



Central Florida

Behavioral Health Network, Inc.

Your Managing Entity

2021 – 2022 Annual Report

CFBHN is a Managing Entity contracting with the Department of Children and Families. A not for profit 501 (c) (3) corporation and a CARF International Accredited Network, CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services includes: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Mission is accomplished through seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF International is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

Stronger Together

We are pleased to present our 2019-2020 Annual Report to the community.



Linda McKinnon, President & CEO

It is with great pride that I write my final letter for our annual report. I will be retiring in June of 2023 and leaving CFBHN in the capable hands of our Board, staff, providers and stakeholders.

Thinking back on the accomplishments achieved together, I am proud of my part in our success. CFBHN began because of the vision of our founders. Our Board Chair, Nancy Hamilton, was one of them. They understood the need to improve the coordination of services across the system of care and the value of partnerships that would be required to accomplish this goal.

The founders educated and managed to convince their fellow CEO's - all independent providers - to join and support the development of CFBHN. When they obtained enough revenue to support a small staff they hired me. At the time we managed \$4 million in service dollars at a 14% administrative/operational cost. Today CFBHN administers over \$240 million in service dollars at less than a 3% administrative/operational cost through over 70 providers across 14 Counties serving over 100,000 people annually.

These stats are impressive, but it is the clinical and system development that remains the heart of what we do. During my tenure I have participated in the development of services required for a recovery oriented system of care. We now have a whole peer workforce and a service array required to successfully support people living with mental illnesses and substance misuse disorders in the community. We now have Recovery through Work, School-based, Supportive Housing, Assertive Community Treatment, Specialty Teams for children and adults, Mobile Crises Teams, Recovery Community Organizations, First Episode Psychosis, and Hospital Bridge programs to name just a few.

CFBHN could not have accomplished any of these initiatives without the support of the Department of Children and Families, advice of our community stakeholders, commitment of the provider network, our dedicated staff and Board of Directors.

Thank you for giving me this opportunity and your support throughout the journey. I am honored to have served as your CEO.

I welcome your comments and can be reached at lmckinnon@cfbhn.org

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency



“Central Florida Behavioral Health Network provides the right service, at the right time, in the right amount in order to save lives and ensure healthy communities.”



Nancy Hamilton
Board Chair

Every year the Chair of the Board of Central Florida Behavioral Network pens a statement for the annual report. For over two decades the annual report publishes the accomplishments of the year and recommitments to serve individuals and families

in our care. The Board, CEO and staff works diligently to preserve services, obtain new funding and improve outcomes for those with substance use and mental health disorders. This year brought disturbing increases in both substance abuse, addiction and mental health disorders to our communities. CFBHN and the providers were not deterred from the mission – working along with community members - efforts were increased. This annual report will illustrate those achievements.

This is my 22nd year on the Board of Directors. I have witnessed years of struggle to maintain sufficient funding despite barriers. The Network and providers faced years of stagnant rates, funding cuts and increased demands – yet never wavered because we exist to make our communities healthier and safer.

Vast numbers of individuals and families in the Network's 14 counties got the help they needed and their lives improved. To all those families we wish the very best life has to offer. Unfortunately, there were some individuals who lost their struggle with mental illness and substance abuse. For all of those families and individuals our hearts break for their loss and pain – mental illness and substance use disorders occur in every community, in every socio-economic group, and in every ethnic and racial group. For that reason alone, we must be dedicated to insuring services are accessible, evidence based and compassionate.

Finally, a note of appreciation. Our CEO, Linda McKinnon, was the first CFBHN CEO. Linda has spent over two decades working to expand funding and improve the care of those we serve. It was never easy. Her skills, intelligence and understanding of the system increased the annual amount of funding from about \$10 million in the Network's beginning to over \$240 million today. Linda deserves recognition for her work and best wishes for her well-deserved retirement. The Network will continue on its path of delivering quality services knowing our foundation is solid. Thank you Linda McKinnon – job well done!

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. All board members serve without compensation.

Officers

Nancy Hamilton, Board Chair, Quality Improvement Committee Chair
Retired

Ayesha Johnson, PhD, Vice-Chair
University of South Florida

The Honorable Craig Latimer, Treasurer
Hillsborough County Supervisor of Elections

Ray Gadd, Secretary/Governance Chair
Pasco County School District

Brena Slater, Member/Community Based Care (CBC)
Sarasota YMCA/Safe Children Coalition

Community Directors

JBennie Allred, Regional Council Representative for Circuit 10 Polk, Highlands, Hardee
Retired

Victor E. Avila, Member
Community Development Manager/Vice President Regions Bank

Guy Blanchette, IT Committee Chair Reporting Committee/Non-voting member
CEO Drug Free Collier

Dr. Joe Bohn, Regional Council Representative Circuit 6 Pinellas
Assistant Professor, Director Community Engagement, Deputy Director, DrPH Program

Terri Cassidy, Regional Council Representative for Circuit 12/Community Private Receiving Facility Representative
Bayside Behavioral Health Services, Sarasota Memorial

Josh Dillinger, Community/Business Representative
GCD Insurance Consultants

Ray Fischer, Community/Community Based Care (CBC)
Children's Network of SWFL, LLC

Dr. Jerome Jordan, Community/Elected Official
Pasco County Clerk & Comptroller, Civil Courts Director

Master Deputy Stephanie Krager, Homeless Initiative Team Coordinator/Crisis Intervention Team Coordinator
Hillsborough County Sheriff's Office

Captain Toni Roach, Regional Council Representative for Circuit 6 Pasco
Pasco Sheriff's Office Captain, Behavioral Health Intervention Team

Captain Samuel Rojka, Regional Council Representative Circuit 13 Hillsborough
City of Tampa Police Department

Nathan L. Scott III, Community/Child Welfare Advocate
Florida Department of Health

Jeannie Sutton, Regional Council Representative Circuit 20
Lee County Human and Veteran Services

Pastor Douglas Walker, Member
Hillsborough County Ecumenical Health Collaborative



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.

Community Focus...

Individual Results

\$252,338,856

TOTAL CONTRACT FUNDS

\$22,269,929

Total Opioid Funding

55

22

5

Providers / School Providers / Purchase Agreements

3.20% | Admin Rate

74,908,226 **Prevention through Coalitions & Partners**

Current Snapshot

July 1, 2021, continued managing the safety net system of care for substance abuse and mental health services funded through the Florida Department of Children & Families. Community voices were heard and supported via Coalitions, Consortiums, and Regional Councils in all **fourteen** counties. CFBHN managed **\$252,338,856** service dollars and **\$22,269,929.90** in opioid funding contracted through community organizations serving persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services. CFBHN also reached individuals through prevention messaging and services via community Coalition and Prevention partners. Contracted funds were efficiently and effectively managed at a **3.20%** administrative rate – a **good value** for Florida taxpayers.



Triannual Needs Assessment

This comprehensive process was conducted in coordination with all Florida Managing Entities. A report of the results was prepared and accepted by the Department of Children and Families. CFBHN has prepared an overview PowerPoint presentation that presents the results for our network in a usable format for public awareness and education and this is available on our website.

CFBHN Changes Composition of Board Directors

In light of legislative changes and statewide discussions, the Executive Committee voted that effective as of the December 17, 2021 meeting, the board slate would no longer reflect any contracted network providers as board members. The committee recognized the importance and value of the provider voice, however providers would no longer serve as board members with the ability to make decisions. The Board did make a decision to ensure representation of the provider voice would still be heard. Each Regional Council (RC) would choose a non-provider member of their RC to be a board member. If a RC did not currently have a non-provider member, they were asked to meet over the next few months to find someone in the community that could represent their voice as a board member. RC chairs could still report to the Board of Directors and providers would always be welcome to attend board meetings but would be unable to vote. Providers could also serve on committees to stay involved in support of the network. All providers were very supportive, understanding and appreciative that they would still be able to stay involved through committee participation and appointing others to fill their role to be sure all circuits were represented.



Alan Davidson Assumes Position of Chief Operating Officer

Alan Davidson joined CFBHN in 2013 as a member of the UM team, later serving as Senior Program Manager and Chief Clinical

Officer for Network Development and Clinical Services. He became CFBHN's Chief Operating Officer in March 2022. He is a Licensed Mental Health Counselor with over 25 years of clinical experience across a variety of settings including outpatient specialty clinics, crisis intervention, structured outpatient programs, inpatient psychiatric, large nonprofits, and private practice. Born and raised in Polk County, Florida, he moved to North Carolina to work on his graduate degree. In 2008, work took him to Ghana for a year during the time of President Obama's visit.

He has provided clinical and administrative supervision to counseling students, interns and professionals and is invested in emphasizing a more integrative, dynamic, and holistic approach to behavioral health. When he is not creating strategies for growth and improvement within the behavioral health system of care, he enjoys traveling, hanging out with his dogs, cycling, and boating.



Tampa Bay Lightning

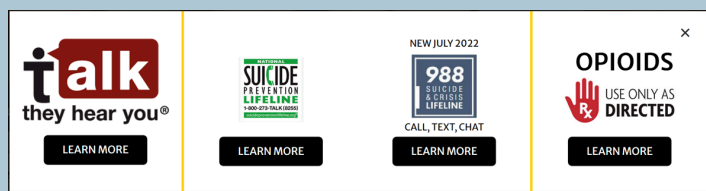
Lightning Hero Award and Pharma Awards

The Lightning Organization gives \$50,000 to Community Heroes at every home game each season. Heroes can then donate to their favorite charity or cause. CFBHN, along with several other local non-profits, shared the award and received \$15,000. CFBHN also received \$10,000 from Pharma. Combined, these awards will be used to produce video communication messaging on valuable services available through CFBHN.

Communication Continues on Important Issues plus New Resource Added

CFBHN supported four public awareness campaigns this year; "Talk, They Hear You" (underage alcohol use), "Use Only as Directed" (opioid misuse), #BeThe1To (Suicide Prevention Mental Health and Suicide Prevention Substance Use).

The youth alcohol campaign was adapted from the SAMHSA "Talk. They Hear You" national campaign and focused



on encouraging parents and caregivers to have frequent conversations with their children regarding their stand regarding underage alcohol use (identified as the number one issue in all our communities recognizing parents and caregivers are the key deciding factor in preventing underage drinking). Support was provided on the CFBHN website and via social media. This annual campaign generated **151,930,288** impressions.

The approved Opioid awareness and proper use campaign was “Use Only as Directed”. It supported the safe and effective use of opioids for pain reduction and emphasized talking with your doctor or dentist about alternative pain methods as well as safe disposal of any prescription pain medications. This campaign generated **121,681,918** impressions

#BeThe1To is a national campaign that provides five steps a person can take to help someone who may be considering suicide. The campaign was focused in two areas – those impacted by mental health issues and those impacted by substance use issues. This campaign also introduced the new **#988 24/7** Crisis and Suicide Lifeline. This campaign generated **244,211,771** impressions.

CFBHN also added a Suicide Prevention webinar to its library of now six GoToWebinars that provide training for Certified Peer Recovery Specialists to achieve and renew certification. The training is approved for continuing education units (CEU's) that are recognized by the Florida Certification Board – the governing body. They are accessible from the CFBHN website and there is no charge for the training.

DEI Efforts at CFBHN



A professional Diversity Team Consultant was engaged to guide CFBHN in implementing best practices through trainings, guidance and recommendations in spring of 2022. This was funded through a grant from the Pinellas Community Foundation.

Communications supported this initiative with an internal staff newsletter.

Community Collaborations and Innovative Partnerships



Housing

Affordable housing remains a top priority throughout the 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 and currently 175 units are available from these efforts.

Marjory Douglas Stoneman School Safety Programs

Following the tragedy, then Florida Governor issued Executive Order 18-81 which directed ME's to improve communication, collaboration and coordination of services. Pasco and Hillsborough County School Boards collaborated



with CFBHN to use the additional funds they received to help meet student needs and these have continued into this fiscal year, growing and expanding.

The Principles of the Wraparound Model and the use of the School Safety Behavioral Health Intervention Funnel (Multi-Tier System model approach) determines the appropriate level of services. Acting as care coordinators, CFBHN links students referred from school districts to a robust network of community providers. Project Managers

provide ongoing clinical oversight by staffing or consultation to address the need of high-risk students. If a student does not have insurance or is in need of services their insurance does not cover, CFBHN oversees a voucher system with funding from the school district to assist with eliminating barriers to services for all referred students.



Recovery-Oriented System of Care (ROSC) Transformation

Consumer & Family Affairs (CFA) is responsible for promoting and encouraging a recovery-oriented system of care to assert and establish an integrated, values based recovery-oriented system of care approach where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems.

This year CFA completed Recovery-Oriented Monitoring (ROM) Site Visit Reviews and submitted reports on

eleven subcontractors who deliver Medication-Assisted Treatment. This monitoring's are considered baseline for measuring progress toward implementation and integration of recovery-oriented principles and best practices within each Network Service Provider (NSP). Later in the year, a total of twenty-eight NSPs deployed Self-Assessment Planning Tool (SAPT) and Recovery Self-Assessment (RSA) to their staff and service recipients.

CFBHN continues to collect data and report outcomes to continue recovery management oversight, action planning and technical assistance toward transformation

Thank You for Reviewing Our Annual Report and Staying In Touch

The CFBHN website continues to be the hub for all things communication related. Recently, CFBHN added a quick reference documents page that includes policies, procedures and plans that impact operations and community activities.

You can contact CFBHN via our website and subscribe to our Newsletter and as always please connect to us via social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2021-2022 Annual Report.





Bridging Gaps with Management Solutions

Education and Advocacy

- Four communication awareness campaigns were implemented this period:
 - ✓ “Talk, They Hear You” combatted underage alcohol use
 - ✓ Opioid “Use as Directed” combatted opioid addiction
 - ✓ Two Suicide Prevention #BeThe1To campaigns offered five tips for helping someone who is contemplating suicide focusing on both a mental health and substance use perspective and introduced the new national 988# suicide and crisis 24/7 lifeline
- “Talk. They Hear You” youth alcohol and substance use campaign benefitted from IHeart radio personalities Queen B and Ronnie “Night Train” Lane support with monthly interview segments posted to social media
- Supported RX Drop Box Take Back Days
- CFBHN featured on variety of talk/news/interview shows throughout the network
- Presented at all legislative delegations with leadership meeting with all newly elected officials and staff as well as presenting to committees in Tallahassee
- Doris Griggs Nardelli, Director of Communications, presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference,

and the National Social Workers Conference

- Staff continued board service nationally, statewide and locally
- Produced Suicide Prevention webinar suitable for Peer Recovery Specialist training renewal and certification requirements. There is no charge for the six interactive webinars accessible from the CFBHN website and CEU’s are issued upon completion of the training modules
- Produced 2020-2021 electronic and printed Annual Report

Consumer & Family Affairs (CFA)

- CFBHN continues to implement High Fidelity Wraparound (HFW). Four Network Service Providers (NSPs); Success 4 Kids and Families Inc., Directions For Living, Carlton Manor and Chrysalis Health are contracting with Sunshine Health to provide HFW. Four additional NSPs and five other agencies across the SunCoast Region are capable of providing HFW and billing Medicaid. Currently, 38 individuals are certified as both a Wraparound facilitator and coach, 36 individuals are certified as facilitators and seven trainers deliver HFW in the SunCoast.
- CFA staff provided DCF’s required “Reaching for Their Dreams - Using Recovery Capital as the Foundation” training to 44 SunCoast region NSP Peer staff. The skills learned in this training assist service recipients in developing recovery goals that align with their individualized recovery capital assets.

Financial Management & Human Resources

Human Resources

- Continued remote telecommuting for all staff as the COVID 19 pandemic continues with carefully monitored weekly in-office staff times for departments and teams

Financial Management

- New non-recurring block grant funding \$25,033,920
- New recurring funding \$18,212,725
- #988 funding \$2,368,052
- Added two new Forensic Multidisciplinary Teams
- Added three and a half new CAT teams
- Expanded eleven and added four Mobile Response Teams
- Expanded four and added one Family Intensive Treatment (FIT) team
- Received funding for three new evidenced-based practice teams
- Received funding for four new other multidisciplinary teams
- Implemented 20 proviso projects

Information Management

- Implemented FASAMS V14. Worked with DCF on system layout/conversion of data system to V14
- Enhanced remote workforce capabilities - Microsoft 365 expansion/enhanced remote capability and connectivity
- Enhanced reporting for County, Sheriffs, Schools, DCF, etc.
- Contracted with Carisk to manage CFBHN's data submission to FASAMS
- SharePoint upgrade

Network Development & Clinical Services

Behavioral Health Integration (BHI)/Child Welfare

Family Intensive Treatment (FIT)

- FIT teams enrolled 529 parents with substance use disorders and child welfare involvement – exceeding target by 53 individuals
- In FY21/22, 138 caregivers successfully completed. At discharge,
 - o 99% had stable housing
 - o 83% were employed
 - o 96% improved functioning, based on DLA-20 pre/post scores
 - o 92% improved caregiver protective capacities

Family Intervention Specialists (FIS)

- FIS responded to 3,168 referrals from child protective

investigators(CPI's),childwelfarecasemanagers(CWCM's),and dependency courts in FY21/22. They provided case management and resources removing barriers to treatment resulting in 42% engagement of clients recommended for voluntary treatment.

Behavioral Health Consultants (BHC's)

- As subject matter experts (SME's), CFBHN-funded BHC's provided 3,376 services to CPI's including consultations, brief assessments, joint visits, record reviews, and service recommendations for caregivers experiencing possible substance use and co-occurring disorders

Technical Assistance and Workgroups

- CFBHN facilitates regional monthly FIS, FIT, and BHC meetings discussing trends, barriers, promising practices, and strategies
- The BHI team organized a virtual mini-conference June 13 including participation from FIT, FIS, BHC's, and integration partners. Attendees participated in breakout sessions and whole-group discussions to increase collaboration and share best practices across programs, agencies, and circuits.
- The BHI Program Manager initiated BHI Workgroups that met quarterly in each circuit, resulting in formalized Working Agreements and improved communications and referrals processes between systems. Membership included Community Based Care (CBC) lead agencies, NSP's, DCF, Sheriff's Offices, and child welfare stakeholders.

Children's Mental Health

- Provided education, technical assistance and guidance to community stakeholders, families and system partners facilitating five circuit trainings focusing on "Wraparound and Diversion Levels of Care". Team is actively working with the Managed Medicaid Assistance (MMA) Plans to identify strategies for community providers to use wraparound in-lieu of codes.
- Provided additional training and technical assistance to community providers on the Youth at Risk (YAR) Staffing Model to identify and link community resources to high risk youth. Now actively used in 2 of the 5 network circuits with the Team providing technical assistance for the remaining 3 circuits to adopt model. Held 266 YAR Staffing calls which diverted 200 high risk youth from entering child welfare.
- Participated in 506 interagency calls this fiscal year including Critical Case, Child Specific Team, and YAR staffings. Out of the 506 interagency calls, there were 294 critical case staffing calls resulting in 287 youth being diverted from child welfare and deeper end systems of care during the call.
- CFBHN CMH team continued weekly Children Specific Staffing Team (CSST) meetings providing: additional support, education, and communication between referral agents and community stakeholders, while focusing on residential

referrals to the Statewide Inpatient Psychiatric Programs (SIPP) and Therapeutic Group Homes. Several MMA Plans reported positive feedback on CFBHN use of these weekly CSST's this fiscal year.

Child Welfare

- CFBHN continued partnering with DCF to ensure alignment between ME and DCF funded Behavioral Health Consultants. CFBHN Behavioral Health Integration Program Manager provided technical support to DCF and other ME representatives for the BHC position and provided data related to the position.
- CFBHN continued to actively collaborate with other MEs, DCF and other pertinent stakeholders for behavioral health integration. CFBHN actively participated in monthly FIT (Family Intensive Treatment) calls with DCF, SAMH and other MEs, holding monthly regional calls with all CFBHN FIT teams. In addition, CFBHN partnered with DCF and other FIT stakeholders on various workgroups to complete a FIT manual and a fidelity tool in order to establish best practices for FIT providers
- CFBHN Behavioral Health Integration Program Manager assisted two providers to expand FIT services. Charlotte Behavioral and Cove were awarded additional funds through the CARES Act to expand their services.

FACT Teams and State Mental Health Treatment Facilities (SMHTF–Hospital)

- AMH Staff processed 124 referrals for SMHTF admission from 34 receiving facilities across the CFBHN network resulting in 43 admissions to the civil SMHTF and 82 diversions from admission to the SMHTF
- Staff facilitated over 120 discharge planning from 3 civil SMHTF cases in FY21/22
- The FACT Program admitted 102 individuals in FY21/22 with 14% of admissions consisting of clients diverted from SMHTF admission and 15% of admissions being direct discharges from the SMHTF
- FACT discharged 108 individuals in FY 21/22
- Year-end census for FACT was 1377/1400 slots filled
- Since July 2012 and June 2022, FACT has admitted 1506 individuals and discharged 1426

Forensic

- To satisfy Incorporated Document 21 requirements for the Coordination of Housing and Supportive Services for SAMH clientele, CFBHN facilitates public/private partnerships for affordable housing in the network. Affordable housing continues to be a top priority in the region. Fair Market Rent continues to rise across the state as housing values increase and stock decreases. In the network Fair Market Rent exceeds the SSI maximum payment amount.
- As a result of collaborative partnerships 175 units became available in FY21/22
- CFBHN continues to seek data-sharing projects with Homeless Coalitions. This effort addresses clients that access both systems of care and coordinates services to serve the individual and the system better. Care coordination between multiple systems can improve outcomes of individuals experiencing substance use disorder, mental health, and co-occurring disorders that are homeless or at risk of homelessness.
- CFBHN works with coordinated entry to refine the priority list for housing in nine houseless continuums across the region. Supportive housing specialists working 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 PATH teams across the network who work directly with those experiencing homeless, mental health and co-occurring disorders. Working directly with Homeless Coalitions, PATH enters individuals into HMIS prioritizing and connecting them to housing.
- PATH teams and NSPs with Adult Case Management must use SOAR (SSDI/SSI, Outreach, Access, and Recovery). SOAR is a SAMHSA-endorsed process for submitting initial SSDI/SSI applications for those at-risk or experiencing homeless and have a medical impairment, mental health, substance use, or co-occurring disorders. NSPs are required to complete four SSDI/SSI applications per quarter using the SOAR process and maintain a 65 percent approval rate. CFBHN understands housing options are extremely limited when an individual has no income so obtaining Social Security benefits individuals are entitled to increases housing opportunities. Opportunities included independent housing, shared housing, Assisted Living Facilities, Group Homes, and many more. During

FY21/22, SOAR providers in our region 189 submitted applications. There were 83 approvals, 69 denials (55% approval rating), and pending. The average days to decision was 190.

Prevention

- Collaboratively worked alongside substance abuse prevention NSPs and drug free coalitions to deliver top-notch quality community based processes, environmental strategies and information dissemination regarding maintaining health and wellness
- Successfully implemented substance abuse prevention programs and practices and provided technical assistance and support to Prevention Coalitions and Partners throughout the network
- Maintained quarterly workgroups to promote prevention principles in service delivery

Healthy Transitions

- Success For Kids and Families in Hillsborough County served over 70 youth and young adults in their Healthy Transitions program in FY 21/22 providing case management, education/ vocational services, wellness groups and peer support services. In addition, Success For Kids and Families participated in 340 outreach activities this fiscal year reporting period to engage youth and young adults in healthy transitions activities.

School Projects: Hillsborough and Pasco County Schools

- Pasco and Hillsborough County School Boards collaborated with CFBHN to use their additional funds to meet student needs eliminating gaps and improving behavioral health services through collaboration with stakeholders and provider organizations while working to expand the mental health network of both counties.
- The Pasco Program:
 - o Uses the YAR Staffing model with community providers and school-based staff to identify tier 3 students before they penetrate deeper into the system of care
 - o Collaborated with Gulf Coast Jewish Family and Community Services to implement a program that provides more intensive services offered on the school site and at

home to reduce barriers to access to service serving a total of 39 children and families.

- The Hillsborough Program
 - o Had more high-need schools requesting additional behavioral health services on the school campuses - increasing from 73 to 94 schools during this fiscal year.
 - o A new position was created and staffed to assist with communication barriers that delay services and to track and report specific service-related data.

State Opioid Response

- The SOR (State Opioid Response) program supplements and develops enhanced MAT (Medication Assisted Treatment) services throughout the network. A critically important result of the SOR program is the development of hospital bridge partnerships. This program has created an innovative medical/ clinical pathway to provide MAT services for individuals entering hospital emergency rooms.
- The current hospital bridge programs:
 - ✓ ACTS – Tampa General & St. Joseph's Hospital
 - ✓ BayCare Behavioral – Morton Plant North Bay
 - ✓ David Lawrence Center – NCH Healthcare & Physicians Regional
 - ✓ DACCO – Tampa General
 - ✓ Operation PAR – St. Anthony's
 - ✓ Tri-County Human Services – Bartow/Winter Haven Regional, Lakeland Regional, Lake Wales/Davenport

Each of the hospital bridge partnerships provides a pathway for much needed MAT services and gives hospital emergency rooms a process for referring individuals for appropriate services. This program has provided MAT inductions in hospital emergency departments to individuals in need of services and the Hospital Bridge recovery peer specialists have referred 1,500+ individuals to treatment providers to link for ongoing services.

CFBHN has dedicated SOR prevention funds toward evidence-based programs and practices devoted to reaching universal populations with targeted opioid media campaigns throughout the SunCoast Region as well as targeted educational programs towards youth and adults both in traditional school

settings and community outlets.

Utilization Management/ Care Coordination

- In accordance with Pamphlet 155-2 v14, CFBHN uses the regional waitlist as a tool to ensure access for individuals waiting to receive recommended substance abuse or mental health services regardless of priority population status. The Team makes sure individuals who meet priority population criteria are given primary access to recommended services in accordance with 45 CFR § 96.131(a). They continuously monitor the regional waitlist to identify concerns while promoting collaboration that targets barriers hindering access to care.
- Wait times remained minimal for persons seeking substance abuse residential services. The Team and providers work together to expedite the referral and placement process using a shared referral form across the region.
- Updates to Guidance Document 4 were implemented in collaboration with NSPs during monthly Care Coordination meetings along with frequent individual support provided by team managers. These strategies were used throughout the region and customized to circuit specific needs with the goal of enhancing individual outcomes.
- In February 2022, the CFBHN UM partnered with five provider agencies to build the region's first Children's Care Coordination (CCC) program serving children of various populations as set forth by Guidance Document 4. NSP

coordinators engage with families to help navigate the mental health system and ancillary services to improve outcomes for children served using Transitional Vouchers to help meet basic needs on an as-needed basis.

- Adult Care Coordination providers continue to use the SAMH Transitional Vouchers to provide temporary assistance with basic needs. This support remains integral in helping individuals served secure and remain in safe housing while achieving stability in the community.
- Care Coordination served 558 individuals in FY21/22. Readmission rates ranged from 1 to 4% monthly with an average of 3% for the year. Efforts to engage persons in aftercare following discharge from acute care services resulted in first contact between 1.76 to 6.41 days with an average of 2.98 days to first treatment contact.

Continuous Quality Improvement

- In July of 2022, CFBHN was surveyed by the Commission on Accreditation of Rehabilitation Facilities (CARF) and was re-accredited as a Network for a 3-year term
- In FY21/22, CQI staff members completed compliance reviews on 46 Network Service Providers (NSPs)
- Of surveyed NSP staff:
 - o 99% stated that CQI staff members responded to their questions and requests in a timely manner throughout the monitoring process
 - o 96% responded that they agreed that monitoring results accurately reflected their organization's level of performance

