Central Florida Behavioral Health Network, Inc.

Annual System of Care Monitoring Report

On-Site Visit Completed December 13, 2019

Report Issued: February 2020

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Central Florida Behavioral Health Network, Inc. The purpose of this monitoring is to report on the agency's system of care and whether the agency is meeting the terms and conditions of the contract.

Contract QD1A9

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SECTION 1: EXECUTIVE SUMMARY

This report provides findings for the monitoring of Central Florida Behavioral Health Network, Inc. (CFBHN). The on-site monitoring was conducted December 9-13, 2019, and focused on CFBHN's system of care, which serves individuals with mental health and substance use disorders under contract QD1A9. The review period included in this monitoring was July 2018 through September 2019. The monitoring process reviewed CFBHN's programmatic and administrative operations, the 2018-2019 ME Financial Monitoring Report from the Office of CBC/ME Financial Accountability Florida (OFA) Department of Children and Families, and other fiscal monitoring reports. Findings are based on an analysis of performance measures and other information obtained through supporting documents, interviews, and focus groups. The monitoring process included an in-depth assessment of the system of care in four critical areas of operation: (1) leadership and governance; (2) continuous quality improvement; (3) service array; and (4) coordinated planning. Additionally, subrecipient monitoring, subcontracts, employment eligibility verification, background screening, and HIPPA data security were administratively reviewed.

Significant findings in each category are below:

Leadership and Governance:

- *CFBHN's mission, vision, and values are aligned with the Department.*
- *CFBHN has an active and involved Board of Directors with a diverse composition of community leaders, Network Service Providers (NSPs), and peer representation.*
- *CFBHN has been awarded multiple grants to expand and enhance services, collects and analyzes data to identify gaps and unmet needs.*

Continuous Quality Improvement Process:

- *CFBHN's Scorecard and 5 Star rating system tracks and reports NSPs performance, as well as incentivizes performance improvement.*
- *There are multiple Continuous Quality Improvement Committees designed to promote quality improvement and quality service delivery within the ME as well as across the system of care.*
- *CFBHN has embraced the Department's 4DX vision and has developed a 4DX Dashboard, tracking the progress of NSPs toward achieving the Department's vision of moving from a crisis agency to a prevention agency promoting education, recovery, and early access to services to reduce the incidence of crisis.*

Service Array:

- *CFBHN strives to advance ROSC principles and concepts across the system of care and partnered with the Department on the ROSC Self-Assessment Planning Tool (SAPT) Pilot Program where nine of the Suncoast Region NSPs administered the SAPT to their staff. Eight agencies completed the project by forming internal committees to establish their Strategic Assessment Action Plan.*

- *NSPs reported that the CFBHN Housing Specialist established a contact at the Social Security Administration, with whom they continue to work, to aid in expediting SOAR referrals to benefit the individuals they serve.*
- *Additional education of NSPs is needed in the areas of SOR Grant funding and the use of vouchers as outlined in Guidance 29 Transitional Voucher regarding FACT Targets and Community Integration Targets updated November 1, 2019.*

Coordinated Planning:

- *CFBHN has established Memorandums of Understanding and collaborative relationships with child welfare providers, local law enforcement agencies, NSPs, housing providers, school systems, the judiciary, and others to better the system of care for individuals in need of behavioral health services.*
- *Working Agreements are in place with the community-based care agencies in the Suncoast Region and Circuit 10 in the Central Region to promote integration of child welfare and behavioral health services.*

SECTION 2: AGENCY SUMMARY

Central Florida Behavioral Health Network, Inc. was awarded the Managing Entity (ME) contract for 14 counties, 11 of which are in the Department of Children and Families Suncoast Region and 4 in the Central Region. The effective date of the contract is July 1, 2010, with contract renewals through June 30, 2020. The large geographic service area includes five judicial circuits: Circuit 6, 13, 12 and 20 in the Suncoast Region and Circuit 10 in the Central Region. Five of the 14 counties (Hardee, DeSoto, Highlands, Glades, and Hendry) are classified as rural (100 persons or less per square mile) according to 2010 Census information.

CFBHN, incorporated in 1997, was the result of five substance use service providers working collaboratively to meet the needs of the area they served. CFBHN reports being the first accredited ME and earned a three-year accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF) International, in the program area of Network (Behavioral Health), expiring September 30, 2021.

CFBHN is an organization of 70 employees, led by an executive team comprised of the President and Chief Executive Officer (CEO), the Chief Clinical Officer (CCO), Chief Operating Officer (COO), Chief Financial Officer (CFO), and the Communications Director. The CCO manages the program areas of Child Care Coordination, Adult Care Coordination, Utilization Care Management, and Healthy Transitions. The COO manages TANF, Pinellas Integrated Care Alliance, Community/Housing Services, Consumer & Family Affairs, Information Technology/Services, and Continuous Quality Improvement. The CFO manages Contracts/Procurements and Finance & Human Resources and oversees ME and NSP financial accountability. Employment longevity is evident in the organization with 33 of the current employees having been with the ME for five or more years and with the CEO having been hired in 2003. CFBHN reports a 3.23% turnover rate.

The organizational chart reflects the ME's designation of positions to address the needs of its large service area. Community Managers and Project Managers are identified as assigned to specific judicial circuits or counties to facilitate the connection between the ME, NSPs and stakeholders. The position of Consumer and Family Affairs Director promotes peer services and has been on the forefront in the Recovery Oriented System of Care (ROSC) integration efforts across the service area.

FINANCIAL MONITORING SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2018-19 CBC-ME Financial Monitoring Tool for Desk Reviews, of Central Florida Behavioral Health Network, Inc. The desk review report, issued August 7, 2019, reviewed the period of January 1, 2019 to March 31, 2019. There was one finding and two observations noted in the review. The finding was related to noncompliance with travel requirements. The observations were noncompliance with general ledger and supporting documentation pertaining to invalid OCAs, and Covered Service and Project ID Codes. The finding and observations were resolved prior to the completion of the Office of CBC/ME Financial Accountability desk review.

The following table displays annual contract funding and utilization beginning FY 16/17 through October 2019. For the fiscal year to date and prior three years reflected in the table, CFBHN has operated within their allocated budget. Although operational funding was underutilized in FY 17/18, and substance abuse and mental health funding were underutilized in FY 18/19, CFBHN appears on track in utilizing funding for the current fiscal year in all three categories reported in the table.

Managing Entity Contract Utilization - Central Florida Behavioral Health Network, Inc.

	FY 16/17				FY 17/18			
Category	**Budget**	**Expenditures**	**Balance**	**% Utilized**	**Budget**	**Expenditures**	**Balance**	**% Utilized**
Operational Cost	6,142,411.00	5,735,356.95	407,054.05	93%	6,137,179.00	5,326,044.44	811,134.56	87%
Mental Health Total	113,959,488.00	111,801,054.17	2,158,433.83	98%	120,788,714.00	116,770,590.58	4,018,123.42	97%
Substance Abuse Total	63,355,997.00	61,681,883.80	1,674,113.20	97%	65,942,807.00	64,681,307.78	1,261,499.22	98%
Total FY Contract Amount*	183,457,896.00	179,218,294.92	4,239,601.08	98%	192,868,700.00	186,777,942.80	6,090,757.20	97%
	FY 18/19				FY 19/20**			
Category	**Budget**	**Expenditures**	**Balance**	**% Utilized**	**Budget**	**YTD Expenditures**	**Balance**	**% Utilized**
Operational Cost	77,008,853.00	75,754,120.21	1,254,732.79	98%	7,114,457.00	2,030,282.64	5,084,174.36	29%
Mental Health Total	127,793,048.00	121,305,566.55	6,487,481.45	95%	127,897,844.00	39,695,846.50	88,201,997.50	31%
Substance Abuse Total	74,141,002.00	70,374,243.83	3,766,758.17	95%	78,236,700.00	22,726,776.87	55,509,923.13	29%
Total FY Contract Amount*	278,942,903.00	267,433,930.59	11,508,972.41	96%	213,249,001.00	64,452,906.01	148,796,094.99	30%

* Carry Forward Expenditures are not included in this table.
Numbers are YTD
Data Source: ME Schedule of Funds provided by Office of CBC/ME Financial Accountability. Data Received: October 2019

SECTION 3: NETWORK SERVICE PROVIDERS AND COMMUNITY PARTNERS

CFBHN has established 76 contracts with 63 providers in 14 counties within five judicial circuits (Circuit 6, 13, 12 and 20 in the Suncoast Region and Circuit 10 in the Central Region). Of those 63 Network Service Providers (NSPs), 57 are subcontracted to provide services under the Department's Substance Abuse and Mental Health (SAMH) funding. CFBHN subcontracts with nine providers funded through

sources other than DCF SAMH. Services across the system of care fall under Prevention, Intervention, Crisis Stabilization, Detoxification, Residential, Outpatient, Aftercare and other support services to include drop-in centers and clubhouse programs. Telehealth is utilized to assist in service delivery in rural areas.

CFBHN collaborates with community partners to include the judicial system, school system, local law enforcement, child welfare, housing continuums and coalitions, to address the needs of individuals served. CFBHN team members serve on or chair multiple committees and boards within the community (see Appendix A) to include Regional Councils. Six Regional Councils (one in judicial circuits 10, 12, 13, and 20 and one each in Pasco and Pinellas counties in Circuit 6) have been established and are comprised of the NSPs, child welfare and CFBHN staff. The Councils in each area vote in a NSP as the Regional Chair who serves on the CFBHN board in an advisory capacity representing the providers in their council. The Regional Councils meet monthly or bi-monthly and provide a forum for the exchange of information and identification and discussion of issues specific to an area. CFBHN considers their NSPs, community stakeholders, and individuals served as experts and work in partnership with them on systemic issues. NSPs, in one of the interviews conducted by the monitoring team, verbalized that they felt respected and were viewed by CFBHN as experts in the field.

SECTION 4: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

CONTRACT MEASURES

The appendix contains Template 11 Managing Entity Progress Reports for FY 16/17 through September of FY 19/20. The tables contain information regarding the ME's performance on process and performance measures and Network Service Provider Output Measures regarding the number of individuals served.

Contract Measure	FY 16/17	FY 17/18	FY 18/19	FY 19/20 (July-Sept)
Systemic Monitoring The Managing Entity shall complete on-site monitoring, in accordance with Section C-1.4.2 of no less than 20% of all Network Service Providers each fiscal year. Completion of monitoring includes the release of a final monitoring report to the Network Service Provider. Progress towards attainment of this measure shall be demonstrated by the achievement of the following quarterly milestones. Each fiscal year, the Managing Entity shall monitor a minimum of 7% by 12/31, 15% by 3/31, and 20% by 6/30.	Met Target	Met Target	Met Target	On Target
Network Service Provider Compliance A minimum of 95% of the Managing Entity's Network Service Providers shall demonstrate compliance with the following measure annually. A minimum 85% of the applicable Network Service Provider Measures established in Table 3 (of this report) at the target levels for the Network Service Provider established in the subcontract.	Target not met	Target not met	Target not met	On Target
Block Grant Implementation The Managing Entity shall ensure 100% of the cumulative annual Network Service Provider expenses comply with the Block Grant and maintenance of effort allocation standards established in Section B1-2.3. Progress towards attainment of this measure shall be demonstrated by the achievement of quarterly milestones for each fiscal year. Of the annual amount for each specified fund source appropriated to the Managing Entity, the following minimum percentages of each fund's amount shall be documented as expended in compliance with the applicable allocation standard: 50% by 12/31 and 100% by 6/30.	Met Target	Met Target	Met Target	On Target

Implementation of General Appropriations Act The Managing Entity shall meet 100% of the following requirements, by September 30: Implementation of Specific Appropriations, demonstrated by contracts with Network Service Providers; and Submission of all plans, pursuant to Exhibit B1.	Met Target	Met Target	Target not met	Met Target

The contract performance measure "Implementation of Specific Appropriations, demonstrated by contracts with Network Service Providers; and Submission of all plans, pursuant to Exhibit B1" was not met for FY 18/19. As per the DCF Regional SAMH Program Office, a special proviso with Johns Hopkins Hospital was not implemented and as a result contributed to the unmet target; CFBHN is looking at alternative ways to use the funding.

As reflected in Appendix B, Network Service Provider Output Measures – Person Served and Network Service Provider Outcome Measures CFBHN is on target to meet or exceed the targeted measures for FY 19/20.

SECTION 5: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of the ME's Mission, Vision, and Values to those of the Department and includes an assessment of resource and risk management, the Board of Directors evaluation of the Chief Executive Officer, and leadership development.

MISSION, VISION, AND VALUES

CFBHN's mission is managing a quality behavioral health system of care that brings help and hope to individuals, families and communities. Their vision is envisioning communities where accessible behavioral healthcare enhances the lives of all. Their values: innovation, accountability, transparency, and collaboration.

The mission, vision, and values of CFBHN are aligned with the Department and were demonstrated within their organization and communicated by the NSPs during interviews. There are challenges presented by the urban and rural composition of the geographic area served by CFBHN. The ME looks at innovative ways to deliver behavioral health services to individuals both in urban and outlying rural areas. The ME and the system of care was observed to be community focused and person centered, soliciting input through the Regional Councils, grant collaborations, and participation on multiple community boards and councils.

RESOURCE MANAGEMENT

CFBHN works with NSPs, community partners and stakeholders to develop resources beyond funding from the Department through multiple grants, multiple funding sources, and collaborations with community partners, Managed Medical Assistance programs, and the faith-based community. A creative partnership was established with Vocational Rehabilitation to fund books, buy clothing, and pay

for peer specialist certification. CFBHN has provided letters of support to NSPs as they pursue grant and other funding opportunities, have sought and received their own grants, and participated in collaborative projects with community partners. All these approaches allowed them to enhance and expand access to innovative services within the system of care. Examples of collaborations and grant awards are as follows:

Florida Healthy Transitions – in September 2014, CFBHN was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant through June 30, 2020. The target population for the grant is young people, 16 to 21 years of age, and at-risk of or living with a serious mental health issue or co-occurring substance use and mental health issue. Through the provision of peer-to-peer services facilitated by young adults, Florida Healthy Transitions engages young people in cultural, emotional, and age specific behavioral health treatment and support services. The program assists with developing holistic goals that enable them to transition successfully through/to adulthood. Program services include: 24/7 crisis intervention/suicide prevention, care coordination, Wraparound and intensive case management, weekly mental wellness groups and therapeutic outdoor adventures, educational and vocational services, and linkages to community support. The mission of the program is to ensure a barrier free and seamless approach to outreach, access, engagement, support and treatment services for transition aged youth, young adults, and their families. The vision of the program is to create a sustainable legacy of physical, mental, and social supports that enable youth and young adults to thrive in their own communities.

Pinellas Integrated Care Alliance (PICA) – in 2018, the Foundation for Healthy St. Petersburg awarded CFBHN $1.65 million over three years to implement a transformational process within Pinellas County addressing individuals who call 911 due to a mental health crisis. CFBHN partnered with the Pinellas County Sheriff's Office, Pinellas County Human Services, and the Pinellas County Health Department to develop the Pinellas Integrated Care Alliance (PICA) to directly address areas impeding effective service delivery between multiple systems. To accomplish this goal, PICA implemented the Pinellas Integrated Care (PIC) Team by aligning funding and bringing together a team of care coordinators from multiple providers. The goal of the team is to assure a warm hand-off occurs as consumers transition between services. If unresolvable issues with services occur, providers must share information with PICA so funders of services can make actionable decisions regarding the improvement of services in Pinellas County.

CFBHN reports that since accepting referrals on 7/1/18 until the end of the first year of funding on 3/31/19, the PIC-Team received 218 referrals of which 142 individuals were admitted to the program.

Effectiveness of the program was evidenced by improvement in Functional Assessment Rating Scale (FARS) scores from admission to discharge. CFBHN reports that PICA has begun addressing systemic issues including the development of a Behavioral Health Information Exchange, the development of a more streamlined intake process, the examination of the 211 program, and the development of a Marchman Act program to address the needs of individuals detained within the jail under the Marchman Act. Additionally, behavioral health providers are working more collaboratively to establish a central receiving system that is based upon the work that has been accomplished by the Pinellas Integrated Care Alliance and Team.

Hillsborough County Evaluation Project – beginning in 2018 through December 31, 2019, CFBHN partnered with Hillsborough County Health Plan to evaluate the effectiveness of the Hillsborough County Substance Abuse Treatment Services Integrated Pilot Project. CFBHN was approached due to the organization's data collection and analysis capabilities. The county provided $50,000 for the evaluation which is a joint project between CFBHN and USF School of Medicine.

Sarasota County Glengary Academy - in 2017, CFBHN partnered with The Academy at Glengary to address the needs of individuals with mental health and substance use disorders who need assistance in a recovery focused environment to develop their full potential. The Academy at Glengary provides a pathway to success, friendship, and careers for adults seeking to improve their mental health. This is accomplished through, training and education in a wide range of skill areas including technology, arts & graphics, videography, culinary & hospitality, customer service, and much more.

The Academy was developed as a public/private partnership. The community raised over $3.5 million to purchase the land and provide the building and CFBHN/DCF provided part of the operational dollars to support services.

Polk County Helping HANDS (Healthcare Access Navigation Delivery and Support) – in 2018, CFBHN was awarded a three-year grant through Polk County to serve indigent Polk County residents (200% FPL), diagnosed with a mental health or co-occurring disorder under the DSM, being released from the Polk County jail system who meet the following eligibility requirements, inmates who have had two or more arrests in the past 12 months and are receiving psychotropic medications while in jail.

Program partners:

- Polk County Sheriff's Office
- Polk County Health and Human Services
- Polk County Fire and Rescue
- Central Florida Behavioral Health Network
- Network Provider Partners:
    - Tri-County Human Services
    - Winter Haven Hospital Center for Behavioral Health
    - Peace River Center
    - IMPOWER

The program goal is to provide positive outcomes for the individual and the community as the individual continues their pathway to recovery, lives in stable housing, engages in meaningful activities that lead to gainful employment opportunities and maintains a healthy lifestyle. Additional goals include decreasing arrests, days in jail, detox unit admissions, crisis unit admissions, emergency department visits, and increasing the participant's involvement with primary care providers and behavioral health services. Peers are a key element to the engagement of individuals and linkage to community-based services.

Polk County Reinvestment Project (ROOTS) – in 2018, CFBHN was awarded this three-year grant though the Department's Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to serve indigent Polk County residents (200% FPL), diagnosed with a mental health or co-occurring

disorder under the DSM, being released from the Polk County jail system who have had two or more arrests in the past 12 months and are receiving psychotropic medications while in jail, who are in need of assistance to with stable housing.

The program goal is to provide positive outcomes for the individual and the community as the individual continues their pathway to recovery, lives in stable housing, engages in meaningful activities that lead to gainful employment opportunities and maintains a healthy lifestyle. Additional goals include decreasing arrests, days in jail, detox unit admissions, crisis unit admissions, increasing stable housing and stable employment (if the participant can work), emergency department visits, and increasing the participant's involvement with primary care providers and behavioral health services.

Pasco County Recovery through Work Program (Vincent House) – in 2019, CFBHN with CFBHN/DCF funding established this public-private partnership supported by Pasco County Government, local organizations, private businesses and private donations to serve individuals with mental health challenges looking for recovery. The community fund raising efforts raised over $750,000 dollars for the building and CFBHN/DCF provided part of the operational dollars to support services.

The mission of Vincent House is to assist, promote, and celebrate individuals recovering from a mental illness in their effort to improve social and vocational skills, and become employed in the community. This is accomplished through improving social and vocational skills. Vincent House in Pasco County is under construction and the grand opening is scheduled in May 2020.

System of Care Grant – a SAMHSA grant awarded in 2016 for four years, to serve Youth between 10 and 16 years of age residing in Pinellas or Pasco County who meet the following criteria:

- Previous diagnosis within DSM-V (Excluding diagnoses of organic brain syndrome or a V-Code)
- Receiving services from two or more systems such as substance use, Individual Education Plan, Vocational Rehabilitation, Criminal/Juvenile Justice, Child Welfare, Foster Care, and/or Economic Self-Sufficiency.
- Youth's identified barrier to wellness must have been present for at least 12 months.
- Lack of intensive case management services would result in out-of-home placement- DJJ commitment program, crisis stabilization unit, state inpatient care, or foster home.

The primary goal for utilization of the Children's Mental Health System of Care funds is to provide High-Fidelity Wraparound. The Wraparound Approach is a care coordination model for children with complex behavioral health needs with an average length of service between six to nine months. The model has four phases: engagement, initial planning, implementation and transition; where the family progressively learns how to navigate the system of care to meet the needs of their family. The approach involves an intensive, individualized care planning and management process, structured team meetings, and the provision of community–based treatment and support services dictated by the needs and preferences of the child and their family.

A certified Wraparound Facilitator is assigned to meet with the youth consumer and their family to discuss what supports and services the family needs to be well. Through this ongoing conversation about the family's goals, an individualized plan is developed to include community partners who deliver supports and services. The plan may include assessment of needs and evaluation services, crisis

support/emergency services, intensive home-based services, supervised or respite care, incidental funding, or other wellness recovery support services.

EVALUATION OF ME LEADERSHIP

The Board of Directors (BOD) Executive Committee evaluates the CEO annually. The performance standards by which the CEO is evaluated were developed with the input of the CEO and mirror the performance on the organization's strategic plan. Also given consideration in the completion of the evaluation is a written summary, completed by the CEO, of accomplishments for the year. The evaluation is completed by the board's Executive Committee then shared with the board members at a board meeting. Once approved, the evaluation is discussed by the board chair with the CEO.

RISK MANAGEMENT

CFBHN has processes in place to evaluate the threat of damage, loss, liability, or negative occurrence caused by external or internal vulnerabilities that may be avoided through pre-emptive action. CFBHN conducts an annual Risk Assessment to prioritize monitoring activities and has developed a Risk Management Plan outlining risk management activity, including the management of incident reporting, staff training and reporting, risk management plan goals, and an annual risk management report. Mechanisms in place to allow for immediate response to events include the "Find me – Follow me" phone contact system. There is also a contract with 211 for after-hours availability, and an after-hours line for incident reporting of sentinel events that rings to the risk manager's phone who can then call other staff members as needed. CFBHN has developed their RL6 system for managing Incident Reporting and Analysis System (IRAS) data. Incidents are reviewed weekly by the Incident Review Committee and if concerns are identified, the incident is forwarded to the Risk Manager for follow up and then presented to the committee the following week.

CFBHN has developed plans and policies to address preparation for a man-made or natural disaster as well as post-emergency recovery to include:

- Emergency Preparedness Plan with procedures designed to prepare employees to meet contractual requirements and mitigate risk/loss in the event of an emergency.
- Continuity of Operations Plan addressing recovery efforts after a disaster.
- Information Systems Disaster Recovery Policy addressing the safeguarding of network systems and data security.

The Board of Directors is involved with managing risk threats and is informed regarding quality of service, reviewing data to promote improved performance in key areas. The board is provided a packet of information from CFBHN prior to board meetings that contains IRAS data, NSP performance data, and other pertinent information. The board advised that they review information related to incidents and risk management and provided an example of an occurrence where confidential information regarding a high-profile event was provided to the board for review using an encrypted, time limited link on the ME website.

BOARD ACTIVITIES

CFBHN has an active and committed BOD with members from across the large geographic area. There are seven board committees identified: Executive, Finance, Continuous Quality Improvement, Governance, and Ad Hoc committees of Information Technology, Legislative, and Diversity (the newest committee, made up of board members and CFBHN team members) and representation from the six Regional Councils. The board provides fiduciary, policy, and contract oversight, evaluating equity in funding and making decisions regarding allocation of funding among providers accordingly.

The BOD meets a minimum of six times annually with board meetings scheduled to occur immediately following meetings of the Executive Committee. The board reported they receive a packet of information from CFBHN prior to board meetings that contains Incident Reporting and Analysis System (IRAS) data, NSP performance data, and other pertinent information. The board advised that they review information related to incidents and risk management and are kept informed by the ME.

The board has a diverse composition with representatives from NSPs, a private receiving facility, a Sherriff's Office designee, county government, community-based care agencies, public health, community stakeholders, and individuals served and family members. Board composition is compliant with the requirements of 394.9082(4)(c), F.S. and Executive Order 18-81. While board members were not aware of ROSC principles, they advised that there is a seat on the board for a self-identified individual served.

The CFBHN board may have up to 25 members, 20% of which may be subcontracted providers. Currently, 21.7% or five of the board's 23 members are NSPs. Board members report recruiting members to meet the needs of the service area and provided an example of recruiting individuals in the housing industry, an area where there is an identified gap between need and availability.

LEADERSHIP DEVELOPMENT

CFBHN has a formal emergency succession plan approved by the BOD and reviewed annually. The succession plan outlines procedures for short-term and long-term absence of the CEO. The BOD is charged with implementing the succession plan in the event of an unplanned absence of the CEO and is responsible for monitoring the work of the acting CEO.

CFBHN reports a strong history of promoting from within and staff are given support necessary to successfully transition into leadership roles as well as serve on appropriate community boards and alliances. CFBHN holds weekly meetings including all levels of management and focuses discussion on topics to include operations, project management, and network management issues. All staff members are allocated a specific amount of funds to support participation in training in addition to the required training provided annually for all employees.

ANALYSIS

CFBHN has a professional staff, dedicated to the organization's mission and ensuring services across a geographically diverse service area. There is an actively involved BOD, responsive to the needs of the service area as identified by needs assessment and reports by Regional Councils and stakeholders.

While board members are committed to the mission, vision, and values of CFBHN and the services being provided across the system of care, they did not verbalize an understanding of ROSC principles and concepts and the benefit of embedding them within service delivery across the system of care. Additional training on ROSC principles and concepts and the role of the board in furthering those concepts would be beneficial.

SECTION 6: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

This category focuses on data quality, data analysis, performance improvement strategies, program development, and quality benefit determination.

DATA QUALITY

CFBHN is data driven, reviewing trends in data on the populations served, progress toward meeting targeted performance measures across the service area, utilization of funding, scorecard performance, staffing data related to Critical Case Staffings, discharge data, and results of satisfaction surveys completed by individuals served.

CFBHN's data department established a portal to facilitate data submission and quick access to error reports. Error files are generated immediately and can be accessed by the NSPs for correction and resubmission. NSPs voiced that error reports are very difficult to understand and can be very time consuming to interpret. Data submission is driven by the invoice due date of the tenth of each month with the finance office conducting data validation on the seventeenth of the month, allowing a seven-day window for resubmission of corrected data. A "data versus billing" report is completed after data has been submitted and a meeting involving data, finance, contract, prevention team, and TANF, occurs to review and identify any problems with data and to determine what, if any, amount of payment for billing will be withheld. Problems are handled specific to the issue, i.e., a problem was identified where an Electronic Health System was pulling down the wrong data for submission. If the NSPs are experiencing challenges with data and data submission, the NSPs advised that their data staff submit a ticket requesting assistance and the ME responds. One NSP reported that if they feel they are meeting their measures and CFBHN says they are not; the ME responds to their request to go back and review the data.

NSPs, however, have verbalized frustration with the data reporting system stating that it poses an administrative burden and the specialty reports (MAT and MRT), which report numbers served, are not accurately reporting the work being done. NSPs providing services to multiple MEs expressed that they encounter challenges in how to input and manage data due to the difference in systems used by the MEs. Frustration was also verbalized regarding satisfaction surveys; the challenge in getting complete responses on surveys, the length of the surveys, and the usefulness of the information gathered.

DATA ANALYSIS

Continuous analysis of data is conducted to track trends, look at performance over time, and ensure accuracy in monitoring service delivery.

NSPs report using Evidence-Based Practices (EBPs) within their service delivery systems; however there is limited to no oversight by the ME of fidelity monitoring by the NSPs except in the area of prevention services. While the ME does not monitor the fidelity of the EBPs used, they talk with the provider through the clinical team to find out what is being done to support fidelity.

NSPs spoke positively of the System of Care meetings and the review of reports on program performance, training opportunities, and service related activities.

CFBHN reviews NSP performance and incident report data and shares the information with the BOD as well; however, concern was expressed by some NSPs that there seems to be a disconnect between the annual monitoring conducted by the CFBHN CQI department and the NSP performance on the performance measures.

PERFORMANCE IMPROVEMENT STRATEGY

CFBHN uses data to inform quality management and performance through surveys, needs assessments, and review of performance measures. The CFBHN Continuous Quality Improvement (CQI) Plan FY 2019-2020 dated August 26, 2019, addresses CQI activities for the current fiscal year and includes a report summarizing the progress on the three data-oriented goals for FY 18-19. The goals of the CQI Plan are developed by the BOD CQI Committee and had not yet been included in the CQI Plan for the current fiscal year.

CFBHN has a quality assurance process to identify and address opportunities for improvement of operations for both NSPs and the ME. On-site monitoring and desk reviews, in addition to other methods, are used to drive NSP performance improvement. Following monitoring visits, the CQI department conducts a survey to assess NSP satisfaction with the monitoring process and identify opportunities for improving the usefulness of monitoring visits. The Network Development and Clinical Services (NDCS) department also conducts an annual NSP and stakeholder satisfaction survey to measure satisfaction and to identify opportunities for CFBHN improvement. A summary of these reports is shared with the CFBHN management team, the CQI Oversight Committee, and the CFBHN Board of Directors for review and recommendations.

Monitoring of NSPs is conducted by the CQI department with a CQI lead identified on the monitoring schedule as the point of contact for NSPs throughout the monitoring. The monitoring process was viewed by NSPs as fair, collaborative, and efficient. A tentative monitoring schedule is developed based on the annual Risk Assessment and published on SharePoint as are the monitoring tools. Any changes in the administrative monitoring tools are reviewed at the Network Quality Improvement meeting. The monitoring report is provided to the NSP 30 days following the visit, and if a corrective action plan (CAP) is required, a notification is sent to the NSP via SharePoint. Notification of CAP closure is also sent through SharePoint.

Notification of training is sent to the NSPs via an email blast and several training opportunities were highlighted to include peer training, training provided by FADAA, WRAP, and Motivational Interviewing. While training and technical assistance are provided to NSPs through monitoring activities, meetings, and are available through the CFBHN website, many NSPs across the service area did not seem to understand that they could request training from the ME, although one NSP advised that if they have

questions regarding training, they contact their contract manager who directs them to the right person to address the question. Many NSPs report meeting training needs internally without reaching out to the ME for assistance.

CFBHN developed and implemented a performance incentive system, the 5 Star rating system, addressing quality and contractual compliance as reported and published monthly in the CFBHN Scorecard on the ME's website. The Scorecard is comprehensive, reporting NSP performance on substance abuse and mental health data, satisfaction surveys, subcontract funding amount, and includes a table reflecting financial incentive distribution across the NSPs tied to performance. Providers who meet 95% of the performance objectives are celebrated annually at a 5 Star luncheon. The FY 18/19 CFBHN Scorecard reflects that 31 of 55 NSPs met the performance target of 95%.

CFBHN has embraced the Department's 4 Disciplines of Execution (4DX) vision and established a 4DX Dashboard to track the progress of NSPs toward achieving the Department's vision of moving from a crisis agency to a prevention agency promoting education, recovery, and early access to services to reduce the incidence of crisis. The 4DX Dashboard contains a tutorial on Franklin Covey's 4 Disciplines of Execution, discharge and aftercare appointment reporting by the subcontracted detoxification and crisis stabilization unit NSPs, and graphs illustrating performance toward meeting the lead measure "Increase the number of individuals attending an appointment seven days after discharge from the Crisis Stabilization Unit". NSPs report that 4DX is discussed at the monthly Care Coordination conference call, and report that the ME determined how to decrease CSU admissions. NSPs report believing in the goal of 4DX, but some voiced feeling that the data collection with the focus on outpatient appointments is not helpful. Some advised they did not feel heard and included in the development of 4DX for their areas.

The CFBHN website has been designed to be accessible by individuals in need of services and providers; providing on-line training, resource information and service locator, procurement information, care coordination contact information to facilitate access to services and service coordination.

QUALITY OF BENEFIT DETERMINATION

Benefit determination is completed by the NSPs at the point of entry to services and periodically over the course of service delivery. CFBHN and the NSPs report submitting an attestation with billing that no other funding source was known for the invoiced services.

CFBHN compares their data set to Medicaid eligibility and has found that approximately 8% of the individuals served receive a service while they are Medicaid eligible.

ANALYSIS

CFBHN's use of data to ensure continuous quality improvement is evident as demonstrated through their Scorecard and the 4DX Dashboard. In general, NSPs view CFBHN as very helpful, collaborative and great problem-solving partners although some verbalized frustration with the data reporting system.

There are multiple performance improvement strategies in place to promote quality service delivery to across the system of care, to include monitoring of NSPs, technical assistance and the Scorecard's 5 Star

rating system annual luncheon. CFBHN's monitoring practices and follow up on CAPs is consistent with their policies and procedures and representative of the process described by the NSPs.

NSPs are familiar with and understand the 4DX vision of the Department, however expressed concern as to whether the measures in place to evaluate progress and performance were accurately reflecting the work being performed.

CFBHN's website is accessible, easy to navigate and contains extensive information, though would benefit from a review to ensure accuracy of contact information as some documents have not been revised in over five years.

SECTION 7: SERVICE ARRAY

SUMMARY

This category focuses on the Managing Entity's service array and their efforts to ensure individuals have access to quality services regardless of their point of entry, utilizing the "no wrong door model", has the capacity to meet the needs of the community through program implementation oversight, building effective partnerships, effective utilization management and ensuring that the system reflects the Recovery Oriented System of Care principles.

RESIDENTIAL SERVICES

Residential NSPs meet some specific needs to include residential treatment services for youth, secure forensic beds, a 60-bed residential treatment program for individuals with co-occurring disorders and 10 addiction receiving facility beds. NSPs report sensitivity to LGBTQ individuals and making accommodations as needed. A gap that was identified by NSPs was the need for residential beds for females. NSPs advised that when a residential bed is available, an email blast is sent by CFBHN to NSPs across the regions to ensure awareness of bed availability.

Secure residential services are available through the system of care and competency restoration training is provided. If an individual is found competent, a referral is made for forensic case management and follow up continues by the NSP who provided the competency restoration training.

Affordable housing is identified as an issue facing individuals being discharged from residential treatment programs. NSPs in Circuits 6 and 13 reported that individuals may receive voucher assistance through HUD Veterans Affairs Supportive Housing vouchers through their Veteran's Affairs case manager, but were not aware of DCF transitional voucher funding available through the ME.

NON-RESIDENTIAL SERVICES

NSPs across the service area identified resourceful and innovative methods to improve accessibility to services where there are challenges due to rural locations, limited transportation, or navigational challenges such as those presented by the bridge across the bay for individuals residing in Pinellas County who need to access services across the bay in Tampa or Brandon.

Family Intensive Treatment (FIT)

FIT teams accommodate the families they serve, as much as is safely possible, by providing services in a location chosen by the family, whether in the NSP office or the family's home. FIT services are provided by a team that includes a case manager, Recovery Coach/Peer Specialist, and a therapist. Communication with child welfare staff occurs to follow up on referrals, provide monthly (or more frequent) updates, and to advise of missed appointments.

Incidents were identified where FIT peers are requested to perform tasks that fall outside their role as peers. One peer described having a caseload of over 25 families and reported doing urine tests for drugs although they knew it was outside of their role as a peer.

Florida Assertive Community Treatment (FACT)

FACT team staff know who their contact person is at CFBHN and how to reach out to them when needed.

Peers are considered valuable member of the FACT teams and peers verbalized feeling that they were a contributing member to the team. A FACT team peer in Circuit 10 described a recovery-oriented opportunity to design a group to address healthy eating in support of a goal to lose weight that was observed in a treatment plan. Peers with FACT teams also assist with WRAP plans with individuals.

Individuals served by the FACT teams can utilize telehealth services as part of their treatment plans with phones purchased by the ME through incidental funds. FACT teams, in general, did not verbalize an awareness of the transitional voucher funding available as a result of the settlement agreement entered by the Department and Disability Rights Florida to bridge the gap for individuals transitioning from State Mental Health Treatment Facility (SMHTF) back to their regions.

Community Action Treatment (CAT)

Referrals to CAT teams are received from varied sources, to include but not limited to hospitals, CSUs, schools, Child Protective Investigators, and private outpatient providers. CAT teams assess referrals daily, and if the CAT team is at capacity, they refer to interim behavioral health services. The waiting time for CAT Team services varies across the service area but could be up to two months. While wait times were reported to be brief in Hillsborough County, wait times were reported to be greater in more rural areas of Pasco County.

Psychiatric Medical Services

Circuit 12 NSP, Centerstone, highlighted an innovative method to address a gap in available psychiatric medical services through the development of a psychiatric residency program. CFBHN and Centerstone approach the legislature every year, for the past four to five years, for a special appropriation to continue the program that benefits multiple providers in Circuit 12.

NSPs described resourceful and innovative methods to assist in accessing services. NSPs in Circuit 6 and 13 reported that there are four half-day clinics available to offer appointment for individuals being

discharged from the CSU. ZOOM/Skype also may be used to complete an intake electronically for individuals who may not be able to travel to an appointment.

In more rural areas, telehealth is being used for medication management, followed with delivery of prescriptions to the individual's residence.

Medication Assisted Treatment (MAT)

NSPs utilize FDA approved medications: methadone, buprenorphine products, and naltrexone (Vivitrol) and choice counseling is provided. Individuals are provided access to MAT medications through NSPs and hospital partnerships. NARCAN and instructions for its use are offered to individuals and their family members. CFBHN is facilitating weekly SOR calls for MAT providers to address concerns and share information.

A Circuit 12 NSP is requiring individuals to attend group counseling sessions as a condition of receiving MAT. This practice is not consistent with the guidelines for the use of SOR funding and would merit further exploration by CFBHN and additional training provided to NSPs if indicated.

Outpatient

NSPs reported that individuals involved with child welfare are prioritized for services.

Limited transportation is a barrier to accessing services in much of the service area. NSPs in Circuit 10 report using UberHealth to assist individuals in need of transportation to keep appointments for services. UberHealth, funded by the county in C-10, uses individual Uber drivers who have received training about behavioral health issues to transport individuals to appointments. CFBHN advises that UberHealth is also funded through voucher and incidental funding. In Pasco County, the school system will pay for transportation before a parent is linked with a service provider to assist the parent in attending their first appointment.

An NSP in Circuit 20 has implemented one of only two self-directed care programs in the state to meet individuals' needs for outpatient service and is currently serving 70 individuals with a capacity to serve 76.

Telehealth is being used in many innovative ways, but one hindrance in rural areas is connectivity. An NSP in Circuit 10 noted that 96 individuals in their service area are receiving services via telehealth who might otherwise not have. United Way in Circuit 20, a rural area, is working to establish a hub with computers for provision of services via telehealth.

In-Home and On-Site

Therapeutic behavioral on-site services, the TBOS program, was highlighted by NSPs across the service area as a service provided in-home and at school for children, and Targeted Case Management for adults and children.

ACUTE CARE

Crisis Stabilization Unit (CSU)

Transportation plans are in place for each county in the Suncoast Region, to address the transportation of individuals in need of acute care services but will expire in 2020. NSPs report that the ME shares transportation plans with providers.

NSPs providing acute care services have a well-coordinated system and report that CFBHN is very helpful in coordinating and assisting with discharge and referrals for individuals transitioning from acute care services. The ME monitors admissions and discharges to ensure that a follow up medication appointment is scheduled within the seven days and that the individual follows through with appointments.

NSPs report that there are limited children's beds for acute services however, CFBHN will assist the NSPs in accessing beds outside the circuit where the adult or child in need of placement resided if needed.

Not all providers are aware of the housing coordinator at the ME and the support services that are available to assist in identifying housing for individuals being discharged from acute care services.

Detoxification

Education on FDA approved medication is provided, and individuals make decisions regarding the course of their treatment and if they choose Vivitrol, when treatment will be initiated (at seven days or at fourteen days).

NARCAN is distributed at admission and family engagement and at discharge.

A Circuit 20 NSP provides a walk-in detoxification program and outpatient detoxification is provided by one NSP, ACTS, in Circuit 13, but is not available in other parts of the service area.

Short-term Residential Treatment (SRT)

There are 30 SRT beds at the NSP, Peace River, primarily for Polk County residents. Currently a 43% diversion rate is being reported for SMHTF admissions using SRT. CFBHN reported that there have been two or three individuals admitted to SRT as forensic diversions that will soon be ready for discharge. CFBHN reports that a Legislative Budget Request was submitted for 15 SRT beds with a long-term goal of an additional 60 beds that will allow individuals to transition from private units and be diverted from SMHTF admission.

Mobile Response Teams (MRT)

Educational partners reported that each school district has their own MRT protocol. Referrals for MRT may come from the schools, law enforcement, and parents.

MRTs are reportedly not used by all schools and in Circuit 10, where MRT services are provided by one NSP for three counties, an increase in inappropriate Baker Acts was reported.

PREVENTION

Prevention programs are strong across the service area. NSPs report utilizing multiple EBPs and have long standing relationships with the school systems they serve. NSPs report working closely with the CFBHN Prevention Program Manager for support, technical assistance, and training.

Circuit 10 NSP, Tri-County Human Services, has a strong partnership with the school system and is using multiple prevention programs across all grade levels as well as a program focused on strengthening families. Strengthening Families, an EBP, is a prevention program serving families. The program is provided weekly over a 14-week period and serves six to eight families at a time. It is held at schools or space donated by community churches and provides a meal to families to promote and teach communication skills during the first part of the sessions and then separates parents for parenting classes and children by ages for prevention activities.

SUPPORT

NSPs providing support services (to include intervention, aftercare services, recovery support, supported housing and supported employment) participated in the focus groups addressing this area of the service array. NSPs also receive assistance from the CFBHN Utilization/Care Manager identifying housing and accessing vouchers for rent and utilities. Support is also provided for peers through CFBHN and a ROSC monthly meeting held in the early afternoon allowing peers the opportunity to attend in person or call in. Directions for Living has a housing navigator and three street outreach staff members who work with law enforcement to work with homeless individuals and have also developed relationships with landlords to meet the need for housing.

CFBHN subcontracts for drop-in/self-help center services with six NSPs and subcontracts for clubhouse programs with three NSPs. The multiple clubhouse and drop-in centers provide an array of support services to include:

- The Academy at Glengary, a clubhouse program in Circuit 12, works with six employers who have agreed to provide short-term employment (six to nine months) for individuals.
- Project Return Drop-in center offers opportunity for engagement and socialization through art classes, current event discussions, access to a computer lab, and support for individuals who may be homeless or in poor living environments.

ANALYSIS

NSPs across the service area report sharing information and between providers. The greatest gaps identified in services were the need for residential treatment beds for women, transportation, and affordable housing. A need was identified to readdress through education and training with NSPs how vouchers may be used as outlined in the 11/01/19 updated Guidance Document 29 Transitional Voucher regarding FACT Targets and Community Integration Targets. Transitional vouchers appear to be an underutilized resource in meeting the needs of individuals served.

SECTION 8: COORDINATED PLANNING

SUMMARY

This category focuses on partnerships established within the community that provide service and support to the individuals served by the system of care. The CFBHN website contains a calendar of meetings attended by or led by CFBHN to include System of Care meetings or NSP services meetings (i.e. Circuit 13-Hillsborough Acute Care Meeting) identified on the calendar by judicial circuit or county.

CFBHN utilizes multiple sources of information to improve and advance the system of care to include their Triennial Needs Assessment, annual Enhancement Plan, the Strategic Plan, information provided through community meetings (Acute Care, Alliance Meetings, Regional Councils) and Interagency calls, and engaging collaboratively with community partners and stakeholders to compare and leverage funding and resources.

OPIOID RESPONSE

CFBHN reports that services under the State Opioid Response (SOR) Grant were slow to begin as NSPs were using the State Targeted Response (STR) Grant funding that ran through April 30, 2019. There has been no outreach to private, for profit providers.

CFBHN subcontracts with multiple NSPs to deliver MAT and additional services to include the Hospital Bridge Program and SOR Child Welfare Care Coordination, all funded under the SOR Grant.

CFBHN is prioritizing the child welfare population through SOR Child Welfare Care Coordination, a partnership between SOR funded substance abuse NSPs and community-based care agencies to target individuals involved with child welfare who are experiencing opioid addiction. Weekly system of care calls occur to address challenges and the number of individuals served.

CFBHN's Hospital Bridge Program has been established in the emergency departments of six hospitals. The goal of the Hospital Bridge Program and peer embedment in the emergency departments is to ensure individuals seen in the emergency department for opioid overdose have access through a warm hand-off to NSPs when they are discharged. NSPs providing services through the Hospital Bridge Program expressed that there are challenges to establishing the program due to differences in hospitals across the service area.

NSPs are not aware of all services that are available through SOR funding, such as transportation, and could benefit from training on their CFBHN contract Exhibit H State Opioid Response (SOR) Grant Guidance System Priorities, Permissible Uses, and Prohibited Uses (updated 7/01/19).

JUDICIAL SYSTEM

Relationships with the judicial system vary across the five circuits. There are partnerships and meetings established to address the needs of youth and adults with the ME attending in all areas. In Hillsborough County, Circuit 13, a Youth at Risk meeting with the judge and chief magistrate occurs monthly and is attended by the Department of Juvenile Justice, Agency for Persons with Disabilities, NSPs and judges to

address the needs of youth who may be referred by the crisis stabilization unit or Juvenile Assessment Centers. A multidisciplinary team approach is in place in three of the five circuits.

Many specialty courts were highlighted across the multiple judicial circuits, reflective of strong partnerships and alternative funding streams. The number and types of specialty courts are unique to circuits and will usually result in an individual being referred directly to an NSP rather than through the ME. Circuit 12 reports having 78 champion judges supporting diversion options. NSPs in Circuits 6 and 13 identified multiple specialty courts, to include Juvenile Drug Court, Early Childhood Court, Girls Court (serving 52 girls, age 13 and older, referred by the Public Defender's Office to do community service activities), Dependency Court, and Veterans Court.

SCHOOL SYSTEM

Receptiveness to behavioral health service providers varies from school to school. CFBHN is described as helpful and a great problem-solving partner. CFBHN is engaged in the Local Review Team meetings, participate in Critical Case Staffing calls, and has provided Trauma Informed Care Training and Mental Health First Aid. Educational partners advised that each school district has their own MRT protocol and that there are waitlists for the CAT Team services.

In addition to Mobile Response Teams, CFBHN and their NSPs have established partnerships with the school systems across the service area to meet the behavioral health needs of students and their families.

The Pasco County School Project was developed and established collaborations with 13 mental health and related service providers. The project covers the cost of behavioral health services provided to students and/or their families through a voucher system. A contract was also established with UberHealth to bridge a gap in transportation and increase access to care through providing more transportation options to students and families. In order to increase opportunities for referrals, the CFBHN Pasco County School Project Manager and the Mental Health Liaison presented information regarding services to the School Social Workers, Counselors and Nurses. The CFBHN Project Manager has become part of the new Mental Health Team at the Pasco County School Board that serves as a consultant team to the Student Support & Service Teams in the schools.

The Hillsborough County Schools Project resulted from the Hillsborough County School District wanting to replicate the work of the Pasco County School Project. CFBHN established a contract with Hillsborough County schools to provide care coordination service for 26 families with the Mental Health Plan through funding made available through the Marjorie Stoneman Douglas School Public Safety Act for mental health treatment services to better meet behavioral health needs and ensure service linkage and follow up. The collaboration provides an enhanced opportunity to reach additional individuals, as well as leverage expertise, innovative strategies, programs and subcontractors, to meet the intent of Executive Order 18-81.

Education partners identified a need for more front-end mental health training for school counselors, so they do not have to rely on outside providers.

NETWORK SERVICE PROVIDERS (NSPS)

Regularly occurring monthly meetings take place between CFBHN and NSP leadership and program staff to share information and identify and address barriers to service delivery and data reporting. Regional Councils have been established in each circuit with two in Circuit 6 (one each in Pinellas and Pasco counties) with the Regional Council chair either serving on the CFBHN BOD or reporting to the board. The meetings and councils provide multiple forums where information can be shared and issues and concerns by providers and stakeholder can be voiced.

Through the Florida Children's Mental Health System of Care (FCMHSOC) – Expansion and Sustainability Grant, CFBHN has with a Memorandum of Understanding, provided training and technical assistance to Personal Enrichment Through Mental Health Services (PEMHS) and NAMI Pinellas to develop a peer mentorship program. This program provides peers seeking certification the opportunity to complete the 500 required work hours while providing peer services within one of their units.

CFBHN CEO meets monthly with the DCF Region SAMH Director to address issues and problem-solve concerns regarding services and providers.

CHILD WELFARE

Working Agreements are in place between CFBHN and each community-based care agency in the service area:

- Eckerd Community Alternatives – Circuit 6 (Pasco County)
- Eckerd Community Alternatives - Circuit 13 (Hillsborough County)
- Heartland for Children – Circuit 10 (Polk, Hardee, and Highland counties)
- Sarasota Family YMCA, Inc. – Circuit 12 (Manatee, Sarasota, and DeSoto counties)
- Children's Network of South Florida – Circuit 20 (Charlotte, Glades, Lee, Hendry and Collier counties)

The Working Agreements do not all reflect the specificity outlined in Guidance Document 19 Integration with Child Welfare (effective July 1, 2019); missing elements include a centralized referral route and point of contact, a process to obtain required releases of information, referral information to be shared with the behavioral health providers, and time frames for assessments to be shared with child welfare.

Although the Working Agreements do not address all elements identified in Guidance Document 19 Integration with Child Welfare, CFBHN, NSPs and child welfare professionals verbalized the referral process, sharing of releases of information, and prioritization of services for individuals involved with child welfare.

Child Protective Investigations services are conducted by the Department in parts of the service area, and in Pasco, Pinellas, Hillsborough, and Manatee counties are contracted to the sheriff's offices. There are five Behavioral Health Consultant (BHC) positions in the Suncoast Region and one in Circuit 10, all collocated with Child Protective Investigations (CPI). A BHC may be assigned to cover multiple counties within a circuit, thereby limiting the way their services may be utilized by multiple CPI units.

The CFBHN Child Care Coordination Child Welfare Manager has worked with the judicial circuits and NSPs to have meetings (weekly and monthly), provide technical assistance to subcontractors providing the services, and bring child welfare, sheriff's and service providers together to problem solve and streamline services. Child welfare professionals in Circuit 6 voiced that while quarterly meetings occur, they are not always attended by the parties that need to be there, i.e., Baycare (an NSP), sheriff's department, education, community health, and someone who can report about the system of care. Weekly SOR Child Welfare calls are occurring to discuss what is working and share ideas.

NSPs verbalized that the high turnover in child welfare case management organizations makes communication of information regarding individuals served by both child welfare and behavioral health challenging for the NSPs. Turnover in front-line staff was also identified as a problem and the challenge it presents to having child welfare staff who are knowledgeable of resources for families.

Family Intervention Specialist (FIS) peers were identified as a benefit to both child welfare and behavioral health providers. Circuit 10 reports seeing an increase from 25% to 75% for individuals keeping their first appointment for services when they are linked with the FIS peer. NSPs and child welfare leadership in Circuit 10 reported the use of a standardized referral form for families involved with child welfare and behavioral health that is sent to a single email address for distribution to a behavioral health NSP for services. Child welfare leadership in Circuit 10 also highlighted the benefit of CFBHN identifying a dedicated point of contact to receive child welfare referrals and the use of Mindshare for referrals which may then be directed to the most appropriate provider. The referral process to access behavioral health services varies across circuits.

Behavioral health and child welfare professionals both identified that there is a need for education and cross-training for better utilization of services and exchange of information. Child welfare leadership also voiced a need for more education to the community on what the ME does and on the ME's integration efforts.

LOCAL LAW ENFORCEMENT

Transportation plans are in place for Circuit 10 and each county in the Suncoast Region to address the transportation of individuals in need of acute care services. With the October 2019 closing of the Jerome Golden Center, CFBHN needs to revisit and ensure the update of the Glades County Transportation Plan which identifies the location in West Palm Beach as a designated Baker Act receiving facility and the location in Belle Glade as having capacity to provide stabilization and inpatient therapeutic intervention.

There are occasional challenges with law enforcement stating they do not have to transport an individual to CSU for services.

Multiple partnerships and collaborations have been established with local law enforcement agencies and county jails to address the behavioral health needs of individuals in the Suncoast Region and Circuit 10 in the Central Region, i.e., the Hillsborough County Substance Abuse Treatment Services Integrated Care Pilot Program (SATSICPP), the Pinellas Integrated Care Alliance (PICA), and the Helping HANDS (Healthcare Access Navigation Delivery and Support) program in Polk County. The Helping HANDS Program provides community-based services for individuals who have received psychotropic medication

while incarcerated in the Polk County Jail. The program utilizes peers as support for engagement, program linkage and referrals to additional supports and services when needed to meet the needs of individuals being released.

HOUSING

Affordable housing continues to be a challenge throughout the CFBHN service area where the FY 2019 Fair Market Rent as per HUD exceeds the Supplemental Security Income maximum payment amount of $771 for an eligible individual. CFBHN has established public and private partnerships to create or expand affordable housing. Key Partners include County Governments, City Governments, Community Assisted & Supported Living (CASL), Blue Sky Communities, Boley Centers, homeless coalitions and substance use and mental health providers.

CFBHN collaborates with community partners (Homeless Coalitions, Homeless Continuums of Care, city and county governments); CASL, a not-for-profit housing service provider; and Blue Sky Communities, a private developer, to develop new low-income and safe affordable housing to individuals experiencing substance use disorder and/or mental health issues. These projects are funded through the Florida Housing Finance Corporation. Three projects are currently in development for a total of 240 new affordable units with supportive services. Arbor Village in Sarasota is projected to open in January 2020.

CFBHN works with coordinated entry to refine priority list for housing in all nine homeless continuums across the Region. Supportive Housing Specialists have Homeless Management Information System (HMIS) access and work with Continuum of Care (CoC) staff to look at individuals who may be receiving service from both, e.g. CFBHN High Need/High Utilization list also in HMIS services and community housing priority lists. CFBHN staff sit on the Board of the Florida Supportive Housing Coalition.

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. CFBHN facilitates or participates in SOAR Committees in six counties and will be adding three additional committees in FY19/20. These committees serve as educational platforms as well as strategic and system enhancement forums. The Suncoast Region and Circuit 10 recorded 141 SOAR processed applications for FY18/19. Of the initial applications 100 were approved and 41 were denied for a 71% approval rating. The average days to a benefit eligibility decision was 76. NSPs reported that the CFBHN Housing Specialist established a contact at the Social Security Administration with whom they continue to work to aid in expediting SOAR referrals to benefit the individuals they serve.

In order to satisfy the Guidance Document 21 Housing Coordination requirement, as incorporated by reference in the ME contract, CFBHN facilitates public/private partnerships for affordable housing in the Suncoast Region and Circuit 10.

ANALYSIS

Relationships with NSPs and community partners vary across the Suncoast Region and Circuit 10, with unique practices identified in particular judicial circuits or geographic locations. Regional Councils and

Alliance meetings are established and provide a forum for sharing information and addressing service needs. Multiple meetings are in place with community partners, however, an opportunity to further advance ROSC principles and concepts exists through developing cross-system partnerships and increased collaboration and service planning between community partners from leadership to front-line service providers.

Practices, such as the referral system described by NSPs and child welfare partners in Circuit 10, could be evaluated for the possibility of replication across the service area or shared with other Regions across the state as a way to manage referrals and ensure an individual's linkage to service providers.

SECTION 9: ON-SITE MONITORING SUMMARY

AREAS NEEDING ACTION:

These findings represent areas that need prompt attention and action as they are areas of non-compliance with statute, administrative rule, or contract requirements:

1. A Circuit 12 provider is requiring individuals to attend group counseling sessions as a condition of receiving MAT. This practice needs to be addressed by the ME as it is not consistent with the guidelines for the use of SOR funding.
2. The Working Agreements between CFBHN and each community-based care agency, signed five or more years ago, do not address elements required by Guidance Document 19 Integration with Child Welfare (effective July 1, 2019).

OPPORTUNITIES FOR IMPROVEMENT:

This section identifies areas that have a need for further analysis and an opportunity for growth:

1. An opportunity to further operationalize ROSC principles and concepts exists through training child welfare professionals, CFBHN BOD, and community partners from leadership to front-line service providers. This has been identified in the actions stated in the CFBHN Strategic Plan 2019-2020 to train stakeholders on the ROSC and to develop a plan to address, where possible, implementation of the ROSC across the region.
2. Expand access to Outpatient Detoxification service across the area served. Currently, one NSP in in Circuit 13 provides Outpatient Detoxification, but it is not available in other parts of the service area.
3. An opportunity was identified for education and training with NSPs regarding the ways transitional vouchers may be used as outlined in the 11/01/19 updated Guidance Document 29 Transitional Voucher regarding FACT Targets and Community Integration Targets.
4. An opportunity was identified for education and training of NSPs regarding the CFBHN Housing Specialists and the support services available through the ME to assist in identifying housing, particularly for individuals being discharged from acute care services.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

<u>Subcontracts</u>

A sample of 20 of 54 subcontracts receiving DCF funding for program services were selected for review. The final sample size reviewed was 10 as the ME uses a templated contract.

1. 10 of the 10 subcontracts reviewed did not contain language requiring that subcontractors notify affected parties of any breach or potential breach of personal and confidential Departmental data within the 30-days required in Section 501.171(4), F.S. During the course of the review, it was discovered that Attachment 2 of the ME's contract with DCF inaccurately

states “Provide at Business Associate’s own cost notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data as provided in section 501.171, F.S.” DCF has since corrected the attachment and CFBHN advised they will be modifying subcontracts with their NSPs.

Incident Reporting

A sample of 27 incidents from July 1, 2019 to September 30, 2019, were reviewed to determine compliance with CFOP 215-6 and CFBHN’s internal incident reporting procedure. Contract QD1A9, Standard Contract 2018 section 9.1, states that: “If services to clients are to be provided under this Contract, the Provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6.”

1. In 96% (26 of the 27 critical incidents reviewed), notification to IRAS was made timely, in accordance with CFOP 215-6, 6a.,(4). The incident that was reported late to IRAS was reported 3 days late.

Background Screening

A sample of 13 personnel files were selected for review for the period of 2018 through 2019. Contract QD1A9 Standard Contract 2018 section 4.14.1 states: “The Provider shall ensure that all staff utilized by the Provider and its subcontractors that are required by Florida law and by CFOP 60-25, Chapter 2, which is hereby incorporated by reference to be screened in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards specified by sections 435.04, 110.1127, and subsection 39.001(2), F. S., as a condition of initial an continued employment.”

1. Of the 13 personnel files selected for review, 7% (1 of 13) of the 5-year rescreening was completed 5 days late.

Employment Eligibility

A sample of 17 newly hired employee personnel files were reviewed for Employment Eligibility. Contract QD1A9, Standard Contract 2018 section 7.12 states: “Unauthorized aliens shall not be employed. Employment of unauthorized aliens shall be cause for unilateral cancellation of this Contract by the Department for violation of section 274A of the Immigration and Nationality Act (8 U.S.C. § 1324a) and section 101 of the Immigration Reform and Control Act of 1986. The provider and its subcontractors will enroll in and use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors’ employees performing under this Contract.“

1. 17 of the 17 personnel files selected for review were found compliant with the screening standards.

HIPAA Data Security

Contract QD1A9, Standard Contract 2018 section 5.4 states: “In compliance with 45 CFR §164.504(e), the Provider shall comply with the provisions of Attachment 2 to this Contract, governing the

safeguarding, use and disclosure of Protected Health Information created, received, maintained, or transmitted by the Provider or its subcontractor's incidental to the Provider's performance of this contract."

1. CFBHN HIPAA Data Security policy was reviewed and complies with state and federal regulations.

Information Security

A sample of 21 personnel files were selected for review. Contract QD1A9, Standard Contract 2018 section 5.5 states: "The Provider shall comply with the following data security requirements whenever the Provider or its subcontractors have access to Department data systems or maintain any client or other confidential information in electronic form:" as delineated in 5.5.1 through 5.5.7.

1. 21 of 21 files reviewed contained certificates reflecting completion of the latest Departmental Security Awareness Training and signed DCF Security Agreement form (CF 114) as delineated in Contract QD1A9 with the Department.
2. CFBHN is compliant with the information security requirements delineated in Contract QD1A9 with the Department.

Subrecipient Monitoring

CFBHN develops a tentative annual monitoring schedule based on information gathered through the completion of annual Risk Assessment for each NSP addressing multiple factors including amount of funding, financial data, administrative changes, prior monitoring results, and data on corrective actions. The tentative schedule is distributed to NSPs advising of the proposed monitoring date affording the opportunity to plan staff availability accordingly. CFBHN currently has approximately 60 providers and monitor approximately 55 a year with either a limited or a full scope. Every fiscal year CFBHN conducts at least 20 full scope monitoring. This fiscal year, CFBHN began their monitoring cycle in October and as of December have completed 20 monitoring projects, exceeding their target of 7% of their NSPs by December 31.

Monitoring of NSPs is conducted through site visits and desk reviews. Onsite monitoring visits can be full or limited and include a desk review before the onsite. Full reviews are conducted every three years and include a preliminary desk review that is done in advance to decrease the amount of time needed on site. Limited reviews are done in between the full reviews. Some programs, such as Prevention, can be monitored as a desk review as well as an on-site by the Prevention Program Manager to observe service delivery and its adherence to model fidelity.

CFBHN's CQI team utilizes three types of monitoring tools: Administrative tools, Program tools, and Service Validation tools. Monitoring tools are reviewed and revised each summer with a review of Guidance documents and revisions in statute. The tools are shared internally with the ME's program staff for feedback and to ensure all needed areas are covered and sent to the Department for their approval. The tools are maintained in SharePoint, so all providers know what CFBHN will review. Tools may be individualized to a provider based on the programs they have. The monitoring tools applicable

to each subcontracted provider are posted in their agency's SharePoint portal. CFBHN has over 40 tools they use during their monitoring process.

CFBHN's IT department built a monitoring section into SharePoint where the monitoring schedule is uploaded, and automatically generates emails to NSPs with reminders. The scope and data request list are also shared on SharePoint. To ensure services purchased and requirements are met, the ME selects a sample for review. The sample size is determined by the type of monitoring conducted. Full monitoring samples are larger than limited monitoring samples. The sample is uploaded into SharePoint and an email in generated and sent to the NSP a few weeks before the monitoring. The number of CFBHN staff participating in the monitoring depends on the size of the agency and whether a full or limited review is being conducted. The monitoring team will typically spend a day to a day and a half on site at a provider, but the amount of time spent on site also depends on the tools used. When conducting on site monitoring, the monitoring team will travel and stay at nearby hotels and try to monitor several providers in a geographical area. During the monitoring, an entrance summary and an exit summary are provided, if requested. A report is prepared within 30 days of the monitoring.

After the monitoring is completed, the CQI department sends a survey to the providers to obtain feedback regarding the monitoring process. The anonymous surveys are completed through Survey Monkey.

CFBHN determines whether a Corrective Action Plan (CAP) is required based on the scoring targets associated with the tools used and scores that fall below the identified target will result in corrective action. The scoring threshold identified by the tools are as follows:

- Administrative Tool – must be at 100% or will generate a corrective action plan.
- Program Tool - must be at 95% and each individual item must be at 80%. Anything below will have a corrective action plan. If the sample size is less than 5 and the individual item score is below the required score, it would not meet criteria for corrective action, but would be considered an area of concern to be addressed with an Action Plan within 30 days.
- Service Validation Tools – must be at 98% or a corrective action plan is required.

The Corrective Action is required if scoring targets are not met. An Area of Concern can be identified requiring follow up and an action plan for those concerns not meeting criteria for a CAP.

Areas identified as in need of a CAP are entered into the SharePoint system. The provider is notified via an email notification from the SharePoint system that a CAP has been generated. Notifications are sent back and forth via SharePoint. The provider has 30 days to submit an action plan which will be reviewed by the CQI monitoring lead for approval. There is a 90-day turnaround for follow up. CFBHN will conduct an onsite visit if needed to follow up on CAP or will conduct a desk review. The monitoring lead will determine if the CAP has been completed and can be closed. CAPs are checked at the next site visits which can be in 6 months or a year. This process is being revised and follow up monitoring after CAP closure will be conducted within 90-days of the completion date. CFBHN reports that they have not had to fine any provider for lack of compliance with a CAP. The notification of CAP closure is also generated via SharePoint.

In addition to the Provider Risk Assessment and monitoring by the CQI Department, CFBHN fiscal staff monitors all subcontractor's audits to determine the extent to which the porivder adheres to managerial policies, procedures, and requirements. CFBHN also completes a Financial Risk Assessment using the providers audit. The score from the Financial Risk Assessment is used to identify possible financial weaknesses that could potentially disrupt services in the system of care.

SECTION 10: INNOVATIVE PRACTICES

Polk County Helping HANDS (Healthcare Access Navigation Delivery and Support) – This program provides community-based services for individuals who have been incarcerated in the Polk County Jail and have received psychotropic medication while incarcerated and are being released. This intensive community-based pilot project promotes continuing recovery, stable housing, and maintaining a healthy lifestyle. This innovative project utilizes the Polk County Emergency Medical Service (EMS) staff to provide medical support and emergency intervention when needed. Peers are utilized as support for engagement, program linkage and referrals to additional supports and services when needed. Outcome data reflects a 90% reduction in the number of participants arrested while enrolled in the program.

Partnership with NAMI and PEMHS for Peer apprenticeships Through a Memorandum of Understanding, CFBHN SOC grant coordinators and CFBHN's Consumer and Family Affairs department provide training and technical assistance to PEMHS and NAMI Pinellas to support a peer mentorship/apprenticeship program. This program provides coaching and on the job training to peers seeking certification to allow them the ability to gain the 500 required work hours while providing peer services within one of the units.

Scorecard/5 Star rating system - CFBHN developed and implemented a performance incentive system, the 5 Star rating system, addressing quality and contractual compliance as reported and published monthly in the CFBHN Scorecard on the ME's website. Providers who meet 95% of the performance objectives are celebrated annually at the 5 Star luncheon. CFBHN Scorecard reflects that for FY 18/19, 31 of 55 provider organizations met this objective.

Recovery Oriented System of Care (ROSC) initiative – CFBHN team members work to promote collaborative service relationships and further the ROSC statewide transformation. CFBHN partnered with DCF on the ROSC Self-Assessment Planning Tool (SAPT) Pilot Program where nine of the Suncoast Region NSPs administered the SAPT to their staff. Eight agencies completed the project by forming internal committees to establish their Strategic Assessment Action Plan. Since 2010, in the Suncoast Region, CFBHN has trained 230 individuals in the 40-hour Peer Specialist training; 209 individuals in Wellness Recovery Action Plan (WRAP); 31 individuals in Florida Leadership Academy; Since 2011, CFBHN has dedicated two team members, who are certified as Recovery Peer Specialist with lived experiences, to engage their peers in assisting in providing recommendations and oversight for the design, development, implementation and evaluation of the recovery system of care.

SECTION 11: CONTRACT MONITORING PROCESS

The monitoring process included a review of ME programmatic and administrative operations. In addition, the ME monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of performance measures

and other information obtained through supporting documents, interviews, surveys and focus groups. The monitoring process included an in-depth assessment of the system of care in four critical areas of operation: (1) leadership and governance; (2) continuous quality improvement process; (3) service array; and (4) coordinated planning. Additionally, subcontracts were administratively reviewed, along with Subrecipient Monitoring, Employment Eligibility Verification, Background Screening, Information Security and HIPPA Data Security.

Supplementary information was provided by the Department's Office of Financial Management Services, Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Substance Abuse and Mental Health Program Office and Suncoast Region contract manager. Multiple documents were reviewed and analyzed including, but not limited to: Triennial Needs Assessment, Enhancement Plan Funding, Quality Assurance Plan, Needs Assessment Survey, ME/NSP survey results from persons served, Strategic plan, Commission on Accreditation of Rehabilitation Facilities (CARF) International Accreditation Report, Network Service Providers (NSP) staff survey data, Board of Director Bylaws, Risk Assessment, Monitoring plan, Monitoring reports, Coordination of Care Plan, Monthly and Quarterly Programmatic Reports, Memorandums of Understanding, Child Welfare Integration Protocol, and agency policies and procedures.

Additional information was gathered through interviews of ME and DCF staff including leadership from the Suncoast Region and Central Region Circuit 10, ME management level and specialist level staff, case managers, social workers, therapists, case managers supervisors, social workers, therapist supervisors, and community behavioral health leadership. Focus groups were held to obtain information from DCF child welfare operations personnel, community partners, individuals served, peers, Board of Directors, and educational partners.

The ME monitoring team consisted of Department of Children and Families Community Based Care/Managing Entity Monitoring Unit staff - Amarillys Rivera, Sabrina Brown, Marlene Barnes and Linda Tappan; DCF Substance Abuse and Mental Health Headquarters representatives Jimmers Micallef, Ute Gazioch, and Chuck McGillen; and ME representatives Bryan Mingle (Lutheran Services Florida) and Charisse Van Biesen (Southeast Florida Behavioral Health Network).

APPENDIX A

List of Community Boards, Committees, Consortiums on which CFBHN team members serve:

- Heartland Coalition for the Homeless Board of Directors
- Homeless Coalition of Polk County Continuum of Care Board
- Capacity Building Committee (Homeless Coalition of Polk County)
- Chair the SOAR Steering Committee (Homeless Coalition of Polk County)
- FACT Advisory boards for C6, C10, C12, C13 and C20.
- Pasco Acute Care Consortium Meeting
- Pinellas County Acute Care Committee
- Hillsborough County Acute Care Meeting
- Pasco Regional Council
- Pinellas Regional Council
- Hillsborough Regional Council
- Pasco County Community HUB
- Pinellas County Behavioral Health System of Care Meeting
- Healthy Hillsborough Behavioral health Workgroup
- Hillsborough Opioid Treatment Initiative Meeting
- Hillsborough Behavioral Health Task Force
- Pinellas Opioid Task Force
- Pasco County Reentry Alliance
- National Council for Behavioral Health
- West Florida Mental Wellness Coalition, Inc.
- Florida Center Advisory Board
- Florida Association of managing Entitles (FAME)
- Pinellas County System of Care (Consortium)
- Pinellas and Manatee Regional Councils
- West Central Florida Ryan White Care Council - Hillsborough County BOCC
- Membership, Nominations, Recruitment and Training Committee - West Central Florida Ryan White Care Council
- Healthy Transitions' Leadership Committee - National Healthy Transitions Grantee Group
- Hendry Okeechobee Glades Opioid Consortium (HOGOC)
- ME Prevention Coordinators Workgroup Committee
- Diversity Committee
- Regional Council C6 Pasco & 13
- Hillsborough County Behavioral Health Task Force
- Juvenile Welfare Board Children's Mental Health Task Force
- All 5 circuit alliance meetings
- Hillsborough Youth at Risk Committee Meeting
- Other undocumented youth mental health committee
- Lakeland South Rotary Club – Member and Board Member
- Code Academy Student Advisory Council- Member

- Club SUCCESS Advisory Board- Member and Finance Chair
- Integration Advisory Committee
- FIT Manual Workgroup
- FIT Fidelity Tool Workgroup
- C13 Regional Council
- C13 Acute Care meeting
- C13 Local Planning Team
- C13 HCPS Mental Health Initiative Steering Committee
- Circuit 12 Regional Council
- Circuit 12 Family Safety Alliance
- Manatee County Acute Care
- Manatee County Behavioral Health Consortium
- Manatee County Manatee Drug Free
- Manatee County Pain Management at Manatee Memorial
- Sarasota County Acute Care
- Sarasota County Behavioral Health Consortium
- Sarasota County Trauma Informed Care
- Sarasota County DCF Interagency
- Sarasota County Community Alliance
- Sarasota County Drug Free Sarasota
- DeSoto County C.H.I.P
- DeSoto County DeSoto Drug Free
- Circuit 20 Regional Council
- Charlotte County Acute Care
- Charlotte County Community Stakeholder Consortium
- Charlotte County Charlotte Alliance
- Lee County Acute Care
- Lee County Jail Re-entry
- Lee County Lee Alliance
- Collier County Acute Care
- Collier County Community Stakeholder Consortium
- Collier County Collier Alliance
- Collier County Collier Co School MH Collaborative
- Hendry/Glades County Alliance
- Hendry/Glades County Acute Care
- Collier County Hunger and Homeless Coalition
- Lee County Continuum of Care Governing Board
- Heartland Coalition for the Homeless
- Lee County SOAR Steering Committee
- Lee County SOAR Work Group
- Gulf Coast Partnership to End Homelessness Stakeholders Council
- One Charlotte
- Charlotte ROI Task Force
- Circuit 6-Pasco Coalition for the Homeless of Pasco County

- Circuit 6-Pasco Coalitions Leadership Council
- Circuit 6-Pasco Coordinated Entry Committee
- Pasco County SOAR Workgroup Committee
- Tampa/Hillsborough County Continuum of Care
- Circuit 13-Hillsborough Coordinated Entry – Committee Member
- Circuit 13-Hillsborough Continuum of Care committee member
- Circuit 13-Hillsborough Service & Delivery
- Circuit 13-Hillsborough SOAR Workgroup Committee
- Champions for Children (Tampa, FL) Board of Directors
- Pinellas County Public Safety Coordinating Council
- Pinellas County System of Care Committee
- Pinellas County Acute Care Committee
- Pinellas Integrated Care Alliance Steering Committee
- Pinellas Administrative Council (Juvenile Welfare Board)
- Pinellas Assisted Outpatient Treatment Steering Committee
- Pinellas Marchman Coordination & PAR Re-investment Grant Planning
- Unite Pinellas
- Pinellas Co Opioid Task Force
- We Care of Central Florida
- Polk State College Advisory Board
- Department of Juvenile Justice Advisory Board
- Project Aware State Management Team
- Human Trafficking Task Force
- Sheriff Grady Judd Advisory Council
- Highlands County CAPP Local Task Force
- Highlands County Children's Services Council
- Baker Act/Marchman Act Advisory Committee
- Circuit 10 Regional Council
- Rural Health Workgroup
- Pinellas- Juvenile Welfare Board- Children's Mental Health Initiative
- Pinellas – Juvenile Welfare Board – FOCUS - (Family Oriented Concept United to Serve) - Faith based initiative planning committee
- Pinellas - Clearwater Neighborhood Family Center – Rise above Youth conference planning committee
- Pinellas - Zero Suicide Partners of Pinellas- (MOA signed by CEO 2018) and sub-committee
- Pinellas – Connect 4 Families- Chair- Govn. Counsel for grant/meet within Acute Care
- Pinellas - PINCS- Pinellas Interagency Networking Council for Students
- Pinellas - Campbell Park Community Collaborative (South St. Pete)
- Pinellas - Peers in Recovery Mentorship Program committee (MOU)
- Pinellas – Youth Move national - chapter chair (Sarah)
- Pinellas - NAMI Education committee, member
- Pinellas - Refuse to Lose committee- (partnership with Clearwater PD and Dept. of Juvenile Justice and community)
- Pinellas - CHIP committee- Community Health Improvement Plan via FDOH

- Pinellas - Family Voices, chair- parent support
- C 6- Circuit Advisory Board- Department of Juvenile Justice committee
- Tampa Bay Healthcare Collaborative- Wellness and Advocacy committees
- Bold Goal initiative- Pinellas and Pasco Counties planning committees
- Wraparound Learning Community- Chair/Co-chair
- Pasco - Youth at risk Staffing committee
- Pasco - Children's Behavioral Health Partnership - Chair
- Pasco - Pasco Hernando State College- adopt a school and LIFE- Linking in Faith and education Summit committee
- Pasco - MY LIFE - (Magellan Youth Leaders Inspiring Future Empowerment) committee
- Pasco - Bobby White Foundation - Zero Suicide Purple folder postvention initiative, Co-Chair
- Pasco - CHIP committee - Community Health Improvement Plan via FDOH
- Pasco NAMI Education committee, member
- Training endorsements in WRAP Seminar 1, WRAPAROUND: The Florida model, NAMI Ending the Silence, NAMI Basics, Sandy Hook Promise Know the Signs Program Leader, Parent coach for The Center on Addiction/Partnership for a Drug Free Kids- now known as "The Center".

APPENDIX B

Template 11 FY 16/17

	Network Service Provider Output Measures - Persons Served (Revised 1/28/2020 per Contract Amendment 47 eff. 8/01/2016)				
	Service Category	FY Target	Month to Date Unduplicated Individuals Served	Quarter to Date Unduplicated Individuals Served	Year to Date Unduplicated Individuals Served
Adult Mental Health	Residential Care	1,300	464	536	941
	Outpatient Care	47,000	14,671	26,329	49,674
	Crisis Care	23,206	2,722	6,888	21,495
	State Hospital Discharges	115	109	121	147
	Peer Support Services	0	98	166	403
Children's Mental Health	Residential Care	8	0	0	2
	Outpatient Care	14,310	3,297	7,382	15,255
	Crisis Care	4,259	394	1,242	4,405
	SIPP Discharge	60	0	0	62
Adult Substance Abuse	Residential Care	2,400	533	941	2,648
	Outpatient Care	20,013	6,787	10,101	21,545
	Detoxification	7,634	710	2,014	7,412
	Women's Specific Services	898	188	257	600
	Injecting Drug Users	7,944	2,954	4,359	8,607
Children's Substance Abuse	Residential Care	405	110	161	398
	Outpatient Care	7,953	1,586	3,386	9,041
	Detoxification	576	45	159	571
	Prevention	0	0	0	0

	Network Service Provider Outcome Measures	FY Target	Year to Date Performance
Adult Mental Health	Average annual number of days worked for pay - SPMI	40	73
	Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic	24%	37%
	Percent of Adults who live in Stable Housing - SPMI	90%	95%
	Percent of Adults who live in Stable Housing - Forensic	67%	58%
	Percent of Adults who live in Stable Housing - Mental Health Crisis	86%	95%
Adult Substance Abuse	Percent change in clients who are employed from admission to discharge	10%	38%
	Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-88%
	Percent of Adults who Successfully Complete Treatment	51%	64%
	Percent of Adults who live in a stable housing environment at the time of discharge	94%	97%
Children's Mental Health	Percent of School Days attended - SED	86%	93%
	Percent of Children who improve their Level of Functioning - ED	64%	92%
	Percent of Children who improve their Level of Functioning - SED	65%	86%
	Percent of Children who live in Stable Housing - ED	95%	100%
	Percent of Children who live in Stable Housing - SED	93%	99%
	Percent of Children who live in Stable Housing - At-Risk	96%	100%
Children's Substan	Percent of Children who Successfully Complete Treatment	48%	64%
	Percent change in the number of Children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-90%
	Percent of Children who live in Stable Housing	93%	100%

Template 11 FY 17/18 (updated 1/13/2020)

	Network Service Provider Output Measures - Persons Served				
	Service Category	FY Target	Month to Date Unduplicated Individuals Served	Quarter to Date Unduplicated Individuals Served	Year to Date Unduplicated Individuals Served
Adult Mental Health	Residential Care	852	498	600	1,056
	Outpatient Care	48,624	14,781	27,026	50,408
	Crisis Care	17,347	3,223	7,691	22,306
	State Hospital Discharges	115	154	180	223
	Peer Support Services	300	92	169	298
Children's Mental Health	Residential Care	0	0	2	2
	Outpatient Care	10,836	3,436	7,238	15,076
	Crisis Care	3,805	460	1,470	4,574
	SIPP Discharge	0	0	0	1
Adult Substance Abuse	Residential Care	1,959	476	942	2,642
	Outpatient Care	17,474	7,941	12,631	25,513
	Detoxification	6,273	808	2,283	7,750
	Women's Specific Services	554	204	294	642
	Injecting Drug Users	8,048	3,191	4,836	9,262
	Peer Support Services	10	0	0	90
Children's Substance Abuse	Residential Care	382	85	142	338
	Outpatient Care	9,019	1,376	2,956	8,486
	Detoxification	571	55	184	602
	Prevention	1,000	0	0	4,026

	Network Service Provider Outcome Measures	FY Target	Year to Date Performance
Adult Mental Health	Average annual number of days worked for pay - SPMI	40	80
	Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic	24%	38%
	Percent of Adults who live in Stable Housing - SPMI	90%	95%
	Percent of Adults who live in Stable Housing - Forensic	67%	56%
	Percent of Adults who live in Stable Housing - Mental Health Crisis	86%	93%
Adult Substance Abuse	Percent change in clients who are employed from admission to discharge	10%	36%
	Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-81%
	Percent of Adults who Successfully Complete Treatment	51%	55%
	Percent of Adults who live in a stable housing environment at the time of discharge	94%	97%
Children's Mental Health	Percent of School Days attended - SED	86%	92%
	Percent of Children who improve their Level of Functioning - ED	64%	91%
	Percent of Children who improve their Level of Functioning - SED	65%	86%
	Percent of Children who live in Stable Housing - ED	95%	100%
	Percent of Children who live in Stable Housing - SED	93%	99%
	Percent of Children who live in Stable Housing - At-Risk	96%	100%
Children's Substan	Percent of Children who Successfully Complete Treatment	48%	64%
	Percent change in the number of Children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-82%
	Percent of Children who live in Stable Housing	93%	100%

Template 11 FY 18/19

	Network Service Provider Output Measures - Persons Served				
	Service Category	FY Target	Month to Date Unduplicated Individuals Served	Quarter to Date Unduplicated Individuals Served	Year to Date Unduplicated Individuals Served
Adult Mental Health	Residential Care	852	310	427	802
	Outpatient Care	48,624	14,446	28,849	59,213
	Crisis Care	17,347	2,616	6,734	22,603
	State Hospital Discharges	115	207	281	362
	Peer Support Services	0	95	197	418
Children's Mental Health	Residential Care	0	0	0	0
	Outpatient Care	10,836	2,715	6,229	13,874
	Crisis Care	3,805	744	1,883	5,639
Adult Substance Abuse	Peer Support Services	0	483	970	2,781
	Residential Care	1,959	473	893	2,534
	Outpatient Care	17,474	7,998	13,110	27,497
	Detoxification	6,273	826	2,190	7,554
	Women's Specific Services	554	139	212	589
	Injecting Drug Users	8,048	2,628	3,917	7,353
Children's Substance Abuse	Residential Care	382	80	134	313
	Outpatient Care	9,019	1,230	2,947	8,038
	Detoxification	571	31	111	418
	Prevention	1,000	228	1,951	4,191

	Network Service Provider Outcome Measures	FY Target	Year to Date Performance
Adult Mental Health	Average annual number of days worked for pay - SPMI	40	84
	Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic	24%	40%
	Percent of Adults who live in Stable Housing - SPMI	90%	95%
	Percent of Adults who live in Stable Housing - Forensic	67%	56%
	Percent of Adults who live in Stable Housing - Mental Health Crisis	86%	93%
Adult Substance Abuse	Percent change in clients who are employed from admission to discharge	10%	37%
	Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-85%
	Percent of Adults who Successfully Complete Treatment	51%	58%
	Percent of Adults who live in a stable housing environment at the time of discharge	94%	96%
Children's Mental Health	Percent of School Days attended - SED	86%	92%
	Percent of Children who improve their Level of Functioning - ED	64%	92%
	Percent of Children who improve their Level of Functioning - SED	65%	80%
	Percent of Children who live in Stable Housing - ED	95%	100%
	Percent of Children who live in Stable Housing - SED	93%	99%
	Percent of Children who live in Stable Housing - At-Risk	96%	100%
Children's Substance Abuse	Percent of Children who Successfully Complete Treatment	48%	69%
	Percent change in the number of Children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-91%
	Percent of Children who live in Stable Housing	93%	100%

Template 11 FY 19/20 (July to September, report updated 10/22/19)

Table 2 - Network Service Provider Outcome Measures	Annual Target	Minimum Acceptable Network Performance	Performance This Period	Year to Date Performance
Network Service Provider Compliance: **Measure E-1.4** Subcontracted services within the Managing Entity's service location shall achieve a minimum of 95% of the annual target levels for each of the following Network Service Provider Measures. This measure shall be demonstrated on an annual basis. This measure shall be calculated as an aggregate of all applicable services reported by all subcontracted Network Service Providers taken collectively.				
Adult Community Mental Health				
Average annual number of days worked for pay - SPMI	40	38	89	89
Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic	24%	22.8%	42%	42%
Percent of Adults who live in Stable Housing - SPMI	90%	85.5%	97%	97%
Percent of Adults who live in Stable Housing - Forensic	67%	63.7%	61%	61%
Percent of Adults who live in Stable Housing - Mental Health Crisis	86%	81.7%	73%	73%
Adult Substance Abuse				
Percent change in clients who are employed from admission to discharge	10%	9.5%	34%	34%
Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	14.3%	-83%	-83%
Percent of Adults who Successfully Complete Treatment	51%	48.5%	56%	56%
Percent of Adults who live in a stable housing environment at the time of discharge	94%	89.3%	96%	96%
Children's Mental Health				
Percent of School Days attended - SED	86%	81.7%	93%	93%
Percent of Children who improve their Level of Functioning - ED	64%	60.8%	92%	92%
Percent of Children who improve their Level of Functioning - SED	65%	61.8%	80%	80%
Percent of Children who live in Stable Housing - ED	95%	90.3%	100%	100%
Percent of Children who live in Stable Housing - SED	93%	88.4%	99%	99%
Percent of Children who live in Stable Housing - at risk of ED	96%	91.2%	N/A	N/A
Children's Substance Abuse				
Percent of Children who Successfully Complete Treatment	48%	45.6%	70%	70%
Percent change in the number of Children arrested 30 days prior to admission versus 30 days prior to discharge	20%	19.0%	-96%	-96%
Percent of Children who live in Stable Housing	93%	88.4%	100%	100%

Table 3 - Network Service Provider Output Measures – Persons Served

Annual Persons Served Targets – Unduplicated Individuals Served

Measure E-3

To demonstrate delivery of the Service Tasks detailed in Section C-1, and the subcontract content requirements of Section C-2.3, the Managing Entity shall ensure the Network cumulatively reaches the annual output measures in Exhibit E, Table 5.

Service Category		FY Target	Month to Date Unduplicated Individuals Served	Quarter to Date Unduplicated Individuals Served	Year to Date Unduplicated Individuals Served
Adult Mental Health	Residential Care	852	276	379	379
	Outpatient Care	48,624	16,226	31,528	31,528
	Crisis Care	17,347	2,814	7,323	7,323
	State Hospital Discharges	115	28	41	41
	Peer Support Services	300	127	219	219
Children's Mental Health	Residential Care	0	0	0	0
	Outpatient Care	10,836	3,224	6,404	6,404
	Crisis Care	3,805	895	1,852	1,852
Adult Substance Abuse	Peer Support Services	10	547	1,041	1,041
	Residential Care	1,959	516	916	916
	Outpatient Care	17,474	7,770	12,454	12,454
	Detoxification	6,273	857	2,414	2,414
	Women's Specific Services	554	197	250	250
	Injecting Drug Users	8,048	2,717	3,938	3,938
Children's Substance Abuse	Residential Care	382	75	113	113
	Outpatient Care	9,019	1,201	2,504	2,504
	Detoxification	571	26	76	76
	Prevention	1,000	474	583	583