

Department Directors Report
April 2021

Contracts

- Annual Required Documents were due April 1st. Contract Specialists are reviewing and following up on any additional information needed.
- Amendments for Fiscal Year 21-22 are expected to go out sometime in May/early June.
- Centralized Receiving System (CRS) funding ends May 31, 2021.
- Current 3-year Prevention Partnership Grants end June 30, 2021. New awards are expected to be announced prior to the end of this fiscal year.
- CFBHN is still working with emerging and existing Recovery Community Organizations (RCOs) on the education of contracting with CFBHN, including budgets, invoicing, data and requirements of DCF. No contracts have been executed at this time.

Consumer and Family Affairs

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 NSP's 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. o 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, Muslim Connections and Dr. Amanda Sharpe PhD.



Collaborating for Excellence

Recovery Community Organization (RCO) Development Collaborative: CFBHN, DACCO and Suncoast Region DCF SAMH office staff members, American Addiction Centers, DEA, The Phoenix, Timothy Initiative, and Recovery Project Florida Behavioral Health Association provided through FADAA.

New stakeholders: Craig Pickos, Polk County, (emerging RCO).

ROSC Status Update Summary

- CFBHN participated on the States Recovery Management Guidance Document draft.
 - Draft was sent to MEs for review and comment.

ROSC Key Indicator Summary Accomplishments and Outcomes

A. Promoting Collaborative Service Relationships:

1. CFA staff along with other CFBHN staff participated in DCF's ROSC SOR II Collaborative QI Monitoring Review training.

CFBHN is developing a QI monitoring process for SOR II referred to as ROM. Staff are meeting internally to prepare for site visits and determine scheduling with our NSP's.

2. CFA coordinated virtual Wraparound 101 Trainings for the Suncoast Region stakeholders to assist in the certification process.
3. CFA reports quarterly to DCF's HQ SOC project manager (Mary Schrenker) newly certified Wraparound Facilitators and Coaches.

One individual from CFBHN became certified as a Wraparound Coach in March.

4. Facilitated the SunCoast ROSC Transformation Workgroup.

Seven participants attended the February meeting and twelve participants attended the March meeting.

B. Community Integration:

1. Consumer and Family Affairs (CFA) department offers 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.

Updates as follows-

Hillsborough County: Hillsborough Recovery Coalition's website is live and they are working to fill positions on their board and are waiting on confirmation on the status of their 501c 3 status. HRC is planning its first Narcan distribution for the community.



Collaborating for Excellence

Lee County: As of February, Kimmie's Recovery Zone (KRZ) has an established board and they are looking for a building to house the RCO. They conducted a Narcan training and distribution in January and provided 110 boxes of Narcan to the community in collaboration with "Healthy Minds". In March, KRZ sponsored a parenting class for the Ft. Myers area, began contract negotiations with a local hospital to place a peer specialist with the hospital.

Pinellas/Pasco County: Recovery Epicenter (RE) continues to distribute Narcan in Pinellas and Pasco and is developing collaborations with NSPs in an effort to place CRPS within provider agencies.

Polk County: Polk for Recovery has secured polkforrecovery.org domain for their website. They have secured an employment ID (EIN) number and are in the process of filing their Articles of Incorporation along with their 501c3 nonprofit status and will be opening a bank account.

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

2. CFA participates on the Winter Haven, Manatee, Pinellas, and Hillsborough FACT Advisory Teams with the primary goal to include consumer voice and choice and recovery principles and concepts.
3. CFBHN participated in the Florida State Hospital's ROSC initiative with the primary goal to increase networking and collaboration between the MEs, State hospitals and community stakeholders to develop relationships for promoting warm handoffs to assist individuals being discharged from state hospitals and reentering into their home community.
 - Florida State Hospital ROSC Group continues to meet and will bring their SAPT and RSA data to the group once data collection is complete.
 - North Florida Evaluation and Treatment Facility ROSC Group also known as Team Hope continues to meet and is planning for the release of the RSA, SAPT and family surveys to be implemented at the end of April. New action plans will be developed and implemented based on the surveys. After April, these meetings will move to quarterly meetings.

C. Cross-system Partnerships:

- a. Consumer and Family Affairs (CFA) serves as a member of the Hillsborough County Sequential Intercept Mapping (SIM) Reentry, Priority Area 1: Enhanced Community Collaboration and Follow-up Committee.

Assisted in writing the final draft public report that includes recommendation for improving Recovery-Oriented System of Care principles and concepts. 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 and substance use populations.
6. Utilize Peer Support Specialist.



Collaborating for Excellence

The report has not been released, as of yet, for a determination on the approval of the draft.

2. CFA staff conducts monthly virtual SunCoast regional Wraparound Learning Community meetings to increase Wraparound implementation, share knowledge, practice skills in the region, and provide support to encourage community leadership.

Sixteen individuals participated in the February meeting.

Seventeen individuals participated in the March meeting.

3. C&FA provides leadership in JWB's Children's Mental Health Initiative (CMHI) Team 2 and in March, provided information on Protective Factors tools which was chosen to be utilized as a component of the public awareness information and training to be provided in Pinellas County.

D. Increase Peer-Based Recovery Support Services:

1. CFA provided and facilitated virtual, monthly SunCoast Regional Peer Advocacy Council meeting 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.

Twenty-nine peers participated in February

Twenty-six peers participated in March

2. CFA staff, in collaboration with David Lawrence Center staff, offered 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.

On average, fifteen peers participated on each call this month.

3. CFA developed and filmed 5 webinars that will meet the training criteria for peer certification and are hosted on the CFBHN website. The trainings include 2 CEUs for each topic: Advocacy, Ethics, Cultural Competency, Mentoring and Vicarious Trauma and Self-Care.
4. CFA are trained to provide a four-hour "Wellness Plan development" Training in lieu of the 16 hour "Intro to WRAP" for peer certification.
5. CFA participated in the DCF Recovery Capital Train the Trainer and will be certified as trainers in this initiative.

E. Community Health and Wellness:

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



Collaborating for Excellence

NAMI Pinellas' "Peer in Recovery Mentorship Program" enrolled 14 consumers and one peer obtained their certification during February. Twenty-four active participants are pursuing certification and four peers have submitted their application for certification to the Florida Certification Board (FCB).

Youth Move hosted committee and chapter meetings. Five youth/ young adults attended in both February and March.

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

The FCMHSOC-Expansion and Sustainability Grant received a No Cost Extension funds to continue to offer the grants required array of services to the community until June 30, 2021.

The SunCoast region site coordinator has continued to focus on efforts outlined in the sustainability plan. The direct services of high fidelity Wraparound is sustained by our NSPs, Directions for Living, as they achieved certification as a Wraparound organization.

1. Strategic Goal 1. Demonstrate Family and Youth Engagement:

1. FCMHSOC staff participated in the ongoing development of the "Peers in Recovery Mentorship Program" (PIRPM).
 - a. During February, the winter 2.0 cohort enrolled an additional six consumers and one peer obtained their certification as a peer and obtained employment with Operation PAR.
 - b. Twenty-four active participants are pursuing certification.
 - c. Four peers have submitted their application for certification to the Florida Certification Board (FCB).
2. Youth MOVE hosts committee and chapter meetings. Five youth/ young adults attended in February and March. They are working on a webinar with the FCB and DFC for next month.
3. FCMHSOC staff continued to participate in the JWB's workforce and continuum of care teams to roll out ACES training and planning to launch the Family Café training to increase protective factors and resiliency in Pinellas County.



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	0				0	0.0%
Consumer Affairs	0	0	0	0	0	0	0	0	0				0	0.0%
Contracts	0	0	0	0	0	0	0	0	2				2	100.0%
Community Managers/ Housing/ Special Projects	0	0	0	0	0	0	0	0	0				0	0.0%
Finance	0	0	0	0	0	0	0	0	0				0	0.0%
HR	0	0	0	0	0	0	0	0	0				0	0.0%
IT	0	0	0	0	0	0	0	0	0				0	0.0%
NDCS	0	0	0	0	0	0	0	0	0				0	0.0%
QI/Risk	0	0	0	0	0	0	0	0	0				0	0.0%
TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	2	100.0%
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	62	62	61	62				64	
TOTAL SEPARATED														
Involuntary	0	0	0	2	0	0	0	0	0				2	
Voluntary	0	1	1	0	0	2	0	1	1				6	
Total Separated	0	1	1	2	0	2	0	1	1	0	0	0	8	
Percent of Workforce	0.0%	1.5%	1.5%	3.1%	0.0%	3.2%	0.0%	1.6%	1.6%	0.0%	0.0%	0.0%	12.5%	
DETAIL														
Terminated	0	0	0	2	0	0	0	0	0				2	25.0%
Moved	0	0	0	0	0	0	0	0	0				0	0.0%
New Opportunity	0	1	1	0	0	2	0	0	1				5	62.5%
Retired	0	0	0	0	0	0	0	0	0				0	0.0%
Other	0	0	0	0	0	0	0	1	0				1	12.5%
TOTAL	0	1	1	2	0	2	0	1	1	0	0	0	8	100.0%
DEPARTMENT														
Administration	0	0	0	1	0	0	0	0	0				1	12.5%
Consumer Affairs	0	1	0	0	0	0	0	0	0				1	12.5%
Contracts	0	0	0	0	0	2	0	0	0				2	25.0%
Community Managers/ Housing/Special Projects	0	0	0	0	0	0	0	1	0				1	12.5%
Finance	0	0	0	0	0	0	0	0	1				1	12.5%
HR	0	0	0	0	0	0	0	0	0				0	0.0%
IT	0	0	0	0	0	0	0	0	0				0	0.0%
NDCS	0	0	1	1	0	0	0	0	0				2	25.0%
QI/Risk	0	0	0	0	0	0	0	0	0				0	0.0%
TOTAL	0	1	1	2	0	2	0	1	1	0	0	0	8	100.0%



Network Development/ Clinical Services

CFBHN Children's Mental Health SOC Assistance Data Summary

Status Update

During this quarter, CFBHN provided technical assistance and guidance to Network Service Providers (NSP) on early identification of cases with high utilization through further training of the Youth At Risk Models for each circuits. Additionally, technical assistance was provided to the statewide child welfare prevention work group on the utilization of "Eco Mapping" which provides a structured way of identifying high risk youth trends to target community resources more efficiently. The emphasis of CFBHN continues to be on prevention of high risk youth to child welfare and deeper end systems of care and identification of additional community resources.

Data Summary

During this quarter, 137 interagency staffings were conducted, with the focus on diverting high risk youth out of child welfare and deeper end systems of care. 136 of the youths were diverted from child welfare and deeper end systems of care.

Summary of barriers/ issues and strategies to mitigate

COVID-19 continues to present challenges to consumers, providers and systemic partners. However, community partners report being more effective in providing telehealth services. The 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 thru the utilization of Microsoft Teams and other communication strategies.

Family Intensive Treatment (FIT)

Every FIT team is required to serve a target number of clients based on their funding. The chart below summarizing the current enrollment of each FIT Team, as well as the total number of clients each FIT Team has served to date during the FY20-21. The chart also includes the teams' annual target and shows how much of their annual capacity the team has utilized to date.



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	117	130	90.00%
DFL/Pinellas	31	65	70	92.86%
DACCO/Hillsborough	26	40	66	60.61%
CBHC/Charlotte	13	23	25	92.00%
CBHC/Lee	25	54	75	72.00%
Centerstone/Manatee	27	50	72	69.44%
PRC/Circuit 10	12	23	38	60.53%
TOTAL	190	372	476	78.15%

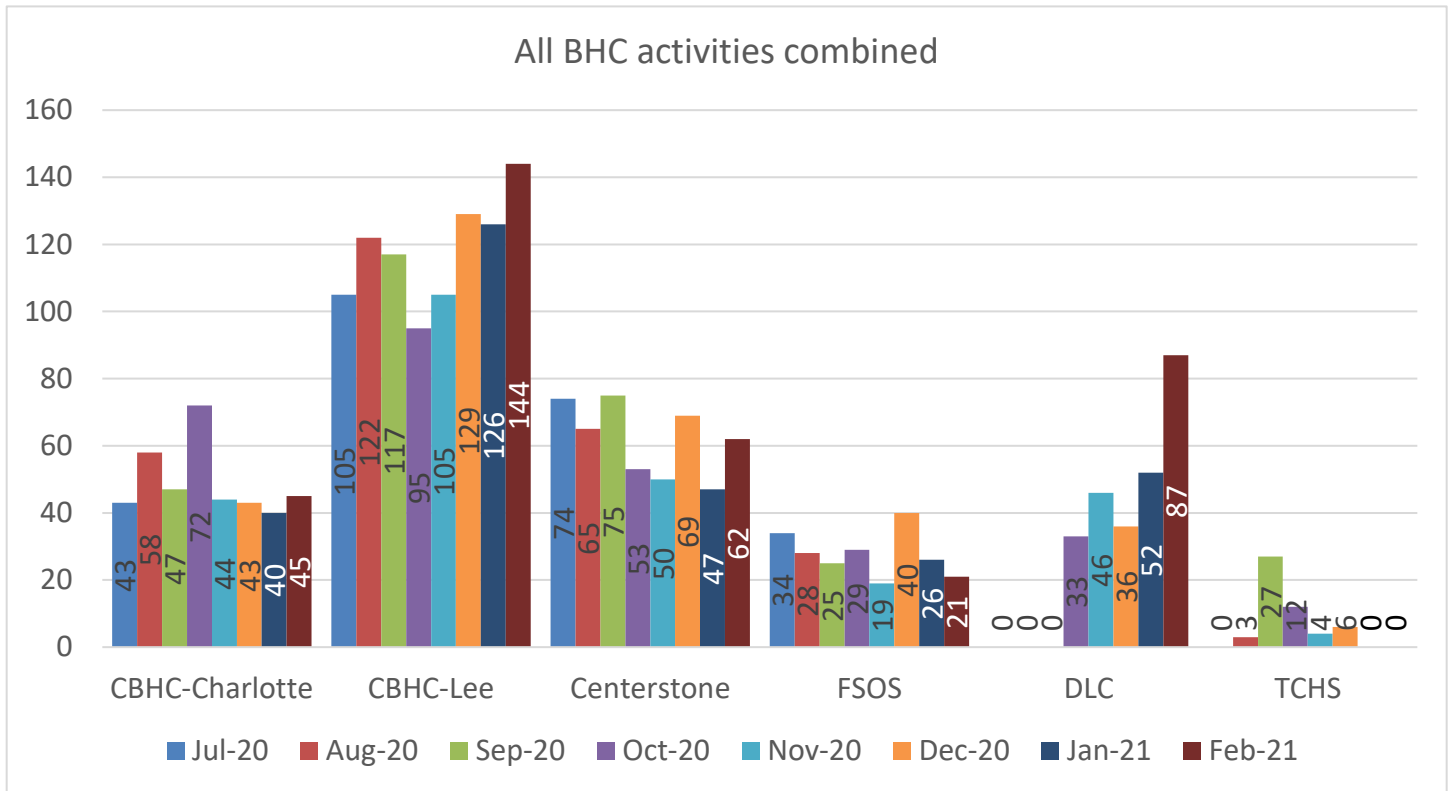
Data Summary

The data above is reflective through February 28, 2021; in order to be on track to meet their annual targets, FIT teams should be at approximately 66% of their target numbers as of the end of this reporting period. In Circuit 10, a meeting was held between CFBHN, Peace River Center, DCF, SAMH, and the CBC to review the current referral process and make changes to increase referrals to FIT; improvements are already being noted. Hillsborough County/DACCO is also meeting with their various referral sources to discuss referrals and removed barriers, improve process.

Behavioral Health Consultants (BHCs)

The BHCs are subject matter experts in areas of substance misuse and mental health and they provide consultation services to the CPIs during their investigations by means of joint visits, brief clinical assessments (non-diagnostic), record reviews, etc. The data chart below summarizes the number of total consultations completed each month by the BHC in each area. It should be noted the BHC position for David Lawrence Center (DLC) was vacant during the beginning of the fiscal year and the position at Tri-County (TCHS) was vacant in July and has been vacant since January. TCHS is actively recruiting for this position.





Data Summary

The number of consults is impacted by the number substance misuse and mental health involved investigations received within a given county. Areas such as Lee County and Manatee County are experiencing a higher need for the BHC. Prior to the staff exit, TCHS was experiencing a decline in referrals for the BHC. Through meetings with TCHS, it was determined this was likely related to Covid-19, DCF staff working remotely and the availability of BHC staff in neighboring counties. Despite valiant efforts by the BHC, she had not been able to form relationships with many of the CPIs and they were relying on BHC staff in other C10 counties for remote consults. TCHS is currently recruiting for the position and efforts have been made, including review of the referral form, discussion during county and circuit leadership meetings, and meetings between CFBHN, providers, DCF, CBC to ensure once the position is filled, it will be utilized fully.

FACT

Status Update

During the third quarter, 34 consumers that were diverted from admission to a civil State Mental Health Treatment Facilities (SMHTF).



Civil State Hospital Waitlist – ending Quarter 3		
State Hospital	Private	Public
Florida State Hospital	26	16
South Florida State Hospital	0	4
North East Florida State Hospital	1	0

As of the end of March, CFBHN had 47 clients waiting for a civil SMHTF bed. All admissions to CIVIL SMHTF were stopped from mid-March 2020, due to COVID-19. Wait times are not applicable during this time, as the average wait time has been disrupted. During the third quarter admissions to the civil SMHTF resumed slowly, adding a total of 10 admissions for the CFBHN area.

FY 20-21 Year-to-Date State Mental Health Treatment Facility Referrals by Circuit Ending Quarter 3		
Circuit	Receiving Facilities in Circuit	Year-to-Date Clients Referred to State Treatment Facility
6	10	44
10	7	41
12	5	10
13	7	4
20	5	20
Total		119

In the third quarter, CFBHN processed 28 referrals to the SMHTF from the 34 receiving facilities in our 14 counties. Total year to date referrals is 119. There were 34 diversions from SMHTF admission during the third quarter with a total year to date 108 diversions. During the third quarter, there were 10 admissions to the SMHTF from CFBHN area with a total year to date of 20 admissions. It is worth noting that the number of referrals to the civil SMHTF from last FY third quarter to the current FY third quarter reflects a significant decrease, down nearly two thirds. FY 2020 third quarter = 72 and FY 2021 third quarter = 28. This information is important to note because it all ties together with diversions and admission. Less referrals impacts the number of admissions, but it also impacts the number of possible diversions. Slowly there become less referrals to divert from civil STF due to fewer referrals overall.

CFBHN stills has people on the wait list from 2 years ago waiting for a bed at FSH. The persons that remain on the wait list this long, need the SMHTF and likely will not be diverted.

Summary of barriers/issues and strategies to mitigate them

The use of the Disability Rights of Florida State Hospital Transitional Vouchers reduced many of the challenges associated with unfunded discharges from SMHTF. SMHTF were identifying individuals for discharge that were not funded, and therefore the SMHTF relied on the community/ME to provide funding for these clients as they returned to the community. These funds provide rent and medication, as well as other life-enhancing services for clients stepping down from the SMHTF. CFBHN is advocating for the expansion of voucher to be used for diversion from admission to the SMHTF. Though progress had been made in this area during the second quarter, there has been no further response from DRF during the third quarter.



Forensic

Forensic State Hospital Admissions have been impacted by the COVID-19 virus beginning March 16, 2020. As of April 1, 2021, admissions to the Forensic State Hospitals are occurring and moving steadily due to quarantine procedures at the State Hospitals. 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 suspended by Executive Order until May 31, 2021 and there are currently 280 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; however, visitations in the Jails are still on hold in all Counties except for Pinellas County. Forensic Residential Providers have continued to schedule new admissions with COVID safety precautions being taken and their focus of admission is on State Hospital Diversions.

Prevention

Status Update

Prevention programs and coalitions continually work collectively with community partners to maintain engagement in substance abuse prevention education. Many partners include faith-based, community-based care providers, food banks, housing/shelter, business associates, senior centers, and schools. Providers are impacted due to COVID-19 in regards to the ability to implement more traditional methods of information and referral and education to youth and adults. Because this is a global pandemic, providers are using their platform(s) to further the message of health and wellness through the lens of substance prevention.

Providers and drug free coalitions continue to provide community support and responsiveness, as many are front line service providers through their community health and wellness advocacy including providing primary prevention services through information dissemination, education and information and referral services. Often these providers are both in the community and in schools as COVID-19 restrictions are still in place. Those providers that are able to be in the schools are working alongside other healthcare workers to ensure prevention education continues to remain intact especially as resiliency and coping are essential in these times. Providers are tasked with providing information and referral to meeting some basic needs while still providing primary prevention services.

Substance abuse prevention is a critical service area and preventing the onset of youth drug use is very pivotal and is a community wide effort. Many providers and coalitions are still utilizing social media more intently to push their prevention messages, through Facebook Live activities, and Zoom events. Providers and coalitions are continuously helping families by enhancing protective factors such as family bonding, strong community attachment and building pro-drug resistance skills through creative methods such as having social media live events hosted by youth in their community, allowing Town Hall type events to take place as an outlet to connect and grow as a community.



Data Summary

Number Served (1/01/2021 to 3/31/2021)

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

	Youth	Adults	Unknown	Total
Media Generated	1,225,505	4,068,517	-	5,294,022
Services Provided	67,983	55,149	-	123,132
Community Action	2,009	8,514	-	10,523
Community Change	6,898	17,840	-	24,738
TOTAL	1,302,395	4,150,020	0	5,452,415

Care Coordination

1. Access to Care

CFBHN Utilization/Care Managers continue to outreach to all regional NSP for anyone waiting for a bed-based SA service resulting in more timely access to services.

Due to COVID-19, availability of SA Residential beds remains reduced when compared to the pre-COVID period. 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. In some cases, persons who could benefit from longer-term programs are unable to access due to lack of beds in those programs. Many accept admission to short-term programs and Utilization/Care Managers then work with providers in locating treatment services and resources for persons who may need additional or ongoing treatment after completing a short-term program.

The region currently has 65 children reported to be waiting for CAT team in Pasco County and six adults waiting for Room and Board Level 2 in Pasco County. CFBHN continues to work with all providers to consistently report all persons waiting for any service in the region and to assist with locating available services.

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 HNNU status and notify NSP when persons admitted are eligible for care coordination. NSP are asked to monitor all persons admitted to acute care for additional eligibility criteria including 3 emergency or crisis assessments within the past 6 months or mental health or substance use diagnosis plus legal issues/arrests or child welfare involvement.

622 persons have been served in care coordination. There are currently 222 individuals actively being served in care coordination as of 3/1/20. 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 remain available to assist with care coordination resource needs for FY2021. Providers were notified in the recent Care Coordination meeting that there are available voucher dollars and providers have been encouraged to utilize these funds to support consumer efforts to stabilize in the community. Care Coordination providers typically utilize these dollars to provide housing and other stabilization needs for persons meeting care coordination eligibility criteria.

As of 4/1/21, Guidance Document 4 was revised and care coordination is now expanding to include serving children as well as adults. CFBHN and the UM team is currently reviewing these changes and are developing plans for rolling out these services with our providers.



Due to COVID-19, many Care Coordination NSP 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

First Episode Psychosis (FEP) Program

As of March 31st, 2021, 18 participants have been enrolled since the fiscal year with target date of 24 by end of June 2021. Outreach & Recruitment Coordinator (ORC) and Program Manager maintain contact with community partners and are strategizing plans during weekly meetings to develop new partnerships across the Tampa Bay community. February outreach included presentation at Juvenile Justice Board Executive Committee Meeting and Rogers Behavioral Health.

Due to COVID-19, in-person outreach activities are on hold and efforts are underway to explore additional virtual opportunities with CFBHN and other community partners. S4K participates in monthly Acute Care Committee Meeting; Tampa Homeless Housing Initiative Committee; Hillsborough County Parent Resource Coalition; 211 & Healthy Transitions Meeting; & Children's Committee meetings via Microsoft Teams

Summary of Barriers/Issues and Strategies to Mitigate Them

Barriers/Issues: Specialized population requires specialized outreach for continued enrollment.

Strategies to Mitigate: S4K continues to outreach to community to increase enrollment and conducted 9 outreach activities this quarter period. The Outreach Coordinator and FEP Program Manager continue meeting weekly to discuss ways to connect with the community in the Tampa Bay Area to increase awareness of the FEP Program.

2. SOR (Statewide Opioid Response)

CFBHN has worked with NSPs 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 region: ACTS – Tampa General & St. Joseph's Hospital,

Baycare Behavioral – Morton Plant North Bay,

David Lawrence Center – NCH Healthcare & Physicians Regional,

DACCO – Tampa General & St. Joseph's Hospital,

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 NSPs and hospitals have become more adapted to the changes brought by COVID19, peers have begun to reintegrate into the hospital ED. NSPs have successfully screened 649 individuals, referring 375 to treatment and linking 161 to treatment NSPs.



Hospital Bridge Partnership	
Number of individuals Screened	649
Number of individuals induced with Buprenorphine in ED/hospital prior to discharge	26
Number of individuals induced with Methadone in ED/hospital prior to discharge	5
Number of individuals referred to treatment providers	375
Number of individuals linked to treatment providers	161

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

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 provides 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 was posted to our website, communicated via social media and through our email distribution system. We continue to respond to movements relating to diversity and inclusion such as the recent anti-Asian events in Georgia and throughout the US.

Community

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

Legislative/Elected Officials/Community

- Transitioned to once-weekly status update reports via Constant Contact provided regarding response to COVID 19 and access to care.

Workshops/Award Recognitions/Other

- Picked up Tampa Bay Business Journal 2020 One Tampa Bay honoree award
- Participating in the Tampa Bay Business Journal “Best Places to Work” contest via employee survey but was not selected as a finalist due to low response of staff – did not meet threshold to compete
- Submitted application for Tampa Bay Business Journal CFO of the Year nominee for Julie Patel
- Selected as Poster Presenter at National Council Conference (two posters)



Collaborating for Excellence

Press & Media

- Comprehensive network wide Prevention Campaign continues. Have issued two 90-day quarterly reports (see-attached). Third quarter has ended March 30 and report numbers will be available by mid-April for next report. Results provided to Prevention Partners and Coalitions on quarterly call. All TV, radio and social media interviews are posted on CFBHN website
- Visit made to Mayor Jane Castors office including a packet with cover letter from Linda McKinnon, report, and a T-Shirt with the "In It to Win IT" logo, which complements the "Talk. They Hear You" campaign. Initiative seeks to engage Mayor's support of the campaign and she is considering the request.
- Opioid awareness campaign in progress from end December to June 30, 2021 throughout network.
- Plans for Bayside TV show with Linda McKinnon featured in May.
- Monthly interviews discussing comprehensive Prevention campaign with radio personalities Queen B and Ronnie Lane continue with CFBHN staff and special guests. Distribution via IHeart and CFBHN social media accounts. Posted on CFBHN website.
- Supporting launch of the FAME campaign 2-1-1 for April

Website

- Supporting RX Take Back day on home page and special RX Drop Box page
- Added Prevention Partners Page under Prevention tab and revised Coalition page to match new format
- Using white space at top of home page for special announcements and focus issues
- Completed clean up and revision project and found additional savings with movement to new AWS platform.

Print and Communication

- Completed Annual Report – electronic and printed. Is available on the About tab of Website
- Mailings to all Legislators following zoom calls with Linda McKinnon
- Presentation to all Legislative Delegations
- Assisted with PowerPoint Presentation for internal staff

Social Media

Social media continues to be critical amid the COVID 19 crisis to post information

From period Jan 1- Mar 30, 2021 the following metrics were achieved:

Likes:	3,090
Followers:	3,308
Video views plus 3 sec:	118,407
Post Reach	82,000
Post Engagement	10,060

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

Video viewing reporting good activity with monthly Queen B and Ronnie Lane IHeart radio interviews
Good Sam video remained most watched.

Twitter Analytics:

- All posts that reach over 1K on FB are shared on Twitter
- Average achieving 9-12k impressions monthly





Collaborating for Excellence

Linkded In

- Posting 1x per week

Instagram

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



Next 90 Days

Plans are to produce a second creative ad using youth voice in the **“In It To Win It”** campaign (barring COVID limitations). We will use the same youth from the previous ads and recruit youth from Sarasota and south counties to be included. This will build protective factor support and encourage **“The Talk”**.

As part of our campaign we have Radio Personality support with live interviews monthly with **Queen B, 95.7 The Beat** and **Ronnie “Night Train” Lane of WDAE 620 Sports radio**.



Interviews can be seen on the CFBHN website and are distributed via social media.

We will be bringing in guest interviewees in the coming months from throughout the network.

This is valuable additional support on social media and throughout the program play segments that are in addition to paid spot placements.

NOTE— We are able to personalize any TV or radio spots we have in the campaign for use by Coalitions and Partners on their own social media, website or in school settings.

Numbers

To date the campaign on all platforms (Radio, TV broadcast, Digital and OTT) has garnered **11,952,009** impressions in the first **90** days via **1700** spots.

The call to action is the CFBHN website and Google analytics shows there has been an **83%** increase in new visitors with **10,820** page views for an average of **2:19** minutes a visit. Visits are substantially up since the campaign launched vs the 90 day period prior to the campaign.

Actions to Support Campaign

CFBHN has enhanced our website by using the white header space on the home page to input quick links, a floater with **“Talk. They Hear You”** logo quick link, and our first slider is a **“Talk. They Hear You”** visual.

CFBHN has created a new Prevention Tab for the website featuring drop down pages of more information: "Talk. They Hear YOU", Coalitions and RX Drop Box.

CFBHN is currently working to produce a new **Partners** page similar to the **Coalition** page.



Central Florida Behavioral Health Network, Inc.
719 US Highway 301 South
Tampa, Florida 33619
Phone: 813.740.4811
Fax: 813.740.4821
www.cfbhn.org



Prevention Campaign
Quarterly Report
July 1, 2020 to September 30, 2020



Prevention Campaign 2020-2021

Campaign focus was determined by Network Coalitions who identified Underage Alcohol Consumption as the primary and common issue adversely impacting their communities (*save for Pinellas which was Opiate with Underage Alcohol second*).

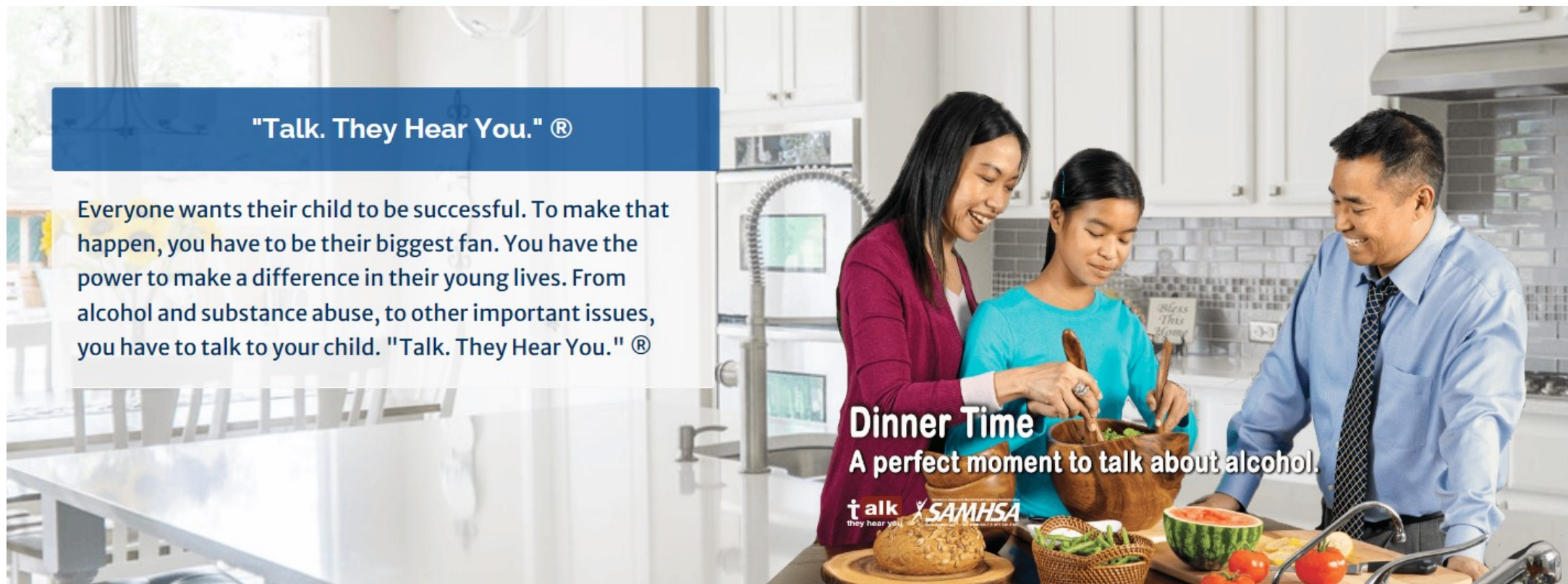
With this in mind, CFBHN developed a comprehensive campaign to talk to parents/guardians and youth (middle/high school age) about Underage Alcohol use.

The SAMHSA **"Talk. They Hear You."** campaign encourages parents/guardians to have this important talk with their children. CFBHN and creative partners adapted this material and produced additional original material for the campaign launch.

All resources such as talking point infographics and a downloadable APP (*that can be used to practice having the talk*) are available on the CFBHN website.

Commercials are personalized for our communities from the SAMHSA materials and original commercials have been developed using youth voices from our local areas. These :15 and :30 sec TV spots are on our website as well as radio spots and personality interviews.

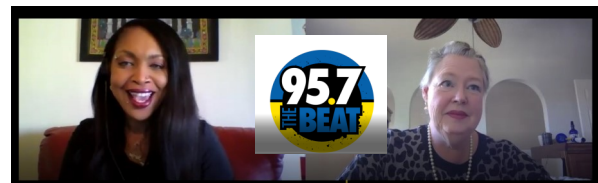
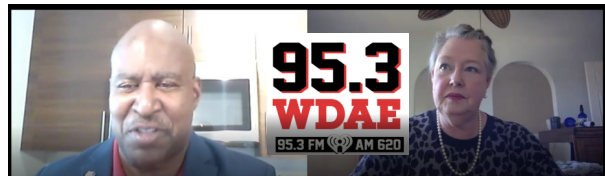
CFBHN has begun to weave into the campaign a second focus aimed at youth – the **"In It To Win It"** campaign. This will help support protective factors with youth and encourage them to be receptive to the parent talk and ask questions. It is a recognized catch phrase in the sports world and resonates with youth as a positive and encouraging message.



Next 90 Days

Plans are to continue using the existing creative featuring local youth voice and the SAMHSA radio and TV spots adapted for our use. A second planned creative production will be delayed due to COVID limitations.

The comprehensive campaign continues to be supported by Radio Personalities via live interviews with **Queen B, 95.7 The Beat** and **Ronnie “Night Train” Lane of WDAE 620 Sports**. We look forward to including featured guests from our Coalition and Prevention Partners in 2021.



Interviews can be seen on our website and are distributed via social media.

This valuable additional support on social media and throughout the program play segments are in addition to paid spot placements.

NOTE— We can personalize any TV or radio spots with your logo for use by Coalitions and Partners on their own social media, website or in school settings. Just contact Niaja or Doris

Numbers

To date the campaign on these platforms (radio, TV broadcast, digital and OTT) have garnered **15,639,600** impressions in the second **90** days via **2270** spots (**458** were no charge PSA spots) and **9,398** Clicks to Website via NBC Digital. The comprehensive campaign completely covers the entire CFBHN network.

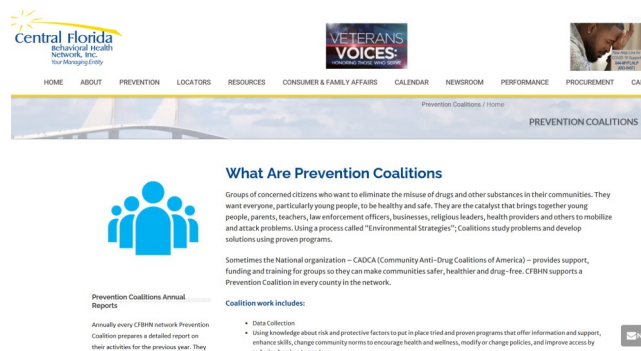
The call to action is to the CFBHN website. Google analytics shows continued new visitors at an **83.4%** increase (over **3,000**), **9,129** page views for an average of **2:15** minutes a visit. The most frequent days visited are **Wednesday** and **Thursday**.

Actions to Support Campaign

CFBHN has enhanced our website by using a home page floater with **“Talk. They Hear You”** logo quick link, and our first slider is a **“Talk. They Hear You”** visual.

CFBHN created a new **Prevention Tab** prior to campaign launch featuring drop down pages: **“Talk. They Hear You”** and **Coalitions**.

CFBHN is currently working to produce a new **Partners** page similar to the **Coalition** page that should be ready by February 1, 2021.



Central Florida Behavioral Health Network, Inc.

719 US Highway 301 South
Tampa, Florida 33619
Phone: 813.740.4811
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Prevention Campaign

Quarterly Report

October 1, 2020 to December 31, 2020



Prevention Campaign 2020-2021

Campaign focus was determined by Network Coalitions who identified Underage Alcohol Consumption as the primary and common issue adversely impacting their communities (save for Pinellas which was Opiate with Underage Alcohol second).

With this in mind, CFBHN developed the campaign to talk to parents/guardians and youth (middle/high school age) about Underage Alcohol use.

The SAMHSA **"Talk. They Hear You"** campaign encourages parents/guardians to have this important talk with their children. CFBHN and creative partners adapted this material and produced additional original material for the campaign launch.

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Continuous Quality Improvement Monthly Report FY 20-21

As of 3/31/2021

1. Network Service Provider (NSP) MONITORING STATUS

Provider Monitoring Status Summary		FY 19-20		FY 20-21	
ANNUAL REVIEW Phase:		Count	%	Count	%
<i>Monitoring In-Progress</i>		0	0%	0	0%
<i>Not Yet Started</i>		0	0%	14	26%
<i>Annual COMPLETE</i>		24	42%	0	0%
<i>Follow-Up REQUIRED</i>		0	0%	19	35%
<i>Annual COMPLETE - NO SAMPLE</i>		2	4%	9	17%
<i>EXEMPT in FY 20-21</i>			0%	9	17%
FOLLOW-UP Phase:					
<i>Follow-Up COMPLETE - Items RESOLVED</i>		18	32%	0	0%
<i>Follow-Up COMPLETE - UNRESOLVED Items</i>		8	14%	2	4%
<i>Follow-up COMPLETE - NO SAMPLE</i>		5	9%	0	0%
<i>Follow-Up WAIVED - CONTRACT TERMINATION</i>		0	0%	1	2%
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	20-21
<i>Number of FULL Monitorings</i>	40	33	21	39	15
<i>Number of LIMITED and COALITION Monitorings</i>	20	28	36	17	30
<i>Number of BASELINE Monitorings</i>	0	0	2	1	0
<i>Coalitions EXEMPT from Monitoring</i>					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
<i>CORRECTIVE ACTIONS Issued</i>	53	24	35	55	32
<i>AREAS OF CONCERN Cited</i>	33	12	6	21	4
<i>COMMENDATIONS Awarded</i>	23	9	8	6	4

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 at Annual Monitoring	24	12	35	6	55	21	32	4
<i>Number of CAs & AOCs WAIVED</i>	9	3	14	3	0	0	2	0
<i>New CAs & AOCs Issued/Converted at Follow-Up</i>					-4	4	0	0
Adjusted Number of CAs & AOCs	15	9	21	3	51	25	30	4
<i>Number PENDING at Follow-Up Due to Lack of Sample</i>	0	0	1	0	4	3	0	0
<i>Number RESOLVED at Follow-Up</i>	8	6	15	3	43	15	5	2
Number of CAs/AOCs UNRESOLVED at Follow-Up	7	3	5	0	4	7	25	2
<i>Percent of CAs/AOCs UNRESOLVED at Follow-Up</i>	46.7%	33.3%	23.8%	0.0%	7.8%	28.0%	83.3%	50.0%

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	3.1%	0	0.0%	0	0.0%
Care Coordination	1	3.1%	0	0.0%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	2	6.3%	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	6	18.8%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	0	0.0%	0	0.0%	0	0.0%
Employee Verification	9	28.1%	0	0.0%	1	25.0%
FACT	1	3.1%	0	0.0%	0	0.0%
FIS	0	0.0%	0	0.0%	0	0.0%
FIT	2	6.3%	0	0.0%	0	0.0%
Forensic	1	3.1%	1	25.0%	0	0.0%
HIV	1	3.1%	1	25.0%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	1	3.1%	0	0.0%	0	0.0%
Mental Health/Mental Health Residential	1	3.1%	1	25.0%	0	0.0%
Mental Health Clubhouse	1	3.1%	0	0.0%	0	0.0%
Outreach	1	3.1%	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%	1	25.0%	0	0.0%
Staff Time Validation	2	6.3%	0	0.0%	0	0.0%
SOR Opioid	2	6.3%	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%	3	75.0%
TOTAL	32	100.0%	4	100.0%	4	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 an organization's electronic health record (EHR.)

Most recent monitoring survey results (July 1, 2020 - March 31, 2021) indicate that network service providers have responded favorably to the new monitoring procedures put into place for FY 20-21. 94% of respondents report being 'very satisfied' or 'satisfied' with this year's monitoring review. Given the option for future monitorings, 14% of respondents stated that they prefer that reviews be done on-site, 43% preferred a virtual review, and 43% reported that they preferred either of those two options. Please see attached report.

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

At the request of the state DCF office, the CQI department is partnering with Consumer and Family Affairs staff to initiate Recovery Orientation Monitoring (ROM) Reviews. This new review will be conducted for SOR 2 providers beginning in FY 21-22, and webinars with those agencies will occur in April, 2021.

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, April 15 at 11:00 a.m.

CQI Monitoring Survey Results

FY 16-17 -- FY 20-21 (As of 3/31/21)

			FY 16-17 (N=113)	FY 17-18 (N=71)	FY 18-19 (N=67)	FY 19-20 (N=67)	FY 20-21 (N=39)
1	What level of monitoring did you receive this year?	Full	83 80%	20 29%	24 36%	48 76%	12 33%
		Limited	21 20%	50 71%	42 64%	9 14%	24 67%
		Coalition				6 10%	0 0%
		Unsure/ NA/Skipped	9 --	1 --	1 --	4 --	3 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
2	Did you participate in a pre-monitoring conference call?	Yes	81 73%	57 81%	62 94%	52 78%	34 87%
		No	30 27%	13 19%	4 6%	15 22%	5 13%
		Unsure/ NA/Skipped	2 --	1 --	1 --	0 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
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%	25 74%
		Agree	36 44%	26 46%	22 37%	14 27%	8 24%
		Disagree	1 1%	1 2%	0 0%	1 2%	1 3%
		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%	34 100%
4	The pre-monitoring call helped me to better understand CFBHN's monitoring process.*	Strongly Agree	36 44%	24 42%	31 52%	32 63%	25 74%
		Agree	44 54%	31 54%	29 48%	17 33%	8 24%
		Disagree	1 1%	2 4%	0 0%	1 2%	1 3%
		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%	34 100%
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%	36 97%
		No		2 3%	3 5%	2 3%	1 3%
		Unsure/ NA/Skipped		3 --	2 --	1 --	2 --
		TOTAL		71 100%	67 100%	67 100%	39 100%

* 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%	33 87%
		Agree	37 35%	19 29%	10 16%	16 26%	5 13%
		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 --	1 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
7	QI staff responded to my questions and requests in a timely manner.	Strongly Agree	65 63%	52 79%	52 83%	45 73%	34 92%
		Agree	36 35%	14 21%	11 17%	16 26%	3 8%
		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 --	2 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
8	The monitoring process was organized.	Strongly Agree	66 59%	51 72%	53 82%	50 76%	33 85%
		Agree	42 38%	19 27%	12 18%	16 24%	5 13%
		Disagree	4 4%	1 1%	0 0%	0 0%	1 3%
		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%	39 100%
9	The monitoring tools were easy to understand.	Strongly Agree	39 35%	39 56%	37 57%	43 66%	30 77%
		Agree	65 59%	30 43%	26 40%	19 29%	8 21%
		Disagree	6 5%	1 1%	2 3%	3 5%	1 3%
		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%	39 100%
10	The monitoring report summarized our results in a clear and concise way.	Strongly Agree	48 46%	45 69%	39 70%	41 72%	27 79%
		Agree	56 53%	20 31%	16 29%	16 28%	7 21%
		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 --	5 --
		TOTAL	113 100%	70 100%	67 100%	67 100%	39 100%

			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%	28 82%
		Agree		20 31%	14 25%	16 28%	6 11%
		Disagree		0 0%	1 2%	0 0%	0 0%
		Strongly Disagree		0 0%	0 0%	0 0%	0 0%
		NA/Skipped		5 --	12 --	10 --	5 --
		TOTAL		70 100%	67 100%	67 100%	39 93%
12	Monitoring results accurately reflected my agency's current level of performance.	Strongly Agree	45 45%	45 67%	39 70%	40 68%	29 78%
		Agree	49 49%	22 33%	17 30%	19 32%	7 19%
		Disagree	7 7%	0 0%	0 0%	0 0%	1 3%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	12 --	4 --	11 --	8 --	2 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
13	Overall, how satisfied are you with this year's monitoring review?	Very Satisfied	78 70%	63 94%	52 85%	42 65%	29 78%
		Somewhat Satisfied	20 18%	1 1%	5 8%	19 29%	6 16%
		Neither Satisfied or Dissatisfied	12 11%	3 4%	4 7%	4 6%	2 5%
		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 --	2 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	39 100%
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%	11 24%
		Ben Brockhouse		2 3%	17 29%	20 35%	14 31%
		Fran Grabosky	42 70%	17 28%	21 36%	17 30%	11 24%
		Jack Kuharek	10 17%	22 36%	23 39%	25 44%	12 27%
		Letitia Daniels	28 47%	3 5%	0 0%	3 5%	0 0%
		Stephanie Johns	11 18%	5 8%	2 3%	1 2%	1 2%
		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	1 3%
		1 - 2 years	7 18%
		3 - 5 years	8 21%
		6 -9 years	5 13%
		10 + years	18 46%
		Not sure	0 0%
		Prefer not to say	0 0%
		TOTAL	39 100%
16	What method did the CQI team use to conduct its monitoring of your organization this year?	On-Site	0 0%
		Virtual Desk review	37 100%
		Both	0 0%
		Not Sure/Skipped	2 --
		TOTAL	39 100%
17	As part of the virtual desk review, how did your organization choose to share its data with the CFBHN CQI team? Please check all that apply. (For this item, the percentage calculations use a denominator of 45, which is the total number of monitorings scheduled to take place in FY 20-21)	SharePoint upload	30 67%
		Teleconferencing platform	9 20%
		Access to EHR	1 2%
		Not sure	2 --
		Other	0 0%
		No answer	0 --
		TOTAL	
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	5 14%
		Virtual Desk review	15 43%
		Either	15 43%
		Another method	0 0%
		No answer	4 --
		TOTAL	39 100%

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

- Ability to discuss and review documents.
- Since we had uploaded all of the requested documentation prior to the monitoring date, there were no questions or issues that arose on the monitoring date. I think this made it easier for both sides.
- Because of it being electronic, we were able to assemble all of the items ahead of time, resulting in the monitoring process being completed a week early.
- I was able to set a pace for completion of the audit prior to the audit date. Any issues could be addressed timely.
- Not an efficient way to do a monitoring. Uploading and then having to explain where to find what each auditor was looking for was extremely time consuming. The time it took to upload the data itself was taxing on all staff and very time consuming.
- Continual communication with Fran to ensure she had everything she needed prior to the review.
- Developing folders in SharePoint that addressed each monitoring tool and allowed for easy upload and organization.
- Ease of uploading files to SharePoint.
- The ability to review the required documents was quick
- The entire process was efficient.
- Rather than submitted documents via SharePoint, I would likely choose the remote live audit if offered again, as the process was time and labor intensive. However, the time allotted for gathering and submitting all of the required documentation prior to the date of the audit was enough, and staff not having to travel to take part in the monitoring was beneficial.
- Andrea
- The entire process was very effective and efficient.
- No opinion.
- Uploading the documents and being able to do that on time.
- N/A
- Having the tool with the new items highlighted is helpful. This assisted us in providing the needed information for the review.
- I am not sure.
- The outline of the review.
- Having an auditor who is efficient and understands the programs goals and expectations.
- Having the documents well ahead of time so that we could properly prepare for the audit was very helpful.
- Been able to share my screen for Ben to see. It was effective, fast and he was able to get all his information he needed.
- Break out rooms.
- The opportunity to ask questions and the ability to pull documents in advance for review.
- Able to upload early and have it completed quickly.
- It saved a lot of paper! I feel like it was more time-efficient.
- This process proved to be very easy. Any time something was overlooked by our team, Jack notified me right away of what was missing so that I could ensure it was uploaded into SharePoint. Communication with Jack throughout the process was very easy and effective. We would welcome another Virtual review in the future.
- The ease of sending the monitoring tool vs printing out. Drop downs were helpful.
- Emails
- The review of the information.
- 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.
- SharePoint was easy to use and upload [to]

What aspects of the virtual desk review did you find to be the most effective and/or efficient? (continued)

- The virtual desk review seemed more efficient in terms of time. Typically, I would be pulled away from my duties for an entire day(s), but this allowed me to gather necessary documentation and then submit during a specified time frame which allowed me to participate in other necessary activities while ensuring the integrity of the monitoring process.
- 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.

2. In what ways could the virtual desk review be improved?

- None, we loved it!
- Not sure.
- Service validation process.
- In-person would be best, or each auditor works directly with each department head. I found no fault with the process.
- Printing out 400 pieces of paper and numbering them was grueling.
- I tried to submit multiple documents at once, but the system would not seem to allow it. If possible, that would make the document mass submission a bit easier.
- One of the nice parts of the on-site visit is getting to see you in person (putting faces with names). It would be nice if everyone had their cameras on during the pre-monitoring call instead of audio-only.
- More time to provide requested info.
- Getting into the Microsoft teams rooms took a long time (40 minutes).
- No opinion.
- Can't think of any.
- It was challenging uploading all the files and pics.
- I thought it went well.
- I think it was very well handled and was necessary due to COVID.
- I found it to be very effective, nothing but positive feedback from me.
- None noted.
- None
- It went very smoothly.
- No recommendations
- 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.
- None that I know of.
- 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.

RISK MANAGEMENT Monthly Report

As of 3/31/2021

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	Average Number of Reports per Month	% Change - Current vs. Previous Year
3-Hour (Phone) Notification															
Child on Child Sexual Abuse	0	2	1	0	0	0	3	1	1	0	0	0	8		
Client Death	32	15	23	19	21	22	20	28	35	0	0	0	215		
Media Event	0	0	0	0	0	1	2	0	0	0	0	0	3		
Sexual Abuse/Sexual Battery	2	0	0	1	3	3	0	0	0	0	0	0	9		
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	5	6	9	6	0	0	0	67		
Employee Arrest	0	0	0	1	0	2	3	2	1	0	0	0	9		
Employee Misconduct	3	3	3	5	2	6	1	2	2	0	0	0	27		
Missing Child	1	1	0	0	0	0	0	1	0	0	0	0	3		
Security Incident/Unintentional	0	0	0	0	0	0	0	0	1	0	0	0	1		
Significant Injury to Client	0	2	1	1	0	2	3	0	0	0	0	0	9		
Significant Injury to Staff	2	2	2	0	0	1	1	0	0	0	0	0	8		
Suicide Attempt	4	3	2	5	4	7	8	5	6	0	0	0	44		
Other:															
Admission/Assess Emergencies	1	1	1	1	1	2	0	1	0	0	0	0	8		
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	1	0	0	0	0	1		
Theft, Vandalism	0	0	1	0	0	0	0	0	0	0	0	0	1		
No Other Category	2	2	1	4	0	2	2	3	4	0	0	0	20		
TOTAL	80	46	42	48	35	53	49	53	56	0	0	0	462	51.3	↑ 12.8%
FY 19-20	49	45	42	42	30	55	52	46	53	67	50	81	612	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	43.3	45.7	54.3	52.0	55.0	564.0		

* 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%	586	95.8%	450	97.4%
	Late	21	3.9%	16	2.9%	26	4.2%	12	2.6%
	TOTAL	534	100.0%	546	100.0%	612	100.0%	462	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	533	99.8%	541	99.1%	583	95.3%	454	98.3%
	Late	1	0.2%	5	0.9%	29	4.7%	8	1.7%
	TOTAL	534	100.0%	546	100.0%	612	100.0%	462	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	6	2.8%	0.1
Accident - Overdose	38	21.0%	0.3	57	27.5%	0.5	55	22.9%	0.5	39	18.1%	0.5
Homicide	1	0.6%	0.0	1	0.5%	0.0	6	2.5%	0.1	1	0.5%	0.0
Natural Death	67	37.0%	0.6	69	33.3%	0.6	81	33.8%	0.7	19	8.8%	0.2
Suicide	23	12.7%	0.2	20	9.7%	0.2	27	11.3%	0.2	9	4.2%	0.1
	Gunshot - 9			Gunshot - 7			Gunshot - 7			Gunshot - 1		
	Jumped - 2			Jumped - 0			Jumped - 2			Jumped - 3		
	Hanging - 5			Hanging - 8			Hanging - 11			Hanging - 2		
	Overdose - 3			Overdose - 3			Overdose - 5			Overdose - 2		
	Other - 4			Other - 2			Other - 2			Other - 1		
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	141	65.6%	1.7
TOTAL	181	100.0%	1.7	207	100.0%	1.8	240	100.0%	2.1	215	100.0%	2.6

*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%	2	0.4%
Case Management	36	6.7%	31	5.7%	30	3.7%	29	6.3%
CAT Team			1	0.2%	0	0.0%	0	0.0%
Crisis Stabilization Unit	92	17.2%	91	16.6%	97	10.6%	67	14.5%
Detox	18	3.4%	24	4.4%	16	1.5%	15	3.2%
Drop-In/Mental Health Clubhouse	6	1.1%	5	0.9%	13	1.3%	4	0.9%
FACT/Forensic	30	5.6%	50	9.1%	64	7.3%	34	7.4%
FIT/FIS	3	0.6%	1	0.2%	1	0.2%	1	0.2%
Medical Services	4	0.7%	6	1.1%	10	1.1%	2	0.4%
Methadone	8	1.5%	10	1.8%	13	0.0%	0	0.0%
Outpatient	97	18.2%	122	22.3%	137	12.4%	88	19.0%
Residential	163	30.5%	147	26.9%	144	15.0%	91	19.7%
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%	12	2.6%
Not Applicable	25	4.7%	21	3.8%	37	4.6%	30	6.5%
Other	39	7.3%	14	2.6%	33	41.1%	87	18.8%
TOTAL	534	100.0%	546	99.8%	612	100.0%	462	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	8	0.1
Client Death	181	1.7	207	1.8	240	2.1	215	2.6
Media Event	10	0.1	15	0.1	9	0.1	3	0.0
Sexual Abuse/Battery	11	0.1	15	0.1	16	0.1	9	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	67	6.0
Employee Arrest	16	0.1	22	0.2	6	0.1	9	0.1
Employee Misconduct	35	0.3	35	0.3	30	0.3	27	0.3
Missing Child	4	0.0	0	0.0	5	0.0	3	0.0
Security Incident - Unintentional	1	0.0	0	0.0	0	0.0	1	0.0
Significant Injury to Client	27	0.2	22	0.2	19	0.2	9	0.1
Significant Injury to Staff	13	0.1	8	0.1	11	0.1	8	0.0
Suicide Attempt	48	0.4	61	0.5	42	0.4	44	0.5
Other:								
Admission/Assess Emergencies							8	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	0.3
Human Acts	2	0.0	1	0.0	1	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	0	0.0	1	0.0
No Other Category	23	0.2	22	0.2	17	1.0	20	0.2
TOTAL	534	4.8	546	4.7	612	5.4	462	5.6

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	18
FILES FOR REVIEW	21	30	48	23
Full File Review Not Required			16	6
Unable to Complete*		4	6	1
File Reviews Completed	12	21	21	8
FILE REVIEWS IN PROGRESS	9	5	5	8

File Review Results

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

7. CFBHN Internal incidents and Events Summary (as of 03/31/2021)

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	1	9		12
Unsecured TO CFBHN	31	25	33	9	9	21		39
Other	2	3	8	5	2	1		8
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
TOTAL	72	67	68	16	14	31	0	61

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			6		6
Report to Licensing	0	0	0					0
Report to OIG	46	62	36	10	14	10		34
Wellness Check Request	0	2	0	1				1
Other	1	2	0			1		1
TOTAL	71	87	52	11	15	17	0	43



CFBHN IT Board Report April 2021

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. Looking to separate All Provider meeting and IS Strategic again after 7/1
- b. FASAMS:
 - i. Pamphlet 155-2 V14 has been released
 - 1. Limited implementation started in 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 EHR systems be ready.
 - a. DCF requiring Providers to submit testing milestones
 - 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. Internal system upgrades: Sharepoint, Exchange.
- d. County / School / Sheriffs Projects:
 - i. Projects are continuing.
- e. PICA
 - i. Project ending and being turned over to the sheriffs department.
- f. Reporting
 - i. Requests for reports are continuing
 - ii. Lots of special reports generated related to Covid.