

2010 – 2011 Annual Report

"Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life."

Looking back on the previous year, I am moved by the work that has been completed as Central Florida Behavioral Health Network assumed responsibility of the SunCoast Region as Florida's first Managing Entity for substance abuse and mental health services. Managing Entities are designed to be cost-conscious integrators of high quality behavioral and whole health systems and we have developed and used technology and innovation during the course of the past year to enhance individual lives and create solutions for the communities we serve. Our culture inspires innovation, excellence and compassionate care and fosters collaboration - between individuals, teams, programs, partners, governments and others - to ensure new knowledge and care solutions can be applied as widely and effectively as possible. More and more, these solutions rely upon integration of diverse services, expertise, programs and processes to ensure consumers get the right care, in the right place at the right time. In this community report, we highlight only a small portion of the contributions and successes over the past year. Importantly, we worked closer than ever with our key partners, the Department of Children & Families and the Juvenile Welfare Board, to deliver high-quality services, improve care quality and outcomes, reduce costs, and find efficiencies through innovation and administrative cost reductions. Looking towards the future we will continue working to improve access to care, provide the most effective and cost efficient integrated treatment solutions available and support use of Evidenced Based Practices. Thank you to the Department of Children & Families, the Juvenile Welfare Board and our network of provider organizations for helping individuals and families in their quest for wellness and recovery.

Linda McKinnon

CEO

Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.











Seamless Transition

On July 1, 2010, Central Florida Behavioral Health Network assumed responsibility of the Department of Children & Families substance abuse and mental health funded services for the SunCoast Region. Transition to the Managing Entity occurred without disruption to the established safety net provider network and ensured continuity of care for individuals that rely on publically funded services. Contracting with fifty-two providers in eleven counties from Pasco to Lee, CFBHN served over 105,000 individuals in the previous year with a full array of services. Services included acute care, residential treatment, housing, medical, outpatient and recovery support. Substance abuse prevention services are provided to over 40,000 at risk children.

CFBHN Culture

What CFBHN has developed in a short period of time is truly phenomenal. It is true that an organization that serves people needs to recruit, develop and retain employees who are exceptional. CFBHN employees are just that. They challenge themselves and each other daily to be truly innovative in seeking breakthrough solutions. Their creativity is tapped in a variety of ways and their marked agility enables them to adjust rapidly and quickly produce results. They are insatiably curious and embrace possibilities. CFBHN has become a learning environment incubator where benchmarking is de rigueur and knowledge is continually shared – both individuals and the organization benefit from this curiosity. Above all, CFBHN employees hold themselves and our partners accountable for being the best stewards of public funds and maximizing production results.

Guiding Principles

As CFBHN moves forward to accomplish its mission there is a genuine commitment to understand the uniqueness of every community we serve. In doing so we foster collaboratives that focus on common goals and provides respect for each partner's valued leadership in their community.

These partnerships will become the bedrock to implement standards of care that are based on Evidenced Based Practice and will take integration with healthcare systems to the next level. We know that whole health and wellness is essential for individuals and systems. Being on the forefront of anticipating future needs with health care reform is a challenge we also embrace. Finally, we are committed to using the power of technology to drive decision making and help us become the most advanced, efficient and effective system of care.

Juvenile Welfare Board (JWB)

In 2008 CFBHN contracted with the Pinellas Juvenile Welfare Board (JWB) to develop and manage a Family System of Care for Pinellas County. This innovative contract provides families access to supportive services through a service pool of dollars. The program was initially a therapeutic model but is now moving towards becoming more of a "prevention anchored in the community" model. The Information & Referral Hotline – 211 is currently the front door for Pinellas County families to call in and be screened for services. Some families are then scheduled for assessments and receive case management/navigation by PEMHS staff. These staff provide linkage and referral to coordinated services that will best meet the family's needs. CFBHN provides utilization review of all services.

Innovation... The Next Phase

This past year CFBHN invested over \$100,000 in targeted training for Evidenced Based Practices including development of Peer Services for individuals and families, Co-occurring Disorders Treatment, and Trauma Informed and Recovery Oriented Care. Our goal to improve access to care will occur through improved communications, streamlined and standardized admissions criteria and improved discharge planning. With our ability to do sophisticated data mining, we have found that 80% of all individuals served successfully in the system of care cost less than \$5,000. However, the remaining 20% struggle to cope with the most severe mental and physical illnesses and are not as successful in achieving

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recovery. It is imperative we address these high cost utilizers and find more integrated and comprehensive ways to meet their needs at a more sustainable cost to the system.

One of the biggest "stressors" of the current system – forensic involved individuals – needs to be addressed as well. We are seeing increasing numbers of priority admissions from prisons; 270 in the first quarter of 2011 compared to 208 in the same period the prior year.

However, there is good news for families on a variety of fronts. This area was just awarded a System of Care grant to begin the process of identifying key elements required for a truly groundbreaking initiative in total family care. CFBHN staff were instrumental in supporting this collaborative initiative and will remain engaged in the process as this grant award is implemented.

Fiscal accountability is key to all public service, especially in these times. Administrative cost reduction is always front and center. This past year CFBHN used administrative cost savings in excess of \$550,000 to invest into the system of care. Not only are we scrutinizing everything we do for cost savings we are also exploring volume purchasing opportunities that will benefit our contracted provider organizations.

Finally Governance is an important element in providing prudent oversight, guidance and community ownership. Our governance structure is built around consumers, engaged community part-

ners as well as stakeholders who serve in a wide variety of key leadership positions in their communities.

Community Consortiums bring another important voice to the conversation and Community

Coalitions pinpoint local needs to reduce substance

use and abuse.



Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Dr. Robert Nixon, President

Strategic Planning and Solutions Professor Emeritus USF Tampa

Craig Latimer, President Elect/Treasurer

Retired Major Hillsborough County Sheriff's Office Chief of Staff Hillsborough County Supervisor of Elections

Nancy Hamilton, Past President

CEO Operation PAR

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas County

Community & Stakeholder Directors

Circuit 6 Pinellas & Pasco Counties

Paula O'Neil, Clerk of Courts Pasco County Gary MacMath, CEO Boley Centers, Regional Council Chair Circuit 6

Circuit 10 Polk, Highlands & Hardee Counties

Gaye Williams, CEO Central Florida Health Care (FQHC)
Susan Benton, Sheriff Highlands County
Robert Rihn, CEO Tri-County Human Services,
Regional Council Chair Circuit 10
Kathy Hayes, Division Director Winter Haven Hospital,
Behavioral Health Division, Private Receiving Facility Circuit 10

Circuit 12 Desoto, Manatee & Sarasota Counties

Ed McBride, Senior Vice President Sarasota YMCA Mary Ruiz, CEO Manatee Glens, Regional Council Chair Circuit 12

Circuit 13 Hillsborough County

Richard Brown, CEO Agency for Community Treatment Services
April Dean, Local Outreach Director Grace Family Church
Walter Niles, Director Health Equity Office,
Hillsborough County Health Department
Brian Rushing, Youth Community Director
Dr. Alvin Wolfe, Distinguished Professor Emeritus
USF Department of Anthropology
Mary Lynn Ulrey, CEO Drug Abuse Comprehensive Coordinating Office,
Regional Council Chair Circuit 13

Circuit 20 Charlotte, Collier, Glades, Hendry, & Lee Counties

Ann Arnall, Director Lee County Human Services
Jon Embury, Court Operations Manager Charlotte County Clerk of Courts
Kevin Lewis, Executive Director Southwest Florida Addictions Services,
Regional Council Chair Circuit 20



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Healing through Art...The Project Return Story

Sandra B. and Loren G. claim their usual work space each morning. They met a few months ago when Loren became a member at the Project Return Center for people experiencing mental illness. Sandra has been attending art classes for many years so she knows her way around the art supply room. Depending on her mood, she may pull out an unfinished painting or settle down with a basket of colorfully pattern material scraps for a needle work appliqué project. Their styles couldn't be more different: Loren cautiously outlines the figure of a cowboy breaking in a horse, careful to follow the exact contour of the figure, while Sandra loads her brush up with paint and applies with a flourish.

"I never knew I had this talent, until I came to Project Return," Loren says. He has found his passion. Whimsical figure drawings attest to his natural ability for delicate and precise detail, however, he hesitates when it comes to color. "That is something I am working on – getting over my fear of making an irreversible mistake." Sandra is teaching him to treat each attempt as part of a learning process. "Mistakes are part of the process" she says, "Don't let fear of failure stop you from trying to create something beautiful or interesting."



"House in the Village" by Luzaldo C



Tommy D. in front of his painting "The Stilling of the Storm."

Visitors at the Central Florida Behavioral Health Network's Tampa offices can see an exhibit of paintings by Project Return artists that is impressive in variety and skill level. Traditional landscapes, expressive abstract compositions and skilled figurative studies line their hallways and serve as reminders of the positive impact art can have in the daily lives of those who make it and those who simply enjoy it.

Many artists work at Project Return and on any given day you might see fifteen to twenty. Instruction is tailored to individual styles, skill levels and expectations and artists learn not only how to express themselves, but how to care for and maintain materials. Responsibility and ownership develops naturally and abilities are given a chance to develop in a completely relaxed and non-threatening atmosphere.

Art instructor, Michelle Barron, encourages members to treat the program as a resource, not as a fixed study course. "The minute someone picks up a piece of charcoal and begins to experiment with line and

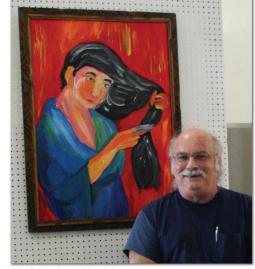
shape on a piece of newsprint, they are beginning to engage with something outside themselves in an active, creative and positive way," she says. In the process, friendships develop and often a sense of identity is fostered. Artists do not refer to their art as "therapy" - it is a way of life. Artists busily gather materials, set up their work spaces, peruse the art library for inspiring reproductions and then get to work. Michelle works her way from table to table, advising Loren on color choices, helping a young woman thread a beading needle, or checking on a table busily making holiday decorations.

Artwork is displayed in the Lobby Gallery as well as other public spaces and can be purchased at various locations throughout Tampa Bay. Proceeds benefit individual artists and the program and every May, in celebration of Mental Health Month, they host an annual open house.



Loren G. and Sandra B. with Loren's painting.

Several artists have also been featured in one person shows. John B. participated in the Princeton University Medical Center annual juried art show for people with disabilities and has received numerous awards. Tommy D. is represented through a north Georgia art gallery and is currently featured in "Outsider



John B. in lobby with his painting.

Art Inside the Beltway," a juried show coordinated through Art Enables in the Washington D.C. area. Several times artists have been commissioned to create special pieces. In 2008 they created Community Service Awards presented at the annual Disability Awareness Expo at the Museum of Science and Industry. In 2009, Norman M. created the City of Tampa's Disabled Employee Award of the Year. His wooden sculpture incorporated a variety of textures created through wood burning and mixed media. He designed the piece specifically for the award recipient who is visually impaired.

"I look forward to painting each day when I get up," Sandra says. "And now Loren and I look forward to it together." Meaningful activity in a relaxed setting helps build a sense of identity, purpose and belonging. These artists celebrate and support each other and in doing so, they celebrate life. □



Bridging Gaps with Management Solutions

Business Development & Marketing

Rebranding of CFBHN across all communication vehicles to support education and outreach.

Engaged community stakeholders and partners in federal and state grant applications.

Developed group discount programs to reduce subcontractor costs.

Developed Administrative Cost Ratio Methodology to track administrative cost efficiencies for the network.

Financial Management

Transitioned to fully automated accounting system. Benefits include administrative efficiencies, error reduction and ability to tie to individual.

Trained all provider sub-contractors on electronic invoice submission.

Brought into alignment all reporting requirements.

Network Development & Clinical Services

Implementation of uniform SIPP admission and discharge processes reduced overall admissions.

Prevention Coalitions were established in ten SunCoast Region communities.

The SARG Process is fully funded and brings a targeted focus on how to meet unique community needs for substance abuse reduction.

CFBHN is well positioned to maximize BNet funds. Total families served have increased 5% over previous year.

FACT focused on graduation concept and new admissions. Over 100 new admissions and 112 discharges have occurred this past year.

Consumer & Family Affairs

Provided certification preparation training for almost 40 family and adult peer specialists with the goal to improve access and service delivery outcomes.

Used ROSI (Recovery Oriented Systems Indicator) survey tool with almost 200 consumers to pinpoint needs. Results will be used to guide system development and improve service delivery.

Established NAMI support groups and hosted region wide community education courses.

Information Management

Grew infrastructure to meet increased demands. Multiple upgrades allows for increased security and functionality including mobile device management.

SharePoint web access now serves over 300 internal and external users providing a multitude of instance access reporting capabilities.

Quality Improvement

A number of reporting and data access instruments have been developed and launched to streamline communications.

Adoption of Milliman Continued Stay Guidelines will pinpoint appropriate clinical steps to develop alternatives to high cost, "deep end" services.

The NIATx protocol was adopted to lead rapid cycle improvement change processes throughout the system of care.



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