, the SunCoast Region/C10 has also facilitated over 144 forensic residential referrals to the community partners within the region to promote diversions from the Forensic state mental health treatment facilities and assisted in 27 discharges in the month of January for a total of 157 fiscal year to date from the Forensic State Mental Health Treatment Facilities. Fiscal year to date the SunCoast Region/C10 has assisted with 430 Forensic State Hospital Admissions throughout the region. This is a 42% increase within the SunCoast Region/C10 for Forensic State Hospital Admissions when compared to last fiscal year.

Prevention

Collaborations continue to be strengthened with the Department of Education, Law Enforcement, Healthcare providers, EMS, Fire Department, Religious/churches, colleges, substance abuse treatment providers, FADAA, Drug Free America Foundation, statewide drug free coalitions, child welfare agencies, businesses, etc. where more education and awareness regarding substance abuse prevention, treatment and recovery conversations can be held. Providing both consumers and partners with the knowledge needed to advocate, support and aid in these services throughout the SunCoast Region

Healthy Transitions:

Please note Data is one month prior to due data collection inputs

Florida Healthy Transitions' entered its 5th federal program year on October 1, 2018. The program is on track to meet its qualitative and quantitative goals. The "FY18-19 Goal" column listed on the chart below represents the approved goals for the SAMHSA grant year, October 1, 2018 to September 30, 2019. The "FY18-19 Achieved" column represents the number of youth and young adults served during the time period of October 1, 2018 to December 31, 2018.

INDICATOR	FY18-19 ACHIEVED	FY18-19 GOAL
Policy Development (IPP)	0	3
Partnership/Collaborations (IPP)	5	7
Community Outreach (IPP)	583	500
Behavioral Health Screenings (IPP)	1,425	700
Referrals to BH Services (IPP)	124	300
Care Coordination/Intensive CM/Wraparound Services	14	125
Mental Wellness Support Groups	47	60
Unique Texters	79	180

Purpose of collaboration, any updates or new strategies undertaken

The *Faces Off* pilot, which consists of collaborations among youth, young adults and faith leaders, had its second meeting in January. Based on participation in South Pinellas County, it was determined that North Pinellas County may be a better location to engage with since the faith leaders in this area are currently doing the work and are in need of behavioral health resources.

Care Coordination

CFBHN Utilization/Care Managers continue to outreach to all regional providers of services for anyone waiting for a bed-based SA service which has resulted in availability of more timely access to services. It is noted, however, that while available beds are being offered to persons waiting, they often choose to wait for the service at their preferred provider. They are removed from the waitlist once they have refused an available bed in the region.

Care Coordinators have now been assigned by region/circuit. Care coordinators are meeting with providers to discuss referrals between agencies and work on decreasing readmissions of identified persons. For persons involved in care coordination, voucher dollars are available to assist in stabilizing/providing for needs to remain out of the acute care/ deep end services within the community.

NDCS Special Projects Updates

1. **First Episode Psychosis (FEP) Program**

Success For Kids and Families was awarded the First Episode Psychosis (FEP) Program to serve clients in Hillsborough County regarding Early Intervention Services – Psychotic Disorders involving Community Services Team (CST) in Hillsborough County” which focuses on youth/young adults who experience a first episodic psychosis”. CFBHN and Success for Kids had two planning meetings and Success for Kids is requesting to change the use of Navigate Model to On Track NY Model which was authorized for use by DCF. S4K completed a timeline for startup. S4K is currently negotiating performance measures and funding structure. S4K is authorized to utilized the On Track NY model from DCF (vs the Navigate model). S4K completed an in person with Robin Gayst the state wide coordinator for FEP.

2. Hendry /Glades:

IMPOWER has begun services in Hendry Glades. IMPOWER is still looking for 3 “spoke” Sites for those that have poor computer connectivity or do not know how to use a computer. IMPOWER has begun meeting with Alliance meetings, Regional Council meetings, Department of Health, FQHC, Commissioners and the child welfare agency. They are providing telehealth to the uninsured and persons that have Medicaid.

Mobile Crisis services are available through CPE in Hendry/ Glades Counties.

CAT team services are available through Centerstone in Hendry /Glades Counties.

CFBHN is working on a contract to provide services to the Glades schools.

3. HIV Services

NDCS has been attempting to improve the utilization of HIV services around the Suncoast Region through webinars and in-person meetings to see if those numbers can be improved upon. The providers who continue to lag behind are ACTS, Centerstone, and Westcare. Westcare saw a large decrease in November which is especially concerning. Baycare, while not quite achieving the 50% mark, made a significant jump in December. NDCS have had in-person meetings with all of the aforementioned providers except ACTS. The providers who continue to be an example of successfully providing HIV services are DACCO, Operation PAR, and FSOS. Charlotte Behavioral has made a turn around this FY and is consistently serving over 50%.

4. Mobile Crisis Services

The Mobile Response Team contracts have been awarded and CFBHN and the providers are working towards the implementation stage. There are currently four teams currently running and are expanding services (Centerstone, Gracepoint, JFS, and Peace River.) Additionally there are two teams that are in the implementation stage (PEMHS and CPE). CFBHN is requiring all the teams/services to go live by January 1.

5. SOR (Statewide Opioid Response)

As part of the SOR deployment, NDCS is overseeing three Hospital partnerships around the Suncoast region. They will include DACCO, FSOS, and Charlotte Behavioral initially. CFBHN, the providers, and the hospitals are at the beginning stages of developing programs to address MAT services in local hospitals. DACCO is partnering with Tampa General Hospital. FSOS is partnering with Sarasota Memorial Hospital.

Communication:

CFBHN staff have held 2 meetings with DCF and Emergency Room physicians to discuss opioid services. Next steps are to have local meetings between providers and ER physicians to discuss process.

Community

CW44/Eco Media project for backpack distribution moved to Everglades City. Ad placement generated these additional funds of about \$5k to support purchase of 200 filled backpacks. CFBHN will work with Board Member Guy Blanchette to



execute in the need area. Guy is willing to pay for the logo imprint of \$400 on the backpacks and prevention messaging will be included in the backpacks. This will be a media event.

Legislative

Training has been completed for CFBHN Community Managers and other interested staff. This will broaden the base and pool of persons to meet demands of multiple meeting locations and sites outside of Tallahassee meetings.

Workshop/Proposals/Award Recognitions/Other

TBBJ Best Places to Work Survey completed February 8 but CFBHN was not selected as one of the best places this year. Reporting is available to CFBHN to further explore this report.

Press & Media

CW44 Bayside Interview show featured Dr David Clapp in March (replace Carol Eloian due to schedule conflict)

Website

Inquiries through the website continue to grow

Video Production

None this period. Budget request in place to support program.

Print and Communication Production

Infographic production – status of uninsured and “pots” of money for opioid care in process. These will be used with news media, legislative packets and social media for educational purposes. This is a definite need to explain this complicated message.

Project to automate electronic download of Catalog of Care by county in user friendly format released by Finance and can proceed.

Phone Messaging OnHold project will proceed with additional quotes and other vendor sources for review.

Internal

Corporate Clothing program order placed.

Social Media

Facebook Likes total is 2698 (21); Page Followers 2729 (up 17);

Demographics unchanged – 77% Women/22% Men – 25-34 age group highest engaged

Video viewing DOWN this period. **We need new content production to support reach efforts.**

Top Face Book Analysis:

- Video viewing is down and possibly reflects lack of new material – Good Sam remains most watched

Twitter Analytics:

- All posts that reach over 1K on FB are shared on Twitter

Overview

Total likes 2701, post reach 14,323 up 64%, post engagements 3,090 up 39%. Six posts reached greater than 1k during this period. Video viewing slightly up with Good Sam most viewed.



In the four weeks comprising the month of February, six posts achieved reach of over 1K, with a reach of 2.5K on the post regarding Polk County's difficulty in finding mental health workers for school system. A fascinating note, the post on 2/17, one day prior to the Polk County post, regarding knowing signs of MI in children showed an engagement level of 41 regarding shares and comments, but only 8 actual clicks on the post, resulting in a reach of 298. By contrast, the Polk post had 122 clicks on it and 52 engagements. It appears that some posts are not read, but are still shared based simply on the write up accompanying the post. To attempt increase reach, posts will be written with the goal of not "giving it all away" in the intro during March. Although this will be attempted, in no way will this resemble click-bait. Click-bait is associated with marketing, not necessarily quality. The social media presence of CFBHN has been built into a strong, trusted presence on the Internet and this will obviously continue.

The last week of February was National Eating Disorders Awareness Week. It does not appear that people can relate to or are interested in eating disorders as much as other MH conditions. This is somewhat disturbing as people with ED are at a higher risk of dying from their MH condition than any other MI.

February showed that people want to see big numbers attached to mental health care. Additionally, the post regarding Tampa native Johnny Crowder's Cope Notes was not expected to perform nearly as well as it did (Johnny Crowder liked the page!) This shows to me that people want to see stories involving FL recovery and innovation. This is further evidenced in the follow up story posted 2/10 in which an addicted FL woman profiled back in December revealed had died from overdose after successful detox.

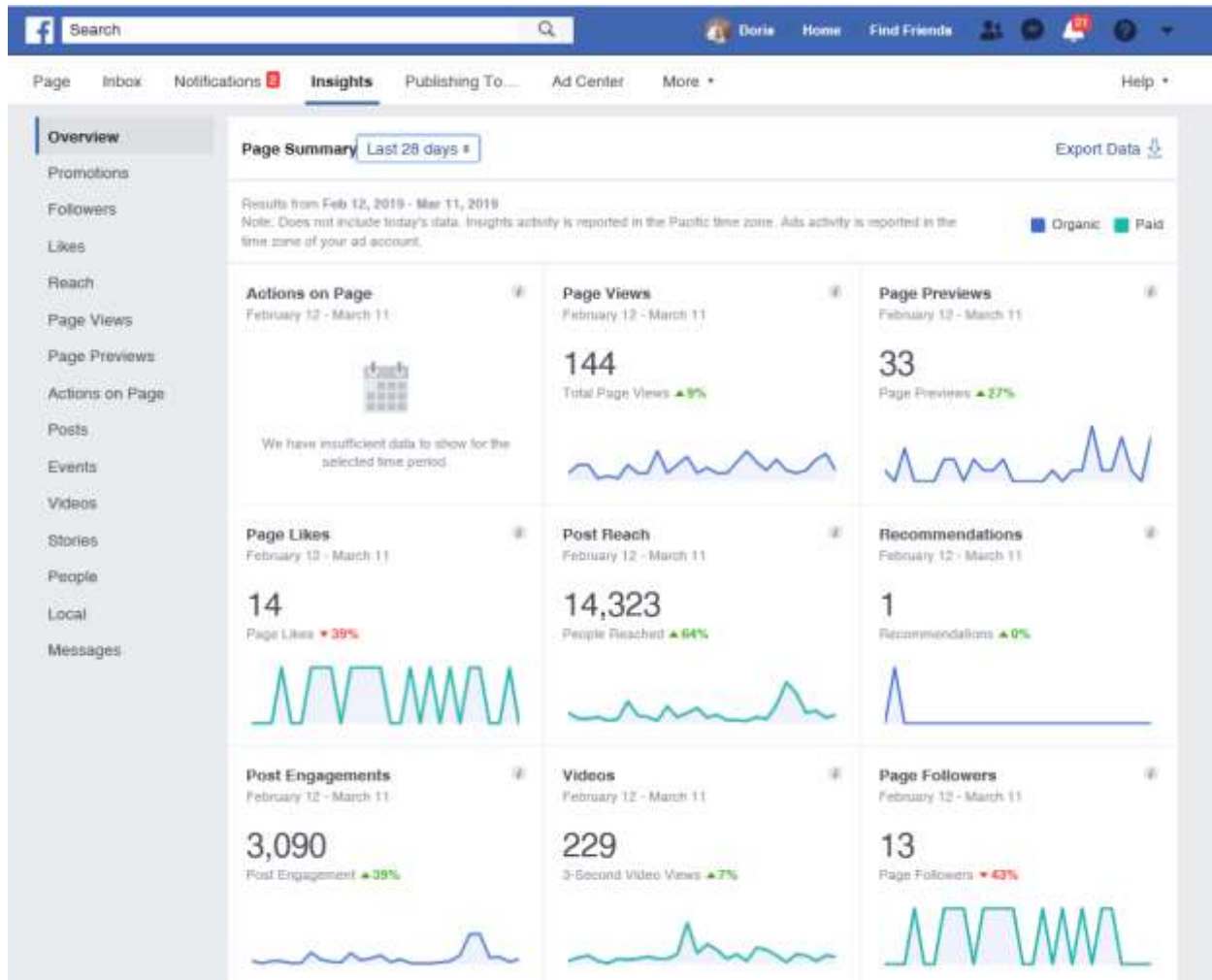
Children's mental health is also of concern to our community. This raises a question on the use of medication in young children. I have been reading and researching all month so as to ensure that we are not "pushing" the notion that all children with mental health difficulties (behavioral) need to be on medication. Rather, the messaging is to listen and observe. If treatment is needed, seek it knowing that there are all types of treatment - not just medication.


Twitter did not respond in the same manner to the information regarding Polk County. However, the Tweet on 2/27 regarding bio-markers and psychosis was retweeted. This was a fairly complex article which was not expected to perform well at all on Twitter. But this was a wrong assumption. During March, we are posting research and two original articles; one regarding diagnoses and journey to recovery and one on how easy it used to be to get opioids for pain (which resulted in so many people being addicted today).





The vendor was asked to research graphics packages and services. She found a good value with 123rf.com - the pricing plans allow for either a monthly subscription or buying "tokens" to redeem for graphics. She recommends the latter with 200 or 400 tokens. There is also currently a 15% off coupon code for 123rf (LOVE15).

We were messaged on Facebook three times, asking where the office was located, another asking the phone number for Carol or Beth, with the final message inquiring about mental health services without insurance coverage. I referred her to both the main desk as well as the resource locator. Our presence on FB is invaluable in terms of the ease of communication. These requests often come when the office is closed. Our system provides prompt response through the social media vendor and to CFBHN.























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Your 5 Most Recent Posts

Reach: Organic / Paid Post Clicks Reactions, Comments & Shares





Published	Post	Type	Targeting	Reach	Engagement	Promote
03/12/2019 9:28 AM	 The American Civil Liberties Union (ACLU) recently released a report			145	2 7	Boost Post
03/11/2019 8:51 PM	 'Dear Abby' did a horrifying disservice to one of her readers who			282	48 26	Boost Post
03/11/2019 8:33 AM	 New research published in the journal Brain and Behavior indicates			525	7 19	Boost Post
03/10/2019 7:55 AM	 The David Lawrence Center (DLC) in Collier County launched a Care			157	6 3	Boost Post
03/09/2019 9:01 AM	 A wonderful reminder regarding boundaries from NAMI Jacksonville!			645	32 28	Boost Post

[See All Posts](#)

Pages to Watch

Compare the performance of your Page and posts with similar Pages on Facebook.

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Page	Total Page Likes	From Last Week	Posts This Week	Engagement This Week
1  NAMI	294K	 +0.4%	13	30.5K
YOU 2  Central Florida Behavior...	2.7K	 0%	13	245

Keep up with the Pages you watch. [Get More Likes](#)



Continuous Quality Improvement Monthly Report

March, 2019

1. Monitoring Update for FY 18-19 (As of 2/28/19)

TABLE A: Annual Monitoring Results - Summary Data FY 18-19		
	Number	%
Provider Monitorings Scheduled	59	
Number of Initial Monitorings Completed (% = Monitorings completed/Monitorings scheduled)	33	55.9%
<i>Corrective Actions Issued</i>	14	
<i>Areas of Concern (AOC) Identified</i>	4	
<i>Commendations Given</i>	2	
Number of Provider Follow-Ups Required (% = Providers requiring follow-up/Initial monitorings completed)	14	42.4%

TABLE B: Corrective Action/Area of Concern/Commendation Summary						
Covered Service/Program Area/Tool	Corrective Actions		Area(s) of Concern		Commendations	
	Count	%	Count	%	Count	%
Administrative Compliance	0	0.0%	0	0.0%	0	0.0%
Assisted Living Facilities - LMH	0	0.0%	0	0.0%	0	0.0%
BNET	0	0.0%	0	0.0%	0	0.0%
CAT	0	0.0%	0	0.0%	0	0.0%
Coalition Compliance	1	7.1%	0	0.0%	0	0.0%
CARF Unaccredited Standards	1	7.1%	0	0.0%	0	0.0%
Crisis Stabilization Unit (CSU)	0	0.0%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	1	7.1%	1	25.0%	0	0.0%
Employee Verification	7	50.0%	1	25.0%	1	50.0%
FACT	0	0.0%	0	0.0%	0	0.0%
FIT	0	0.0%	0	0.0%	0	0.0%
Forensic	0	0.0%	0	0.0%	0	0.0%
HIV	0	0.0%	0	0.0%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	1	7.1%	0	0.0%	0	0.0%
Mental Health	0	0.0%	0	0.0%	0	0.0%
Outreach	0	0.0%	1	25.0%	0	0.0%
PATH	0	0.0%	0	0.0%	1	50.0%
Prevention	1	7.1%	0	0.0%	0	0.0%
Service Validation	2	14.3%	0	0.0%	0	0.0%
Staff Time Validation	0	0.0%	0	0.0%	0	0.0%
TANF	0	0.0%	0	0.0%	0	0.0%
Women's Block Grant	0	0.0%	1	25.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%
TOTAL	14	100.0%	4	100.0%	2	100.0%

2. Annual Comparative Data (FY 16-17, FY 17-18, FY 18-19):

MONITORINGS SCHEDULED		FY 16-17		FY 17-18		FY 18-19	
Provider Monitorings Scheduled		60		61		59	
<i>Count of FULL Monitorings</i>		40		33		22	
<i>Count of LIMITED and COALITION Monitorings</i>		20		28		36	
Number of Initial Monitorings Completed		60		61		33	
INITIAL MONITORING RESULTS							
Corrective Actions Issued		53		24		14	
Areas of Concern Identified		33		12		4	
Commendations Given		23		9		2	
FOLLOW-UP DATA		Count	%	Count	%	Count	%
Providers That DID NOT Require Follow-Up		28	46.7%	39	63.9%	19	57.6%
Providers That Required Follow-Up (%= Provider Follow-Ups required/Monitorings Completed)		32	53.3%	22	36.1%	14	42.4%
<i>Follow-Up WAIVED due to Contract Termination</i>		0		2		0	
<i>Follow-Up WAIVED due to Relinquished Program</i>		0		1		0	
<i>Follow-Up POSTPONED for Completion in Next FY</i>		3		5		0	
Adjusted Number of Follow-Ups to Complete		29		14		14	
<i>Follow-Ups Completed to Date</i>		29	100.0%	14	100.0%	0	0.0%
<i>Follow-Ups Remaining</i>		0	0.0%	0	0.0%	14	100.0%
CORRECTIVE ACTION and AREA OF CONCERN SUMMARY		CAs	AOCs	CAs	AOCs	CAs	AOCs
Issued During Initial Monitoring		53	33	24	12	14	4
<i>Follow-Up WAIVED - Contract Termination</i>				3	0	0	0
<i>Follow-Up WAIVED - Relinquished Program</i>				1	0	0	0
<i>Follow-Up POSTPONED Until Next FY</i>				5	3	0	0
Adjusted Number of Corrective Actions/AOCs				15	9	14	4
<i>Pending Follow-Up Review</i>				0	0	14	4
RESOLVED after Follow-Up		48	30	8	6	0	0
Number UNRESOLVED after Follow-Up		5	3	7	3	0	0
% Unresolved (Unresolved/Issued During Initial Monitoring minus WAIVED and POSTPONED)		9.4%	9.1%	46.7%	33.3%	0.0%	0.0%
PROVIDER RESULTS SUMMARY - FISCAL YEAR END		Count	%	Count	%	Count	%
Number of Provider Monitorings Scheduled		60		61		58	
Number of INITIAL Provider Monitorings Completed		60	100.0%	61	100.0%	33	56.9%
Number of FOLLOW-UP Monitorings Required				14		14	
Number of FOLLOW--UP Monitorings Completed		29	100.0%	14	100.0%	0	0.0%
At Year-End, Count of Providers With:	<i>Follow-Up Waived/Postponed/Unable to Complete</i>			8	13.1%	0	0.0%
	<i>No Corrective Action or Areas of Concern</i>			46	75.4%	19	100.0%
	<i>Unresolved Corrective Actions or Areas of Concern</i>			7	11.5%	0	0.0%
TOTAL Number of Concluded Monitorings		60	100.0%	61	100.0%	19	100.0%

3. CQI Goal Summary for FY 18-19 (As of 2/28/19)

Goal 1: *Expand the Network's ability to be data-driven.*

Objective: Utilize data collected by the Network to guide and inform program planning and development.

1-A: Create a sub-committee of the Board CQI Committee and orient them to the data collected for patients most often treated by Network providers.

UPDATE: The sub-committee has agreed to map out the sources of data that CFBHN currently has access to and current data needs. This task will be addressed in upcoming meetings.

1-B: Identify data priorities and types of information that should be tracked, trended and consistently reviewed by members of the Data sub-committee.

UPDATE: This step is in progress, and will be finalized over the course of additional meetings of the sub-committee.

Goal 2: *Improve data collection and reporting capabilities related to CARF standards and committees.*

Objective: Work with CFBHN departments to efficiently create/update data reporting templates to improve data tracking and trending.

2-A: Improve the quality of the data collected and shared through the CFBHN Risk Management and CQI Oversight Committees.

UPDATE: Options available to staff to categorize consumer complaints and grievances have been updated, and definitions of those categories have been sent to providers that requested the information. Definitions will also be shared with all providers at the next Network QI meeting.

2-B: With department Managers and Directors, identify reports that need to be created or updated.

UPDATE: Nothing new to report.

Goal 3: *Improve the Network's ability to capture Risk Management data*

Objective: Finalize the implementation of the RL6 system.

3-A: Finalize the report-building phase of implementation.

UPDATE: Nothing new to report.

4. Other Updates

A. Compliance issues: No compliance issues to report.

B. The next Board CQI Committee meeting is scheduled for Thursday, March 21 at 11:00 am.

Risk Management Monthly Report

March, 2019

1. Count of Subcontractor Incident Reports Received (as of 2/28/19)

Incident Type	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Year-to-Date
Phone Notification													
Child on Child Sexual Abuse	0	2	1	1	1	0	0	1	0	0	0	0	6
Client Death	17	16	15	12	19	15	22	18	0	0	0	0	134
Media Event	1	2	3	3	0	0	0	2	0	0	0	0	11
Sexual Abuse/Sexual Battery	1	1	0	1	1	0	1	1	0	0	0	0	6
Written Notification													
Child Arrest	0	0	0	1	0	0	0	0	0	0	0	0	1
Elopement	11	15	12	7	16	7	10	10	0	0	0	0	88
Employee Arrest	2	2	5	3	1	1	2	0	0	0	0	0	16
Employee Misconduct	3	4	1	5	4	1	3	2	0	0	0	0	23
Missing Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Incident/Unintentional	0	0	0	0	0	0	0	0	0	0	0	0	0
Significant Injury to Client	4	1	1	5	3	4	1	0	0	0	0	0	19
Significant Injury to Staff	1	0	0	4	0	0	0	0	0	0	0	0	5
Suicide Attempt	7	8	9	4	3	3	1	7	0	0	0	0	42
Other:													
Bomb/Biological/Chemical Threat	0	0	0	0	0	0	0	0	0	0	0	0	0
Visitor Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Human Acts	0	0	0	0	0	0	0	1	0	0	0	0	1
Theft, Vandalism	0	0	0	0	0	0	0	0	0	0	0	0	0
No Other Category	3	1	4	0	1	1	2	3	0	0	0	0	15
TOTAL	50	52	51	46	49	32	42	45	0	0	0	0	367
FY 17-18	55	40	38	42	41	30	57	36	45	56	49	45	534
FY 16-17	43	62	62	60	45	65	62	43	56	46	49	44	637

2. Count of Subcontractor Incident Reports, Year-to-Date Compared to 5-Year Average (as of 2/28/19)

Quarter	Count of Incidents, 5-Year Average FY 13-14 thru FY 17-18	FY 18-19 Year-to-date	Difference per Quarter	
			Count	%
Q1	152	153	+ 1	0.7%
Q2	148	127	-21	-14.2%
Q3	145	87		
Q4	144			
TOTAL		367		

3. Client Manner of Death Summary (as of 2/28/19)

	FY 16-17		FY 17-18		FY 18-19	
	Count	%	Count	%	Count	%
Accident	21	10.6%	16	8.8%	1	0.7%
Accidental Overdose	33	16.7%	37	20.4%	18	13.4%
Homicide	2	1.0%	1	0.6%	0	0.0%
Natural Death	48	24.2%	67	37.0%	27	20.1%
Suicide	22	11.1%	22	12.2%	7	5.2%
	Gunshot - 9		Gunshot - 9		Gunshot - 3	
	Jumped - 4		Jumped - 1		Jumped - 0	
	Hanging - 4		Hanging - 5		Hanging - 2	
	Overdose - 3		Overdose - 3		Overdose - 0	
	Other - 2		Other - 4		Other - 2	
Undetermined	3	1.5%	3	1.7%	0	0.0%
Unknown	69	34.8%	35	19.3%	81	60.4%
TOTAL	198	100.0%	181	100.0%	134	100.0%

4. Count of Subcontractor Incidents per Level of Care (as of 2/28/19)

	FY 16-17		FY 17-18		FY 18-19	
	Count	%	Count	%	Count	%
Care Coordination					1	0.3%
Case Management	28	4.4%	36	6.7%	25	6.8%
CAT Team					1	0.3%
Crisis Stabilization Unit	117	18.4%	92	17.2%	58	15.8%
Detox	15	2.4%	18	3.4%	15	4.1%
Drop-In/Mental Health Clubhouse	15	2.4%	6	1.1%	3	0.8%
FACT/Forensic	40	6.3%	30	5.6%	31	8.4%
FIT/FIS	1	0.2%	3	0.6%	0	0.0%
Medical Services	7	1.1%	4	0.7%	5	1.4%
Methadone	8	1.3%	8	1.5%	7	1.9%
Outpatient	125	19.6%	97	18.2%	86	23.4%
Residential/Inpatient	208	32.7%	163	30.5%	102	27.8%
SIPP/Therapeutic Group Home	5	0.8%	0	0.0%	1	0.3%
Supported Employment/Housing	17	2.7%	13	2.4%	6	1.6%
Not Applicable	12	1.9%	25	4.7%	15	4.1%
Other	39	6.1%	39	7.3%	10	2.7%
Special Project: PICA					1	0.3%
TOTAL	637	100.0%	534	100.0%	367	100.0%

5. Subcontractor Incident Rates per 1000 Served (as of 2/28/19)

	FY 16-17		FY 17-18		FY 18-19	
	Count	%	Count	%	Count	%
PHONE NOTIFICATION						
Child-on-Child Sexual Abuse	9	0.1	5	0.0	6	0.1
Client Death	198	1.9	181	1.7	134	1.5
Media Event	20	0.2	10	0.1	11	0.1
Sexual Abuse/Battery	24	0.2	11	0.1	6	0.1
WRITTEN NOTIFICATION						
Child Arrest	7	0.1	2	0.0	1	0.0
Elopement	201	10.7	152	8.3	88	7.4
Employee Arrest	8	0.1	16	0.0	16	0.3
Employee Misconduct	34	0.3	35	0.3	23	0.3
Missing Child	6	0.1	4	0.0	0	0.0
Security Incident - Unintentional	3	0.0	1	0.0	0	0.0
Significant Injury to Client	30	0.3	27	0.3	19	0.2
Significant Injury to Staff	6	0.1	13	0.1	5	0.1
Suicide Attempt	51	0.5	48	0.5	42	0.5
Other:						
Biological/Chemical Threat	0	0.0	1	0.0	0	0.0
Human Acts	3	0.0	2	0.0	0	0.0
Vandalism/Theft/Damage/Fire	7	0.1	3	0.0	1	0.0
Visitor Injury or Death	2	0.0	0	0.0	0	0.0
No Other Category	28	0.3	23	0.3	15	0.2
TOTAL	637	6.2	534	5.1	367	4.2

6. File Review Summary (as of 2/28/19)

Number of	FY 16-17	FY 17-18	FY 18-19			
			Q1	Q2	Q3	Q4
File Reviews Carried over from Previous Period	19	6	9	2	1	
New Files Referred for Review	25	15	6	4	2	
FILES FOR REVIEW	44	21	15	6	3	0
Unable to Complete*			3	0	0	
File Reviews Completed	38	12	10	5	3	
FILE REVIEWS IN PROGRESS	6	9	2	1	0	0

* This category refers to reviews that were unable to be completed as a result of services funded by a source other than CFBHN.

File Review Results

File Reviews that Resulted in:	FY 16-17	FY 17-18	FY 18-19
Observations	9	2	0
Corective Action	2	0	0

7. CFBHN Internal incidents and Events Summary (as of 2/28/19)

INCIDENTS	FY 16-17	FY 17-18	FY 18 - 19				
			Q1	Q2	Q3	Q4	TOTAL
Alarm issues	3	3	0	0	0		0
Building Security	0	0	0	0	0		0
Computer Security	1	0	0	1	1		2
Data Security							
Unsecured FROM CFBHN	6	13	1	3	0		4
Unsecured TO CFBHN	39	31	5	8	3		16
Other	4	2	1	0	0		1
Equipment Malfunction/Failure	0	1	4	2	0		6
Facility Issues	1	3	0	0	0		0
Infection Control	0	0	0	0	0		0
Medical Emergency/Injury/Death	2	0	0	0	0		0
Property Damage	2	0	0	0	0		0
Threat to Safety	1	0	0	1	0		1
Utility Failure							
Electrical	2	2	1	1	0		2
Heating/AC	0	0	1	0	0		1
Internet	1	5	2	0	2		4
Telephone	0	3	0	0	0		0
Water/Plumbing	0	1	1	0	0		1
Other	1	8	1	3	0		4
TOTAL	63	72	17	19	6		42

EVENTS	FY 16-17	FY 17-18	FY 18 - 19				
			Q1	Q2	Q3	Q4	TOTAL
Call to Abuse Registry	3	2	0	0	0		0
Legal Notice	1	1	1	1	0		2
Media Request	3	6	0	0	0		0
Public Records Request	3	15	5	2	6		13
Report to Licensing	0	0	0	0	0		0
Report to OIG	43	46	17	15	12		44
Wellness Check Request	2	0	1	0	0		1
Other	1	1	0	0	2		2
TOTAL	56	71	24	18	20		62



CFBHN IT Board Report March 2019

IT System Update

Current IT projects

- a. IS Strategic Committee / All Provider meetings:
 - i. Met in the beginning of March, will be meeting again at the end of the month.
 - ii. **FASAMS is the focus of the meetings.**
- b. FASAMS:
 - i. **Provided a demo of the new upload system we are working on**
 - 1. Providers like the system
 - 2. **Providers are still concerned about timeline for being ready with new XML filer format**
 - a. **We assured them we will work with them to submit data.**
- c. System Changes
 - i. Looking at options for our existing / new Health Data System for CFBHN
 - 1. Looking at ways to maximize system functionality and minimize costs.
- d. County Projects:
 - i. Continuing to work on the various reports and systems
 - 1. No issues