



Performance Report  
for the Renewal of  
Contract No. QD1A9

Central Florida Behavioral Health Network, Inc.

Department of Children and Families  
Substance Abuse and Mental Health Program Office

January 27, 2020

Chad Poppell  
Secretary

Ron DeSantis  
Governor

## I. Executive Summary

Section 287.057(13), F.S., requires state agencies to submit a written report concerning contract performance 90 days before renewing "... a contract for the outsourcing of a service or activity that has an original term value exceeding the sum of \$10 million ...". Accordingly, the Department of Children and Families, Substance Abuse and Mental Health (SAMH) Program Office, submits this report prior to the renewal of contract QD1A9 between the Department and Central Florida Behavioral Health Network, Inc. (CFBHN), the Managing Entity (ME).

CFBHN has a contract with the Department as a Managing Entity (ME) and is responsible for the development, implementation, administration, and monitoring of the behavioral health Safety Net that provides a comprehensive array of behavioral health services to individuals pursuant to s. 394.674, F.S. As authorized in s. 394.9082, F.S., contract QD1A9 requires the ME to subcontract with qualified, direct service, community-based network providers that provide services for adults and children with behavioral health issues in the counties of Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

The Department executed contract QD1A9 on June 30, 2010 for five years and renewed the contract in June 2015 for another five years. The contract will end on June 30, 2020. Pursuant to s. 394.9082(4)(j), F.S., "By June 30, 2019, if all other contract requirements and performance standards are met and the department determines that a managing entity under contract as of July 1, 2016, has received network accreditation pursuant to subsection (6), the department may continue its contract with the managing entity for up to, but not exceeding, 5 years, including any and all renewals and extensions. Thereafter, the department must issue a competitive solicitation pursuant to paragraph (b)."

CFBHN has maintained accreditation as a Network through the Commission on Accreditation of Rehabilitation Facilities (CARF International). CARF conducted its latest on-site visit to CFBHN in August 2018 and renewed the Network's accreditation through September 30, 2021.

The Department's Substance Abuse and Mental Health (SAMH) program office has reviewed CFBHN's contract performance during the term of the contract, including analysis of legislatively mandated performance measures, the results of contract monitoring, and related compliance and performance issues and determined that CFBHN's performance is satisfactory; therefore, the Department intends to renew the contract for a two year term, effective July 1, 2020 through June 30, 2022. The renewal contract will retain the agency identifier number, QD1A9.

## II. Performance Measure Evaluation

CFBHN reports service data to the Department's SAMH Data Warehouse on legislatively mandated performance measures monthly. CFBHN is also required to submit monthly and quarterly reports to the Department detailing its activities and performance related to performance and outcome measures specified in the contract. Based on the results of CFBHN's performance evaluation, the Department has determined that under contract QD1A9, CFBHN has delivered satisfactory performance over the contract term. **Table 1, Summary of Managing Entity Performance Results - Overall**, provides a summary of the results by fiscal year. The Department projects that CFBHN will achieve satisfactory performance for the remainder of the current contract.

<b>Table 1: Summary of Managing Entity Performance Results – Overall</b>			
<b>Fiscal Year</b>	<b>Number of Performance Standards</b>	<b>Number of Performance Standards Met</b>	<b>Percent of Performance Standards Met</b>
FY10-11	26	19	73%
FY11-12	27	22	81%
FY12-13	27	23	85%
FY13-14	27	25	93%
FY14-15	35	28	80%
FY15-16	35	24	69%
FY16-17	34	26	76%
FY17-18	35	31	89%
FY18-19	35	29	83%
FY19-20 Q1	34	On target to meet 33	On target to meet 97%

### Adult Mental Health

CFBHN provides adult mental health services to individuals who are age 18 or older who are in crisis; have serious, disabling or potentially disabling mental illnesses; who live in the community and cannot otherwise access mental health care; and certain people with serious mental illnesses who become involved with the criminal justice system.

- **Number of Adults with a Serious and Persistent Mental Illness in the Community Served (MH016)**  
Adults with severe and persistent mental illness (SPMI) include adults age 18 and over who meet the following criteria:
  1. They do not meet the criteria for adults with forensic involvement, and
  2. They have an ICD-9 diagnosis of 295-299, or
  3. They have another qualifying ICD-9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or
  4. They have another qualifying ICD-9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or
  5. They have another qualifying ICD-9 diagnosis and are unable to perform activities of daily living independently. Served means an individual received at least one mental health service event during the time period.

Fiscal Year	Target	Actual
FY10-11	41,351	43,828
FY11-12	41,651	46,548
FY12-13	37,207	51,622
FY13-14	37,207	51,760

- Number of Adults in Mental Health Crisis Served (MH017)**

Adults in mental health crisis includes adults age 18 and over who have a target population of adults with serious and acute mental illness (SAMI) or adults with mental health problems (MHP). 1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness. 2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness. Served means an individual received at least one service event during the time period.

Fiscal Year	Target	Actual
FY10-11	NA	5,454
FY11-12	1,500	6,720
FY12-13	1,850	8,566
FY13-14	1,850	7,785

- Number of Adults with Forensic Involvement Served (MH018)**

Adults with forensic involvement are age 18 and over who meet the following criteria: they have a legal status indicating that they were Not Guilty by Reason of Insanity or Incompetent to Proceed under Chapter 916. Served means an individual received at least one service event during the time period.

Fiscal Year	Target	Actual
FY10-11	662	580
FY11-12	662	684
FY12-13	720	836
FY13-14	720	905

- Number of Adults with Serious and Acute Episodes of Mental Illness Served (MH5301)**

Adults with Serious and Acute Episodes of Mental Illness meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness. Served means an individual received at least one service event during the time period.

Fiscal Year	Target	Actual
FY10-11	1,800	1,728
FY11-12	1,500	1,718
FY12-13	1,850	1,897
FY13-14	1,850	2,015

- Number of Adults with Mental Health Problems Served (MH5302)**

Adults with mental health problems have emotional issues that are impacting their day to day functioning, but these issues are transient and are not expected to develop into a chronic mental illness. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness. Served means an individual received at least one service event during the time period.

Fiscal Year	Target	Actual
FY10-11	3,394	3,726
FY11-12	3,394	5,002
FY12-13	5,359	6,669
FY13-14	5,359	6,000

- **Adult Mental Health Residential Care Number Served (AMH01)**

Fiscal Year	Target	Actual
FY14-15	1,300	1,354
FY15-16	1,300	1,039
FY16-17	1,300	941
FY17-18	852	1,056
FY18-19	852	802
FY19-20 Q1	852	379

Because of a reduction in the contracted capacity in residential services, during FY15-16 and FY16-17, providers transitioned to more community-based services. Funding decreased by 4.5% in FY14-15. However, the number served did not decrease to reflect the impact of the reduced funding; funding increased by 4.5% in FY17-18.

- **Adult Mental Health Outpatient Care Number Served (AMH02)**

Fiscal Year	Target	Actual
FY14-15	55,760	51,137
FY15-16	55,760	48,996
FY16-17	47,000	49,674
FY17-18	48,624	50,408
FY18-19	48,624	59,213
FY19-20 Q1	48,624	31,528

In FY17-18, CFBHN renegotiated targets to reflect the upward trends in numbers served. Funding changes up to 7.5% and the number served seem to follow the type of service category, and an increase in outpatient individuals appear to drive the increase in the number served.

- **Adult Mental Health Crisis Care Number Served (AMH03)**

This service category does not provide individual-specific services.

Fiscal Year	Target	Actual
FY14-15	23,514	23,027
FY15-16	23,514	21,102
FY16-17	23,206	21,495
FY17-18	17,347	22,306
FY18-19	17,347	22,603
FY19-20 Q1	17,347	7,323

- **Adult Mental Health State Hospital Discharges (AMH04)**

Fiscal Year	Target	Actual
FY14-15	115	147
FY15-16	115	177
FY16-17	115	147
FY17-18	115	223
FY18-19	115	362
FY19-20 Q1	115	41

CFBHN staff supported individuals discharged from state hospitals and assisted them to obtain the services they need. State hospital staff determine who they discharge; therefore, CFBHN has minimal input into discharge plans and timeliness of discharges.

- **Adult Mental Health Peer Support Number Served (AMH05)**

Fiscal Year	Target	Actual*
FY14-15	0	252
FY15-16	0	360
FY16-17	0	403
FY17-18	300	298
FY18-19	300	418
FY19-20 Q1	300	219

- **Average Annual Days Worked for Pay for Adults with Severe and Persistent Mental Illness (MH003)**

A day of work is defined as any time period within a calendar day that results in taxable income, whether such income is reported to the tax authorities. Increased employment is an indication of a person's ability to live independently. The measure does not consider adults who are in school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.

Fiscal Year	Target	Actual	Dataset*
FY10-11	30	35	28,129
FY11-12	30	35	30,089
FY12-13	30	44	33,638
FY13-14	40	159	39,507
FY14-15	40	53	44,549
FY15-16	40	79	23,322
FY16-17	40	73	37,964
FY17-18	40	80	36,875
FY18-19	40	84	41,181
FY19-20 Q1	40	89	8,380

\*In this report, dataset size is the unique count of individuals contributing to the specified measure.

- **Percent of Adults with Serious Mental Illness who are Competitively Employed (MH703)**

This measure captures the success of individuals who are competitively employed. Competitively employed is defined as a person whose employment status is full- or part-time any time during the fiscal year.

Fiscal Year	Target	Actual	Dataset*
FY10-11	15%	19%	17,731

FY11-12	15%	18%	19,592
FY12-13	15%	19%	10,362
FY13-14	24%	31%	12,197
FY14-15	24%	34%	13,207
FY15-16	24%	39%	11,778
FY16-17	24%	37%	16,470
FY17-18	24%	38%	16,694
FY18-19	24%	40%	19,426
FY19-20 Q1	24%	42%	7,398

- Percent of Adults with Severe and Persistent Mental Illnesses who live in Stable Housing Environment (MH742)**

This measure captures the success of consumers who live independently with mental illness and function as productive members of the community. Stable housing environments include living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to living in an institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless.

Fiscal Year	Target	Actual	Dataset*
FY10-11	93%	95%	24,241
FY11-12	93%	95%	28,024
FY12-13	93%	92%	16,925
FY13-14	90%	96%	19,307
FY14-15	90%	94%	20,451
FY15-16	90%	96%	17,241
FY16-17	90%	95%	25,891
FY17-18	90%	95%	25,466
FY18-19	90%	95%	29,061
FY19-20 Q1	90%	97%	12,527

- Percent of Adults in Forensic Involvement who live in Stable Housing Environment (MH743)**

This measure captures the success of individuals whose legal status indicates forensic involvement. Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to living in an institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless.

Fiscal Year	Target	Actual	Dataset*
FY10-11	70%	78%	305
FY11-12	70%	77%	388
FY12-13	70%	70%	256
FY13-14	70%	85%	323
FY14-15	67%	79%	311
FY15-16	67%	82%	218
FY16-17	67%	58%	696
FY17-18	67%	56%	939
FY18-19	67%	56%	1,035
FY19-20 Q1	67%	61%	447

- **Percent of Adults in Mental Health Crisis who live in Stable Housing Environment (MH744)**

This measure captures the success of consumers in mental health crisis who live independently with mental illness and function as productive members of their communities. Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents instead of living in institutional settings, residential care, residential treatment facilities, crisis residences, jails, correctional facilities, or homeless. This measure excludes those individuals with severe and persistent mental illness and those who have forensic involvement.

Fiscal Year	Target	Actual	Dataset*
FY10-11	90%	93%	850
FY11-12	90%	89%	1,014
FY12-13	90%	86%	89
FY13-14	90%	96%	131
FY14-15	86%	90%	176
FY15-16	86%	95%	176
FY16-17	86%	95%	57
FY17-18	86%	93%	54
FY18-19	86%	93%	137
FY19-20 Q1	86%	73%	30

### Children’s Mental Health

Provider partners serve children under age 18, or in some cases, individuals age 18-21 with emotional disturbance, serious emotional disturbance, or those that are at-risk of having a potentially serious emotional disturbance. Services include, but are not limited to, in-home and community-based outpatient services, crisis services, residential treatment (including psychiatric residential treatment facilities, therapeutic foster care and therapeutic group homes provided through joint Medicaid and Mental Health Program contracts with behavioral health managed entities and providers), and coordination and management of the Juvenile Incompetent to Proceed (JITP) program.

- **Number of Seriously Emotionally Disturbed (SED) Children Served (MH031)**

Children with serious emotional disturbance includes children under age 18, and in some cases, individuals between the ages of 18 and 21, who meet any of the following criteria:

1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder.
2. They have a diagnosis of another allowable ICD-9 diagnosis and have a C-GAS score of fifty or below.
3. They currently receive SSI benefits for a psychiatric disability. Served means that the individual received at least one service event during the time period.

Fiscal Year	Target	Actual
FY10-11	10,486	11,170
FY11-12	10,136	10,581
FY12-13	4,543	9,573
FY13-14	4,543	9,627

- **Number of Emotional Disturbed (ED) Children Served (MH032)**

Children with emotional disturbance include those under age 18, and in some cases, individuals between the ages of 18 and 21, who meet the following criteria:



1. They do not meet the criteria for the SED target population.
2. They have a diagnosis of an allowable ICD-9 diagnosis.

Fiscal Year	Target	Actual
FY10-11	8,071	8,113
FY11-12	8,421	8,510
FY12-13	3,670	8,161
FY13-14	3,670	7,906

- **Number of at-risk Children Served (MH033)**

This is a direct measure of the number of at-risk children served in mental health treatment programs. Children at risk of emotional disturbance include children under age 18, and in some cases, individuals between the ages of 18 and 21, who meet both of the following criteria:

1. They do not meet the criteria for SED or ED target populations.
2. They have factors in their lives that place them at risk for emotional disturbance, such as referral to Emotionally Handicapped (EH) program in accordance Individuals with Disabilities Education Act (IDEA), homelessness, family history of mental illness, have experienced or are experiencing abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements.

Fiscal Year	Target	Actual
FY10-11	285	316
FY11-12	285	359
FY12-13	379	589
FY13-14	379	463

- **Children’s Mental Health Residential Care Number Served (CMH01)**

Fiscal Year	Target	Actual
FY14-15	19	16
FY15-16	19	11
FY16-17	8	2
FY17-18	0	2
FY18-19	0	N/A
FY19-20 Q1	0	N/A

CFBHN renegotiated targets in FY17-18 to reflect the trend of increased Medicaid eligibility for the target population.

- **Children’s Mental Health Outpatient Care Number Served (CMH02)**

Fiscal Year	Target	Actual
FY14-15	18,000	16,505
FY15-16	18,000	15,746
FY16-17	14,310	15,255
FY17-18	10,836	15,076
FY18-19	10,836	13,874
FY19-20 Q1	10,836	6,404

- **Children’s Mental Health Crisis Care Number Served (CMH03)**

Fiscal Year	Target	Actual
FY14-15	4,700	4,917
FY15-16	4,700	4,764
FY16-17	4,259	4,405
FY17-18	3,805	4,574
FY18-19	3,805	5,639
FY19-20 Q1	3,805	1,852

- **Statewide Inpatient Psychiatric Program (SIPP) Discharge**

Fiscal Year	Target	Actual
FY14-15	95	106
FY15-16	95	186
FY16-17	60	62
FY17-18	0	1

- **Percent of School Days Seriously Emotionally Disturbed (SED) Children Attended (MH012)**

School days attended means the days on which a child’s school was in session and the child attended school. School attendance is a strong indicator of a child’s future self-sufficiency and is an important aspect of overall functioning.

Fiscal Year	Target	Actual	Dataset*
FY10-11	86%	91%	8,947
FY11-12	86%	90%	9,996
FY12-13	86%	91%	4,848
FY13-14	86%	89%	5,333
FY14-15	86%	92%	4,947
FY15-16	86%	92%	3,442
FY16-17	86%	93%	10,318
FY17-18	86%	92%	9,398
FY18-19	86%	92%	7,174
FY19-20 Q1	86%	93%	1,457

- **Percent of Children with Emotional Disturbances (ED) who Improve their Level of Functioning (MH377)**

This measure captures the percentage of children with ED who improved their level of functioning. Improved functioning means that the current level of functioning is better than the level previously measured.

Fiscal Year	Target	Actual	Dataset*
FY10-11	64%	52%	3,211
FY11-12	64%	57%	3,972
FY12-13	64%	66%	3,465
FY13-14	64%	91%	3,534
FY14-15	64%	93%	3,982

FY15-16	64%	92%	3,797
FY16-17	64%	92%	3,982
FY17-18	64%	91%	3,883
FY18-19	64%	92%	4,351
FY19-20 Q1	64%	92%	1,456

- Percent of Children with Serious Emotional Disturbances (SED) who Improve their Level of Functioning (MH378)**

This measure captures the percentage of children with SED who improved their level of functioning. Improved functioning means that the current level of functioning is better than the level previously measured.

Fiscal Year	Target	Actual	Dataset*
FY10-11	65%	59%	3,791
FY11-12	65%	60%	4,417
FY12-13	65%	67%	3,856
FY13-14	65%	85%	3,829
FY14-15	65%	84%	3,898
FY15-16	65%	85%	3,462
FY16-17	65%	86%	3,143
FY17-18	65%	86%	3,092
FY18-19	65%	80%	3,792
FY19-20 Q1	65%	80%	1,278

- Percent of Children with Emotional Disturbance (ED) who live in a Stable Housing Environment (MH778)**

This measure captures the success of children with ED who live independently with mental illness and function as productive members of the community. Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents instead of in institutional settings, residential care units, residential treatment facilities crisis residences, jails, correctional facilities, or homeless.

Fiscal Year	Target	Actual	Dataset*
FY10-11	95%	100%	4,002
FY11-12	95%	98%	4,481
FY12-13	95%	99%	2,593
FY13-14	95%	98%	3,006
FY14-15	95%	98%	2,815
FY15-16	95%	100%	2,063
FY16-17	95%	100%	5,616
FY17-18	95%	100%	5,412
FY18-19	95%	100%	4,677
FY19-20 Q1	95%	100%	1,840

- Percent of Children with Serious Emotional Disturbance (SED) who live in a Stable Housing Environment (MH779)**

This measure captures the success of children with SED who live independently with mental illness and function as productive members of the community. Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents instead of

institutional settings, residential care units, residential treatment facility facilities, crisis residences, jails, correctional facilities, or homeless.

Fiscal Year	Target	Actual	Dataset*
FY10-11	95%	99%	5,682
FY11-12	95%	98%	6,498
FY12-13	95%	99%	2,974
FY13-14	95%	98%	3,101
FY14-15	93%	97%	2,736
FY15-16	93%	99%	1,814
FY16-17	93%	99%	4,503
FY17-18	93%	99%	4,227
FY18-19	93%	99%	3,789
FY19-20 Q1	93%	99%	1,483

- Percent of Children at risk of Emotional Disturbance (ED) who live in a Stable Housing Environment (MH780)**

This measure captures the percentage of children at-risk of ED who live in a stable housing environment, as defined above.

Fiscal Year	Target	Actual	Dataset*
FY10-11	96%	100%	188
FY11-12	95%	95%	199
FY12-13	95%	99%	67
FY13-14	92%	98%	58
FY14-15	96%	100%	37
FY15-16	96%	94%	33
FY16-17	96%	100%	48
FY17-18	96%	100%	13
FY18-19	96%	100%	2
FY19-20 Q1	96%	N/A	NA

## Adult Substance Abuse

Adults receive substance abuse services through a community-based provider system that offers detoxification, treatment, and recovery support to individuals affected by substance misuse, abuse, or dependence.

- Number of Adults Served (SA063)**

Adults served in substance abuse treatment include persons enrolled in adult substance abuse priority populations and received services in any cost center under adult substance abuse program.

Fiscal Year	Target	Actual
FY10-11	25,294	28,229
FY11-12	25,294	26,767
FY12-13	27,912	30,906
FY13-14	27,912	27,813

- Adult Substance Abuse Residential Care Number Served (ASA01)**

Fiscal Year	Target	Actual
FY14-15	2,530	2,591
FY15-16	2,530	2,712
FY16-17	2,400	2,648
FY17-18	1,959	2,642
FY18-19	1,959	2,534
FY19-20 Q1	1,959	916

- **Adult Substance Abuse Outpatient Care Number Served (ASA02)**

Fiscal Year	Target	Actual
FY14-15	22,291	22,202
FY15-16	22,291	20,990
FY16-17	20,013	21,545
FY17-18	17,474	25,513
FY18-19	17,474	27,497
FY19-20 Q1	17,474	12,454

- **Adult Substance Abuse Detox Number Served (ASA03)**

Fiscal Year	Target	Actual
FY14-15	7,500	8,013
FY15-16	7,500	8,306
FY16-17	7,634	7,412
FY17-18	6,273	7,750
FY18-19	6,273	7,554
FY19-20 Q1	6,273	2,414

- **Adult Substance Abuse Women's Specific Services Number Served (ASA04)**

Fiscal Year	Target	Actual
FY14-15	1,300	1,246
FY15-16	1,300	752
FY16-17	898	600
FY17-18	554	642
FY18-19	554	589
FY19-20 Q1	554	250

- **Adult Substance Abuse Injecting Drug Users Number Served (ASA05)**

Fiscal Year	Target	Actual
FY14-15	7,000	7,963
FY15-16	7,000	8,357
FY16-17	7,944	8,607
FY17-18	8,048	9,262
FY18-19	8,048	7,353

FY19-20 Q1	8,048	3,938
------------	-------	-------

- **Adult Substance Abuse Peer Support Number Served (ASA07)**

Fiscal Year	Target	Actual
FY17-18	10	90
FY18-19	10	2,781
FY19-20 Q1	10	1,041

- **Percentage Change in Clients who are Employed from Admission to Discharge (SA753/SA058)**

This measure captures the percent change in adults, age 18 and over, receiving substance abuse services who are employed from admission to discharge. Employed is defined as part-time or full-time employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax, however, welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older.

Fiscal Year	Target	Actual	Dataset*
FY10-11	20%	15%	13,618
FY11-12	20%	11%	11,947
FY12-13	20%	11%	7,196
FY13-14	10%	34%	6,251
FY14-15	10%	35%	5,531
FY15-16	10%	34%	5,445
FY16-17	10%	38%	8,669
FY17-18	10%	36%	9,533
FY18-19	10%	37%	10,321
FY19-20 Q1	10%	34%	1,698

- **Percent Change in the Number of Adults Arrested 30 Days Prior to Admission Versus 30 Days Prior to Discharge (SA754)**

This measure evaluates which treatment facilities reduce subsequent criminal activity. Having an arrest means that individual was arrested and booked at least once during the last 30 days before the person's admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.

Fiscal Year	Target	Actual	Dataset*
FY10-11	35%	7%	13,640
FY11-12	35%	-5%	12,512
FY12-13	35%	-11%	7,221
FY13-14	35%	-71%	6,498
FY14-15	15%	-68%	5,889
FY15-16	15%	-95%	5,457
FY16-17	15%	-88%	8,974
FY17-18	15%	-81%	9,708
FY18-19	15%	-85%	10,553
FY19-20 Q1	15%	-83%	1,952

- Percent of Adults who Successfully Complete Substance Abuse Treatment Services (SA755)**  
 This measure captures the successful completion of treatment for those individuals who received services in any treatment cost centers and whose frequency of use for a declared drug is 'no past use' in the last 30 days.

Fiscal Year	Target	Actual	Dataset*
FY10-11	50%	72%	8,157
FY11-12	50%	64%	7,362
FY12-13	50%	67%	3,498
FY13-14	51%	56%	2,539
FY14-15	51%	57%	1,989
FY15-16	51%	59%	2,709
FY16-17	51%	64%	5,508
FY17-18	51%	55%	5,924
FY18-19	51%	58%	7,068
FY19-20 Q1	51%	56%	1,113

- Percent of Adults with Substance Abuse who live in a Stable Housing Environment at the Time of Discharge (SA756)**  
 This measure captures the success of individuals who live independently with substance abuse problems and function as productive members of the community. A stable housing environment includes the following residential statuses: independent living; dependent living; and other residential settings. The individual's residential status code at the time of discharge is used to determine if the person lives in a stable housing environment.

Fiscal Year	Target	Actual	Dataset*
FY10-11	80%	87%	12,613
FY11-12	80%	84%	11,021
FY12-13	80%	83%	5,669
FY13-14	80%	94%	4,277
FY14-15	94%	91%	3,780
FY15-16	94%	96%	3,434
FY16-17	94%	97%	6,892
FY17-18	94%	97%	8,022
FY18-19	94%	96%	9,331
FY19-20 Q1	94%	96%	1,574

### Children's Substance Abuse

CFBHN provides substance abuse services to children through a community-based provider system that offers detoxification, treatment, and recovery support to individuals affected by substance misuse, abuse, or dependence.

- Number of Children with Substance Abuse Problems Served (SA052)**  
 Children served in substance abuse treatment include persons enrolled in child substance abuse priority populations and those who received services in any treatment and non-treatment cost center under children's substance abuse programs.

Fiscal Year	Target	Actual
FY10-11	12,383	11,789

<b>FY11-12</b>	13,383	13,225
<b>FY12-13</b>	14,853	14,144
<b>FY13-14</b>	14,853	11,740

- Children's Substance Abuse Residential Care Number Served (CSA01)**

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>
<b>FY14-15</b>	450	451
<b>FY15-16</b>	450	431
<b>FY16-17</b>	405	398
<b>FY17-18</b>	382	338
<b>FY18-19</b>	382	313
<b>FY19-20 Q1</b>	382	113

The unmet performance measures result from an increased number of children who are eligible for Medicaid. Because fewer children were eligible for the indigent funding, the provider partners shifted funding to adults. This led to a 22.8% decrease in children's residential funding over the reporting period.

- Children's Substance Abuse Outpatient Care Number Served (CSA02)**

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>
<b>FY14-15</b>	10,520	10,013
<b>FY15-16</b>	10,520	8,223
<b>FY16-17</b>	7,953	9,041
<b>FY17-18</b>	9,019	8,486
<b>FY18-19</b>	9,019	8,038
<b>FY19-20 Q1</b>	9,019	2,504

The unmet performance measures result from an increased number of children who are eligible for Medicaid. Because fewer children were eligible for the indigent funding, the provider partners shifted funding to adults. This led to a 52.6% decrease in children's outpatient funding over the reporting period. For FY19-20, funds increased by 57.16%, hence the increased number served in Q1.

- Children's Substance Abuse Detox Number Served (CSA03)**

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>
<b>FY14-15</b>	600	737
<b>FY15-16</b>	600	732
<b>FY16-17</b>	576	571
<b>FY17-18</b>	571	602
<b>FY18-19</b>	571	418
<b>FY19-20 Q1</b>	571	76

- Children's Substance Abuse Prevention Number Served (CSA04)**

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>
<b>FY14-15</b>	1,000	1,145
<b>FY15-16</b>	1,000	0
<b>FY16-17</b>	0	0



<b>FY17-18</b>	1,000	4,026
<b>FY18-19</b>	1,000	4,191
<b>FY19-20 Q1</b>	1,000	583

- Percent of Children who Successfully Complete Substance Abuse Treatment Services (SA725)**

This measure captures the percent of successful completion of treatment for those individuals who received services in any treatment cost centers and whose frequency of use for a declared drug is 'no past use' in the last 30 days.

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>	<b>Dataset*</b>
<b>FY10-11</b>	55%	76%	2,570
<b>FY11-12</b>	55%	72%	2,409
<b>FY12-13</b>	55%	72%	769
<b>FY13-14</b>	48%	62%	505
<b>FY14-15</b>	48%	56%	432
<b>FY15-16</b>	48%	68%	545
<b>FY16-17</b>	48%	64%	1,184
<b>FY17-18</b>	48%	64%	1,059
<b>FY18-19</b>	48%	69%	988
<b>FY19-20 Q1</b>	48%	70%	164

- Percent change in the Number of Children Arrested 30 days Prior to Admission Versus 30 days Prior to Discharge (SA751)**

This measure evaluates the extent to which treatment facilitates reduced criminal activity. Having an arrest means the individual was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency. The 'actual' data reflect significant decreases in arrests.

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>	<b>Dataset*</b>
<b>FY14-15</b>	20%	-79%	1,266
<b>FY15-16</b>	20%	-93%	975
<b>FY16-17</b>	20%	-90%	1,568
<b>FY17-18</b>	20%	-82%	1,456
<b>FY18-19</b>	20%	-91%	1,287
<b>FY19-20 Q1</b>	20%	-96%	232

- Percent of Children with Substance Abuse who live in a Stable Housing Environment at the Time of Discharge (SA752)**

This measure captures the success of children with substance abuse problems who live in a stable housing environment at the time of discharge and function as productive members of the community. Stable housing environment includes the following residential statuses: independent living; dependent living; and other residential settings.

<b>Fiscal Year</b>	<b>Target</b>	<b>Actual</b>	<b>Dataset*</b>
<b>FY10-11</b>	85%	95%	3,773
<b>FY11-12</b>	85%	97%	3,835
<b>FY12-13</b>	85%	99%	1,232

<b>FY13-14</b>	85%	100%	886
<b>FY14-15</b>	93%	95%	661
<b>FY15-16</b>	93%	100%	876
<b>FY16-17</b>	93%	100%	1,362
<b>FY17-18</b>	93%	100%	1,302
<b>FY18-19</b>	93%	100%	1,154
<b>FY19-20 Q1</b>	93%	100%	194

### III. Initiatives and Accomplishments

#### Care Coordination Services

CFBHN's Utilization Management (UM) team and Network Development and Clinical Services (NDCS) Program Managers collaborate with Network Service providers (NSPs) to ensure that individuals receive timely access to mental health and substance use services. The UM staff monitor admissions, discharges and waitlists to eliminate service barriers for those in need of care. Individuals who receive acute care treatment three or more times within a six-month period, and/or 16 continuous days on an acute care unit, are eligible to participate in Care Coordination services. Once enrolled in Care Coordination, participants receive care coordination and follow-up through their treatment provider with the goal of reducing the number of acute care admissions they require. In FY17-18 and FY18-19, data captured on individuals eligible for care coordination services and compared to those who enroll in Care Coordination, demonstrate a decrease in the average number of acute care episodes after individuals receive care coordination services.

#### Florida Assertive Community Treatment (FACT) Team

The FACT Program is a service delivery model that provides comprehensive community-based treatment to those with severe and persistent mental illness who need to live successfully in the community. As a priority, CFBHN FACT teams ensure continued availability and access to new candidates for FACT services. To ensure access, CFBHN requires each team to admit and discharge 10 clients per team per year. In the last five years, this process has rendered over 1,250 new admissions to FACT and over 1,200 discharges from FACT. CFBHN staff participate in pre-admission calls between the State Mental Health Treatment Facility (SMHTF), the receiving facility sending the client to the SMHTF, and the community provider. This forum provides vital information sharing with SMHTF staff on issues the individual faces in the community. These efforts help to decrease the length of stay and recidivism to local and state facilities. The projected return on investment for the 122 diversions from SMHTF in FY17-18 and 136 diversions in FY18-19 total over \$11M and \$13M respectively.

#### Forensic System of Care Activities

CFBHN's forensic program manager monitors providers for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed (ITP) because of their mental illness or who have been acquitted of a felony by reason of insanity (NGI). CFBHN works with providers to develop a transition plan when a resident is placed on the Pre-Discharge Ready list. CFBHN holds weekly calls with the Forensic Residential Diversion providers using the Forensic Residential Census Report to closely monitor diversions from the State Treatment Facility (STF) and forensic bed referrals.

In Q1, FY 19-20, the SunCoast region assisted 258 forensic state hospital admissions, 158 forensic residential community referrals, and 69 diversions throughout the region. A forensic residential referral is made to divert an individual from a state hospital or to step down a person at the state hospital back into the community. The 69 successful diversions are those CFBHN successfully diverted. Many consumers go to Gracepoint Forensic Treatment Program, other RTFs, ALFs, or remain in jail for in-jail competency training, etc. The 258 admissions are the number of forensic state hospital admissions. The 158 individuals referred to the Forensic Residential Programs that are excluded from the 69 diversions have gone to state hospitals for a higher level of care. Forensic teams attempt to

divert, but because of the nature of the individual's charges or person's inability to stabilize, they are sent to the state hospital because they are not eligible for conditional release/community placement at the time of screening/referral. The projected return on investment for 133 diversions from the state hospital in FY17-18 and 148 diversions in FY18-19 total over \$13M and \$15M respectively.

## Child Welfare

- **Family Intervention Services (FIS)**

CFBHN funds eight FIS programs within seven providers in the SunCoast region. The CFBHN child welfare manager collaborates with Child Protective Investigators (CPIs), Community-Based Care (CBC) lead agencies, and Case Management Organizations (CMOs) around the region. As required in the new FIS Guidelines effective July 1, 2019, priority is given to referrals from CPI, and some FIS providers accept referrals exclusively from CPI in their respective areas. CFBHN encourages CPI and CMO front line staff to send referrals as early in their case as possible and encourage caregivers' participation in FIS, regardless of case status.

For two years, CFBHN worked with Harvard fellows from the Government Performance Lab to evaluate the FIS program. The collaboration resulted in: (1) the adoption of a universal FIS referral form, (2) a revision of the FIS guidelines and performance measures, and (3) new implementation strategies to improve the contact, intake, assessment, and treatment engagement rates. The new guidelines included greater emphasis on outreach, co-location, and treatment engagement. These changes have led to an increase in contact rates and treatment engagement. Percent of contact within two days increased from 53% in June 2018 to 73% in September 2019. Percent of treatment engagement within 30 days for those recommended for treatment increased from 28% in June 2018 to 50% in September 2019.

Data analysis confirmed caregivers without support of ongoing case management were less likely to engage in treatment. Subsequently, greater emphasis has been placed on CPI's to refer directly to the FIS staff and receive referrals earlier in the investigation. This allows the FIS staff to participate in treatment before case closure, thus increasing treatment engagement. In some areas, the number of referrals received from CPI has increased as much as 35%.

- **Family Intensive Treatment (FIT) Team**

CFBHN funds seven FIT Teams within six providers in the SunCoast region. In the last three years, over 1,200 families have received services in FIT.

CFBHN staff assisted the University of South Florida (USF) with a statewide evaluation of the FIT program. This evaluation proved that FIT was successful when compared to similar families not involved in FIT. Families in FIT had greater improvement in caregiver protective capacities; fewer new allegations; fewer verified allegations; and when referred to FIT within the first six months of the investigation, permanency outcomes improved for FIT-involved families.

CFBHN staff assisted in the revisions of the DCF FIT guidance document. CFBHN staff also completed financial analysis and developed a tool, used by all MEs, to evaluate FIT cost effectiveness. CFBHN staff continue to improve the FIT program by initiating a pilot of a FIT fidelity tool and revising the FIT manual.

- **Behavioral Health Consultants (BHCs)**

CFBHN originally piloted the BHC positions with providers. The success of the BHC pilot resulted in statewide implementation. Currently, the SunCoast region has six BHCs. BHCs consult with CPIs to assist in gathering information related to adult functioning, caregiver protective capacities, and threats of danger. BHCs act as subject matter experts, providing substance abuse and mental health consultations during open investigations. This assists the CPIs in understanding the severity of the substance abuse and mental health of the parents and/or caregivers and the effects a person's mental health and/or substance abuse could have

on the safety of children in the home. Information from BHCs assist CPIs in the information gathering for the Family Functioning Assessment and establishing caregiver protective capacities.

### **Florida Healthy Transitions**

Florida Healthy Transitions continues to implement its peer-to-peer service delivery model when providing and coordinating behavioral health and related services for youth and young adults between the ages of 16-25. The goal of the program is to use youth voice and choice as the foundation of all services provided, in addition to employing young adults as practitioners of the services. This model has proved effective for engaging and retaining youth and young adults in care.

To date, the program has provided behavioral health screenings and linkages to over 16,242 youth/young adults, facilitated weekly *Bent Not Broken* wellness groups to over 324 youth/young adults, and Wraparound or Intensive Case Management services to over 247 youth and young adults. Based on program data, Florida Healthy Transitions has demonstrated positive and sustainable outcomes. The program has assisted participants with obtaining their high school diploma/GED, enrolling in college and vocational programs, obtaining stable employment and housing, and engaging with therapy and medication management services. Additionally, the program's preliminary data for return on investment indicate that for every \$1.00 spent on Healthy Transitions' services, nearly \$3.00 are diverted from crisis stabilization and crisis emergency support services.

### **Children's Mental Health**

- **Children-Specific Staffing Team (CCST)** coordinates weekly staffing for youth considered for residential mental health treatment. These meetings provide education, support, and an opportunity for communication between referral agents and community partners involved in the placement of children into Statewide Inpatient Psychiatric Programs (SIPP) and Therapeutic Group Homes. For youth who are not involved in the child welfare system of care, the Children's Mental Health team disseminates completed referral packets to the facilities. Personnel of several Managed Medicaid Assistance (MMA) plans participate in staffing and have positively responded to CFBHN's leadership role in coordinating team activities.
- **Youth-At-Risk Staffing Model**, developed by CFBHN, emphasizes the provision of prevention and diversion activities to youth identified as high-risk by service providers. Implementation of the model allows the Children's Mental Health team to provide technical assistance and guidance, along with information on resources available in the community. The Youth-At-Risk Staffing Model is currently used in three of the five circuits within the SunCoast region, C10, C13, and C20. The model is also a part of the Pasco County School Mental Health Project, which was developed in conjunction with the Marjorie Stoneman Douglas Act. CFBHN remains an active partner in the interagency work between school districts and their local community partners, including law enforcement, Medicaid, and other stakeholders interested in assisting high-risk youth. The projected return on investment for the 193 staffings conducted in FY17-18 and FY18-19 total over \$16M.
- **CFBHN Children's Mental Health Team** conducts Inter-Agency 'Lock-Out Call' staffing to assist families with at-risk youth who may be asked to leave their current residences. On these calls, the team provides education, technical assistance, and guidance to community stakeholders, families and system partners with the goal of diverting youth from involvement within the child welfare system. A total of 947 lock-out call staffings were conducted during FY15-16 through FY18-19 that resulted in 914 diversions from child welfare involvement, with a projected return on investment of over \$78M.

### **Continuous Quality Improvement (CQI)/Quality Assurance (QA)**

CFBHN's Continuous Quality Improvement activities include two primary components: risk management and monitoring of Network Service Providers (NSPs).

- **Risk Management**

In accordance with DCF policies CFOP215-6, ROP 215-4, and CARF accreditation guidelines, CFBHN's Risk Management department collects, tracks and trends incident report data gathered internally and from NSPs. CFBHN summarizes monthly risk management data, which are shared with providers and reviewed internally by CFBHN's Risk Management and CQI oversight committees. A formal analysis of risk management data is compiled annually and shared with network leadership and CFBHN's Board of Directors. Per DCF guidelines, risk management staff also complete an annual risk assessment and uses the results to develop the monitoring schedule that will guide the work of the CQI department in FY19-20. In recent years, risk management department staff have focused on two significant innovations to improve data collection/reporting and to strengthen formal lines of communication between and among CFBHN staff and key stakeholders:

1. **Transition to RL6 Risk Management Data System** – In 2018, the Risk Management department formally transitioned to a new data system, RL6. Now fully implemented, RL6 has streamlined data reporting and created time-saving efficiencies by allowing users to attach and store related documents (medical examiner reports, file reviews, follow-up questions/responses) directly with the electronic record of each incident.
2. **Implementation of the AlertMedia Communication System** – After identifying lessons learned from Hurricane Irma in 2017, CFBHN initiated the AlertMedia communications system in 2019. CFBHN uses AlertMedia to maintain contact with staff and NSPs in severe weather events, emergency situations, or other urgent circumstances that have the potential to impact normal operations. AlertMedia generates notifications and sends alerts via SMS text, email, and/or voicemail to registered contacts working throughout the region. Messages include details about the event taking place and any related follow-up instructions. The advantages of using AlertMedia include real-time notifications, ability to account for staff and receive NSP updates, and improved communication during non-work hours.

- **Monitoring of Network Service Providers (NSPs)**

In addition to oversight provided by program managers and Network Development and Community Services (NDCS) staff, CFBHN's Continuous Quality Improvement (CQI), or Quality Assurance (QA), team monitors the work of contracted providers. On-site monitorings are important because they allow the CQI/QA team to interact directly with NSP staff while providing guidance and technical assistance. Monitoring includes a review of compliance with federal and state regulations, performance requirements established in guidance documents and by contract, and the validation of record documentation against data submitted and billed to the Network.

Newly-funded NSPs receive comprehensive monitoring during the first year of their contract with CFBHN. After the first contract year, and in accordance with F.S. 402.7306, CFBHN monitors once every three years providers that are in good standing and offer CFBHN-funded services accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other recognized accreditation organizations. A *Limited* review process is used during the other two years of the three-year cycle.

According to standards and guidelines established by CARF, CFBHN's accrediting body, CFBHN monitors unaccredited providers annually. Unaccredited reviews include the assessment of an organization's performance on over 220 items that are summarized in 24 formal standards of performance. Currently, seven NSPs are monitored for compliance on CARF standards. Through its annual review of program data and validation of service and billing documentation, CFBHN has consistently ensured that 100% of federally-funded block grant expenditures comply with grant standards.

The chart below summarizes the NSP monitoring conducted during each of the last five fiscal years.

CQI Monitoring Summary FY 14-15 to FY 18-19		FY 14-15		FY 15-16		FY 16-17		FY 17-18		FY 18-19	
		Count	%	Count	%	Count	%	Count	%	Count	%
Types of Monitoring Conducted	<i>On-Site Monitoring</i>	40	71%	40	65%	46	77%	49	80%	50	85%
	<i>Desk Review</i>	16	29%	22	35%	14	23%	12	20%	9	15%
	<b>TOTAL Monitorings Conducted</b>	<b>56</b>	<b>100%</b>	<b>62</b>	<b>100%</b>	<b>60</b>	<b>100%</b>	<b>61</b>	<b>100%</b>	<b>59</b>	<b>100%</b>
Block Grant Monitoring	<i>NSPs Funded by Federal Block Grant</i>	28		42		28		40		55	
	<i>NSPs Funded by Federal Block Grant and Monitored by CFBHN</i>	28	100%	42	100%	28	100%	40	100%	55	100%

### The 4 Disciplines of Execution (4DX)

Following Secretary Poppell's Wildly Important Goal (WIG) to reduce the number of families in crisis by 20% by June 30, 2021, CFBHN, in collaboration with DCF, has adopted the 4DX process WIG targeted at reducing re-entry of individuals in a Crisis Stabilization Unit (CSU) and detox facility by 15% by June 30, 2021. The lead measure of increasing post-discharge engagement will ensure those exiting a CSU or detox facility have a scheduled follow-up appointment that they keep while engaging in continued and step-down treatment services.

### Housing

Affordable housing remains a top priority throughout the region. CFBHN collaborated with community partners and private developer, Blue Sky Communities, to establish new low-income and safe affordable housing for individuals experiencing substance use disorder and/or mental health disabilities. The Florida Housing Finance Corporation funds the projects. Three projects are currently in development for a total of 240 new affordable units with supportive services. Arbor Village in Sarasota is estimated to open in January 2020.

CFBHN works with coordinated entry to refine the priority list for housing in nine homeless continuums across the region. Supportive housing specialists, in conjunction with Continuum of Care staff, use the Homeless Management Information System (HMIS) to review client records that are common to both systems, with the goal of prioritizing housing for behavioral health individuals.

### School Initiatives

- ***Marjory Stoneman Douglas School Safety Programs***

Following the tragic shooting at Marjory Stoneman Douglas High School in February 2018, Executive Order 18-81 directed the local behavioral health managing entity to meet with local authorities, including school districts, with the goal of improving communication, collaboration, and coordination of services. In addition to the executive order, the Florida State Legislature passed the Marjory Stoneman Douglas School Public Safety Act that provided funding for the recommendations in the former governor's major action plan.

- ***Pasco County School Mental Health Project***

In implementing the recommendations established in the Act, the Pasco School District began meeting with CFBHN to identify services for students and families who were most in need, resulting in the development of the Pasco County School Project, which established collaborations with 13 mental health and related service providers. Through its voucher system, the project covers the cost of behavioral health services provided to students and/or their family members. As a component of this project, CFBHN also established a contract with UberHealth to meet the transportation needs of individuals. The program has resulted in 174 referrals and 140 students receiving mental health interventions services or assistance.

- ***Hillsborough County Schools Project***

In March 2019, Hillsborough County School District awarded CFBHN a contract to replicate the work of the Pasco School Project for the students in Hillsborough. The collaboration provides an enhanced opportunity to reach additional persons, as well as leverage expertise, innovative strategies, programs and subcontractors, to meet the spirit of the executive order. Hillsborough County Public School District Mental Health Clinician team recently became fully staffed and collaborates with the CFBHN Project Manager and



Clinical Program Specialist. The District Mental Health Counselors started receiving referrals at the end of 2018-2019 school year. The program has resulted in 29 referrals and 22 students receiving mental health interventions services or assistance.

### **County Initiatives**

- ***Helping HANDS (Healthcare Access Navigation Delivery and Support)***

This initiative is a collaboration of CFBHN, Polk County Government, Tri-County Human Services, and Polk County Emergency Medical Services. The program targets low-income Polk County residents who are incarcerated and on psychotropic medications. Participants must be at least 18 years of age and diagnosed with a mental health or co-occurring substance use disorder. Youth under the age of 18 may also be eligible for the program if they are charged as adults. The goal of the project is to assist individuals in managing their behavioral health needs during their transition out of jail and into the community. This is accomplished by streamlining access to behavioral health services in the community, including supports offered by Peer Specialists. This project is supported by \$325,000 in funding provided by Polk County government. From April 1, 2018 through June 30, 2019, 109 individuals have participated in this program.

- ***Pinellas Integrated Care Alliance and Pinellas Integrated Care Team***

In 2018, the Foundation for a Healthy St. Petersburg awarded CFBHN \$1.65 million over three years to implement a transformational process within Pinellas County. 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). PICA addresses gaps, health inequities, silos, and redundancies in the existing behavioral health system of care by identifying and addressing policy, rules, norms, and traditional "ways of doing things" that impede effective service delivery between multiple systems. To accomplish this goal, PICA implemented the Pinellas Integrated Care Team by aligning funding and bringing together a team of care coordinators from multiple providers to assure warm hand-offs as consumers transition between services.

In Year 1 (7/1/18 - 3/31/19) of the program, PICA received 218 client referrals, and 142 were admitted into the program. The number of participants that received CSU or detox services or were arrested decreased during PICA enrollment and upon follow-up after discharge. Participants also experienced a decrease in Functional Assessment Rating Scales (FARS) scores, pre- to post-PICA involvement, demonstrating an improvement in individual functioning.

### **Recovery Oriented System of Care (ROSC) Initiative**

CFBHN dedicates two certified Recovery Peer Specialists with lived experience to engage peers in the design, development, implementation, and evaluation of the recovery system of care. Since 2010, CFBHN trained 230 individuals in the 40-hour Peer Specialist training, 209 individuals in Wellness Recovery Action Plan (WRAP), and 31 individuals participated in the Florida Leadership Academy.

As a result of these trainings, 154 individuals were certified as Recovery Peer Specialists (CRPS) and are prepared to deliver Peer Support Services. CFBHN has also partnered with DCF to initiate the ROSC Self-Assessment Planning Tool (SAPT) Pilot Program. Nine SunCoast regional NSPs administered the SAPT to their staff, with the goal of assessing each agency's incorporation and execution of key ROSC standards. As a result of this pilot, eight of these agencies formed internal committees to establish a formal Strategic Assessment Action Plan to outline steps necessary to improve the incorporation of ROSC principles into service activities.

CFBHN staff helped to develop Recovery Community Organizations (RCOs) in Hillsborough, Pasco, Polk, and Lee counties and partnered with law enforcement to assist with Crisis Intervention Team training, resulting in 450 sheriffs' deputies trained on the curriculum. Staff also worked to connect behavioral health providers and faith leaders to better educate the parties on community resources related to mental health and substance use.

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

CFBHN partnered with DCF on this four-year (Substance Abuse and Mental Health Services Administration (SAMHSA) grant to develop a sustainable community-based infrastructure to improve behavioral health outcomes for children, youth, and young adults diagnosed with Serious Emotional Disturbances (SED). This grant is currently offered in Pinellas and Pasco counties through Directions for Living, a CFBHN NSP. Currently, the project serves 30 families using a high-fidelity wraparound process. To increase the number of wraparound trainings and education, two CFBHN staff members involved in this project have been endorsed as statewide wraparound trainers. To date, they have provided the Wraparound 101 training to 52 individuals.

CFBHN’s FCMHSOC grant coordinators and members of its Consumer and Family Affairs department also provide training and technical assistance to two organizations, Personal Enrichment Mental Health Services (PEMHS) and National Alliance on Mental Illness (NAMI) Pinellas, to develop a peer mentorship program. This program will provide coaching and on-the-job training to peers and allow them to complete the 500 work hours required for certification.

## IV. Monitoring and Corrective Action

In addition to regular service event reporting requirements, CFBHN is subject to annual monitoring for programmatic, administrative and contract oversight purposes by the Department’s ME Monitoring Unit and periodic desk reviews by the CBC/ME Financial Accountability Office. To date, the ME has demonstrated an overall satisfactory level of performance measured against monitoring components. Where monitoring has identified specific findings requiring corrective action, CFBHN has also satisfactorily developed and implemented Department-approved Corrective Action Plans (CAPs) to address specific service provision and/or documentation issues.

## V. Fiscal Summary

Contract QD1A9 is funded through appropriations to the Florida Department of Children and Families (DCF) budget entity 60910950. The following funding sources apply:

- Alcohol Drug Abuse and Mental Health Trust Fund
- Operations and Maintenance Trust Fund
- Federal Grants Trust Fund
- Welfare Transition Trust Fund
- General Revenue

CFBHN’s contract has three cost components:

1. **Managing Entity Operational Cost:** The allowable expenses incurred by the ME in performing its contracted functions and delivering its contracted services. The percentage or rate of the Operational Cost to the Direct Service Cost has decreased over the life of the contract from 3.337% to 3.315% for FY19-20.
2. **Direct Service Cost:** The cost paid directly to subcontracted Network Service Providers for the delivery of Substance Abuse and Mental Health services.
3. **Supplemental Disaster Behavioral Health Funding:** Following a declared event, CFBHN receives federal funding on a cost reimbursement basis to defray the cost of short-term disaster-specific behavioral health services in response to community needs.

**Table 2, Current Term Total Contract Funding** summarizes the total amount by fiscal year since the contract began. The current total value of contract QD1A9 from July 2010 through June 2020 is \$1,740,398,685.60. The amount allocated to direct services is \$1,680,575,566.60.



Table 2 – Current Term Total Contract Funding				
State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract Funds
2010-2011	\$4,608,694.00	\$133,504,955.00		\$138,113,649.00
2011-2012	\$4,208,694.00	\$134,117,357.00		\$138,326,051.00
2012-2013	\$5,968,897.00	\$153,647,416.60		\$159,616,313.60
2013-2014	\$5,847,518.00	\$157,652,135.00		\$163,499,653.00
2014-2015	\$5,777,518.00	\$159,058,680.00		\$164,836,198.00
2015-2016	\$5,935,904.00	\$170,650,884.00		\$176,586,788.00
2016-2017	\$6,142,411.00	\$177,315,485.00		\$183,457,896.00
2017-2018	\$6,137,179.00	\$186,731,521.00	\$1,518,256.00	\$194,386,956.00
2018-2019	\$6,360,328.00	\$201,934,050.00	\$255,166.00	\$208,549,544.00
2019-2020	\$7,062,554.00	\$205,963,083.00		\$213,025,637.00
<b>Total</b>	<b>\$58,049,697.00</b>	<b>\$1,680,575,566.60</b>	<b>\$1,773,422.00</b>	<b>\$1,740,398,685.60</b>

**Table 3, Expenditure History:** Provides annual expense details by program component and funding source for the entirety of the contract as reflected in the Department’s Information Delivery System (IDS) query facility and the Florida Accounting Information Resource (FLAIR) system.

Table 3 – Expenditure History			
Fiscal Year	Contracted Amount	Expended	%
2010-2011	<b>\$138,113,649.00</b>	<b>\$138,113,648.43</b>	100.00%
Mental Health	\$95,472,528.92	\$95,472,528.92	100.00%
Substance Abuse	\$42,641,120.08	\$42,641,119.51	100.00%
2011-2012	<b>\$138,326,051.00</b>	<b>\$138,184,048.02</b>	<b>99.90%</b>
Mental Health	\$95,760,330.87	\$95,675,129.08	99.91%
Substance Abuse	\$42,565,720.13	\$42,508,918.94	99.87%
2012-2013	<b>\$159,616,313.6</b>	<b>\$159,342,806.49</b>	<b>99.83%</b>
Mental Health	\$110,210,006.01	\$110,049,711.36	99.85%
Substance Abuse	\$49,406,307.59	\$49,293,095.13	99.77%
2013-2014	<b>\$163,499,653.00</b>	<b>\$163,499,653.00</b>	100.00%
Mental Health	\$111,059,801.00	\$113,163,148.17	101.89%
Substance Abuse	\$52,439,852.00	\$50,336,504.83	95.99%
2014-2015	<b>\$164,836,198.00</b>	<b>\$164,330,521.99</b>	<b>99.69%</b>
Mental Health	\$109,533,361.00	\$109,400,702.76	99.88%
Substance Abuse	\$55,302,837.00	\$54,929,819.23	99.33%
2015-2016	<b>\$176,586,788.00</b>	<b>\$176,090,511.41</b>	<b>99.72%</b>
Mental Health	\$110,254,216.00	\$110,124,949.01	99.88%
Substance Abuse	\$60,396,668.00	\$60,029,658.40	99.39%
Admin	\$5,935,904.00	\$5,935,904.00	100.00%
2016-2017	<b>\$183,457,896.00</b>	<b>\$182,441,006.07</b>	<b>99.45%</b>
Mental Health	\$113,959,488.00	\$113,757,437.13	99.82%
Substance Abuse	\$63,355,997.00	\$62,559,812.51	98.74%
Admin	\$6,142,411.00	\$6,123,756.43	99.70%
2017-2018	<b>\$194,386,956.00</b>	<b>\$192,421,411.62</b>	<b>98.99%</b>

Mental Health	\$120,788,714.00	\$120,463,993.11	99.73%
Substance Abuse	\$65,942,807.00	\$65,777,232.27	99.75%
Admin	\$6,137,179.00	\$5,589,434.11	91.07%
Hurricane Irma	\$1,518,256.00	\$590,752.13	38.91%
<b>2018-2019</b>	<b>\$208,549,544.00</b>	<b>\$205,345,716.49</b>	<b>98.46%</b>
Mental Health	\$127,793,048.00	\$126,294,446.04	98.83%
Substance Abuse	\$74,141,002.00	\$72,680,631.47	98.03%
Admin	\$6,360,328.00	\$6,115,473.23	96.15%
Hurricane Irma	\$255,166.00	\$255,165.75	100.00%

## Projected Contract Amount

Upon renewal, the estimated value of QD1A9, as shown in **Table 4, Total Projected Contract Funding with Estimated Renewal**, is \$2,120,842,083.60. This estimation will change based on the Approved Operating Budget for subsequent years starting with FY20-21.

State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2010-2011	\$4,608,694.00	\$133,504,955.00		\$138,113,649.00
2011-2012	\$4,208,694.00	\$134,117,357.00		\$138,326,051.00
2012-2013	\$5,968,897.00	\$153,647,416.60		\$159,616,313.60
2013-2014	\$5,847,518.00	\$157,652,135.00		\$163,499,653.00
2014-2015	\$5,777,518.00	\$159,058,680.00		\$164,836,198.00
2015-2016	\$5,935,904.00	\$170,650,884.00		\$176,586,788.00
2016-2017	\$6,142,411.00	\$177,315,485.00		\$183,457,896.00
2017-2018	\$6,137,179.00	\$186,731,521.00	\$1,518,256.00	\$194,386,956.00
2018-2019	\$6,360,328.00	\$201,934,050.00	\$255,166.00	\$208,549,544.00
2019-2020	\$7,062,554.00	\$205,963,083.00		\$213,025,637.00
2020-2021	\$5,811,858.00	\$184,409,841.00		\$190,221,699.00
2021-2022	\$5,811,858.00	\$184,409,841.00		\$190,221,699.00
<b>Total</b>	<b>\$69,673,413.00</b>	<b>\$2,049,395,248.60</b>	<b>\$1,773,422.00</b>	<b>\$2,120,842,083.60</b>

## VI. Summary

In addition to CFBHN's experienced human capital, well-established infrastructure, and continued success in managing a complex network of 57 DCF-funded providers in 14 counties and 76 contracts, the SunCoast region recommends that the Department considers a two-year renewal of contract QD1A9 for the following reasons:

1. **CFBHN's commitment to CQI/QA** as evidenced by engaging various CQI committees that focus on quality service delivery throughout the network. CQI uses over 40 categories covering program, administrative, and service validation tools to monitor providers. This laser focus on quality improves performance and mitigates and manages risk while innovating and improving continuously the quality of services to persons in the communities that the network serves so that individuals can experience brighter and better futures.
2. **CFBHN's early adoption of the Department's statewide 4DX WIG** of reducing the number of families in crisis by 20% by June 30, 2021.
3. **CFBHN's dedication to a Recovery Oriented System of Care (ROSC)**, partnering with the Department on the ROSC Self-Assessment Tool (SAPT) pilot program to develop, implement, and evaluate the ROSC statewide transformation.
4. **CFBHN's strong community partnerships in 14 counties** with diverse groups throughout the region such as:
  - a. State, county, and city governments, law enforcement, universities, school districts, hospitals, Humana Inc., substance abuse and mental health providers, housing corporations, charitable organizations, homeless coalitions, and Community Assisted & Supported Living (CASL);
  - b. With funding from Florida Housing Finance Corporation, 240 new affordable units with supportive services are in development; Arbor Village, Sarasota, is projected to open in January 2020;
  - c. CFBHN partnered with the Department in a four-year SAMHSA "Florida Children's Mental Health System of Care" (FCMHSOC) grant to develop a sustainable community-based infrastructure to improve behavioral health outcomes for children, youth, and young adults diagnosed with SED. FCMHSOC is currently serving 30 families in a high-fidelity wraparound process in Pinellas and Pasco counties;
  - d. CFBHN was instrumental in developing Recovery Community Organizations (RCOs) in Hillsborough, Pasco, Polk, and Lee counties. RCOs bring unlikely partners such as faith leaders, LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied) organizations, and behavioral health entities together to educate and equip local leaders with recovery resources;
  - e. CFBHN's leadership in telehealth, Uber Health, and Lyft as transportation options for individuals living in rural communities; and
  - f. CFBHN's commitment to Florida Healthy Transitions' *Bent Not Broken* mantra. Preliminary ROI data show that for every \$1.00 spent on Healthy Transitions' services, nearly \$3.00 are diverted from crisis stabilization and crisis emergency support services.
5. **CBHN's extensive training array** includes ROSC-SAPT and others. CFBHN provides technical assistance to its network and is the Department's sole provider of 24-hours a day FIT data collection and reporting on behalf of managing entities outside the SunCoast region. CFBHN created a financial analysis of FIT to determine overall FIT funding efficiency over the last three FYs, together with financial efficiency of multiple ME billing models within FIT.