

Department Directors Report
February 2020

Contracts

- Amendments have been completed to add most carry forward funding into Network Service Provider (NSP) subcontracts. This includes special appropriation funding, MSCBS (community substance abuse) funding, and other small allocations.
- There are a few pots of money that CFBHN is still working with providers on plans to spend funds. A conference call for Mobile Response Team providers was held on 1/14/2020 to discuss possible ways to spend down that carry forward funding. CFBHN staff are working with the providers to finalize and get approval on plans. CFBHN staff are also working with providers on additional plans to spend down care coordination and voucher funds.
- Contract staff are working on finalizing the Annual Required Documents checklist for FY 20-21 contracts, which is anticipated to be released by the end of February, with items due at the beginning of April.
- A procurement is in process to select a vendor to build a new voucher system for CFBHN. Results are anticipated to be posted by the end of February.

Consumer and Family Affairs

Recovery Oriented System of Care (ROSC) Transformation

Purpose of Collaboration

To transform Florida's substance use and mental health system into a recovery-oriented system of care (ROSC), CFBHN's strategy is to align our goals, objectives and action plan with the State's Wildly Important Goal (WIG) and the ROSC key indicators.

Key Partners

- No new key partners were added in January
- ROSC Transformation Workgroup Committee: Seventeen stakeholder groups participating
- Statewide stakeholders: Eight stakeholder groups participating
- Community stakeholders: Eight stakeholder groups participating
- SAPT Pilot- Eight agencies participating

Status Update

- CFBHN staff provided feedback and comments on the ROSC Guidance Document draft
- C&FA staff and DCF staff continue to provide technical assistance to providers as they complete their action plans



- CFBHN also participates on the monthly SAPT TA calls hosted by DCF
- SAPT Strategic Assessment Action Plans - Eight network service providers are actively working their plans
- CFBHN's Suncoast ROSC Transformation Workgroup- Eight participated

Summary of ROSC Outcomes and Accomplishments to Date

1. Promoting Collaborative Service Relationships:

- A. C&FA conducted a site visit with provider agency MHCCI to meet staff, tour facility, discuss their performance measures and use of incidentals.

Outcome: Relationships developed with staff

Outcome: C&FA in partnership with our IT department, Contracts and QI will provide TA on performance measures, and corrective actions

2. Develop Cross-Systems Partnerships to achieve common goals

- A. C&FA collaborates with the Pasco and Hillsborough Sheriff Office to provide insight from consumer and family perspective during their Crisis Intervention Training.

Outcome: 30 Pasco County Sheriff Deputies and Detention Deputies and 50 Hillsborough County Sheriff Deputies were trained in CIT.

3. Promote Community Integration

- A. CFBHN's Consumer and Family Affairs department continues to provide technical assistance to Hillsborough County's efforts to develop a Recovery Community Organization (RCO).

Outcome: **RCO Updates**

Hillsborough County: Summit was held on January 11 2020. Keynote speaker was Senator Darryl Rouson. 75 participants attended. This group is now planning for their "visionary meeting".

Polk County: Continues to meet on a bi-weekly basis to plan their Recovery Symposium scheduled for April 4, 2020.

Lee County: One RCO, "The Freedom House" filed and received their 501 c3 status. "Kimmie's Zone" and "Lee County Recovery Collective" are in discussions on merging their group's efforts to develop a united organization.

Pasco County: No update

Sarasota County: No update

4. Promote Community Health and Wellness

- A. Consumer and Family Affairs Specialist guest lectured for a class at USF's FMHI's College of Behavioral and Community Sciences on Stigma and her family's journey and ROSC.

Outcome: Thirty-five students attended the presentation



5. Increase Peer-based Recovery Support Services

- A. C&FA in conjunction with DCF sponsored a “Background Screening- Exemption from Disqualification” training, presented by DCF’s exemption expert, Diane Harris to educate agencies, peers and community stakeholders on the background screening exemption process.

Outcome: 48 Network Service Provider HR staff, peers, clinical supervisors, DCF licensing staff, and other stakeholders such as pastors, NAMI staff participated.

- B. Consumer and Family Affairs Specialist presented at PICA meeting in Pinellas on the utilization of peer specialists.

Outcome: Consumer and Family Affairs Specialist was invited to join the team as their Peer Champion.

- C. C&FA sponsored the 40 hour Helping Others Heal Recovery Peer Specialist Training in Sarasota utilizing facilitators Ken Brown, ROQI DCF and Jenny Lapham, CRPS NAMI Collier.

Outcome: 28 individuals attended the training

- D. Regional Peer Council Meeting/Call- no meeting this month do to holiday.

Summary of Barriers/Issues and Strategies to Mitigate them

No barriers reported this month

Florida Children’s Mental Health System of Care (FCMHSOC) – Expansion and Sustainability Grant.

Purpose of collaboration, any updates or new strategies undertaken

Develop a sustainable community-based infrastructure to improve behavioral health outcomes for children, youth and young adults diagnosed with Serious Emotional Disturbances (SED) and their families and include utilization of the evidence based Wraparound process.

Key Partners

- Sixty-eight organizations who have signed the membership agreement
- Five new partner(s): Pastor Edie Darling, Pastor Carlos Senior of New Hope, Florida Recovery Schools of Tampa Bay Task Force, Dr. Linsey Grove of USF St. Petersburg, The Well for Life

Data Summary

The data summary overview outlines the direct services delivered by Directions for Living, which are funded by the grant. Infrastructure, development, prevention and mental health promotion indicators for the expansion sustainability project, are coordinated throughout Circuit 6 by the two C-SOC grant staff.

- A. Nine referrals were made in January to Directions For Living (DFL) Wraparound with five of them being assigned to a Wraparound facilitator. Thirty-eight families are currently being served through the High Fidelity Wraparound process. Four families were discharged in December.



- B. There were five policy changes completed because of the grant resources.
1. Pinellas Juvenile Welfare Board Children's Mental Health Initiative has thirty-two active organizations that have established new standards of care to improve childhood experiences by integrating services with primary care and enhancing care coordination.
 2. Zero Suicide Partners of Pinellas initiative has twenty active organizations who have established new standards for care pathways and data collection by integrating services and enhancing care coordination.
 3. Peers in Recovery Mentorship Program has three partner organizations who have established clinical practice guidelines and operational manuals to address workforce development to certify peers.
 4. Mission and vision statements were created for the Suncoast Wraparound Learning Community.
 5. Mission and vision statements were created for Youth MOVE Pinellas.
- C. Five new organizations entered into formal written agreements to improve mental health related practices/activities: Pinellas County Homeless Leadership Board, Community Health Centers of Pinellas, Pinellas NAMI, Metro Inclusive Health, and Family Resources signed onto the Zero Suicide Partners of Pinellas MOA agreement.
- D. Individuals in the mental health and related workforce trained in mental health related practices/activities: Wraparound Clinicians training (12) WRAP training (16), Wraparound Coaches training (9).
- E. Nine consumer/family members provided mental health-related services. Five Youth leaders with lived experience participated in a community panel, two consumers led the WRAP training for sixteen participants, and two young adult consumers led a WRAP Group for fourteen youth who attended the youth Advocacy council.

Summary of Accomplishments of FCMHSOC – Expansion and Sustainability Grant Strategic Goal Outcomes to Date

A. Demonstrate Family and Youth Engagement

Outcome: Two individuals trained in WRAP Seminar I co-lead a 16 hour WRAP class this month.

B. Implement High-Fidelity Wraparound Statewide

Outcome: C-SOC staff meet with Directions For Living leadership to begin the Wraparound Organizational review (O-WRAP) process to increase the ability to secure funding from MMA plans for the delivery of HF Wraparound.

Outcome: Nine staff from the Suncoast region attended the Statewide Coach's training held in Orlando.

Summary of Barriers/Issues and Strategies to Mitigate them

Leadership from both CFBHN and DFL continue to meet to determine how we can ensure the right families are being enrolled in High Fidelity. The average length of stay for High Fidelity Wraparound delivered around the state is six to nine months.

While DFL is meeting their contracted measure of enrolling five families per month, a continuous and increasing trend shows that families are being discharged within two months. With such short length of stay timeframes, we have a decreased ability to utilize the USF Evaluation team's data, which begins at 90 days of service delivery.

Human Resources

3rd Quarter - 1/1/2020 - 1/31/2020

67	staff beginning of quarter	
68	staff end of quarter	
1	separated	
2	new hire	
1.47%		1%
1.47%	1	voluntary
0.00%		involuntary

Network Development/ Clinical Services

CFBHN Children's Mental Health SOC Assistance Data Summary

CFBHN CMH Team participated in 64 interagency calls to include Critical Case Staffings and Youth At Risk Staffings. Out of the 64 interagency calls, no youth entered child welfare during these calls. CFBHN facilitated 15 children specific staffing team calls (CSST) to assist with accessing and placing referrals to the Statewide Inpatient Psychiatric Program and Therapeutic Group Homes. CFBHN continues to provide education, technical assistance and guidance to our community stakeholders, families and system partners on the continuum of services within the circuits system of care. CFBHN is continuing to providing technical assistance and guidance to system of care providers to identify cases with high utilization earlier emphasizing prevention, interventions and resources to our consumers thru development of youth at risk staffing models for non-child welfare involved youth. In addition, CFBHN Children's Mental Health Team participated in interagency staffings related to hard to place children in child welfare and has developed and presented a proposal to DCF called Youth-At-Risk Child Welfare Model to identify high risk youth earlier in child welfare.

Child Welfare/SAMH Integration Updates

Shivana Gentry, Director of Integration, convened an Integration Advisory Committee with representatives for each Region. Regional representatives include partners from SAMH, OCW, MEs, and providers. Stacy Payne, from CFBHN, is a member of the committee representing the SunCoast Region.



The Integration Advisory Committee has reviewed the Regional Status Update Summary and set goals for statewide integration with the intent to consolidate the work from Regional Plans of Action previously submitted. Information from the Committee meeting has been shared with the DCF Regional Directors and will be presented out to all Circuits in upcoming meetings.

Family Intervention Services (FIS)

Overall improvement in treatment engagement has been seen. All providers are co-located with their referral source in order to expedite receipt of timing referrals, provide education for appropriate use of FIS and aid in appropriate referrals, and foster better rapport building with child welfare professionals.

Efforts continue to be made with CPIs, CBCs, and CMOs around the Region to ensure the referrals sent to the FIS program are done so timely and are appropriate for the program. Priority is being given to referrals from CPI, and some FIS providers are accepting referrals exclusively from CPI in their respective areas. Both CPI and CMO front line staff are being encouraged to send referrals as early in their case as possible and are to encourage caregivers' participation in FIS regardless of case status. Meetings at the Circuit and/or County level are being held to discuss specific barriers in those areas and how to address them.

Family Intensive Treatment (FIT) Status Update

While Guidance Document 18 provides a family case rate, each managing entity is granted discretion in their specific funding model, which has resulted in differing models. CFBHN completed an internal in-depth financial evaluation to review the cost effectiveness of our current model and presented results to DCF. After review of the CFBHN analysis, all MEs were asked to complete a similar evaluation. CFBHN created tool to assist and provided technical assistance for the financial evaluation. Following completion of all analysis, it was agreed a unified funding model should be established. This is under consideration and CFBHN is actively participating in all discussions on this topic.

Behavioral Health Consultants (BHCs)

Purpose of collaboration, any updates or new strategies undertaken

There are currently five Behavioral Health Consultants (BHC) positions within the SunCoast Region and one in Circuit 10. The BHC provides consultations to the Child Protective Investigators (CPIs) to assist in information gathering regarding danger threats, adult functioning, and caregiver protective capacities. This is to assist the CPIs in understanding the severity of the substance abuse and mental health of the parents and/or caregivers and the effects the mental health and/or substance abuse could have on the safety of the children in the home. This information assists the CPIs in the information gathering for the Family Functioning Assessment and establishing Caregiver Protective Capacities. Each month, the BHC track their data and submit to CFBHN. The data collection points have been amended throughout the FY to best capture the work and successes the BHCs are having.



Efforts were made to align the Behavioral Health Consultant position funded by DCF and the BHC positions funded by CFBHN. Changes were made in the data tracking spreadsheet CFBHN BHCs use to provide addition client specific data which will allows for ongoing analysis of cases referred to the BHCs and their child welfare outcomes. Additionally, documentation templates were provided to streamline consultation and clinical assessment notes for both DCF and ME funded BHCs.

FACT

CFBHN'S 14 FACT teams continue to focus on priority populations as identified. Diversion for SMHTF admission and expediting discharge from SMHTF. David Lawrence Center is the new FACT provider in Collier County. As of the end of September 2019, they are fully staffed, have transferred all documents to EMR, and provided Fact staff with cell phones and laptops so accountability and responsiveness is increased. They have met their census admission goals for the quarter.

ALL CIRCUITS: FACT

QUARTER ADMISSIONS= N/A

FY 19/20 ADMISSIONS TO DATE (1/2020) =79

QUARTER DISCHARGES= N/A

FY 19/20 DISCHARGES TO DATE (1/2020) = 70

In FY19/20, focus will continue on the priority populations and being responsive to state hospital discharge needs.

FACT Admission/Discharge/Census JANAURY 2020 (MONTH) FISCAL YEAR 19/20 TOTAL					
	<i>Circuit 6</i> 4 teams	<i>Circuit 10</i> 2 teams	<i>Circuit 12</i> 2 teams	<i>Circuit13</i> 2 teams	<i>Circuit 20</i> 4 teams
Current Month Admissions/ FY 19/20 TOTAL ADMISSIONS-79	1/19	2/13	2/10	0/7	2/30
QUARTER/FY TOTAL ADMISSIONS- N/A					
Current Month Discharges/ FY19/20 TOTAL DISCHARGES-70	2/21	2/13	1/10	1/6	0/21
QUARTER/FY TOTAL DISCHARGES- N/A					
TOTAL CURRENTLY SERVED BY FACT- 1393/1400	402/400	196/200	199/200	202/200	394/400

** As of week ending 1/25/2020, 4 of 14 FACT teams are 100 or over



Forensic

SunCoast Region/C10 has diverted 80 individuals from the State Hospital from July 2019 to December 2019 and continues to work with case management providers to increase diversion numbers each month. For July 1, 2019 to end of January 2020, the SunCoast Region/C10 has also facilitated over 167 forensic residential referrals to the community partners within the region to promote diversions from the Forensic state mental health treatment facilities and assisted in 93 discharges from July 2019 to December 2019 from South Florida Evaluation and Treatment Center and Florida State Hospital. Fiscal year to date the SunCoast Region/C10 has assisted with 343 Forensic State Hospital Admissions throughout the region. The regional forensic program manager participates monthly in statewide forensic conference calls to address DCF's priorities of efforts (POE). These calls discuss the monthly updates of the forensic action plans to address the POE.

Hillsborough County, Circuit 13, is continuing to collaborate closely with the Forensic Multidisciplinary Team. The Regional Forensic Program Manager continues to hold monthly meetings, with the Hillsborough County forensic community partners, including Northside Behavioral Health Center, Inc., Gracepoint, and the Public Defender's office, and Hillsborough County Jail staff. The Forensic Multidisciplinary Team is over capacity with 85 active individuals on the team and appropriate referrals are still being screened. The team has hired three additional case manager and plans to work actively to increase capacity of the team by 45+ individuals for a total of 90.

Ongoing meetings are held monthly with Residential Providers and Forensic Case Managers to assist in facilitating diversions from the State Treatment Facility.

Prevention

Total Numbers Served for the Suncoast Region for the month:

Number Served (01/01/2020 to 01/31/2020)

Where Outcome Type is Media Generated or Services Provided or Community Action or Community Change
Working off cached data - not live

	Youth	Adults	Unknown	Total
Media Generated	1,062	3,438	-	4,500
Services Provided	29,639	9,123	-	38,762
Community Action	448	2,165	-	2,613
Community Change	2,430	533	-	2,963
TOTAL	33,579	15,259	0	48,838



Healthy Transitions:

Funding beyond June 30, 2020 is an issue that may prevent youth and young adults from receiving these services in the future. New funding is needed to sustain the program. CFBHN and the Department of Children & Families are working together to identify funding to sustain the program.

Care Coordination

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

NDCS Special Projects Updates

1. First Episode Psychosis (FEP) Program

As of 1/31/2020, Success for Kids and Families have served 31 participants in the FEP Program. Phone and email contact with CSU/CCSUs is ongoing (one Primary Clinician is on-site at GP CCSU every Thursday). HM team members continue to represent HM at Juvenile Mental Health Court (bi-weekly). Phone/email contact is ongoing between the PD office and HM team (to include a joint evaluation project, funded by PCORI/USF, to assess engagement related issues). CFBHN and Success For Kids and Families completed a meeting this past month discussing numbers served and referral opportunities. Success For Kids and Families presented a proposal to decrease their numbers served contract numbers from 75 to 50 due to difficulty in meeting expected monthly targets which is currently being reviewed by CFBHN and DCF.

2. SOR (Statewide Opioid Response)

Through federal and state funding, CFBHN has worked with Providers to implement the SOR (State Opioid Response) program. The funding has allowed for Increased and enhanced access to MAT services throughout CFBHN's Provider Network. A critically important result of the SOR program is the development of hospital bridge partnerships. CFBHN has facilitated the development of six hospital bridge programs (DACC - Tampa General, ACTS – Tampa General, & First Step of Sarasota – Sarasota Memorial, Operation PAR – St. Anthony's, and Baycare Behavioral – Morton Plant North Bay, and Tri-County Human Services – Winter Haven Hospital/Lakeland Regional/Lake Wales) and three additional partnerships in development.



Data collected December.

Hospital Bridge Partnership	
Number of individuals Screened	335
Number of individuals induced with buprenorphine in ED/hospital prior to discharge	5
Number of individuals referred to treatment providers	134
Number of individuals linked to treatment providers	149

Providers submit data on the 27th of each month.

Barriers experienced - Some barriers to the development of the Hospital Bridge Partnerships continue to be the navigation of hospital bureaucracy and the identification of qualified peer recovery specialist. CFBHN is assisting Providers in navigating the hospital systems and identifying appropriate peers.

CFBHN is also working with Providers in the development of its SOR Child Welfare Project, which provides access to MAT services for parents involved in the child welfare system. CFBHN has facilitated collaboration between community based care (CBCs) and substance abuse providers across the Suncoast region/C10 to ensure access and delivery of services for identified families.

Barriers experienced - As CFBHN continues to work with Providers to implement the SOR Child Welfare project there are several barriers that may present an issue in delivery services and spending down those funds. In particular, as the parents/caregivers are identified by the Child Welfare agencies, many of the families are Medicaid eligible, which then allows the parents/caregivers to utilize Medicaid as the payer for needed services. Or in other cases, the parent/caregiver has insurance. In some cases, according to the CBC, the parents are required to have Medicaid to help with their CPI case.

Also, quite often the child welfare cases are opened and closed rather quickly, often times not allowing a thorough vetting and exploration of issues to discover if the parent/caregiver does have an opioid related issue. Lastly, Providers are seeing a decline in opioid related issues and many of the referrals received from Child Welfare agencies deal with alcohol, and methamphetamine related issues. The prescriptive nature of the SOR Child Welfare funds presents some barriers for the identified families and the Providers.



3. **4DX**

The 4 Disciplines of Execution:

CFBHN, in collaboration with DCF, has adopted the **4 Disciplines of Execution (4DX)** process targeted at the **Wildly Important Goal (WIG)** of reducing readmissions to acute care services (Crisis Stabilization and Detoxification). CFBHN has formed a 4DX Committee that includes our DCF partners. The Committee meets weekly to review and refine our **Lead Measure** of increasing the number of individuals that have a scheduled aftercare appointments within 7 days of discharge from a CSU. The CFBHN Utilization Management staff are having regular teleconferences with Crisis Provider staff for instruction on the 4DX process and to get input on **front-line solutions** for increasing the number aftercare appointments scheduled within 7 days.

Communications

Community

- FBHA Membership Orlando December 12
- Polk Sheriff Advisory Council Lakeland January 7
- We Care Board Quarterly January 21 – gathered info per DCF/CFBHN request on Uber Health Ride Share program in Polk administered by We Care
- TBHC Health Equity Quarterly January 22
- Tampa Bay Health Care Collaborative Quarterly February 6 – met with USF Health News Reporter
- Polk State College Advisory Board Winter Haven February 7
- Prevention Quarterly February 14

Press & Media

- Announced Dr. David Clapp as CFBHN Chief Clinical Officer
- RALI FL would like to continue program in Florida. Plans are to engage Sheriff Grady Judd in Polk county for PSA and video/stills with various CFBHN Coalitions – particularly Collier with Guy Blanchette and Team
- Taping Production of CFBHN Interview Program January 14 – focus Opioid Prevention. Featuring Linda McKinnon, Mary Lynn Ulrey (DACC CEO), David Clapp and Tonicia Freeman-Foster. Broadcast Feb 8. 30 minute program will be available on CFBHN website
- Review of current progress of Opioid prevention media campaign at next Board meeting. Campaign period: last week Dec 2019-Jun 2020. Using approved DCF media campaign - Use Only as Directed: Utah Prescription Pain Medication Program <https://useonlyasdirected.org/>. Original spots produced using information, linked on CFBHN website and promoted on social media. Platforms include digital, broadcast and radio voice over as well as interview shows. Funding \$79,394.10. This campaign will lead into the phase two prevention campaign CFBHN launch Jul 2020 - Jun 2021.
- Sign On for Moore Communications regarding value of RX Coupons for recipients. Copay accumulator programs are relatively new programs from insurance companies who do not attribute copay assistance tools, like manufacturer



coupons, to the patient's deductible -- increasing the amount a patient must pay on their own. This new practice, coupled with the rise of high deductible health plans, and coinsurance, makes it difficult, unpredictable, and sometimes impossible, for patients to adhere to their treatment plans.

- Moore Communications PSA with Social Media story (see attached)

Website

- Plans to enhance website to support call to action in FY 2020-2021 Education Campaign and link to Prevention resources in CFBHN network.

Video Production

- None this period. Funding received from RALI FL will relaunch program in spring.

Print and Communication Production

- FAME One Pager

Internal

- Produced information for presentation to the COU team
- Supported Community & Families Affairs Director at Tampa community event

Social Media

Facebook Likes total 2953 (net gain 31)

Demographics unchanged – 78% Women/22% Men (25-34 age group highest engaged)

Video viewing significantly up this period – Good Sam video most watched

Face Book Analysis:

- Post Reach (28,817 up 1%),
- Post Engagement (1,707 down 16%)
- Video Viewing (31.3k mins viewed up 1456%/130.1k 3 sec video views up 1865%)
- Page Views (597 down 2%)

Twitter Analytics:

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

LinkedIn/Instagram

- 6 posts



FB Overview

A test was done in the month of January to support a Lady Gaga post – boost cost of \$5. Post performed better than all other post in January but it appears we are competing with paid advertisement as the post and reach correlation are slim. However post reach in just 7 days early January was 12.7K, which indicates older posts are still reaching our audience. It is not uncommon for someone to find our FB page and like our material. When these pop up in memory they are reshared again. Fact is that for a reach of 12k in one week indicates CFBHN material is important, valuable and reliable.



Continuous Quality Improvement Monthly Report FY 19-20

As of 1/31/20

1. Monitoring Update for FY 19-20

TABLE A: Provider Monitoring Status Summary		
Number of Provider Monitorings:	Count	%
<i>In-Progress</i>	0	0%
<i>Not Yet Started</i>	32	55%
<i>Monitored - Complete</i>	15	26%
<i>Monitored - Follow-Up Required</i>	11	19%
<i>Follow-Up Complete</i>	0	0%
TOTAL	58	100%

TABLE B: Corrective Action (CA)/Area of Concern (AOC)/Commendation Summary						
Covered Service/Program Area/Tool	CA		AOC		Commendation	
	Count	%	Count	%	Count	%
Administrative Compliance	0	0.0%	0	0.0%	0	0.0%
Assisted Living Facilities - LMH	0	0.0%	0	0.0%	0	0.0%
BNET	0	0.0%	1	9.1%	0	0.0%
CAT	2	11.8%	2	18.2%	0	0.0%
Care Coordination	1	5.9%	1	9.1%	1	50.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
CARF Unaccredited Standards	1	5.9%	0	0.0%	0	0.0%
Crisis Stabilization Unit (CSU)	0	0.0%	0	0.0%	0	0.0%
Data Access	0	0.0%	5	45.5%	0	0.0%
Deaf and Hard-of-Hearing	2	11.8%	1	9.1%	0	0.0%
Employee Verification	6	35.3%	0	0.0%	0	0.0%
FACT	0	0.0%	1	9.1%	0	0.0%
FIT	1	5.9%	0	0.0%	0	0.0%
Forensic	0	0.0%	0	0.0%	0	0.0%
HIV	0	0.0%	0	0.0%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	2	11.8%	0	0.0%	0	0.0%
Mental Health	0	0.0%	0	0.0%	1	50.0%
Outreach	1	5.9%	0	0.0%	0	0.0%
PATH	0	0.0%	0	0.0%	0	0.0%
Prevention	0	0.0%	0	0.0%	0	0.0%
Service Validation	0	0.0%	0	0.0%	0	0.0%
Staff Time Validation	0	0.0%	0	0.0%	0	0.0%
TANF	0	0.0%	0	0.0%	0	0.0%
Women's Block Grant	0	0.0%	0	0.0%	0	0.0%
Other	1	5.9%	0	0.0%	0	0.0%
TOTAL	17	100.0%	11	100.0%	2	100.0%

2. Annual Comparative Data (FY 16-17 to FY 19-20):

A	MONITORING TYPE - MULTI-YEAR SUMMARY	Fiscal Year			
		16-17	17-18	18-19	19-20
	<i>Number of FULL Monitorings</i>	40	33	21	39
	<i>Number of LIMITED and COALITION Monitorings</i>	20	28	36	17
	<i>Number of BASELINE Monitorings</i>	0	0	2	2
	TOTAL Number of Provider Monitorings Conducted	60	61	59	58

2. Annual Data (FY 16-17 to FY 19-20):

B	PROVIDER MONITORING RESULTS		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
			Count	%	Count	%	Count	%	Count	%
	Number of Providers Monitorings That:									
	<i>Resulted in NO Corrective Acton or Area of Concern</i>		28	47%	39	64%	32	54%	15	26%
	<i>REQUIRE FOLLOW-UP</i>		32	53%	22	36%	27	46%	11	19%
	<i>Monitoring Review is PENDING</i>		0	0%	0	0%	0	0%	32	55%
	TOTAL Number of Provider Monitorings Conducted		60	100%	61	100%	59	100%	58	100%

C	SUMMARY OF CORRECTIVE ACTIONS (CA) - AREAS OF CONCERN (AOC) - COMMENDATIONS		FY 16-17	FY 17-18	FY 18-19	FY 19-20
	Corrective Actions Issued		53	24	35	16
	Areas of Concern Identified		33	12	6	11
	Commendations Given		23	9	8	2

D	FOLLOW-UP SUMMARY: PROVIDER PROGRESS STATUS		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
			Count	%	Count	%	Count	%	Count	%
	Number of Providers that Required Follow-Up		32		22		27		11	
	<i>Follow-Up WAIVED due to Contract Termination</i>		0		2		0		0	
	<i>Follow-Up WAIVED due to Relinquished Program</i>		0		1		0		0	
	<i>Follow-Up TABLED for Completion in Next Fiscal Year</i>		3		5		12		0	
	Adjusted Number of Follow-Ups to Complete		29		14		15		11	
	<i>Follow-Ups Not Yet Completed</i>		0	0%	0	0%	0	0%	11	0%
	Follow-Ups COMPLETED to Date		29	100%	14	100%	15	100%	0	0%

E	FOLLOW-UP SUMMARY: CA & AOC RESULTS		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
			CAs	AOCs	CAs	AOCs	CAs	AOCs	CAs	AOCs
	Number of CAs & AOCs Issued		53	33	24	12	35	6	16	11
	<i>Number of CAs & AOCs WAIVED or TABLED</i>		0	0	9	3	14	3	0	0
	Adjusted Number of CAs & AOCs		53	33	15	9	21	3	16	11
	<i>Number PENDING at Follow-Up</i>		0	0	0	0	1	0	0	0
	<i>Number RESOLVED at Follow-Up</i>		48	30	8	6	15	3	0	0
	Number of CAs/AOCs UNRESOLVED at Follow-Up		5	3	7	3	5	0	16	11
	<i>Percent of CAs/AOCs UNRESOLVED at Follow-Up</i>		9.4%	9.1%	46.7%	33.3%	23.8%	0.0%	--	--

F	PROVIDER MONITORING: YEAR-END STATUS		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
			Count	%	Count	%	Count	%	Count	%
	Number of Providers:									
	<i>With Monitoring PENDING</i>				0	0%	0	0%	32	55%
	<i>That Earned No CAs/AOCs</i>				39	64%	32	54%	15	26%
	<i>With Follow-Up PENDING</i>				0	0%	0	0%	11	19%
	<i>With WAIVED or TABLED CAs/AOCS</i>				8	13%	12	20%	0	0%
	<i>That RESOLVED All CAs/AOCs at Follow-Up</i>				7	11%	11	19%	0	0%
	<i>With UNRESOLVED CAs/AOCs After Follow-Up</i>				7	11%	3	5%	0	0%
	TOTAL Number of Providers Monitored in the FY				61	100%	58	98%	58	100%

3. CQI Goal Summary for FY 19-20

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

1-A. Through the work of Data sub-committee, identify data priorities to be tracked, trended and consistently reviewed by the Board CQI Committee.

There are no updates to report for this goal.

1-B Collect Care Coordination data, specific to the prevention of acute care readmissions, to support DCF's 4 DX initiative. Share data with the Board CQI Committee at regularly-scheduled meetings.

LEAD Measure: Number of individuals attending an appointment 7 days after discharge from the CSU. (This measure is tracked on a weekly basis for each provider.)

2-Week Period Ending:	Number of		Appointments Kept - %
	Discharges	Appts Kept	
11/3/2019	977	256	26.2%
11/17/2019	730	205	28.1%
12/1/2019	716	215	30.0%
12/15/2019	725	231	31.9%
12/29/2019	722	182	25.2%
1/12/2020	732	250	34.2%
1/26/2020	711	244	34.3%

LAG Measure: Percentage of change in the number of persons with 2+ episodes readmitted to acute care within 12 months of a prior discharge. (GOAL: Reduction of 15%)

Month	Number of Individuals Re-Admitted	Change from Baseline	
		Number	%
July, 2019	660 (Baseline)	--	--
August, 2019	657	-3	-0.5%
Sept, 2019	626	- 34	-5.2%
Oct, 2019	651	- 6	-0.9%
Nov, 2019	607	- 50	-7.6%
Dec, 2019	630	- 27	-4.1%
Jan, 2020	634	- 24	-3.6%

4. Other Updates

A. Compliance issues: No compliance issues to report.

B. The next Board CQI Committee meeting is scheduled for Thursday, March 19th at 11:00 am.



RISK MANAGEMENT REPORT - February, 2020

As of 1/31/20

1. Count of Subcontractor Incident Reports Received

Incident Type	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Year-to-Date
3-Hour (Phone) Notification													
Child on Child Sexual Abuse	4	1	1	0	0	0	0	0	0	0	0	0	6
Client Death	21	19	19	13	13	26	22	0	0	0	0	0	133
Media Event	1	1	1	1	0	1	0	0	0	0	0	0	5
Sexual Abuse/Sexual Battery	2	1	0	3	0	2	1	0	0	0	0	0	9
24-Hour (RL6) Notification													
Child Arrest	0	0	0	0	0	1	0	0	0	0	0	0	1
Elopement	7	13	12	10	10	11	11	0	0	0	0	0	74
Employee Arrest	0	1	1	0	1	1	0	0	0	0	0	0	4
Employee Misconduct	1	2	0	5	1	5	3	0	0	0	0	0	17
Missing Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Incident/Unintentional	0	0	0	0	0	0	0	0	0	0	0	0	0
Significant Injury to Client	2	2	0	0	1	2	7	0	0	0	0	0	14
Significant Injury to Staff	0	1	0	1	0	2	0	0	0	0	0	0	4
Suicide Attempt	7	3	6	6	2	3	4	0	0	0	0	0	31
Other:													
Bomb/Biological/Chemical Threat	0	0	0	0	0	0	1	0	0	0	0	0	1
Visitor Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Human Acts	0	0	0	0	0	0	0	0	0	0	0	0	0
Theft, Vandalism	2	1	0	0	1	0	0	0	0	0	0	0	4
No Other Category	2	0	2	3	1	1	3	0	0	0	0	0	12
TOTAL	49	45	42	42	30	55	52	0	0	0	0	0	315
FY 18-19	51	52	51	46	49	32	42	48	39	40	57	39	546
FY 17-18	55	40	38	42	41	30	57	36	45	56	49	45	534
FY 16-17	43	62	62	60	45	65	62	43	56	46	49	44	637
3-Year Average, by Month	49.7	51.3	50.3	49.3	45.0	42.3	53.7	42.3	46.7	47.3	51.7	42.7	572.3

Average Number of Reports per Month	% Change - Current vs. Previous Year
45.0	-1.1%
44.5	
53.1	

2. Timeliness of Incident Reports - 24-Hour RL6 Notification

		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
		Count	%	Count	%	Count	%	Count	%
From Providers to CFBHN	On-Time	627	98.4%	513	96.1%	530	97.1%	302	95.9%
	Late	10	1.6%	21	3.9%	16	2.9%	13	4.1%
	TOTAL	637	100.0%	534	100.0%	546	100.0%	315	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	637	100.0%	533	99.8%	541	99.1%	311	98.7%
	Late	0	0.0%	1	0.2%	5	0.9%	4	1.3%
	TOTAL	637	100.0%	534	100.0%	546	100.0%	315	100.0%

3. Client Manner of Death Summary

	FY 16-17			FY 17-18			FY 18-19			FY 19-20		
	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*
Accident	21	10.6%	0.2	16	8.8%	0.1	8	3.9%	0.1	6	4.5%	0.1
Accident -Overdose	33	16.7%	0.3	38	21.0%	0.3	57	27.5%	0.5	17	12.8%	0.2
Homicide	2	1.0%	0.0	1	0.6%	0.0	1	0.5%	0.0	3	2.3%	0.0
Natural Death	48	24.2%	0.4	67	37.0%	0.6	69	33.3%	0.6	9	6.8%	0.1
Suicide	22	11.1%	0.2	23	12.7%	0.2	20	9.7%	0.2	10	7.5%	0.1
	Gunshot - 9			Gunshot - 9			Gunshot - 7			Gunshot - 3		
	Jumped - 4			Jumped - 2			Jumped - 0			Jumped - 0		
	Hanging - 4			Hanging - 5			Hanging - 8			Hanging - 6		
	Overdose - 3			Overdose - 3			Overdose - 3			Overdose - 1		
	Other - 2			Other - 4			Other - 2			Other - 0		
Undetermined	3	1.5%	0.0	3	1.7%	0.0	2	1.0%	0.0	1	0.8%	0.0
Unknown	69	34.8%	0.6	33	18.2%	0.3	50	24.2%	0.4	87	65.4%	1.0
TOTAL	198	100.0%	1.9	181	100.0%	1.7	207	100.0%	1.8	133	100.0%	1.6

*Manner of death rate per 1000 individuals served during the fiscal year.

4. Count of Subcontractor Incidents per Level of Care

	FY 16-17		FY 17-18		FY 18-19		FY 19-20	
	Count	%	Count	%	Count	%	Count	%
Care Coordination					6	1.1%	3	1.0%
Case Management	28	4.4%	36	6.7%	31	5.7%	10	3.2%
CAT Team					1	0.2%	0	0.0%
Crisis Stabilization Unit	117	18.4%	92	17.2%	91	16.7%	46	14.6%
Detox	15	2.4%	18	3.4%	24	4.4%	9	2.9%
Drop-In/Mental Health Clubhouse	15	2.4%	6	1.1%	5	0.9%	6	1.9%
FACT/Forensic	40	6.3%	30	5.6%	50	9.2%	37	11.7%
FIT/FIS	1	0.2%	3	0.6%	0	0.0%	0	0.0%
Medical Services	7	1.1%	4	0.7%	6	1.1%	3	1.0%
Methadone	8	1.3%	8	1.5%	10	1.8%	0	0.0%
Outpatient	125	19.6%	97	18.2%	122	22.3%	78	24.8%
Residential	208	32.7%	163	30.5%	147	26.9%	77	24.4%
SIPP/Therapeutic Group Home	5	0.8%	0	0.0%	4	0.7%	0	0.0%
Supported Employment/Housing	17	2.7%	13	2.4%	13	2.4%	6	1.9%
Not Applicable	12	1.9%	25	4.7%	21	3.8%	16	5.1%
Other	39	6.1%	39	7.3%	15	2.7%	24	7.6%
TOTAL	637	100.0%	534	100.0%	546	100.0%	315	100.0%

5. Subcontractor Incident Rates per 1000 Served

	FY 16-17		FY 17-18		FY 18-19		FY 19-20	
	Count	Rate per 1000	Count	Rate per 1000	Count	Rate per 1000	Count	Rate per 1000
3-Hour (Phone) Notification								
Child-on-Child Sexual Abuse	9	0.1	5	0.0	7	0.1	6	0.1
Client Death	198	1.9	181	1.7	207	1.8	111	1.5
Media Event	20	0.2	10	0.1	15	0.1	5	0.1
Sexual Abuse/Battery	24	0.2	11	0.1	15	0.1	8	0.1
24-Hour (RL6) Notification								
Child Arrest	7	0.1	2	0.0	2	0.0	1	0.0
Elopement	201	10.7	152	8.3	129	7.0	63	7.0
Employee Arrest	8	0.1	16	0.1	22	0.2	4	0.1
Employee Misconduct	34	0.3	35	0.3	35	0.3	14	0.2
Missing Child	6	0.1	4	0.0	0	0.0	0	0.0
Security Incident - Unintentional	3	0.0	1	0.0	0	0.0	0	0.0
Significant Injury to Client	30	0.3	27	0.2	22	0.2	7	0.1
Significant Injury to Staff	6	0.1	13	0.1	8	0.1	4	0.1
Suicide Attempt	51	0.5	48	0.4	61	0.5	27	0.4
Other:								
Biological/Chemical Threat	0	0.0	1	0.0	0	0.0	0	0.0
Human Acts	3	0.0	2	0.0	1	0.0	0	0.0
Vandalism/Theft/Damage/Fire	7	0.1	3	0.0	0	0.0	4	0.1
Visitor Injury or Death	2	0.0	0	0.0	0	0.0	0	0.0
No Other Category	28	0.3	23	0.2	22	0.2	9	0.1
TOTAL	637	5.9	534	4.8	546	4.7	263	3.5

6. File Review Summary

Number of	FY 16-17	FY 17-18	FY 18-19	FY 19-20
File Reviews Carried over from Previous Period	19	6	9	5
New Files Referred for Review	25	15	21	17
FILES FOR REVIEW	44	21	30	22
Full File Reviews Not Necessary				3
Unable to Complete*			4	0
File Reviews Completed	38	12	21	12
FILE REVIEWS IN PROGRESS	6	9	5	7

File Review Results

File Reviews that Resulted in:	16-17	17-18	18-19	19-20
Observations	9	2	0	3
Corective Action	2	0	0	0

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

7. CFBHN Internal Incidents and Events Summary (as of 1/31/20)

INCIDENTS	FY 16-17	FY 17-18	FY 18 - 19	FY 19-20				TOTAL
				Q1	Q2	Q3	Q4	
Alarm Issues	3	3	1					0
Building Security	0	0	0					0
Computer Security	1	0	2	3	3			6
Data Security								
Unsecured FROM CFBHN	6	13	8	2	1			3
Unsecured TO CFBHN	39	31	25	5	8	3		16
Other	4	2	3	2	1			3
Equipment Malfunction/Failure	0	1	8	2	2	1		5
Facility Issues	1	3	0	2				2
Infection Control	0	0	0					0
Media	0	0	0	1				1
Medical Emergency/Injury/Death	2	0	0					0
Property Damage	2	0	0					0
Threat to Safety	1	0	1					0
Utility Failure								
Electrical	2	2	3					0
Heating/AC	0	0	0					0
Internet	1	5	4					0
Telephone	0	3	0					0
Water/Plumbing	0	1	0					0
Other	1	8	12	1				1
TOTAL	63	72	67	18	15	4	0	37

EVENTS	FY 16-17	FY 17-18	FY 18 - 19	FY 19-20				TOTAL
				Q1	Q2	Q3	Q4	
Call to Abuse Registry	3	2	0					0
Legal Notice	1	1	3		2	1		3
Media Request	3	6	2					0
Public Records Request	3	15	16	3		2		5
Report to Licensing	0	0	0					0
Report to OIG	43	46	62	5	12	2		19
Wellness Check Request	2	0	2					0
Other	1	1	2					0
TOTAL	56	71	87	8	14	5	0	27

CFBHN IT Board Report February 2020

IT System Update

Current IT projects

- a. All Provider meetings:
 - i. IS Strategic / IT Provider Meeting every month.
 - 1. FASAMS is the focus of the meetings.
 - ii. IT FASAMS for Non IT people meeting in January
 - 1. There was good interest and turnout.
- b. FASAMS:
 - i. Pamphlet 155-2 V14 has been released
 - 1. Provider EHR's need to be ready for July data submitted in August
 - ii. "System and Financial Exchange (SaFE)".
 - 1. Select providers continue to test
 - 2. Full System continues to be developed
 - 3. Voucher ITN in progress
 - iii. Providers are still concerned about timeline for being ready with new XML file format
 - 1. DCF is very open to ideas and ways to make FASAMS work.
 - 2. When will we want all providers to use XML.
 - a. Discussions with providers are ongoing
 - b. New data format will cause a lot of existing reports to need changing.
 - 3. The ME/IT committee and FAME has this as a high priority.
- c. System Changes
 - i. Looking at options for our existing / new Health Data System for CFBHN
 - 1. Looking at ways to maximize system functionality and minimize costs.
 - 2. Internally developing most components (SaFE).
 - 3. Outsourcing the development of a new Vouchering system, ITN to be released shortly
 - ii. Working with Providers to have a HIE (Health Information Exchange)
 - 1. Next steps: Workgroup met, analyzing recommendations.



- d. County Projects:
 - i. Resuming Polk county data collection for Helping Hands.
 - ii. Modifying County school reports to provide more info
 - iii. Finalizing Hillsborough county Integrated Care reports
 - iv. Assisting Operation PAR on their LH319 investment grant

