

Department Directors Report
October 2021

Contracts

- CFBHN received a new Schedule of Funds on 9/27/2021 with SOR funding for the first quarter of the Federal Fiscal Year, from October to December 2021. This is due to DCF not receiving enough budget authority to release all SOR funds at once. We expect to receive additional funding later on, with SOR funds for January-June 2022.
- Contracts started amendments to add SOR funds for Services, Prevention and RCOs effective 10/1/2021.

Consumer and Family Affairs

C. 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.

No new stakeholders were added in August or September.

Statewide stakeholders include Department of Children and Families (DCF) Substance Abuse Mental Health Program Office; DCF Suncoast Region SAMH Office; Florida Alcohol and Drug Abuse Association (FADAA); Florida Certification Board (FCB); Peer Support Coalition of Florida; University of South Florida College of Behavioral & Community Sciences Dept. of Mental Health Law & Policy, Louis De La Parte Florida Mental Health Institute (FMHI); Florida Children's Mental Health SOC Grant; and Magellan Health care – Peer Services.

No new stakeholders were added in August or September.

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, Carton Manor, DCF Forensic Liaison, and Project Opioid Tampa Bay.



Collaborating for Excellence

This August and September, community stakeholders who participated as key stakeholders, include David Lawrence Center, Success 4 Kid's and Families, NAMI Pinellas, ACTs and WestCare.

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, Polk Recovery Community Faces and Voices of Recovery (FAVOR), Kimmie's Recovery Zone and Hillsborough Recovery Coalition.

No new RCOs were added in August or September.

ROSC Status Update Summary

- Participated on DCF's statewide ROSC TA calls.

Met and reported the Suncoast regional activities for this quarter.

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

A. Collaborative Service Relationships:

1. DCF's Guidance 35 (Recovery Management Practices), III. Implementation A.9. Monitor NSP's utilization of the Self-Assessment/Planning Tool (SAPT) and document areas of improvements from SAPT and the Recovery-Oriented Quality Improvement process of Recovery-Oriented QI Monitoring (ROM) tools and site visit protocols.

In August and September, CFBHN's CQI department in collaboration with the Suncoast regional ROSC subject matter experts (CFBHN's CFA staff and DCF's Suncoast regional Recovery-Oriented Quality Improvement Specialist (ROQIS) participated in virtual ROM Site Visit Reviews with Baycare, Westcare, David Lawrence Center and First Step. As a result from our reviews, our team provided these agencies with a written report to include recommendations for recovery principles and best practices that will enhance their service delivery and linkage to community based supports to individuals they serve.

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.

To accommodate NSP staff who attended the annual Behavioral Health Conference, the August meeting was cancelled.

David Lawrence Center, Success for Kid's and Families, NAMI Pinellas, Agency for Community Treatment Services, and DCF participated in September.

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



Collaborating for Excellence

CFA has diligently recruited families and grassroots organizations to participate in all 14 county plans to ensure that families and youth voices are represented in these meetings to provide a list of nonclinical resources that they use for their recovery pathway. CFA has also developed a spreadsheet to convey to CFBHN's Lead staff the names and contact information regarding who committed to participating in each county. In addition, where a county had no family/youth representation, CFA staff participated and represented the family voice.

4. NDCS's, Children's Mental Health department collaborated with CFA department to educate our NSP and community stakeholders with up-dated and relevant Children's Mental Health System of Care recovery topics to support children and their families in need of services.

In September, CFBHN's High Fidelity Wraparound subject matter expert provided an overview of the Wraparound process in Circuits 6, 10, 12, and 13. Approximately, 80 participants attended each circuit presentation.

B. Cross-system Partnerships:

1. CFA coordinates with SunCoast Regional stakeholders to provide virtual Wraparound 101 Trainings to assist in agencies in their High Fidelity Wraparound certification process and build capacity.

In August and September, due to implementing CFBHN's Recovery Quality Improvement Monitoring (ROM) review site visits, CFBHN's trainer was not available to offer trainings.

2. The Department recognizes CFA staff as the SunCoast Regional Wraparound (WA) Champion, and requests that they oversee and track individuals who receive Wraparound trainings, coaching and appointed CFA to award Facilitators and Coaches with certificates. 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.

In August, no one was certified as a Wraparound Facilitator or Coach.

In September, one individual from Directions For Living was certified as a Facilitator.

3. 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.

In August, twelve individuals participated.

In September, ten individuals participated.



Collaborating for Excellence

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-

Hillsborough County: The Hillsborough Recovery Coalition (HRC) – No update

Lee County: Kimmie's Recovery Zone (KRZ) - No update

Pinellas County (Serving the Greater Tampa Bay Area): Recovery Epicenter (RE) – No update

Polk County: Polk for Recovery (PFR) – Held a visioning meeting in August.

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 August and September CFA provided technical assistance in reviewing board applications, creating slate of board members for membership to vote on at the annual meeting and assisting the newly elected board elect officers.

NAMI Hillsborough- During August provided technical assistance by linking them to NAMI Florida leadership for assistance with board member concerns.

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.

Participated on Hillsborough FACT Advisory's call in August.

4. CFBHN participated in North Florida Evaluation and Treatment Facility ROSC initiative with the primary goal to increase networking and collaboration between the MEds, State hospitals and community stakeholders to promote warm handoffs in assisting individuals who discharged from state hospitals and reentering into their home community.

North Florida Evaluation and Treatment Facility had no updates for August or September.

D. Community Health and Wellness

1. CFA/NAMI Pinellas/PEHMS Memorandum of Understanding (MOU).

In July, one applicant obtained a provisional certification through FCB.

In August, one applicant obtained a provisional certification through FCB.

In September, WestCare employed a graduate of the NAMI Pinellas's Peers in Recovery Mentorship program.



Collaborating for Excellence

2. CFA provides leadership on Team Two, Pinellas Counties Juvenile Welfare Board (JWB) Children's Mental Health Initiative (CMHI).

Worked with JWB to begin distribution of Children's Mental Health Activity Booklets and Pinwheels for Prevention Positive Parenting Guides to community providers and stakeholders.

3. CFA Specialist presented as guest lecturer for USF's Professional Seminar in Behavioral Health care, in the College of Behavioral and Community Science on "One Family's Journey: Openly Talking about Mental Health".

Twenty-eight students attended the lecture.

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.

Thirteen individuals participated in the August meeting.

Sixteen individuals participated in the September meeting.

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, ten peers participated each week in August and September.

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

In August one individual completed the Professional Responsibility webinar and received a certificate.

In September, no one registered for a webinar.

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

During August, 84 participants attended this training.

During September: 17 participants attended the Learning Collaborative

5. CFA staff provides *"Helping Others Heal"*, 40-hour peer certification training.



Collaborating for Excellence

Due to Recovery-Oriented Quality Improvement Monitoring's also known as ROM reviews, CFA staff did not provide trainings in August or September.

Human Resources



Human Resources Report FY 21-22

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	1	0	0	0	0	0	0	0	0	0	0	0	1	25.0%
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	0	0	0.0%
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	2	0	1	0	0	0	0	0	0	0	0	0	3	75.0%
QI/Risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL	3	0	1	0	0	0	0	0	0	0	0	0	4	100.0%

SEPARATION REPORT

WORKFORCE SIZE	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL	%
Number of Employees (Average)	61	58	58										59	
TOTAL SEPARATED														
Involuntary	0	2	0	0	0	0	0	0	0	0	0	0	2	
Voluntary	0	1	1	0	0	0	0	0	0	0	0	0	2	
Total Separated	0	3	1	0	0	0	0	0	0	0	0	0	4	
Percent of Workforce	0.0%	5.2%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.8%	
DETAIL														
Terminated	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
New Opportunity	0	1	1	0	0	0	0	0	0	0	0	0	2	50.0%
Retired	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Other	0	2	0	0	0	0	0	0	0	0	0	0	2	50.0%
TOTAL	0	3	1	0	0	0	0	0	0	0	0	0	4	100.0%
DEPARTMENT														
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	0	0	0	0	0	0.0%
Community Managers/ Housing/Special Projects	0	2	0	0	0	0	0	0	0	0	0	0	2	50.0%
Finance	0	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	0.0%
IT	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
NDCS	0	1	1	0	0	0	0	0	0	0	0	0	2	50.0%
QI/Risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	3	1	0	0	0	0	0	0	0	0	0	4	100.0%

Network Development & Clinical Services

CFBHN Children's Mental Health (CMH) System of Care 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 circuit and continues to encourage the utilization of wrap around and agency wraparound certification. CFBHN facilitated four children system of care trainings this reporting period for 4 out of 5 circuits within the Suncoast Region and Circuit 10 focused on children system of care and wraparound.



Data Summary During this month, CFBHN CMH Team processed 13 children specific staffing team (CSST) application for mental health residential with 3 of the CSST applications being connected to youth who had previous residential placement within a year. In addition, CFBHN CMH Staff participated in 26 interagency staffings including critical case staffings and youth at risk staffings. Out of the 26 interagency staffings, 25 high risk youth were diverted from entering child welfare during the staffings.

CO-VID 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. CFBHN CMH Team continues to maintain ongoing communications with contracted providers serving children with significant behavioral and emotional disturbances to assist with coordination of care needs.

Family Intervention Services (FIS)

FIS Providers continue to provide services through in-person and remote delivery options. Providers report increased efficiency and client access to treatment services through the use of telehealth options, alleviating transportation and childcare issues in some cases. Despite staff vacancies within several of the Providers, this quarter's rates of contact remained consistent with the previous quarter. Providers are utilizing the resources available to them to ensure all individuals are served in a timely manner.

The chart below summarizes FIS program conversion activities. Conversions are defined as the number of referrals that result in: (a) Client contact; (b) A completed client assessment; (c) Treatment recommended; and (d) First treatment appointment attended within 30 days. Each of these activities is sequential, and clients must complete one step in order to advance and be counted in the next. Activities are anchored and reported by the month in which a client's program referral was originally received.

FY21-22 data reported through September 1, 2021. September data is not available for FIS until after the 15 of the current month.



Family Intervention Services (FIS) Program: Conversion Summary FY21-22		Number of Referrals Made	Client Contacts	Assessment Completed	Treatment Recommended	First Tx Appt Within 30 Days (Target: 50%)
Jul-21	Count	289	248	165	117	37
	%	--	85.8%	66.5%	70.9%	31.6%
Aug-21	Count	333	268	148	106	38
	%	--	80.5%	55.2%	71.6%	35.8%
FY21-22 TOTAL	Count	645	531	315	223	75
	%	--	82.3%	59.3%	70.8%	33.6%

% - Numerator equals the number of clients completing each stage. Denominator is the number of clients completing the previous stage.

Family Intensive Treatment (FIT) Status Update

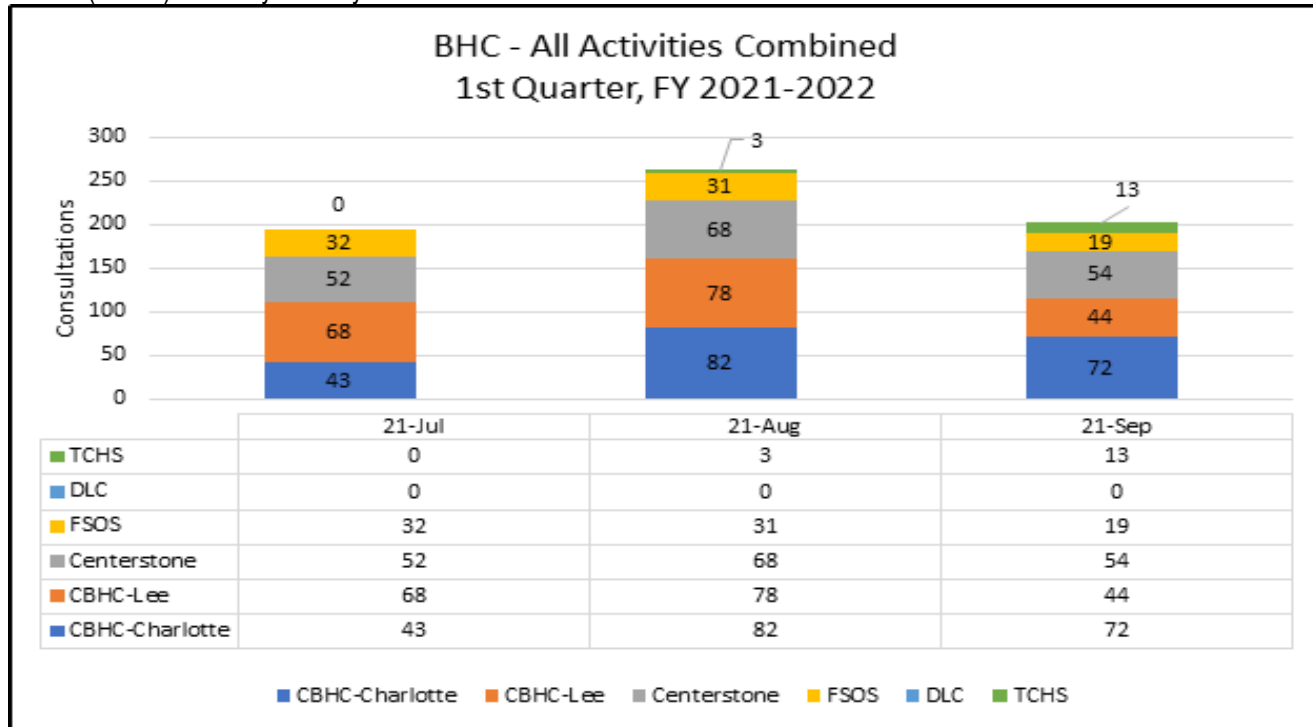
Due to the pandemic, FIT teams have increased telehealth services and continue to provide an intense level of substance abuse and mental health treatment, offering in-person meetings as needed and as safely as possible. Providers report a recent increase in referrals over the last three months. There continue to be concerns with maintaining client engagement in telehealth services, as well as challenges surrounding random drug screens. FIT providers are sharing these challenges, as well as potential solutions, across the network through biweekly regional meetings facilitated by CFBHN. The FY21-22 utilization through August 31, 2021, for FIT is summarized below:

Family Intensive Treatment (FIT) Program: Enrollment Summary Report, FY21-22				
Provider & County	Number of Clients			Annual Capacity Served %
	Currently Enrolled	Served YTD	Annual Target	
Baycare/Pasco	71	84	130	64.62%
DFL/Pinellas	25	29	70	41.43%
DACCO/Hillsborough	16	18	66	27.27%
CBHC/Charlotte	9	12	25	48.00%
CBHC/Lee	44	50	75	66.67%
Centerstone/Manatee	42	51	72	70.83%
PRC/Circuit 10	29	35	38	92.11%
TOTAL	236	279	476	58.61%



Behavioral Health Consultants (BHCs)

The chart and table below summarize the number of consultations completed by the BHC's during the first quarter of FY 21-22. Note: The Tri-County (Highlands/Hardee) BHC position was filled in late August, and the BHC position at the David Lawrence Center (Collier) was very recently filled.



BHC YTD Performance Measures – FY 2021-2022

Provider	Service Area	Number of times information from BHC review was supplied to CPI within one business day	Total number of cases	BHC01 Percentage	Number of times BHC involvement informed the FFA	Total number of cases	BHC02 Percentage
TCHS	Highlands/Hardee	16	16	100%	16	16	100%
DLC	Collier	N/A	N/A	0%	N/A	N/A	0%
FSOS	Sarasota	87	87	100%	87	87	100%
CBHC	Charlotte	197	197	100%	197	197	100%
CBHC	Lee	190	190	100%	190	190	100%
Centerstone	Manatee	188	191	98%	191	191	100%



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 impact Fact clients in the community. Efforts to be responsive to FACT members in community living settings has been accomplished through telehealth, and other technology with some level of face-to-face contact occurring.

ALL CIRCUITS: FACT

FIRST QUARTER ADMISSIONS=28

FY 21/22 ADMISSIONS TO DATE =28

FIRST QUARTER DISCHARGES=31

FY 21/22 DISCHARGES TO DATE=31

In FY 21/22, focus will continue on the priority populations by being responsive to state hospital discharges and increased diversion efforts. Adapting to Medicaid being a payor source for FACT has resulted in the teams needing to increase their team composition of members with full Medicaid. During the first quarter many of the 14 FACT teams have managed to increase their Medicaid membership on the team therefore increasing their income from FACT and offsetting losses in other areas.

FACT Admission/Discharge/Census SEPTEMBER 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- 11/28	4	2	1	1	3
FIRST QUARTER/FYTD TOTAL ADMISSIONS- 28/28	10	2	4	2	10
Current MONTH Discharges/ FYTD 21/22 TOTAL DISCHARGES-31/31	1	3	1	0	3
FIRST QUARTER/FYTD TOTAL DISCHARGES- 31/31	10	5	2	1	13
TOTAL CURRENTLY SERVED BY FACT- 1388/1400	398/400	197/200	196/200	204/200	393/400

**** As of the week ending 9/25/21, 4 of 14 FACT teams are 100 or over**



Forensic

COVID-19--Forensic State Hospital Admissions have been impacted by the COVID-19 virus beginning March 16, 2020. Effective April 1, 2020, all Forensic State Hospital Admissions were placed on hold. 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. There currently around 450 individuals throughout the state waiting for admission to the Forensic State Hospital and 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 and have been experiencing staffing issues 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. Typical wait times for clients accepted to a community residential program can be 3-6 months due to higher demand and diversion efforts.

Prevention

Prevention programs and coalitions work collectively with community partners to maintain engagement in substance abuse prevention education. Many partners include local businesses, healthcare providers, law enforcement, medical services, faith-based leaders and organizations, community-based care providers, food and nutrition services, housing/shelter, senior centers and schools.

Prevention education and community development are at the helm of the building blocks to continue to engage community partners, develop the necessary skills, provide knowledge and encourage a community that is thriving in health and wellness including living substance/drug free and violence free. Much of this drives the programs, strategies and services that prevention partners deploy. Services continue to be implemented at the community level to engage all members from birth to geriatric on prevention education, reducing risky behaviors, medication safety including safe storage, safe disposal, teen safety, parent and caregiver information and media messages.

Prevention partners and drug free coalitions (NSPs) continue to implement evidence-based programs and practices in their respective communities. Educating and raising awareness of the prevention of substance abuse in schools and communities. NSPs are implementing programs in many areas virtually as well to ensure COVID-19 safety protocols are implemented especially in areas of higher risk.



Data Summary

Number Served (07/01/2021 to 09/30/2021)

Where Funding Source is Block Grant

And 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	125,410	484,658	-	610,068
Universal Direct	9,854	847	400	11,101
Selective	10,366	986	-	11,352
Indicated	385	255	-	640
TOTAL	146,015	486,746	400	633,161

Healthy Transitions:

The Florida Healthy Transitions Program thru Success For Kids and Families for Hillsborough County continues 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, Success For Kids and Families continued to focus on tutoring and employment assistance training and is identifying additional ways to engage young adults in transitional services.

Covid Impact= Success For Kids and Families reports continued impact of Covid-19 on group attendance and continues to utilize virtual services for majority of services.

Care Coordination

1. Access to Care

CFBHN Utilization/Care Managers continue to outreach to all regional providers of services for anyone waiting for a bed-based SA service resulting in more timely access to services. Wait list 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. For Adult Substance Abuse providers across the region, the UM team has fully implemented a single universal substance abuse treatment provider referral form, which has greatly streamlined the referral process and reduced the amount of time from bed offer to completion of clinical review and determination.

COVID-19: Due to COVID-19 pandemic resurgence, some adult substance abuse residential programs have intermittently paused or reduced admissions again, although these issues have reduced in recent weeks. 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 HHU status and notify providers when persons admitted are eligible for care coordination. For FY 21-22, 288 total clients have been served in Care Coordination. There are currently 213 individuals actively being served in care coordination as of 10/1/21, which was a slight increase from the 205 clients being served last month. Care Coordination identification and engagement continue to be addressed with providers to help increase numbers served.

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. SAMH Transition Voucher funds for FY 21-22 have been allocated and are being utilized to assist with care coordination resource needs.

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.

NDCS Special Projects Updates

1. First Episode Psychosis (FEP) Program/Healthy Minds (HM)

Success 4 Kids and Families (S4KF) runs the Early Intervention Services – Psychotic Disorders program (also known as the First Episode Psychosis (FEP) program) for clients in Hillsborough County which focuses on youth/young adults who experience a first episode of psychosis. As of September 30, 2021, 6 participants were enrolled since the start of the fiscal year. Target enrollment for the year is 24 participants. Ongoing consultation/support calls continue to occur with OnTrackNY, 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. During this reporting period, CFBHN contracted with two new FEP teams (Peace River Center and David Lawrence Center) due to additional funding being provided by DCF for expansion of FEP/HM teams in the Suncoast Region and Circuit 10. Both new teams completed introduction contract meetings and have accepted consultation contracts with OnTrackNY with expected target of serving two clients per month beginning January 1, 2022.

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



2. **SOR (Statewide Opioid Response)**

Through federal and state funding, CFBHN continues working 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 continued to integrate into the hospital

2. **HB945**

CFBHN has completed the second meeting with stakeholders in all 14 counties to review and amend the plan according to the needs and available services within each county. CFBHN continues moderating these meetings, preparing the drafts to incorporate the proposed edits, and sharing the drafts with the community for further review. The third round of meetings will begin October thru November 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.



Continuous Quality Improvement Monthly Report FY 21-22

As of 9/30/21

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%	2	4%	0	0%
Follow-Up Required - NO SAMPLE		0	0%	2	4%	0	0%
REVIEW COMPLETE:							
Annual Complete - NO CITED CAs/AOCs		24	42%	1	2%	0	0%
Follow-Up Complete - NO SAMPLE		7	12%	16	30%	0	0%
Follow-Up Complete - CAs/AOCs RESOLVED		18	32%	14	26%	0	0%
Follow-Up Complete - UNRESOLVED CAs/AOCs		8	14%	8	15%	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	60	0
AREAS OF CONCERN	6	21	8	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					5	3		
TOTAL	35	6	55	21	60	8	0	0
Follow-Up WAIVED (Contract Termination)	14	3	0	0	2	0		
Converted at Follow-Up			-4	4	-2	2		
REVISED TOTAL	21	3	51	25	56	10	0	0
Unable to Assess - NO SAMPLE	1	0	4	3	4	1		
RESOLVED at Follow-Up	15	3	43	15	36	6		
UNRESOLVED at FOLLOW-Up	5	0	4	7	9	2		
PENDING RESULT	0	0	0	0	7	1	0	0
Percent of CAs & AOCs UNRESOLVED at Follow-Up (UNRESOLVED CAs + AOCs/REVISED TOTAL CAs + AOCs)	20.8%		14.5%		16.7%		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	12.5%	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%	1	12.5%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	3	5.0%	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	12.5%	0	0.0%
Data Access	13	21.7%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	2	3.3%	0	0.0%	0	0.0%
Employee Verification	14	23.3%	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	5.0%	0	0.0%	0	0.0%
Forensic	2	3.3%	2	25.0%	0	0.0%
HIV	1	1.7%	1	12.5%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	2	3.3%	0	0.0%	0	0.0%
Mental Health/Mental Health Residential	1	1.7%	1	12.5%	0	0.0%
Mental Health Clubhouse	1	1.7%	0	0.0%	0	0.0%
Outreach	2	3.3%	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	3.3%	1	12.5%	0	0.0%
Staff Time Validation	2	3.3%	0	0.0%	0	0.0%
SOR Opioid	4	6.7%	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	60	100.0%	8	100.0%	5	100.0%

Other Updates

- Compliance Issues: There are no compliance issues to report.
- 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 9/30/2021)

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	1	1	0	0	0	0	0	0	0	0	0	4		
Client Death	14	28	30	0	0	0	0	0	0	0	0	0	72		
Media Event	0	1	1	0	0	0	0	0	0	0	0	0	2		
Sexual Abuse/Sexual Battery	1	2	0	0	0	0	0	0	0	0	0	0	3		
24-Hour (RL6) Notification															
Child Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0		
Elopement	5	15	8	0	0	0	0	0	0	0	0	0	28		
Employee Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0		
Employee Misconduct	1	6	2	0	0	0	0	0	0	0	0	0	9		
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	2	1	0	0	0	0	0	0	0	0	0	5		
Significant Injury to Staff	0	0	0	0	0	0	0	0	0	0	0	0	0		
Suicide Attempt	2	4	3	0	0	0	0	0	0	0	0	0	9		
Other:															
Admission/Assess Emergencies	0	2	2	0	0	0	0	0	0	0	0	0	4		
Bomb/Biological/Chemical Threat	0	0	0	0	0	0	0	0	0	0	0	0	0		
COVID-19 (Reported to DCF)*	3	12	2	0	0	0	0	0	0	0	0	0	17		
Visitor Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0		
Human Acts	0	0	1	0	0	0	0	0	0	0	0	0	1		
Theft, Vandalism	0	0	0	0	0	0	0	0	0	0	0	0	0		
No Other Category	15	7	6	0	0	0	0	0	0	0	0	0	28		
TOTAL	46	80	57	0	0	0	0	0	0	0	0	0	183	61.0	↑ 15.5%
FY 20-21	80	45	42	48	35	53	49	53	56	60	52	60	633	52.8	
FY 19-20	49	45	42	42	30	55	52	46	53	67	50	81	612	51.0	
FY 18-19	51	52	51	46	49	32	42	48	39	40	57	39	546	45.5	
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			

* 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 DCF 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%	178	97.3%
	Late	16	2.9%	26	4.2%	16	2.5%	5	2.7%
	TOTAL	546	100.0%	612	100.0%	633	100.0%	183	100.0%
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	541	99.1%	583	95.3%	625	98.7%	182	99.5%
	Late	5	0.9%	29	4.7%	8	1.3%	1	0.5%
	TOTAL	546	100.0%	612	100.0%	633	100.0%	183	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	2	2.8%	
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	8	11.1%	
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	10	13.9%	
Pending							82	28.0%	0.8	52	72.2%	
TOTAL	207	100.0%	1.8	240	100.0%	2.1	293	100.0%	2.8	72	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	3.3%
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%	25	13.7%
Detox	24	4.4%	16	2.6%	23	3.6%	9	4.9%
Drop-In/Mental Health Clubhouse	5	0.9%	13	2.1%	8	1.3%	6	3.3%
FACT/Forensic	50	9.2%	64	10.5%	57	9.0%	15	8.2%
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%	1	0.5%
Methadone	10	1.8%	13	2.1%	0	0.0%	0	0.0%
Outpatient	122	22.3%	137	22.4%	149	23.5%	13	7.1%
Residential	147	26.9%	144	23.5%	125	19.7%	41	22.4%
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%	15	8.2%
Not Applicable	21	3.8%	37	6.0%	44	6.9%	2	1.1%
Other	14	2.6%	33	5.4%	36	5.7%	50	27.3%
TOTAL	546	100.0%	612	100.0%	633	99.8%	183	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	4	
Client Death	207	1.8	240	2.1	293	3.0	72	
Media Event	15	0.1	9	0.1	7	0.1	2	
Sexual Abuse/Battery	15	0.1	16	0.1	11	0.1	3	
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	28	
Employee Arrest	22	0.2	6	0.1	11	0.1	0	
Employee Misconduct	35	0.3	30	0.3	35	0.4	9	
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	5	
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	9	
Other:								
Admission/Assess Emergencies					8	0.1	4	
Biological/Chemical Threat	0	0.0	1	0.0	1	0.0	0	
COVID-19 (Reported to DCF)			94	0.8	30	0.3	17	
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	1	
No Other Category	22	0.2	17	0.1	45	0.5	28	
TOTAL	546	4.7	612	5.4	633	6.4	183	

*The 'Rate per 1000 Served' has not been calculated due to limited data in FASAMS. This measure will be calculated once required service data is available.

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	8	8									
New Files Referred for Review	5	0	1									
FILES FOR REVIEW	8	8	9									
Full File Review Not Required	0	0	0									
Unable to Complete*	0	0	0									
File Reviews Completed	0	0	0									
FILE REVIEWS IN PROGRESS	8	8	9									

* 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	6
FILES FOR REVIEW	30	48	27	9
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	9

* 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
Corrective Action	0	0	0	0

9. CFBHN Internal incidents and Events Summary (as of 09/30/2021)

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	1				1
Data Security								
Unsecured FROM CFBHN	8	5	13	6				6
Unsecured TO CFBHN	25	33	54	27				27
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	1				1
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	1				1
TOTAL	67	68	81	36	0	0	0	36

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	7				7
Report to Licensing	0	0	0					0
Report to OIG	62	36	40	9				9
Wellness Check Request	2	0	1					0
Other	2	0	1					0
TOTAL	87	52	53	16	0	0	0	16



CFBHN IT Board Report October 2021

IT System Update

Current IT projects

- a. All Provider meetings:
 - i. IT Provider Technical Assistance Meeting held Weekly.
 - 1. FASAMS is still the focus of the meetings.
 - 2. Looking to separate All Provider meeting and IS Strategic again after 1/1
- b. FASAMS:
 - i. Pamphlet 155-2 V14 has been released
 - 1. Providers now submitting in V14 format
 - ii. Data submission to DCF.
 - 1. V13 data has been resubmitted
 - 2. V14 Data will be submitted this month (before 10/18)
 - a. Volume of data to submit will be low due to Providers still not submitting to us.
 - 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.
 - 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. Reporting
 - i. Requests for reports are continuing