Central Florida Behavioral Health Network, Inc.
Your Managing Entity

Care Coordination Plan
FY 2024 - 2025

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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C-1.1.1.1 Methods Used to Reduce, Manage, and Eliminate Waitlists for Services

CFBHN's Network Development and Clinical Services Department manages the Suncoast Region Substance Abuse and Mental Health Wait List. CFBHN requires subcontractors under the DCF contract to enter individuals waiting for services into the DCF Electronic Waitlist according to the DCF Pamphlet. The Care Coordination Provider meeting will develop and implement projects to reduce and, where possible, eliminate waitlists throughout the region. CFBHN staff provides training on the SAMH Waitlist annually and monitors compliance with completing the waitlist monthly. CFBHN staff monitor the waitlist entries daily through Carisk.

C-1.1.1.2 Planning, Use, and Delivery of Services to Individuals with Co-occurring Substance Use and Mental Health Disorders

At a system level, Care Coordination is a process that includes coordination at the funder level through data surveillance, information sharing across regional and system partners, partnerships with community stakeholders and purchase of needed services and supports. This is a collaborative effort to target treatment resources to navigate the needs and reduces risk and promotes accurate diagnosis and treatment because of consistency of information sharing.

At a provider level, Care Coordination includes a thorough assessment of behavioral health issues, service needs, and a level of care determination. Care Coordination also facilitates transitions between providers, episodes of care, across lifespan changes and across the trajectory of illness.

C-1.1.1.3 Access to Clinically Appropriate Services and Use of Screening, Assessment, and Placement Tools

Care Coordination includes a thorough assessment of needs inclusive of a level of care determination, and active linkage and communication with existing and newly identified services and supports. Care Coordination assesses for, and addresses, behavioral health issues as well as medical, social, housing, interpersonal problems/needs that impact the individual's status.

C-1.1.1.3.1 Adoption of the American Society of Addiction Medicine (ASAM) criteria by all Network Service Providers

Providers will submit annual program descriptions that include any Evidence Based Practices in use, as part of the contract development process.

Providers will reference the level of care assessment tool for mental health and substance use treatment placement. CFBHN promotes the use of the ASAM/ LOCUS/ CALOCUS. These are clinical tools used for placement, continued stay, transfer, and discharge from treatment. Level of care assessment tools ensure clinical appropriateness for the current level of care and provide a multi-dimensional assessment of current level of functioning used by the provider.
Providers will develop a care plan with individuals based on shared decision-making that emphasizes self-management, recovery and wellness. The care plan must include transition to community-based services and/or supports.

C-1.1.1.4 Use of Service Outcome Data

For all Individuals, regardless of funding sources, Care Coordination allows for collaboration and navigation to occur for community resources and support. Care Coordination addresses the unique needs of the individual served, including treatment, social supports, housing and work programs to sustain recovery. The system allows CFBHN staff and providers access to information on service availability and allows for daily monitoring to reduce the number waiting for services.

CFBHN uses information from the CFBHN data information system to evaluate trends related to admission, such as length of stay, discharge and service outcomes data. The primary focus, however, is to monitor high frequency readmissions.

C-1.1.1.5 Coordination of Behavioral Health and Primary Care

The CFBHN Behavioral Health Utilization/Care Managers work to identify and support initiatives to integrate primary care with behavioral health services. Using a holistic health model, which incorporates the total need(s) of individuals, the Behavioral Health Utilization Care Managers include mental health, substance abuse, physical health, housing, and other supportive service needs in their planning and recommendations for consideration.

C-1.1.1.6 Methodology to Ensure Least Restrictive Level of Care and Higher Level of Care Diversion

Services and support take place in the most inclusive most responsive, most accessible, and least restrictive settings possible that safely promote an individual's integration back into home and community life.
CFBHN encourages network service providers to engage the individual in their home and community environment as much as possible to allow for significant others and supports to also be engaged. Network Service Provider's Care Coordinators review the individual's needs and goals and support engagement in care at the least restrictive level appropriate for the individual's needs.

C-1.1.1.7 Monitoring and Implementation of System Changes to Promote Effectiveness

Care Coordination ensures goals and strategies of the care plan are tied to observable or measurable indicators of success, monitors progress in terms of these indicators and revises the plan accordingly.