Contracts

- Contract Amendments for FY 21-22 – The Subcontract has been finalized for FY 2021-2022. Contract Specialists are working on amendments now. A track changes version will be sent out to all providers before receiving their amendments.
- Current 3-year Prevention Partnership Grants end June 30, 2021. New awards have been announced. Once negotiations are complete, funds and new measures will be amended into contracts.
- Recovery Community Organizations (RCOs) – CFBHN has executed a contract with Recovery Epicenter, Inc., our first Recovery Community Organizations (RCOs), which is being funded with SOR (State Opioid Response) dollars.
- RFP for Mental Health Clubhouse Services – CFBHN released an RFP for two clubhouses in DeSoto and Sarasota Counties. We are currently under a cone of silence. Any questions should be sent to procurement@cfbhn.org.
- Performance Measures – CFBHN is not currently on target to meet number served outputs for ASA Detox, CSA Res, and CSA Detox. We have requested reductions, which were approved by DCF, and should be included in our next amendment.

Consumer and Family Affairs

Collaborative Strategies with the Department of other stakeholders
1. 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.

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.

Community stakeholders include 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, Center for Magnification, Elite DNA Therapy, Children's Network of Southwest FL, Chrysalis Health and Carton Manor.

Recovery Community Organization (RCO) development partnerships: CFBHN, DACCO and Suncoast Region DCF SAMH office staff members, American Addiction Centers, DEA, The Phoenix, Timothy Initiative, FADAA, Dr. Amanda Sharpe and Polk Recovery Community.

ROSC Status Update Summary

- CFBHN participated on the State's ROSC Guidance Document development.

  CFBHN reviewed and submitted recommendations on the second Guidance 35 Recovery Management Practices FY 21-22 draft.

- Participated as a member of DCF's statewide Transformation of Change Agent (ToCA).

  DCF contract with Lonnetta Albright has sunset last quarter. There will be no future reports related to this project.

ROSC Action-Oriented Priority Areas Fostered Summary of Accomplishments and Outcomes

A.   Collaborative Service Relationships:

1. Implementation of DCF's SOR II Grant Guidance that includes ROSC-Oriented QI Monitoring (ROM) tools and site visit protocols.

   In May, C&FA staff participated in a ROM Review Internal Planning Meeting and a NSP Introduction to ROM Review Meeting to review processes developed by the CFBHN QI department in collaboration from CFBHN's CFA department and DCF Suncoast Region staff members in preparation for monitoring recovery principles and concepts in NSP's who provide MAT.

2. Facilitates a monthly Suncoast ROSC Transformation Workgroup to advance utilization of recovery principles and concepts into the framework of organizations providing behavioral health services and supports.

   Seven members participated in May. Representation from CFBHN, DCF, Operation Par, SalusCare, NAMI Pinellas, David Lawrence Center, Success for Kid's and Families.

B.   Cross-system Partnerships:
1. 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:

    a. Data Collection and information sharing for housing and employment.
    b. Exposure to Evidence-Based practices.
    c. Implementation of a Universal Release Form.
    d. Explore feasibility of implementing a common assessment tool across agencies and community providers.
    e. Explore transportation option for criminal justice mental health and substance use populations.
    f. Utilize Peer Support Specialist.

2. CFA coordinated a virtual Wraparound 101 Trainings for the SunCoast Region stakeholders to assist in the certification process and capacity.

3. CFA staff is recognized by the Department as the SunCoast Regional Wraparound (WA) Champion to oversee and track individuals who receive Wraparound trainings, coaching, and those that are awarded facilitation and coaching certifications. This tracking is reported monthly to DCF HQ SOC project manager.

Directions and S4KF are the 2 certified providers in the region.

In May, six individuals from network service providers were certified as Wraparound Facilitators.

Nine Wraparound Coaching Certificates were issued.

4. CFA staff partners to provide monthly Wraparound (WA) Learning Community Meetings/Conference to increase the scope of knowledge and skills for the Suncoast region WA facilitators.
Fourteen individuals participated in the May meeting.

C. 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-

    Pinellas County (Serving the Greater Tampa Bay Area): Recovery Epicenter (RE) – Signed a subcontract with CFBHN in May.

2. CFA staff provides technical assistance to Suncoast NAMI affiliates (family peer run organizations) to assist in their sustainability efforts to provide education, support, advocacy and resources to the community.

3. 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.

4. CFBHN participated in two State Hospital's (Florida State Hospital and North Florida Evaluation and Treatment Facility) ROSC initiatives with the primary goal to increase networking and collaboration between the MEs, State hospitals and community stakeholders to promote warm handoffs in assisting individuals who discharged from state hospitals and reentering into their home community.

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.

   Twenty-five individuals participated in May.

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.

   On average, twenty peers participated each week for this quarter.

3. CFA developed and filmed 5 webinars that will meet the training criteria for peer certification and are hosted on the CFBHN website.

4. C&FA staff provided "*Helping Others Heal*", 40 hour peer certification training.

   Seventeen participants completed the training.

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

The Children's System of Care grant will be completed June 30, 2021.

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

1. This strategic goal has been met. NAMI Pinellas has fully sustained the program "Peers in Recovery Mentorship Program" (PIRPM).
2. This strategic goal has been met. NAMI Pinellas has agreed to become the supportive organization to house the Youth MOVE national chapter as the federally recognized youth-led chapter in Pinellas County.
3. FCMHSOC staff continues to participate in the JWB's workforce and continuum of care teams.
   a. ACES and the Family Café training were launched to increase protective factors and resiliency in our community.
   b. Five community partners received the Family Café training that SOC staff delivered.

Human Resources

NEW HIRE SUMMARY

NEW EMPLOYEES	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	TOTAL	%
Administration	0	0	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	0.0%
Contracts	0	0	0	0	0	0	0	0	2	0	0		2	100.0%
Community Managers/ Housing/ Special Projects	0	0	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	0.0%
HR	0	0	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	0.0%
NDCS	0	0	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	0.0%
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**100.0%**

SEPARATION REPORT

WORKFORCE SIZE	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	TOTAL	%
Number of Employees (Average)	68	67	66	64	64	62	62	61	62	61	61		64	
TOTAL SEPARATED														
Involuntary	0	0	0	2	0	0	0	0	0	0	0		2	
Voluntary	0	1	1	0	0	2	0	1	1	1	1		8	
Total Separated	**0**	**1**	**1**	**2**	**0**	**2**	**0**	**1**	**1**	**1**	**1**	**0**	**10**	
Percent of Workforce	0.0%	1.5%	1.5%	3.1%	0.0%	3.2%	0.0%	1.6%	1.6%	1.6%	1.6%	0.0%	15.6%	
DETAIL														
Terminated	0	0	0	2	0	0	0	0	0	0	0		2	20.0%
Moved	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
New Opportunity	0	1	1	0	0	2	0	0	1	1	1		7	70.0%
Retired	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
Other	0	0	0	0	0	0	0	1	0	0	0		1	10.0%
TOTAL	**0**	**1**	**1**	**2**	**0**	**2**	**0**	**1**	**1**	**1**	**1**	**0**	**10**	**100.0%**

DEPARTMENT														
Administration	0	0	0	1	0	0	0	0	0	0	0		1	10.0%
Consumer Affairs	0	1	0	0	0	0	0	0	0	0	0		1	10.0%
Contracts	0	0	0	0	0	2	0	0	0	0	1		3	30.0%
Community Managers/ Housing/Special Projects	0	0	0	0	0	0	0	1	0	0	0		1	10.0%
Finance	0	0	0	0	0	0	0	0	1	0	0		1	10.0%
HR	0	0	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	0.0%
NDCS	0	0	1	1	0	0	0	0	0	1	0		3	30.0%
QI/Risk	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
TOTAL	0	1	1	2	0	2	0	1	1	1	1	0	10	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 received 21 Children Specific Staffing Team (CSST) referral packets for recommendations for mental health residential treatment. CFBHN CMH Team participated in 56 interagency staffing to include critical case staffing and youth at risk staffing. Out of the 51 interagency staffing, 0 children were placed in child welfare.

Family Intensive Treatment (FIT) Status Update
Three FIT teams (DACCO, Charlotte Behavioral – Charlotte County, and Charlotte Behavioral – Lee County) received funding from the CARES Act to allow for expansion of services. Each team will have until December 31, 2021, to use the CARES Act funding to serve ten additional clients.

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 March 31, 2021, 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	131	130	101%
DFL/Pinellas	31	68	70	97%
DACCO/Hillsborough	34	68	66	85%
CBHC/Charlotte	15	28	25	112%
CBHC/Lee	26	64	75	85%
Centerstone/Manatee	26	55	72	76%
TCHS/Circuit 10	18	33	38	87%
TOTAL	206	435	476	91%

Behavioral Health Consultants (BHCs)

Requests for BHC consults remain high in the majority of areas. This is in response to CFOP 170-5 requiring a subject matter expert (SME) be consulted on all 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.

ALL CIRCUITS: FACT
QUARTER ADMISSIONS= N/A
FY 20/21 ADMISSIONS TO DATE =109
QUARTER DISCHARGES= N/A
FY 20/21 DISCHARGES TO DATE=111

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 **MAY 2021 (**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- 3/109	2/28	1/19	0/9	0/13	0/40
QUARTER/FYTD TOTAL ADMISSIONS- N/A					
Current MONTH Discharges/ FYTD 20/21 TOTAL DISCHARGES- 9/111	1/30	2/18	4/14	0/7	2/42
QUARTER/FYTD TOTAL DISCHARGES- N/A					
TOTAL CURRENTLY SERVED BY FACT- **1389/1400**	399/400	199/200	195/200	203/200	393/400

** As of week ending 5/29/21, <u>5 of 14 </u>FACT teams are 100 or over

<u>Forensic</u>

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 June 1, 2021, admissions to the Forensic State Hospitals have begun to increase and restrictions ease. Quarantine procedures at the State Hospitals still exist under extenuating circumstances and negative Covid tests are still required. Also, many of the State Hospitals have experienced positive COVID results with clients which has contributed to slowing admissions. All admissions are still requiring a negative COVID-19 tests prior to admission and individuals who decline the COVID-19 test are being held in jail until they agree to be tested. The 15-day admissions requirement is still suspended until the end of June and there are currently 268 individuals throughout the state waiting for admission to the Forensic State Hospital. Courts have continued holding Zoom hearings but have recently implemented administrative orders to resume in-person court hearings and trials beginning June 21, 2021. 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 in the community have continued to schedule new admissions with COVID safety precautions being taken.

Prevention

As both the school year and fiscal draws near closing out, the prevention system of care continues to remain ready and able to provide quality services to the communities that they serve. Our SunCoast region providers remain steadfast and available to both the department of education partnerships and community partnerships.

Providers and coalitions provided community level feedback on the proposed rule changes to 65-D-30 and the potential impact on the prevention service field including the proposed requirement for having a Certified Prevention Professional (CPP) or attending the SAMHSA training lead by a certified trainer. Providers are concerned that this will require additional staff qualifications and expense to provision of prevention services.

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 May, 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	131,516	474,495	-	606,011
Services Provided	25,913	11,206	6	37,125
Community Action	4	1,101	-	1,105
Community Change	6,128	1,043	-	7,171
TOTAL	**163,561**	**487,845**	**6**	**651,412**

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. Success For Kids and Families continued to be the Healthy Transitions provider serving Hillsborough county and continued to focus on wraparound services Healthy Transitions has served 60 youth and young adults since beginning of the fiscal year.

Care Coordination

1. Access to Care

CFBHN Utilization/Care Managers 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 monitoring has improved referral and access to available beds throughout the region. The UM team met with room and board providers to assist them with concerns and improve procedures for managing persons reported as waiting for room and board as well as referral procedures when other providers. The UM team also met with Adult SA Residential providers and a collaborative effort is in process to further enhance the regional referral form so a single referral form can be used for all SA RES referrals to expedite the referral and acceptance process to reduce wait time.

Due to COVID-19, some adult substance abuse residential programs have intermittently paused or reduced admissions. These changes continue to reduce the bed availability for clients placed on the waitlist for Residential treatment. 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.

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 April 2021 during FY2021 the regional providers have served a total of 706 persons in care coordination. There are currently 203 individuals actively being served in care coordination as of 6/8/21. We are seeing a small but consistent reduction in the number of persons actively being served over the past 3 months. This is being addressed in provider meetings and with individual providers to improve identification and engagement of eligible persons.

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 continue to be available at this time and Care Coordination providers are utilizing those dollars to provide housing and other stabilization needs for persons meeting care coordination eligibility criteria.

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 voucher funds continues to assist 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 1 client this reporting period with a total of 19 enrollments since beginning of fiscal year. Success 4 Kids and Families reports they are seeing An increase in trauma symptoms, family discord, and mood disorders with clients since the beginning of 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. In April, Peers have successfully referred 406 individuals to treatment providers and 195 individuals were linked to treatment providers.

Hospital Bridge Partnership	April 2021
Number of individuals screened	681
Number of individuals induced with Buprenorphine in ED/hospital prior to discharge	23
Number of individuals induced with Methadone in ED/hospital prior to discharge	5
Number of individuals referred to treatment providers	406
Number of individuals linked to treatment providers	195

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

2. **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 May 2021 CFBHN diversions equaled 117, with 49 for C10 and 68 for SCR. Corresponding during the same time period there were 33 admissions to the civil SMHTF, 13 for C10 and 20 for SCR. CFBHN meets weekly with staff from DCF SCR/C10 to discuss weekly goals.

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, CFBHN conducts monthly call with all Suncoast Region and Circuit 10 Receiving Facilities to discuss cases on the waitlist in excess of 60+ days and allow for presentation of resources region wide.

HB945
CFBHN had its kickoff meeting for HB945 for the Suncoast Region and C10 in May. The meeting generally discussed the goals of the House Bill and the responsibilities of the Managing Entities, which is to write plan. Starting in June, CFBHN will be holding individual county meetings with the intent to get the plans written by January 1, 2022 and turned into DCF.

Communications
NOTE: CFBHN operations and communications continue operations under the new norm for COVID 19. Social media and traditional media provides reach and support needed by the community as traditional meetings have not been resumed to full capacity during shutdown, quarantine, and scaled back re-openings.

Community
- In person meetings suspended due to COVID and replaced by virtual. Some have resumed on a limited capacity.

Legislative/Elected Officials/Community
- The weekly status update terminated as of April 29, 2021 when we sent out the last report and Constant Contact email notice. Operations have resumed normally and this report was no longer required or being generated.

Workshops/Award Recognitions/Other
- Julie Patel, CFO, was honored by the Tampa Bay Business Journal for CFO of the Year – Non –Profit
- CFBHN presented two Posters for National Council Virtual Conference in May 2021
- CFBHN has been selected to present a workshop at the FBHCON Annual Conference in August 2021

Press & Media
- The Comprehensive Prevention Campaign continues. Third Quarter report presented to Coalitions and Prevention partners on call (attached). All TV, radio and social media interviews are posted on CFBHN website
- Opioid awareness campaign in progress from end December to June 30, 2021 throughout network.
- Interviewed on the Bayside TV show May 12. Will air July and re-air August. Feature topic Prevention campaign
- Monthly interviews discussing comprehensive Prevention campaign with radio personalities Queen B and Ronnie Lane continue. Distribution via IHeart and CFBHN social media accounts. Posted on CFBHN website.
- Supported launch of the FAME campaign 2-1-1 for April 2021

Website
- Supporting FAME 2-1-1 campaign on website
- Supported Mental Health Month in May
- Supporting PRIDE Month in June
- Using white space at top of home page for special announcements and focus issues (see above)
- Following up on a hack to the website and inappropriate postings. Found and disabled same day June 1. Continuing to process through the Incident Reporting System RL6.

Other
- Received a $4,000 grant from Phrma through Moore Communications
- Reviewed and researched a website accessibility plug-in Recite Me (used by many non-profits and Crisis Center of Tampa Bay). Product and features highly desirable and would recommend. Looking for funds to purchase.
- Continuing to refine the registration process for the Peer Certification Webinars and plan launch
- Participating in and supporting the CFBHN internal Diversity Committee – will produce the quarterly newsletter set to relaunch July 1, 2021
- Completed 2-year service on the Sheriff Judd, Polk County Sheriff Leadership Council and am now classified as an alumni

Social Media
Social media continues to be critical amid the COVID 19 crisis to post information and keep community up to date and connected

From period April 1- May 31, 2021 the following metrics were achieved:
Likes: 3127 (up by 37)
Followers: 3358 (up by 50)
Video views plus 3 sec: 183.6K   (up by 65.2)
Post Reach   104,905 (up by 95%)
Post Engagement   22,323 (up by 225%)

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

Video viewing reporting good activity this period: 45.8k (up 50.4% - 28,751 previous period)
183.6K 3 sec views (up 50% over previous period)
Good Sam video most watched with 5.7 sec and 18.8k views
Monthly Queen B and Ronnie Lane IHeart radio interviews posting steady uptrend with Ronnie Lane/Doris Nardelli Interview at 113 min and 387 views

FaceBook post with the most activity was the Julie Patel, CFO announcement. Recommend announcing CFBHN employee activity or subcontractor activity once per month.

Twitter Anayltics:

- All posts that reach over 1K on FB are shared on Twitter
- Tweet garnered 2,890 impressions throughout the month, with 8 mentions and 258 profile visits

Linkded In

- Posting 1x per week

Instagram

- "Talk.They Hear You" campaign is massively boosting reach
- Continuing to average 450k+ monthly

Continuous Quality Improvement Monthly Report FY 20-21
As of 5/31/2021

1. Network Service Provider (NSP) MONITORING STATUS

Provider Monitoring Status Summary	FY 19-20		FY 20-21	
ANNUAL REVIEW Phase:	Count	%	Count	%
Monitoring In-Progress	0	0%	0	0%
Not Yet Started	0	0%	3	6%
Annual COMPLETE	24	42%	1	2%
Follow-Up REQUIRED	0	0%	23	43%
Annual COMPLETE - NO SAMPLE	2	4%	13	24%
EXEMPT in FY 20-21		0%	9	17%
FOLLOW-UP Phase:				
Follow-Up COMPLETE - Items RESOLVED	18	32%	3	6%
Follow-Up COMPLETE - UNRESOLVED Items	8	14%	1	2%
Follow-up COMPLETE - NO SAMPLE	5	9%	0	0%
Follow-Up WAIVED - CONTRACT TERMINATION	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
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	55	53
AREAS OF CONCERN Cited	33	12	6	21	4
COMMENDATIONS Awarded	23	9	8	6	5

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	53	4
Number of CAs & AOCs WAIVED	9	3	14	3	0	0	2	0
New CAs & AOCs Issued/Converted at Follow-Up					-4	4	0	0
Adjusted Number of CAs & AOCs	15	9	21	3	51	25	51	4
Number PENDING at Follow-Up Due to Lack of Sample	0	0	1	0	4	3	0	0
Number RESOLVED at Follow-Up	8	6	15	3	43	15	10	3
Number of CAs/AOCs UNRESOLVED at Follow-Up	7	3	5	0	4	7	41	1
Percent of CAs/AOCs UNRESOLVED at Follow-Up	46.7%	33.3%	23.8%	0.0%	7.8%	28.0%	80.4%	25.0%

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	1	1.9%	0	0.0%	0	0.0%
Assisted Living Facilities - LMH	0	0.0%	0	0.0%	0	0.0%
BNET	1	1.9%	0	0.0%	0	0.0%
CARF Unaccredited Standards	0	0.0%	0	0.0%	0	0.0%
CAT	1	1.9%	0	0.0%	0	0.0%
Care Coordination	1	1.9%	0	0.0%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	3	5.7%	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	9	17.0%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	1	1.9%	0	0.0%	0	0.0%
Employee Verification	14	26.4%	0	0.0%	1	20.0%
FACT	1	1.9%	0	0.0%	0	0.0%
FIS	1	1.9%	0	0.0%	0	0.0%
FIT	2	3.8%	0	0.0%	0	0.0%
Forensic	2	3.8%	1	25.0%	0	0.0%
HIV	1	1.9%	1	25.0%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	1	1.9%	0	0.0%	0	0.0%
Mental Health/Mental Health Residential	1	1.9%	1	25.0%	0	0.0%
Mental Health Clubhouse	1	1.9%	0	0.0%	0	0.0%
Outreach	2	3.8%	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	1	1.9%	1	25.0%	0	0.0%
Staff Time Validation	4	7.5%	0	0.0%	0	0.0%
SOR Opioid	4	7.5%	0	0.0%	0	0.0%
TANF	0	0.0%	0	0.0%	1	20.0%
Women's Block Grant	1	1.9%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	3	60.0%
TOTAL	**53**	**100.0%**	**4**	**100.0%**	**5**	**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.)

Most recent monitoring survey results (July 1, 2020 - June 4, 2021) are attached to this report, and indicate that network service providers have responded favorably to the new monitoring procedures put into place for FY 20-21.

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, June 17 at 11:00 a.m.

CQI Monitoring Survey Results

FY 16-17 -- FY 20-21 (As of 6/4/2021)

			FY 16-17 (N=113)	FY 17-18 (N=71)	FY 18-19 (N=67)	FY 19-20 (N=67)	FY 20-21 (N=63)
1	What level of monitoring did you receive this year?	Full	83 80%	20 29%	24 36%	48 76%	24 41%
		Limited	21 20%	50 71%	42 64%	9 14%	35 59%
		Coalition				6 10%	0 0%
		Unsure/ NA/Skipped	9 --	1 --	1 --	4 --	4 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
2	Did you participate in a pre-monitoring conference call?	Yes	81 73%	57 81%	62 94%	52 78%	50 79%
		No	30 27%	13 19%	4 6%	15 22%	13 21%
		Unsure/ NA/Skipped	2 --	1 --	1 --	0 --	0 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
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%	36 72%
		Agree	36 44%	26 46%	22 37%	14 27%	12 24%
		Disagree	1 1%	1 2%	0 0%	1 2%	2 4%
		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%	50 100%
4	The pre-monitoring call helped me to better under-stand CFBHN's monitoring process.*	Strongly Agree	36 44%	24 42%	31 52%	32 63%	35 70%
		Agree	44 54%	31 54%	29 48%	17 33%	13 26%
		Disagree	1 1%	2 4%	0 0%	1 2%	2 4%
		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%	50 100%
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%	59 97%
		No		2 3%	3 5%	2 3%	2 3%
		Unsure/ NA/Skipped		3 --	2 --	1 --	2 --
		TOTAL		71 100%	67 100%	67 100%	63 100%

* 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%	49 83%
		Agree	37 35%	19 29%	10 16%	16 26%	10 17%
		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 --	4 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
7	QI staff responded to my questions and requests in a timely manner.	Strongly Agree	65 63%	52 79%	52 83%	45 73%	49 86%
		Agree	36 35%	14 21%	11 17%	16 26%	8 14%
		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 --	6 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
8	The monitoring process was organized.	Strongly Agree	66 59%	51 72%	53 82%	50 76%	46 74%
		Agree	42 38%	19 27%	12 18%	16 24%	15 24%
		Disagree	4 4%	1 1%	0 0%	0 0%	1 2%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	1 --	0 --	2 --	1 --	1 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
9	The monitoring tools were easy to understand.	Strongly Agree	39 35%	39 56%	37 57%	43 66%	40 66%
		Agree	65 59%	30 43%	26 40%	19 29%	20 33%
		Disagree	6 5%	1 1%	2 3%	3 5%	1 2%
		Strongly Disagree	1 1%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	2 --	1 --	2 --	2 --	2 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
10	The monitoring report summarized our results in a clear and concise way.	Strongly Agree	48 46%	45 69%	39 70%	41 72%	42 75%
		Agree	56 53%	20 31%	16 29%	16 28%	14 25%
		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 --	7 --
		TOTAL	113 100%	70 100%	67 100%	67 100%	63 100%

			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%	43 77%
		Agree		20 31%	14 25%	16 28%	13 23%
		Disagree		0 0%	1 2%	0 0%	0 0%
		Strongly Disagree		0 0%	0 0%	0 0%	0 0%
		NA/Skipped		5 --	12 --	10 --	7 --
		TOTAL		70 100%	67 100%	67 100%	63 100%
12	Monitoring results accurately reflected my agency's current level of performance.	Strongly Agree	45 45%	45 67%	39 70%	40 68%	39 67%
		Agree	49 49%	22 33%	17 30%	19 32%	17 29%
		Disagree	7 7%	0 0%	0 0%	0 0%	2 3%
		Strongly Disagree	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	12 --	4 --	11 --	8 --	5 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
13	Overall, how satisfied are you with this year's monitoring review?	Very Satisfied	78 70%	63 94%	52 85%	42 65%	41 71%
		Somewhat Satisfied	20 18%	1 1%	5 8%	19 29%	13 22%
		Neither Satisfied or Dissatisfied	12 11%	3 4%	4 7%	4 6%	3 5%
		Dissatisfied	1 1%	0 0%	0 0%	0 0%	1 2%
		Very Dissatisfied	0 0%	0 0%	0 0%	0 0%	0 0%
		NA/Skipped	2 --	4 --	6 --	2 --	5 --
		TOTAL	113 100%	71 100%	67 100%	67 100%	63 100%
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%	23 51%
		Ben Brockhouse		2 3%	17 29%	20 35%	20 44%
		Fran Grabosky	42 70%	17 28%	21 36%	17 30%	21 47%
		Jack Kuharek	10 17%	22 36%	23 39%	25 44%	19 42%
		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 / 2%
		1 - 2 years	11 / 17%
		3 - 5 years	15 / 24%
		6 -9 years	11 / 17%
		10 + years	25 / 40%
		Not sure	0 / 0%
		Prefer not to say	0 / 0%
		TOTAL	**63 / 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	55 / 96%
		Both	2 / 4%
		Not Sure/Skipped	6 / --
		TOTAL	**63 / 100%**
17	As part of the vritual 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	47 / 104%
		Teleconferencing platform	18 / 40%
		Access to EHR	2 / 4%
		Not sure	5 / --
		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	9 / 16%
		Virtual Desk review	25 / 45%
		Either	21 / 38%
		Another method	0 / 0%
		No answer	8 / --
		TOTAL	**63 / 100%**

Central Florida
Behavioral Health
Network, Inc.
Your Managing Entity

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

- Our organization staff scheduled Microsoft teams meetings with CFBHN staff.
- Using Zoom, it was easy to create 'breakout rooms' so we only had to enter one main meeting, then could come and go from 'rooms' as needed or use the chat function if someone had a question. Additionally, it was helpful for our staff as they did not have to travel to one location and wait until they were needed. They could stay in their office and only needed to keep their schedule flexible so they could sign in whenever the reviewer was ready for them.
- Convenience.
- It was easier to be able to hold a video conference and share screens to walk through the documents.
- The ability to pre-submit data.
- How quickly the reviewers were able to review the documents after they were uploaded.
- It was very efficient and we actually finished early! We stayed focused and were able to easily maneuver via Zoom I our EHR system to look at everything they needed to see.
- The willingness of CFBHN staff to work with our technical difficulties.
- It eliminated close physical contact.
- N/A for my department.
- Convenience of being able to share documents quickly.
- It was easy to upload the information and it made the monitoring easier.
- The entire process was well-organized and easy to understand.
- Sharing the information.
- The most effective was the quick time of the auditors.
- I find virtual desk reviews to be effective in that it saves travel times for involved parties and is nice to be able to upload items in advance to [the] actual monitoring to save time. The virtual desk review is quicker and allows the organization time to prepare and takes less time for the monitoring itself.
- Uploading documents prior to the monitoring cut down on time for all participants on the actual scheduled day.
- Very convenient for all staff.
- It's helpful that I can work on getting the necessary documents uploaded little by little and still attend to my other job duties. It also helps that it can be reviewed as it comes in so that everything could be completely wrapped up by the official monitoring date.
- 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.

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

- 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]
- 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?**
   - No ideas for this.
   - Works fine as it is.
   - I thought it went well, with a couple of minor technical glitches with internet connectivity for one reviewer, although that was eventually resolved. Other than ensuring that each person has a strong internet connection, I don't have any suggestions.
   - It is very time-consuming to have to print and upload files. Using a video conference was much easier.
   - A little clearer instructions on the instrument on exactly what the reviewer is looking for in a document.
   - The ability to use Teams to screen share if needed, especially if the reviewer is having difficulty locating the information.
   - I can't think of anything. I would encourage this option to continue for future monitorings.
   - No suggestions
   - Using something other than Microsoft Teams.
   - I don't know if it could be improved. I thought it was effective and efficient.

2. **In what ways could the virtual desk review be improved?** (continued)

- The virtual method chosen had its challenges and limitations. I would recommend a different method such as Teams or a HIPAA compliant Zoom.
- I think it works very well.
- I thought it was terrific and Andrea was super helpful.
- 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

Central Florida Behavioral Health Network, Inc.

As of 5/31/2021

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
3-Hour (Phone) Notification													
Child on Child Sexual Abuse	0	2	1	0	0	0	3	1	1	1	0	0	9
Client Death	32	15	23	19	21	22	20	28	35	30	18	0	263
Media Event	0	0	0	0	0	1	2	0	0	0	3	0	6
Sexual Abuse/Sexual Battery	2	0	0	1	3	3	0	0	0	0	1	0	10
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	10	6	0	83
Employee Arrest	0	0	0	1	0	2	3	2	1	0	1	0	10
Employee Misconduct	3	3	3	5	2	6	1	2	2	2	2	0	31
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	1	0	2
Significant Injury to Client	0	2	1	1	0	2	3	0	0	1	6	0	16
Significant Injury to Staff	2	2	2	0	0	1	1	0	0	0	1	0	9
Suicide Attempt	4	3	2	5	4	7	8	5	6	4	2	0	50
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	4	0	29
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	12	7	0	39
TOTAL	80	46	42	48	35	53	49	53	56	60	52	0	574
FY 19-20	49	45	42	42	30	55	52	46	53	67	50	81	612
FY 18-19	51	52	51	46	49	32	42	48	39	40	57	39	546
FY 17-18	55	40	38	42	41	30	57	36	45	56	49	45	534
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

Average Number of Reports per Month — **% Change - Current vs. Previous Year**

52.2	↑ 14.7%
45.5	
44.5	
53.1	

* 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%	560	97.6%
	Late	21	3.9%	16	2.9%	26	4.2%	14	2.4%
	TOTAL	534	100.0%	546	100.0%	612	100.0%	574	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	533	99.8%	541	99.1%	583	95.3%	566	98.6%
	Late	1	0.2%	5	0.9%	29	4.7%	8	1.4%
	TOTAL	534	100.0%	546	100.0%	612	100.0%	574	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	7	2.7%	0.1
Accident - Overdose	38	21.0%	0.3	57	27.5%	0.5	55	22.9%	0.5	49	18.6%	0.5
Homicide	1	0.6%	0.0	1	0.5%	0.0	6	2.5%	0.1	1	0.4%	0.0
Natural Death	67	37.0%	0.6	69	33.3%	0.6	81	33.8%	0.7	32	12.2%	0.3
Suicide	23	12.7%	0.2	20	9.7%	0.2	27	11.3%	0.2	13	4.9%	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 - 4
			Overdose - 3			Overdose - 3			Overdose - 5			Overdose - 4
			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	30	11.4%	0.3
Pending										131	49.8%	1.4
TOTAL	181	100.0%	1.7	207	100.0%	1.8	240	100.0%	2.1	263	100.0%	2.8

*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%	3	0.5%
Case Management	36	6.7%	31	5.7%	30	3.7%	34	5.9%
CAT Team			1	0.2%	0	0.0%	2	0.3%
Crisis Stabilization Unit	92	17.2%	91	16.6%	97	10.6%	59	10.3%
Detox	18	3.4%	24	4.4%	16	1.5%	13	2.3%
Drop-In/Mental Health Clubhouse	6	1.1%	5	0.9%	13	1.3%	4	0.7%
FACT/Forensic	30	5.6%	50	9.1%	64	7.3%	36	6.3%
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%	1	0.2%
Methadone	8	1.5%	10	1.8%	13	0.0%	0	0.0%
Outpatient	97	18.2%	122	22.3%	137	12.4%	96	16.7%
Residential	163	30.5%	147	26.9%	144	15.0%	75	13.1%
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%	18	3.1%
Not Applicable	25	4.7%	21	3.8%	37	4.6%	29	5.1%
Other	39	7.3%	14	2.6%	33	41.1%	203	35.4%
TOTAL	534	100.0%	546	99.8%	612	100.0%	574	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	9	0.1
Client Death	181	1.7	207	1.8	240	2.1	263	2.8
Media Event	10	0.1	15	0.1	9	0.1	6	0.1
Sexual Abuse/Battery	11	0.1	15	0.1	16	0.1	10	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	83	6.1
Employee Arrest	16	0.1	22	0.2	6	0.1	10	0.1
Employee Misconduct	35	0.3	35	0.3	30	0.3	31	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	2	0.0
Significant Injury to Client	27	0.2	22	0.2	19	0.2	16	0.2
Significant Injury to Staff	13	0.1	8	0.1	11	0.1	9	0.0
Suicide Attempt	48	0.4	61	0.5	42	0.4	50	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	29	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	39	0.4
TOTAL	**534**	4.8	**546**	4.7	**612**	5.4	**574**	6.1

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	19
FILES FOR REVIEW	21	30	48	24
Full File Review Not Required			16	8
Unable to Complete*		4	6	1
File Reviews Completed	12	21	21	14
FILE REVIEWS IN PROGRESS	9	5	5	1

File Review Results

File Reviews that Resulted in:	17-18	18-19	19-20	20-21
Observations	2	0	7	11
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 05/31/2021)

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				1	1
Data Security								
Unsecured FROM CFBHN	13	8	5	2	1	9	1	13
Unsecured TO CFBHN	31	25	33	9	9	21	12	51
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	2
TOTAL	72	67	68	16	14	31	15	76

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	4	10
Report to Licensing	0	0	0					0
Report to OIG	46	62	36	10	14	10	6	40
Wellness Check Request	0	2	0	1				1
Other	1	2	0			1		1
TOTAL	71	87	52	11	15	17	10	53

CFBHN IT Board Report June 2021

IT System Update

Current IT projects

   a. All Provider meetings:
       i. IS Strategic / IT Provider Meeting held Weekly.
           1. FASAMS is still the focus of the meetings.
               a. Everyone to cutover 7/1/21
           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. Must submit in V14 format by 7/1/21
       ii. "System and Financial Exchange (SaFE)".
           1. All Providers are testing
           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. Providers prefer waiting until 7/1/21 to submit data in V14 format
               b. 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