

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Board of Directors' Meeting Minutes
June 24, 2022 Meeting

Members: Nancy Hamilton, Chair
Dr. Ayesha Johnson, Vice-Chair
Craig Latimer, Treasurer
Brena Slater
Jeannie Sutton
Josh Dillinger
Captain Samuel Rojka
Master Deputy Stephanie Krager
Nathan L. Scott
Pastor Douglas Walker
Terry Cassidy

Members Absent: Bennie Allred
Candace Barnes
Captain Toni Roach
Dr. Jerome Jordan
Dr. Joe Bohn
Guy Blanchette
Ray Fischer
Ray Gadd, Secretary
Victor Avila

Board of Directors' Attorney: John Bakas

CFBHN Staff: Linda McKinnon
Julie Patel
Alan Davidson
Laura Gross
Mary Wynchhoff

CFBHN Guests: Asha Pereyra, ACTS
David Broughton, Guest
Heather Kaufman, RC Rep.
LeNisha Watson, Guest
Melissa Leslie, DCF
Rob Gilbride, CBIZ
Robert Rihn, TCHS

1. TOPIC: Call to Order/Introductions/Announcements

Letter from Senator Rubio

Provided in BOD Packet. No Discussion.

Data Analytics & Benchmarking Report YE: June 30, 2021

The CFBHN Fiscal Year End 6/30/2021 report was presented by Rob Gilbride with CBIZ. Data from all seven Florida Managing Entities was surveyed for the report.

CFBHN has increased its program efficiency over the past few years by contracting with other Providers outside of its DCF contracts to expand programs. Hillsborough County Schools had \$1.7M in revenues in 2021 and \$500K in 2020. Most of these contracts are cost reimbursement allowing allocation of administrative costs applied directly to the programs. Rob pointed out that the higher percentage on the graph for CFBHN & Big Bend Managing Entity, who is also a CBC (Community Based Care) organization is largely due to having contracts outside of DCF contracts.

2. TOPIC: Consent Items (Routine Business/Committee Recommendations)
Discussion

- & Decisions:** The Board approved:
- April 29, 2022 BOD Minutes
 - February/March 2022 Financials
-

3. TOPIC: Action Items (Items Requiring Presentation, Public Comment & Discussion Prior to Action)

Discussion

& Decisions: None

4. TOPIC: Information Items:

Discussion

& Decisions:

CFBHN made the business decision to move from an internal data system to an external system and will begin working with Carisk, a company already working with the Broward Behavioral Health Center (BBHC) and Southeast Florida Behavioral Health Network (SEFBHN). Unfortunately, the network's entire data department including the IT Director are being laid off. The transition started earlier this week by letting 2 of the 6 full time staff members go. 2 will be let go as of 7/1/22 and the remaining 2 will stay on through 7/29/22. Interviews with Carisk staff are scheduled at the CFBHN office today.

A call is scheduled with the network service providers (NSP) for next week to answer questions and address their concerns relating to this transition. Data transmission has already begun and it's hoped that some NSP may be ready to go live as of 7/1/22. The network wants to reassure the NSPs that we will work with them during the transition. CFBHN is in the process of transferring data to Carisk.

CEO Report

Luis Rivas, formerly Director of Supportive Housing & Community Services, has been promoted to the Vice President of Network Development Clinical Services (NDCS). This is great news for the network!

CEO finished her last board meeting with the National Council after serving two terms. She also met with nine members of Florida Congressional delegations and discussed four major focuses.

1. Promoting the CCBHC (Certified Community Behavioral Health Clinic) model allowing NSPs that are community mental health centers to be ROM (Recovery Oriented Monitoring) certified. CCBHC to provide primary care and be bill similar to a FQHC (Federally Qualified Health Center). Florida currently has 14 granted CCBHC's, 6 of the 14 are in the Suncoast region and several more have applied this year.
2. Addressing the workforce shortage through funding, specific programs and reducing Medicare restrictions to allow billing for LMHC's (Licensed Mental Health Counselor) and LMFT's. (Licensed Marriage & Family Therapist) define)
3. There are three Acts that address the national substance abuse crisis:
 - Mainstreaming Addiction Treatment (MAT) Act
 - Medical Access & Training Act – allows physicians to prescribe suboxone without having a quota of individuals treated and would provide training on the impact of opioids for all physician's.
 - Medicaid Re-entry Act – recommends that incarcerated or institutionalized individuals be able to reinstate their Medicaid within 30 days of release to allow for quicker access to treatment.
4. Funding of 988 Suicide Hotline – there's currently minimal funding to support this but hoping for some federal funding to help.

A draft of the network's strategic plan will be reviewed and discussed at the next board meeting in August.

New funding from the legislature includes child welfare integration, new services addressing high risk families and residential placement for children/adolescents and specialty programs for those families.

CFO provided a brief overview of funding but allocations are not fully decided yet. Out of \$126M, the network should receive approximately \$23M to \$24M.

- Approximately \$3M to FACT(Florida Assertive Community Treatment (DCF cut the network's FACT funding this past year and moved it to Medicaid but funding will now be returned.)
- Some funding is targeted to FIT (Family Intensive Treatment) and MRTs (Mobile Response Team)
- Two NSPs to be restored to their CRS's after having initial grant cuts
- Expansion of CAT (Children's Assertive Treatment) teams

The network is working closely with the Department to ensure the funds are added to our contract as soon as possible, so services can be provided.

The network's Prevention Campaign has been very active over the past few months to include billboards, commercials, and announcements. A Tampa Bay Rays game recently used/displayed some CFBHN prevention messaging. Funding has been possible with lapsed prevention funds and some of the newer opioid funding.

Senator Rouson is planning another Road to Recovery tour this summer. The network will also start meeting with local delegations in preparations for next year.

5. TOPIC: Committee Reports

Executive Committee:

Met this morning and discussed the President & CEO evaluation. 11 of 18 evaluations sent out were completed and submitted. All remarks and comments were very positive with Linda being commended for her overall excellent leadership, great knowledge in her field, and commitment to diversity, equity and inclusion. Chair thanked the President & CEO on behalf of the board. President & CEO expressed much appreciation and thanked the board members.

Governance Committee:

No update

Finance Committee:

Presented in Consent Items.

Diversity Committee:

The network received the full report from the DEI Consultants. DEI will be included in with the network's strategic plan. Next steps are to schedule a Board Diversity Committee meeting and create a plan based on the recommendations made for the board. A form to evaluate the diversity skillset of the board members will be shared at the meeting and members will decide if this would work for the CFBHN board moving forward.

Josh added that LaTasha will be meeting with the internal DEI committee next week to finalize the recommendations to the board for changes to the strategic plan.

Quality Improvement:

Presented in the Department Directors Report.

IS Strategic Committee:

No report.

Legislative Committee:

Shared in CEO Report.

6. TOPIC: Regional Council Reports

Circuit 6 Pasco:

The circuit was given an update on SB-1844 as it relates to changes in how juveniles are assessed. Alternatives to Incarceration Pasco Referrals, a jail program hub has increased and as of 5/26/2022, 47 individuals have experienced difficulties engaging populations in jail due to Covid restrictions.

A community engagement center kicked off in early February 2022, as a result of Baycare grant funding. As of the end of May, the center had a total of 51 admissions and 103 referrals. Baycare is a co-responder team with the Pasco County Sheriff's Office has diverted 98% of calls that they've responded to. The grant provides for two teams but they're still trying to find a qualified applicant to fill the other position.

The Sheriff's office Connect & Protect Grant is approaching the 3rd quarter of its first year and is moving forward to include Crisis Intervention Specialists contracted with the Crisis Center of Tampa Bay into its 911 dispatch center to divert calls for mental health service away from law enforcement.

The YAR (Youth at Risk) meeting with the school board has been revamped and is more successful.

The council is working on the 988 roll-out and what entity will oversee Pasco County.

The council is working on their transportation plan that is due in 2023.

Pasco Suicide Group has been meeting since August 2021 and continues to review current initiatives, identifying current activities in the community to work with, reviewing existing strategic action plans developed by Baycare, conducting surveys to assess the current use of screening tools, and they're working on a Suicide Prevention landing page hosted by the Alliance for Healthy Communities.

Circuit 6 Pinellas:

Developing the Wellness Connection to improve access & connectivity to providers continues to be their main focus. Uniform protocols for referrals, screenings, and assessments have been established.

Circuit 10:

The Providers in Circuit 10 continue to struggle with staff shortages, especially in rural Hardee and Highlands Counties, and being able to offer competitive wages.

The council is working closely with CBC's, NSPs, and DCF to mainstream the referral process.

New discussions are being held regarding the upcoming FIS (Family Intervention Services) redesign & how it will work for C10 as well as statewide.

Polk Vision is collaborating with the community to better address the behavioral health needs.

The Council continues to find ways to meet the needs of the High needs High utilizers (HNHU) population. They have a good amount of individuals receiving care coordination services.

Tri-County is looking at a proposal for Jersey Commons, a 60-unit building with onsite services to assist HNHU's and other families needing affordable housing.

Circuit 12:

An Advisory committee was created to determine how to use funding from a special tax to use for behavioral health services that the Sarasota County commissioners voted for.

A new Behavioral Health advisory council was also created with members selected to represent various areas such as a parent, school district representative, etc. and they've identified priority areas to use this funding towards.

1. Responding to youth with emergent emotional behavioral problems
2. Strengthening a 24/7 walk-in community crisis assessment & stabilization program
3. Affordable housing permits for adults with significant behavioral health challenges
4. Specialty care services for first episode psychosis and high risk youth
5. Peer Support specialist expansion
6. Strategies to expand the capacity for pediatric care to identify and treat behavioral conditions
7. Expand psychiatric services for youth
8. Increase the number of community providers that offer behavioral health screening, early identification referral to appropriate services

Many of the community providers are working together. Terry is working with NAMI, the academy that does workforce readiness and Forty Carrots that provides youth counseling. Looking at local colleges to develop a first episode psychosis program in Sarasota.

Circuit 13:

The Council has not met since the last board meeting. The Council representative reported on additional meetings. Suncoast Alliance for First Responders met with the Crisis Center of Tampa Bay to discuss implementing a line dedicated to law enforcement and other first responders. They'll be meeting monthly to discuss how to move the program forward and the Crisis Center has hired an individual dedicated to run that program. Met with Congresswoman Castor last month to discuss the 988 Suicide Hotline rollout. The meeting went well and she was very receptive to the concerns and ideas for the rollout.

Circuit 20:

The Council is still moving forward with a collaborative system of care, similar to the Wellness Connection in Pinellas.

Providers continue to struggle with staffing shortages but have recently seen some improvements.

7. TOPIC: Open Agenda / Public Comment

DCF update:

A Statewide Initiative called the Family Navigator Model was launched on 6/20/22. It's designed to provide a means of both early detection and connection within the child welfare system and aims to be more preventative and responsive to the systemic needs of families who contend with substance abuse, mental health issues and domestic violence.

This program will be within Investigations and they will coordinate with family intake to connect the family to quality timely services and will include behavioral health consultants to provide expertise.

The next meeting is scheduled for August 22, 2022.

8. TOPIC: Adjournment

The meeting was adjourned at 10:58a.m.

Approval

The minutes of this meeting were approved at the Board of Directors' meeting. A signed copy of the minutes may be requested in writing to: Dr. Ayesha Johnson, Secretary - CFBHN Board of Directors via email to lgross@cfbhn.org, via fax to 813-740-4821 or via written request.

Ray Gadd, Secretary
CFBHN Board of Directors
719 US Highway 301 South
Tampa, FL 33619

Respectfully submitted by: _____ - Ray Gadd, Secretary



SUBJECT: CFBHN AUGUST 2022 FINANCE COMMITTEE PACKET

The following documentation is enclosed for your review:

- July 18, 2022 Finance Committee Minutes
- April & May 2022 Month & YTD Balance Sheet and Income Statement
- May 2022 Cash Flow Statement





**CFBHN Finance Committee Report
July 18, 2022**

Voting Members:

Craig Latimer – Chair
Dr. Ayesha Johnson
Josh Dillinger
Amy Scholz

Voting Members Absent:

Raymond Gadd

Provider Guests:

Robert Rihn
Tina Phillips

CFBHN Staff:

Linda McKinnon
Alan Davidson
Julie Patel
Gail O'Brien

Consent Items:**Previous Meeting Minutes**

The Finance Committee was sent the minutes from our previous meeting on May 9, 2022. The voting members of the Finance Committee approved the minutes as presented.

Committee Approval Items:**April/May 2022 Financial Statements**

The Finance Committee was sent the financial statements for April and May 2022 via email for review. The May 2022 financial statements were discussed in detail at the meeting. The voting members of the Finance Committee approved the financials as presented.

The cash balances are still good. DCF payments have been met in a timely manner. July and August DCF advances have been requested. At this time, it does not look like final June payments will be delayed. The June invoice will be submitted to DCF in August after final reconciliations with data have been met for the providers.

Contract managers are working with providers to realign lapsing dollars to providers who can utilize the funds. Amendments are being executed to ensure the maximum use of funding. There can be no withholds at year-end. CAT & FIT providers will be the only providers allowed to have a withhold. Providers are still having staffing issues due to the pandemic and are not able to fully utilize their funding.

The diversity training was completed and a report will be sent to the Board Diversity Committee for review.

It has not been decided whether the behavioral health fee will be taken in FY 22-23 at this time.

The Board has approved a one-time merit increase for CFBHN employees in the June payroll.

Commission on Accreditation of Rehabilitation Facilities (CARF) survey started today. This will be a virtual survey review.

IT projects are being outsourced to Lightwave Management and Carisk effective July 1, 2022. There will no longer be an onsite data team at CFBHN.

CFBHN had the auditors from CBIZ, MHM onsite to conduct an interim audit prior to the annual audit that will be conducted in October 2022.



SAMHSA



Other Business:

The proposed minimum rate increase to \$15/hr was discussed as to the impact this would have on providers.

The next Finance Committee meeting will be on **Monday, September 12, 2022 at 1:00 p.m.** This meeting will be held via Microsoft Teams.



SAMHSA



CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending May 31, 2022

| | 5/31/2022 | 4/30/2022 | Notes |
|--|----------------------|----------------------|--------------------------------|
| ASSETS | | | |
| CASH | | | |
| Operating Cash | | | |
| 1010 Cash - Operating Account | 36,880,048.11 | 37,628,616.43 | |
| 1037 Cash - Savings Account | 1,000,000.00 | 1,000,000.00 | |
| Total Cash | 37,880,048.11 | 38,628,616.43 | |
| RECEIVABLES | | | |
| Accounts Receivable General | | | |
| 1104 Subcontractor Receivable | 0.00 | 0.00 | |
| 1105 YE Recon Subcontractor Receivable | 0.00 | 0.00 | |
| Total Accounts Receivable General | 0.00 | 0.00 | |
| Contract Receivable | | | |
| 1100 DCF | 40,185,652.16 | 40,261,413.16 | Apr/May receivable |
| 1100 Centerstone AOT | 0.00 | 0.00 | |
| 1100 HC Public Schools | 368,848.18 | 719,353.37 | Apr/May receivable |
| 1100 Pasco County Schools | 86,287.58 | 76,660.99 | Apr/May receivable |
| 1100 Polk Helping Hands | 0.00 | 517.64 | Term Feb 22 |
| Total Contract Receivable | 40,640,787.92 | 41,057,945.16 | |
| Deferred Network Revenues | | | |
| 1120 Deferred Payable to DCF | 0.00 | 0.00 | |
| Total Deferred Network Revenues | 0.00 | 0.00 | |
| PREPAIDS | | | |
| 1401 Insurance | 32,026.70 | 36,284.40 | Annual renewals |
| 1402 Rents | 0.00 | 0.00 | |
| 1403 Deposits | 10,373.00 | 10,373.00 | |
| 1404 Other | 12,709.47 | 18,600.68 | FAME/Worker's comp/IT Software |
| 1405 Health | 5,551.08 | 5,496.55 | |
| Total Prepaid | 60,660.25 | 70,754.63 | |
| FIXED ASSETS | | | |
| 1501 Equip, Property & Furniture | 2,635,166.44 | 2,635,166.44 | |
| 1502 Accumulated Depreciation | (2,565,648.69) | (2,562,326.22) | |
| Total Fixed Assets | 69,517.75 | 72,840.22 | |
| TOTAL ASSETS | 78,651,014.03 | 79,830,156.44 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending May 31, 2022

| | <u>5/31/2022</u> | <u>4/30/2022</u> | <u>Notes</u> |
|---------------------------------------|----------------------|----------------------|--------------------------------|
| LIABILITIES | | | |
| Liabilities | | | |
| 2001 DCF Deferred Revenue | 50,184,133.61 | 50,023,316.06 | Carry-forward DCF & ME revenue |
| 2007 HSP Deferred Revenue | 1,200.00 | 12,466.00 | Funds for Diversity Training |
| 2009 Pasco County Uber Client Travel | 929.63 | 929.63 | |
| 2010 Communications-Media | 15,000.00 | 0.00 | Lightning Foundation Grant |
| 2012 Accrued Accounts Payable | 1,291,790.48 | 1,104,817.50 | Data vs Billing reconciliation |
| 2014 Vacation | 123,426.78 | 123,426.78 | |
| 2016 Payroll | 111,561.67 | 75,255.24 | 7 days accrued payroll |
| 2017 Line of Credit Advance | 0.00 | 0.00 | |
| 2018 Advances | 2,642,357.44 | 5,284,724.93 | |
| 2020 Federal P/R Tax Payable | 0.00 | 0.00 | |
| 2021 FICA/ Med P/R Tax Payable | 0.00 | 0.00 | |
| 2022 Suta Tax Payable | 0.00 | 0.00 | |
| 2023 401K Payable | 0.00 | 0.00 | |
| 2025 Garnishment | 0.00 | 0.00 | |
| 2026 401K Loans | 0.00 | 0.00 | |
| 2028 403B Payable | 0.00 | 0.00 | |
| 2031 Reinvestment | 161,789.77 | 161,789.77 | |
| Total Liabilities | 54,532,189.38 | 56,786,725.91 | |
| Accounts Payable General | | | |
| 2000 Accounts Payable Admin | 50,787.14 | 15,790.07 | |
| Total Accounts Payable General | 50,787.14 | 15,790.07 | |
| Contracts Payable | | | |
| 2000 DCF | 21,690,998.73 | 20,318,865.57 | |
| 2000 HCPS | 333,417.00 | 676,932.00 | |
| 2000 Pasco | 63,006.00 | 51,905.48 | |
| Total Contracts Payable | 22,087,421.73 | 21,047,703.05 | |
| Total Accounts Payable | 22,138,208.87 | 21,063,493.12 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending May 31, 2022

| | 5/31/2022 | 4/30/2022 | Notes |
|---------------------------------------|----------------------|----------------------|-------|
| Deferred Expense | | | |
| 2326 Behavioral Health Fee | 11,253.22 | 11,253.22 | |
| 2327 Sanctions Withhold | 18,102.38 | 18,102.38 | |
| Total Deferred Expense | 29,355.60 | 29,355.60 | |
| TOTAL LIABILITIES | 76,699,753.85 | 77,879,574.63 | |
| FUND BALANCE | | | |
| YTD Net Income/(Loss) | (21,935.61) | (22,613.98) | |
| 3100 Fund Balance | 1,973,195.79 | 1,973,195.79 | |
| Total Equity | 1,951,260.18 | 1,950,581.81 | |
| TOTAL LIABILITIES & EQUITY | 78,651,014.03 | 79,830,156.44 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK

Month Ending May 31, 2022

Income Statement

| | Current Month | | | | Current Year | | | | Variance Explanation |
|--|---------------|---------------|---------------|------|----------------|----------------|---------------|------|--|
| | Actual | Budgeted | Variance | % | Actual | Budgeted | Variance | % | |
| Revenues | | | | | | | | | |
| General Revenues | | | | | | | | | |
| Misc. Income | 0.00 | 0.00 | 0.00 | 0% | 1,000.00 | 0.00 | -1,000.00 | 0% | Contribution towards future 5 star award |
| Total General Revenues | 0.00 | 0.00 | 0.00 | 0% | 1,000.00 | 0.00 | -1,000.00 | 0% | |
| Contract Revenue | | | | | | | | | |
| DCF Services Mental Health | 12,300,411.71 | 11,161,291.92 | -1,139,119.79 | -10% | 109,914,262.69 | 122,774,211.12 | 12,859,948.43 | 10% | Under utilization due to provider staffing issues, Covid |
| DCF Services Substance Abuse | 9,388,085.35 | 7,899,253.33 | -1,488,832.02 | -19% | 72,595,902.35 | 86,891,786.63 | 14,295,884.28 | 16% | Under utilization due to provider staffing issues, Covid |
| DCF ME Admin | 454,726.96 | 592,294.17 | 137,567.21 | 23% | 5,113,647.76 | 6,515,235.87 | 1,401,588.11 | 22% | |
| DCF Services Carry Forward | 431,152.00 | 1,115,772.00 | 684,620.00 | 61% | 3,452,053.01 | 12,273,492.00 | 8,821,438.99 | 72% | Under utilization due to provider staffing issues, Covid |
| Centerstone Admin | 0.00 | 0.00 | 0.00 | 0% | 53.54 | 0.00 | -53.54 | 0% | |
| Hills County Public Schools Admin | 17,871.87 | 20,378.42 | 2,506.55 | 12% | 195,492.08 | 224,162.62 | 28,670.54 | 13% | |
| Hills County Public Schools Providers | 226,265.00 | 150,344.67 | -75,920.33 | -50% | 1,821,440.00 | 1,653,791.37 | -167,648.63 | -10% | |
| Pasco County Schools Admin | 10,222.36 | 10,896.58 | 674.22 | 6% | 108,136.43 | 119,862.38 | 11,725.95 | 10% | |
| Pasco County Schools Providers | 15,805.00 | 22,353.42 | 6,548.42 | 29% | 129,406.00 | 245,887.62 | 116,481.62 | 47% | |
| Polk Helping Hands Admin | 0.00 | 250.00 | 250.00 | 100% | 3,723.41 | 2,750.00 | -973.41 | -35% | |
| Total Contract Revenue | 22,844,540.25 | 20,972,834.51 | -1,871,705.74 | -9% | 193,334,117.27 | 230,701,179.61 | 37,367,062.34 | 16% | |
| Total Revenues | 22,844,540.25 | 20,972,834.51 | -1,871,705.74 | -9% | 193,335,117.27 | 230,701,179.61 | 37,366,062.34 | 16% | |
| Subcontractor Expenses Provider Payments | | | | | | | | | |
| S/C Expenses Provider Pymts | | | | | | | | | |
| Services Sub Pymt Mental Health | 12,300,411.71 | 11,161,291.92 | -1,139,119.79 | -10% | 109,914,262.69 | 122,774,211.12 | 12,859,948.43 | 10% | Under utilization due to provider staffing issues, Covid |
| Services Sub Pymt Substance Abuse | 9,388,085.35 | 7,899,253.33 | -1,488,832.02 | -19% | 72,595,902.35 | 86,891,786.63 | 14,295,884.28 | 16% | Under utilization due to provider staffing issues, Covid |
| Services Carry Forward | 431,142.00 | 1,115,772.00 | 684,630.00 | 61% | 3,452,053.01 | 12,273,492.00 | 8,821,438.99 | 72% | Under utilization due to provider staffing issues, Covid |
| Service Hills County Public Schools | 226,265.00 | 150,344.67 | -75,920.33 | -50% | 1,821,440.00 | 1,653,791.37 | -167,648.63 | -10% | |
| Services Pasco County | 15,805.00 | 22,353.42 | 6,548.42 | 29% | 129,404.00 | 245,887.62 | 116,483.62 | 47% | |
| Total S/C Expenses Provider Pymts | 22,361,709.06 | 20,349,015.34 | -2,012,693.72 | -10% | 187,913,062.05 | 223,839,168.74 | 35,926,106.69 | 16% | |
| Total Subcontractor Expenses Provider Pay | 22,361,709.06 | 20,349,015.34 | -2,012,693.72 | -10% | 187,913,062.05 | 223,839,168.74 | 35,926,106.69 | 16% | |
| Net Income/Loss Before Opr Expenses | 482,831.19 | 623,819.17 | 140,987.98 | 23% | 5,422,055.22 | 6,862,010.87 | 1,439,955.65 | 21% | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Month Ending May 31, 2022

| | Current Month | | | | Current Year | | | | Variance Explanation |
|---|-------------------|-------------------|-------------------|-------------|---------------------|---------------------|---------------------|-------------|---|
| | Actual | Budgeted | Variance | % | Actual | Budgeted | Variance | % | |
| Staffing Expense | | | | | | | | | |
| 8012 Salaries | 297,639.42 | 370,924.92 | 73,285.50 | 20% | 3,569,377.92 | 4,080,174.12 | 510,796.20 | 13% | |
| 8013 Fringe Benefits | 80,299.77 | 109,829.26 | 29,529.49 | 27% | 946,558.67 | 1,208,121.86 | 261,563.19 | 22% | |
| 8025 HR Outsource | 4,788.00 | 5,416.67 | 628.67 | 0% | 48,132.00 | 59,583.37 | 11,451.37 | 19% | |
| Total Staffing Expense | 382,727.19 | 486,170.85 | 103,443.66 | 21% | 4,564,068.59 | 5,347,879.35 | 783,810.76 | 15% | |
| General Expense | | | | | | | | | |
| 9010 Accounting | 0.00 | 4,916.67 | 4,916.67 | 100% | 58,350.00 | 54,083.37 | -4,266.63 | -8% | Annual Audit/990 Preparation |
| 9011 Accreditation | 0.00 | 845.42 | 845.42 | 100% | 5,955.00 | 9,299.62 | 3,344.62 | 36% | CARF Survey |
| 9030 Bank Charges | 0.00 | 833.33 | 833.33 | 100% | 3,147.43 | 9,166.63 | 6,019.20 | 66% | |
| 9050 Communications | 11,147.32 | 12,448.33 | 1,301.01 | 10% | 101,245.23 | 136,931.63 | 35,686.40 | 26% | |
| 9060 Computer Licenses & Software | 9,478.14 | 12,321.67 | 2,843.53 | 23% | 139,388.24 | 135,538.37 | -3,849.87 | -3% | renewal of annual licenses |
| 9061 Computer Consulting | 550.00 | 1,883.33 | 1,333.33 | 71% | 6,050.00 | 20,716.63 | 14,666.63 | 71% | |
| 9062 Computer Support | 29,441.59 | 6,000.00 | -23,441.59 | -391% | 73,245.11 | 66,000.00 | -7,245.11 | -11% | Outsourcing some internal projects |
| 9080 Consulting Other | 0.00 | 3,333.33 | 3,333.33 | 100% | 0.00 | 36,666.63 | 36,666.63 | 100% | |
| 9100 Depreciation-Equip, Prop & Furn | 3,322.47 | 10,955.83 | 7,633.36 | 70% | 41,509.93 | 120,514.13 | 79,004.20 | 66% | |
| 9110 Dues & Subscriptions | 2,583.33 | 4,666.67 | 2,083.34 | 45% | 44,933.88 | 51,333.37 | 6,399.49 | 12% | FAME |
| 9120 Employee Recruitment | 24.95 | 479.17 | 454.22 | 95% | 5,737.58 | 5,270.87 | -466.71 | -9% | |
| 9130 Insurance | 4,257.70 | 4,400.00 | 142.30 | 3% | 40,837.19 | 48,400.00 | 7,562.81 | 16% | |
| 9150 Legal | 171.20 | 6,250.00 | 6,078.80 | 97% | 21,162.90 | 68,750.00 | 47,587.10 | 69% | |
| 9170 Miscellaneous Expense | 0.00 | 1,666.67 | 1,666.67 | 100% | 64.99 | 18,333.37 | 18,268.38 | 100% | |
| 9190 Office Supplies | 989.87 | 1,770.67 | 780.80 | 44% | 11,205.85 | 19,477.37 | 8,271.52 | 42% | |
| 9200 Postage | 0.00 | 166.67 | 166.67 | 100% | 517.50 | 1,833.37 | 1,315.87 | 72% | |
| 9210 Printing | 2,530.58 | 3,733.33 | 1,202.75 | 32% | 26,718.22 | 41,066.63 | 14,348.41 | 35% | |
| 9220 Rent - Building | 18,477.72 | 20,232.50 | 1,754.78 | 9% | 200,950.52 | 222,557.50 | 21,606.98 | 10% | |
| 9225 Rent - Other | 1,777.40 | 1,673.00 | -104.40 | -6% | 19,682.80 | 18,403.00 | -1,279.80 | -7% | |
| 9230 Repairs/Maintenance | 911.49 | 250.00 | -661.49 | -265% | 2,041.39 | 2,750.00 | 708.61 | 26% | |
| 9240 Small Equip-Under \$1000 | 0.00 | 625.00 | 625.00 | 100% | 2,898.64 | 6,875.00 | 3,976.36 | 58% | |
| 9250 Travel | 11,091.26 | 10,262.50 | -828.76 | -8% | 35,691.29 | 112,887.50 | 77,196.21 | 68% | |
| 9258 Training | 0.00 | 1,250.00 | 1,250.00 | 100% | 11,241.22 | 13,750.00 | 2,508.78 | 18% | Wrap around provider training under the CARES ACT funding |
| 9260 Utilities/Janitorial | 2,670.61 | 3,916.67 | 1,246.06 | 32% | 27,347.33 | 43,083.37 | 15,736.04 | 37% | |
| 9270 Continuing Education CEU Provider | 0.00 | 0.00 | 0.00 | 0% | 0.00 | 0.00 | 0.00 | 0% | |
| Total General Expense | 99,425.63 | 114,880.76 | 15,455.13 | 13% | 879,922.24 | 1,263,688.36 | 383,766.12 | 30% | |
| Total Expenses | 482,152.82 | 601,051.61 | 118,898.79 | 20% | 5,443,990.83 | 6,611,567.71 | 1,167,576.88 | 18% | |
| Net Income/Loss After Opr Expenses | 678.37 | 22,767.56 | 22,089.19 | 0.97 | -21,935.61 | 250,443.16 | 272,378.77 | 1.09 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK

Projected Cash Balance

Month Ending May 31, 2022

Projected three month cash flow

| | <u>June 2022</u> | <u>July 2022</u> | <u>August 2022</u> |
|--------------------------------------|---------------------|---------------------|---------------------|
| Beginning Cash Balance | 37,880,048 | 55,175,677 | 64,364,027 |
| Cash In | | | |
| DCF Contract Provider Revenue | 38,965,046 A | 0 B | 34,264,209 D |
| DCF ME Admin Revenue | 1,372,128 | 0 | 1,337,485 |
| DCF Advance Revenue | 0 | 31,708,350 C | 8,810,933 C |
| Centerstone Revenue | 0 | 0 | 0 |
| HCPS Revenue | 244,137 | 150,000 | 120,000 |
| Pasco County Schools Revenue | 26,027 | 55,000 | 25,000 |
| Total Subcontractor Revenue | 40,607,338 | 31,913,350 | 44,557,627 |
| Total Cash Balance | 78,487,386 | 87,089,027 | 108,921,654 |
| Cash Out | | | |
| Subcontractor DCF Payments | (22,119,639) | (22,000,000) | (14,500,000) |
| ME Admin Expense Payments | (950,000) | (550,000) | (475,000) |
| HCPS Payments | (226,265) | (130,000) | (105,000) |
| Pasco County Schools Payments | (15,805) | (45,000) | (15,000) |
| Total Subcontract Payments | (23,311,709) | (22,725,000) | (15,095,000) |
| Ending Projected Cash Balance | 55,175,677 | 64,364,027 | 93,826,654 |

A - Rec's April & May payments

B - June invoice will be billed in August

C - Anticipate receiving DCF Advance pymts

D - Anticipate receiving DCF Advance pymts

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending April 30, 2022

| | 4/30/2022 | 3/31/2022 | Notes |
|--|----------------------|----------------------|------------------------------------|
| ASSETS | | | |
| CASH | | | |
| Operating Cash | | | |
| 1010 Cash - Operating Account | 37,628,616.43 | 36,235,581.71 | |
| 1037 Cash - Savings Account | 1,000,000.00 | 1,000,000.00 | |
| Total Cash | 38,628,616.43 | 37,235,581.71 | |
| RECEIVABLES | | | |
| Accounts Receivable General | | | |
| 1104 Subcontractor Receivable | 0.00 | 0.00 | |
| 1105 YE Recon Subcontractor Receivable | 0.00 | 0.00 | |
| Total Accounts Receivable General | 0.00 | 0.00 | |
| Contract Receivable | | | |
| 1100 DCF | 40,261,413.16 | 40,337,174.16 | Mar/Apr receivable |
| 1100 Centerstone AOT | 0.00 | 53.54 | |
| 1100 HC Public Schools | 719,353.37 | 160,932.03 | Mar/Apr receivable |
| 1100 Pasco County Schools | 76,660.99 | 24,297.40 | Mar/Apr receivable |
| 1100 Polk Helping Hands | 517.64 | 517.64 | Feb receivable (Payment rec'd May) |
| Total Contract Receivable | 41,057,945.16 | 40,522,974.77 | |
| Deferred Network Revenues | | | |
| 1120 Deferred Payable to DCF | 0.00 | 0.00 | |
| Total Deferred Network Revenues | 0.00 | 0.00 | |
| PREPAIDS | | | |
| 1401 Insurance | 36,284.40 | 40,542.10 | Annual renewals |
| 1402 Rents | 0.00 | 18,477.72 | |
| 1403 Deposits | 10,373.00 | 10,373.00 | |
| 1404 Other | 18,600.68 | 24,491.89 | FAME/Worker's comp/IT Software |
| 1405 Health | 5,496.55 | 1,710.95 | Timing of payments |
| Total Prepaid | 70,754.63 | 95,595.66 | |
| FIXED ASSETS | | | |
| 1501 Equip, Property & Furniture | 2,635,166.44 | 2,635,166.44 | |
| 1502 Accumulated Depreciation | (2,562,326.22) | (2,558,964.98) | |
| Total Fixed Assets | 72,840.22 | 76,201.46 | |
| TOTAL ASSETS | 79,830,156.44 | 77,930,353.60 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending April 30, 2022

| | <u>4/30/2022</u> | <u>3/31/2022</u> | <u>Notes</u> |
|---------------------------------------|----------------------|----------------------|--------------------------------|
| LIABILITIES | | | |
| Liabilities | | | |
| 2001 DCF Deferred Revenue | 50,023,316.06 | 47,959,556.94 | Carry-forward DCF & ME revenue |
| 2007 HSP Deferred Revenue | 12,466.00 | 12,466.00 | Funds for Diversity Training |
| 2009 Pasco County Uber Client Travel | 929.63 | 929.63 | |
| 2010 Communications-Media | 0.00 | 0.00 | |
| 2012 Accrued Accounts Payable | 1,104,817.50 | 1,567,729.80 | Data vs Billing reconciliation |
| 2014 Vacation | 123,426.78 | 123,426.78 | |
| 2016 Payroll | 75,255.24 | 64,443.85 | 5 days accrued payroll |
| 2017 Line of Credit Advance | 0.00 | 0.00 | |
| 2018 Advances | 5,284,724.93 | 7,927,087.42 | |
| 2020 Federal P/R Tax Payable | 0.00 | 0.00 | |
| 2021 FICA/ Med P/R Tax Payable | 0.00 | 0.00 | |
| 2022 Suta Tax Payable | 0.00 | 0.00 | |
| 2023 401K Payable | 0.00 | 0.00 | |
| 2025 Garnishment | 0.00 | 0.00 | |
| 2026 401K Loans | 0.00 | 0.00 | |
| 2028 403B Payable | 0.00 | 0.00 | |
| 2031 Reinvestment | 161,789.77 | 161,789.77 | |
| Total Liabilities | 56,786,725.91 | 57,817,430.19 | |
| Accounts Payable General | | | |
| 2000 Accounts Payable Admin | 15,790.07 | 12,616.05 | |
| Total Accounts Payable General | 15,790.07 | 12,616.05 | |
| Contracts Payable | | | |
| 2000 DCF | 20,318,865.57 | 17,984,589.76 | |
| 2000 HCPS | 676,932.00 | 118,494.00 | |
| 2000 Pasco | 51,905.48 | 4,603.00 | |
| Total Contracts Payable | 21,047,703.05 | 18,107,686.76 | |
| Total Accounts Payable | 21,063,493.12 | 18,120,302.81 | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Comparative Balance Sheet
Month Ending April 30, 2022

| | <u>4/30/2022</u> | <u>3/31/2022</u> | <u>Notes</u> |
|---------------------------------------|-----------------------------|-----------------------------|--------------|
| Deferred Expense | | | |
| 2326 Behavioral Health Fee | 11,253.22 | 11,253.22 | |
| 2327 Sanctions Withhold | <u>18,102.38</u> | <u>18,102.38</u> | |
| Total Deferred Expense | 29,355.60 | 29,355.60 | |
| TOTAL LIABILITIES | <u>77,879,574.63</u> | <u>75,967,088.60</u> | |
| FUND BALANCE | | | |
| YTD Net Income/(Loss) | (22,613.98) | (9,930.79) | |
| 3100 Fund Balance | <u>1,973,195.79</u> | <u>1,973,195.79</u> | |
| Total Equity | 1,950,581.81 | 1,963,265.00 | |
| TOTAL LIABILITIES & EQUITY | <u>79,830,156.44</u> | <u>77,930,353.60</u> | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Month Ending April 30, 2022
Income Statement

| | Current Month | | | | Current Year | | | | |
|--|---------------|---------------|-------------|-------|----------------|----------------|---------------|------|---|
| | Actual | Budgeted | Variance | % | Actual | Budgeted | Variance | % | Variance Explanation |
| Revenues | | | | | | | | | |
| General Revenues | | | | | | | | | |
| Misc. Income | 0.00 | 0.00 | 0.00 | 0% | 1,000.00 | 0.00 | -1,000.00 | 0% | Contribution towards future 5 star award |
| Total General Revenues | 0.00 | 0.00 | 0.00 | 0% | 1,000.00 | 0.00 | -1,000.00 | 0% | |
| Contract Revenue | | | | | | | | | |
| DCF Services Substance Abuse | 8,443,259.93 | 7,899,253.33 | -544,006.60 | -7% | 63,207,817.00 | 78,992,533.30 | 15,784,716.30 | 20% | Under utilization due to provider staffing issues, Covid |
| DCF Services Mental Health | 11,424,780.16 | 11,161,291.92 | -263,488.24 | -2% | 97,613,850.98 | 111,612,919.20 | 13,999,068.22 | 13% | uunder utilization due to provider staffing issues, Covid |
| DCF ME Admin | 400,456.25 | 592,294.17 | 191,837.92 | 32% | 4,658,920.80 | 5,922,941.70 | 1,264,020.90 | 21% | |
| DCF Services Carry Forward | 402,933.11 | 1,115,772.00 | 712,838.89 | 64% | 3,020,901.01 | 11,157,720.00 | 8,136,818.99 | 73% | |
| Centerstone Admin | 0.00 | 0.00 | 0.00 | 0% | 53.54 | 0.00 | -53.54 | 0% | |
| Hills County Public Schools Admin | 17,559.31 | 20,378.42 | 2,819.11 | 14% | 177,620.21 | 203,784.20 | 26,163.99 | 13% | |
| Hills County Public Schools Providers | 107,152.00 | 150,344.67 | 43,192.67 | 29% | 1,595,175.00 | 1,503,446.70 | -91,728.30 | -6% | Provider billed Jan - March in April |
| Pasco County Schools Admin | 13,059.22 | 10,896.58 | -2,162.64 | -20% | 97,914.07 | 108,965.80 | 11,051.73 | 10% | |
| Pasco County Schools Providers | 47,201.00 | 22,353.42 | -24,847.58 | -111% | 113,601.00 | 223,534.20 | 109,933.20 | 49% | Provider billed Jan - March in April |
| Polk Helping Hands Admin | 0.00 | 250.00 | 250.00 | 100% | 3,723.41 | 2,500.00 | -1,223.41 | -49% | |
| Total Contract Revenue | 20,856,400.98 | 20,972,834.51 | 116,433.53 | 1% | 170,489,577.02 | 209,728,345.10 | 39,238,768.08 | 19% | |
| Total Revenues | 20,856,400.98 | 20,972,834.51 | 116,433.53 | 1% | 170,490,577.02 | 209,728,345.10 | 39,237,768.08 | 19% | |
| Subcontractor Expenses Provider Payments | | | | | | | | | |
| S/C Expenses Provider Pymts | | | | | | | | | |
| Services Sub Pymt Substance Abuse | 8,443,259.93 | 7,899,253.33 | -544,006.60 | -7% | 63,207,817.00 | 78,992,533.30 | 15,784,716.30 | 20% | Under utilization due to provider staffing issues, Covid |
| Services Sub Pymt Mental Health | 11,424,780.16 | 11,161,291.92 | -263,488.24 | -2% | 97,613,850.98 | 111,612,919.20 | 13,999,068.22 | 13% | uunder utilization due to provider staffing issues, Covid |
| Services Carry Forward | 402,943.11 | 1,115,772.00 | 712,828.89 | 64% | 3,020,911.01 | 11,157,720.00 | 8,136,808.99 | 73% | |
| Service Hills County Public Schools | 107,152.00 | 150,344.67 | 43,192.67 | 29% | 1,595,175.00 | 1,503,446.70 | -91,728.30 | -6% | Provider billed Jan - March in April |
| Services Pasco County | 47,201.00 | 22,353.42 | -24,847.58 | -111% | 113,599.00 | 223,534.20 | 109,935.20 | 49% | Provider billed Jan - March in April |
| Total S/C Expenses Provider Pymts | 20,425,336.20 | 20,349,015.34 | -76,320.86 | 0% | 165,551,352.99 | 203,490,153.40 | 37,938,800.41 | 19% | |
| Total Subcontractor Expenses Provider Pay | 20,425,336.20 | 20,349,015.34 | -76,320.86 | 0% | 165,551,352.99 | 203,490,153.40 | 37,938,800.41 | 19% | |
| Net Income/Loss Before Opr Expenses | 431,064.78 | 623,819.17 | 192,754.39 | 31% | 4,939,224.03 | 6,238,191.70 | 1,298,967.67 | 21% | |

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Month Ending April 30, 2022

| | Current Month | | | | Current Year | | | | |
|---|-------------------|-------------------|-------------------|-------------|---------------------|---------------------|---------------------|-------------|---|
| | Actual | Budgeted | Variance | % | Actual | Budgeted | Variance | % | Variance Explanation |
| Staffing Expense | | | | | | | | | |
| 8012 Salaries | 287,110.85 | 370,924.92 | 83,814.07 | 23% | 3,271,738.50 | 3,709,249.20 | 437,510.70 | 12% | |
| 8013 Fringe Benefits | 82,784.65 | 109,829.26 | 27,044.61 | 25% | 866,258.90 | 1,098,292.60 | 232,033.70 | 21% | |
| 8025 HR Outsource | 3,220.00 | 5,416.67 | 2,196.67 | 0% | 43,344.00 | 54,166.70 | 10,822.70 | 0% | |
| Total Staffing Expense | 373,115.50 | 486,170.85 | 113,055.35 | 23% | 4,181,341.40 | 4,861,708.50 | 680,367.10 | 14% | |
| General Expense | | | | | | | | | |
| 9010 Accounting | 0.00 | 4,916.67 | 4,916.67 | 100% | 58,350.00 | 49,166.70 | -9,183.30 | -19% | Annual Audit/990 Preparation |
| 9011 Accreditation | 4,755.00 | 845.42 | -3,909.58 | -462% | 5,955.00 | 8,454.20 | 2,499.20 | 30% | CARF Survey |
| 9030 Bank Charges | 0.00 | 833.33 | 833.33 | 100% | 3,147.43 | 8,333.30 | 5,185.87 | 62% | |
| 9050 Communications | 7,835.63 | 12,448.33 | 4,612.70 | 37% | 90,097.91 | 124,483.30 | 34,385.39 | 28% | |
| 9060 Computer Licenses & Software | 4,972.57 | 12,321.67 | 7,349.10 | 60% | 129,910.10 | 123,216.70 | -6,693.40 | -5% | renewal of annual licenses |
| 9061 Computer Consulting | 550.00 | 1,883.33 | 1,333.33 | 71% | 5,500.00 | 18,833.30 | 13,333.30 | 71% | |
| 9062 Computer Support | 9,272.84 | 6,000.00 | -3,272.84 | -55% | 43,803.52 | 60,000.00 | 16,196.48 | 27% | |
| 9080 Consulting Other | 0.00 | 3,333.33 | 3,333.33 | 100% | 0.00 | 33,333.30 | 33,333.30 | 100% | |
| 9100 Depreciation-Equip, Prop & Furn | 3,361.24 | 10,955.83 | 7,594.59 | 69% | 38,187.46 | 109,558.30 | 71,370.84 | 65% | |
| 9110 Dues & Subscriptions | 3,532.33 | 4,666.67 | 1,134.34 | 24% | 42,350.55 | 46,666.70 | 4,316.15 | 9% | FAME |
| 9120 Employee Recruitment | 14.95 | 479.17 | 464.22 | 97% | 5,712.63 | 4,791.70 | -920.93 | -19% | |
| 9130 Insurance | 4,257.70 | 4,400.00 | 142.30 | 3% | 36,579.49 | 44,000.00 | 7,420.51 | 17% | |
| 9150 Legal | 0.00 | 6,250.00 | 6,250.00 | 100% | 20,991.70 | 62,500.00 | 41,508.30 | 66% | |
| 9170 Miscellaneous Expense | 64.99 | 1,666.67 | 1,601.68 | 96% | 64.99 | 16,666.70 | 16,601.71 | 100% | |
| 9190 Office Supplies | 935.59 | 1,770.67 | 835.08 | 47% | 10,215.98 | 17,706.70 | 7,490.72 | 42% | |
| 9200 Postage | 0.00 | 166.67 | 166.67 | 100% | 517.50 | 1,666.70 | 1,149.20 | 69% | |
| 9210 Printing | 2,030.58 | 3,733.33 | 1,702.75 | 46% | 24,187.64 | 37,333.30 | 13,145.66 | 35% | |
| 9220 Rent - Building | 18,477.72 | 20,232.50 | 1,754.78 | 9% | 182,472.80 | 202,325.00 | 19,852.20 | 10% | |
| 9225 Rent - Other | 1,859.30 | 1,673.00 | -186.30 | -11% | 17,905.40 | 16,730.00 | -1,175.40 | -7% | |
| 9230 Repairs/Maintenance | 169.69 | 250.00 | 80.31 | 32% | 1,129.90 | 2,500.00 | 1,370.10 | 55% | |
| 9240 Small Equip-Under \$1000 | 0.00 | 625.00 | 625.00 | 100% | 2,898.64 | 6,250.00 | 3,351.36 | 54% | |
| 9250 Travel | 6,094.36 | 10,262.50 | 4,168.14 | 41% | 24,600.03 | 102,625.00 | 78,024.97 | 76% | |
| 9258 Training | 0.00 | 1,250.00 | 1,250.00 | 100% | 11,241.22 | 12,500.00 | 1,258.78 | 10% | Wrap around provider training under the CARES ACT funding |
| 9260 Utilities/Janitorial | 2,447.98 | 3,916.67 | 1,468.69 | 37% | 24,676.72 | 39,166.70 | 14,489.98 | 37% | |
| 9270 Continuing Education CEU Provider | 0.00 | 0.00 | 0.00 | 0% | 0.00 | 0.00 | 0.00 | 0% | |
| Total General Expense | 70,632.47 | 114,880.76 | 44,248.29 | 39% | 780,496.61 | 1,148,807.60 | 368,310.99 | 32% | |
| Total Expenses | 443,747.97 | 601,051.61 | 157,303.64 | 26% | 4,961,838.01 | 6,010,516.10 | 1,048,678.09 | 17% | |
| Net Income/Loss After Opr Expenses | -12,683.19 | 22,767.56 | 35,450.75 | 1.56 | -22,613.98 | 227,675.60 | 250,289.58 | 1.10 | |

Department Directors Report
August 2022

Contracts

- Contracts department has begun amendments for FY 22-23 Subcontracts.
- CFBHN received the Schedule of Funds from DCF on July 22nd. Here are some of the significant increases received:
 - Approximately \$17.7M in new, recurring funding, which DCF has allocated for specific projects, including, but not limited to: CAT, FACT, FIT, and other wraparound and multi-disciplinary teams.
 - Approximately \$19.9M in non-recurring block grant funds.
 - Approximately \$2.3M in funding for 988 centers.

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 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, Hillsborough Recovery Coalition and The Hope Shot RCO.



ROSC Status Update Summary

- Participated on DCF's statewide ROSC TA calls.
- Met with DCF headquarters in July to discuss Peer training as it relates to Document 35-Recovery management Practices ME responsibilities in regard to SB 282.

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.

On June 6, 2022, we sent the SAPT/RSA survey links to our NSPs. Through BSRI weekly reports, we monitored survey numbers and provided NSPs with weekly updates. We also continued to provide technical assistance to NSPs.

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.

Fifty-six participants attended the meeting in June.
Thirty-five participants attended the meeting in July.

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 June, CFBHN's trainer worked provided Wraparound 101 training with trainers from Directions For Living and Success 4 Kids & Families. Twelve individuals completed the training.

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.

Currently, Directions For Living, Success 4 Kids & Families, Carlton Manor and Chrysalis Health are the only Wraparound providers in the region that are contracting with Sunshine Medicaid to deliver high fidelity Wraparound.

Currently, Directions For Living, Success 4 Kids & Families, Carlton Manor, Chrysalis Health, Baycare CAT (Pasco), Children's Network of Southwest Florida, Elite DNA, Guided Results, NAMI Pinellas, NAMI Sarasota Manatee, Charlotte Behavioral Health Care, Operation PAR and Serving Children and Reaching Families, LLC are all capable of providing high fidelity Wraparound services and billing Medicaid in the Suncoast Region.



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 June, eight individuals participated.

The July meeting was canceled due to the holiday.

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) – David Braughton is the new elected president. They have five active board members and three advisory members. On July 16th HRC held a Narcan distribution event at Trinity Café in Ybor City. They handed out approximately 130 Narcan kits to interested individuals.

Lee County: Kimmie's Recovery Zone (KRZ) – No new up-date.

Pasco County: Hope Shot- ([The Hope Shot - YouTube](#) and [\(20+\) The Hope Shot | Facebook](#))- Met with CFBHN staff to discuss contract possibilities. Hope Shot leaders were provided a contract readiness checklist to complete and submit ASAP.

Pinellas County: Recovery Epicenter Foundation (REF) developed a round table discussion in Pasco County and partnered with Hillsborough Recovery Coalition (HRC) to develop their first round table discussion slated for August 17th.

Polk County: Polk for Recovery (PFR): Met with CFBHN staff to discuss what they need in place to solidify a contract to deliver services. PFR executive director and board members are completing the CFBHN checklist to submit documentation for readiness.

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 Pinellas- Met with the Executive Director and Program Manager to discuss the ability to contract for peer training for the Suncoast region. We are waiting for the schedule of funds to arrive for further conversation to include funding opportunities.

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.



D. Community Health and Wellness:

1. CFA/NAMI Pinellas/PEHMS Memorandum of Understanding (MOU).
2. CFA provides leadership on Team Two, Pinellas Counties Juvenile Welfare Board (JWB) Children's Mental Health Initiative (CMHI).

In June, Team Two hosted "Prevention of Suicide: A Youth Town Hall Event" virtually.

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.

Sixteen individuals attended the meeting in June
Twelve individuals attended the meeting in July.

2. CFA staff, offers a virtual, weekly ROSC Peer Support group meetings to support Peer workers/volunteers in their wellness and offer guidance and resources in the Suncoast region and across the state.

On average, twelve peers participated each week in June
On average, fifteen peers participated each week in July.

3. CFA developed and filmed 5 webinars that will meet the training criteria for peer certification and are hosted on the CFBHN website.
4. CFA staff provides "*Helping Others Heal*", 40-hour peer certification training.

Due to planning and implementation for the Self-Assessment Planning Tool (SAPT) CFBHN's trainer was not available to offer trainings in June or July.



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 | 1 | 2 | 25.0% |
| Community Managers/ Housing/ Special Projects | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 12.5% |
| 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 | 50.0% |
| QI/Risk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 12.5% |
| TOTAL | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 8 | 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 | 57 | 58 | 57 | 57 | 58 | 57 | 56 | 54 | 53 | 57 | |
| TOTAL SEPARATED | | | | | | | | | | | | | | |
| Involuntary | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 | |
| Voluntary | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 0 | 9 | |
| Total Separated | 0 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 13 | |
| Percent of Workforce | 0.0% | 5.2% | 1.7% | 1.8% | 1.7% | 1.8% | 0.0% | 0.0% | 1.8% | 1.8% | 3.7% | 3.8% | 22.8% | |
| 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 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 7 | 53.8% |
| Retired | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 15.4% |
| Other | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 | 30.8% |
| TOTAL | 0 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 13 | 100.0% |
| DEPARTMENT | | | | | | | | | | | | | | |
| Administration | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 7.7% |
| Consumer Affairs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Contracts | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 15.4% |
| Community Managers/ Housing/Special Projects | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 15.4% |
| 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 | 1 | 0 | 0 | 2 | 3 | 23.1% |
| NDCS | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 23.1% |
| QI/Risk | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 15.4% |
| TOTAL | 0 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 13 | 100.0% |

Network Development and Clinical Services

CFBHN Children's Mental Health (CMH) System of Care Data Summary

During this reporting period, CFBHN 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 wraparound and agency wraparound certification. CFBHN Senior Program Manager of NDCS conducted meetings with DCF regarding elements of the youth at risk staffing model and how those elements can be utilized in the DCF early prevention staffings for each circuit.



Data Summary

During the reporting period, the CMH Team processed 16 CSST applications for MH residential treatment. Of the 16 applications received, 3 applications had prior MH residential placement and were considered for readmission. Of the 16 applications, 7 applications underwent the CSST staffing process and were submitted for Statewide Inpatient Psychiatric Program (SIPP) review. In addition, the CMH Team participated in 36 Critical Case Staffings and 33 Youth-At-Risk Staffings. Of the 36 Critical Case Staffings, 4 youth were sheltered as a result.

Summary of barriers/ issues and strategies to mitigate Long wait lists for Statewide Inpatient Psychiatric Program and Therapeutic Group Home Referrals. CFBHN CMH Team continues to maintain ongoing communications with contracted providers serving children with significant behavioral and emotional disturbances to assist with the coordination of care needs thru the utilization of Microsoft Teams and other communication strategies.

COVID 19: COVID-19 continues to present challenges to consumers, providers and systemic partners connected with provider staffing patterns. CFBHN CMH Team continues to maintain ongoing communications with contracted providers serving children with significant behavioral and emotional disturbances to assist with the coordination of care needs.

Child Welfare/Behavioral Health Integration Summary

Systems Integration: CFBHN convened a joint BHI program virtual gathering on June 13 that included participation from FIT, FIS, and BHC's, as well as integration partners. Attendees participated in breakout sessions and whole-group discussions in MS Teams for the purpose of increasing collaboration and connections between programs.

CFBHN continues to convene quarterly Integration Workgroups in Circuits 10, 12, and 20. Meetings occur more frequently in C6 and C13 in order to facilitate communication and the development of Working Agreements with new CBC Lead Agency partners.

Highlights from each Circuit:

Circuit 6: The Pinellas group made revisions to the Working Agreement that result in less burden on CPI's and CWCM's during the referral process. Final confirmation to proceed with the agreement has been received by all parties except FSS. Once FSS formally consents to the agreement, it will be forwarded to DCF for review. A separate meeting will be scheduled for Pasco partners.

Circuit 10: Meetings are scheduled at least quarterly through the remainder of the calendar year, one hour prior to the Behavioral Health Leadership meeting, hosted by the CBC Lead Agency. The previous plan to complete the FIT Fidelity Tool this summer as a group is postponed in order to focus on FIS transition planning and identifying CMO representation.

Circuit 12: Areas for continued focus include clarifying and communicating the BHC role; bringing CW parent peer support to the Circuit and welcoming parent voice in workgroup meetings; and promoting retention in the workforce.

Circuit 13: CFBHN facilitated introductions between COVE (FIS and FIT) and the new CBC Lead Agency – Children's Network of Hillsborough County. Meetings are scheduled monthly to ensure referrals and communications are running smoothly throughout the transition.



Circuit 20: County-level BHI data are shared monthly with CNSWFL and participants agree that MDT meetings recently convened by the CBC have been effective at bringing partners together around cases. Through integration meetings, presentations made to CPI's, and updates provided to the Alliance, FIS referrals doubled in Charlotte and Lee counties in the last two months of the FY from April's low.

Family Intervention Services (FIS)

As the State continues to work on revisions to Guidance Document 19, HQ/Tallahassee has lifted the directive for providers to stop filling vacant FIS positions for now. The FIS Providers are to meet with local CW departments in order to collect information on how FIS is or is not meeting CW needs and to include this in their transition plans to the state by October 1.

Number of FIS referrals received by county this reporting period and YTD:

| FIS Referrals | Charlotte | Lee | Manatee | Hillsborough | Collier | Sarasota | Pinellas | Circuit 10 |
|----------------------|------------------|------------|----------------|---------------------|----------------|-----------------|-----------------|-------------------|
| 22-Apr | 5 | 8 | 62 | 57 | 17 | 34 | 13 | 39 |
| 22-May | 11 | 10 | 49 | 64 | 13 | 32 | 9 | 40 |
| 22-Jun | 13 | 16 | 50 | 71 | 17 | 37 | 4 | 37 |
| Total YTD | 163 | 227 | 636 | 962 | 199 | 411 | 139 | 431 |

FY 21-22 FIS conversions, combined:

| 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 |
|---|--------------|---|----------------------------|---------------------------------|----------------------------------|---|
| Apr-22 | Count | 235 | 201 | 134 | 101 | 48 |
| | % | -- | 85.5% | 66.7% | 75.4% | 47.5% |
| May-22 | Count | 228 | 197 | 124 | 104 | 50 |
| | % | -- | 86.4% | 62.9% | 83.9% | 48.1% |
| Jun-22 | Count | 245 | 202 | 108 | 71 | 22 |
| | % | -- | 82.4% | 53.5% | 65.7% | 31.0% |
| FY21-22 TOTAL | Count | 3168 | 2700 | 1826 | 1415 | 596 |
| | % | -- | 85.2% | 67.6% | 77.5% | 42.1% |

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



Family Intensive Treatment (FIT)

CFBHN's BHI PM continues to facilitate FIT meetings each month for teams across the region and C10 to discuss trends, barriers, promising practices, and strategies. Current concerns reported by Teams include:

- Increases in overdoses and acuity of clients. Drug use trends and population needs have dramatically shifted since the program's inception, and teams are receiving referrals for clients who need higher levels of care than is appropriate for FIT, but are not willing to engage in recommended LoC. Processes and availability of Marchman receiving facilities and higher LoC vary by county.
- Client engagement is requiring more staff resources than previous years. More staff time is spent tracking clients who do not end up in billable services, resulting in lower expenditures and lower – but more intensive – enrollments. Providers are concerned about potential financial penalties as a result of working with more challenging-to-engage individuals.
- There is increased pressure to raise salaries significantly in order to attract and retain staff.
- FIT Teams in Lee and Charlotte counties are carrying waitlists due to staffing and high caseloads. In the interim, both teams are providing weekly groups for referred clients and working with referrals sources to connect individuals to appropriate services.

Summary of Accomplishments

During the 4th Quarter of this FY:

- 3 children reunified
- 228 children avoided out of home/foster care placement
- 188 parents diverted from jail, 133 parents from homelessness, 134 parents from CSU, and 184 parents from detox
- Cost avoidance to the state: \$7,414,524.12



FY 2021-2022 Utilization

| Provider & County | BASE Served YTD* | BASE Annual Target* | BASE Annual Capacity Served* | CARES 2021 | MS11S/ SBG YTD | Total Served YTD | Currently Enrolled |
|--|------------------|---------------------|------------------------------|------------|----------------|------------------|--------------------|
| Baycare Behavioral Health - Pasco | 140 | 130 | 107.69% | | | 140 | 26 |
| Directions for Living - Pinellas | 70 | 70 | 100.00% | | | 70 | 30 |
| COVE - Hillsborough | 62 | 66 | 93.94% | 10 | | 72 | 25 |
| Charlotte Behavioral Healthcare - Charlotte | 25 | 25 | 100.00% | 8 | 0 | 33 | 14 |
| Charlotte Behavioral Healthcare - Lee | 78 | 75 | 104.00% | 10 | 3 | 91 | 21 |
| Centerstone - Manatee | 81 | 72 | 112.50% | | | 81 | 31 |
| Peace River Center - Polk | 42 | 38 | 110.53% | | | 42 | 12 |
| TOTAL | 498 | 476 | 104.62% | 28 | 3 | 529 | 159 |
| *Reflects services under base FIT funding ONLY. Excludes expansions from CARES and Supplemental Block Grant (SBG). | | | | | | | |

Behavioral Health Consultants (BHC's)

BHC's assist child welfare professionals as subject matter experts (SME) with behavioral health consultations and referral/service recommendations for families in the child welfare system who present with behavioral health, substance use disorders, and co-occurring issues.





The BHC position in Sarasota (FSOS) was filled on June 26, and the new hire submitted a resignation notice after a few weeks in the position. The BHI PM met with FSOS and Sarasota's CPI leadership to streamline processes for BHC consultation requests, resulting in a smoother workflow. FSOS is actively interviewing candidates as the current BHC remains in place.

OCFW launched the Family Navigation (FN) initiative in Sarasota and Circuit 20. NSP BHC's participate in and prioritize FN case staffings, increasing involvement during the pre-commencement phase. BHC activities also increased in June for the counties involved.

Case consultations with CPI's, record reviews, brief assessments, and joint visits count as activities. The table and chart below present the number of activities completed by BHC's during this reporting period and YTD:

| Behavioral Health Consultants (BHC) Count of Activities - FY 2021-2022 | | | | |
|---|--------------|------------|-------------|-------------------|
| County & Provider | April | May | June | YTD TOTALS |
| Charlotte (CBHC) | 94 | 52 | 75 | 925 |
| Lee (CBHC) | 58 | 95 | 150 | 758 |
| Manatee (Centerstone) | 57 | 18 | 64 | 700 |
| Collier (DLC) | 53 | 53 | 124 | 554 |
| Sarasota (FSOS) | 13 | N/A | N/A | 263 |
| Highlands/Hardee (TCHS) | 16 | 18 | 22 | 176 |
| TOTALS | 291 | 236 | 435 | 3376 |

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.

In FY 22/23, 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.

ALL CIRCUITS: FACT

FOURTH QUARTER ADMISSIONS= 28

FY 21/22 ADMISSIONS TOTAL =105

FOURTH QUARTER DISCHARGES=30

FY 21/22 DISCHARGES TOTAL= 108



| FACT Admission/Discharge/Census JUNE 2022 (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- 15/105 | 5 | 1 | 2 | 3 | 4 |
| FOURTH QUARTER/FYTD TOTAL ADMISSIONS- 28/105 | 8 | 5 | 4 | 3 | 8 |
| Current MONTH Discharges/ FYTD 21/22 TOTAL DISCHARGES-11/108 | 4 | 1 | 1 | 3 | 2 |
| FOURTH QUARTER/FYTD TOTAL DISCHARGES- 3-/108 | 11 | 4 | 2 | 5 | 8 |
| TOTAL CURRENTLY SERVED BY FACT- 1377/1400 | 388/400 | 200/200 | 197/200 | 198/200 | 394/400 |

Forensic

State Mental Health Treatment Facility admissions have continued to increase and show progress in moving individuals from jail to a more appropriate level of care. Quarantine procedures at the State Hospitals still exist under extenuating circumstances and negative COVID tests are still required. A cautious approval to admissions still exists but protocols have become more streamlined and efficiently executed. There currently 404 individuals throughout the state waiting for admission to the Forensic State Hospital. This is significantly less than recent numbers but remains high overall. The waitlist remains a challenge due to the backlog of admissions caused by COVID-19's prevalence but progress is being made. Courts, jails and SMHTF's have all continued holding Zoom hearings and remote visitations to eliminate unnecessary in-person exposures. However, all Forensic SMHTF's are now allowing in-person visits and are considered "open". Even though most SMHTF's continue to operate at or above capacity, staffing issues have become better and more units are opening at the facilities. 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 remain at 3-6 months due to higher demand and increased diversion efforts. CFBHN and DCF continue initiatives to organize strategies with community stakeholders to increase diversions, troubleshoot barriers to community placements and increase communications across all parties. Providers throughout the region have slowly increased their forensic staff although there remain a number of vacant positions. Even after full staffing has been achieved, staff turnover remains a concern. Provider staff continue to take on multiple roles and large caseloads causing high client-to-staff ratios.

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 and Prevention Clinical Program Specialist conducted follow up meeting with the prevention providers and coalitions this reporting period focused on performance measures and other items related to prevention. CFBHN conducted a data vs billing validation QI audit with prevention providers and coalitions this period with no major reported concerns.

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 (1/01/2022 to 3/31/2022)

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 | 2,392,449 | 8,422,097 | 3 | 10,814,549 |
| Universal Direct | 17,488 | 3,701 | 20 | 21,209 |
| Selective | 9,736 | 388 | 18 | 10,142 |
| Indicated | 1,811 | 167 | - | 1,978 |
| TOTAL | 2,421,484 | 8,426,353 | 40 | 1,084,787 |

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. There has been an increase in healthy transitions referrals this reporting period. Healthy Transitions continues to get referrals from Gracepoint, Chrysalis, Independent living, 211. Healthy Transitions reports increase in need for employment and educational assistance. In addition, Healthy Transitions reports that All HT staff are now wraparound trained.

Covid Impact= Success For Kids and Families reports majority of groups are now in person and completes screening Covid protocols for staff and clients





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. The Wait List briefly transitioned to SaFE prior to that system being discontinued. The UM team is currently working with CARISK to establish a plan for transitioning the Wait List from SaFE and the manual recording process to the new CARISK system. CFBHN works continually with providers to improve wait list reporting of all DCF funded services. The UM team continues to collaborate 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 continues to utilize a single universal substance abuse treatment provider referral form, which streamlines the referral process and has reduced the amount of time from bed offer to completion of clinical review and determination.

COVID-19th: Due to the COVID-19 pandemic resurgence, some adult substance abuse residential programs intermittently paused or reduced admissions, although these issues appear to be stabilizing for the time being. As of July, all SA RES programs are open and accepting referrals. 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

Prior to July 1 and the sunset of SaFE, CFBHN Utilization/Care Managers monitored all registrations for Crisis Stabilization, Detox and Residential Level 1 & 2 treatment to identify persons who meet HNBU status and notified providers when persons admitted were eligible for care coordination. As of July 1, the UM team is working with CARISK to utilize the bed day reporting system to identify eligible persons. In the interim, providers have been asked to monitor their admissions for eligible persons to assure that Care Coordination continues to be offered when appropriate.

For FY 21-22, 671 total clients have been served in Care Coordination. There are currently 171 individuals actively being served in care coordination as of 8/2/2022. Numbers served continues to grow with the ongoing development of Children's Care Coordination. During FY 21-22, 26 children were served. In the month of June, 23 children were served. Identification of persons eligible for Care Coordination and engagement efforts continue to be addressed with providers to help increase the numbers served.

CFBHN Utilization/Care Managers and network providers meet routinely and work together to explore treatment and resource needs for persons who readmit to acute care and engage other community resources and providers as needed to support those efforts. SAMH Transition Voucher funds for FY 22-23 have been allocated and are being utilized to assist with care coordination resource needs. Additional non-recurring Managing Entity Substance Abuse Transitional Voucher funds are also being utilized for Substance Abuse Care Coordination clients which will be available through the remainder of the fiscal year and will help provide additional support for basic needs.

Children's Care Coordination has continued implementation across 4 providers: Baycare Pasco, Success 4 Kids, Centerstone, and Directions for Living. CFBHN UM staff and the VP of NDCS continue to collaborate with these providers to continue the launch of Children's Care Coordination to provide additional supports and help improve outcomes for children and adults who meet the criteria for MHCAS eligibility as set forth in Guidance Document 4.





COVID-19: Providers are currently providing face to face contacts or a blend of face to face and virtual contacts to reduce risks.

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 or Healthy Minds (HM)) for clients in Hillsborough County, Peace River Center for Pasco County, and David Lawrence Center for Collier County which focuses on youth/young adults who experience a first episode of psychosis. 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 teams continue 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 is currently working with all three FEP/HM Teams for revised performance measures which began on July 1, 2022. In addition, Success Stories from all three FEP teams were provided to CFBHN Communication Director which will be included in this fiscal year's annual report.

COVID-19: Mode of counseling is currently hybrid between in person and telehealth offered to consumers.

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, 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. The Hospital Bridge programs, like many, are experiencing some challenges in staffing throughout the region.

3. **HB945** CFBHN continued to update community stakeholders on status of HB 945 during alliance meetings and other community meetings and continued to place on emphasis on wraparound and other children system of care improvements included in the HB 945 plan.

4. SEN/NAS

CFBHN currently has one SEN/NAS program with First Step of Sarasota in Sarasota County. Program began taking clients in October of 2021 and continues to build caseloads. Additionally, CFBHN is collaborating with DCF and Tri-County Human Services in a startup SEN/NAS program in Circuit 10. This program is in the beginning stages and is currently working on coordinating with DCF a Referral Process to begin taking on clients.



Continuous Quality Improvement Monthly Report FY 21-22

As of 7/31/22

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% | 0 | 0% |
| Monitoring In-Progress | | 0 | 0% | 0 | 0% | 0 | 0% |
| FOLLOW-UP PHASE: | | | | | | | |
| Follow-Up Required - CA or AOC | | 0 | 0% | 0 | 0% | 19 | 36% |
| Follow-Up Required - NO SAMPLE | | 0 | 0% | 0 | 0% | 3 | 6% |
| REVIEW COMPLETE: | | | | | | | |
| Annual Complete - NO CITED CAs/AOCs | | 24 | 42% | 3 | 6% | 4 | 8% |
| Follow-Up Complete - NO SAMPLE | | 7 | 12% | 18 | 33% | 10 | 19% |
| Follow-Up Complete - CAs/AOCs RESOLVED | | 18 | 32% | 14 | 26% | 7 | 13% |
| Follow-Up Complete - UNRESOLVED CAs/AOCs | | 8 | 14% | 8 | 15% | 3 | 6% |
| Follow-Up Waived - CONTRACT TERMINATION | | 0 | 0% | 2 | 4% | 0 | 0% |
| EXEMPT From Review | | N/A | -- | 9 | 17% | 7 | 13% |
| TOTAL | | 57 | 100% | 54 | 100% | 53 | 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 Monitorings | 36 | 17 | 29 | 27 |
| COALITION Monitorings | | | | 9 |
| BASELINE Monitorings | 2 | 1 | 1 | 2 |
| Coalitions EXEMPT from Monitoring | | | 9 | 0 |
| TOTAL | 59 | 57 | 54 | 53 |

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 | 69 |
| AREAS OF CONCERN | 6 | 21 | 8 | 6 |
| COMMENDATIONS | 8 | 6 | 5 | 3 |

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 | 68 | 6 |
| Issued at Follow-Up | | | | | 5 | 3 | 1 | 0 |
| TOTAL | 35 | 6 | 55 | 21 | 60 | 8 | 69 | 6 |
| Follow-Up WAIVED (Contract Termination or Program Restructure) | 14 | 3 | 0 | 0 | 2 | 0 | 1 | 0 |
| Converted at Follow-Up | | | -4 | 4 | -2 | 2 | 0 | 0 |
| REVISED TOTAL | 21 | 3 | 51 | 25 | 56 | 10 | 68 | 6 |
| Unable to Assess - NO SAMPLE | 1 | 0 | 4 | 3 | 8 | 1 | 3 | 1 |
| RESOLVED at Follow-Up | 15 | 3 | 43 | 15 | 38 | 7 | 9 | 1 |
| UNRESOLVED at Follow-Up | 5 | 0 | 4 | 7 | 10 | 2 | 3 | 0 |
| PENDING RESULT | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 4 |
| Percent of CAs & AOCs UNRESOLVED at Follow-Up (UNRESOLVED CAs + AOCs/REVISED TOTAL CAs + AOCs) | 20.8% | | 14.5% | | 18.2% | | 4.1% | |

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 | 3 | 4.3% | 0 | 0.0% | 0 | 0.0% |
| Assisted Living Facilities - LMH | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| BNET | 0 | 0.0% | 1 | 16.7% | 0 | 0.0% |
| CARF Unaccredited Standards | 2 | 2.9% | 0 | 0.0% | 0 | 0.0% |
| CAT | 2 | 2.9% | 0 | 0.0% | 1 | 33.3% |
| Care Coordination | 2 | 2.9% | 1 | 16.7% | 0 | 0.0% |
| Coalition Compliance | 2 | 2.9% | 0 | 0.0% | 0 | 0.0% |
| Client Financial | 3 | 4.3% | 0 | 0.0% | 0 | 0.0% |
| Client Trust Fund | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Crisis Stabilization Unit (CSU) | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Data Access | 10 | 14.5% | 0 | 0.0% | 0 | 0.0% |
| Deaf and Hard-of-Hearing | 1 | 1.4% | 1 | 16.7% | 1 | 33.3% |
| Drop-In Program* | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% |
| Employee Verification | 23 | 33.3% | 0 | 0.0% | 0 | 0.0% |
| FACT | 2 | 2.9% | 1 | 16.7% | 0 | 0.0% |
| FIS | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% |
| FIT | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Forensic | 3 | 4.3% | 1 | 16.7% | 0 | 0.0% |
| HIV | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% |
| Indigent Drug Program | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% |
| Incidentals | 2 | 2.9% | 0 | 0.0% | 0 | 0.0% |
| Mental Health** | 1 | 1.4% | 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 | 2 | 2.9% | 0 | 0.0% | 0 | 0.0% |
| PATH | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Prevention | 2 | 2.9% | 0 | 0.0% | 0 | 0.0% |
| Service Validation | 2 | 2.9% | 1 | 16.7% | 0 | 0.0% |
| Staff Time Validation | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| SOR Opioid/SOR Prevention/SOR SV | 3 | 4.3% | 0 | 0.0% | 0 | 0.0% |
| TANF | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Women's Block Grant | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 0 | 0.0% | 0 | 0.0% | 1 | 33.3% |
| TOTAL | 69 | 100.0% | 6 | 100.0% | 3 | 100.0% |

| 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 |
| 60 | 8 | 5 |

* 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 (Year-End Update)

- 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.**

100% (11 of 11) ROM Reviews scheduled for FY 21-22 have been completed. The year-end data summary has been prepared and shared with CFBHN leadership and staff involved in the review process.

- 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.

Throughout FY 21-22, CFBHN gave 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. Comments collected from the surveys were shared with the NSPs on a monthly basis.

DCF released a link and QR code for its FY 22-23 survey in late June of 2022, and NSPs were instructed to start to use it beginning on July 1.

Other Updates

- A. Compliance Issues: There are no compliance issues to report.
- B. The next meetings of the Board CQI Committee are scheduled for August 18 at 11:00 a.m.

RISK MANAGEMENT Monthly Report (As of 7/31/2022)

1. Count of Subcontractor Incident Reports Received

| Incident Type | July 2022 | Aug 2022 | Sept 2022 | Oct 2022 | Nov 2022 | Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | June 2023 | Year-to-Date | Average Number of Reports per Month | % Change - Current vs. Previous Year |
|---------------------------------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|--------------|-------------------------------------|--------------------------------------|
| 3-Hour (Phone) Notification | | | | | | | | | | | | | | | |
| Child on Child Sexual Abuse | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | |
| Client Death | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | | |
| Media Event | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Sexual Abuse/Sexual Battery | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | |
| 24-Hour (RL6) Notification | | | | | | | | | | | | | | | |
| Child Arrest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Elopement | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | | |
| Employee Arrest | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | |
| Employee Misconduct | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | |
| Missing Child | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Security Incident/Unintentional | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Significant Injury to Client | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | |
| Significant Injury to Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Suicide Attempt | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | |
| Other: | | | | | | | | | | | | | | | |
| Admission/Assess Emergencies | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | |
| Bomb/Biological/Chemical Threat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| COVID-19 (Reported to DCF)* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Visitor Injury or Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Human Acts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Theft, Vandalism | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | |
| No Other Category | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | | |
| TOTAL | 46 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46 | 46.0 | -2.8% |
| FY 21-22* | 46 | 80 | 57 | 55 | 43 | 43 | 42 | 42 | 42 | 46 | 38 | 34 | 568 | 47.3 | |
| 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 | |
| 3-Year Average, by Month | 58.3 | 56.7 | 47.0 | 48.3 | 36.0 | 50.3 | 47.7 | 47.0 | 50.3 | 57.7 | 46.7 | 58.3 | | | |

* 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 19-20 | | FY 20-21 | | FY 21-22 | | FY 22-23 | |
|--------------------------|--------------|------------|---------------|------------|---------------|------------|---------------|-----------|---------------|
| | | Count | % | Count | % | Count | % | Count | % |
| From Providers to CFBHN | On-Time | 586 | 95.8% | 617 | 97.5% | 539 | 94.9% | 46 | 100.0% |
| | Late | 26 | 4.2% | 16 | 2.5% | 29 | 5.1% | 0 | 0.0% |
| | TOTAL | 612 | 100.0% | 633 | 100.0% | 568 | 100.0% | 46 | 100.0% |
| From CFBHN to DCF (IRAS) | | Count | % | Count | % | Count | % | Count | % |
| | On-Time | 583 | 95.3% | 625 | 98.7% | 565 | 99.5% | 46 | 100.0% |
| | Late | 29 | 4.7% | 8 | 1.3% | 2 | 0.4% | 0 | 0.0% |
| | N/A* | -- | -- | -- | -- | 1 | 0.2% | 0 | 0.0% |
| | TOTAL | 612 | 100.0% | 633 | 100.0% | 568 | 100.0% | 46 | 100.0% |

*N/A refers to incident reports made by a CFBHN project that does not require DCF notification.

3. Client Manner of Death Summary

| | FY 19-20 | | | FY 20-21 | | | FY 21-22 | | | FY 22-23 | | |
|---------------------|--------------|---------------|------------|--------------|---------------|------------|--------------|---------------|------------|--------------|---------------|------------|
| | Count | % | Per 1000* | Count | % | Per 1000* | Count | % | Per 1000* | Count | % | Per 1000* |
| Accident | 19 | 7.9% | 0.2 | 14 | 4.8% | 0.1 | 7 | 3.2% | 0.1 | 0 | 0.0% | 0.0 |
| Accident - Overdose | 55 | 22.9% | 0.5 | 77 | 26.3% | 0.7 | 38 | 17.3% | 0.4 | 0 | 0.0% | 0.0 |
| Homicide | 6 | 2.5% | 0.1 | 5 | 1.7% | 0.0 | 2 | 0.9% | 0.0 | 0 | 0.0% | 0.0 |
| Natural Death | 81 | 33.8% | 0.7 | 93 | 31.7% | 0.9 | 55 | 25.0% | 0.5 | 1 | 5.6% | 0.0 |
| Suicide | 27 | 11.3% | 0.2 | 21 | 7.2% | 0.2 | 9 | 4.1% | 0.1 | 0 | 0.0% | 0.0 |
| | Gunshot - 7 | | | Gunshot - 2 | | | Gunshot - 3 | | | Gunshot - 0 | | |
| | Jumped - 2 | | | Jumped - 3 | | | Jumped - 0 | | | Jumped - 0 | | |
| | Hanging - 11 | | | Hanging - 11 | | | Hanging - 5 | | | Hanging - 0 | | |
| | Overdose - 5 | | | Overdose - 4 | | | Overdose - 1 | | | Overdose - 0 | | |
| | Other - 2 | | | Other - 1 | | | Other - 0 | | | Other - 0 | | |
| Undetermined | 3 | 1.3% | 0.0 | 1 | 0.3% | 0.0 | 3 | 1.4% | 0.0 | 0 | 0.0% | 0.0 |
| Unknown | 49 | 20.4% | 0.4 | 82 | 28.0% | 0.8 | 38 | 17.3% | 0.4 | 0 | 0.0% | 0.0 |
| Pending | | | | 0 | 0.0% | 0 | 68 | 30.9% | 0.7 | 17 | 94.4% | 0.2 |
| TOTAL | 240 | 100.0% | 2.1 | 293 | 100.0% | 2.8 | 220 | 100.0% | 2.5 | 18 | 100.0% | 0.0 |

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

4. Count of Subcontractor Incidents per Level of Care

| | FY 19-20 | | FY 20-21 | | FY 21-22 | | FY 22-23 | |
|---------------------------------|------------|---------------|------------|---------------|------------|---------------|-----------|---------------|
| | Count | % | Count | % | Count | % | Count | % |
| Care Coordination | 5 | 0.8% | 6 | 0.9% | 3 | 0.5% | 1 | 2.2% |
| Case Management | 30 | 4.9% | 53 | 8.4% | 38 | 6.7% | 2 | 4.3% |
| CAT Team | 0 | 0.0% | 2 | 0.3% | 8 | 1.4% | 1 | 2.2% |
| Crisis Stabilization Unit | 97 | 15.8% | 103 | 16.3% | 102 | 18.0% | 9 | 19.6% |
| Detox | 16 | 2.6% | 23 | 3.6% | 28 | 4.9% | 4 | 8.7% |
| Drop-In/Mental Health Clubhouse | 13 | 2.1% | 8 | 1.3% | 9 | 1.6% | 1 | 2.2% |
| FACT/Forensic | 64 | 10.5% | 57 | 9.0% | 40 | 7.0% | 5 | 10.9% |
| FIT/FIS | 1 | 0.2% | 2 | 0.3% | 2 | 0.4% | 0 | 0.0% |
| Medical Services | 10 | 1.6% | 3 | 0.5% | 9 | 1.6% | 0 | 0.0% |
| Methadone | 13 | 2.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Outpatient | 137 | 22.4% | 149 | 23.5% | 119 | 21.0% | 5 | 10.9% |
| Residential | 144 | 23.5% | 125 | 19.7% | 109 | 19.2% | 9 | 19.6% |
| SIPP/Therapeutic Group Home | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Supported Employment/Housing | 12 | 2.0% | 22 | 3.5% | 37 | 6.5% | 3 | 6.5% |
| Not Applicable | 37 | 6.0% | 44 | 7.0% | 21 | 3.7% | 2 | 4.3% |
| Other | 33 | 5.4% | 36 | 5.7% | 43 | 7.6% | 4 | 8.7% |
| TOTAL | 612 | 100.0% | 633 | 100.0% | 568 | 100.0% | 46 | 100.0% |

5. Subcontractor Incident Rates per 1000 Served

| | FY 19-20 | | FY 20-21 | | FY 21-22 | | FY 22-23 | |
|------------------------------------|------------|---------------|------------|---------------|------------|---------------|-----------|----------------|
| | 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 | 11 | 0.1 | 10 | 0.1 | 15 | 0.2 | 1 | 0.0 |
| Client Death | 240 | 2.1 | 293 | 3.0 | 220 | 2.5 | 18 | 0.0 |
| Media Event | 9 | 0.1 | 7 | 0.1 | 9 | 0.1 | 0 | 0.0 |
| Sexual Abuse/Battery | 16 | 0.1 | 11 | 0.1 | 9 | 0.1 | 2 | 0.0 |
| 24-Hour (RL6) Notification | | | | | | | | |
| Child Arrest | 1 | 0.0 | 3 | 0.0 | 1 | 0.0 | 0 | 0.0 |
| Elopement | 105 | 0.9 | 93 | 0.9 | 73 | 0.8 | 7 | 0.0 |
| Employee Arrest | 6 | 0.1 | 11 | 0.1 | 8 | 0.1 | 1 | 0.0 |
| Employee Misconduct | 30 | 0.3 | 35 | 0.4 | 27 | 0.3 | 2 | 0.0 |
| Missing Child | 5 | 0.0 | 3 | 0.0 | 3 | 0.0 | 0 | 0.0 |
| Security Incident - Unintentional | 0 | 0.0 | 2 | 0.0 | 3 | 0.0 | 0 | 0.0 |
| Significant Injury to Client | 19 | 0.2 | 18 | 0.2 | 20 | 0.2 | 3 | 0.0 |
| Significant Injury to Staff | 11 | 0.1 | 9 | 0.1 | 2 | 0.0 | 0 | 0.0 |
| Suicide Attempt | 42 | 0.4 | 52 | 0.5 | 42 | 0.5 | 3 | 0.0 |
| Other: | | | | | | | | |
| Admission/Assess Emergencies | | | 8 | 0.1 | 15 | 0.2 | 3 | 0.0 |
| Biological/Chemical Threat | 1 | 0.0 | 1 | 0.0 | 2 | 0.0 | 0 | 0.0 |
| COVID-19 (Reported to DCF) | 94 | 0.8 | 30 | 0.3 | 35 | 0.4 | 0 | 0.0 |
| Human Acts | 1 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Vandalism/Theft/Damage/Fire | 4 | 0.0 | 1 | 0.0 | 1 | 0.0 | 1 | 0.0 |
| Visitor Injury or Death | 0 | 0.0 | 1 | 0.0 | 2 | 0.0 | 0 | 0.0 |
| No Other Category | 17 | 0.1 | 45 | 0.5 | 81 | 0.9 | 5 | 0.0 |
| TOTAL | 612 | 5.4 | 633 | 6.4 | 568 | 6.6 | 46 | 0.0 |

*The 'Rate per 1000 Served' has been calculated on the data available at the time this report was compiled.

6. File Reviews - MONTHLY Summary

| | July 2022 | Aug 2022 | Sept 2022 | Oct 2022 | Nov 2022 | Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | June 2023 |
|--|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| File Reviews Carried over from Previous Period | 2 | | | | | | | | | | | |
| New Files Referred for Review | 0 | | | | | | | | | | | |
| FILES FOR REVIEW | 2 | | | | | | | | | | | |
| Full File Review Not Required | 0 | | | | | | | | | | | |
| Unable to Complete* | 0 | | | | | | | | | | | |
| File Reviews Completed | 0 | | | | | | | | | | | |
| FILE REVIEWS IN PROGRESS | 2 | | | | | | | | | | | |

* 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 19-20 | FY 20-21 | FY 21-22 | FY 22-23 |
|---|-------------|-------------|-------------|-------------|
| File Reviews Carried over from Previous Period | 5 | 5 | 3 | 2 |
| New Files Referred for Review | 43 | 22 | 17 | 0 |
| FILES FOR REVIEW | 48 | 27 | 20 | 2 |
| Full File Review Not Required | 16 | 9 | 2 | 0 |
| Unable to Complete | 6 | 1 | 15* | 0 |
| File Reviews Completed | 21 | 14 | 1 | 0 |
| FILE REVIEWS IN PROGRESS | 5 | 3 | 2 | 2 |

* In FY 21-22, this total includes reviews that were: (a) Unable to be completed as a result of services funded by a source other than CFBHN; and (b) Removed from the 'file review' list due to limited staff capacity.

8. File Reviews - ANNUAL RESULT Summary

| File Reviews that Resulted in: | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 |
|--------------------------------|-------------|-------------|-------------|-------------|
| Observations | 7 | 11 | 1 | 0 |
| Corrective Action | 0 | 0 | 0 | 0 |

9. CFBHN Internal incidents and Events Summary (as of 7/31/2022)

| INCIDENTS | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 | | | | |
|--------------------------------|-------------|-------------|-------------|-----------|----------|----------|----------|-----------|
| | | | | Q1 | Q2 | Q3 | Q4 | TOTAL |
| Alarm issues | 0 | 0 | 0 | | | | | 0 |
| Building Security | 0 | 0 | 0 | | | | | 0 |
| Computer Security | 8 | 2 | 1 | | | | | 0 |
| Data Security | | | | | | | | |
| Unsecured FROM CFBHN | 5 | 13 | 21 | 1 | | | | 1 |
| Unsecured TO CFBHN | 33 | 54 | 101 | 10 | | | | 10 |
| Other | 8 | 9 | 2 | | | | | 0 |
| Equipment Malfunction/Failure | 5 | 0 | 1 | | | | | 0 |
| Facility Issues | 3 | 0 | 1 | | | | | 0 |
| Infection Control | 0 | 0 | 0 | | | | | 0 |
| Media | 1 | 0 | 0 | | | | | 0 |
| Medical Emergency/Injury/Death | 0 | 0 | 0 | | | | | 0 |
| Property Damage | 1 | 0 | 0 | | | | | 0 |
| Threat to Safety | 0 | 0 | 0 | | | | | 0 |
| Utility Failure | | | | | | | | |
| Electrical | 1 | 0 | 1 | | | | | 0 |
| Heating/AC | 0 | 1 | 1 | | | | | 0 |
| Internet | 1 | 0 | 0 | 1 | | | | 1 |
| Telephone | 0 | 0 | 0 | | | | | 0 |
| Water/Plumbing | 0 | 0 | 0 | | | | | 0 |
| Other | 2 | 2 | 5 | 1 | | | | 1 |
| TOTAL | 68 | 81 | 134 | 13 | 0 | 0 | 0 | 13 |

| EVENTS | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 | | | | |
|------------------------|-------------|-------------|-------------|----------|----------|----------|----------|----------|
| | | | | Q1 | Q2 | Q3 | Q4 | TOTAL |
| Call to Abuse Registry | 1 | 1 | 2 | | | | | 0 |
| Legal Notice | 6 | 0 | 0 | | | | | 0 |
| Media Request | 0 | 0 | 0 | | | | | 0 |
| Public Records Request | 9 | 10 | 15 | 1 | | | | 1 |
| Report to Licensing | 0 | 0 | 0 | | | | | 0 |
| Report to OIG | 36 | 40 | 33 | 3 | | | | 3 |
| Wellness Check Request | 0 | 1 | 1 | | | | | 0 |
| Other | 0 | 1 | 11 | 2 | | | | 2 |
| TOTAL | 52 | 53 | 62 | 6 | 0 | 0 | 0 | 6 |