

Department Directors Report
August 2021

Contracts

- CFBHN received the Schedule of Funds on 8/6/2021 and has been reviewing and providing feedback to DCF.
- Contracts will be reaching out to providers with special appropriations to confirm and/or request measures for their programs, as required by the DCF Master Contract.
- We anticipate starting amendments to the contracts later this month.

Consumer and Family Affairs

Recovery Oriented System of Care (ROSC) Action-Oriented Priority Areas Fostered Summary of Accomplishments and Outcomes

A. Collaborative Service Relationships:

1. Implementation of DCF's Guidance 35 (Recovery Management Practices) that includes monitoring NSP for recovery principles and concepts who provide MAT by utilizing ROSC-Oriented QI Monitoring (ROM) tools and site visit protocols.

In June and July, CFBHN's QI department in collaboration with ROSC subject matter experts (CFBHN's CFA staff and DCF's SunCoast regional Recovery-Oriented Quality Improvement Specialist (ROQIS) participated in an internal "ROM Review" planning meeting and an external NSP meeting to introduce the "ROM Review" and review the process for ROM site visits.

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 July. Representation from CFBHN, Peer Support Coalition of Florida, Operation Par, NAMI Sarasota/Manatee, David Lawrence Center, Salus Care, ACTs.

3. HB945 requires CFBHN to write a plan mapping how a youth would enter and exit the behavioral health system of care.

CFA has diligently recruited families and grassroots organizations to participate in all 14 county plans to ensure that families and youth voice are represented at these meetings, and to provide nonclinical resources that they use for their recovery pathway.

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.



Collaborating for Excellence

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.

This report has been approved by its committee and released to Hillsborough County officials. The committee is considering a continuation to convene with the purpose of follow through on its recommendations.

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.

Currently, Directions and S4KF are the only 2 certified providers in the region and both are contracted to deliver Wraparound with Sunshine.

4. CFA staff partners with Chrysalis Health and Carlton Manor to provide monthly Wraparound (WA) Learning Community Meetings/Conference to increase the scope of knowledge and skills for the SunCoast region WA facilitators.

23 individuals participated in the June.

5. CFA staff collaborated with Southeast Florida Behavioral Health Network to develop and present a webinar on “Care Coordination for Children with Behavioral Health Needs” for the Florida Certification Board.

Two hundred and fifty-four participants attended the June webinar.

6. CFA collaborates with the Pasco, Polk and Hillsborough Sheriff Offices to provide insight from consumer and family perspective during their Crisis Intervention Training.

25 Pasco County Sheriff Deputies and Detention Deputies were trained in CIT in June.

Fifty Polk County Sheriff Deputies, State Troopers, and Detention Deputies were trained in CIT in June.



Collaborating for Excellence

C. Community Integration:

1. Consumer and Family Affairs department continued to provide 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) – Three staff participated in the Recovery Capital Planning training.

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.

NAMI Polk-During June and July provided technical assistance in creating a board member application, creating and operating a nominating committee and recruiting board members for the upcoming election.

NAMI Hillsborough- During June and July provided technical assistance on their grievance policy in regards to a grievance that was filed.

D. Community Health and Wellness

1. CFA/NAMI Pinellas/PEHMS Memorandum of Understanding (MOU), In June, one applicant obtained a provisional certification through FCB.

E. Increase Peer-based Recovery Support Services:

1. CFA provided and facilitated virtual, monthly SunCoast Regional Peer ROSC Network 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-two individuals participated in June.

Twenty-five individuals participated in July.

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 in June and July.

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

During June and July, CFA tested and wrote a process for the webinars. Thirteen individuals registered for a training. One applicant received a certificate for completion.



Collaborating for Excellence

- CFA staff provided the “*Reaching for their Dreams, Using Recovery Capital as the Foundation for Recovery Planning Workshop*” in collaboration with DCF and the Peer Support Coalition of Florida for contracted Recovery Community Organizations (RCOs).

During July, 23 participants attended the training.

- CFA staff provides “*Helping Others Heal*”, 40-hour peer certification training.

Human Resources



Human Resources Report FY 20-21

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	0	0.0%
Consumer Affairs	0	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	0	2	66.7%
Community Managers/ Housing/ Special Projects	0	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	1	1	33.3%
HR	0	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	0.0%
NDCS	0	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	0.0%
TOTAL	0	0	0	0	0	0	0	0	2	0	0	1	3	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	61	61	58	63	
TOTAL SEPARATED														
Involuntary	0	0	0	2	0	0	0	0	0	0	0	0	2	
Voluntary	0	1	1	0	0	2	0	1	1	1	1	4	12	
Total Separated	0	1	1	2	0	2	0	1	1	1	1	4	14	
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%	6.9%	22.2%	
DETAIL														
Terminated	0	0	0	2	0	0	0	0	0	0	0		2	14.3%
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	2	9	64.3%
Retired	0	0	0	0	0	0	0	0	0	0	0	1	1	7.1%
Other	0	0	0	0	0	0	0	1	0	0	0	1	2	14.3%
TOTAL	0	1	1	2	0	2	0	1	1	1	1	4	14	100.0%
DEPARTMENT														
Administration	0	0	0	1	0	0	0	0	0	0	0	0	1	7.1%
Consumer Affairs	0	1	0	0	0	0	0	0	0	0	0	1	2	14.3%
Contracts	0	0	0	0	0	2	0	0	0	0	1	0	3	21.4%
Community Managers/ Housing/Special Projects	0	0	0	0	0	0	0	1	0	0	0	0	1	7.1%
Finance	0	0	0	0	0	0	0	0	1	0	0	0	1	7.1%
HR	0	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	0.0%
NDCS	0	0	1	1	0	0	0	0	0	1	0	2	5	35.7%
QI/Risk	0	0	0	0	0	0	0	0	0	0	0	1	1	7.1%
TOTAL	0	1	1	2	0	2	0	1	1	1	1	4	14	100.0%



Network Development & Clinical Services

CFBHN Children's Mental Health System of Care Assistance Data Summary

Status Update During this reporting period, CFBHN CMH Team continued providing 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 and continues to encourage the utilization of wrap around and agency wraparound certification. In addition, CFBHN CMH Team participated in facilitating a training for approximately 150 Judges and other court personnel focus on cross over high risk youth and community interventions.

Data Summary The CFBHN CMH Team processed 20 children specific staffing team (CSST) application for mental health residential with 4 of applications being connected to youth who had previous residential placement within a year. In addition, CFBHN CMH Staff participated in 30 interagency staffings including critical case staffings and youth at risk staffings. Out of the 30 interagency staffings, zero high risk youth were placed in child welfare during the staffings.

COVID 19: COVID-19 continues to present challenges to consumers, providers and systemic partners due to reports of increase in COVID cases however community partners are reporting being more effective in providing telehealth services.

Family Intervention Services (FIS)

The majority of providers had returned to in person services and were co-locating with CPI were permitted. However, due to the recent increase in positive COVID cases, providers are evaluating service delivery options, including increasing telehealth assessments, in person visits in public locations allowing for social distancing, and the return of staff working remote.

Family Intensive Treatment (FIT) Status Update

The FY20-21 utilization through June 30, 2021, for FIT is documented below. All FIT teams, with one exception, met or exceeded their targets for clients to be served. In Manatee County, the target was not met, however, significant efforts to address a lack of referrals, an influx of inappropriate referrals, and staff turnover at the provider have been made.



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	45	142	130	109.23%
DFL/Pinellas	27	70	70	100.00%
DACCO/Hillsborough	30	67	66	101.52%
CBHC/Charlotte	8	28	25	112.00%
CBHC/Lee	28	81	75	108.00%
Centerstone/Manatee	31	69	72	95.83%
PRC/Circuit 10	16	39	38	102.63%
TOTAL	185	496	476	104.20%

Behavioral Health Consultants (BHCs)

The BHC position in C10 has been filled, however, the Collier BHC has resigned. David Lawrence is actively recruiting, although this position has historically been difficult to fill.

FACT

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

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

ALL CIRCUITS: FACT

QUARTER ADMISSIONS= N/A

FY 21/22 ADMISSIONS TO DATE =11

QUARTER DISCHARGES= N/A

FY 21/22 DISCHARGES TO DATE=10



Collaborating for Excellence

In FY 21/22, focus will continue on the priority populations by being responsive to state hospital discharges and increased diversion efforts. Additional focus will be on assisting the FACT teams as they strive to manage their teams and adapt to the changes resulting from Medicaid being a predominate payor for FACT services.

FACT Admission/Discharge/Census JULY 2021 (MONTH) FISCAL YEAR 21/22 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 21/22 TOTAL ADMISSIONS- 11/11	2	2	1	0	6
Current MONTH Discharges/ FYTD 21/22 TOTAL DISCHARGES-10/10	3	1	0	0	6
TOTAL CURRENTLY SERVED BY FACT- 1386/1400	397/400	196/200	196/200	204/200	393/400

**** As of week ending 7/31/21, 3 of 14 FACT teams have 100 or more clients**

Forensic

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. Admissions began to increase in June 2021 but have slowed due to the recent increase in COVID-19 throughout Florida. 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 has been re-instituted after the suspension of the Executive Order.

There are currently approximately 270 individuals throughout the state waiting for admission to the Forensic State Hospital. The waitlist has begun to grow due to the increase in COVID-19's prevalence. Courts have continued holding Zoom hearings but have recently implemented administrative orders to resume in-person court hearings and trials beginning.

Mask mandates have been ordered for all in-person hearings in several circuits also. Several SMHTF's have recently undergone quarantine protocols due to staff and some residents testing positive for COVID-19. Most SMHTF's are operating at or above capacity which has affected new admissions. Forensic Residential Providers in the community have continued to schedule new admissions with COVID safety precautions being taken and have attempted to divert as many individuals as they safely can.



Prevention

Network Service Providers are continuing to find avenues to push their prevention messaging and serve the community during COVID-19. Some providers created socially distant events that gave them the opportunity to reach the parents and youth about making good decisions about drugs and alcohol. The use of social media increased the prevention organizations' reach to the community and brought awareness and collaborations to the message about substance use prevention for the youth and misuse prevention for the elders.

The Spring DEA Prescription Drug Take Back day was April 24, 2021 and there was huge success in the SunCoast region. The National Prescription Drug Take Back Day aims to provide a safe, convenient and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. Coalitions also supported the efforts by providing Detera Drug disposal bags for home use, as well as Be the Wall social norming campaign materials.

Data Summary

Number Served (04/01/2021 to 06/30/2021)

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
Universal Indirect	3,639,786	13,411,490	-	17,051,276
Universal Direct	13,058	2,608	6	15,672
Selective	10,709	309	-	11,018
Indicated	2,158	199	-	2,357
TOTAL	3,665,711	13,414,606	6	17,080,323

Healthy Transitions:

The Florida Healthy Transitions Program through Success For Kids and Families for Hillsborough County 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.

During this reporting period, three participants have new jobs, two participants had multiple job interviews, one participant has been sober for two months and spoke to a group of ten people at a rehab about her sobriety/AA meetings, Bent Not Broken groups transitioned to back in-person and changed structure based on participants' feedback, one participant found an apartment, one participant with chronic pain is starting physical therapy. One participant achieved their goal of getting a promotion and a raise at their job. Due to the Covid impact Success For Kids and Families reports continued impact on group attendance and continues to utilize virtual services for majority of services.



Care Coordination:

1. Access to Care

CFBHN Utilization/Care Managers continue 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 been improved with daily progress checking on the sending/receipt of referral information once possible beds are located. This change supports timely access to care and consumer engagement. CFBHN continues to work with providers to improve wait list reporting of all DCF funded services. The UM team continues to work 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 can review waiting persons for possible admission. The UM team also met with Adult SA Residential providers and finalized implementation of a single universal substance abuse treatment provider referral form for the region. This is facilitating ease of referrals for placement as well as expediting reviews of referrals for determinations.

Due to COVID-19 pandemic resurgence, 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, supporting 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 June 2021 during FY2021 the regional providers have served a total of 802 persons in care coordination. There are currently 205 individuals actively being served in care coordination as of 8/4/21. We are seeing a small but consistent reduction in the number of persons actively being served over the past 6 months. This continues to be 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. Care Coordination providers are utilizing those dollars to provide housing and other stabilization needs for persons meeting care coordination eligibility criteria. We are waiting for confirmation of final allocation of voucher dollars for FY2122 at this time.

COVID-19: 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.



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. The FEP program focuses on youth/young adults who experience a first episode of psychosis. As of June 30, 2021, 27 participants were enrolled since the start of the fiscal year. Target enrollment for the year is 24 participants. Ongoing consultation/support calls have occurred with OnTrackNY trainer, including monthly team case consultation, bi-monthly role-specific consultation and management planning meetings. The Healthy Minds team continues to develop and maintain referral pathways with a variety of mental health and community providers, offering information and education on Healthy Minds' services. New collaborations this FY include: Morton Plant North Bay Recovery; North Tampa Recovery; Step Up for Students; Metropolitan Ministries; PACE Center for Girls; The Spring; ACTS; HCA Healthcare: Memorial Hospital (IOP & PHP programs) Brandon Regional & Tampa Community CSU's; USF La Unidad Latina Fraternity Inc.; Advent Health; Metro Tampa Bay; Ybor Youth Clinic; Metro Inclusive; Rogers Behavioral Health, Juvenile Justice Executive Committee; Pioneer Health; Tampa Housing Authority; Florida Network on Disabilities; Clean Recovery Center; and Positive Spin.

COVID-19: Mode of counseling remains primarily telehealth, however, S4KF is starting to do some home-based counseling.

2. SOR (Statewide Opioid Response)

Through federal and state funding, CFBHN has worked with Network Service 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 continued to integrate into the hospital. In June, Peers have successfully referred 421 individuals to treatment providers and 267 individuals were linked to treatment providers.

Hospital Bridge Partnership	June 2021
Number of individuals screened	787
Number of individuals induced with Buprenorphine in ED/hospital prior to discharge	12
Number of individuals induced with Methadone in ED/hospital prior to discharge	8
Number of individuals referred to treatment providers	421
Number of individuals linked to treatment providers	267

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



2. HB945

CFBHN has completed the first meeting with stakeholders in all 14 counties to review and amend the plan according to the needs and available services within each county. CFBHN is moderating these meetings, preparing the drafts to incorporate the proposed edits, and sharing the drafts with the community for further review. The second round of meetings will begin August 12, 2021, during which final review of the plan will occur in efforts to secure the necessary signatures by the third and final meeting prior to January 1, 2022.

Communications:

NOTE: CFBHN operations and communications has continued under the new norm for COVID 19. However, with the rampant surge in Florida of COVID 19 and the Delta variant new stringent rules may come into effect in the next few months that will again impact daily life. Social media and website communications will remain critical means to strengthen messaging and maintain/build brand awareness for the ME and the services we provide via our network of provider organizations. Social media and traditional media provides reach and support needed by the community at this critical time as traditional activities have not been resumed to full capacity during shutdown, quarantine, and scaled back reopening.

Community

- Limited in person meetings occurring due to COVID and replaced by virtual.
- Linda McKinnon is special guest speaker at annual NAMI virtual convention
- Alan Davidson will be guest panel presenter at Hillsborough League of Women Voters in October that will be live-streamed statewide.

Legislative/Elected Officials/Community

- Board level legislative committee has met. They will begin to look at options for communications and have indicated an interest in visiting with legislators and staff in their districts along with CFBHN staff. The first legislative delegation meeting occurs August 18th in Lee County with various other counties beginning to schedule their meetings. Community Managers will be addressing their legislative delegation meetings. The CFBHN positioning statement is in the works and should be drafted by Monday August 16. The FAME organization will weigh in on positioning statements for the ME's in total by end of the month.

Workshops/Award Recognitions/Other

- Doris Nardelli will present two workshops at the FBHCON Annual Conference August 17-20.
- Future participation in Best Places to Work survey for Tampa Bay Times.

Press & Media

- Comprehensive Prevention Campaign concluded June 30th. Final numbers are being tallied for the fourth quarter and annual report. Campaign continues into the second year as of July 1st with same the messaging. A new plan will be available for review by the end August.
- Requesting Mayor Castor's office to participate in Prevention Campaign. Working with IHeart radio partnership to engage the Mayor further.
- Opioid awareness campaign wrapped up June 30th. The Annual report will be available at the end August.



Collaborating for Excellence

- Interviewed on the Bayside TV show May 12th. Will air in July and re-air in August. Feature topic Prevention campaign
- Monthly interviews discussing comprehensive Prevention campaign with radio personalities Queen B and Ronnie Lane continue. Distribution via IHeart, CFBHN social media accounts and CFBHN website are performing well.
- New interview segments for Fox 3 TV network morning show are airing in south counties. Linda McKinnon, Alan Davidson and Doris Nardelli discussed the annual prevention campaign in three separate interview segments. These will air in July, August and Sept. All will be posted on website.

Print and Communication

- Completed new Consumer Handbook will be posted to website and added to Newsroom tab Index of Publications

Other

- Received a \$4,000 grant from Phrma through Moore Communications. These funds will be used to maintain the annual contract with website vendor.
- Completed the registration process and documents for the Peer Certification Webinars. A soft launch in process.

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 June 1- July 31, 2021 the following metrics were achieved:

Likes:	3122 (down by 5)
Followers:	3172 (down by 186)
Video views plus 3 sec:	185.6K (up by 2.k)
Reach	164,469 (up by 97.4%)
Post Reach	372,754 (up by 267,849)

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

Good Sam video is the most watched with 518 views and 1.3k 3 sec views

Monthly Queen B and Ronnie Lane IHeart radio interviews posting steady uptrend with Ronnie Lane/Doris Nardelli Interview at 425 views

Twitter Analytics:

- All posts that reach over 1K on FB are shared on Twitter
- Our overall reach for the month of July on the Twitter platform was 2.6K.

Our summary for July: 16 tweets, 3 new followers, 452 profile visits

Ronnie Lane's tweet did not go out until July 26 for some reason. It was retweeted on August 2 as a "ICYMI" tweet (ICYMI = In case you missed it) the top tweet of the month was regarding Elsa and hurricane preparedness (408)

Moving forward, it is difficult to predict where we will be in a month in terms of the coronavirus. We have thus far refrained from advising people regarding the delta strain and vaccinations. This is a strategy, which may change if numbers rise to the levels that we experienced last year and hospitals become stressed.



Instagram

- “Talk.They Hear You” campaign continues to massively boost reach
- 14,280 (Up by 1.1k)



Continuous Quality Improvement Monthly Report FY 21-22

As of 7/31/2021

1. Network Service Provider (NSP) MONITORING STATUS

CA = Corrective Action AOC = Area of Concern

Provider Monitoring Status Summary		FY 19-20		FY 20-21		FY 21-22	
ANNUAL REVIEW PHASE:		Count	%	Count	%	Count	%
Not Yet Started		0	0%	0	0%	54	100%
Monitoring In-Progress		0	0%	0	0%	0	0%
FOLLOW-UP PHASE:							
Follow-Up Required - CA or AOC		0	0%	14	26%	0	0%
Follow-Up Required - NO SAMPLE		0	0%	3	6%	0	0%
REVIEW COMPLETE:							
Annual Complete - NO CITED CAs/AOCs		24	42%	1	2%	0	0%
Follow-Up Complete - NO SAMPLE		7	12%	15	28%	0	0%
Follow-Up Complete - CAs/AOCs RESOLVED		18	32%	9	17%	0	0%
Follow-Up Complete - UNRESOLVED CAs/AOCs		8	14%	1	2%	0	0%
Follow-Up Waived - CONTRACT TERMINATION		0	0%	2	4%	0	0%
EXEMPT From Review		N/A	--	9	17%	0	0%
TOTAL		57	100%	54	100%	54	100%

2. NSP Monitoring LEVEL OF REVIEW

	FY 18-19	FY 19-20	FY 20-21	FY 21-22
FULL Monitorings	21	39	15	15
LIMITED & COALITION Monitorings	36	17	29	36
BASELINE Monitorings	2	1	1	3
Coalitions EXEMPT from Monitoring			9	0
TOTAL	59	57	54	54

3. NSP Monitoring - COUNT OF CITED CAs/AOCs

COUNT OF	FY 18-19	FY 19-20	FY 20-21	FY 21-22
CORRECTIVE ACTIONS	35	55	59	0
AREAS OF CONCERN	6	21	6	0
COMMENDATIONS	8	6	5	0

4. NSP MONITORING RESULTS

COUNT OF CAs/AOCs	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	CAs	AOCs	CAs	AOCs	CAs	AOCs	CAs	AOCs
Issued at Annual Monitoring	35	6	55	21	55	5		
Issued at Follow-Up					4	1		
TOTAL	35	6	55	21	59	6	0	0
Follow-Up WAIVED (Contract Termination)	14	3	0	0	2	0		
Converted at Follow-Up			-4	4	-1	1		
REVISED TOTAL	21	3	51	25	56	7	0	0
Unable to Assess - NO SAMPLE	1	0	4	3	1	0		
RESOLVED at Follow-Up	15	3	43	15	21	3		
UNRESOLVED at FOLLOW-Up	5	0	4	7	1	2		
PENDING RESULT	0	0	0	0	33	2	0	0
Percent of CAs & AOCs UNRESOLVED at Follow-Up (UNRESOLVED CAs + AOCs/REVISED TOTAL CAs + AOCs)	20.8%		14.5%		4.8%		0.0%	

5. NSP Monitoring ANNUAL MONITORING RESULT SUMMARY, BY TOOL, FY 20-21
Corrective Action (CA) - Area of Concern (AOC) - Commendation 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	1.7%	0	0.0%	0	0.0%
Assisted Living Facilities - LMH	1	1.7%	0	0.0%	0	0.0%
BNET	1	1.7%	1	16.7%	0	0.0%
CARF Unaccredited Standards	0	0.0%	0	0.0%	0	0.0%
CAT	1	1.7%	0	0.0%	0	0.0%
Care Coordination	1	1.7%	0	0.0%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	3	5.1%	0	0.0%	0	0.0%
Client Trust Fund	0	0.0%	0	0.0%	0	0.0%
Crisis Stabilization Unit (CSU)	0	0.0%	1	16.7%	0	0.0%
Data Access	12	20.3%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	2	3.4%	0	0.0%	0	0.0%
Employee Verification	14	23.7%	0	0.0%	1	20.0%
FACT	1	1.7%	0	0.0%	0	0.0%
FIS	1	1.7%	0	0.0%	0	0.0%
FIT	3	5.1%	0	0.0%	0	0.0%
Forensic	2	3.4%	1	16.7%	0	0.0%
HIV	1	1.7%	1	16.7%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	2	3.4%	0	0.0%	0	0.0%
Mental Health/Mental Health Residential	1	1.7%	1	16.7%	0	0.0%
Mental Health Clubhouse	1	1.7%	0	0.0%	0	0.0%
Outreach	2	3.4%	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	2	3.4%	1	16.7%	0	0.0%
Staff Time Validation	2	3.4%	0	0.0%	0	0.0%
SOR Opioid	4	6.8%	0	0.0%	0	0.0%
TANF	0	0.0%	0	0.0%	1	20.0%
Women's Block Grant	1	1.7%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	3	60.0%
TOTAL	59	100.0%	6	100.0%	5	100.0%

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, October 21 at 11:00 a.m.

RISK MANAGEMENT Monthly Report (As of 7/31/2021)

1. Count of Subcontractor Incident Reports Received

Incident Type	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	Year-to-Date
3-Hour (Phone) Notification													
Child on Child Sexual Abuse	2	0	0	0	0	0	0	0	0	0	0	0	2
Client Death	14	0	0	0	0	0	0	0	0	0	0	0	14
Media Event	0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Abuse/Sexual Battery	1	0	0	0	0	0	0	0	0	0	0	0	1
24-Hour (RL6) Notification													
Child Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0
Elopement	5	0	0	0	0	0	0	0	0	0	0	0	5
Employee Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee Misconduct	1	0	0	0	0	0	0	0	0	0	0	0	1
Missing Child	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Incident/Unintentional	1	0	0	0	0	0	0	0	0	0	0	0	1
Significant Injury to Client	2	0	0	0	0	0	0	0	0	0	0	0	2
Significant Injury to Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide Attempt	2	0	0	0	0	0	0	0	0	0	0	0	2
Other:													
Admission/Assess Emergencies	0	0	0	0	0	0	0	0	0	0	0	0	0
Bomb/Biological/Chemical Threat	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 (Reported to DCF)*	3	0	0	0	0	0	0	0	0	0	0	0	3
Visitor Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Human Acts	0	0	0	0	0	0	0	0	0	0	0	0	0
Theft, Vandalism	0	0	0	0	0	0	0	0	0	0	0	0	0
No Other Category	15	0	0	0	0	0	0	0	0	0	0	0	15
TOTAL	46	0	0	0	0	0	0	0	0	0	0	0	46
FY 20-21	80	45	42	48	35	53	49	53	56	60	52	60	633
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
3-Year Average, by Month	60.0	47.3	45.0	45.3	38.0	46.7	47.7	49.0	49.3	55.7	53.0	60.0	

Average Number of Reports per Month	% Change - Current vs. Previous Year
46.0	-12.9%
52.8	
51.0	
45.5	

Average
Number of
Reports per
Month

% Change -
Current vs.
Previous Year

* 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 18-19		FY 19-20		FY 20-21		FY 21-22	
		Count	%	Count	%	Count	%	Count	%
From Providers to CFBHN	On-Time	530	97.1%	586	95.8%	617	97.5%	44	95.7%
	Late	16	2.9%	26	4.2%	16	2.5%	2	4.3%
	TOTAL	546	100.0%	612	100.0%	633	100.0%	46	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	541	99.1%	583	95.3%	625	98.7%	45	97.8%
	Late	5	0.9%	29	4.7%	8	1.3%	1	2.2%
	TOTAL	546	100.0%	612	100.0%	633	100.0%	46	100.0%

3. Client Manner of Death Summary

	FY 18-19			FY 19-20			FY 20-21			FY 21-22		
	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*	Count	%	Per 1000*
Accident	8	3.9%	0.1	19	7.9%	0.2	9	3.1%	0.1	0	0.0%	
Accident - Overdose	57	27.5%	0.5	55	22.9%	0.5	58	19.8%	0.6	0	0.0%	
Homicide	1	0.5%	0.0	6	2.5%	0.1	3	1.0%	0.0	0	0.0%	
Natural Death	69	33.3%	0.6	81	33.8%	0.7	62	21.2%	0.6	1	7.1%	
Suicide	20	9.7%	0.2	27	11.3%	0.2	18	6.1%	0.2	0	0.0%	
	Gunshot - 7			Gunshot - 7			Gunshot - 2			Gunshot - 0		
	Jumped - 0			Jumped - 2			Jumped - 3			Jumped - 0		
	Hanging - 8			Hanging - 11			Hanging - 7			Hanging - 0		
	Overdose - 3			Overdose - 5			Overdose - 4			Overdose - 0		
	Other - 2			Other - 2			Other - 1			Other - 0		
Undetermined	2	1.0%	0.0	3	1.3%	0.0	1	0.3%	0.0	0	0.0%	
Unknown	50	24.2%	0.4	49	20.4%	0.4	60	20.5%	0.6	0	0.0%	
Pending							82	28.0%	0.8	13	92.9%	
TOTAL	207	100.0%	1.8	240	100.0%	2.1	293	100.0%	2.8	14	100.0%	100.0%

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

4. Count of Subcontractor Incidents per Level of Care

	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	Count	%	Count	%	Count	%	Count	%
Care Coordination	6	1.1%	5	0.8%	6	0.9%	0	0.0%
Case Management	31	5.7%	30	4.9%	53	8.4%	6	13.0%
CAT Team	1	0.2%	0	0.0%	2	0.3%	0	0.0%
Crisis Stabilization Unit	91	16.7%	97	15.8%	103	16.2%	5	10.9%
Detox	24	4.4%	16	2.6%	23	3.6%	0	0.0%
Drop-In/Mental Health Clubhouse	5	0.9%	13	2.1%	8	1.3%	1	2.2%
FACT/Forensic	50	9.2%	64	10.5%	57	9.0%	4	8.7%
FIT/FIS	1	0.2%	1	0.2%	2	0.3%	0	0.0%
Medical Services	6	1.1%	10	1.6%	3	0.5%	0	0.0%
Methadone	10	1.8%	13	2.1%	0	0.0%	0	0.0%
Outpatient	122	22.3%	137	22.4%	149	23.5%	11	23.9%
Residential	147	26.9%	144	23.5%	125	19.7%	12	26.1%
SIPP/Therapeutic Group Home	4	0.7%	0	0.0%	0	0.0%	0	0.0%
Supported Employment/Housing	13	2.4%	12	2.0%	22	3.5%	2	4.3%
Not Applicable	21	3.8%	37	6.0%	44	6.9%	4	8.7%
Other	14	2.6%	33	5.4%	36	5.7%	1	2.2%
TOTAL	546	100.0%	612	100.0%	633	99.8%	46	100.0%

5. Subcontractor Incident Rates per 1000 Served

	FY 18-19		FY 19-20		FY 20-21		FY 21-22	
	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	7	0.1	11	0.1	10	0.1	2	
Client Death	207	1.8	240	2.1	293	3.0	14	
Media Event	15	0.1	9	0.1	7	0.1	0	
Sexual Abuse/Battery	15	0.1	16	0.1	11	0.1	1	
24-Hour (RL6) Notification								
Child Arrest	2	0.0	1	0.0	3	0.0	0	
Elopement	129	1.1	105	0.9	93	0.9	5	
Employee Arrest	22	0.2	6	0.1	11	0.1	0	
Employee Misconduct	35	0.3	30	0.3	35	0.4	1	
Missing Child	0	0.0	5	0.0	3	0.0	0	
Security Incident - Unintentional	0	0.0	0	0.0	2	0.0	1	
Significant Injury to Client	22	0.2	19	0.2	18	0.2	2	
Significant Injury to Staff	8	0.1	11	0.1	9	0.1	0	
Suicide Attempt	61	0.5	42	0.4	52	0.5	2	
Other:								
Admission/Assess Emergencies					8	0.1	0	
Biological/Chemical Threat	0	0.0	1	0.0	1	0.0	0	
COVID-19 (Reported to DCF)			94	0.8	30	0.3	3	
Human Acts	1	0.0	1	0.0	0	0.0	0	
Vandalism/Theft/Damage/Fire	0	0.0	4	0.0	1	0.0	0	
Visitor Injury or Death	0	0.0	0	0.0	1	0.0	0	
No Other Category	22	0.2	17	0.1	45	0.5	15	
TOTAL	546	4.7	612	5.4	633	6.4	46	

6. File Reviews - MONTHLY Summary

	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022
File Reviews Carried over from Previous Period	3											
New Files Referred for Review	5											
FILES FOR REVIEW	8											
Full File Review Not Required	0											
Unable to Complete*	0											
File Reviews Completed	0											
FILE REVIEWS IN PROGRESS	8											

* This category refers to reviews that were unable to be completed as a result of services funded by a source other than CFBHN.

7. File Reviews - ANNUAL Summary

Number of	FY 18-19	FY 19-20	FY 20-21	FY 21-22
File Reviews Carried over from Previous Period	9	5	5	3
New Files Referred for Review	21	43	22	5
FILES FOR REVIEW	30	48	27	8
Full File Review Not Required		16	9	0
Unable to Complete*	4	6	1	0
File Reviews Completed	21	21	14	0
FILE REVIEWS IN PROGRESS	5	5	3	8

* This category refers to reviews that were unable to be completed as a result of services funded by a source other than CFBHN.

8. File Reviews - ANNUAL RESULT Summary

File Reviews that Resulted in:	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Observations	0	7	11	0
Corective Action	0	0	0	0

9. CFBHN Internal incidents and Events Summary (as of 07/31/2021)

INCIDENTS	FY 18-19	FY 19-20	FY 20-21	FY 21-22				
				Q1	Q2	Q3	Q4	TOTAL
Alarm issues	1	0	0					0
Building Security	0	0	0					0
Computer Security	2	8	2					0
Data Security								
Unsecured FROM CFBHN	8	5	13	1				1
Unsecured TO CFBHN	25	33	54	9				9
Other	3	8	9					0
Equipment Malfunction/Failure	8	5	0					0
Facility Issues	0	3	0					0
Infection Control	0	0	0					0
Media	0	1	0					0
Medical Emergency/Injury/Death	0	0	0					0
Property Damage	0	1	0					0
Threat to Safety	1	0	0					0
Utility Failure								
Electrical	3	1	0					0
Heating/AC	0	0	1					0
Internet	4	1	0					0
Telephone	0	0	0					0
Water/Plumbing	0	0	0					0
Other	12	2	2					0
TOTAL	67	68	81	10	0	0	0	10

EVENTS	FY 18-19	FY 19-20	FY 20-21	FY21-22				
				Q1	Q2	Q3	Q4	TOTAL
Call to Abuse Registry	0	1	1					0
Legal Notice	3	6	0					0
Media Request	2	0	0					0
Public Records Request	16	9	10	1				1
Report to Licensing	0	0	0					0
Report to OIG	62	36	40	1				1
Wellness Check Request	2	0	1					0
Other	2	0	1					0
TOTAL	87	52	53	2	0	0	0	2



CFBHN IT Board Report August 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.
 - 2. Looking to separate All Provider meeting and IS Strategic again after 10/1
- b. FASAMS:
 - i. Pamphlet 155-2 V14 has been released
 - 1. Providers now submitting in V14 format
 - ii. Historical data has been purged at DCF due to duplication/ corruption.
 - 1. We have resubmitted all historical data for processing
 - iii. Provider submission in XML file format
 - 1. Provider EHR vendors still working on supporting V14 format.
 - 2. Some providers submitting data through DDE (Direct Data Entry).
 - 3. Some Providers submitting through PFU (Program File Upload) with issues.
 - 4. DCF is considering extending deadline for data submission.
 - iv. "System and Financial Exchange (SaFE)".
 - 1. Functionality in production
 - a. DDE (Direct Data Entry)
 - b. PFU (Program File Upload)
 - 2. Functionality be deployed
 - a. Waitlist
 - b. Registration
 - c. Vouchering
 - v. Reports need to be modified for V14 format
 - 1. Most critical reports changed first
- c. System Changes
 - 1. Internal system upgrades: Sharepoint, Exchange.
- d. County / School / Sheriffs Projects:
 - i. Projects are continuing.
- e. PICA
 - i. Sheriff not interested in application, will be sunsetting it after project completes.
- f. Reporting
 - i. Requests for reports are continuing