

Department Directors Report  
December 2021

**Contracts**

- The Board QI Committee has created a subcommittee to review and update the Scorecard measures. The committee met on November 16th and discussed the relevance of the current measures and the overall purpose of the Scorecard. While a lot of ideas were discussed, no decisions were made, and the subcommittee will be meeting again in December.

**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.

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



## ROSC Status Update Summary

- Participated on DCF's statewide ROSC TA calls.

Met and reported the Suncoast regional ROSC activities to DCF headquarters 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 October and November, 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 Tri-County, Centerstone, Saluscare and Operation PAR. 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.

CFBHN and NAMI Pinellas attended the October meeting.  
CFBHN and Operation PAR attended the November meeting.

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

CFA staff participated and represented the family voice when a county had no family/youth representation.

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.

After presenting to Circuit 10, CFA was asked to present on Wraparound to Circuit 10's Behavioral Health Leadership Meeting in November. Twenty-one participants attended.



Collaborating for Excellence

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.

Due to implementing CFBHN's Recovery Quality Improvement Monitoring (ROM) review site visits, CFBHN's trainer was not available to offer trainings in October and November.

2. The Department recognizes CFA staff as the SunCoast Regional Wraparound (WA) Champions, 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 October, one individual from Directions For Living was certified as a Wraparound Facilitator.  
In November, two individuals from Directions For Living were certified as Wraparound Facilitators.

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 October, nine individuals participated. In November, fifteen individuals participated..

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.

Polk County: Polk for Recovery (PFR) – PFR has started a custom tailored program for the Problem Solving Court where peers volunteer once a week working with participants to educate them on holistic approaches to recovery and the RCO.

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 Hillsborough- No technical assistance provided during October and November.

NAMI Polk- No technical assistance provided during October and November.

NAMI Pinellas- Provided technical assistance on CIT training collaborative in November.



Collaborating for Excellence

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 Centerstone FACT and Polk FACT Advisory calls in October.

Participated on Hillsborough FACT and Baycare FACT Advisory calls in November.

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 October or November.

D. Community Health and Wellness:

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

In October, one applicant obtained certification through FCB.

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

Team Two is currently working with Dr. Joe Bohn on the "Growing Hope: A Pinellas Town Hall Series", for suicide prevention.

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.

Nineteen individuals participated in the October meeting.

Eleven individuals participated in the November 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 October and November.



## Collaborating for Excellence

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

In October, two individuals registered for a webinar.

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

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

## 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	16.7%
Community Managers/ Housing/ Special Projects	0	0	0	0	1	0	0	0	0	0	0	0	1	16.7%
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	1	0	0	0	0	0	0	0	4	66.7%
QI/Risk	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
<b>TOTAL</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>100.0%</b>

#### SEPARATION REPORT

WORKFORCE SIZE	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL	%
Number of Employees (Average)	61	58	58	58	59								59	
<b>TOTAL SEPARATED</b>														
Involuntary	0	2	0	0	0	0	0	0	0	0	0	0	2	
Voluntary	0	1	1	1	1	0	0	0	0	0	0	0	4	
<b>Total Separated</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
Percent of Workforce	0.0%	5.2%	1.7%	1.7%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.2%	
<b>DETAIL</b>														
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	1	0	0	0	0	0	0	0	3	50.0%
Retired	0	0	0	1	0	0	0	0	0	0	0	0	1	16.7%
Other	0	2	0	0	0	0	0	0	0	0	0	0	2	33.3%
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>100.0%</b>
<b>DEPARTMENT</b>														
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	33.3%
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	1	0	0	0	0	0	0	0	3	50.0%
QI/Risk	0	0	0	1	0	0	0	0	0	0	0	0	1	16.7%
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>100.0%</b>





**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 the fifth children system of care training focused on wraparound this reporting period. CFBHN Senior Program Manager of NDCS and other CFBHN leadership attended community partner meetings for Pinellas and Pasco County focused on child welfare this reporting period.

**Data Summary** During this month, CFBHN CMH Team processed 12 children specific staffing team (CSST) application for mental health residential with 5 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, 24 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.

**Child Welfare/Behavioral Health Integration Summary**

CFBHN continued to facilitate biweekly, regional FIT and FIS meetings through October; monthly calls for all BHC's in the region (funded by both the ME and DCF); and returned to monthly standing meeting schedules for each program in November in order to focus on individual site check-ins and stakeholder introductions with the new BHI Program Manager. These regional program meetings serve to provide status updates, as well as time for sharing resources, challenges, strategies, and successes across teams.

After deciding not to renew its contract with Eckerd Connects in Circuit 6, DCF announced a new contract with Family Support Services (FSS), the lead child welfare agency in Jacksonville, effective January 1. During this transition, the BHI PM will work with DCF, FIT/FIS teams with Baycare, Directions for Living, and Operation PAR, and the new CBC to establish MOU's and Working Agreements.

**Family Intervention Services (FIS)**

FIS Teams continue to provide services through in-person and remote delivery methods. Providers report increased efficiency and client access to treatment services through the use of telehealth options, alleviating transportation and childcare issues in some cases.



Barriers identified across the region include issues with outpatient staff vacancies and waitlists for higher levels of care, affecting time to treatment, which negatively impacts client access and providers' performance. Providers note that they are losing clinicians and candidates to out-of-state agencies and two Medicaid plans that are hiring for telehealth positions that offer increased flexibility and salaries. Another barrier expressed within some circuits is receiving referrals from CPI's at case closure, which lowers client engagement. Improvement strategies include encouraging providers to regularly – and frequently – present the FIS program and referral process during CPI staff meetings, building relationships with individual CPI's, and addressing these topics with DCF and local integration workgroups.

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. Data for November were not available at the time of this report.

**FY 21-22 Conversions through October 31, 2021, Combined:**

Family Intervention Services (FIS) Program: Conversion Summary FY21-22		Number of Referrals Made	Client Contact s	Assessme nt Completed	Treatment Recommend ed	First Tx Appt Within 30 Days
Jul-21	Count	289	249	168	124	41
	%	--	86.2%	67.5%	73.8%	33.1%
Aug-21	Count	339	282	198	151	64
	%	--	83.2%	70.2%	76.3%	42.4%
Sep-21	Count	288	250	182	144	70
	%	--	86.8%	72.8%	79.1%	48.6%
Oct-21	Count	269	216	135	102	40
	%	--	80.3%	62.5%	75.6%	39.2%
FY21-22 TOTAL	Count	1185	997	683	521	215
	%	--	84.1%	68.5%	76.3%	41.3%

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



### **Family Intensive Treatment (FIT)**

All FIT Teams are providing services in-person, with hybrid telehealth options for services and groups made available as appropriate. Providers report challenges include engaging and serving an increasingly higher-needs population, staff turnover and vacancies across systems, waitlists for clients needing higher LoC, and issues related to rural service provision, such as housing. Noteworthy accomplishments include:

- FIT Teams in the SunCoast Region/Circuit 10 served **268 clients** during the 1<sup>st</sup> Qtr. of FY21-22, the most of any region, representing **33.5% of FIT clients served statewide**.
- **Time from referral to enrollment:** The statewide average during Qtr. 1 was 18.3 days; SunCoast/C-10 averaged 11 days.
  - Baycare/Paso: 3 days
  - Directions for Living/Pinellas: 17 days
  - Peace River Center/Polk: 16 days
  - COVE/Hillsborough: 5 days
  - Centerstone/Manatee: 13 days
  - CBHC/Charlotte: 7 days
  - CBHC/Lee: 17 days

Baycare's Rachel Brockhouse and Erica Smith will conduct a DLA-20 training on December 16<sup>th</sup> for all new FIT staff in the region.

The CFBHN BHI program manager organized a meet-and-greet with ME counterparts. As statewide FIT meetings are on-hold, the group decided to continue meeting quarterly in order to stay connected to issues relating to child welfare and FIT programs across the state.

The table below displays the number of clients served and YTD capacity by provider; it has been updated to delineate clients served under base funding and CARES funds. Data for November were not available at the time of this report.





FY 21-22 Utilization through October 31, 2021:

Family Intensive Treatment (FIT) Program: Enrollment Summary Report, FY21-22						
Provider & County	Number of Clients					Capacity Served*
	Currently Enrolled	Total Served YTD	CARES YTD	Adjusted YTD*	Annual Target*	
Baycare Behavioral Health - Pasco	46	80		80	130	61.54%
Directions for Living - Pinellas	24	32		32	70	45.71%
DACCO - Hillsborough	31	42	10	32	66	48.48%
Charlotte Behavioral Healthcare - Charlotte	7	15	8	7	25	28.00%
Charlotte Behavioral Healthcare - Lee	29	48	10	38	75	50.67%
Centerstone - Manatee	33	48		48	72	66.67%
Peace River Center - Polk	14	31		31	38	81.58%
<b>TOTAL</b>	<b>184</b>	<b>296</b>	<b>28</b>	<b>268</b>	<b>476</b>	<b>56.30%</b>

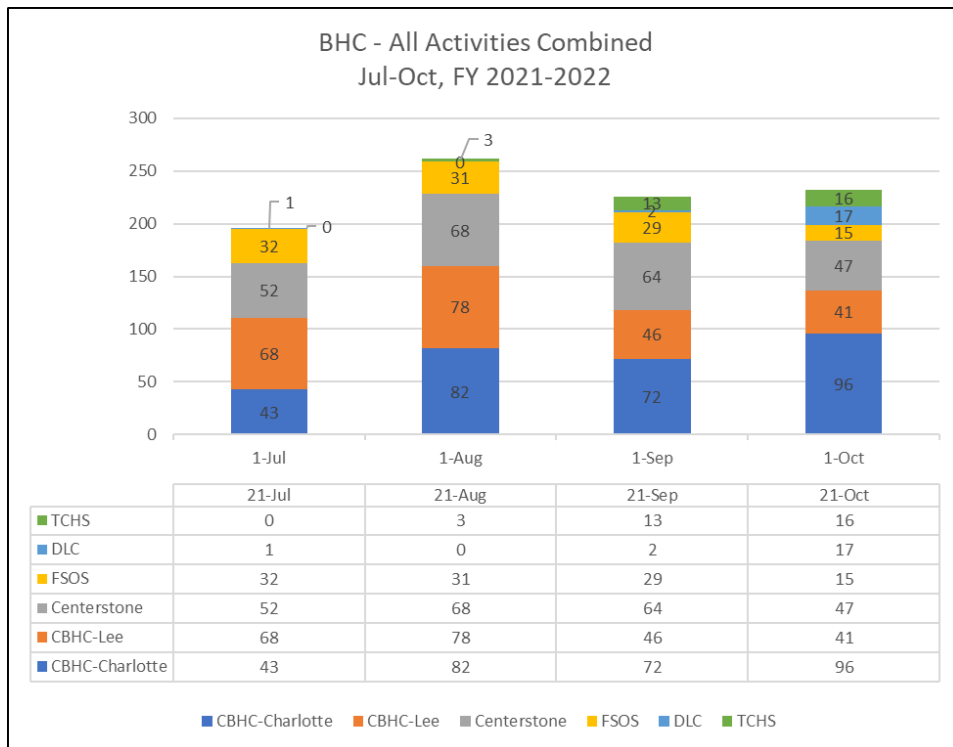
\* Excludes CARES (Hillsborough, Charlotte, and Lee counties received CARES funds to serve an additional 10 clients each this calendar year).

### **Behavioral Health Consultants (BHCs)**

BHC's are reporting 98-100% performance in the number of times information from the BHC was supplied to CPI's within one business day of the consultation request.

The chart and table below summarize the number of consultations completed by the BHC's through October for FY 21-22. Please note that lower numbers reported in Highlands/Hardee and Collier counties were due to staff vacancies. 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. Data for November were not available at the time of this report.





## 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. Contact with Clients in community settings has improved though some challenges still exist due to Covid. Face to face meetings and telehealth are used to optimize contact frequency.

ALL CIRCUITS: FACT

QUARTER ADMISSIONS=N/A

FY 21/22 ADMISSIONS TO DATE =45

QUARTER DISCHARGES=N/A

FY 21/22 DISCHARGES TO DATE=46

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.



FACT Admission/Discharge/Census <b>NOVEMBER 2021 (MONTH)</b> FISCAL YEAR 21/22 TOTAL					
	<b>Circuit-6</b> 4 teams	<b>Circuit-10</b> 2 teams	<b>Circuit-12</b> 2 teams	<b>Circuit-13</b> 2 teams	<b>Circuit-20</b> 4 teams
Current MONTH Admissions/ FYTD 21/22 TOTAL ADMISSIONS- 8/45	2	1	2	1	2
QUARTER/FYTD TOTAL ADMISSIONS- N/A					
Current MONTH Discharges/ FYTD 21/22 TOTAL DISCHARGES-3/46	1	1	0	0	1
QUARTER/FYTD TOTAL DISCHARGES- N/A					
TOTAL CURRENTLY SERVED BY FACT- <b>1387/1400</b>	399/400	199/200	196/200	204/200	389/400

**\*\* As of the week ending 11/27/21, 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 have been resuming at elevated levels but the backlog of individuals in the jail continues to rise. Quarantine procedures at the State Hospitals still exist under extenuating circumstances and negative covid tests are still required. Many state hospitals are still taking extra COVID precautions especially in light of the recent Omicron variant. 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 450 individuals throughout the state waiting for admission to the Forensic State Hospital as of 12/2/2021. The waitlist remains steady due to the backlog of admissions caused by COVID-19's prevalence. Courts, jails and SMHTF's have all continued holding Zoom hearings and remote visitations to eliminate unnecessary in-person exposures. New administrative orders to resume in-person court hearings and trials have begun to resume as mask mandates in the courts have been eliminated. Most SMHTF's continue to operate 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. High turnover with forensic providers has also been a barrier as replacing staff has been difficult in the field.



## 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.

The CFBHN Senior Program Manager of NDCS began orientating the new CFBHN Prevention Clinical Program Specialist on job duties and introduction to prevention providers and coalitions in the Suncoast Region and Circuit 10 this reporting period. 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 for October, 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	27,566	144,512	-	172,078
Universal Direct	16,046	2,178	-	18,224
Selective	11,620	284	2	11,906
Indicated	763	64	-	827
TOTAL	55,995	147,038	2	203,035

### Number Served for November, 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	137,703	604,953	-	742,656
Universal Direct	10,527	1,187	-	11,714
Selective	3,769	69	-	3,838
Indicated	325	46	-	371
TOTAL				

## 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 continues to flow smoothly with daily progress checking on the sending/receipt of referral information once possible beds are located, supporting 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 is currently collaborating with room and board providers to develop a single universal referral form to expedite the referral process for potential admissions to providers of this level of care. 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, although these issues appear to be stabilizing for the time being. 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. For FY 21-22, 381 total clients have been served in Care Coordination. There are currently 241 individuals actively being served in care coordination as of 11/1/21, which was an increase from the 213 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. Additional non-recurring Managing Entity Substance Abuse Transitional Voucher funds were recently released for Substance Abuse Care Coordination clients to utilize for the remainder of the fiscal year, which will help provide additional support for basic 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 November 30, 2021, 7 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 continues to provide technical assistance 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.

**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, DACC – 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 third set of meetings with stakeholders in all 14 counties to review and amend the plan according to the needs and available services within each county. CFBHN sent out final plans for review and signatures on all HB plans for completed by 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 including the Delta and Omicron variant new stringent rules may come into effect in the next few months that will again affect 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 reopenings.





Collaborating for Excellence

Community

- In person meetings have resumed in some limited capacity but virtual remains the choice for facilitating meetings and communication.
- CFBHN has been contacted by two youth groups regarding their wish to host community Opioid Awareness events first of 2022. The groups were connected to our local Coalition partners.
- Acquired signed memorabilia from Tampa Bay Buccaneers for the annual Tri-County Human services fundraiser luncheon (postponed till next year)

Legislative/Elected Officials/Community

- Legislative delegation meetings have continued during the period with our Community Managers attending and speaking on behalf of CFBHN. Produced One-pager and speech draft.

Workshops/Award Recognitions/Other

- I coordinated a presentation by Johnny Crowder, COPENOTES CEO, to CFBHN leadership and FAME regarding the interactive product he has developed and is marketing. We had provided a free two-week trial of COPENOTES during COVID last year in the spring to help assist people who were struggling with mental health issues.
- Plan to submit two nominees for Lightning Community hero award – the Doctor from last season's submission and Sybil Stanonis, Dance Therapy with Sybil. Nominations are due by January 15, 2022.
- Attended TBBJ event recognizing Tampa Non-Profits in November We were included in the Book of Lists this year but did not receive an award.
- We will not participate in the TBBJ Best Places to Work Annual survey, as there is a charge associated with participation this year and that is an unbudgeted item.

Press & Media

- We currently are running three active media awareness campaigns throughout our network – “Talk. They Hear You”, #BeTheOneTo (Suicide Prevention – MH & SA) and Opioid “Use as Directed”. Two of these campaigns run until fiscal year end – the “Talk” and #BeTheOneTo. The “Talk. They Hear You” is the primary prevention campaign targeted to underage alcohol consumption. #BeTheOneTo is the new Suicide Prevention campaign that launched November 1. We also used excess Opioid funds in September for a one-month awareness campaign and have expended new funds for Opioid awareness in November and December. The funding for the Opioid campaign is expected to continue into next year but has not yet been received.
  - The website has been updated to support both the Opioid and #BeTheOneTo Suicide prevention campaigns. There are new pages launched for both campaigns, we have quick access buttons at the top of our website and a new floater that has hotlinks to all the campaign pages.
  - Our social media activities have also supported all campaigns
  - We have implemented a new requirement that recently came down from DCF with our media purchases, which must include at least 32% bonus (free match) in media placement. We will be exceeding this number based on our relationships with media outlets and aggressive negotiations. Will have a report of final % by month end.
- We have new monthly interview program for prevention oriented messaging with Fox 3 TV in the south counties – it is the Morning Blend show. These are prerecorded and air monthly and commenced July 2021. Upon receipt they are posted to our website.



## Collaborating for Excellence

- Monthly interviews discussing comprehensive “Talk. They Hear you” Prevention campaign with radio personalities Queen B and Ronnie Lane continue. Distribution via IHeart and CFBHN social media accounts. Posted on CFBHN website. They are performing well.
- New for all campaigns this fiscal year is broadcast in Spanish both TV and radio throughout the network and bus shelter ads for #BeTheOneTo and “Talk. They Hear You”.
- We have a display ad in the Tampa Bay Bucs 2021 Yearbook (Talk. They hear You) and the Tampa Bay Lightning 2021 Yearbook (Opioid Use as Directed)

### Video Production

- Produce a Suicide Prevention Webinar to be added to the Peer Certification section of the website and will be available to public for information purposes.

### Social Media

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

The following metrics were achieved:

Likes:	3130
Followers:	3359
Page reach Oct-Dec	39,944 (up 315%)

### Twitter

- 14 tweets in November which garnered 1206 impressions
- Twitter homepage received 499 visits – which is deemed above average to excellent
- Twitter content will focus on suicide prevention for December unless there is need to switch to COVID 19 information with new variant

### LinkedIn

- Posting 1x per week

### Instagram

- “Talk.They Hear You” campaign continues to massively boost reach
- Reach 21.672 (up 34.9k%)

**Note:** we participated in the Florida Blue Proud to support \$10k non-profit opportunity on twitter and Instagram. Winners have not been announced.

Facebook metrics indicate the paid promotional campaign is reaching people. In the month of November posts by CFBHN reached over 34,000 people – translating to over 1k per day. Reach is more than satisfactory. Engagement with the campaign is slightly less than engagement with the previous campaign. Engagement, while desirable, does not lessen the impact of the suicide prevention messaging and the key action steps. Throughout the month the campaign has been supported by news, research and virtual events.



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*Collaborating for Excellence*

This past month Doris interview with Queen B was boosted and reached over 400+

The best performing posts on facebook have to do with Baker Act and CBT. This indicates a strong interest in these topics and for Deember will focus on news, research and other information to continue the reach.



# Continuous Quality Improvement Monthly Report FY 21-22

As of 11/30/21

## 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%	50	94%
Monitoring In-Progress		0	0%	0	0%	0	0%
FOLLOW-UP PHASE:							
Follow-Up Required - CA or AOC		0	0%	0	0%	1	2%
Follow-Up Required - NO SAMPLE		0	0%	0	0%	2	4%
REVIEW COMPLETE:							
Annual Complete - NO CITED CAs/AOCs		24	42%	3	6%	0	0%
Follow-Up Complete - NO SAMPLE		7	12%	18	33%	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%
<b>TOTAL</b>		<b>57</b>	<b>100%</b>	<b>54</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

## 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 Monitorings	36	17	29	27
COALITION Monitorings				9
BASELINE Monitorings	2	1	1	2
Coalitions EXEMPT from Monitoring			9	0
<b>TOTAL</b>	<b>59</b>	<b>57</b>	<b>54</b>	<b>53</b>

## 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	3
AREAS OF CONCERN	6	21	8	0
COMMENDATIONS	8	6	5	1

## 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	3	0
Issued at Follow-Up					5	3		
<b>TOTAL</b>	<b>35</b>	<b>6</b>	<b>55</b>	<b>21</b>	<b>60</b>	<b>8</b>	<b>3</b>	<b>0</b>
Follow-Up WAIVED (Contract Termination)	14	3	0	0	2	0		
Converted at Follow-Up			-4	4	-2	2		
<b>REVISED TOTAL</b>	<b>21</b>	<b>3</b>	<b>51</b>	<b>25</b>	<b>56</b>	<b>10</b>	<b>3</b>	<b>0</b>
Unable to Assess - NO SAMPLE	1	0	4	3	8	1		
RESOLVED at Follow-Up	15	3	43	15	38	7		
UNRESOLVED at Follow-Up	5	0	4	7	10	2		
<b>PENDING RESULT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>Percent of CAs &amp; AOCs UNRESOLVED at Follow-Up</b> (UNRESOLVED CAs + AOCs/REVISED TOTAL CAs + AOCs)	<b>20.8%</b>		<b>14.5%</b>		<b>18.2%</b>		<b>0.0%</b>	

## 5. NSP Monitoring ANNUAL MONITORING RESULT SUMMARY, BY TOOL, FY 21-22

### Corrective Action (CA) - Area of Concern (AOC) - Commendation DETAIL

Covered Service/Program Area/Tool	CA		AOC		Commendation	
	Count	%	Count	%	Count	%
Administrative Compliance	1	0.0%	0	0.0%	0	0.0%
Assisted Living Facilities - LMH	0	0.0%	0	0.0%	0	0.0%
BNET	0	0.0%	0	0.0%	0	0.0%
CARF Unaccredited Standards	0	0.0%	0	0.0%	0	0.0%
CAT	0	0.0%	0	0.0%	0	0.0%
Care Coordination	0	0.0%	0	0.0%	0	0.0%
Coalition Compliance	0	0.0%	0	0.0%	0	0.0%
Client Financial	0	0.0%	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%	0	0.0%	0	0.0%
Data Access	0	0.0%	0	0.0%	0	0.0%
Deaf and Hard-of-Hearing	1	0.0%	0	0.0%	0	0.0%
Drop-In Program*	0	0.0%	0	0.0%	0	0.0%
Employee Verification	1	0.0%	0	0.0%	0	0.0%
FACT	0	0.0%	0	0.0%	0	0.0%
FIS	0	0.0%	0	0.0%	0	0.0%
FIT	0	0.0%	0	0.0%	0	0.0%
Forensic	0	0.0%	0	0.0%	0	0.0%
HIV	0	0.0%	0	0.0%	0	0.0%
Indigent Drug Program	0	0.0%	0	0.0%	0	0.0%
Incidentals	0	0.0%	0	0.0%	0	0.0%
Mental Health**	0	0.0%	0	0.0%	0	0.0%
Mental Health - Residential**	0	0.0%	0	0.0%	0	0.0%
Mental Health Clubhouse*	0	0.0%	0	0.0%	0	0.0%
Outreach	0	0.0%	0	0.0%	0	0.0%
PATH	0	0.0%	0	0.0%	0	0.0%
Prevention	0	0.0%	0	0.0%	0	0.0%
Service Validation	0	0.0%	0	0.0%	0	0.0%
Staff Time Validation	0	0.0%	0	0.0%	0	0.0%
SOR Opioid	0	0.0%	0	0.0%	0	0.0%
TANF	0	0.0%	0	0.0%	0	0.0%
Women's Block Grant	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	1	0.0%
<b>TOTAL</b>	<b>3</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>0.0%</b>

FY 20-21 Counts		
CA	AOC	Comm
1	0	0
1	0	0
1	1	0
0	0	0
1	0	0
1	1	0
0	0	0
3	0	0
0	0	0
0	1	0
13	0	0
2	0	0
1	0	0
14	0	1
1	0	0
1	0	0
3	0	0
2	2	0
1	1	0
0	0	0
2	0	0
1	1	0
-	-	-
-	-	-
2	0	0
0	0	0
0	0	0
2	1	0
2	0	0
4	0	0
0	0	1
1	0	0
0	0	3
<b>60</b>	<b>8</b>	<b>5</b>

\* In the previous year, results of the DIP tool were combined with those from the MH Clubhouse tool.

\*\* In the previous year, results of the Mental Health tool were combined with those from the MH - Residential tool.

## **6. CQI Goals Update - FY 21-22**

- A. Formalize and standardize the CQI department's role in CFBHN's Recovery Orientation Monitoring (ROM) process. This includes creating ROM handouts, report documents and templates for use with the NSPs that are required by Guidance Document 35 (Recovery Management Practices) to participate in ROM reviews.**

CQI department staff have been directly involved in the development of materials to orient the first group of NSPs to ROM Reviews. CFBHN continues to receive guidance from the state DCF office regarding the ROM process, and this will be communicated to NSPs as new information is available. As this is the first year of ROM, it is expected the CQI department's role in ROM will continue to evolve and change with time.

- B. Implement, document and share with NSPs new procedures established by DCF related to revised Satisfaction Survey.**

In August of 2021, DCF launched a new satisfaction survey that had been updated to better capture feedback related to an NSP's recovery orientation. After its release, MEs and NSPs raised concerns about its content and the grade level at which it was written, and requested that a new survey be developed. DCF is currently working on a revision. In the meantime, MEs have been instructed to continue to have NSPs administer the survey that was released in August.

Along with the new survey, DCF revised the way it will collect satisfaction survey data. A survey link is provided to individuals served, allowing them to complete it on any portable device. Whereas, in the past, paper surveys were submitted to CFBHN, and scoring data was then transferred from CFBHN to DCF, this new method allows DCF to directly capture the survey data. Currently, DCF sends weekly updates containing raw data from each completed survey to CFBHN.

Until the new survey is complete, CFBHN will give each NSP credit for the number of surveys submitted by their clients. Due to the concerns about question complexity and data validity, however, CFBHN will not be formally reporting, or utilizing, survey data results.

### **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, December 16 at 11:00 a.m.



# RISK MANAGEMENT Monthly Report (As of 11/30/2021)

## 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		
<b>3-Hour (Phone) Notification</b>															
Child on Child Sexual Abuse	2	1	1	1	0	0	0	0	0	0	0	0	5		
Client Death	14	28	30	24	16	0	0	0	0	0	0	0	112		
Media Event	0	1	1	0	3	0	0	0	0	0	0	0	5		
Sexual Abuse/Sexual Battery	1	2	0	4	0	0	0	0	0	0	0	0	7		
<b>24-Hour (RL6) Notification</b>															
Child Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0		
Elopement	5	15	8	5	4	0	0	0	0	0	0	0	37		
Employee Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0		
Employee Misconduct	1	6	2	0	4	0	0	0	0	0	0	0	13		
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	3	3	0	0	0	0	0	0	0	11		
Significant Injury to Staff	0	0	0	0	0	0	0	0	0	0	0	0	0		
Suicide Attempt	2	4	3	2	5	0	0	0	0	0	0	0	16		
<b>Other:</b>															
Admission/Assess Emergencies	0	2	2	2	4	0	0	0	0	0	0	0	10		
Bomb/Biological/Chemical Threat	0	0	0	0	1	0	0	0	0	0	0	0	1		
COVID-19 (Reported to DCF)*	3	12	2	4	0	0	0	0	0	0	0	0	21		
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	15	3	0	0	0	0	0	0	0	46		
<b>TOTAL</b>	<b>46</b>	<b>80</b>	<b>57</b>	<b>60</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>286</b>	<b>57.2</b>	<b>↑ 8.3%</b>
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	
<b>3-Year Average, by Month</b>	<b>60.0</b>	<b>47.3</b>	<b>45.0</b>	<b>45.3</b>	<b>38.0</b>	<b>46.7</b>	<b>47.7</b>	<b>49.0</b>	<b>49.3</b>	<b>55.7</b>	<b>53.0</b>	<b>60.0</b>			

\* 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%	276	96.5%
	Late	16	2.9%	26	4.2%	16	2.5%	10	3.5%
	<b>TOTAL</b>	<b>546</b>	<b>100.0%</b>	<b>612</b>	<b>100.0%</b>	<b>633</b>	<b>100.0%</b>	<b>286</b>	<b>100.0%</b>
		Count	%	Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	541	99.1%	583	95.3%	625	98.7%	285	99.7%
	Late	5	0.9%	29	4.7%	8	1.3%	1	0.3%
	<b>TOTAL</b>	<b>546</b>	<b>100.0%</b>	<b>612</b>	<b>100.0%</b>	<b>633</b>	<b>100.0%</b>	<b>286</b>	<b>100.0%</b>

### 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	14	4.8%	0.1	1	0.9%	0.1
Accident - Overdose	57	27.5%	0.5	55	22.9%	0.5	77	26.3%	0.7	5	4.5%	0.3
Homicide	1	0.5%	0.0	6	2.5%	0.1	5	1.7%	0.0	0	0.0%	0.0
Natural Death	69	33.3%	0.6	81	33.8%	0.7	93	31.7%	0.9	18	16.1%	1.1
Suicide	20	9.7%	0.2	27	11.3%	0.2	21	7.2%	0.2	0	0.0%	0.0
	Gunshot - 7			Gunshot - 7			Gunshot - 2			Gunshot - 0		
	Jumped - 0			Jumped - 2			Jumped - 3			Jumped - 0		
	Hanging - 8			Hanging - 11			Hanging - 11			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%	0.0
Unknown	50	24.2%	0.4	49	20.4%	0.4	79	27.0%	0.8	11	9.8%	0.7
Pending							3	1.0%	0.0	77	68.8%	4.6
<b>TOTAL</b>	<b>207</b>	<b>100.0%</b>	<b>1.8</b>	<b>240</b>	<b>100.0%</b>	<b>2.1</b>	<b>293</b>	<b>100.0%</b>	<b>2.8</b>	<b>112</b>	<b>100.0%</b>	<b>6.7</b>

\*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%	1	0.3%
Case Management	31	5.7%	30	4.9%	53	8.4%	4	1.4%
CAT Team	1	0.2%	0	0.0%	2	0.3%	2	0.7%
Crisis Stabilization Unit	91	16.7%	97	15.8%	103	16.3%	42	14.7%
Detox	24	4.4%	16	2.6%	23	3.6%	14	4.9%
Drop-In/Mental Health Clubhouse	5	0.9%	13	2.1%	8	1.3%	9	3.1%
FACT/Forensic	50	9.2%	64	10.5%	57	9.0%	22	7.7%
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%	1	0.3%
Methadone	10	1.8%	13	2.1%	0	0.0%	0	0.0%
Outpatient	122	22.3%	137	22.4%	149	23.5%	15	5.2%
Residential	147	26.9%	144	23.5%	125	19.7%	56	19.6%
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%	25	8.7%
Not Applicable	21	3.8%	37	6.0%	44	7.0%	0	0.0%
Other	14	2.6%	33	5.4%	36	5.7%	95	33.2%
<b>TOTAL</b>	<b>546</b>	<b>100.0%</b>	<b>612</b>	<b>100.0%</b>	<b>633</b>	<b>100.0%</b>	<b>286</b>	<b>100.0%</b>

## 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*
<b>3-Hour (Phone) Notification</b>								
Child-on-Child Sexual Abuse	7	0.1	11	0.1	10	0.1	5	0.3
Client Death	207	1.8	240	2.1	293	3.0	112	6.7
Media Event	15	0.1	9	0.1	7	0.1	5	0.3
Sexual Abuse/Battery	15	0.1	16	0.1	11	0.1	7	0.4
<b>24-Hour (RL6) Notification</b>								
Child Arrest	2	0.0	1	0.0	3	0.0	0	0.0
Elopement	129	1.1	105	0.9	93	0.9	37	2.2
Employee Arrest	22	0.2	6	0.1	11	0.1	0	0.0
Employee Misconduct	35	0.3	30	0.3	35	0.4	13	0.8
Missing Child	0	0.0	5	0.0	3	0.0	0	0.0
Security Incident - Unintentional	0	0.0	0	0.0	2	0.0	1	0.1
Significant Injury to Client	22	0.2	19	0.2	18	0.2	11	0.7
Significant Injury to Staff	8	0.1	11	0.1	9	0.1	0	0.0
Suicide Attempt	61	0.5	42	0.4	52	0.5	16	1.0
Other:								
Admission/Assess Emergencies					8	0.1	10	0.6
Biological/Chemical Threat	0	0.0	1	0.0	1	0.0	1	0.1
COVID-19 (Reported to DCF)			94	0.8	30	0.3	21	1.3
Human Acts	1	0.0	1	0.0	0	0.0	0	0.0
Vandalism/Theft/Damage/Fire	0	0.0	4	0.0	1	0.0	0	0.0
Visitor Injury or Death	0	0.0	0	0.0	1	0.0	1	0.1
No Other Category	22	0.2	17	0.1	45	0.5	46	2.7
<b>TOTAL</b>	<b>546</b>	<b>4.7</b>	<b>612</b>	<b>5.4</b>	<b>633</b>	<b>6.4</b>	<b>286</b>	<b>17.1</b>

\*The 'Rate per 1000 Served' has been calculated on the limited amount of data available in FASAMS.

## 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	9	10							
New Files Referred for Review	5	0	1	1	0							
<b>FILES FOR REVIEW</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>10</b>							
Full File Review Not Required	0	0	0	0	0							
Unable to Complete*	0	0	0	0	0							
File Reviews Completed	0	0	0	0	1							
<b>FILE REVIEWS IN PROGRESS</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>9</b>							

\* 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	7
<b>FILES FOR REVIEW</b>	<b>30</b>	<b>48</b>	<b>27</b>	<b>10</b>
Full File Review Not Required		16	9	0
Unable to Complete*	4	6	1	0
File Reviews Completed	21	21	14	1
<b>FILE REVIEWS IN PROGRESS</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>9</b>

\* 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 11/30/2021)

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	4			10
Unsecured TO CFBHN	25	33	54	27	13			40
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		1			1
Internet	4	1	0					0
Telephone	0	0	0					0
Water/Plumbing	0	0	0					0
Other	12	2	2	1				1
<b>TOTAL</b>	<b>67</b>	<b>68</b>	<b>81</b>	<b>36</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>54</b>

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	5	3			8
Report to Licensing	0	0	0					0
Report to OIG	62	36	40	9	3			12
Wellness Check Request	2	0	1		1			1
Other	2	0	1	2	2			4
<b>TOTAL</b>	<b>87</b>	<b>52</b>	<b>53</b>	<b>16</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>25</b>



## CFBHN IT Board Report December 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 3/1
- b. FASAMS:
  - i. Pamphlet 155-2 V14 has been released
    - 1. Providers now submitting in V14 format
  - ii. Data submission to DCF.
    - 1. V14 Data will be submitted this month ( before 12/18)
      - a. Volume of data to submit is low due to Providers still having problems submitting.
      - b. The issue is improving.
  - 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