
Template 4
Managing Entity Annual Business Operations Plan

Contract Reference: *Sections A-1.2 and C-1.1.7*

Frequency: *Annually*

Due Date: *No later than May 15 for the subsequent fiscal year of operations.*

Discussion: The Annual Business Operations Plan shall contain the following minimum elements.

SECTION 1 – CURRENT SYSTEM CAPACITY

SECTION 2 – SYSTEM ENGAGEMENT

SECTION 3 – MANAGING ENTITY SPECIFIC INITIATIVES

SECTION 4 – SYSTEM MONITORING

SECTION 1 – CURRENT SYSTEM CAPACITY

- A Identify by county any operational sub-regions within the Managing Entity's service area, if applicable. Briefly describe the scope of available services within each sub-regions and identify Managing Entity staff directly responsible for coordination and oversight of each sub-region.**

The following is a list of Circuits and Counties in the SunCoast Region.

Circuit 06- Karen Barfield, Community Manager

- o Pasco
- o Pinellas

Circuit 10- LaTasha Cohen, Community Manager

- o Hardee
- o Highlands
- o Polk

Circuit 12- LaTasha Cohen, Community Manager

- o Desoto
- o Manatee
- o Sarasota

Circuit 13- Karen Barfield, Community Manager

- o Hillsborough

Circuit 20- LaTasha Cohen, Community Manager

- o Charlotte
- o Collier
- o Glades
- o Hendry
- o Lee

CFBHN continues to facilitate collaborations among the Network Service Providers (NSP) throughout the network to ensure that all counties within the service area have access to the complete service array described in the chart below. This chart includes each of the essential elements of a coordinated system of care as defined in section 394.4573(2), F.S. and provides a summary of the support funded by CFBHN in the SunCoast Region and Circuit 10.

Element	Services Supported by CFBHN
Community Interventions	Community interventions are defined as services that include prevention, behavioral health primary care, therapeutic and supportive services, crisis response, and diversion. Community interventions funded by CFBHN are in place in each of the 14 counties that make up the SunCoast region and Circuit 10.
Designated Receiving System	Designated receiving systems consist of one or more facilities that serve a defined geographic area and are responsible for assessment and evaluation, both voluntary and involuntary, and the treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders. CFBHN coordinates with <u>each</u> county in the SunCoast region and Circuit 10 in the preparation of a Behavioral Health Receiving System plan. Updates to each plan are made every three years.

Element	Services Supported by CFBHN
	Behavioral Health Receiving System Plans describe how the community shall ensure the provision of the “No Wrong Door Model” defined in section 394.4573, F.S. Implementation of each county’s plan assures the coordinated provision of emergency services for people in need of help for behavioral health disorders and supports a comprehensive behavioral system of care.
Transportation	In accordance with section 394.462 F.S., CFBHN collaborates with local government in each county in the SunCoast region and Circuit 10 to develop a local transportation plan. Each plan describes the method of transportation to a designated receiving system facility, and specifies how transportation will be provided to, from, or between participating facilities, including for individuals unable to pay for the expense. Plans include the role of a law enforcement partner and must be approved by a governmental body in that local area. Transportation plans are updated every three years.
Crisis Services	Crisis services are defined as: mobile response teams; crisis stabilization units (CSU) addiction receiving facilities; and detoxification facilities. Crisis services funded by CFBHN, are available in each of the 14 counties that make up the SunCoast region and Circuit 10.
Case Management	Case management services, funded by CFBHN, are in place in each of the 14 counties that make up the SunCoast region and Circuit 10.
Care Coordination	Care coordination services include coordination with other local systems and entities, public and private, which are involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations. Care coordination services for adults, funded by CFBHN, are in place in each of the 14 counties that make up the SunCoast region and Circuit 10. Care coordination for children is available in Hillsborough, Lee, Manatee, Pinellas, Charlotte, Collier, Sarasota and Polk Counties.
Outpatient Services	Outpatient services, funded by CFBHN, are in place in each of the 14 counties that make up the SunCoast region and Circuit 10.
Residential Services	CFBHN funds residential services in 11 of the 14 counties included in the SunCoast region and Circuit 10. Individuals needing residential services can access any of these CFBHN-funded facilities.
Hospital Inpatient Care	Within the CFBHN service area, behavioral healthcare provider Centerstone of Florida operates a hospital licensed under Chapter 395, F.S. Following the significant impacts of Hurricane Ian in 2022, CFBHN also worked directly with Park Royal Hospital to pay for the behavioral healthcare of individuals served by that facility.
Aftercare and other post-discharge services	CFBHN funds aftercare services in six of the fourteen counties in the SunCoast region and Circuit 10. CFBHN collaborates with NSPs to help individuals throughout the region who require aftercare services locate suitable resources.
Medication-Assisted Treatment (MAT) and Medication Management	MAT and medication management services, funded by CFBHN, are available in each of the 14 counties that comprise the SunCoast region and Circuit 10. These services continue to further develop with the addition of Coordinated Opioid Recovery Network throughout 12 of the 14 th counties.
Recovery Support	Recovery support services include the use of peer specialists to assist individuals in their recovery process, supportive employment, educational supports, independent living skill development, family support and education, wellness management and self-care, and

Element	Services Supported by CFBHN
	housing assistance. Services are provided by Recovery Community Organizations (RCO), Mental Health Clubhouses, Providers bridging peers into services via jail/ hospital bridge programs, and grassroots organizations such as National Alliance on Mental Illness (NAMI). CFBHN funds recovery support services in 11 of the 14 counties within the SunCoast region and Circuit 10. CFBHN has established community collaborations in the remaining three counties to ensure recovery support services are available throughout the region.
Care Plans	Care Plans are personalized plans that focus on reducing barriers to wellness; increasing behavioral health treatment and supports; and meeting basic needs of the individual during recovery. CFBHN-funded NSPs utilize care and recovery plans for individuals in treatment and receiving case management and recovery support assistance.
Coordinated Specialty Care Programs	CFBHN funds multiple specialty care programs throughout the SunCoast region and Circuit 10. These include, but are not limited to: • MAT, including a mobile buprenorphine program. • Healthy Minds, a program that uses early intervention services for psychotic disorders and first episode psychosis for teens and young adults. • Proviso programs, including veteran's support services and supports for youth in recovery while completing high school studies. • y. Mental Health Allocation plan within Hillsborough County that allows for accessibility to students to receive mental health services such as therapy, case management and psychiatric medication management. This is funded by the Hillsborough School District.

- B For estimating and future allocation purposes, provide an overview of the following non-contractual projected service outputs for the new fiscal year.**

Projected Non-Contractual Service Outputs – Persons Served				
Service Type	Adult MH	Child MH	Adult SA	Child SA
Behavioral Health Network (BNet)	N/A	150	N/A	N/A
Florida Assertive Community Treatment (FACT) Team	1500	N/A	N/A	N/A
Indigent Drug Program (IDP)	600	N/A	N/A	N/A
Temporary Assistance for Needy Families (TANF)	350	15	350	0
Persons with Criminal Justice Involvement	3000	400	600	300
Other Special Projects – (specify and add rows for special projects of initiatives implemented by the Managing Entity, as necessary)				

- C Describe the methodology and data sources used to establish the Projected Non-Contractual Service Outputs.**

CFBHN uses several methodologies to establish output measures for both Network Service Provider (NSP) Measures and Non-Contractual Services. The first methodology is based on data from the Carisk Portal. Using this system, the staff pull data reports and review them to understand previous performance, cost of care, and the number of individuals on waitlists. This historical data is crucial for setting realistic targets and defining quantifiable outcome measures for future service delivery.

Another methodology evaluates the cost of a program based on services. Knowing the number of services expected and the cost of the services allows CFBHN to use the available funding and develop a model based on cost and proposed services. CFBHN staff use waitlist data to determine the model of services required, multiplied by the cost of the services, to determine the number of individuals to be served.

The last methodology CFBHN uses is to establish a baseline for programs in their first year of operations. Using this methodology, CFBHN staff establish the program and required services before monitoring it for a specified time. This methodology was not used in any of the above projections, as all programs have been established and running.

D Describe any plans for network modifications anticipated during the new fiscal year, if applicable. Provide a justification, applicable data supporting the modification and implementation timelines.

CFBHN continues to work with Recovery Community Organizations (RCOs) throughout the region to support the statewide ROSC initiative. Recovery Epicenter, Polk for Recovery, Hillsborough Recovery Coalition, Kimmie's Recovery Zone, and Equal SRQ are all under contract, and The Hope Shot is interested in joining the network. Initial site visits and preliminary discussions have commenced with Recovery Connections regarding strategic expansion into the Suncoast Region and C10. These conversations represent the foundational steps in assessing and planning for new service delivery opportunities within these areas.

CFBHN is participating in the development of Neonatal Abstinence Syndrome/Substance Exposed Newborns (NAS/SEN) programs throughout the SunCoast Region and Circuit 10 in collaboration with DCF. The first program was initiated with Lightshare in Sarasota, and the second was initiated with Tri-County Human Services to bring on an additional NAS/SEN program in the service area, but this funding was cut, and CFBHN is working on securing additional funding. Securing additional funding would allow CFBHN to better serve the community by adding these new programs.

Children's Care Coordination was initiated with five (5) providers. Currently Children's Care Coordination has 8 Providers. These providers are Baycare, Centerstone, David Lawrence Center, Directions for Living, The Crisis Center of Tampa Bay, Peace River Center, Charlotte and SalusCare. CFBHN continues to assist in identifying referral options within the community and collaborating with Managed Care Plans to offer Children's Care Coordination, aiming to improve outcomes among priority populations.

E Identify any anticipated reductions in funded system service capacity over the prior fiscal year capacity. Identify the affected Network Service Provider, subcontract number, program, available covered service or service location impacted by each reduction and provide a brief justification.

CFBHN is committed to maintaining current program offerings for the upcoming fiscal year. Confidence is built on the capacity to deliver a comprehensive range of services, upholding a role as a responsible steward of the system of care. To ensure optimal program selection and the most effective resource allocation, final planning will be solidified upon receipt of the official funding allocation. This strategic approach guarantees the continued provision of the most impactful and essential services to the community, aligning efforts directly with available resources to maximize benefit.

F Update the key staff designations required by contract Section C-2.1.4 for the new fiscal year.

Key Staff Designations		
Designation	Designee Name and Title	Contact Phone and Email
1 Immediate Response	Kent Runyon, Chief Operating Officer	krunyon@cfbhn.org (813) 365-2485
2 Consumer Affairs	Beth Piecora, Director of Consumer & Family Affairs	bpiecora@cfbhn.org (813) 740-4811 ext. 255
3 Facilities Representative	Candice Vega, Program Manager	cvega@cfbhn.org (813) 740-4811
4 NSP Ombudsman	Kent Runyon, Chief Operating Officer	krunyon@cfbhn.org (813) 365-2485
5 Data Officer	Diego Wartensleben, Director of IT and Software Development (DCF) Carisk Behavioral Health	diego.wartensleben@cariskpartners.com (305) 514-5216
6 Lead Housing Coordinator	Jason Saffels, Housing and Community Engagement – Program Manager	jsaffels@cfbhn.org (813) 614-1569

SECTION 2 – SYSTEM ENGAGEMENT

A Describe the Managing Entity's strategy for coordinating services across multiple funding sources and systems to reduce duplication, ensure continuity of care, and improve integration.

CFBHN fosters a collaborative environment by actively engaging with diverse stakeholders, including sheriff departments, county health plans (Polk, Hillsborough, and Pinellas counties), county opioid task forces, homeless services, Community Based Care (CBC) Lead Agency, and county behavioral health services. This collaborative approach facilitates streamlined cross-system coordination, minimizes service duplication, and ultimately enhances integrated care for individuals we serve. This commitment to collaboration has demonstrably led to the development of impactful programs and services, resulting in improved outcomes for the individuals served.

B Describe how the Managing Entity will be responsive to consumers of behavioral health services. Include a summary description of dispute resolution, complaint management, and response to information requests processes. Provide references to applicable policies or procedures available in the Managing Entity electronic vault.

Priority/Non-Priority Calls

Behavioral Health Services (BHS) receive priority and non-priority calls from individuals being served, their families, and NSPs. The following groups are identified as priority populations: pregnant females, IV drug users, and pregnant IV drug users. The priority requests are placed in the appropriate level of care that is required within 48 hours for pregnant females and 14 days for IV drug users.

Information and referral calls are treated as non-priority calls. These requests follow the BHS non-priority call protocol, including initiating a wellness check, if appropriate. Training on how to handle priority and non-priority calls is done quarterly during BHS staff meetings. The workflows for handling these two types of calls can be found in the electronic vault (DCF SharePoint: Documents/FY 24-25/CFBHN Contract Deliverables/Annual Reports and Plans/Business Operations Plan).

CFBHN Complaint Policy (includes Dispute Resolution)

The BHS team handles complaints and grievances for individuals and families receiving services. Complaints and grievances may be filed orally, in writing, or in person up to one year from the date of the occurrence. An individual may designate a representative to file a complaint or grievance on his/her behalf. CFBHN investigates the complaint and provides a resolution to the individual or designee within the timeframes established in the policy. This specific policy can be found in the comprehensive BHS Policy and Procedures, which is in the electronic vault (DCF SharePoint: Documents/FY 24-25/CFBHN Contract Deliverables/Annual Reports and Plans/Business Operations Plan). BHS reports monthly the number of complaints and grievances received and their resolution to the Continuous Quality Improvement (CQI) Oversight Committee.

C Describe how the Managing Entity plans to address the following uniquely vulnerable populations with evolving needs:

1. Parents involved in the child welfare system

CFBHN oversees eight Family Intensive Treatment (FIT) teams and eight Family Intervention Specialist (FIS) programs in 11 counties. NSP are contracted to provide six Behavioral Health Consultants (BHC) in the SunCoast Region and Circuit 10. These programs provide integrated

behavioral health services for caregivers with child welfare involvement. In addition, Multidisciplinary Family Wellbeing Treatment Teams were implemented in 2023 to expand intensive services to families with child welfare involvement and parental behavioral health concerns in Circuits 13 and 20.

CFBHN has MOU with each CBC lead agency in the region, and works with DCF, lead agencies, case management organizations, NSP, and child welfare stakeholders to develop local Child Welfare Working Agreements, which are reviewed and updated annually. Implementation of these Working Agreements is evaluated throughout the year during integration workgroups facilitated by CFBHN. Workgroups convene in each circuit to support collaboration between child welfare and behavioral health partners that serve caregivers with mental health, substance use, or co-occurring disorder and child welfare involvement. These workgroups meet quarterly in Circuits 6, 10, and 13, and at least quarterly in Circuits 12 and 20, and focus on the following:

- Referrals going where they need to go with timely engagement,
- Accessible and appropriate treatment,
- Effective communication between systems at all levels, and
- Increasing capacity of collaborative efforts.

2. Homeless individuals

CFBHN fosters a collaborative network of interconnected partners, actively engaging with Local Homeless Coalitions, Lead Agencies of CoC Plans, housing authorities, and key state/local partners. This collaborative spirit streamlines communication and optimizes resource allocation, ensuring individuals experiencing homelessness with mental health diagnoses receive efficient access to safe and stable housing. Our dedicated housing staff acts as a bridge, seamlessly connecting clients with critical support services.

Furthermore, CFBHN spearheads innovative data-sharing initiatives with CoCs. This allows for the proactive identification of individuals who rely heavily on the indigent system of care, facilitating targeted interventions and mitigation of funding gaps. This collaborative approach strengthens the entire care network, ultimately improving service delivery for those in need.

CFBHN's commitment to collaboration extends beyond existing partnerships with CASL and Blue Sky Communities in Lee, Sarasota, and Polk Counties. We are actively pursuing further collaboration in Collier and other counties, demonstrating our ongoing commitment to expand our reach and serve a wider population.

3. Members of the LGBTQ community

CFBHN prioritizes fostering community partnerships with organizations specializing in serving the unique and holistic needs of individuals identifying as LGBTQ. This commitment extends to CFBHN's Recovery Peer Specialist training program and support groups, which are designed to be inclusive and welcoming to LGBTQ community members seeking certification to deliver Recovery Peer Support Services within their communities.

4. Pregnant women and women with children;

CFBHN maintains contracts with nine NSPs to establish a comprehensive continuum of services tailored to the specific needs of pregnant and parenting women and their families. These NSPs actively conduct outreach initiatives to engage women who could benefit from these critical support systems. Additionally, CFBHN allocates incidental expenses to address essential needs such as infant care equipment and other necessary supplies. Furthermore, CFBHN's contracted providers play a key role in reducing readmission rates and identifying emerging needs within this population, ensuring the ongoing well-being of mothers and their children.

5. Persons re-admitted to a CSU or inpatient unit within 30 days of discharge from a State Mental Health Treatment Facility; and

CFBHN fosters a collaborative network with both public and private Baker Act Receiving Facilities with the 14 counties under CFBHN network.

Individuals' court ordered for admission to the State Mental Health Treatment Facility (SMHTF) referral packets are sent to CFBHN for review and submission to the SMHTF.

To maximize diversion possibilities CFBHN submits referrals to FACT and the 2 SRT's in CFBHN network. Additionally, CFBHN offers residential options funded by the organization as diversionary alternatives, provided individuals meet the program criteria. This comprehensive approach ensures individuals receive the most appropriate level of care.

CFBHN's commitment to client well-being extends beyond diversion efforts. The organization actively engages with individuals throughout their SMHTF journey: pre-admission, during their stay, and during discharge planning. CFBHN insures each admission is assigned a case manager unless they are already a member of a FACT team. Case management or FACT are to collaborate with SMHTF staff during the client's stay by attending Treatment Team staffing and discharge meetings. This collaboration ensures the seamless sharing of community-specific client information. This information is essential and is used during the client's stay and necessary during the discharge planning process.

Once individuals are placed on the Seeking Placement List, CFBHN actively participates in discharge planning monthly meetings with each civil SMHTF. The organization insures the network service provider representation in these discussions. These collaborative efforts promote the development of appropriate and responsible discharge plans that address the unique circumstances of each individual.

Recognizing the potential financial barriers to successful reintegration, CFBHN utilizes DCF vouchers to assist individuals transitioning back into the community who lack sufficient resources. These vouchers can be used to cover rent, medication, therapy, training, and other individualized needs identified within the client's recovery plan. By providing this comprehensive support system, CFBHN empowers individuals with the opportunity to achieve a successful and sustained recovery.

6. Any additional uniquely vulnerable populations identified by the Managing Entity.

Individuals in need of housing:

Through a collaborative triennial needs assessment with local Health Councils, CFBHN and its network partners identified affordable housing for individuals and families with behavioral health challenges as one of the top priorities across the SunCoast Region. This collaborative effort

highlighted the critical issue of limited access to affordable housing due to rising fair market rental rates and property values. This challenge disproportionately impacts individuals with disabilities and those on fixed incomes stemming from mental illness or substance use as well as workforce individuals.

To address this critical need, CFBHN continues fostering collaborative public-private partnership projects within its network of NSPs. These projects, currently underway in Lee, Pasco, Polk, and Sarasota Counties, involve engagement with Homeless Continuums of Care, Housing Authorities, businesses, housing developers, and the Florida Housing Finance Corporation. Through this collaborative approach, CFBHN seeks to refine a model for permanent supportive housing that can be effectively disseminated and implemented throughout the SunCoast Region.

D Reintegration Plan for Discharge Ready Individuals

- 1. Identify the file name and acceptance date for the most recently accepted Reintegration Plan, required by contract Section C-1.1.7.2.1, available in the Managing Entity's electronic vault.**

The last Reintegration Plan was updated in December 2024 and can be found on the DCF SharePoint site under DCF Documents/FY 24-25/CFBHN Contract Deliverables/Annual Reports and Plans.

The new plan is being submitted with this report and can be found on the DCF SharePoint site under DCF Documents/FY 24-25/CFBHN Contract Deliverables/Annual Reports and Plans/Business Operations Plan.

- 2. Discuss, if necessary, any proposed updates to the plan for the new fiscal year. Provide a justification and proposed implementation timetable for each update.**

N/A

- 3. The Managing Entity may elect to submit a completely revised plan as an attachment if, in its judgement, extensive updates are necessary to address current year operations.**

The plan was reviewed and updated. This plan can also be found in the electronic vault.

E Care Coordination Plan

- 1. Identify the file name and acceptance date for the most recently accepted Care Coordination Plan, required by contract Section C-1-1.10, available in the Managing Entity's electronic vault.**

The last Care Coordination Plan was submitted on October 30, 2024 and can be found on the DCF SharePoint site under DCF Documents/FY 24-25 /CFBHN Contract Deliverables/Annual Reports and Plans.

- 2. Provide any annual updates necessary to the Managing Entity's plans to**

- a. Reduce, manage, and eliminate waitlists for services, including descriptions of how existing resources will be redirected**

- CFBHN's Utilization/Care Managers closely monitor high-volume service users. These managers collaborate with NSPs to develop individualized care plans

specifically designed to reduce readmissions and improve overall outcomes for clients.

- The Care Coordination process prioritizes the development of robust support systems and recovery capital for individuals. This process also facilitates the placement of individuals in the least restrictive and most appropriate level of care based on their assessed needs. This collaborative approach aims to streamline service delivery, minimize reliance on waitlists, and ultimately enhance the quality of care for all individuals served by CFBHN.
- Furthermore, CFBHN implements comprehensive procedures for managing waitlists for substance use and mental health services across all applicable care levels. To ensure continuous access to care, interim services are offered to wait-listed individuals whenever available and appropriate. Additionally, CFBHN's dedicated Utilization Management team assists with bed or service searches and actively monitors waitlists for patterns and trends. This proactive approach allows for the identification of potential barriers impeding access to care. Any identified barriers are subsequently addressed during collaborative Care Coordination meetings with providers. These meetings foster problem-solving and the development of effective intervention plans.

b. Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance use and mental health disorders;

CFBHN's network of NSPs prioritizes comprehensive care for individuals with co-occurring disorders. Each NSP implements robust policies that ensure thorough assessments and, when necessary, facilitate seamless transitions to specialized care beyond their scope. Additionally, NSPs work collaboratively with individuals and their treatment teams to develop personalized care plans. These plans empower individuals to manage their current needs, promoting a successful discharge and a path towards long-term well-being, with a reduced risk of readmission.

c. Promote access to clinically appropriate services by ensuring the use of screening, assessment, and placement tools designed to identify an appropriate level and intensity of care for an individual;

CFBHN encourages all mental health and substance use Care Coordination NSPs within its network to adopt a standardized level of care determination process. This standardized approach ensures a comprehensive assessment of each individual's needs and service preferences. To facilitate this process, CFBHN provides access to a range of evidence-based tools, including the Level of Care Utilization System (LOCUS), the Children and Adolescent Level of Care Utilization System (CALOCUS), and the American Society of Addiction Medicine (ASAM) criteria.

d. Promote the use of service outcome data to achieve desired outcomes;

CFBHN prioritizes minimizing readmissions and maximizing successful transitions back to the community for individuals requiring mental health services. We achieve this by actively monitoring key metrics, including:

- Average length of time in days between acute care admissions.
- Average length of time in days from the acute care setting discharge to linkage to services in the community.
- Average length of time in days from a SMHTF discharge to linkage to services in the community.

These outcome-driven efforts are further supported by the presence of CFBHN Care Coordinators and the State Hospital Program Manager on every SMHTF discharge call. This proactive approach ensures a smooth and comprehensive discharge process, fostering successful community reintegration for individuals leaving the state hospital setting.

e. Promote coordination of behavioral health care with primary care;

CFBHN fosters a collaborative care environment through monthly meetings between CFBHN staff, Case Managers, and relevant FACT teams. These meetings serve as a platform to review consumer treatment plans. This collaborative review process encourages NSPs to comprehensively assess clients' current needs, including any medical healthcare requirements. Additionally, the meetings emphasize the importance of ongoing engagement and collaboration among all members of the individual's interdisciplinary treatment team.

f. Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care and are diverted from higher levels of care when appropriate;

Within CFBHN's network, all NSPs engaged in mental health and substance use care coordination are encouraged to adopt a standardized level of care determination process. This standardized approach ensures a consistent and objective assessment of each individual's service needs and treatment preferences. CFBHN facilitates this process by recommending a range of evidence-based tools, such as the Level of Care Utilization System (LOCUS), the Children and Adolescent Level of Care Utilization System (CALOCUS), and the American Society of Addiction Medicine (ASAM) criteria. These standardized assessments serve as diagnostic and placement tools, enabling NSPs to collaboratively identify the most appropriate level and intensity of care for each individual served.

g. Monitor and implement system changes to promote effectiveness.

CFBHN promotes a collaborative environment within its NSPs dedicated to mental health and substance use care coordination. This collaborative spirit is particularly evident in the approach to level of care determination. All NSPs are encouraged to adopt a standardized process that facilitates shared decision-making with the individuals served.

The CFBHN UM team monitors acute levels of care for length of stay and outreaches to recommend Care Coordination engagement to support effective treatment planning and transitions to lower levels of care where diversions are possible. The UM team also participates in clinical case discussions with providers and other community resources

(DCF, APD, CoCs, Child Welfare, and DJJ, etc.) as needed to address barriers to discharge or transitions to lower levels of care.

F Quality Assurance Plan

- 1. Identify the file name and acceptance date for the most recently accepted Quality Assurance Plan, required by contract Section C-1.1.11, available in the Managing Entity's electronic vault.**

The CFBHN QA-CQI Plan was submitted on October 25, 2024 and can be found on the DCF SharePoint site under DCF Documents/FY 24-25/CFBHN Contract Deliverables/Annual Reports and Plans. Prior to receiving Board approval, this plan was submitted as a DRAFT on October 17, 2024.

- 2. Provide any annual updates necessary to the Managing Entity's plans to**

- a. Conduct periodic external review activities to assure that the agreed upon level of service is achieved and maintained; and**

There are no plan updates to report.

- b. Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.**

There are no plan updates to report.

G Triennial Needs Assessment

- 1. Attach the most recently accepted community behavioral health care needs assessment required by contract Section C-1-1-6.**

- a. The assessment was reviewed and updated and can also be found in the electronic vault.**

- 2. Provide updates, if necessary, to:**

- a. Reductions in the number of individuals on waitlists for services and the number of days on waitlists;**

- i. Network Service Providers (NSP) are required to enter individuals waiting for services into the electronic waitlist maintained in the Carisk data system. CFBHN staff provide training on the waitlist annually and monitor compliance with waitlist completion monthly.**
- ii. Staff on CFBHN's Utilization Management (UM) team actively work with providers to confirm interim services for individuals waiting for admission and, as appropriate, aftercare services for individuals being discharged from these programs.**
- iii. In collaboration with CFBHN's UM Team the Network Service Providers for Adult Substance Use Residential and Mental Health Room and Board Services have developed a regional referral form to facilitate making and reviewing referral information to expedite placements for persons in need of services.**

b. Unmet needs identified through community feedback;

- i. Expansion of recovery support services was identified as a need of families, individuals served, Recovery Peer Specialists, CFBHN, and DCF. In response, CFBHN implemented the following strategies:
 - a. Expanded the number of RCO providers funded by the network from three in FY 2022-2023 to five in FY 2023-2024. These include Polk for Recovery (Polk County); Kimmie's Recovery Zone (Lee County); Hillsborough Recovery Coalition (Hillsborough County); and Recovery Epicenter Foundation (Pinellas County.)
 - b. CFBHN added EqualSRQ as an RCO in the network and is actively working with one additional RCO provider to bring them into the network once they are ready to begin offering services to the community. In addition, CFBHN is continuing to identify other RCOs across the SunCoast Region and Circuit 10 for inclusion in the service network.
 - c. CFBHN will contract peer certification training across the region. Staff of CFBHN's CFA department facilitates the SunCoast Recovery Peer Specialist support group three times per month, the monthly SunCoast Peer Learning Community, to provide support and technical assistance and training for our NSP's Recovery Peer Specialists and those seeking to become certified with the goal to increase the number of certified peers available to provide recovery support services within the region.
 - d. CFBHN's Consumer and Family Affairs staff conduct ROM reviews with NSP that provide treatment services. This process is designed to help each provider identify recovery-oriented best practices within their service delivery system and opportunities for improvement.
 - e. CFBHN's CQI staff provide technical assistance to each funded RCO provider to bring them into compliance with standards for unaccredited providers as required by CARF. This work helps each RCO to establish the policies, procedures, training, and infrastructure required to prepare them to pursue their own accreditation.
- ii. Expansion of teaming models was identified as a need by NSP, CFBHN, and community stakeholders in response to the high demand for these programs. Strategies implemented to address this need include the following:
 - a. The FIT initiative expanded significantly, with one new team added in Sarasota County (Centerstone) and six existing teams expanded across Charlotte (CBHC), Hillsborough (Cove), Lee (CBHC), Manatee (Centerstone), Pasco (BayCare), and Polk (Peace River Center). This brought the total number of operational FIT teams to eight, marking a 60% increase in service coverage aimed at improving family outcomes through intensive, community-based intervention.CAT (Community

Action Team) expansion and the addition of CAT Tier 4 models to help youth and families utilizing the Crisis Stabilization Units to navigate the system of care with the help of Family Support Teams in Pasco (BayCare) and Lee/Collier (Centerstone).

- b. The addition of Family First Prevention Services Act (FFPSA) programs that utilize Evidence Based Practices to provide strength-based services for all interventions. Currently, there are three teams serving the following counties: Polk, Highlands, and Hardee (Functional Family Therapy, Heartland for Children), Hillsborough (Multisystemic Therapy, Success 4 Kids & Families), and Pinellas (High Fidelity Wraparound, Directions for Living).
 - c. The addition of Multidisciplinary Family Wellbeing Treatment Teams in 2023 to expand intensive services to families with child welfare involvement and parental behavioral health issues. These teams assist in early identification of risk and provide coordination of treatment services and supports to enable family preservation, when appropriate. There are two of these teams in the SunCoast region, one serving Circuit 20 (Centerstone) and the other serving Hillsborough County (Cove Behavioral Health).
 - d. The addition of two Family Support Teams in 2023 serving Pasco County (BayCare) and Lee & Collier Counties (Centerstone) and 2 additional teams in 2025 serving Sarasota County (The Florida Center for Early Childhood) and Charlotte County (Charlotte Behavioral Health Care). These teams serve children who frequently utilize crisis stabilization services and their families to promote stability and reduce the likelihood that the child will be placed into out of home care, such as foster, SIPP, or juvenile justice commitment programs.
 - e. CFBHN contracts with nine NSPs for MRT that cover every county in the SunCoast Region and Circuit 10. In FY 24-25, CFBHN received additional funding to increase the number of MRT teams to cover the rural counties in the region. CFBHN added two teams in the following counties: Charlotte County with Charlotte Behavioral Healthcare and Collier County with David Lawrence Center. These teams are strategically located throughout the region to ensure emergent calls can be responded to within 60 minutes. The total number of Mobile Response Teams in the region is currently thirteen.
- iii. Direct service workforce challenges were also identified as a need due to barriers surrounding background screenings for individuals seeking certification as Recovery Peer Specialists.
- a. CFBHN will contract peer certification training across the region to increase the recovery peer specialist workforce. CFBHN's Consumer and Family Affairs (CFA) staff offers technical assistance and support to

recovery peer specialists working in the region as well as the staff of the NSPs they work for to maintain the currently employed certified recovery peer specialist workforce in the region.

c. Training and technical assistance needs

- i. CFBHN provides training and technical assistance within the SunCoast Region to meet the needs of our NSPs and community stakeholders. The training provided includes general topics related to behavioral health, peer workforce development, program and contractual compliance, and Recovery Oriented System of Care (ROSC). Below is a list of some training courses offered by CFBHN.

- a. Recovery Management (Seven Modules)
- b. Recovery Peer Certification Training
- c. Reaching Your Dreams; Using Recovery Capital as the Foundation to Recovery Planning
- d. Recovery Peer Specialist Supervisor Training
- e. Recovery Peer Learning Community (CRPS monthly Technical Assistance)
- f. ROSC Learning Community (NSP staff monthly Technical Assistance)
- g. Wraparound 101
- h. Wellness Recovery Action Plan (WRAP)

d. The extent to which designated receiving systems function as a “no-wrong-door model,”

- i. Designated receiving systems across the SunCoast Region operate a “No Wrong Door” model; a model for the delivery of acute care services for persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral healthcare system.

e. The availability of recovery-oriented and peer-involved treatment and recovery services;

- i. Certified Recovery Peer Specialists (CRPS) are persons attesting to lived experience mental health and or substance use conditions and are certified through the Florida Certification Board. Various agencies employ CRPSs to provide recovery support services to adults, family members, veterans, and youth within their agency and in their community. Recovery Peer Support services are offered to individuals to offer hope, promote engagement, inspire recovery, and facilitate advocacy skills for persons in treatment.

f. The availability of less-restrictive services; and

- i. CFBHN's network of NSPs plays a vital role in supporting individual recovery journeys. Through a comprehensive array of behavioral health intervention

services, NSPs empower individuals to actively engage with community-based resources that promote long-term well-being. Recognizing the importance of peer support, CFBHN's NSPs strategically integrate Certified Recovery Peer Specialists (CRPSs) into their service delivery. CRPSs, draw upon their lived experience and serve as a bridge for individuals served and the community services and supports that can support their recovery. This collaborative approach fosters a sense of empowerment and belonging, ultimately facilitating a successful and sustainable reintegration process.

g. The use of evidence-informed practices.

- i. The 2022-2024 CFBHN Behavioral Health Needs Assessment provides a table of 64 evidence-based practices currently utilized across the CFBHN service area.

h. Describe the Managing Entity's timetable and implementation plan for conducting the next required iteration of the triennial needs assessment.

- i. An internal team comprised of multiple departments created a comprehensive set of needs assessment questions was finalized for the latest Needs Assessment Tool. By measuring experiences, awareness, and coordination of treatment and services that currently exist and what needs remain, we will be able to help improve the behavioral health care system in our communities.
- ii. The Needs Assessment Tool will be widely disseminated to a diverse range of participants. This includes community stakeholders, network service providers, individuals receiving services, and other key voices within the community. The assessment period will commence within the first quarter of FY 2025-2026 and will remain open for a duration of 45days to facilitate comprehensive data collection. Data collection will be monitored on a weekly basis and presented to the internal team to ensure sufficient advertising.

3. Discuss any other current need assessments or system evaluation used by the Managing Entity, if applicable. Attach or identify the file name and location in the Managing Entity electronic vault for any applicable assessment or evaluation reports.

N/A

H Assisted Living Facilities-Limited Mental Health (ALF-LMH) License Annual Plan

1. List all opportunities for public input into the regional ALF-LMH Plan, as required per s. 394.4574(3), F.S., including dates, locations and lead facilitator(s). Identify the file name and location in the Managing Entity electronic vault for minutes and attendance roster at each opportunity.

CFBHN continued ALF-LMH training with a reduced schedule and thorough dissemination of alternative resources, and participation in some public forums as well to promote awareness of ALF-LMH training and resource needs.

Documentation of public discussion of the continuum of LMHL ALF services is maintained in CFBHN's electronic vault in G Drive-Network Development Clinical Services-ALF-Annual ALF Plan-ALF LMHL Annual Plan 2025 and includes:

- Hillsborough Acute Care meeting agenda for 4/17/25
- Hillsborough Acute Care meeting summary for 4/17/25 (coming soon)

2. Describe how the Managing Entity ensures the standards in s. 394.4574, F.S. are met.

- ***Demonstrate how the region ensures the provision of state-funded substance abuse and mental health services to the ALF-LMH residents.***
 - CFBHN supports and ensures the provision of state-funded substance abuse and mental health services in the 14 counties it serves, and ALF-LMH residents have access to these. Compliance with standards established in s.394.4574, F.S. is monitored through the use of the ALF-LMH monitoring tool found in DCF Template 5. In FY 24-25 this tool was completed by members of the CQI team during annual provider reviews. CQI staff requested a list of the clients seen in an ALF-LMH setting by each provider. Monitoring results were captured in a final report issued to the provider and copied into SharePoint for access by DCF staff.
- ***Address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.***
 - ALF-LMH residents have access to the traditional case management services offered by local providers. The case management services offered for residents are fulfilled in accordance with the Community Living Support Plan that is established for each client. This plan outlines the needs of each individual in care, and the specifics of the services to be offered by the mental health provider (including their frequency and duration) and other factors pertinent to the care, safety and welfare of the residents. The presence of this plan is confirmed during the completion of the ALF-LMH monitoring tool.
 - The network of services available to persons served includes a number of peer-run and drop-in centers across the region, including:
 - The Sarah Ann Drop-In Center in Naples/Collier, operated by NAMI Collier
 - Selby House with Mental Health Community Centers in Arcadia/DeSoto
 - Volunteers of America in Sebring/Highlands
 - Project Return in Tampa/Hillsborough
 - Hope Clubhouse of Southwest Florida in Fort Myers/Lee
 - Vincent House in Hudson/Pasco
 - Vincent House in St. Petersburg/Pinellas
 - Club Success in Lakeland/Polk
 - Beacon House and Prospect House (MHCC), Healthy Choices, and COMPEER in Sarasota, The Academy at Glengary in Sarasota
 - The Academy at Bradenton in Bradenton.
 - The availability of community Drop-in Centers is promoted among the ALF-LMH staff that participate in CFBHN-sponsored trainings.

- Monitoring also ensures that a cooperative agreement is in place for each resident that outlines how emergency care from the provider may be accessed after-hours, including holidays and weekends. ALF staff have access to Crisis and Baker Act services 24 hours a day, 7 days a week. Mobile Crisis Teams, which operate in Circuits 10 and 13, may also provide assistance. All 14 counties in the network region have Mobile Response Teams with 24/7 services in place and ALF residents have access to this source of support.
- ***Include frequency of mental health provider monitoring by the Managing Entity, method of monitoring, and sample size.***
 - The process utilized by CFBHN to meet this requirement is described below:
 - The number of network-funded providers currently offering mental health services to clients in Assisted Living Facilities with a Limited Mental Health License is calculated at the start of the fiscal year. From this count, the target number of ALF-LMH providers to be monitored over the course of the year is determined. This target number represents at least 20% of the identified ALF-LMH service providers within the CFBHN network.
 - CFBHN utilizes the tool in Template 5 to conduct the provider monitoring and assess ALF-LMH compliance. Monitoring may be completed on site, or via a review of client records uploaded into SharePoint. Network service providers are monitored on an annual basis by CFBHN's CQI team.
 - At the time of the agency's annual CQI monitoring:
 - If the provider is delivering CFBHN-funded mental health services to non-Medicaid clients in an ALF-LMH, a record review is conducted and the ALF-LMH tool is completed.
 - If the provider is not currently offering mental health services to a network-funded ALF-LMH client, the BHS department will follow-up at a later date to determine if services funded by CFBHN were subsequently delivered. If so, he or she will complete the ALF-LMH tool.
 - A Corrective Action Plan (CAP) request is issued to providers with tool scores that fall below 95%. Providers have 30 days to submit an Action Plan that identifies the steps that will be taken to address identified concerns. Action Plan completion will be monitored by the CFBHN department which issued the CAP request.

3. Describe how the Managing Entity addresses the training requirements of s. 429.075, F.S (a)

- ***The minimum required training materials are available from the Department Office of Substance Abuse and Mental Health. The training is designed to be 8 hours. Training events should be offered at least every 60 days, or as appropriate to the region.***
 - The training as shown in the 24-25 ALF-LMHL Annual Plan meets the statutory training requirement in that CFBHN has face-to-face, free training available in the network service area every six months, allowing ALF staff that need training in this specific format to remain in compliance with the training requirement. This

schedule is aligned with changes in system demand for training. Since the pandemic discouraged large, public gatherings and online training is now more available, attendance at in-person training decreased.

- As an additional resource, CFBHN continued to advise in ALF-LMHL training announcements the availability of online, on-demand certification training at these locations:
 - ALF Limited mental Health 2022-2024 ALF Training for Limited Mental Health Licensure by Janet Berry at Power in Learning Online and Teaching (PILOT) at <https://www.aap-training.com/>,
 - and on the Florida Alcohol and Drug Abuse Association (FADAA) website at <https://www.floridalearner.org/login/index.php>.
- As another resource, CFBHN secured approval for the evidence-based and informative Mental Health First Aid to meet the ALF LMHL training requirement. Mental Health First Aid is available on a widespread basis in three formats: fully face-to-face, blended face-to-face and virtual, and fully virtual/live. Mental Health First Aid courses are available in multiple locations and on a variety of convenient dates, and many are funded by grants to be affordable or free. Mental Health First Aid is also available in a Spanish curriculum delivered by Spanish-speaking certified instructors.
- In these ways mental health training is available to ALF administrators and their staff continuously, and CFBHN strives to be a resource for mental health education to them and to other organizations on which our persons served rely.
- ***Identify any training held within the last year including dates, locations, and trainers. Identify the file name and location in the Managing Entity electronic vault for minutes and attendance rosters for each training.***
 - CFBHN announced its November 2024 training by mail in October 2024. In that paper announcement was notification that CFBHN intended to change to email communication with ALFs and that programs should send an email address in order to continue to receive training announcements. CFBHN prepared and will maintain and regularly update an ALF LMHL email list. The May 2025 training was announced by email in March 2025. Copies of these notifications are in the electronic vault at G Drive, Network Development Clinical Services, ALF, in the Notification Letter of Training folders for 2024 and 2025. Dates of these notifications and trainings are as follows:

Scheduled Training Date	Scheduled Training Location	Notification Date	Status
Nov. 14, 2024	Tampa/Hillsborough	Oct. 2, 2024	12 attended
May 8, 2025	Tampa/Hillsborough	Mar. 24, 2025	21 attended

- ***Provide a schedule for trainings for the new fiscal year, including proposed dates, locations, and trainers.***

As shown in the table above, the need and demand for ALF-LMHL training seemed to decrease since the pandemic, perhaps due to awareness of online, on-demand training. CFBHN determined to adjust the training schedule to better match the system need and will again offer two face-to-face trainings in the coming fiscal year in Tampa, in the center of the greatest participation. This schedule of two face-to-face trainings per year permits facility staff who are unable to complete the training online or in Mental Health First Aid to satisfy the training requirement within the six-month time limit.

		Aug-25	Oct-25	Nov-25	Feb-26	Apr-26	May-26
Circuit 13	Hillsborough			X			X
Circuit 6	Pasco						
	Pinellas						
Circuit 12/20	Manatee						
	Sarasota						
	Desoto						
	Charlotte						
	Glades						
	Lee						

	Hendry						
	Collier						
Circuit 10	Highlands						
	Hardee						
	Polk						

The training schedule for FY 25-26 is also located in the CFBHN electronic vault at G Drive, Network Development Clinical Services, ALF, Annual ALF Plan, ALF LMHL Annual Plan 2025. The trainings are expected to occur face-to-face at the location shown on the schedule. Training notification emails will continue to include information about the online, on-demand training and Mental Health First Aid opportunities that meet the requirements as alternatives for ALF LMHL administrators and staff, so all formats are available as options. CFBHN will continue to provide support to ALF-LMHL administrators and staff regarding training and behavioral health services and will adjust the training to changes in need as they arise.

4. Describe gaps or deficits in the network's service capacity for individuals served in an ALF-LMH and the Managing Entity's plan for addressing identified gaps or deficiencies.

CFBHN and its providers of adult mental health services have identified that there is a decreasing availability of suitable ALF-LMHs in which to place individuals diverted or returning from State Treatment Facilities. Though the direct challenges of the pandemic diminished, many programs continue to struggle with staffing shortages and reduced capacity and some closed. In FY 24-25 the ability of some ALFs to respond to need was affected by hurricane impacts. CFBHN maintains close communication with the State Treatment Facility discharge planners and with adult mental health providers about these placements to ensure that residents receive appropriate placement in programs that are properly licensed, are a fit for their needs, and promote quality living in the community.

Providers have also expressed concerns related to the reimbursable rate for Medicaid. As many of the clients served in our local ALF-LMHs have Medicaid, providers have reported that low reimbursement rates for these patients has proven to be financially challenging. In addition, in FY 24-25 the network service area experienced a significant decrease in the anticipated amount of funding available for vouchers used to support housing in ALFs for people discharged from state mental health facilities, which presents challenges to ALFs and persons served and their families. CFBHN makes efforts to support State Treatment Facility and community mental health provider placement staff in identifying suitable housing resources.

SECTION 3 – MANAGING ENTITY SPECIFIC INITIATIVES

Describe Managing Entity Specific Initiatives that have been designed to support statewide or local performance metrics and strategies, and to enhance behavioral health services in the community.

- A. Statewide performance metrics and strategies are defined as activities which implement or support the Department's Priority of Effort Initiatives, the Department's SAMH Triennial Service Plan, or Federal Block Grant performance indicators. These performance metrics are not the contractual equivalent of the Minimum Performance Measures specified in Exhibit E of the Managing Entity Contract.
- B. Local performance metrics and strategies include activities identified in the Managing Entity's Enhancement Plan or Strategic Plan; or activities implemented in collaboration with community Task Forces, Coalitions, or other stakeholder collaboratives.
- C. The Managing Entity may be the lead for a Specific Initiative or may be a participating member in an Initiative led by a community partner.

Mobile Buprenorphine Unit

1. Provide a brief description of the initiative, including goals and objectives;

To offer treatment to individuals affected by the opioid epidemic, CFBHN partnered with Tampa General Hospital (TGH) and the University of South Florida to implement the first mobile unit in the region. This mobile access is especially needed in Hillsborough County with its documented need related to transportation.

The mobile clinic administers medication-assisted treatment (MAT), offers HIV and Hepatitis C screenings and treatments, wound care and Narcan distribution, and referrals to substance use treatment programs. Peer support and other resources, such as an on-site food pantry and insurance navigation, are also made available. CFBHN provided \$1,000,000 in funding for the program in FY 2023-2024. CFBHN is braiding the MAT funding with other sources from Tampa General Hospital to support these comprehensive mobile services.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This initiative was implemented in 2023 and is ongoing.

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

- CFBHN is working with Tampa General for support and assistance
- There are no program specific performance measures other than those outlined by DCF.

4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

This is a partnership between TGH, USF, and CFBHN, with TGH as lead. CFBHN provides \$1,000,000 in funding and program oversight.

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

Project was implemented in 2023 but continued technical assistance has occurred throughout 2024 and several onsite visits occurred.

Hospital and Jail Bridge Programs

1. Provide a brief description of the initiative, including goals and objectives;

CFBHN utilizes State Opioid Response (SOR) funding to facilitate the development of Hospital and Jail Bridge programs between emergency departments and community-based providers. The programs link individuals who have substance use disorders with treatment and support services, including enhanced MAT services, throughout the region.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

CFBHN's commitment to expanding access to critical services is ongoing. Leveraging Opioid Settlement dollars, CFBHN has established additional hospital partnerships for the upcoming fiscal year.

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

Statewide initiative expanding a state-supported cohesive coordinated system of addiction care for individuals suffering from Substance Use Disorder.

4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

In FY 24-25 CFBHN added a Jail Bridge Program in Charlotte County with the Charlotte County Jail and Operation PAR.

Hospital Partnerships to date are outlined in the table below:

Hospital	Network Service Provider	Circuit
St. Anthony's	Operation PAR	6
Morton Plant North Bay	BayCare Behavioral Health	6
- Bartow/Winter Haven Regional - Lakeland Regional Medical Center - Davenport Advent Health - Lake Wales Medical	Tri-County Human Services	10
- Tampa General Hospital - St. Joseph's Hospital	ACTS	13
Tampa General Hospital	Cove Behavioral Health	13

• St. Joseph's Hospital • South Florida Baptist		
• Naples Community Hospital Healthcare System • Physician's Regional Medical Center	David Lawrence Center	20

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

CFBHN continues to work with the designated providers above to implement and enhance Hospital and Jail Bridge programs.

Florida Recovery Schools of Tampa Bay – Victory High School

1. Provide a brief description of the initiative, including goals and objectives;

Victory High School (VHS) is the first DCF-funded non-profit, private recovery high school in the Tampa Bay area. The program offers a recovery focused education in a healing-centered environment with mental health services and recovery support. Its primary goals are to save young people's lives, improve school attendance, reduce dropout rates, increase graduation rates, reduce relapse, improve mental health, reduce cost to society, and improve emotional wellness and self-regulation. The school serves male and female youth, 14-19 years of age.

According to research, 94% of students in a recovery high school have survived childhood trauma. If a student has been affected by childhood trauma, it is likely to disrupt their way of learning effectively. VHS aligns with the Florida Opioid Allocation and Statewide Response Agreement by creating a recovery high school to provide mental health services to students struggling with addictions. Referrals are made through drug treatment providers, parents, schools, mental health providers, and/or law enforcement. The average length of enrollment for Victory High School students is 150 days before transitioning back to their traditional school environment or graduating.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This is an ongoing initiative from last fiscal year

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

Victory High School empowers students to overcome addiction and become successful members of society.

4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

Victory High School, Florida Department of Education, and CFBHN. CFBHN has oversight of the project

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

CFBHN continues to work with Victory High School to support the growth of the program and provide oversight of substance use services being rendered at the school.

Crisis Center of Tampa Bay Substance Abuse Help Line Expansion

- 1. Provide a brief description of the initiative, including goals and objectives;**
The Crisis Center of Tampa Bay (Crisis Center) expanded its capacity for answering the Substance Abuse Help Line for the State of Florida, a SAMHSA program. The Crisis Center's Intervention Specialists answer calls specific to drug and alcohol crises throughout Florida. The Help Line provides information, referrals, and emotional support to callers struggling with substance abuse and family members concerned about their loved ones. The Crisis Center also provides trauma recovery therapy for those who have experienced trauma and for their substance use recovery journey. Therapists are trained in evidence-based practices to help reduce symptoms of trauma for survivors of all ages.
- 2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;**
Ongoing expansion of Substance Abuse Help Line for the state of Florida.
- 3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;**
CFBHN is working with Crisis Center of Tampa Bay for support and assistance.
- 4. Identify the lead individual and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.**
CFBHN and Crisis Center of Tampa Bay
- 4. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.**
CFBHN continues to work with the Crisis Center of Tampa Bay on this expansion and monitoring the need for further expansion.

Recovery Community Organizations (RCO)

- 1. Provide a brief description of the initiative, including goals and objectives;**
RCO providers are led and staffed by people with lived experience in long-term recovery who provide peer support and other resources, offering multiple and individual pathways to recovery. In keeping with ROSC principles, CFBHN expanded the number of RCO providers funded by the network from three in FY 2022-2023 to five in FY 2023-2024. CFBHN continues to work on expanding RCOs across the region while providing technical assistance to the RCOs currently funded.
- 2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;**
This initiative was implemented in FY 2022-2023 and is ongoing.
- 3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;**
Continued supports to the Statewide ROSC Transformation initiative.

4. **Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.**

To date, CFBHN contracts with Polk for Recovery (Polk County) Kimmie's Recovery Zone (Lee County), Hillsborough Recovery Coalition (Hillsborough County), EqualSRQ (Sarasota County) and Recovery Epicenter Foundation (Pinellas County). CFBHN is actively working to bring other RCO providers into the network once they are ready to begin offering services to the community.

5. **Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.**

There continues to be an ongoing development of RCOs in the SunCoast region to meet the needs of the community.

Live Tampa Bay (LTB) – Life Unites Us: Tampa Bay Prevention and Stigma Reduction Campaign

1. **Provide a brief description of the initiative, including goals and objectives;**

This project provides a data-informed approach to community stigma reduction. Following emerging best practices, LTB created social awareness and positive contact by engaging those in recovery around their stories. LTB records stories of those who have been impacted by the overdose epidemic and are in recovery or have lost a loved one. The goal is to collect stories from as many representatives of the many communities as possible. The messaging is simple -- “recovery is possible” or “life after loss is possible.” This approach produces broad social stigma reduction that also serves to connect people to recovery and treatment. The stories are shared via social media (boosted and organic reach), pre-roll, television, and on the LTB website.

2. **Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;**

This is an ongoing initiative of breaking stigma

3. **Specify the applicable statewide and local performance metrics and strategies which the initiative supports;**

Supports the Statewide ROSC Transformation initiative

4. **Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.**

Live Tampa Bay and CFBHN

5. **Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.**

CFBHN works with Live Tampa Bay to promote the program and gain more exposure throughout the SunCoast Region.

Boley Centers Theater Production

1. Provide a brief description of the initiative, including goals and objectives;

The Boley Centers, Inc., partnered with Destination Theatre to create Boley Centers of Broadway, which seeks to utilize the known benefits of drama therapy. Boley's adult clients were able to participate in adaptive theatre while working to meet their treatment goals. This production was a fully realized musical performed by Boley adult clients alongside professional artists from Destination Theatre.

Participation in drama therapy boosts both confidence and self-esteem. It helps clients foster relationships, boost creativity, and enhance communication skills, social ability, and concentration-building. Because drama therapy participants are taught reactions to different situations, clients are better able to analyze their own actions and the underlying reasons for those actions. This helps participants act in a different way if a similar situation arises. Reaction drama therapies have shown considerable positive behavioral changes in people who were once very angry or very frustrated. Participants find that it has "disappeared" their rage and changed into something very calming and very silent. (Link to site: <https://www.youtube.com/watch?v=L6830FsOA9Y>).

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This is a new initiative

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

There are no program specific performance measures other than those outlined by DCF

4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

Boley Centers

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

CFBHN supported the production and assisted in promoting the event.

Cope Notes

1. Provide a brief description of the initiative, including goals and objectives;

This is a behavioral telehealth service pilot project for children in public schools, with an emphasis on serving rural counties. CFBHN contracted with Cope Notes for licenses available to Hardee (2,600) Charlotte (1,252), DeSoto (417) and Pasco (5,286) County School Districts. Cope Notes provides text messages to improve mental and emotional health that will be made available to students, staff, and families. The participant gets daily text messages that interrupt negative thought patterns.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This is an ongoing initiative.

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

Pursuant to line 372 of the General Appropriations Act (GAA) for Fiscal Year 2022-2023, the Department of Children and Families (DCF) has requested that CFBHN implement a behavioral telehealth services pilot project for children in public schools, with an emphasis on serving rural counties (the Telehealth Services Pilot Project or TSPP). The goal of each TSPP is to create or expand an integrated telecommunications technology platform (software & hardware) used by NSPs for services provided to children and families engaged in the county school system.

4. Identify the lead individual, agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

Cope Notes, Hardee Charlotte, DeSoto, and Pasco County School Districts, and CFBHN. CFBHN will have oversight of the project.

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

Monthly meetings occur between Cope Notes, Hardee, Charlotte, Desoto, and Pasco County School Districts, and CFBHN for progress reporting, brainstorming, and problem solving. Continuous advertising approaches are reviewed and tested to promote the use of licenses.

OUD Pathways – Tampa General Hospital

1. Provide a brief description of the initiative, including goals and objectives;

The Tampa General Hospital (TGH) Hospital Bridge Program is a comprehensive initiative designed to meet the needs of individuals struggling with Opioid Use Disorder (OUD) and co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions. This program is structured to provide immediate, evidence-based treatment and support for patients during their hospital stay and to ensure a seamless transition to community-based services after discharge. By doing so, it aims to reduce the risk of relapse and overdose, promoting long-term recovery and stability.

A dedicated team comprising case managers and peer recovery specialists will work with each patient to create personalized care plans to support a smooth transition from inpatient care to appropriate outpatient and community resources. The overarching goals of the TGH Hospital Bridge Program are to expand the availability and accessibility of MOUD, provide seamless transitions from inpatient to outpatient care, enhance the capabilities of healthcare providers in treating OUD, reduce stigma, and ultimately improve the health outcomes and quality of life for individuals with OUD.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This was developed this fiscal year.

3. **Specify the applicable statewide and local performance metrics and strategies which the initiative supports;**

Statewide initiative expanding a state-supported cohesive coordinated system of addiction care for individuals suffering from Substance Use Disorder

4. **Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative**

Tampa General Hospital (TGH)

5. **Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.**

CFBHN will continue to work with TGH on the expansion of OUD services in the upcoming fiscal year.

CORE – Coordinated Opioid Recovery Network

1. **Provide a brief description of the initiative, including goals and objectives;**

CORE is a collaboration of Community Providers to include MAT Providers, Hospitals, EMS, FQHCs and Law Enforcement to ensure individuals are stabilized and connected to services that are essential to addressing the opioid epidemic throughout the region.

2. **Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;**

This initiative was implemented in 2023 and is ongoing.

3. **Specify the applicable statewide and local performance metrics and strategies which the initiative supports;**

There are no program specific performance measures other than those outlined by DCF.

4. **Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.**

The Chart below outlines the CORE partners in each County

Pasco	Baycare Behavioral, Pasco Fire and Rescue and Premier FQHC
Pinellas	Operation PAR
Hillsborough	Crisis Center of Tampa Bay, ACTs and COVE
Polk	Polk County Fire and Rescue and TriCounty Human Services
Sarasota	Lightshare Behavioral and Operation PAR
Manatee	Manatee County EMS, Centerstone and MCR FQHC

Charlotte	Charlotte Behavioral, Charlotte County EMS, Virginia B. Andes
Collier	Collier County EMS, David Lawrence Center and Healthcare Network
Hendry	Hendry County EMS and Centerstone
Glades	Centerstone
Lee	Lee County EMS, Saluscare and Operation PAR
Highlands	TriCounty Human Services

5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

Project was implemented in 2023 with nine Counties but continued technical assistance has occurred throughout the 24-25 fiscal year. 24-25 CFBHN added (4) four additional Counties to the CORE Network.

RAE Health

1. Provide a brief description of the initiative, including goals and objectives;

RAE Health is a clinical decision support and care coordination platform utilized by Operation PAR to enhance treatment through real-time, objective biomarkers of stress and craving. The platform consists of:

RAE Health (patient-facing app)

cHealth (connected health interface)

Clinical Portal for monitoring and intervention

RAE Health integrates physiological data (via Garmin Vivosmart 5 wearable) with behavioral health protocols to support early detection of risk, promote engagement, and improve treatment outcomes. This collaborative and consent-based approach ensures that clients remain active participants in their care, with technology supporting.

2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;

This initiative was implemented in 24-25 FY and is ongoing.

3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;

There are no program specific performance measures.

4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.

Operation PAR is the lead agency

5. Outline the implementation tasks or action steps with projected target

dates and describe how implementation is or will be tracked.

CFBHN works with Operation PAR to monitor the program's progress.

SECTION 4 – SYSTEM MONITORING

A Attach the proposed initial Network Service Provider Monitoring Plan required by contract **Section C-1.3.1**.

- The initial Network Service Provider Monitoring Plan is included as an attachment to this plan.

B Identify any Network Service Provider Corrective Action Plans initiated in the prior fiscal year which remain active during the new fiscal year.

- Listed below are Corrective Actions issued in FY 2024-2025 that remain open as of 6/30/2025.

Network Service Provider (NSP)		Issued At	Tool	Status
1	ACTS	Annual	REC	Corrective Action Follow-Up Pending
2	Community Assisted & Supported Living (CASL)	Annual	PEER	Corrective Action Follow-Up Pending
3	Centerstone	Annual	FIS	Corrective Action Follow-Up Pending
			TR	Corrective Action Follow-Up Pending
			SOR OPI	Corrective Action Follow-Up Pending
4	Charlotte Behavioral	Annual	EV	Corrective Action Follow-Up Pending
			PEER	Corrective Action Follow-Up Pending
			DIP	Corrective Action Follow-Up Pending
			OUT	Corrective Action Follow-Up Pending
5	David Lawrence Center	Annual	SOR OPI	Corrective Action Follow-Up Pending
			TANF	Corrective Action Follow-Up Pending
			STAFF	Corrective Action Follow-Up Pending
6	Directions for Living	Annual	TANF	Corrective Action Follow-Up Pending
			OUT	Corrective Action Follow-Up Pending
7	Equal SRQ	Baseline	ADM	Corrective Action Unresolved at Follow-Up
			EV	Corrective Action Unresolved at Follow-Up: NO SAMPLE
			PEER	Corrective Action Unresolved at Follow-Up
			CARF	Corrective Action Unresolved at Follow-Up
8	FL Health Sciences-TGH	Annual	EV	Corrective Action Follow-Up Pending
9	Glades Co School District	Annual	STAFF	Corrective Action Follow-Up Pending
10	Hillsborough Recovery Coalition	Baseline	EV	Corrective Action Follow-Up Pending
			PEER	Corrective Action Follow-Up Pending

			CARF	Corrective Action Follow-Up Pending
11	IMPOWER	Annual	FIN	Corrective Action Follow-Up Pending
12	Kimmie's Recovery Zone	Annual	ADM	Corrective Action Follow-Up Pending
			EV	Corrective Action Follow-Up Pending
			PEER	Corrective Action Follow-Up Pending
			CARF	Corrective Action Follow-Up Pending
13	Lightshare Behavioral Wellness and Recovery	Annual	EV	Corrective Action Follow-Up Pending
			CC	Corrective Action Follow-Up Pending
			SOR OPI	Corrective Action Follow-Up Pending
			TR	Corrective Action Follow-Up Pending
			OUT	Corrective Action Follow-Up Pending
14	NAMI Collier	Annual	CARF	Corrective Action Follow-Up Pending
			OUT	Corrective Action Follow-Up Pending
15	NAMI Pinellas	Annual	EV	Corrective Action Unresolved at Follow-Up: NO SAMPLE
16	NAMI Sarasota-Manatee	Annual	TR	Corrective Action Follow-Up Pending
17	Operation PAR	Annual	CC	Corrective Action Follow-Up Pending
			FIS	Corrective Action Follow-Up Pending
			SV	Corrective Action Follow-Up Pending
			STAFF	Corrective Action Follow-Up Pending
18	Phoenix House	Annual	EV	Corrective Action Follow-Up Pending
19	Polk for Recovery	Annual	CARF	Corrective Action Unresolved at Follow-Up
20	SalusCare	Annual	TR	Corrective Action Follow-Up Pending
21	Suncoast	Annual	OUT	Corrective Action Follow-Up Pending
22	Tri-County	Annual	EV	Corrective Action Follow-Up Pending

Table 6 – Network Service Provider Output Measures Persons Served for Fiscal Year 2025-2026 _____		
Program	Service Category	FY Target
Adult Mental Health	Residential Care	940
	Outpatient Care	47,984
	Crisis Care	10,499
	State Hospital Discharges	50
	Peer Support Services	1,823

Children's Mental Health	Residential Care	12
	Outpatient Care	9,799
	Crisis Care	1,508
Adult Substance Abuse	Residential Care	2,430
	Outpatient Care	19,187
	Detoxification	4,192
	Women's Specific Services	247
	Injecting Drug Users	4,395
	Peer Support Services	3,174
Children's Substance Abuse	Residential Care	29
	Outpatient Care	3,455
	Detoxification	108
	Prevention	1,598