central Florida
Behavioral Health
Network, Inc.

This report summarizes the incident report data collected from CFBHN's NSPs during the period of July 1, 2019 - June 30, 2020. In accordance with the guidelines established by the Department of Children and Families (DCF) in CFOP 215-6 and SunCoast ROP 215-4, incidents reported to the Network involve individuals funded by the Department, staff members that are responsible for the care of DCF-funded patients, or other significant events that occur on the provider's property or under their supervision.

CAUSES:

Incident reports submitted by NSPs to CFBHN include the details of each event, and their cause, if it is known or identifiable, at the time of submission. NSPs classify incident reports to CFBHN using the categories defined and approved by DCF. Staff of the CFBHN Continuous Quality Improvement (CQI) department meet on a weekly basis to review the content of the incidents submitted to the Network. Follow-up questions, as necessary, are submitted to providers to clarify the content of the reports. Incidents that require additional review or scrutiny are referred by the group for a review of the client record or the completion of a formal File Review.

TRENDS:

1. In FY 19-20, a total of 612 incidents were submitted to CFBHN by NSPs. This represented a 12% increase over the previous year's total of 546 incident reports. This increase was the direct result of the COVID-19 pandemic, which accounted for 94 of the 612 incidents reports (15.3%) made to the Network. COVID reports included updates on facility or unit closures, and summaries of staff and client illness and precautions being taken by the NSP to protect others working, or in care, on the unit.

2. A second trend noted during the 19-20 fiscal year was an increase in the number of reports made related to a client death, from 207 in FY 18-19 to 240 in FY 19-20. The 'Rate per 1000 Served' for client deaths reported increased from 1.7 in FY 17-18, and 1.8 in FY 18-19, to 2.1 in FY 19-20. (Please see page 5 of this analysis to view the data summary.)

While the 'Rate per 1000 Served' remained steady from FY 18-19 to FY 19-20 for the Manner of Death categories of 'Accident-Overdose,' 'Suicide,' Undetermined,' and 'Unknown,' slight increases were seen in the categories of 'Accident' (0.1 to 0.2), 'Homicide' (0.0 to 0.1), and 'Natural Death' (0.6 to 0.7).

It is also important to point out that the average number of deaths, per month, reported by NSPs to CFBHN rose in Q4 of FY 19-20. Notably, this is the same quarter in which COVID-19 more prominently emerged in the region served by CFBHN and across the state. This trend will continue to be monitored to determine if it may be in some way related to the pandemic, or it is best accounted for by another cause.

Fiscal Year	Quarter	Deaths Reported	
		Average per Month, per Quarter	Average per Month for the 12-Month Period
17-18			15.1
18-19	Q1	16.0	17.25
	Q2	15.7	
	Q3	17.3	
	Q4	20.0	
19-20	Q1	19.7	20
	Q2	17.3	
	Q3	18.3	
	Q4	24.7	

AREAS NEEDING IMPROVEMENT:

In FY 19-20, approximately 29 incident reports made by CFBHN to DCF via the IRAS system were noted to be late. This was a notable increase in the number of late reports submitted to DCF by CFBHN during the fiscal year, and represented a jump from 0.9% in FY 18-19, to 4.6% in FY 19-20. Analysis of the data revealed that 25 of the 29 late reports occurred in mid to late March at the start of the pandemic, as incident reports related to COVID-19 were not being relayed to DCF as requested. Once discovered, this issue was immediately corrected. However, as each of the 25 reports were not made to DCF within the required timeframe, they are formally defined as late.

ACTIONS TO ADDRESS THE IMPROVEMENTS NEEDED:

At the time that this issue was discovered, DCF required that all COVID reports be submitted via the IRAS system, and this was not being completed by CFBHN Risk Management staff. Once discovered, staff immediately began submitting COVID incident reports through IRAS, and included incidents that had not previously submitted as required.

IMPLEMENTATION OF THE ACTIONS:

Corrections to address the issue were put into place at the time that they were discovered in April, 2020.

WHETHER THE ACTIONS TAKEN ACCOMPLISHED THE INTENDED RESULTS:

The actions taken did correct the issue, as no other NSP incident reports were late in submission through the IRAS system.

NECESSARY EDUCATION AND TRAINING OF PERSONNEL:

No new education or training of personnel was required.

PREVENTION OF REOCCURENCE:

Staff are aware of DCF guidelines related to COVID incident reports, and will continue to follow those requirements.

INTERNAL/EXTERNAL REPORTING REQUIREMENTS:

Provider incident reports that meet the guidelines established in DCF operating procedure and guidelines are entered into the Department's state IRAS system. Summaries of these incidents are prepared and posted monthly for review by CFBHN staff, leadership and the Board of Directors.

Network Service Provider Incident Report Summary FY 19-20

Agency	3-HOUR NOTIFICATION										24-HOUR NOTIFICATION									
	Child Sex Abuse	Client Death	Media Event	Sex Abuse/Battery	Child Arrest	Elope-ment	Staff Arrest	Staff Misconduct	Missing Child	Security Incident	Signif Client Injury	Signif Staff Injury	Suicide Attempt	Bomb, Bio, Chem Threat	Visitor Death or Injury	Human Acts	Vandalism Theft Fire	Other	Other: COVID-19	TOTAL
Agency for Community Treatment Svcs	0	2	0	0	1	23	0	4	0	0	0	1	1	0	0	0	0	0	12	43
BayCare Behavioral Health	0	18	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	21
Boley, Inc.	0	12	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	6	31
Center for Progress & Excellence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Centerstone of Florida	0	50	1	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	2	57
Charlotte Behavioral Health Care	1	8	1	4	0	0	0	11	0	0	5	0	3	0	0	0	0	1	4	44
Coastal Behavioral Healthcare, Inc.	3	7	0	1	0	4	2	2	0	0	0	0	2	0	0	0	0	0	6	27
Community Assisted & Supported Living, Inc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DACCO Behavioral Health	0	5	1	0	0	11	1	0	0	0	0	0	0	0	0	0	0	0	15	33
David Lawrence Center	3	7	1	0	0	0	1	0	0	0	1	0	13	0	0	0	1	1	4	30
Directions for Living	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	8
First Step of Sarasota, Inc.	0	6	0	0	0	12	1	0	0	0	0	0	0	0	0	0	0	0	2	21
Gulf Coast Jewish Family Services, Inc	0	4	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	2	13
Hanley Center Foundation	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hope Clubhouse	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	4
KC Guardian	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Mental Health Care, Inc.	0	5	1	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	1	12
Mental Health Community Centers (MHCC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
Mental Health Resource Center (MHRC)	0	5	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	6
NAMI of Collier County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
NAMI Pinellas County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Northside Behavioral Health Center, Inc	0	8	0	2	0	0	0	1	0	0	0	0	1	0	0	1	1	1	4	17
Operation Par, Inc.	1	14	0	0	0	10	0	0	0	0	1	0	0	0	0	0	1	2	6	35
Peace River Ctr. for Personal Develop.	2	25	1	2	0	7	2	6	3	0	5	2	10	0	0	0	0	5	3	73
Personal Enrichment Through MH Svcs.	1	1	0	6	0	1	0	1	1	0	0	0	2	0	0	0	0	0	2	15
Phoenix Houses of Florida	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Project Return Florida, Inc.	0	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	5
SalusCare	0	30	1	0	0	8	0	3	0	0	3	2	1	0	0	0	1	5	4	58
Success 4 Kids & Families, Inc.	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	6	7
Suncoast Ctr Community Mental Health	0	18	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	23
The Salvation Army	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2
Tri-County Human Services, Inc.	0	5	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	8
Vincent House	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Volunteers of America of Florida	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	3
Westcare Florida, Inc	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Youth & Family Alternatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
TOTAL	11	240	9	16	1	105	6	30	5	0	19	11	42	1	0	1	4	17	94	612

Provider Incident Reports FY 19-20
Multi-Year Data Analysis

2. Incident Report Timeliness

		FY 16-17		FY 17-18		FY 18-19		FY 19-20	
		Count	%	Count	%	Count	%	Count	%
From Providers to CFBHN	On-Time	627	98.4%	513	96.1%	530	97.1%	586	95.8%
	Late	10	1.6%	21	3.9%	16	2.9%	26	4.2%
	TOTAL	637	100.0%	534	100.0%	546	100.0%	612	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	637	100.0%	533	99.8%	541	99.1%	583	95.3%
	Late	0	0.0%	1	0.2%	5	0.9%	29	4.7%
	TOTAL	637	100.0%	534	100.0%	546	100.0%	612	100.0%

3. Provider Incident Reports by Level of Care

a. Count & Percentage

	FY 16-17		FY 17-18		FY 18-19		FY 19-20	
	Count	%	Count	%	Count	%	Count	%
Care Coordination					6	1.1%	5	0.8%
Case Management	28	4.4%	36	6.7%	31	5.7%	30	4.9%
CAT Team					1	0.2%	0	0.0%
Crisis Stabilization Unit	117	18.4%	92	17.2%	91	16.7%	97	15.8%
Detox Unit	15	2.4%	18	3.4%	24	4.4%	16	2.6%
Drop-In/MH Clubhouse	15	2.4%	6	1.1%	5	0.9%	13	2.1%
FACT/Forensic	40	6.3%	30	5.6%	50	9.2%	64	10.5%
FIT/FIS	1	0.2%	3	0.6%	1	0.2%	1	0.2%
Medical Services	7	1.1%	4	0.7%	6	1.1%	10	1.6%
Methadone Maintenance	8	1.3%	8	1.5%	10	1.8%	13	2.1%
Outpatient	125	19.6%	97	18.2%	122	22.3%	137	22.4%
Residential	208	32.7%	163	30.5%	147	26.9%	144	23.5%
SIPP/Therapeutic Group Home	5	0.8%	0	0.0%	4	0.7%	0	0.0%
Supported Employment/Housing	17	2.7%	13	2.4%	13	2.4%	12	2.0%
Other	39	6.1%	39	7.3%	21	3.8%	37	6.0%
Not Applicable:	12	1.9%	25	4.7%	14	2.6%	33	5.4%
TOTAL	637	100.0%	534	100.0%	546	100.0%	612	100.0%

b. Top 5 Levels of Care by Percentage

	FISCAL YEAR			
	16-17	17-18	18-19	19-20
Residential	32.7%	30.5%	26.9%	23.5%
Outpatient	19.6%	18.2%	22.3%	22.4%
Crisis Stabilization	18.4%	17.2%	16.7%	15.8%
Case Management	4.4%	6.7%	5.7%	4.9%
FACT/Forensic	6.3%	5.6%	9.2%	10.5%
Other/Not Applicable	18.6%	21.8%	19.2%	11.4%

4. Manner of Death

	FY 16-17		FY 17-18		FY 18-19		FY 19-20	
	Count	%	Count	%	Count	%	Count	%
Accident	21	10.6%	16	8.8%	8	3.9%	19	7.9%
Accident - Overdose	33	16.7%	38	21.0%	57	27.5%	55	22.9%
Homicide	2	1.0%	1	0.6%	1	0.5%	6	2.5%
Natural Death	48	24.2%	67	37.0%	69	33.3%	81	33.8%
Suicide	22	11.1%	23	12.7%	20	9.7%	27	11.3%
	Gunshot - 9		Gunshot - 9		Gunshot - 7		Gunshot - 7	
	Jumped - 4		Jumped - 2		Jumped - 0		Jumped - 2	
	Hanging - 4		Hanging - 5		Hanging - 8		Hanging - 11	
	Overdose - 3		Overdose - 3		Overdose - 3		Overdose - 5	
	Other - 2		Other - 4		Other - 2		Other - 2	
Undetermined	3	1.5%	3	1.7%	2	1.0%	3	1.3%
Unknown	69	34.8%	33	18.2%	50	24.2%	49	20.4%
TOTAL	198	100.0%	181	100.0%	207	100.0%	240	100.0%

Manner of Death, Rate per 1000 Served

	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Accident	0.2	0.1	0.1	0.2
Accident - Overdose	0.3	0.3	0.5	0.5
Homicide	0.0	0.0	0.0	0.1
Natural Death	0.4	0.6	0.6	0.7
Suicide	0.2	0.2	0.2	0.2
TOTAL	1.8	1.7	1.8	2.1

6. Incident Reports by Category, Rate per 1000 Served

	FY 16-17		FY 17-18		FY 18-19		FY 19-20	
	Count	Rate per 1000	Count	Rate per 1000	Count	Rate per 1000	Count	Rate per 1000
3-Hour (Phone) Notification								
Child-on-Child Sexual Abuse	9	0.1	5	0.0	7	0.1	11	0.1
Client Death	198	1.8	181	1.7	207	1.8	240	2.1
Media Event	20	0.2	10	0.1	15	0.1	9	0.1
Sexual Abuse/Battery	24	0.2	11	0.1	15	0.1	16	0.1
24-Hour (RL6) Notification								
Child Arrest	7	0.1	2	0.0	2	0.0	1	0.0
Elopement	201	10.7	152	8.3	129	7.0	105	6.4
Employee Arrest	8	0.1	16	0.1	22	0.2	6	0.1
Employee Misconduct	34	0.3	35	0.3	35	0.3	30	0.3
Missing Child	6	0.1	4	0.0	0	0.0	5	0.0
Security Incident - Unintentional	3	0.0	1	0.0	0	0.0	0	0.0
Significant Injury to Client	30	0.3	27	0.2	22	0.2	19	0.2
Significant Injury to Staff	6	0.1	13	0.1	8	0.1	11	0.1
Suicide Attempt	51	0.5	48	0.4	61	0.5	42	0.4
Other:								
Biological/Chemical Threat	0	0.0	1	0.0	0	0.0	1	0.0
Human Acts	3	0.0	2	0.0	1	0.0	0	0.0
Vandalism/Theft/Damage/Fire	7	0.1	3	0.0	0	0.0	4	0.0
Visitor Injury or Death	2	0.0	0	0.0	0	0.0	1	0.0
No Other Category	28	0.3	23	0.2	22	0.2	17	1.0
COVID-19							94	0.8
TOTAL	637	5.9	534	4.8	546	4.7	612	5.4

CAUSES:
The Risk Management department defines each of the types of internal incidents and events that are tracked and trended on an annual basis. The cause of each type of incident varies, as they may be the result of human error or systems, equipment or utility failures which are beyond the control of CFBHN.

TRENDS:
INCIDENTS - The number of Computer Security and Data Security incidents reports in FY 19-20 increased this year. Computer Security incidents totaled 7 this year, up from 2 in FY 18-19. This was the result of an increase in phishing and hacking attempts noted by the CFBHN IT department, along with an identified increase in SPAM attacks on our systems.

The number of Data Security incidents rose from 35 in FY 18-19, to 46 in FY 19-20. This was a direct result of an increase in the number of reports made in response to unsecured client identifiers and health information sent to CFBHN (25 in FY 18-19 and 33 in FY 19-20). The number of Data Security incidents classified in the 'Other' category also increased from 2 reports in FY 18-19, to 8 in FY 19-20. Examples of the incidents in the category included instances when CFBHN staff found that, in reports generated by the state office, inadvertent access to data on clients served outside of our region was identified. This increase in the number of 'Other' reports also reflects that CFBHN staff more consistently filed internal incident reports after identifying an issue.

EVENTS - The total number of internal events documented by CFBHN decreased in FY 19-20 to 52, from a total of 87 in FY 18-19. This was primarily the result of a decrease in the number of reports that CFBHN was required to make to the Office of the Inspector General (OIG), which went down from 62 in FY 18-19 to 36 in FY 19-20.

AREAS NEEDING IMPROVEMENT:
No areas in need of improvement by CFBHN are identified at this time. The Network will continue to assess the risk of inadvertent, unprotected disclosures of client identifiers and health information, and contact those individuals to outline the steps they need to take to secure client data going forward.

ACTIONS TO ADDRESS THE IMPROVEMENTS NEEDED:
As they are identified, individuals responsible for Data Security incidents involving protected health information (PHI) or client identifiers receive a notice from the Risk Management department alerting them to their responsibility to protect this type of information. Repeated issues are subject to additional sanctions, including suspension or loss of network system access.

IMPLEMENTATION OF THE ACTIONS:
This is an ongoing process put into place as unprotected disclosures of client data are discovered and reported as internal incidents.

WHETHER ACTIONS TAKEN ACCOMPLISHED THE INTENDED RESULTS:
This is an ongoing process put into place as unprotected disclosures of client data are discovered and reported as internal incidents.

PREVENTION OF REOCCURENCE:
Please see 'ACTIONS TO ADDRESS THE IMPROVEMENTS NEEDED' section above.

EDUCATION AND TRAINING OF PERSONNEL:
CFBHN Staff are trained on an annual basis on internal incidents, their categories, and how to make a report. When a data security incident is reported, the individual (whether a CFBHN staff member, or an employee of another organization) receives a message from the Risk Management department alerting them to the issue, and steps to be taken to prevent it in the future.

INTERNAL/EXTERNAL REPORTING REQUIREMENTS:
Summaries of internal incidents and events are prepared and posted monthly for review by CFBHN staff, leadership and the Board of Directors. A Risk Analysis is conducted on all incidents involving the release of individual PHI or identifying information. As required by law, if the Risk Analysis determines that a breach has occurred, official notifications to the appropriate authorities are conducted.

RISK MANAGEMENT GOAL PROGRESS UPDATE - FY 19-20

1. Create a Risk Management department manual to document and formalize its operations and define staff responsibilities.
The manual has been developed and will continue to be updated as necessary in response to procedural changes, or requirements put into place by DCF.

2. Transition primary responsibility of AlertMedia notifications to the Risk Management department. Work with AlertMedia administrators to increase comfort with the platform.
In FY 19-20, the Risk Management department assumed full responsibility for management of the AlertMedia system, including maintenance of the database of CFBHN staff and Network Service Providers that elected to be added to the notification roster. Because of the onset of the COVID-19 pandemic, additional formal training was not completed with CFBHN staff who were assigned to be Alertmedia administrators. The necessity of this action step will be re-evaluated as decisions on a return to on-site work are made by the CFBHN leadership team.

3. Review and update the format in which CFBHN's data security risk assessments are completed. Review and re-organize data security policies to align them with requirements outlined in HIPAA guidelines.
In March of 2020, CFBHN selected the U.S. Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC), template to complete its data security risk assessment. Due to the onset of the COVID-19 pandemic, the initiation of policy re-writes has been scheduled for completion in FY 20-21.

Internal Incidents and Events
Multi-Year Analysis

INCIDENTS	FY 16-17	FY 17-18	FY 18-19	FY 19-20				
				Q1	Q2	Q3	Q4	TOTAL
Alarm issues	3	3	1					0
Building Security	0	0	0					0
Computer Security	1	0	2	4	2	1		7
Data Security								
Unsecured FROM CFBHN	6	13	8	2	1	2		5
Unsecured TO CFBHN	39	31	25	5	8	12	10	35
Other	4	2	2	2	1	1	3	7
Equipment Malfunction/Failure	0	1	8	2	2	1		5
Facility Issues	1	3	0	2			1	3
Infection Control	0	0	0					0
Media	0	0	0	1				1
Medical Energency/Injury/Death	2	0	0					0
Property Damage	2	0	0			1		1
Threat to Safety	1	0	1					0
Utility Failure								
Electrical	2	2	3				1	1
Heating/AC	0	0	1					0
Internet	1	5	4				1	1
Telephone	0	3	0					0
Water/Plumbing	0	1	1					0
Other	1	8	12	1		0		1
TOTAL	63	72	68	19	14	18	16	67

EVENTS*	FY 16-17	FY 17-18	FY 18-19	FY 19-20				
				Q1	Q2	Q3	Q4	TOTAL
Call to Abuse Registry	3	2	0			1		1
Legal Notice	1	1	3		2	1	3	6
Media Request	3	6	2					0
Public Records Request	3	15	16	3		5	1	9
Report to Licensing	0	0	0					0
Report to OIG	43	46	62	5	12	10	9	36
Wellness Check Request	2	0	2					0
Other	1	1	2					0
TOTAL	56	71	87	8	14	17	13	52

* Events are defined as actions that involve the release of information, or a formal report, to a third party. These tasks take place with a varying degree of frequency, and are elements of CFBHN operations that require documentation, tracking and trending.