

## Care Coordination

### ***Policy***

It is the policy of Central Florida Behavioral Network, Inc. (CFBHN) to coordinate care to ensure the appropriate, effective and efficient use of resources to meet the behavioral health needs of individuals and families receiving services.


### ***Purpose***

The purpose of this policy is to implement care coordination strategies that assist Network Service Providers (NSPs) in delivering quality behavioral health care in a timely and cost-effective manner. This includes recovery, person-centered care and the principles of evidence-based practices.

### ***Procedure***

The CFBHN Utilization/Care Managers perform the following activities:

1. Chair meetings of the CFBHN-funded NSPs that provide Care Coordination services, including any breakout Crisis Stabilization Unit (CSU), Detox and Residential NSP meetings.
2. Monitor persons admitted to acute care (CSU, Detox) and identify persons meeting criteria for Care Coordination per Department of Children and Families (DCF) Guidance Document 4 criteria. CFBHN Utilization/Care Managers (UCMs) notify NSPs when individuals who meet eligibility requirements are admitted for treatment. NSPs initiate Care Coordination engagement efforts and/or post-discharge contacts .
3. Engage NSPs in discussion regarding individuals who are receiving high-risk services and have higher-than-average utilization of services. Discussions may include the individual's progress in Care Coordination, length of stay, level of care, linkage with community and natural support systems, and outcome data related to episodes of care to identify opportunities for improvement in service effectiveness and efficiency.
4. Complete Care Coordination data reports to present to DCF and monthly Care Coordination meetings.
5. Analyze data on admissions and discharges, High Need/High Utilizers, diagnosis, level of care, length of stay, linkage with continuing care after discharge, outcomes, and cost of care to assess effectiveness and efficiency of services. As appropriate, recommendations are made to the Vice President of Network Development and Clinical Services for improvements on these measures. UCMs report this information back to the Care Coordination Provider meetings as needed or requested.
6. Collaborate to analyze data on continuity of care and coordination of admissions and discharges for individuals and families receiving services in the forensic system, Florida Assertive Community Treatment (FACT) teams, in-jail programs, those awaiting transfer to state hospitals, discharge from state hospitals, Statewide Intensive Psychiatric Programs (SIPP), Juvenile Incompetent to Proceed (JITP) and BNet. UCMs report this information back to the Care Coordination Provider meetings as needed or requested.
7. Review and recommend revisions to the CFBHN Care Coordination Plan at least annually.

<p><b>Care Coordination</b></p> <p>Approval:  Alan Davidson, President/Chief Executive Officer</p>	<p>Date Issued: <u>08/01/2010</u></p> <p>Last Revision: <u>03/30/2023</u></p> <p>Review Date: <u>03/30/2023</u></p>
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