



Performance Report for the Renewal of
Contract No. QD1A9

Central Florida Behavioral Health Network, Inc.

Florida Department of Children and Families
Office of Substance Abuse and Mental Health

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I. Executive Summary

Section 287.057(14), Florida Statutes, requires state agencies to submit a written report concerning contract performance 90 days before renewing "... a contract for the outsourcing of a service or activity that has an original term value exceeding the sum of \$5 million ..."

Accordingly, the Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH), submits this report prior to the renewal of contract QD1A9 between the Department and Central Florida Behavioral Health Network, Inc. (CFBHN), the Managing Entity (ME).

CFBHN has a contract with the Department as an ME and is responsible for the development, implementation, administration, and monitoring of the behavioral health Safety Net that provides a comprehensive array of behavioral health services to individuals pursuant to section 394.674, Florida Statutes. As authorized in section 394.9082, Florida Statutes, contract QD1A9 requires the ME to subcontract with qualified, direct service, community-based network providers that deliver services for adults and children with behavioral health issues in the counties of Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

The Department executed contract QD1A9 on June 30, 2010 for five years and renewed the contract in June 2015 for another five years. Pursuant to section 394.9082(4)(j), Florida Statutes, "By June 30, 2019, if all other contract requirements and performance standards are met and the department determines that a managing entity under contract as of July 1, 2016, has received network accreditation pursuant to subsection (6), the department may continue its contract with the managing entity for up to, but not exceeding, 5 years, including any and all renewals and extensions. Thereafter, the Department must issue a competitive solicitation pursuant to paragraph (b)." The Department renewed the contract in June 2020, for three years through June 2023.

CFBHN has maintained accreditation as a Network through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF conducted its latest on-site visit to CFBHN in August 2022 and renewed the Network's accreditation through June 30, 2025.

SAMH has reviewed CFBHN's contract performance during the term of the contract, including analysis of legislatively mandated performance measures, the results of contract monitoring, and related compliance and performance issues and determined that CFBHN's performance is satisfactory; therefore, the Department intends to renew the contract for a one year term, effective July 1, 2023 through June 30, 2024. The renewal contract will retain the agency identifier number of QD1A9.

II. Performance Measure Evaluation

CFBHN previously reported monthly legislatively mandated performance measures to the Department's SAMH Data Warehouse. CFBHN also submitted monthly and quarterly reports to the Department detailing activities related to performance and outcome measures² specified in the contract. After approval by the Florida Legislature, the Department replaced the existing system with Financial and Services Accountability Management System (FASAMS) in January 2019 with enhancements in Version 14¹ in July 2021. Since FASAMS launched in 2019, for overall data quality, MEs continue to work collaboratively with the Department to improve the accuracy of data captured and reported.

Based on the results of CFBHN's performance evaluation, the Department determined that CFBHN has delivered satisfactory performance for most measures under contract QD1A9 during the current contract term. For the measures where CFBHN fell below satisfactory performance, various efforts and initiatives were implemented to improve overall performance and meet targets through a collaborative partnership with SAMH. **Table 1, Summary of Managing Entity Performance Results**, provides a summary of the performance results for the last three fiscal years. Performance data from previous fiscal years are available in the previous renewal performance reports.

Fiscal Year (FY)	Number of Performance Measures	Number of Performance Measures Met	Performance Measures Met
2019-2020	18	17	94%
2020-2021	18	18	100%
2021-2022	18	13	72%

¹ Data from FY 2019-2020 and FY 2020-2021 are taken from CFBHN's final fiscal year Progress Reports, Template 11.

FY 2021-2022 data are generated from FASAMS. Data prior to FASAMS Version 14 are not available through FASAMS.

² Contract QD1A9 is contractual obligated to meet 18 Performance Measures.

Adult Mental Health

CFBHN provides adult mental health services to individuals who are 18 years or older and in crisis; have serious, disabling or potentially disabling mental illnesses; who live in the community and cannot otherwise access mental health care; and certain people with serious mental illnesses who become involved with the criminal justice system.

- **Average Annual Days Worked for Pay for Adults with Severe and Persistent Mental Illness (MH003)**

A day of work is defined as any time within a calendar day that results in taxable income, whether such income is reported to the tax authorities. Increased employment is an indication of a person's ability to live independently. The measure does not consider adults who are in school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	40	38	95
2020-2021	40	38	99
2021-2022	40	38	101

- Percent of Adults with Serious Mental Illness who are Competitively Employed (MH703)**

This measure captures the success of individuals who are competitively employed. Competitively employed is defined as a person whose employment status is full- or part-time any time during the fiscal year.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	24%	22.80%	43.95%
2020-2021	24%	22.80%	45.19%
2021-2022	24%	22.80%	43.00%

- Percent of Adults with Severe and Persistent Mental Illnesses who live in Stable Housing Environment (MH742)**

This measure captures the success of consumers who live independently with mental illness and function as productive members of the community. Stable housing environments include living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to living in an institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or experiencing homelessness.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	90%	85.50%	95.39%
2020-2021	90%	85.50%	95.79%
2021-2022	90%	85.50%	96.00%

- Percent of Adults in Forensic Involvement who live in Stable Housing Environment (MH743)**

This measure captures the success of individuals whose legal status indicates forensic involvement. Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to living in an institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or experiencing homelessness.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	67%	63.70%	60.84%
2020-2021	67%	63.70%	71.82%
2021-2022	67%	63.70%	94.00%

- **Percent of Adults in Mental Health Crisis who live in Stable Housing Environment (MH744)**

This measure captures the success of consumers in mental health crisis who live independently with mental illness and function as productive members of their communities. Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents instead of living in institutional settings, residential care, residential treatment facilities, crisis residences, jails, correctional facilities, or experiencing homelessness. This measure excludes those individuals with severe and persistent mental illness and those who have forensic involvement.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	86%	81.70%	92.30%
2020-2021	86%	81.70%	89.62%
2021-2022	86%	81.70%	91.00%

Adult Substance Abuse

Adults receive substance abuse services through a community-based provider system that offers detoxification, treatment, and recovery support to individuals affected by substance misuse, abuse, or dependence.

- **Percent Change in Individuals who are Employed from Admission to Discharge (SA753)**

This measure captures the percent change in adults 18 years old and over receiving substance abuse services who are employed from admission to discharge. Employed is defined as part-time or full-time employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax; however, welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	10%	9.50%	34.39%
2020-2021	10%	9.50%	33.81%
2021-2022	10%	9.50%	7.00%

- **Percent Change in the Number of Adults Arrested 30 Days Prior to Admission Versus 30 Days Prior to Discharge (SA754)**

This measure evaluates the extent to which treatment facilities reduce subsequent criminal activity. Having an arrest means the individual was arrested and booked at least once during the last 30 days before the person's admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	15%	15.70%	-78.50%*
2020-2021	15%	15.70%	-71.76%*
2021-2022	15%	14.30%	-5.00%*

*Target met if $\leq 15\%$. If fewer arrests exist at discharge, arrests at discharge minus arrests at admission divided by the total produces a negative number.

- **Percent of Adults who Successfully Complete Substance Abuse Treatment (SA755)**

This measure captures the successful completion of treatment for those individuals who received services in any treatment cost centers and whose frequency of use for a declared drug is 'no past use' in the last 30 days.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	51%	48.50%	55.10%
2020-2021	51%	48.50%	56.94%
2021-2022	51%	48.50%	46.00%

- **Percent of Adults with Substance Abuse who live in a Stable Housing Environment at the Time of Discharge (SA756)**

This measure captures the success of individuals who live independently with substance abuse problems and function as productive members of the community. A stable housing environment includes the following residential statuses: independent living; dependent living; and other residential settings. The individual's residential status code at the time of discharge is used to determine if the person lives in a stable housing environment.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	94%	89.30%	95.99%
2020-2021	94%	89.30%	96.44%
2021-2022	94%	89.30%	79.00%

Children's Mental Health

Provider partners serve children under age 18, or in some cases, individuals aged 18-21 with emotional disturbance, serious emotional disturbance, or those that are at-risk of having a potentially serious emotional disturbance. Services include, but are not limited to, in-home and community-based outpatient services, crisis services, residential treatment. This includes psychiatric residential treatment facilities, therapeutic foster care and therapeutic group homes provided through joint Medicaid and Mental Health Program contracts with behavioral health MEs and providers, and coordination and management of the Juvenile Incompetent to Proceed (JITP) program.

- **Percent of School Days Seriously Emotionally Disturbed (SED) Children Attended (MH012)**

School days attended means the days on which a child's school was in session and the child attended school. School attendance is a strong indicator of a child's future self-sufficiency and is an important aspect of overall functioning.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	86%	81.70%	91.79%
2020-2021	86%	81.70%	91.94%
2021-2022	86%	81.70%	92.00%

- Percent of Children with Emotional Disturbances (ED) who Improve their Level of Functioning (MH377)**

This measure captures the percentage of children with ED who improved their level of functioning. Improved functioning means that the current level of functioning is better than the level previously measured.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	64%	60.80%	91.59%
2020-2021	64%	60.80%	91.05%
2021-2022	64%	60.80%	26.00%

- Percent of Children with SED who Improve their Level of Functioning (MH378)**

This measure captures the percentage of children with SED who improved their level of functioning. Improved functioning means that the current level of functioning is better than the level previously measured.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	65%	61.80%	82.26%
2020-2021	65%	61.80%	80.33%
2021-2022	65%	61.80%	38.00%

- Percent of Children with ED who live in a Stable Housing Environment (MH778)**

This measure captures the success of children with ED who live independently with mental illness and function as productive members of the community. Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents instead of in institutional settings, residential care units, residential treatment facilities, crisis residences, jails, correctional facilities, or experiencing homelessness.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	95%	90.30%	99.52%
2020-2021	95%	90.30%	99.68%
2021-2022	95%	90.30%	100.00%

- Percent of Children with SED who live in a Stable Housing Environment (MH779)**

This measure captures the success of children with SED who live independently with mental illness and function as productive members of the community. Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents instead of institutional settings,

residential care units, residential treatment facility facilities, crisis residences, jails, correctional facilities, or experiencing homelessness.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	93%	88.40%	99.23%
2020-2021	93%	88.40%	99.37%
2021-2022	93%	88.40%	100.00%

- Percent of Children at risk of ED who live in a Stable Housing Environment (MH780)**

This measure captures the percentage of children at-risk of ED who live in a stable housing environment, as defined above.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	96%	91.20%	100.00%
2020-2021	96%	91.20%	100.00%
2021-2022	96%	91.20%	100.00%

Children’s Substance Abuse

CFBHN provides substance abuse services to children through a community-based provider system that offers detoxification, treatment, and recovery support to individuals affected by substance misuse, abuse, or dependence.

- Percent of Children who Successfully Complete Substance Abuse Treatment (SA725)**

This measure captures the percent of successful completion of treatment for those individuals who received services in any treatment cost centers and whose frequency of use for a declared drug is ‘no past use’ in the last 30 days.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	48%	45.60%	68.99%
2020-2021	48%	45.60%	72.04%
2021-2022	48%	45.60%	72.00%

- Percent change in the Number of Children Arrested 30 days Prior to Admission Versus 30 days Prior to Discharge (SA751)**

This measure evaluates the extent to which treatment facilitates reduced criminal activity. Having an arrest means the individual was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency. Actual Performance of a zero or a negative number reflects decreases in arrests.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	20%	21.00%	-91.83%*
2020-2021	20%	21.00%	-87.50%*
2021-2022	20%	19.00%	0.00%

*Target met if $\leq 20\%$. If fewer arrests exist at discharge, arrests at discharge minus arrests at admission divided by the total produces a negative number.

- Percent of Children with Substance Abuse who live in a Stable Housing Environment at the Time of Discharge (SA752)**

This measure captures the success of children with substance abuse problems who live in a stable housing environment at the time of discharge and function as productive members of the community. Stable housing environment includes the following residential statuses: independent living, dependent living, and other residential settings.

Fiscal Year	Annual Target	Minimum Target	Actual Performance
2019-2020	93%	88.40%	99.89%
2020-2021	93%	88.40%	99.56%
2021-2022	93%	88.40%	100.00%

III. Service Array

Table 2, Service Array, details the comprehensive array of services that CFBHN manages through 55 Department-funded Network Service Providers (NSPs) in the SunCoast and Circuit 10 Regions.

Table 2: Service Array		
NSPs		*Programs and Services
Charlotte County, Circuit 20		
1	Charlotte Alliance for a Safe and Drug Free Community, Inc d/b/a Drug Free Charlotte County	ASA, CSA: Information and Referral, Selective Prevention, Universal Indirect Prevention, Universal Direct Prevention, and Indicated Prevention.
2	Charlotte Behavioral Health Care, Inc.	AMH, ASA, CMH, CSA: Residential Level IV, FACT Team, Network Evaluation & Development, Incidental Expenses, Outreach, Outpatient – Individual, Medical Services, Drop-In/Self-Help Centers, Crisis Support/Emergency, Crisis Stabilization, Case Management, Outpatient – Group, 24 - Substance Abuse Inpatient Detoxification, FIT Team, Intervention – Group, Network Evaluation & Development, Intervention – Individual, Recovery Support – Individual, Residential Level I, CAT, BNet, Incidental Expenses, and Assessment.
3	The Center for Progress and Excellence, Inc.	AMH, CMH: Assessment, Case Management, Outpatient - Individual, Medical Services, Intervention - Individual, Crisis Support/Emergency, and Start-Up Cost Reimbursement.
Collier County, Circuit 20		
4	David Lawrence Mental Health Center, Inc.	AMH, ASA, CMH, CSA: Medical Services, Outpatient – Individual, FACT Team, Start-Up Cost Reimbursement, Outpatient – Group, Incidental Expenses, Assessment, Intervention – Individual, Crisis Support/Emergency, Crisis Stabilization, Case Management, Outreach, Other Bundled Projects, Universal Indirect Prevention, Universal Direct Prevention, Selective Prevention, Indicated Prevention, Recovery Support – Group, Recovery Support – Individual, Substance Abuse Inpatient Detoxification, Residential Level I, Aftercare – Group, CAT, First Episode Team, BNet, and In-Home and On-Site.
5	NAMI of Collier County, Inc.	AMH, CMH: Drop-In/Self-Help Centers, Outreach, Information and Referral, and Self-Directed Care.
6	Substance Abuse Coalition of Collier County, Inc., d/b/a Drug Free Collier	ASA, CSA: Information and Referral and Universal Indirect Prevention.
Desoto County, Circuit 12		
7	Drug Free Desoto Coalition, Inc.	ASA, CSA: Information and Referral and Universal Indirect Prevention.
8	Hanley Center Foundation, Inc. Serves Desoto, Highlands, Hardee, Collier, Manatee, and Lee Counties through the Prevention Partner Grant.	ASA, CSA: Indicated Prevention, Selective Prevention, Universal Direct Prevention, and Universal Indirect Prevention.
Glades County, Circuit 20		
9	Glades County School District	CMH: Assessment, Outreach, Outpatient - Individual, Case Management, and Crisis Support/Emergency.
Hardee County, Circuit 10		
10	Drug Free Hardee, Inc.	ASA, CSA: Universal Indirect Prevention and Information and Referral.
11	IMPOWER, Inc.	AMH, ASA, CMH, CSA: Case Management, Start-Up Cost Reimbursement, Incidental Expenses, Medical Services, Assessment, Outpatient – Individual, and Outpatient – Group.
Hillsborough County, Circuit 13		
12	Agency for Community Treatment Services, Inc.	AMH, ASA, CMH, CSA: Aftercare - Individual, Other Bundled Projects, Local Diversion Forensic Project, Room and Board with Supervision Level III, Incidental Expenses, Residential Level II, Residential Level III, Medical Services, Drop-In/Self-Help Centers, Mental Health Clubhouse Services, Other Bundled Projects, Federal Project Grant, Recovery Support - Group, Recovery Support - Individual, Aftercare - Group, Intervention - Individual, Substance Abuse Inpatient Detoxification, Outreach, Outpatient - Individual, Outpatient - Group, and Universal Direct Prevention.
13	C.E. Mendez Foundation	CSA: Universal Direct Prevention
14	Cove Behavioral Health, Inc.	AMH, ASA, CSA: Outreach, Intervention – Group, Residential Level II, Medical Services, Intervention – Individual, Day Treatment, Case Management, Outpatient – Individual, Incidental Expenses, Start-Up Cost Reimbursement, Recovery Support – Individual, Recovery Support – Group, Universal Indirect Prevention, FIT Team, Network Evaluation and Development, Room and Board with Supervision Level II, Federal Project Grant, Outpatient – Group, Information and Referral, Crisis Support/Emergency, Medication Assisted Treatment, Case Management, Day Treatment, Indicated Prevention, Universal Direct Prevention, and Selective Prevention.
15	Gulf Coast Jewish Family and Community Services, Inc.	AMH, ASA: Residential Level IV, Outpatient - Group, Information and Referral, Room and Board with Supervision Level II, Outpatient - Individual, Medical Services, Case Management, Incidental Expenses, Supported Housing/Living, Universal Indirect Prevention, Outreach, Intervention - Individual, and Selective Prevention.
16	Hillsborough County Anti-Drug Alliance, Inc.	ASA, CSA: Information and Referral and Universal Indirect Prevention.
17	Mental Health Care, Inc. d/b/a Gracepoint	AMH, CMH: Outpatient – Individual, Incidental Expenses, Start-Up Cost Reimbursement, Intervention – Group, Residential Level I, Outreach, Intervention – Individual, Intensive Case Management, Crisis Support/Emergency, Assessment, Crisis Stabilization, Central Receiving System, Case Management, Medical Services, CAT, and BNet.
18	Mental Health Resource Center, Inc.	AMH: Incidental Expenses and FACT Team.

19	Northside Behavioral Health Center, Inc.	AMH, CMH: Information and Referral, Assessment, Start-Up Cost Reimbursement, FACT Team, Network Evaluation & Development, Short-term Residential Treatment, Room and Board with Supervision Level II, Outpatient – Group, Outreach, Outpatient – Individual, Medical Services, Intervention – Individual, Crisis Support/Emergency, Case Management, Crisis Stabilization, and Incidental Expenses.
20	Phoenix Programs of Florida, Inc. d/b/a Phoenix House of Florida	ASA, CSA: Assessment, Case Management, Medical Services, Outpatient - Individual, Outreach, Residential Level II, Outpatient - Group, Network Evaluation & Development, and Start-Up Cost Reimbursement.
21	Project Return, Inc.	AMH: Drop-In/Self-Help Centers and Supported Housing/Living.
22	Success 4 Kids and Families, Inc.	AMH, CMH: Assessment, Case Management, Outpatient - Individual, Federal Project Grant, Start-Up Cost Reimbursement, Other Bundled Projects, In-Home and On-Site, First Episode Team, Information and Referral, Aftercare - Individual, Outreach, Crisis Support/Emergency, and Incidental Expenses.
23	The Crisis Center of Tampa Bay, Inc.	AMH, ASA, CMH: Crisis Support/Emergency, Information and Referral, Federal Project Grant, Start-Up Cost Reimbursement, and Other Bundled Projects.
Lee, Hendry, and Glades Counties, Circuit 20		
24	Community Assisted and Supported Living, Inc. (CASL)	AMH, ASA: Incidental Expenses, Supported Housing/Living, Recovery Support – Individual, Outreach, Start-Up Cost Reimbursement, Drop-In/Self-Help Centers, Case Management, and Residential Level III.
25	Hope Clubhouse of Southwest Florida, Inc.	AMH: Mental Health Clubhouse Services.
26	Lee Memorial Health System d/b/a Lee Health	AMH: Comprehensive Community Service Team - Individual, Outpatient - Group, Outpatient - Individual, Assessment, and Medical Services.
27	NAMI Lee County, Inc.	AMH, CMH: Outreach, Information and Referral, and Self-Directed Care.
28	Operation PAR, Inc.	AMH, ASA, CSA: Incidental Expenses, Information and Referral, Universal Indirect Prevention, Universal Direct Prevention, Selective Prevention, Indicated Prevention, Day Care, Recovery Support – Individual, Intervention – Group, Room and Board with Supervision Level III, Outpatient – Group, Start-Up Cost Reimbursement, Medication Assisted Treatment, Incidental Expenses, Assessment, Crisis Support/Emergency, Intervention – Individual, Outpatient – Individual, Outreach, Residential Level II, Residential Level III, Substance Abuse Inpatient Detoxification, Case Management, and Treatment Alternative for Safer Community.
29	SalusCare, Inc.	AMH, ASA, CMH, CSA: Outpatient – Individual, Outpatient – Group, Incidental Expenses, Outreach, Intervention – Individual, Crisis Support/Emergency, Crisis Stabilization, Case Management, Medical Services, Supported Housing/Living, Network Evaluation & Development, Network Evaluation & Development, Substance Abuse Inpatient Detoxification, Aftercare – Individual, Aftercare – Group, Recovery Support – Group, Start-Up Cost Reimbursement, Recovery Support – Individual, Day Treatment, Case Management, Assessment, Residential Level I, Residential Level II, Residential Level IV, Crisis Support/Emergency, CAT, and In-Home and On-Site.
30	The Coalition for a Drug Free Lee County, Inc.	ASA, CSA: Information and Referral and Universal Indirect Prevention.
31	The Salvation Army	AMH: Residential Level II.
32	Valerie's House, Inc.	CMH: Provider Proviso Projects.
Manatee County, Circuit 12		
33	Centerstone of Florida, Inc.	AMH, ASA, CMH, CSA: Outpatient - Group, Crisis Stabilization, Other Bundled Projects, Provider Proviso Projects, FACT Team, Start-Up Cost Reimbursement, Central Receiving System, Mental Health Clubhouse Services, Incidental Expenses, Day Treatment, Crisis Support/Emergency, Case Management, Intervention - Individual, Medical Services, Outpatient - Individual, Outreach, FIT Team, Universal Direct Prevention, Selective Prevention, Indicated Prevention, Recovery Support - Group, Recovery Support- Individual, Intervention - Group, Federal Project Grant, Substance Abuse Inpatient Detoxification, Residential Level II, CAT, and Universal Indirect Prevention.
34	Manatee County Substance Abuse Prevention Coalition, Inc.	ASA, CSA: Universal Indirect Prevention and Universal Direct .
Pasco County, Circuit 06		
35	Florida Recovery Schools of Tampa Bay, Inc.	CMH: Provider Proviso Projects
36	Veterans Alternative, Inc., Warrior Wellness Program	AMH: Network Evaluation & Development, Start-Up Cost Reimbursement, and Provider Proviso Projects.
37	Youth and Family Alternatives, Inc.	CSA: Universal Indirect Prevention and Selective Prevention.
Pinellas County, Circuit 06		
38	211 Tampa Bay Cares, Inc.	AMH: Information and Referral, Federal Project Grant, Start-Up Cost Reimbursement, Provider Proviso Projects, Other Bundled Projects, and Outreach.

39	Baycare Behavioral Health, Inc.	AMH, ASA, CMH, CSA: Outpatient - Group, Outreach, Provider Proviso Projects, Start-Up Cost Reimbursement, Information and Referral, Incidental Expenses, Supported Housing/Living, Residential Level II, Case Management, Outpatient - Individual, FACT Team, Crisis Stabilization, Assessment, Crisis Support/Emergency, Drop-In/Self-Help Centers, Intervention - Individual, Medical Services, Universal Indirect Prevention, Universal Direct Prevention, Recovery Support - Group, Intervention - Group, Outpatient - Group, FIT Team, Substance Abuse Inpatient Detoxification, and Selective Prevention.
40	Boley Centers, Inc.	AMH: FACT Team, Room and Board with Supervision Level II, Incidental Expenses, Supportive Employment, Outpatient - Individual, Medical Services, Day Treatment, and Supported Housing/Living.
41	Directions for Living	AMH, ASA, CMH, CSA: Case Management, Outpatient – Group, Incidental Expenses, Outreach, Outpatient – Individual, Crisis Support/Emergency, Medical Services, FIT Team, Start-Up Cost Reimbursement, Information and Referral, Federal Project Grant, Provider Proviso Projects, and Intervention – Individual.
42	NAMI Pinellas County Florida, Inc.	AMH, ASA, CMH: Start-Up Cost Reimbursement, Network Evaluation & Development, and Start-Up Cost Reimbursement.
43	Personal Enrichment through Mental Health Services, Inc.	AMH, ASA, CMH, CSA: Crisis Stabilization, Crisis Support/Emergency, Intensive Case Management, Incidental Expenses, Intervention - Individual, Intervention - Group, BNet, Start-Up Cost Reimbursement, CAT, and Substance Abuse Inpatient Detoxification.
44	Recovery Epicenter, Inc.	ASA: Outreach and Start-Up Cost Reimbursement.
45	Suncoast Center, Inc.	AMH, CMH, CSA: Medical Services, Start-Up Cost Reimbursement, Federal Project Grant, Outpatient Group, Incidental Expenses, FACT Team, Intervention - Individual, In-Home and On-Site, Crisis Support/Emergency, Case Management, Assessment, Outpatient - Individual, and Outreach.
46	Van Gogh's Palette, Inc., d/b/a Vincent House	AMH: Supportive Employment, Supported Housing/Living, Outreach, and Mental Health Clubhouse Services.
47	Volunteers of America of Florida	AMH: Supported Housing/Living, Assessment, Network Evaluation & Development, Other Bundled Projects, Outpatient - Group, Incidental Expenses, Outreach, Outpatient - Individual, Intervention - Individual, Case Management, Supportive Employment, and Drop-In/Self-Help Centers.
48	WestCare Florida, Inc.	ASA, CSA: Outreach, Universal Indirect Prevention, Selective Prevention, Recovery Support - Group, Recovery Support - Individual, Aftercare - Group, Outpatient - Group, Residential Level II, Outpatient - Individual, Medical Services, Intervention - Individual, Case Management, Assessment, and Incidental Expenses.
Polk and Highlands Counties, Circuit 10		
49	Drug Prevention Resource Center, Inc. d/b/a InnerAct Alliance	Universal Direct Prevention, Information and Referral, Universal Indirect Prevention, Indicated Prevention, and Selective Prevention.
50	Peace River Center	AMH, ASA, CMH: Other Bundled Projects, Incidental Expenses, Room and Board with Supervision Level II, Short-term Residential Treatment, Mental Health Clubhouse Services, Care Coordination, Supported Housing/Living, FACT Team, Medical Services, Start-Up Cost Reimbursement, Supportive Employment, Assessment, Outpatient – Individual, Intervention – Individual, Day Treatment, Crisis Support/Emergency, Crisis Stabilization, - Case Management, Outreach, Outpatient – Group, FIT Team, Outpatient – Individual, CAT, First Episode Team, and In-Home and On-Site.
51	Polk County d/b/a Polk County Drug Court	AMH, ASA, CSA: Assessment, Intervention - Individual, Intervention - Group, Incidental Expenses, Case Management, Outpatient - Group, and Outreach.
52	Tri-County Human Services, Inc.	AMH, ASA, CMH, CSA: Outreach, Outpatient – Group, Information and Referral, Residential Level II, Outpatient – Individual, Intervention – Individual, Crisis Support/Emergency, Case Management, Assessment, Medical Services, Incidental Expenses, Federal Project Grant, Room and Board with Supervision Level II, Room and Board with Supervision Level III, Intervention – Group, Aftercare – Group, Recovery Support – Individual, Universal Indirect Prevention, Network Evaluation & Development, Aftercare – Individual, Universal Direct Prevention, Supported Housing/Living, Substance Abuse Inpatient Detoxification, Residential Level IV, Residential Level III, Assessment, BNet, Indicated Prevention, and Selective Prevention.

53	First Step of Sarasota, Inc.	AMH, ASA, CMH, CSA: Residential Level I, Other Bundled Projects, Network Evaluation & Development, Outpatient – Group, Information and Referral, Incidental Expenses, Residential Level II, Outpatient – Individual, Medical Services, Intervention – Individual, Crisis Support/Emergency, Crisis Stabilization, Assessment, Outreach, Case Management, Recovery Support – Individual, Recovery Support – Group, Selective Prevention, Universal Indirect Prevention, Substance Abuse Inpatient Detoxification, Universal Direct Prevention, Residential Level III, BNet, and Indicated Prevention.
Prevention Evaluator serving 14 counties in the SunCoast and Circuit 10 Regions		
54	Harold Johnson	ASA: Universal Indirect Prevention.
Media Operator serving 14 counties in the SunCoast and Circuit 10 Regions		
55	JRP Global Enterprises LLC	AMH, ASA: Start-Up Cost Reimbursement, Other Bundled Projects, Federal Project Grant, and Network Evaluation & Development.
	*Programs and Services	
	AMH: Adult Mental Health	
	CMH: Children's Mental Health	
	ASA: Adult Substance Abuse	
	CSA: Children's Substance Abuse	
	BNet: Behavioral Health Network	
	CAT: Community Action Team	
	FACT: Florida Assertive Community Treatment Team	
	FIT: Family Intensive Treatment Team	

IV. Initiatives and Integration

Care Coordination Services

CFBHN's Utilization Management (UM) team and Network Development and Clinical Services (NDCS) Program Managers collaborate with NSPs to ensure that individuals receive timely access to mental health and substance use services. The UM staff monitor admissions, discharges, and waitlists to eliminate service barriers for those in need of care. Participants also receive voucher assistance to help furnish basic needs while establishing economic self-sufficiency. The UM staff meet with NSPs on a regular basis to gain updates on the progress of individuals served and provide support to care coordinators as needed.

In FY 2021-2022, the UM team collaborated with Adult Substance Abuse (ASA) residential providers to create a shared referral form that CFBHN implemented across the network to streamline the process of referring individuals in need of ASA residential treatment. This form is an integral part of facilitating clear, timely sharing of clinical information between providers, and getting persons into treatment beds without unnecessary delays. The UM team also developed and implemented a Children's Care Coordination (CCC) program across five NSPs which serves children who have a mental health or substance abuse diagnosis and need additional support to achieve positive outcomes. UM and NSPs work together to identify children who have had acute care admissions, are waiting for Community Action Team (CAT) services, or are involved with child welfare services. CCC provides support to both children and families with navigating the system of care and locating additional community supports to help children achieve and maintain stability in their community. Children and families enrolled in CCC are also eligible to receive temporary voucher assistance to support basic needs.

Florida Assertive Community Treatment (FACT) Team

The FACT program is a service delivery model that provides comprehensive community-based treatment to individuals with severe and persistent mental illness who desire to live independently in the community. CFBHN prioritizes continued availability and access to FACT services for individuals meeting the criteria. To ensure access, CFBHN requires each team to admit and discharge 10 individuals per team per year. In the past 11 years, this process has rendered over 1,534 new admissions to FACT and over 1,463 discharges from FACT.

FACT Admissions and Diversions			
Federal Fiscal Year (FFY)	Total Admissions	Diversion Admissions	Admissions from State Mental Health Treatment Facilities (SMHTF)
2019-2020	140	44 (31%)	42 (30%)
2020-2021	123	31 (25%)	32 (26%)
2021-2022	102	14 (14%)	15 (15%)

CFBHN works with local receiving facilities through monthly meetings to facilitate and brainstorm options for diversion for those individuals on the SMHTF waitlist. Collaboration with the SMHTF on discharge planning is aimed at expediting the discharge with comprehensive planning for successful transition into the community. These efforts contribute to a decrease in the length of stay at SMHTF and promote reduced recidivism to local and state facilities.

Forensic System of Care Activities

CFBHN's forensic program manager monitors providers for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed (ITP) because of their mental illness or who have been acquitted of a felony because of a finding of not guilty by reason of insanity (NGI). CFBHN works with providers to develop a transition plan when a resident is placed on the pre-discharge ready list. CFBHN holds weekly calls with the forensic residential diversion providers using the Forensic Residential Census Report to closely monitor diversions from the State Treatment Facility (STF) and forensic bed referrals. Beginning in FY 2019-2020, the SunCoast Region achieved the following outcomes:

Fiscal Year	Forensic State Hospital Admissions	Forensic Residential Community Referrals	Diversions
2019-2020	429	253	165
2020-2021	404	297	131
2021-2022	503	300	161

Forensic teams attempt to divert; however, because of the nature of an individual's charges or a person's inability to stabilize, individuals are sent to the state hospital because of their ineligibility for conditional release/community placement at the time of screening/referral.

A forensic residential referral is made to divert an individual from a state hospital or to step down a person at the state hospital back into the community. Many individuals go to Gracepoint Forensic Treatment Program, other residential treatment facilities (RTFs), assisted living facilities (ALFs), or remain in jail for in-jail competency training and other services.

Although most community-based diversions are considered pre-commitment diversions, many post-commitment diversions also exist. CFBHN, the Department's Forensic Liaison Team, and community providers regularly assess individuals for diversion opportunities.

Child Welfare

- **Community Action Team (CAT)**

CFBHN funds 12 CAT teams with seven providers within the SunCoast and Central Regions. In the last three years, 2,240 youth and families have received CAT services.

Fiscal Year	Total Services Received
2019-2020	701
2020-2021	742
2021-2022	797

CFBHN uses CAT funds to address the therapeutic needs of eligible youth or young adult receiving services. However, the CAT model is based on a family-centered approach where the CAT team assists parents or caregivers to obtain services and supports, which may include providing information and education about how to obtain services and supports and assistance with referrals.

- **Family Intervention Services (FIS)**

CFBHN funds eight FIS programs within seven providers in the SunCoast Region. The CFBHN Behavioral Health Integration (BHI) Program Manager collaborates with Child Protective Investigators (CPIs), Community-Based Care (CBC) lead agencies, and Case Management Organizations (CMOs) around the region. CFBHN encourages CPI and CMO front line staff to send referrals early in their case and encourage caregivers' participation in FIS, regardless of case status. CFBHN's BHI team facilitated 36 regional monthly meetings during the last three years, provided technical assistance to each FIS provider, and program managers oversee FIS data tracking logs to ensure programmatic compliance.

The BHI team tracks monthly number of referrals received, client contacts, assessments completed, treatment recommended, and first treatment appointment within 30 days, which is reported on alliance reports for each circuit for communication of FIS trends to community participants. In addition, the BHI team receives and processes incidental requests that require preapproval per incidental policy guidelines. The BHI team facilitates Florida Safe Family Network (FSFN) access and termination requests to ensure child welfare programmatic compliance within the SunCoast and Central Regions.

- **Family Intensive Treatment (FIT) Team**

CFBHN funds seven FIT teams within six providers in the SunCoast Region. In the last three years, over 1,434 families have received services in FIT. CFBHN's BHI team facilitates monthly FIT meetings and provides technical assistance and support to FIT providers on performance measures and other related topics. The BHI team receives and processes FIT incidental requests that require any preapproval per incidental policy guidelines. To increase collaboration on statewide efforts, the BHI Program Manager holds meetings with other ME representatives who supervise FIT.

- **Behavioral Health Consultants (BHCs)**

CFBHN originally piloted the BHC positions with providers. The success of the BHC pilot resulted in state-wide implementation. Currently, the SunCoast Region has six BHCs. BHCs consult with CPIs to assist in gathering information related to adult functioning, caregiver protective capacities, and threats of danger. BHCs act as subject matter experts, providing substance abuse and mental health consultations during open investigations. This assists CPIs in understanding the severity of the substance abuse and mental health of parents and/or caregivers and the effects a person’s mental health and/or substance abuse could have on the safety of children in the home. Data from BHCs assist CPIs in the information gathering for the Family Functioning Assessment and establishing caregiver protective capacities. CFBHN’s BHI team continues to track BHC performance measures and provides monthly BHC meetings for technical assistance and support. The BHI team monitors and reviews BHC monthly tracking logs documenting their consults, which is reported on monthly alliance reports and other requested data.

CFBHN BHC Analysis – SunCoast Region

Fiscal Year 2021-2022, Q4	Child Removal Where a BHC was Involved	Repeat Maltreatment Where a BHC was Involved
Sample Size: 25	80% had no children removed (20)	96% had no repeat maltreatment on alleged perpetrator (AP) up to six months post closure (24)
	20% had at least one child removed (5)	4% had a repeat maltreatment on AP up to six months post closure (1)

- **Florida Healthy Transitions (FHT)**

The FHT program 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 in Hillsborough County. In September 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) grant that supported FHT ended and CFBHN began funding a version of the program in October 2019 for Hillsborough County. The goal of the program is to use youth voice and choice as the foundation of all services provided, in addition to employing young adults as practitioners of the services. This model has proved effective for engaging and retaining youth and young adults in care. The program uses the peer led, youth voice and choice model of service delivery that has been the hallmark of the program since its inception. During the last three fiscal years and the first quarter of FY 2022-2023, Healthy Transitions facilitated weekly *Bent Not Broken* wellness groups to 77 youth and young adults. Group topics vary and include coping skills, ways to express oneself, and ways of finding supportive people. Ninety-one youth and young adults received full-fidelity wraparound intensive case management.

NSPs delivered vocational and educational support to 78 youth and young adults and one-on-one peer support services to 36 youth/young adults; most participants receive more than one service from Healthy Transitions based on a participant’s choice and needs. The program has assisted participants with completing high school, obtaining a

GED, obtaining employment, enrolling in college and vocational programs, obtaining stable housing, engaging in therapy and medication management services, and developing safe, healthy social relationships.

Children's Mental Health

- **Children-Specific Staffing Team (CSST)**

CFBHN's Children's Mental Health (CMH) team coordinates weekly staffing for youth considered for residential mental health treatment. These meetings provide education, support, and an opportunity for communication between referral agencies and community partners involved in the placement of children into Statewide Inpatient Psychiatric Programs (SIPP) and Therapeutic Group Homes (TGH). For youth who are not involved in the child welfare system of care, the CMH team disseminates completed referral packets to the facilities. Personnel of several Managed Medicaid Assistance (MMA) plans participate in staffing and have positively responded to CFBHN's leadership role in coordinating team activities.

CFBHN's CMH team accommodates Spanish speaking families through translation support and makes all CSST applications available in Spanish. Between FY 2019-2020 through FY 2021-2022, the CMH team facilitated 368 CSST staffings to support families and provide technical assistance on the CSST process. The team tracks related referral data connected to the CSST and provides the information on the monthly alliance reports to each circuit within the SunCoast and Central Regions to identify trends of high-risk youth entering the SIPP and TGH programs.

- **Youth-At-Risk Staffing (YARS) Model**

Developed by CFBHN, the YARS Model emphasizes the provision of prevention and diversion activities to youth identified as high-risk by service providers. Implementation of the model allows the CMH team to provide technical assistance and guidance, along with information on resources available in the community. The YARS Model is currently used in three of the five circuits: Circuits 10, 13, and 20. The model is also a part of the Pasco County School Mental Health Project, which was developed in conjunction with the Marjorie Stoneman Douglas Act. CFBHN remains an active partner in the interagency work between school districts and their local community partners, including law enforcement, Medicaid, and other stakeholders interested in assisting high-risk youth. In FY 2019-2020 through FY 2021-2022, CFBHN's CMH team participated in 851 YARS while providing resource support and assistance to help divert from higher levels of care.

- **Local Review Team/Critical Case Staffings (LRT/CCS)**

CFBHN's CMH team assists with LRT/CCS in five circuits within the SunCoast and Central Regions to help families with at-risk youth who may be asked to leave their current residences. The CMH team provides education, technical assistance, and guidance to community stakeholders, families, and system partners with the goal of diverting youth from involvement within the child welfare system. From FY 2018-2019 through FY 2021-2022, the CMH team participated in 868 LRT/CCS, which resulted in 839 diversions from child welfare. This resulted in a projected return on investment of over \$78 million. In addition, the CMH team participated and provided technical assistance to the Department in identifying placement and other community resources for high-risk child welfare involved youth.

- **Community Trainings**

CFBHN facilitated 15 children’s system of care trainings between FY 2019-2020 through FY 2021-2022 for community partners focused on wraparound and community resources in the SunCoast and Central Regions.

Temporary Assistance for Needy Families (TANF)

TANF funds provide temporary cash assistance and non-medical SAMH services to individuals and families with mental illness and/or substance use impairments that cause barriers to family stability and economic self-sufficiency. These funds provide interim services for TANF-eligible participants who would be required to either wait on a list for treatment or have no other method of payment; families involved with family safety have priority for services. **CFBHN funds 12 NSPs that provide TANF in the SunCoast and Central Regions. During the last three fiscal years, CFBHN approved a combined 3,246 applicants of which 89 percent of these participants had family safety involvement.**

TANF Families Served with Family Safety Involvement				
	FY 2019-2020	FY 2020-2021	FY 2021-2022	Total
Family Safety	1,482	784	616	2,882
Number Served	1,629	914	703	3,246
	91%	86%	88%	89%

The TANF coordinator collaborates and attends the Office of Child and Family Well-Being (OCFW) and Behavioral Integration workshops for Circuits 6, 10, 12, 13, and 20 to continue increasing awareness of the resources available within the communities. The table below illustrates the total discharges by fiscal year and the percent achieved toward family and economic goals.

	Achieving TANF Goals	Not Achieving TANF Goals	TOTAL Discharges	Percent Achieving	Percent Not Achieving
FY 2019-2020	864	78	942	92%	8%
FY 2020-2021	467	27	494	95%	5%
FY 2021-2022	269	41	310	87%	13%

Quality Assurance (QA)/ Continuous Quality Improvement (CQI)

CFBHN’s QA/CQI activities include two primary components: risk management and monitoring of NSPs.

- **Risk Management**

In accordance with the Department’s policies CFOP215-6 and CARF accreditation guidelines, CFBHN’s Risk Management department collects, tracks, and trends incident report data gathered internally and from NSPs. CFBHN summarizes monthly risk management data, which is shared with NSPs and reviewed internally by CFBHN’s Risk Management and CQI Oversight Committee. A formal analysis of risk management data is compiled annually and reviewed with network leadership and CFBHN’s Board of Directors. Per Department guidelines, CFBHN also completes an annual risk assessment and use the results to develop the monitoring schedule of compliance monitoring conducted each year.

CFBHN's Risk Management department staff use two technologies to improve data collection and reporting and to strengthen formal lines of communication between CFBHN staff and key stakeholders:

1. **The RL6 Risk Management Data System** – RL6 streamlines reporting by allowing NSPs to create and submit incidents directly to CFBHN. The system creates time-saving efficiencies by allowing users to attach and store related documents, including medical examiner reports, file reviews, and follow-up questions and responses, in the electronic record of each incident.
 2. **AlertMedia Communication System** –CFBHN uses AlertMedia to maintain contact with staff and NSPs in severe weather events, emergency situations, or other urgent circumstances that may impact business operations. AlertMedia notifications, which include messages and follow-up instructions, are sent via SMS text, email, and/or voicemail to registered contacts working throughout the region. The advantages of using AlertMedia include the ability to send real-time notifications, account for staff, receive updates from NSPs, and communicate efficiently during non-work hours.
- **Monitoring of NSPs**
In addition to oversight provided by program managers and NDCS staff, CFBHN's CQI team monitors the work of subcontracted providers. Monitoring includes a review of compliance with federal and state regulations, performance requirements established in guidance documents and by contract, and the validation of record documentation against data submitted and billed to CFBHN.

Newly-funded NSPs receive comprehensive monitoring during the first year of their contract with CFBHN. After the first contract year, and in accordance with section 402.7306, Florida Statutes, CFBHN monitors NSPs that are in good standing and accredited by the Joint Commission, CARF, the Council on Accreditation (COA), or other recognized accreditation organizations once every three years. CFBHN uses a *Limited* review process during the other two years of the three-year cycle.

Below are summaries of CFBHN's monitoring results for the last three fiscal years:

Monitoring Level and Type

CQI Monitoring Level and Type		FY 2019-2020		FY 2020-2021		FY 2021-2022	
		Count	%	Count	%	Count	%
TYPE of Monitoring Conducted	On-Site	32*	56.1%	45*	83.3%	23*	43.4%
	Desk	25	43.9%	0	0.0%	23	43.4%
	Exempt from Review	0	0.0%	9	16.7%	7	13.2%
	TOTAL	57	100.0%	54	100.0%	53	100.0%
LEVEL of Monitoring Conducted	Full	28	49.1%	13	24.1%	15	28.3%
	Limited	17	29.8%	29	53.7%	20	37.7%
	Coalition	11	19.3%	2	3.7%	9	17.0%
	Baseline	1	1.8%	1	1.9%	2	3.8%
	Exempt from Review	0	0.0%	9	16.7%	7	13.2%
	TOTAL	57	100.0%	54	100.0%	53	100.0%

* Per the approval of the DCF Regional SAMH Director, because of travel concerns related to the COVID-19 pandemic, CFBHN's progress on the 'on-site' measure includes both on-site and desk reviews conducted during the period of Apr. 1, 2020 - Feb. 28, 2022. For the period beginning Mar. 1, 2022, the 'on-site' progress total only includes monitorings conducted at the NSP's location.

NSP Monitoring Status

CA = Corrective Action
AOC = Area of Concern

NSP Monitoring Status Summary	FY 2019-2020		FY 2020-2021		FY 2021-2022*	
ANNUAL REVIEW PHASE:	Count	%	Count	%	Count	%
MONITORING IN PROGRESS	0	0%	0	0%	0	0%
FOLLOW-UP PHASE:						
FOLLOW-UP REQUIRED	0	0%	0	0%	8	15.1%
REVIEW COMPLETE:						
ANNUAL COMPLETE - NO CITED CAs/AOCs: Follow-up was not required.	24	42%	3	5.6%	4	7.5%
FOLLOW-UP COMPLETE - NO SAMPLE: Follow-up was attempted, but not completed, due to the lack of a data sample.	7	12%	18	33.3%	12	22.6%
FOLLOW-UP COMPLETE - CAs/AOCs RESOLVED: Follow-up was completed, and all cited CAs/AOCs were corrected.	18	32%	14	25.9%	11	20.8%
FOLLOW-UP COMPLETE - UNRESOLVED CAs/AOCs: Follow-up was completed, one or more CA or AOC was not corrected.	8	14%	8	14.8%	8	15.1%
FOLLOW-UP WAIVED/DEFERRED: Follow-up was waived due to contract termination or deferred until the next monitoring cycle.	0	0%	2	3.7%	3	5.7%
EXEMPT FROM REVIEW: Monitoring was not required for the NSP during the fiscal year.	N/A	--	9	16.7%	7	13.2%
TOTAL	57	100%	54	100%	53	100%

*Data for FY 2021-2022 include results through Sept. 30, 2022. CFBHN will continue to conduct follow-up for FY 2021-2022 until Dec. 31, 2022.

Count of Cited Corrective Actions and Areas of Concern

COUNT OF	FY 2019-2020	FY 2020-2021	FY 2021-2022
CORRECTIVE ACTIONS	55	60	69
AREAS OF CONCERN	21	8	6
COMMENDATIONS	6	5	3

Housing

Affordable housing remains a top priority throughout the SunCoast Region. CFBHN collaborated with community partners and private developer, Blue Sky Communities, to establish new low-income and safe affordable housing for individuals experiencing substance use disorder and/or mental health disabilities. The Florida Housing Finance Corporation (FHFC) funds the projects, which includes 175 available units with an additional 172 units available in January 2023. CFBHN, Tri-County Human Services, Community Assisted and Supported Living (CASL), and Blue Sky Communities, were also awarded an affordable housing project by the FHFC that targets high need high utilizers within the ME system of care.

The Coordinated Entry System (CES) connects persons and families experiencing homelessness to services and housing. CFBHN collaborates with the CES to refine the priority list for housing in nine homeless continuums across the SunCoast Region. Supportive housing specialists, in conjunction with continuum of care staff, use the Homeless Management Information System (HMIS) to review client records common to both systems and prioritize housing for individuals with behavioral health. CFBHN funds five Projects for Assistance in Transition from Homelessness (PATH) teams across the SunCoast and Central Regions. The teams work directly with those who are experiencing homelessness, mental illness, and co-occurring disorders. PATH collaborates with homeless coalitions to record the individuals they serve in HMIS so that HMIS can prioritize and connect individuals to housing.

PATH teams and agencies with adult case management must use Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR). SAMHSA endorses the process for submitting initial SSI and SSDI applications for those at-risk or experiencing homelessness along with mental health, substance use, or co-occurring disorders. CFBHN requires PATH and SOAR providers to complete four SSI and SSDI applications per quarter using the SOAR process and maintain a 65 percent approval rate for those applications. Because housing options are limited when an individual has no income, obtaining Social Security benefits for qualified individuals increases housing opportunities for persons experiencing homelessness. Housing options include independent housing, shared housing, assisted living facilities, group homes, and others.

School Initiatives

- **Marjory Stoneman Douglas School Safety Programs**
Following the shooting at Marjory Stoneman Douglas High School in February 2018, Executive Order 18-81 directed the local behavioral health ME to meet with local authorities, including school districts, with the goal of improving communication, collaboration, and coordination of services. In addition to the Executive Order, Senate Bill 7026 (2018) enacted the Marjory Stoneman Douglas High School Public Safety Act to make schools safer and provided funding for mental health services to children and families identified by the school system.

CFBHN works with school systems to assess student needs and service gaps, identify providers and additional resources, and meet reporting requirements. CFBHN organizes a system of care that ensures mental health services are delivered to children and families identified by the school system while expanding the network to include organizations that provide needed services to students. Because of collaborations with providers, school districts designate on-site therapists to meet the needs of students in high-needs schools. Also, school district staff attend community meetings facilitated by CFBHN, which increases communication, collaboration, and coordination of services in the system of care.

- **Pasco County School Mental Health Project**

In implementing the recommendations established in Senate Bill 7026 (2018), the Pasco School District began meeting with CFBHN to identify services for students and families who were most in need, resulting in the development of the Pasco County School Project, which established collaborations with 13 mental health and related service providers. Through its voucher system, the project covers the cost of behavioral health services provided to students and/or their family members. As a component of this project, CFBHN also established a contract with UberHealth to meet the transportation needs of individuals. From FY 2018-2019 through FY 2020-2021, the Pasco project served 347 students.

- **Hillsborough County Schools Project**

In March 2019, Hillsborough County School District awarded CFBHN a contract to replicate the work of the Pasco School Project for students in Hillsborough County. The collaboration provides an opportunity to reach additional persons, as well as leverage expertise, innovative strategies, programs, and subcontractors, to meet the spirit of the executive order. The collaboration efforts revealed a transportation barrier, and the School District employed on-site therapists to increase student access to services. In 2020, four high needs schools paired with therapists, and at the end of 2021, 104 schools paired with therapists, which allowed continuity of care as well as maintained communications between families, schools, and providers. **From FY 2018-2019 through FY 2020-2021, the project served 1,326 students.**

County Initiatives

- **Healthcare Access Navigation Delivery and Support (Helping HANDS)**

This initiative is a collaboration between CFBHN, Polk County Government, Tri-County Human Services, and Polk County Emergency Medical Services. The program targets low-income Polk County incarcerated residents who are on psychotropic medications. Participants must be at least 18 years old and diagnosed with mental health or co-occurring substance use disorder. Youth under the age of 18 are eligible for the program, if they are charged as adults. The goal of the project is to assist individuals in managing their behavioral health needs during their transition out of jail and into the community. The objective is to streamline access to behavioral health services in the community by including support offered by peer specialists. Polk County Government supported the project with \$325,000. From April 1, 2018 through Sept. 30, 2021, 127 individuals participated in the program; the contract ended on Feb. 28, 2022.

- **Pinellas Integrated Care Alliance (PICA) and Pinellas Integrated Care Team (PICT) Risk Management**

In 2018, the Foundation for a Healthy St. Petersburg awarded CFBHN \$1.65 million over three years to implement a transformational process within Pinellas County. CFBHN collaborated with the Pinellas County Sheriff's Office, Pinellas County Human Services, and the Pinellas County Health Department, to develop PICA. PICA addresses gaps, health inequities, silos, and redundancies in the existing behavioral health system of care by identifying and addressing policy, rules, norms, and traditional "ways of doing things" that impede effective service delivery between multiple systems. To accomplish this goal, PICA implemented PICT by aligning funding and bringing together a team of care coordinators from multiple providers to assure warm hand-offs as the individual transition between services.

From July 1, 2018 to Sept. 30, 2021, PICA received 766 referrals of which the program engaged 501 individuals. This engagement resulted in a reduction of individuals with arrests, or who received Crisis Stabilization Unit (CSU) or detox services during the PICA enrollment and upon follow-up discharge. Participants also experienced a decrease in Functional Assessment Rating Scales (FARS) scores, and pre- to post-PICA involvement, demonstrating an improvement in individual functioning.

The PICA grant funding cycle ended in October 2021. The independent evaluation completed by the University of South Florida (USF) identifies individuals served by the integrated engagement, support and case management had a significant reduction in 911 calls, baker acts, and incarceration events. After the grant funding ended, Pinellas County Sheriff's Office continued funding the team and receives referrals from the Sheriff's co-responder teams. Although CFBHN no longer funds the services, CFBHN continued to provide the monthly PICA Reports to the Steering Committee until December 2021. PICA continues to meet monthly to identify and strategize on how to improve access to care for Pinellas County residents. Specific projects are underway for a coordinated access model that will use the *Unite Us* platform for tracking and coordination of referrals into care.

- **Sarasota County Tax Referendum**

After a tax referendum that added \$7 million in recurring funding to address behavioral health issues of county residents, CFBHN's Chief Executive Officer (CEO) was appointed to the Sarasota County Behavioral Health Commission and chaired the committee in FY 2021-2022. The committee identified seven priorities for funding, which were approved by the Commission. The CEO continues to serve on the Commission to evaluate program requests, recommend funding amounts, and determine program specific outcomes.

- **Hillsborough County Short-Term Residential Treatment (SRT) Program**

In FY 2020-2021, CFBHN partnered with Hillsborough County Government and was awarded \$1,200,000 from the Florida Legislature to fund a 12-bed SRT. The program opened in January 2022 and has treated 15 Individuals, with eight discharges, which were diversions from admission, during the 10-month operation. To date, no individuals admitted to the SRT have required admission to a state hospital, and the model has been effective for state hospital diversion.

- **Pinellas County Wellness Connection (PCWC)**

In FY 2021-2022, CFBHN's CEO initiated and served on the steering committee of the PCWC, a grassroots project to provide coordinated access, and care coordination between behavioral health, hospitals, and Evera Health. This initiative reports monthly to the system of care committee and produces data on the numbers of persons accessing care across systems and levels of care. PCWC also leads the Pinellas Suicide Partnership, which is a multi-year project that includes USF to address and reduce suicide in the county. This partnership has resulted in a uniform screening and referral process across behavioral health, primary care, and social service agencies. PCWC collects and reports the number of persons screened and offers safety plans and referral to the system of care partners. With USF, PCWC has organized numerous county events intended for high-risk populations such as lesbian, bisexual, gay, transgender, and questioning/queer (LBGTQ), veterans, youth, and young adults.

- **Collier County Tax Referendum**

In FY 2021-2022, CFBHN partnered with the David Lawrence Center and Collier County to award an additional \$21 million of tax referendum funding to build a central receiving center and add additional CSU capacity for the county. Because of Hurricane Ian and supply chain issues, the county expects full completion by FY 2024-2025.

Recovery Oriented System of Care (ROSC) Initiative

CFBHN employs two Certified Recovery Peer Specialists (CRPS) with lived experience to engage their peers and NSPs in the design, development, implementation, and evaluation of a ROSC. From FY 2019-2020 through FY 2021-2022, CFBHN trained 53 individuals in the 40-hour Peer Specialist certification trainings, and 45 individuals in Wellness Recovery Action Plan (WRAP) trainings. Following the trainings, the Florida Certification Board (FCB) certified 30 individuals as CRPS, which prepared the specialists for the workforce.

During the COVID-19 pandemic, CFBHN mitigated barriers by collaborating with a statewide committee to write a facilitator's guide that is used as a peer certification curriculum (Helping Others Heal) on a virtual platform. Moreover, in conjunction with the SunCoast Region SAMH, CFBHN sponsored a "Background Screening- Exemption from Disqualification" training to 48 NSPs' human resource staff, peers, clinical supervisors' staff, Department licensing staff, and other community-based stakeholders to assist persons in recovery with a more efficient hiring process.

CFBHN staff collaborates with and provides recovery principle technical assistance to NSPs, persons-served, grassroots, and family-run organizations. CFBHN assists in the development of Recovery Community Organizations (RCOs) in the SunCoast Region. During FY 2021-2022, CFBHN contracted with one RCO and is negotiating with three more RCOs. In collaboration with the Department and the Peer Support Coalition of Florida, CFBHN staff provided "Reaching for their Dreams, Using Recovery Capital as the Foundation for Recovery Planning" training to 17 contracted RCO staff members to increase recovery best practices in their direct service delivery.

To reduce behavioral health disorder stigma, CFBHN staff also collaborates with local National Alliance on Mental Illness (NAMI) affiliates and their community Sheriff Offices to provide insight from the consumer and family perspective to deputies, officers, and staff encountering individuals with mental health crisis. From FY 2019-2020 through FY 2021-2022, over 743 sheriffs' deputies received training on recovery principles during their Crisis Intervention Team (CIT) training. In FY 2021-2022, Hillsborough County Sheriff Office videotaped CIT training sessions to provide their staff accessibility to future trainings.

Florida Children’s Mental Health System of Care (FCMHSOC) – Expansion and Sustainability Grant

CFBHN partnered with the Department on FCMHSOC-Expansion and Sustainability a four-year SAMHSA grant to develop a sustainable community-based infrastructure to improve behavioral health outcomes for children, youth, and young adults diagnosed with SED. Directions for Living, a CFBHN NSP in Pinellas and Pasco counties, offered the grant’s array of services that included High-Fidelity Wraparound (HFW). In FY 2019-2020, the project served 104 families using the HFW process. On Sept. 30, 2020, the FCMHSOC-Expansion and Sustainability Grant expired. CFBHN received no cost extension funds that would last through June 30, 2021 to continue safely discharging or transferring grant-funded children and families to other similar services. In FY 2019-2020, CFBHN assumed the role of local grant coordinator to maintain and continue to train and increase HFW in the SunCoast Region and achieved the following outcomes:

Fiscal Year	Wraparound Partnerships	Wraparound Trainings	Coaches and Facilitators
2019-2020	7	5 trainings, 118 trained	3 coaches, 6 facilitators
2020-2021	9	5 trainings, 80 trained	24 coaches, 28 facilitators
2021-2022	13	1 training, 12 trained	11 coaches, 22 facilitators

CFBHN increased the number of SunCoast Regional agencies that bill HFW to insurance companies that offer individuals and families HFW through MMA plans.

Fiscal Year	Agencies contracted with insurance companies
2019-2020	0
2020-2021	2
2021-2022	4

During FY 2020-2021, CFBHN began using the FCB Recovery Quality Improvement Monitoring Blueprint and tools to develop a recovery oriented monitoring baseline of 11 NSPs who serve individuals receiving Medication Assisted Treatment (MAT). In FY 2021-2022, CFBHN provided NSPs with a ROSC Transformation Implementation Plan overview. This overview gave participants the skills, knowledge, and tools to use in the SunCoast Region’s ROSC transformation process. Twenty-six direct service providers administered the Self-Assessment Planning Tool (SAPT), Recovery Self-Assessment-Provider (RSA), and persons served surveys, to develop a baseline for transforming the system of care in the SunCoast Region.

Accomplishments

- Substance Exposed Newborns (SEN) Project**
 During FY 2021-2022, CFBHN in coordination with First Step of Sarasota and the Department, initiated a SEN pilot program. The program with First Step of Sarasota began taking individuals in October of 2021 and continues to build caseloads. Additionally, CFBHN collaborated with the Department and Tri-County Human Services

in a startup SEN program in the Central Region, which continues to grow through referrals.

- **Suicide Prevention**

From November 2021 through June 30 2022, CFBHN launched a network-wide mental health and substance misuse suicide prevention campaign in English and Spanish on 11 media platforms. Using the evidence based **#BeThe1To** messaging from SAMHSA, the focus was on helping individuals who are contemplating suicide and introducing resources for the 988 Suicide and Crisis Lifeline. The campaign produced 71,569,941 mental health impressions and 77,271,531 substance abuse impressions.

- **Cultural Health Disparity Assessment (CHDA)**

CFBHN completed a CHDA 2020. This assessment was a compilation of primary and secondary data that identified behavioral health needs and the community assets available to advance the healthcare delivery system to improve outcomes for residents. The assessment found that an estimated 193,039 of adults experienced serious mental illness in the 14 counties that CFBHN serves, which represents an increase of 4.4 percent over the past three years.

- **Family Navigation Support Team**

CFBHN received funding during FY 2021-2022 for multidisciplinary child welfare teams. These teams are designed to enable community providers to offer intensive services to families in the child welfare system with parental substance use and uncontrolled or undiagnosed mental health concerns. Creating a team-based approach in a system of care allows the early identification of risk families, coordination of immediate access to services, and support to families through their navigation of the child welfare and treatment processes. CFBHN has initiated conversations with Children’s Network of Southwest Florida.

V. Monitoring and Corrective Action

In addition to regular service event reporting requirements, CFBHN is subject to annual monitoring for programmatic, administrative, and contract oversight purposes by the Department’s Contract Oversight Unit (COU) and periodic desk reviews by the Department’s Office of CBC/ME Financial Accountability (OFA). To date, CFBHN has demonstrated an overall satisfactory level of performance measured against monitoring components. Where monitoring has identified specific findings requiring corrective action, CFBHN has satisfactorily developed and implemented Department-approved Corrective Action Plans (CAPs) to address specific service provision and documentation issues.

Table 3: Contract Monitoring and Oversight

Fiscal Year	Date of Monitoring Report	Compliance Issues	Acceptance of CAP	Completion of CAP
2019-2020	COU On-Site Dec. 8-13, 2019 Report dated February 2020	The annual COU monitoring report identified the following: Areas Needing Action:	N/A	N/A

		<ul style="list-style-type: none"> • A NSP in Circuit 12 required individuals to attend group counseling sessions as a condition of receiving MAT. • The working agreements between CFBHN and CBC agencies did not address elements required in Guidance Document 19. <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> • Operationalize ROSC principles and concepts through training • Expand access to Outpatient Detoxification service • Provide education and training with NSPs regarding use of transitional vouchers • Provide education and training to NSPs on CFBHN’s housing specialists and support services. <p>Administrative Findings:</p> <ul style="list-style-type: none"> • Ten of the 10 subcontracts reviewed omitted language requiring subcontractors notify affected parties of any breach or potential breach of personal and confidential data within 30 days. COU 	<p>CFBHN provided technical assistance and training to NSPs and revised working agreements.</p> <p>CFBHN made the required improvements.</p> <p>The Department corrected Attachment 2, and CFBHN modified subcontracts with the updated 30-day language.</p> <p>CFBHN remedied the administrative findings to the Department’s satisfaction.</p>	
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		<p>discovered that the Department's Attachment 2 inaccurately stated that business associates had 45 days to notify affected parties.</p> <ul style="list-style-type: none"> • In 96%, 26 of the 27, critical incidents reviewed, notification to the Department was made timely; one incident was reported three days late. • Of the 13 personnel files selected for review, 7% , or 1 of 13, of the five-year rescreening was completed five days late. 		
2020-2021	Jun. 30, 2021	<p>The SunCoast Region issued a Corrective Action Plan (CAP) to address the following finding documented in the COU's on-site review:</p> <ul style="list-style-type: none"> • Performance measurement data, identified in the guidance documents for specified programs in Exhibit E, E-6, Table 6, does not have documented monitoring or validation processes. Contract QD1A9, Exhibit C, C-1.3.1.5 requires policies, procedures, and tools for program monitoring including data 	<p>Aug. 13, 2021</p> <p>CFBHN remedied the administrative findings to the Department's satisfaction</p>	Jul. 27, 2022

		validation and performance specifications. Processes were described by the ME, but they were not documented.		
2021-2022	OFA Desk Review, Apr. 14, 2022	OFA identified one noncompliance with travel requirements and one observation where CFBHN did not separately identify dollar amounts for covered services or project codes.	N/A-CFBHN resolved the issues and provided supporting documentation.	N/A

VI. Fiscal Summary

Contract QD1A9 is funded through appropriations to the Department’s budget entity 60910950 for Substance Abuse and Mental Health. The following funding sources apply:

- Alcohol Drug Abuse and Mental Health Trust Fund
- Operations and Maintenance Trust Fund
- Federal Grants Trust Fund
- Welfare Transition Trust Fund
- General Revenue

CFBHN’s contract has three cost components:

1. **Managing Entity Operational Cost:** The allowable expenses incurred by the ME in performing its contracted functions and delivering its contracted services. Based on the Schedule of Funds (SoF) dated Oct. 14, 2022, CFBHN’s operational cost is three percent of the total funding for FY 2022-2023.
2. **Direct Service Cost:** The cost paid directly to subcontracted NSPs for the delivery of SAMH services.
3. **Supplemental FEMA Crisis Counseling Program (CCP) Funding:** Following a declared event, CFBHN receives federal funding on a cost reimbursement basis to defray the cost of short-term disaster-specific behavioral health services in response to community needs.

Table 4, Current Term Total Contract Funding, summarizes the total amount by fiscal year since the contract began. The current total value of contract QD1A9 from July 2010 through June 2023 is \$2,458,946,016.60. The amount allocated to direct services is \$2,376,099,885.60.

Table 4 – Current Term Total Contract Funding				
State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2010-2011	\$4,608,694.00	\$133,504,955.00		\$138,113,649.00
2011-2012	\$4,208,694.00	\$134,117,357.00		\$138,326,051.00
2012-2013	\$5,968,897.00	\$153,647,416.60		\$159,616,313.60
2013-2014	\$5,847,518.00	\$157,652,135.00		\$163,499,653.00
2014-2015	\$5,777,518.00	\$159,058,680.00		\$164,836,198.00
2015-2016	\$5,935,904.00	\$170,650,884.00		\$176,586,788.00
2016-2017	\$6,142,411.00	\$177,315,485.00		\$183,457,896.00
2017-2018	\$6,137,179.00	\$186,731,521.00	\$1,518,256.00	\$194,386,956.00
2018-2019	\$6,360,328.00	\$201,934,050.00	\$255,166.00	\$208,549,544.00
2019-2020	\$7,114,457.00	\$206,502,544.00		\$213,617,001.00
2020-2021	\$7,095,569.00	\$211,513,720.00		\$218,609,289.00
2021-2022	\$7,790,517.00	\$239,217,305.00		\$247,007,822.00
2022-2023 ³	\$8,085,023.00	\$244,253,833.00		\$252,338,856.00
Total	\$81,072,709.00	\$2,376,099,885.60	\$1,773,422.00	\$2,458,946,016.60

³ ME Schedule of Funds dated Oct. 14, 2022

Table 5, Expenditure History provides annual expense details by program component and funding source for the entirety of the contract as reflected in the Department's Information Delivery System (IDS) query facility and the Florida Accounting Information Resource (FLAIR) system.

Table 5 – Expenditure History			
Fiscal Year	Contracted Amount	Expended	Percent
2010-2011	\$138,113,649.00	\$138,113,648.43	100.00%
Mental Health	\$95,472,528.92	\$95,472,528.92	100.00%
Substance	\$42,641,120.08	\$42,641,119.51	100.00%
2011-2012	\$138,326,051.00	\$138,184,048.02	99.90%
Mental Health	\$95,760,330.87	\$95,675,129.08	99.91%
Substance	\$42,565,720.13	\$42,508,918.94	99.87%
2012-2013	\$159,616,313.6	\$159,342,806.49	99.83%
Mental Health	\$110,210,006.01	\$110,049,711.36	99.85%
Substance	\$49,406,307.59	\$49,293,095.13	99.77%
2013-2014	\$163,499,653.00	\$163,499,653.00	100.00%
Mental Health	\$111,059,801.00	\$113,163,148.17	101.89%
Substance	\$52,439,852.00	\$50,336,504.83	95.99%
2014-2015	\$164,836,198.00	\$164,330,521.99	99.69%
Mental Health	\$109,533,361.00	\$109,400,702.76	99.88%
Substance	\$55,302,837.00	\$54,929,819.23	99.33%
2015-2016	\$176,586,788.00	\$176,090,511.41	99.72%
Mental Health	\$110,254,216.00	\$110,124,949.01	99.88%

Substance	\$60,396,668.00	\$60,029,658.40	99.39%
Admin	\$5,935,904.00	\$5,935,904.00	100.00%
2016-2017	\$183,457,896.00	\$182,441,006.07	99.45%
Mental Health	\$113,959,488.00	\$113,757,437.13	99.82%
Substance	\$63,355,997.00	\$62,559,812.51	98.74%
Admin	\$6,142,411.00	\$6,123,756.43	99.70%
2017-2018	\$194,386,956.00	\$192,421,411.62	98.99%
Mental Health	\$120,788,714.00	\$120,463,993.11	99.73%
Substance	\$65,942,807.00	\$65,777,232.27	99.75%
Admin	\$6,137,179.00	\$5,589,434.11	91.07%
Hurricane	\$1,518,256.00	\$590,752.13	38.91%
2018-2019	\$208,549,544.00	\$205,345,716.49	98.46%
Mental Health	\$127,793,048.00	\$126,294,446.04	98.83%
Substance	\$74,141,002.00	\$72,680,631.47	98.03%
Admin	\$6,360,328.00	\$6,115,473.23	96.15%
Hurricane	\$255,166.00	\$255,165.75	100.00%
2019-2020⁴	\$213,617,001.00	\$212,459,776.49	99.46%
Mental Health	\$128,265,844.00	\$118,536,643.88	92.41%
Substance	\$78,236,700.00	\$73,697,678.30	94.20%
Admin	\$7,114,457.00	\$6,147,052.82	86.40%
2020-2021⁴	\$218,609,289.00	\$212,425,139.94	97.17%
Mental Health	\$131,377,425.00	\$121,754,443.78	92.67%
Substance	\$80,136,295.00	\$70,280,813.23	87.70%
Admin	\$7,095,569.00	\$5,946,662.77	83.81%
2021-2022⁴	\$247,007,822.00	\$242,254,328.84	98.08%
Mental Health	\$133,379,075.00	\$126,110,089.01	94.55%
Substance	\$105,838,230.00	\$98,787,414.70	93.33%
Admin	\$7,790,517.00	\$6,071,384.76	77.93%

⁴ The total fiscal year expended amount from FY 2019-2020 through FY 2021-2022 includes carry forward dollars from previous fiscal years.

Projected Contract Amount

Upon renewal, the estimated value of QD1A9, as shown in **Table 6, Total Projected Contract Funding with Estimated Renewal**, is \$2,661,441,474.60. The estimated funding for FY 2023-2024 is based on the recurring funds for the current fiscal year as of Oct. 14, 2022 Schedule of Funds. This estimation will change based on the Approved Operating Budget for FY 2023-2024.

Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2010-2011	\$4,608,694.00	\$133,504,955.00		\$138,113,649.00
2011-2012	\$4,208,694.00	\$134,117,357.00		\$138,326,051.00
2012-2013	\$5,968,897.00	\$153,647,416.60		\$159,616,313.60
2013-2014	\$5,847,518.00	\$157,652,135.00		\$163,499,653.00
2014-2015	\$5,777,518.00	\$159,058,680.00		\$164,836,198.00

2015-2016	\$5,935,904.00	\$170,650,884.00		\$176,586,788.00
2016-2017	\$6,142,411.00	\$177,315,485.00		\$183,457,896.00
2017-2018	\$6,137,179.00	\$186,731,521.00	\$1,518,256.00	\$194,386,956.00
2018-2019	\$6,360,328.00	\$201,934,050.00	\$255,166.00	\$208,549,544.00
2019-2020	\$7,114,457.00	\$206,502,544.00		\$213,617,001.00
2020-2021	\$7,095,569.00	\$211,513,720.00		\$218,609,289.00
2021-2022	\$7,790,517.00	\$239,217,305.00		\$247,007,822.00
2022-2023	\$8,085,023.00	\$244,253,833.00		\$252,338,856.00
2023-2024	\$6,221,731.00	\$196,273,727.00		\$202,495,458.00
Total	\$87,294,440.00	\$2,572,373,612.60	\$1,773,422.00	\$2,661,441,474.60

VII. Summary

In addition to CFBHN’s experienced human capital, well-established infrastructure, and continued success in managing a complex network of 55 Department-funded providers in 14 counties and 57 contracts, the SunCoast Region recommends that the Department considers a one-year renewal of contract QD1A9.