Department Directors Report
December 2020

Contracts

- DCF made a budget shift of $375,000, moving from MH000 (Recurring Mental Health Services) to MHEMP (Supported Employment Services for Mental Health Clubhouses). CFBHN ran the current years dollars in CAFÉ against the Equity formula and reduced providers' contracts based on a percentage of MH000 funds within each circuit. Please note: This is not part of the 3% reductions.
- CFBHN received approximately $10 million in SOR funding for year 3, as well as year 2 no-cost extension, including SOR services, SOR prevention, GPRA (assessment) completion, and Recovery Community Organizations (RCOs). Contract and program staff are working on allocations for services, prevention, and GPRA. A solicitation document is in progress for funding for RCOs.
- CFBHN received approximately $1 million in recurring funding for a school telehealth pilot project. Allocations by County were assigned by DCF. CFBHN is working with the Superintendent of Schools in each county to determine their individual's needs for equipment, training and services.

Consumer and Family Affairs

Recovery Oriented System of Care (ROSC) Transformation

Purpose of Collaboration
To transform Florida's substance use and mental health system of care 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 their ROSC key indicators.

Key Partners
CFBHN's subcontractor staff members, statewide and community stakeholders participate in the Suncoast region ROSC transformation initiative.

Suncoast ROSC Transformation Workgroup Committee: CFBHN's Consumer and Family Affairs Department, ACTS, Centerstone, Charlotte Behavioral Health, Coastal Behavioral Health, DACCO Behavioral Health, David Lawrence Center, Directions for Living, Drug Free Charlotte County, Mental Health Community Center Inc., NAMI Pinellas, NAMI Collier, Operation PAR, Inc., PEMHS, Polk County Government, SalusCare, Tri-County Human Services, YFA. No new stakeholders were added this month.

Statewide stakeholders include Department of Children and Families (DCF) Substance Abuse Mental Health Program Office; DCF Suncoast Region SAMH Office; Florida Alcohol and Drug Abuse Association (FADAA); Florida Certification Board (FCB); Peer Support Coalition of Florida; University of South Florida College of Behavioral & Community Sciences Dept. of Mental Health Law & Policy, Louis De La Parte Florida Mental Health Institute (FMHI); Florida Children's Mental Health SOC Grant; and Magellan Health care – Peer Services.
No new stakeholders were added this month.

Community stakeholders: Drug Enforcement Administration (DEA), Epicenter RCO, Humana, University of South Florida (Health and Human Services), NAMI Hillsborough, Safe and Sound, James A Haley VA and Faith-based leaders that include Timothy Initiative, Just Initiative, On Life Solutions, Wholesome Ministries, Bay Life Church and Muslim Connections.
New Stakeholders: Amanda Sharpe

Recovery Community Organization (RCO): CFBHN, DACCO and Suncoast Region DCF SAMH office staff members, American Addiction Centers, DEA, The Phoenix, Timothy Initiative, Recovery Project Florida Behavioral Health Association provided through FADAA.
New stakeholders: Craig Pickos, Polk County, emerging RCO).

Self-Assessment Planning Tool (SAPT) Pilot- NAMI Pinellas, ACTs, Charlotte Behavioral Health Care, DACCO, David Lawrence Center, Operation Par, SalusCare, Mental Health Community Centers Inc., Westcare of Florida.
No new stakeholders were added this month.

ROSC Status Update Summary
- CFBHN participated on the States ROSC Guidance Document draft.
- Participated on DCF's statewide monthly ROSC TA calls.
- Participated as a member of DCF's statewide Transformation of Change Agent (ToCA) workgroup.
- Facilitated the Suncoast ROSC Transformation workgroup. Eight network provider agency staff members participated this month.
- Participated on two ROSC State Hospital Ad Hoc committees to provide warm handoff for community reentry.

SAPT Pilot Program Status Update
- No new update.

ROSC Key Indicator Summary Accomplishments and Outcomes

A. Promoting Collaborative Service Relationships:
1. Consumer and Family Affairs (CFA) department provided technical assistance to Centerstone's FACT Team linking their new peer specialist to CFBHN's Mutual Peer Support meetings and monthly Peer Advisory Council meeting.

2. CFA in collaboration with CFBHN's QI department redesigned the SOC QI Tool used to measure high fidelity Wraparound in the Suncoast region.

B. Community Integration:

1. Consumer and Family Affairs (CFA) department continued to provide Recovery-Oriented System of Care (ROSC) technical assistance to the Suncoast regions developing Recovery Community Organizations (RCO) entities to educate and encourage the use of recovery concepts and principles.

RCO Updates as follows-

Hillsborough County: Filed for Articles of Incorporation, preparing for organizational readiness with CAPRSS.

Polk County: The RCO has started the visioning process utilizing the information gathered at their symposium.

Regional Update: No new RCO's are in development in the Suncoast Region.

C.   Cross-system Partnerships:

a.   Served as a member of Hillsborough County Sequential Intercept Mapping (SIM) Reentry, Priority Area 1: Enhanced Community Collaboration and Follow-up Committee.

Produced a draft public report with recommendations for improving the system to be submitted by December 1 2020. The recommendations included six objectives for improving and increasing community collaboration:

1. Data Collection and Information Sharing for housing and employment
2. Exposure to Evidence-Based practices.
3. Implementation of a Universal Release Form
4. Explore feasibility of implementing a common assessment tool across agencies and community providers
5. Explore transportation option for Criminal Justice Mental Health Substance Use populations
6. Utilize Peer Support Specialists

D.   Increase Peer-Based Recovery Support Services:

1. CFA provided and facilitated virtual, monthly Suncoast Regional Peer Advocacy Council meetings to offer education, support, advocacy and technical assistance in developing a recovery-oriented system of care to reduce stigma, promote hope, a message and understanding that recovery is attainable.

   36 individuals participated this month.

2. CFA staff, in collaboration with David Lawrence Center staff, offer virtual, weekly "Mutual Peer Support" meetings to support Peer workers/volunteers in their wellness and offer guidance and resources in the Suncoast region and across the state during the COVID -19 pandemic.

   15 peers participated this month.

3. CFA staff developed and filmed 5 webinars that will meet the training criteria for peer certification.

   Staff continued working with CFBHN's Communications Department to finalize the utilization process for the webinars for release in the month of November.

4. CFA staff participated in training to provide Wellness Plan development in lieu of WRAP for peers seeking certification and other community members.

E. **Community Health and Wellness:**

1. Consumer and Family Affairs (CFA) supported and provided technical assistance to grass roots organizations in the Suncoast region.

   NAMI Pinellas' "Peer in Recovery Mentorship Program" admitted four new applicants this month and five participants are scheduled to take their certification test by the end of this calendar year.

   NAMI Pinellas in collaboration with Youth Move began offering a young adult Connections Group.

   MYLIFE hosted "Hope Rising Suicide Prevention" event, which hosted 12 hours of nationally known keynotes, workshops, and panels related to suicide prevention, mental health and wellness.

   Youth MOVE distributed 20 self-care packages to youth and young adults.

Summary of Barriers/Issues and Strategies to Mitigate Them

COVID-19 and funding cuts are barriers to increasing workforce development and delivery of peer support services. Network Service Providers and peers request the Helping Others Heal, 40-hour peer specialist training, and the 16-hour WRAP trainings needed for certification requirements to bill AHCA and DCF for peer services. Due to COVID –19 and the CDC guidelines for limited number of individuals who can gather in one space, recent DFC funding cuts (effecting travel and training and supplies) and that DCF and The Copeland Center have not approved either training to be facilitated on a virtual platform, we are not in a position to provide training to peers at this time. To mitigate these barriers, we are seeking online curriculum, webinars and other funding sources.

Human Resources

NEW HIRE SUMMARY

NEW EMPLOYEES	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL	%
Administration	0	0	0	0	0								0	0.0%
Consumer Affairs	0	0	0	0	0								0	0.0%
Contracts	0	0	0	0	0								0	0.0%
Community Managers/ Housing/ Special Projects	0	0	0	0	0								0	0.0%
Finance	0	0	0	0	0								0	0.0%
HR	0	0	0	0	0								0	0.0%
IT	0	0	0	0	0								0	0.0%
NDCS	0	0	0	0	0								0	0.0%
QI/Risk	0	0	0	0	0								0	0.0%
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**

SEPARATION REPORT

WORKFORCE SIZE	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL	%
Number of Employees (Average)	68	67	66	64	64								66	
TOTAL SEPARATED														
Involuntary	0	0	0	2	0								2	
Voluntary	0	1	1	0	0								2	
Total Separated	**0**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	
Percent of Workforce	0.0%	1.5%	1.5%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.0%	
DETAIL														
Terminated	0	0	0	2	0								2	50.0%
Moved	0	0	0	0	0								0	0.0%
New Opportunity	0	1	1	0	0								2	50.0%
Retired	0	0	0	0	0								0	0.0%
Other	0	0	0	0	0								0	0.0%
TOTAL	**0**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**100.0%**

Network Development/ Clinical Services

CFBHN Children's Mental Health SOC Assistance Data Summary

Status Update During this reporting period, CFBHN continued to provide technical assistance and guidance to system of care providers to identify cases with high utilization earlier, emphasizing prevention, and intervention thru further development of the youth at risk staffing models. . CFBHN CMH Team along with collaboration with CFBHN Consumer Affairs Department conducted a Zoom Training for Circuit 12 this period focused on diversionary services and wraparound introduction training. In addition, CFBHN participated in 65 Interagency staffing which resulted in 64 youth being diverted from child welfare during the staffing calls.

CO-VID 19: COVID-19 continues to present challenges to consumers, providers and systemic partners during Quarter 1 however community partners are reporting being more effective in providing telehealth services. CFBHN CMH Team continues to maintain ongoing communications with contracted providers serving children with significant behavioral and emotional disturbances to assist with coordination of care needs.

Family Intervention Services (FIS)

Services continues to be provided primarily via telehealth. Some areas are seeing a considerable increase in the number of referrals in response to enforcement of DCF CFOP 170-5 requiring consultation of a subject matter expert for all investigations with mental health and/or substance abuse allegations.

Family Intensive Treatment (FIT) Status Update

The FIT Manual includes a Fidelity Tool to be used to assess the implementation of best practices for treatment and integration of FIT within the child welfare system and requires participation from all child welfare partners for completion. These meeting have begun within the Region, the first in Pinellas County on October 20, 2020. Additional meetings are scheduled for Manatee, Charlotte, and Lee Counties after the start of the new calendar year.

In efforts to align with the changes made in the Guidance Document, YTD targets for the FIT providers were adjusted to reflect the total number of *clients* served, rather than the number of *families* served as has been reported previously. The FY20-21 utilization through October 31, 2020, for FIT is documented below.

Family Intensive Treatment (FIT) Program: Enrollment Summary Report, FY20-21				
Provider & County	**Number of Clients**			**Capacity Served %**
	Currently Enrolled	**Served YTD**	**Annual YTD Target**	
Baycare/Pasco	56	82	130	**63.08%**
DFL/Pinellas	31	49	70	**70.00%**
DACCO/Hillsborough	29	35	66	**53.03%**
CBHC/Charlotte	10	16	25	**64.00%**
CBHC/Lee	24	39	75	**52.00%**
Centerstone/Manatee	30	42	72	**58.33%**
TCHS/Circuit 10	12	17	38	**44.74%**
TOTAL	**192**	**280**	**476**	**58.82%**

In person contact has resumed for most high-risk clients however, Providers continue to utilize telehealth and other remote service delivery options as primary means of delivery.

Behavioral Health Consultants (BHCs)

As with the FIS program, BHCs in several areas are seeing an increase in the number of investigations on which they are being consulted. This is in response to CFOP 170-5 requiring a subject matter expert (SME) be consult on investigations with allegations related to mental health and/or substance abuse.

FACT

CFBHN'S 14 FACT teams continue to focus on priority populations as identified. Diversion from SMHTF admission and expediting discharge from SMHTF for those on the seeking placement list.

***COVID-19-- COVID19 continues to present challenges to the ROSC, FACT included. Efforts to be responsive to all clients in community living settings has been accomplished so far through telehealth, and other technology in lieu of face to face contact while insuring the frequent and intensive contact necessary for our clients during this time. These efforts continue.

ALL CIRCUITS: FACT
QUARTER ADMISSIONS= N/A
FY 20/21 ADMISSIONS TO DATE =55
1QUARTER DISCHARGES= N/A
FY 20/21 DISCHARGES TO DATE=51

In FY 20/21, focus will continue on the priority populations by being responsive to state hospital discharges and increased diversion efforts.

FACT Admission/Discharge/Census **November 2020 (**MONTH) FISCAL YEAR 20/21 TOTAL					
	Circuit- 6 4 teams	*Circuit-*10 2 teams	*Circuit- 12* 2 teams	*Circuit- 13* 2 teams	Circuit-20 4 teams
Current MONTH Admissions/ FYTD 20/21 TOTAL ADMISSIONS- **7/55**	2/14	0/8	1/3	1/5	3/25
QUARTER/FYTD TOTAL ADMISSIONS- N/A					
Current MONTH Discharges/ FYTD 20/21 TOTAL DISCHARGES-**8/51**	1/11	1/7	2/5	2/3	2/25
QUARTER/FYTD TOTAL DISCHARGES- N/A					
TOTAL CURRENTLY SERVED BY FACT- **1395/1400**	402/400	200/200	197/200	200/200	396/400

** **As of week ending 11/28/2020, 5 of 14 FACT teams are 100 or over**

Forensic

COVID-19--Forensic State Hospital Admissions have been impacted by the COVID-19 virus beginning March 16, 2020. Effective April 1, 2020, all Forensic State Hospital Admissions were placed on hold. As of December 1, 2020, admissions to the Forensic State Hospitals are still occurring but are moving slowly due to quarantine procedures at the State Hospitals. There have been 75 scheduled Forensic State Hospital Admissions fiscal year to date. Also, many of the State Hospitals have experienced positive COVID results with clients. This is slowing admissions as well. All admissions are requiring a negative COVID-19 tests prior to admission. Individuals who decline the COVID-19 test are being held in jail until the DCF Mental Health Program Office is able to put together a plan for admitting those individuals safely. The 15-day admissions requirement is still suspended and there are currently 462 individuals throughout the state waiting for admission to the Forensic State Hospital. Courts have continued holding Zoom hearings. Some jails are continuing to quarantine new inmates for 14-days once booked before releasing into General Population and visitations in the Jails have begun again all Counties. Forensic Residential Providers have continued to schedule new admissions with COVID safety precautions being taken.

Prevention

The prevention providers and drug free coalitions SunCoast Region and Circuit 10 continue to provide critical prevention and health and wellness programs within the communities while in the mist of the COVID-19 global health crisis. Many providers continue to adapt to changes both within their own organizational structure and within the communities that they are serving.

As the changing landscape remains a pivotal point, providers are adjusting to the best methods to maintain a focus on health, wellness and prevention strategies. There are still barriers to online access to already disenfranchise and disadvantaged communities thus the need to curtail prevention messages and be more hands on is at the forefront of planning priorities. When face to face meetings take place, social distancing, frequent hand washing and sanitizing are focal points.

As this global crisis continues, prevention holds a critical position. Providers are working alongside community partners with DOE, DJJ, child welfare, healthcare providers and others to ensure that an overall health and wellness framework allows for the community to be educated in the best manner. Although, the ability to do this has been significantly impacted, messaging remains at the core. Many hybrid models of meeting are in place within the SunCoast Region and Circuit 10.

The below data shows the impact of positive prevention messages, education and environmental strategies that have been implemented during this reporting period.

Number Served for November, 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
Information Dissemination	28,915	129,524	-	158,439
Education	15,914	751	-	16,665
Alternatives	815	76	-	891
Environmental	200	1,309	-	1,509
Problem ID and Referral	1,624	90	-	1,714
TOTAL	**47,468**	**131,750**	**0**	**179,218**

Healthy Transitions:

Florida Healthy Transitions continued 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 been found to be effective for engaging and retaining this population in care. CFBHN Senior Program Manager, CFBHN Finance and Contracts department conducted a meeting with the Healthy Transitions Provider Success For Kids and Families regarding a new similar Healthy Transitions Contract between CFBHN and Success For Kids and Families for Hillsborough County after the initial Federal Healthy Transitions Program closes out this period.

As a result of COVID-19, many young people continued to lose their employment or sustained decreased work hours. Some participants were also at imminent risk of eviction. The program staff worked diligently to access financial programs through county programs facilitated by 2-1-1, the Housing Authority and other local programs. Staff also worked diligently to reengage virtually with young people who disengaged, due to their emotional and social well-being be impacted by COVID-19, using innovative strategies.

Care Coordination
1. Access to Care
CFBHN Utilization/Care Managers continue to outreach to all regional providers of services for anyone waiting for a bed-based SA service resulting in more timely access to services.   Wait list reporting has been expanded as of 9/1/20 to include all DCF funded services and providers have been trained on this requirement as of the end of August. This will allow CFBHN to improve our ability to monitor, track, report and respond to regional demand for services. Some of the new project services are finding this a challenge but we are working with the programs to develop a process that will work smoothly and generate improved data for reporting regional needs and access to care.

COVID-19: Due to COVID-19, some adult substance abuse residential programs have intermittently paused or reduced admissions or continue to operate with restrictions, limiting admissions to internal referrals only. These changes continue to reduce the bed availability for clients placed on the waitlist for Residential treatment. Some residential programs have reopened beds for admission, especially for persons being referred by another inpatient provider. CFBHN Utilization/Care Managers continue to outreach to all regional substance abuse service providers for anyone waiting for a bed-based service, which supports timely access to services. Utilization/Care Managers also work with providers in locating treatment services and resources for persons who may need additional or ongoing treatment after completing a short-term program.

2. Care Coordination
CFBHN Utilization/Care Managers monitor all registrations for Crisis Stabilization, Detox and Residential Level 1 & 2 treatment to identify persons who meet HNHU status and notify providers when persons admitted are eligible for care coordination. Through October 2020 the regional providers have served a total of 485 persons in care coordination. There are currently 240 individuals actively being served in care coordination as of 11/1/20. CFBHN Utilization/Care Managers and network providers meet routinely and work together to explore treatment and resource needs for persons who readmit and engage other community resources and providers as needed to support those efforts. Voucher funds to assist with care coordination resource needs for FY2021 were renewed as of 7/31/20. Care Coordination providers are utilizing those dollars to provide housing and other stabilization needs for persons meeting care coordination eligibility criteria.

COVID-19: Due to COVID-19, many Care Coordination providers are providing virtual services or making contact with individuals remotely via telephone or video teleconferencing where possible. Many providers have resumed face to face contacts or provide both face to face and virtual contacts to reduce risks. The pandemic has created multiple challenges for individuals including access to employment, loss of jobs, loss of assistance from family/friends, etc. resulting in increased need for assistance for some individuals. The availability of renewed voucher funds has assisted with these needs during the current fiscal year.

NDCS Special Projects Updates

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

Success 4 Kids and Families (S4KF) runs the Early Intervention Services – Psychotic Disorders program (also known as the First Episode Psychosis (FEP) program) which serves clients in Hillsborough County which focuses on youth/young adults who experience a first episode of psychosis. S4KF enrolled 3 clients this reporting period with a total of 11 enrollments since beginning of fiscal year. CFBHN Senior Program Manager conducted a meeting with S4KF this period regarding action steps to increase utilization of contracted dollars and to increase enrollment thru other outreach activities. In addition, the new S4KF FEP Program Manager was introduced to CFBHN and will continue to meet quarterly with CFBHN Senior PM of NDCS on program deliverables.

COVID-19: S4K continues to report that COVID-19 added a level of difficulty with staff training using only telehealth. FEP staff are using Zoom and other communication avenues to staff cases and communicate on program items.

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 hospital bridge programs throughout the SunCoast/10 region (ACTS – Tampa General & St. Joseph's Hospital, Baycare Behavioral – Morton Plant North Bay, David Lawrence Center – NCH Healthcare & Physicians Regional, DACCO – Tampa General, First Step of Sarasota – Manatee Memorial & Sarasota Memorial, Operation PAR – St. Anthony's & Lee Health, Tri-County Human Services – Bartow/Winter Haven Regional, Lakeland Regional, & Lake Wales/Davenport). As providers and hospitals have become more adapted to the changes brought by COVID19, peers have begun to reintegrate into the hospital. Peers have successfully referred 309 individuals to treatment providers and 186 individuals were linked to treatment providers.

Hospital Bridge Partnership	
Number of individuals screened	645
Number of individuals induced with Buprenorphine in ED/hospital prior to discharge	30
Number of individuals induced with Methadone in ED/hospital prior to discharge	7
Number of individuals referred to treatment providers	309
Number of individuals linked to treatment providers	186

Data submitted on the 27th of each month. Data collected for the month of October.

3. **4DX**

CFBHN has selected the WIG/LAG: Reduce individuals by 15% entering the civil SMHTF from 163 to 138.55 by June 30, 2021. The WAG/LEAD: Increase Civil Diversions by 15% from 144 to 165.6 by June 30, 2021. Four data points were identified to track; county, number of diversions, private or public receiving facility, date of diversion. Weekly reports of diversions and number of referrals year to date to the SMHTF are provided to DCF and monthly the number of admissions to the SMHTF. DCF places these on a score board to track progress.

UPDATE: Form July 1, 2020 through the end of November 2020 CFBHN diversions equaled 64, with 25 for C10 and 39 for SCR. Corresponding during the same time period there were 10 admissions to the civil SMHTF, 3 for C10 and 7 for SCR. CFBHN meets weekly with DCF SCR to discuss weekly goals. During this implementation period of 4DX several challenges have influenced the outcome. Transfers of 30 patients from FSH to NEFSH has created additional workflow for CFBHN staff as well as community providers to begin the engagement with new staff at the new facility. Also, the SMHTF continues to provide minimal admissions compared to our baseline year of 18/19. In November 2018, there would be 71 admissions compared to 10 as of November 2020. Though reduced admissions are the goal, the sustained wait times of 12 months+ for a SMHTF bed places a strain on community resources. The presence of the Covid pandemic cannot be minimized in its impact on the adult mental health system of care. CFBHN continues to work with the receiving facilities having provided specific training on diversions, state hospital admission process and community resources. Additionally, a monthly call with the Receiving Facilities will begin to allow a collective staffing for cases on the waitlist in excess of 60+ days.

Telehealth in Schools
CFBHN is in the process of taking approximately 1 million dollars given to the Suncoast Region and C10 and giving it to 14 school districts. This money is being divided into four categories: Hardware, Software, Technical Assistance, or Services. If the school district decides that they would like services, the services must be run through a current contracted NSP. It is the hope of CFBHN that these funds are contracted out by 2/1/21.

Communications

NOTE: With the continued rise and impact of the global COVID pandemic, CFBHN operations and communications remain changed during this period to fit the new norm. We shifted focus early in the pandemic to educate our network communities regarding status of and access to services as well as providing information relative to the pandemic – this continued for this period. Social media and traditional media provided the reach and support needed by the community as traditional meetings ceased operations during shutdown, quarantine, and scaled back reopening. Meetings became operational through Zoom, Google and Microsoft Teams virtual meetings for staff. Additionally, with the death of George Floyd at the hands of Minneapolis police, the reaction and subsequent response by the Black Lives Matter movement resulted in increased awareness of Diversity at CFBHN with a position statement issued by our President & CEO that was posted to our website, communicated via social media and through our email distribution system.

Community
- In person meetings suspended due to COVID and replaced by virtual.

Legislative/Elected Officials/Community
- Twice-weekly status update reports via Constant Contact provided regarding response to COVID 19 and access to care. Recently reduced these reports to once weekly beginning in November.

Workshops/Award Recognitions/Other
- Selected as Tampa Bay Business Journal 2020 One Tampa Bay honoree
- Participating in the Tampa Bay Business Journal "Best Places to Work" contest via employee survey

Press & Media
- Media campaign partners and other channels continued to provide free PSA's surrounding COVID 19 in the July-December period to advise CFBHN was open and operational through the contracted provider network
- Launched comprehensive network wide Prevention Campaign July 1 on underage alcohol and substance use prevention (see-attached first 90 day report) – all TV and radio spots on CFBHN website
- Conference call held with Prevention Coalitions and Partners to share results of first 90 days
- Mailing sent in November to Prevention Coalitions and Partners, which included a cover letter from Linda McKinnon, the report, and a T-Shirt with the "In It to Win IT" logo, which complements the "Talk. They Hear You" campaign. The new T-shirt was donated by JRP Global and will be used in the phase two TV spot production using local youth voice.
- Recent funding received for Opioid awareness campaign. Will launch new campaign end December to June 30, 2021 throughout network

- Have been successful this period in acquiring interview TV show opportunities for Linda and other staff to talk about CFBHN as a Managing Entity and the role played in communities providing and managing safety net services – episodes available for viewing on our website
- Continued the monthly interviews discussing the comprehensive Prevention campaign with radio personalities Queen B and Ronnie Lane. Interviews posted to their/our social media platforms and available for viewing on our website
- Worked with Pinellas Foundation to develop and launch the "You Good" campaign
- Provided information to the consultant agency for Thrive Tampa Bay regarding focus, direction and implementation of campaign initiatives at CFBHN
- Provided information to FAME association to share with SACHs media agency consultant and to populate the FAME newsletter
- Received free PSA support from NBC for Veterans' Voices
- Received free upgrade move of Prevention TV spot to Tampa Bay Lightning finals game on NBC
- Received free PSA support from Spectrum for the Tampa Bay msa. We are profiled both as an organization and via Linda as our President and CEO on their landing pages
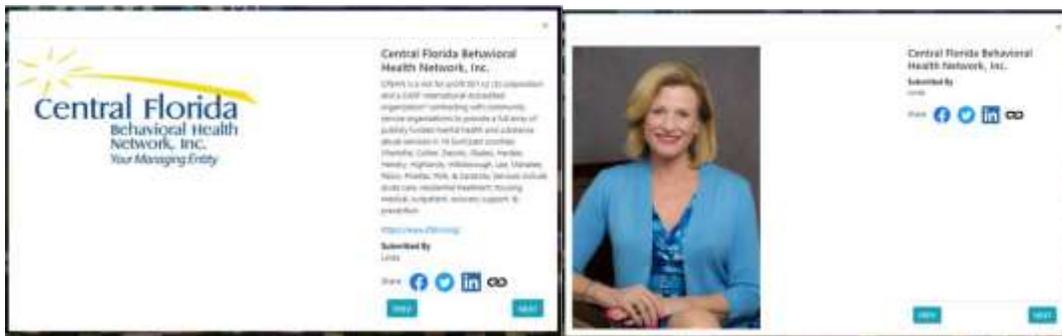
Website

- Prominently supporting the Prevention Campaign with lead-in slider on home page and an up floater
- Added Tab and pages for Prevention
- Added Mobile Response Team Button to Home Page
- Continued to support COVID information
- Using white space at top of home page for special announcements and focus issues
- Added Consumer & Family Affairs Tab and page to support Peer Webinar Training. Developed automated email registration process.

Video Production

- Produced five Peer Training Webinars, PowerPoints, tests and manuals
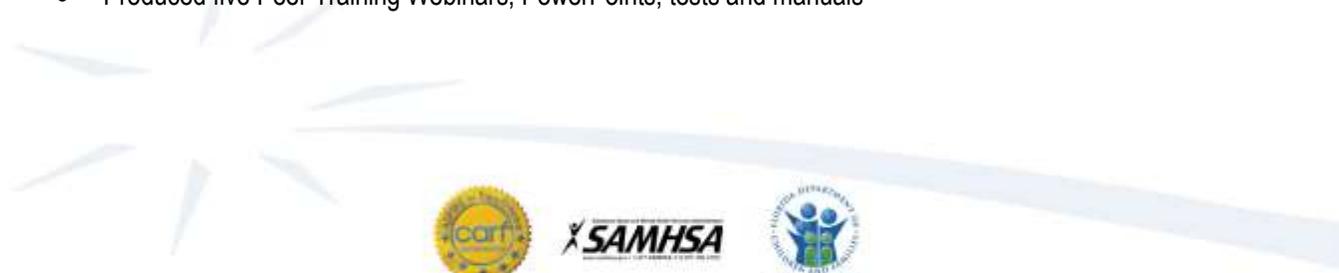
Print and Communication
- One Page Budget Cut Infographic (see attached)
- Legislative Delegation 2020 three minute speech (see attached)
- Annual staff training completed November 18
- Annual report will be completed in December
- Holiday card mailing in December

Social Media
Social media continues to be critical amid the COVID 19 crisis to post information
From period July 1 – December 08, 2020 the following metrics were achieved:

Likes: 3061-3081 (net increase of 20. The way FB manages legacy and
                                       memorial pages impacts total likes)
Daily page engaged users: 26,952
Daily total reach: 4,087,566
Daily total impressions: 4,196,578
Clicked on content: 24,518
Video views plus 3 sec: 555,088

Demographics unchanged – 78% Women/22% Men (25-34 age group highest engaged)
Video viewing reporting good activity with Queen B and Ronnie Lane interviews, Linda McKinnon Bloom interview and suicide and domestic violence short videos. Good Sam video remained most watched.

Twitter Anayltics:
- All posts that reach over 1K on FB are shared on Twitter
- 104 Tweets from July 1- November 30
- Average achieving 9-12k impressions monthly

Linkded In
- Posting 1x per week

Instagram
- "Talk.They Hear You" campaign is massively boosting reach
- Averaging 450k+ monthly

CFBHN IT Board Report December 2020

IT System Update

Current IT projects

- a. All Provider meetings:
    - i. IS Strategic / IT Provider Meeting held Monthly.
        1. FASAMS is still the focus of the meetings.
            - a. Everyone to cutover 7/1/21
            - b. (still not official by DCF)
        2. Covid 19 is a major concern
- b. FASAMS:
    - i. Pamphlet 155-2 V14 has been released
        1. Limited implementation starting November 2020
        2. Must submit in V14 format by 7/1/21
        3. Awaiting final approval of this date by DCF
    - ii. "System and Financial Exchange (SaFE)".
        1. Select providers continue to test
        2. Full System continues to be developed
    - 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 provider HER systems be ready.
        3. When will we want all providers to use XML.
            - a. Discussions with providers are ongoing
            - b. Providers prefer waiting until 7/1/21 to submit data in V14 format
            - c. New data format will cause a lot of existing reports to need changing.
        4. The ME/IT committee and FAME has this as a high priority.
- c. System Changes
    1. 4DX is refocused on Increasing the number diversions from state hospitals.
    2. Internal system upgrades: SharePoint, Exchange.

- d. County / School / Sheriffs Projects:

RISK MANAGEMENT Monthly Report

Central Florida Behavioral Health Network, Inc.

As of 11/30/20

1. Count of Subcontractor Incident Reports Received

Incident Type	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	Year-to-Date
3-Hour (Phone) Notification													
Child on Child Sexual Abuse	0	2	1	0	0	0	0	0	0	0	0	0	3
Client Death	32	15	23	18	21	0	0	0	0	0	0	0	109
Media Event	0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Abuse/Sexual Battery	2	0	0	1	3	0	0	0	0	0	0	0	6
24-Hour (RL6) Notification													
Child Arrest	0	2	0	1	0	0	0	0	0	0	0	0	3
Elopement	7	13	7	10	4	0	0	0	0	0	0	0	41
Employee Arrest	0	0	0	1	0	0	0	0	0	0	0	0	1
Employee Misconduct	3	3	3	5	2	0	0	0	0	0	0	0	16
Missing Child	1	1	0	0	0	0	0	0	0	0	0	0	2
Security Incident/Unintentional	0	0	0	0	0	0	0	0	0	0	0	0	0
Significant Injury to Client	0	2	1	1	0	0	0	0	0	0	0	0	4
Significant Injury to Staff	2	2	2	0	0	0	0	0	0	0	0	0	6
Suicide Attempt	4	3	2	5	4	0	0	0	0	0	0	0	18
Other:													
Admission/Assess Emergencies	1	1	1	1	1	0	0	0	0	0	0	0	5
Bomb/Biological/Chemical Threat	1	0	0	0	0	0	0	0	0	0	0	0	1
COVID-19 (Reported to DCF)*	25	0	0	0	0	0	0	0	0	0	0	0	25
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	0	0	1	0	0	0	0	0	0	0	0	0	1
No Other Category	2	2	1	3	0	0	0	0	0	0	0	0	8
TOTAL	**80**	**46**	**42**	**46**	**35**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**249**

														Average Number of Reports per Month	% Change - Current vs. Previous Year
TOTAL	80	46	42	46	35	0	0	0	0	0	0	0	249	49.8	⬆ 9.5%
FY 19-20	49	45	42	42	30	55	52	47	53	67	50	81	613	45.5	
FY 18-19	51	52	51	46	49	32	42	48	39	40	57	39	546	44.5	
FY 17-18	55	40	38	42	41	30	57	36	45	56	49	45	534	53.1	
3-Year Average, by Month	51.7	45.7	43.7	43.3	40.0	39.0	50.3	43.7	45.7	54.3	52.0	55.0	564.3		

* In August 2020, DCF updated their guidance on the reporting of COVID-19 incidents through the IRAS system. In light of that guidance, COVID-19 reports made by Network Service Providers are documented and tracked as 'Information Only,' and submitted to the Department via IRAS only if the report involves the media, or has the potential to gain media attention.

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

		FY 17-18		FY 18-19		FY 19-20		FY 20-21	
		Count	%	Count	%	Count	%	Count	%
From Providers to CFBHN	On-Time	513	96.1%	530	97.1%	587	95.8%	240	96.4%
	Late	21	3.9%	16	2.9%	26	4.2%	9	3.6%
	TOTAL	534	100.0%	546	100.0%	613	100.0%	249	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	533	99.8%	541	99.1%	584	95.3%	247	99.2%
	Late	1	0.2%	5	0.9%	29	4.7%	2	0.8%
	TOTAL	534	100.0%	546	100.0%	613	100.0%	249	100.0%

3. Client Manner of Death Summary

	FY 17-18			FY 18-19			FY 19-20			FY 20-21		
	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*
Accident	16	8.8%	0.1	8	3.9%	0.1	19	7.9%	0.2	0	0.0%	0.0
Accident - Overdose	38	21.0%	0.3	57	27.5%	0.5	55	22.9%	0.5	17	15.6%	0.3
Homicide	1	0.6%	0.0	1	0.5%	0.0	6	2.5%	0.1	1	0.9%	0.0
Natural Death	67	37.0%	0.6	69	33.3%	0.6	81	33.8%	0.7	10	9.2%	0.2
Suicide	23	12.7%	0.2	20	9.7%	0.2	27	11.3%	0.2	5	4.6%	0.1
			Gunshot - 9			Gunshot - 7			Gunshot - 7			Gunshot - 1
			Jumped - 2			Jumped - 0			Jumped - 2			Jumped - 2
			Hanging - 5			Hanging - 8			Hanging - 11			Hanging - 1
			Overdose - 3			Overdose - 3			Overdose - 5			Overdose - 1
			Other - 4			Other - 2			Other - 2			Other - 0
Undetermined	3	1.7%	0.0	2	1.0%	0.0	3	1.3%	0.0	0	0.0%	0.0
Unknown	33	18.2%	0.3	50	24.2%	0.4	49	20.4%	0.4	76	69.7%	1.2
TOTAL	181	100.0%	1.7	207	100.0%	1.8	240	100.0%	2.1	109	100.0%	1.8

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

4. Count of Subcontractor Incidents per Level of Care

	FY 17-18		FY 18-19		FY 19-20		FY 20-21	
	Count	%	Count	%	Count	%	Count	%
Care Coordination			6	1.1%	5	0.3%	1	0.4%
Case Management	36	6.7%	31	5.7%	30	3.7%	18	7.2%
CAT Team			1	0.2%	0	0.0%	0	0.0%
Crisis Stabilization Unit	92	17.2%	91	16.6%	97	10.6%	41	16.5%
Detox	18	3.4%	24	4.4%	16	1.5%	11	4.4%
Drop-In/Mental Health Clubhouse	6	1.1%	5	0.9%	13	1.3%	5	2.0%
FACT/Forensic	30	5.6%	50	9.1%	64	7.3%	22	8.8%
FIT/FIS	3	0.6%	1	0.2%	1	0.2%	1	0.4%
Medical Services	4	0.7%	6	1.1%	10	1.1%	2	0.8%
Methadone	8	1.5%	10	1.8%	13	0.0%	0	0.0%
Outpatient	97	18.2%	122	22.3%	137	12.4%	54	21.7%
Residential	163	30.5%	147	26.9%	144	15.0%	59	23.7%
SIPP/Therapeutic Group Home	0	0.0%	4	0.7%	0	0.0%	0	0.0%
Supported Employment/Housing	13	2.4%	13	2.4%	12	1.0%	7	2.8%
Not Applicable	25	4.7%	21	3.8%	38	4.6%	15	6.0%
Other	39	7.3%	14	2.6%	33	41.1%	13	5.2%
TOTAL	534	100.0%	546	99.8%	613	100.0%	249	100.0%

5. Subcontractor Incident Rates per 1000 Served

	FY 17-18		FY 18-19		FY 19-20		FY 20-21	
	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	5	0.0	7	0.1	11	0.1	3	0.0
Client Death	181	1.7	207	1.8	240	2.1	109	1.8
Media Event	10	0.1	15	0.1	9	0.1	0	0.0
Sexual Abuse/Battery	11	0.1	15	0.1	16	0.1	6	0.1
24-Hour (RL6) Notification								
Child Arrest	2	0.0	2	0.0	1	0.0	3	0.0
Elopement	152	8.3	129	7.0	105	6.4	41	6.1
Employee Arrest	16	0.1	22	0.2	6	0.1	1	0.0
Employee Misconduct	35	0.3	35	0.3	30	0.3	16	0.3
Missing Child	4	0.0	0	0.0	5	0.0	2	0.0
Security Incident - Unintentional	1	0.0	0	0.0	0	0.0	0	0.0
Significant Injury to Client	27	0.2	22	0.2	19	0.2	4	0.1
Significant Injury to Staff	13	0.1	8	0.1	11	0.1	6	0.0
Suicide Attempt	48	0.4	61	0.5	42	0.4	18	0.3
Other:								
Admission/Assess Emergencies							5	0.1
Biological/Chemical Threat	1	0.0	0	0.0	1	0.0	1	0.0
COVID-19 (Reported to DCF)					94	0.8	25	0.4
Human Acts	2	0.0	1	0.0	0	0.0	0	0.0
Vandalism/Theft/Damage/Fire	3	0.0	0	0.0	4	0.0	1	0.0
Visitor Injury or Death	0	0.0	0	0.0	1	0.0	0	0.0
No Other Category	23	0.2	22	0.2	17	1.0	8	0.1
TOTAL	**534**	4.8	**546**	4.7	**612**	5.4	**249**	4.0

6. File Review Summary

Number of	FY 17-18	FY 18-19	FY 19-20	FY 20-21
File Reviews Carried over from Previous Period	6	9	5	5
New Files Referred for Review	15	21	43	3
FILES FOR REVIEW	21	30	48	8
Full File Review Not Required			16	1
Unable to Complete*		4	6	0
File Reviews Completed	12	21	21	1
FILE REVIEWS IN PROGRESS	9	5	5	6

File Review Results

File Reviews that Resulted in:	17-18	18-19	19-20	20-21
Observations	2	0	7	1
Corective Action	0	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.

INCIDENTS	FY 17-18	FY 18-19	FY 19-20	FY 20-21 Q1	Q2	Q3	Q4	TOTAL
Alarm issues	3	1	0					0
Building Security	0	0	0					0
Computer Security	0	2	8					0
Data Security								
Unsecured FROM CFBHN	13	8	5	2	4			6
Unsecured TO CFBHN	31	25	33	8	2			10
Other	2	3	8	5	1			6
Equipment Malfunction/Failure	1	8	5					0
Facility Issues	3	0	3					0
Infection Control	0	0	0					0
Media	0	0	1					0
Medical Emergency/Injury/Death	0	0	0					0
Property Damage	0	0	1					0
Threat to Safety	0	1	0					0
Utility Failure								
Electrical	2	3	1					0
Heating/AC	0	0	0		1			1
Internet	5	4	1					0
Telephone	3	0	0					0
Water/Plumbing	1	0	0					0
Other	8	12	2	1	1			1
TOTAL	72	67	68	15	9	0	0	24

EVENTS	FY 17-18	FY 18-19	FY 19-20	FY20-21 Q1	Q2	Q3	Q4	TOTAL
Call to Abuse Registry	2	0	1	1				1
Legal Notice	1	3	6					0
Media Request	6	2	0					0
Public Records Request	15	16	9					0
Report to Licensing	0	0	0					0
Report to OIG	46	62	36	10	7			17
Wellness Check Request	0	2	0	1				1
Other	1	2	0					0
TOTAL	71	87	52	11	8	0	0	19

1. Network Service Provider (NSP) MONITORING STATUS

Provider Monitoring Status Summary	FY 19-20		FY 20-21	
Number of Provider Monitorings:	Count	%	Count	%
Monitoring In-Progress	0	0%	0	0%
Not Yet Started	0	0%	33	61%
Annual COMPLETE	23	40%	0	0%
Follow-Up REQUIRED	5	9%	3	6%
Follow-Up REQUIRED - SAMPLE Needed	7	12%	8	15%
Follow-Up COMPLETE - Items RESOLVED	14	25%	0	0%
Follow-Up COMPLETE - UNRESOLVED Items	7	12%	0	0%
Follow-up WAIVED	1	2%	1	2%
EXEMPT in FY 20-21		0%	9	17%
TOTAL	**57**	**100%**	**54**	**100%**

2. NSP Monitoring LEVEL OF REVIEW (Multi-Year Comparison)

Level of Review - MULTI-YEAR SUMMARY	Fiscal Year				
	16-17	17-18	18-19	19-20	19-20
Number of FULL Monitorings	40	33	21	39	15
Number of LIMITED and COALITION Monitorings	20	28	36	17	30
Number of BASELINE Monitorings	0	0	2	1	0
Coalitions EXEMPT from Monitoring					9
TOTAL	**60**	**61**	**59**	**57**	**54**

3. NSP Monitoring ANNUAL MONITORING RESULTS
Corrective Action (CA) - Areas of Concern (AOC) - Commendation (Multi-Year Comparison)

CORRECTIVE ACTIONS - AREAS OF CONCERN - COMMENDATIONS	Fiscal Year				
	16-17	17-18	18-19	19-20	20-21
CORRECTIVE ACTIONS Issued	53	24	35	56	11
AREAS OF CONCERN Cited	33	12	6	23	2
COMMENDATIONS Awarded	23	9	8	6	1

4. NSP Monitoring FOLLOW-UP SUMMARY
Corrective Action (CA) - Areas of Concern (AOC) - Commendation (Multi-Year Comparison)

FOLLOW-UP SUMMARY: CA & AOC Status	FY 17-18		FY 18-19		FY 19-20		FY 20-21	
	CAs	AOCs	CAs	AOCs	CAs	AOCs	CAs	AOCs
Number of CAs & AOCs Issued	24	12	35	6	56	23	11	2
Number of CAs & AOCs WAIVED	9	3	14	3	0	0	2	0
Number of CAs & AOCs - SAMPLE Needed					2	3	0	0
Adjusted Number of CAs & AOCs	15	9	21	3	54	20	9	2
Number PENDING at Follow-Up	0	0	1	0	17	4	0	0
Number RESOLVED at Follow-Up	8	6	15	3	33	12	0	0
Number of CAs/AOCs UNRESOLVED at Follow-Up	7	3	5	0	4	4	9	2
Percent of CAs/AOCs UNRESOLVED at Follow-Up	46.7%	33.3%	23.8%	0.0%	7.4%	20.0%	0.0%	0.0%

5. NSP Monitoring ANNUAL MONITORING RESULT SUMMARY, BY TOOL, CURRENT YEAR
Corrective Action (CA) - Area of Concern (AOC) - Commendation FY 20-21 DETAIL

Corrective Action (CA)/Area of Concern (AOC)/Commendation Summary DETAIL						
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%	0	0.0%	0	0.0%
CARF Unaccredited Standards	0	0.0%	0	0.0%	0	0.0%
CAT	1	9.1%	0	0.0%	0	0.0%
Care Coordination	1	9.1%	0	0.0%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	1	9.1%	0	0.0%	0	0.0%
Client Trust Fund	0	0.0%	0	0.0%	0	0.0%
Crisis Stabilization Unit (CSU)	0	0.0%	0	0.0%	0	0.0%
Data Access	1	9.1%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	0	0.0%	0	0.0%	0	0.0%
Employee Verification	3	27.3%	0	0.0%	0	0.0%
FACT	0	0.0%	0	0.0%	0	0.0%
FIS	0	0.0%	0	0.0%	0	0.0%
FIT	1	9.1%	0	0.0%	0	0.0%
Forensic	1	9.1%	1	50.0%	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	0	0.0%	0	0.0%	0	0.0%
Mental Health/Mental Health Residential	0	0.0%	1	50.0%	0	0.0%
Mental Health Clubhouse	0	0.0%	0	0.0%	0	0.0%
Outreach	1	9.1%	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	1	9.1%	0	0.0%	0	0.0%
SOR Opioid	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	0	0.0%	0	0.0%	1	50.0%
TOTAL	**11**	**100.0%**	**2**	**100.0%**	**1**	**100.0%**

6. CQI Goal Summary FY 20-21

Goal 1: Adapt and update monitoring policies and procedures to best met the needs of the Network.

1-A. In light of the COVID-19 pandemic, expand options for virtual monitoring.

Network Service Providers (NSPs) have been provided with three 'virtual' options for the completion of their monitoring in FY 20-21: (1) Upload documentation onto SharePoint so that the CQI team can review it and complete monitoring tools; (2) Schedule a video conference during which required documentation will be shared with the CQI team; (3) Provide the CQI team with remote access log-in rights to am organization's electronic health record (EHR.)

At the start of the fiscal year, in addition to confirming monitoring dates, the CQI team leads determined the review method selected by each provider. Options 1 and 2, described above, have proven to be the most popular with NSPs

This month, the first results of the FY 20-21 CQI monitoring survey were available and are attached to this report. This year's survey specifically includes new questions related to the new processes put into place as a result of the pandemic.

1-B. Ensure that monitoring conducted by CFBHN aligns with policies, procedures and methods
utilized by the DCF-SAMH office.

Meetings with the DCF SAMH office have taken place throughout 2020. Changes to the CFBHN monitoring process were developed over the summer of 2020 and shared with the NSPs on 8/31/2020.

1-C. Develop and/or revise training materials for CFBHN staff and NSPs related to the update of the RL6 system.

The RL6 software update has not yet taken place. Work on this goal will begin once the update has taken place.

7. Other Updates

A. Compliance Issues: There are no compliance issues to report.
B. The next meeting of the Board CQI Committee is scheduled for Thursday, December 17th at 11:00 a.m.

CQI Monitoring Survey Results

FY 16-17 -- FY 20-21

Central Florida Behavioral Health Network, Inc.

			FY 16-17 (N=113)	FY 17-18 (N=71)	FY 18-19 (N=67)	FY 19-20 (N=67)	FY 20-21 (N=10)
1	What level of monitoring did you receive this year?	Full	83 / 80%	20 / 29%	24 / 36%	48 / 76%	5 / 50%
		Limited	21 / 20%	50 / 71%	42 / 64%	9 / 14%	5 / 50%
		Coalition				6 / 10%	0 / 0%
		Unsure/ NA/Skipped	9 / --	1 / --	1 / --	4 / --	0 / --
		TOTAL	113 / 100%	71 / 100%	67 / 100%	67 / 100%	10 / 100%
2	Did you participate in a pre-monitoring conference call?	Yes	81 / 73%	57 / 81%	62 / 94%	52 / 78%	10 / 100%
		No	30 / 27%	13 / 19%	4 / 6%	15 / 22%	0 / 0%
		Unsure/ NA/Skipped	2 / --	1 / --	1 / --	0 / --	0 / --
		TOTAL	113 / 100%	71 / 100%	67 / 100%	67 / 100%	10 / 100%
3	The pre-monitoring call helped me to prepare for this year's monitoring review.*	Strongly Agree	43 / 53%	30 / 53%	38 / 63%	35 / 69%	10 / 100%
		Agree	36 / 44%	26 / 46%	22 / 37%	14 / 27%	0 / 0%
		Disagree	1 / 1%	1 / 2%	0 / 0%	1 / 2%	0 / 0%
		Strongly Disagree	1 / 1%	0 / 0%	0 / 0%	1 / 2%	0 / 0%
		NA/Skipped	0 / --	0 / --	2 / --	1 / --	0 / --
		TOTAL	81 / 100%	57 / 100%	62 / 100%	52 / 100%	10 / 100%
4	The pre-monitoring call helped me to better understand CFBHN's monitoring process.*	Strongly Agree	36 / 44%	24 / 42%	31 / 52%	32 / 63%	10 / 100%
		Agree	44 / 54%	31 / 54%	29 / 48%	17 / 33%	0 / 0%
		Disagree	1 / 1%	2 / 4%	0 / 0%	1 / 2%	0 / 0%
		Strongly Disagree	0 / 0%	0 / 0%	0 / 0%	1 / 2%	0 / 0%
		NA/Skipped	0 / --	0 / --	2 / --	1 / --	0 / --
		TOTAL	81 / 100%	57 / 100%	62 / 100%	52 / 100%	10 / 100%
5	Prior to the monitoring, did you have access to the tools used by the QI team?	Yes	This question was not included on the survey in FY 16-17	66 / 97%	62 / 95%	64 / 97%	10 / 100%
		No		2 / 3%	3 / 5%	2 / 3%	0 / 0%
		Unsure/ NA/Skipped		3 / --	2 / --	1 / --	0 / --
		TOTAL		71 / 100%	67 / 100%	67 / 100%	10 / 100%

* For these items, N = the count those who took part in a pre-monitoring call.

			FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
6	Throughout the monitoring process, my questions were answered by the QI staff.	Strongly Agree	66 63%	47 71%	53 84%	45 73%	10 100%
		Agree	37 35%	19 29%	10 16%	16 26%	0 0%
		Disagree	2 2%	0 0%	0 0%	1 2%	0 0%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	8 --	5 --	4 --	5 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
7	QI staff responded to my questions and requests in a timely manner.	Strongly Agree	65 63%	52 79%	52 83%	45 73%	10 100%
		Agree	36 35%	14 21%	11 17%	16 26%	0 0%
		Disagree	2 2%	0 0%	0 0%	1 2%	0 0%
		Strongly Disagree	1 1%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	9 --	5 --	4 --	5 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
8	The monitoring process was organized.	Strongly Agree	66 59%	51 72%	53 82%	50 76%	10 100%
		Agree	42 38%	19 27%	12 18%	16 24%	0 0%
		Disagree	4 4%	1 1%	0 0%	0 0%	0 0%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	1 --	0 --	2 --	1 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
9	The monitoring tools were easy to understand.	Strongly Agree	39 35%	39 56%	37 57%	43 66%	8 80%
		Agree	65 59%	30 43%	26 40%	19 29%	2 20%
		Disagree	6 5%	1 1%	2 3%	3 5%	0 0%
		Strongly Disagree	1 1%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	2 --	1 --	2 --	2 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
10	The monitoring report summarized our results in a clear and concise way.	Strongly Agree	48 46%	45 69%	39 70%	41 72%	9 90%
		Agree	56 53%	20 31%	16 29%	16 28%	1 10%
		Disagree	1 1%	0 0%	1 2%	0 0%	0 0%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	8 --	5 --	11 --	10 --	0 --
		TOTAL	113 100%	70 100%	67 100%	67 100%	10 100%

			FY16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
11	The monitoring report was easy to read and understand.	Strongly Agree	This question was not included on the survey in FY 16-17	45 69%	40 73%	41 72%	10 100%
		Agree		20 31%	14 25%	16 28%	0 0%
		Disagree		0 0%	1 2%	0 0%	0 0%
		Strongly Disagree		0 0%	0 0%	0 0%	0 0%
		NA/Skipped		5 --	12 --	10 --	0 --
		TOTAL		70 100%	67 100%	67 100%	10 100%
12	Monitoring results accurately reflected my agency's current level of performance.	Strongly Agree	45 45%	45 67%	39 70%	40 68%	9 90%
		Agree	49 49%	22 33%	17 30%	19 32%	1 10%
		Disagree	7 7%	0 0%	0 0%	0 0%	0 0%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	12 --	4 --	11 --	8 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
13	Overall, how satisfied are you with this year's monitoring review?	Very Satisfied	78 70%	63 94%	52 85%	42 65%	9 90%
		Somewhat Satisfied	20 18%	1 1%	5 8%	19 29%	1 10%
		Neither Satisfied or Dissatisfied	12 11%	3 4%	4 7%	4 6%	0 0%
		Somewhat Dissatisfied	1 1%	0 0%	0 0%	0 0%	0 0%
		Very Dissatisfied	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	2 --	4 --	6 --	2 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	10 100%
14	Which member of the QI team did you work with most often throughout the monitoring process? Select all that apply. Percentage denominator is the total number of monitorings scheduled for completion during the fiscal year. FY 16-17 = 60 FY 17-18 = 61 FY 18-19 = 59 FY 19-20 = 57 FY 20-21 = 45	Andrea Bryant	34 57%	13 21%	24 41%	21 37%	3 7%
		Ben Brockhouse		2 3%	17 29%	20 35%	3 7%
		Fran Grabosky	42 70%	17 28%	21 36%	17 30%	1 2%
		Jack Kuharek	10 17%	22 36%	23 39%	25 44%	7 16%
		Letitia Daniels	28 47%	3 5%	0 0%	3 5%	1 2%
		Stephanie Johns	11 18%	5 8%	2 3%	1 2%	0 0%
		Other/ Not Sure	41 68%	32 52%	9 15%	3 5%	0 0%

The questions below were added to the survey in FY 20-21 to assess the use of virtual desk reviews in response to the COVID-19 pandemic.

			FY 20-21
15	For how many years have you personally participated in CFBHN's monitoring of your organization?	Less than 1 year	0 0%
		1 - 2 years	2 20%
		3 - 5 years	3 30%
		6 -9 years	1 10%
		10 + years	4 40%
		Not sure	0 0%
		Prefer not to say	0 0%
		TOTAL	**10** **100%**
16	What method did the CQI team use to conduct its monitoring of your organization this year?	On-Site	0 0%
		Virtual Desk review	10 100%
		Both	0 0%
		Not Sure	0 0%
		TOTAL	**10** **100%**
17	As part of the vritual desk review, how did your organization choose to share its data with the CFBHN CQI team?	SharePoint upload	9 90%
		Teleconferencing platform	0 0%
		Access to EHR	0 0%
		Not sure	0 0%
		Other	0 0%
		No answer	1 10%
		TOTAL	**10** **100%**
18	If given the option, which type of monitoring would you prefer be used by CFBHN to monitor your agency or program in the future?	On-Site	2 20%
		Virtual Desk review	4 40%
		Either	3 30%
		Another method	0 0%
		No answer	1 10%
		TOTAL	**10** **100%**

CQI Monitoring Survey Results
FY 20-21

1. **What aspects of the virtual desk review did you find to be the most effective and/or efficient?**

   - The review of the information.
   - By following the tool and the directions of the auditor, we were able to submit all documents without incident.
   - The ability to upload information as we prepared it instead of searching for it in the moment. I believe it made it easier for CFBHN staff to review our information, as well.
   - We definitely missed the dialogue that an on-site review would have provided. We enjoy the interaction and learning that goes on during the on-site monitoring
   - Sharepoint was easy to use and upload [to]
   - It was efficient to complete and allowed ability to ask questions whenever they may arise. This provided the time to fully address the audit measure.
   - Completion of the monitoring tools and upload was the most efficient method.
   - We were able to begin providing electronic uploads of the information prior to the monitoring date rather than having to print all the documents out and compile them for the day of the monitoring. '

2. **In what ways could the virtual desk review be improved?**
   - I do think a few of our issues would have been easier to work through in person, but Jack and the team did a great job reaching out to us with questions/concerns and allowing us the opportunity to respond via email or phone call.
   - No improvement. It was conducted well, just missed the face to face contact and discussions.
   - N/A
   - Keep up the great work Andrea!
   - Not sure, it worked well for us as it is currently.
   - Improve the uploading process.
   - I wish your SharePoint was able to handle large uploads. By only being able to upload one single document at a time, the process took over a week. CFBHN SharePoint kept going down the entire week.
   - Data review may be easier in person.
   - None noted. This seemed to be a very efficient process.