

(1) Exhibit A, Federal Requirements

- Continue to work with Carisk Partners to ensure data collected in the portal is complete and accurate.
- Current Block Grant funds utilization through Q 3:
 - 2.3.1.1 – 70% (Prevention set aside)
 - 2.3.1.2. –58% (HIV early inter set aside)
 - 2.3.2. – 74% (Women set aside)
 - 2.3.3. – 74% (Prevention set aside for people with psychotic disturbances, post first episode set aside)

(2) To demonstrate compliance with the requirements of the SAPT and CMH block grants, the Managing Entity shall, on a quarterly basis report on the following activities:

a. Training and technical assistance:

The following chart represents training activities related to Wraparound during the third quarter.

Date(s) of Activity	Type of Wraparound Training Activity	County (where training occurred)	# of Participants
2/11/2020-2/13/2020	Wraparound 101	Palm Beach	25

Date(s) of Technical Assistance	Other Wraparound technical assistance provided	County (where technical assistance occurred)	# of Participants
1/7/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	4
1/9/2020	Wraparound coaching and Technical Assistance- Helping People Succeed	Martin	4
1/15/2020	Wraparound coaching and Technical Assistance- Helping People Succeed	Martin	4
1/21/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie	3
1/22/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	4

1/29/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie	3
1/30/2020	W Wraparound coaching and Technical Assistance- Helping People Succeed	Martin	4
2/3/2020	Wraparound coaching and Technical Assistance- Helping People Succeed	Martin	2
2/5/2020	Wraparound coaching and Technical Assistance- Goodwill	Palm Beach	4
2/5/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	4
2/14/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	4
2/18/2020	Wraparound coaching and Technical Assistance- Chrysalis Health	Palm Beach	5
2/20/2020	Wraparound coaching and Technical Assistance- Henderson FITT	Palm Beach	7
2/21/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	4
3/2/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie/Palm Beach Telephonic Observation	2
3/9/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie/Palm Beach Telephonic Observation	2
3/10/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	3
3/12/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie	4
3/16/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	1



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3/17/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	1
3/20/2020	Wraparound coaching and Technical Assistance- Legacy	Palm Beach	2
3/31/2020	Wraparound coaching and Technical Assistance- CRC	St. Lucie/Palm Beach Conference call	8

We have been consistently providing Wraparound 101 Training for Youth and Families and are now providing Wraparound 101 training to Care Coordinators, (Intensive) Adult Case Managers, FITT and FACT teams. We are currently using one curriculum for all populations served.

We continue to work with sixteen providers coaching to Wraparound certification or helping with prevention of drift of Wraparound facilitation and with family support partners/supervision. Four others are in the beginning phase of initiating coaching, as well:

Henderson Behavioral Health (Palm Beach and Treasure Coast/Okeechobee, staff attends the Wraparound Learning Community)

Community Partners of South Florida-Parent Child Center (Staff attends the Wraparound Learning Community)

Multilingual Psychotherapy (2 supervisors and 4 staff members are currently certified; Staff attends the Wraparound Learning Community)

Federation of Families (all family support partner staff certified; Staff attends the Wraparound Learning Community)

SequelCare (Palm Beach and Treasure Coast, 1 certified facilitator, no current specific plan on their part to move forward with certification, however they continue to send staff to trainings and staff attends the Wraparound Learning Community)

Suncoast Mental Health Center, 3 certified facilitators (no current specific plan on their part to move forward with certifying internal coaches, but staff attends the Wraparound Learning Community)

For the Children (no current specific plan on their part to move forward)

Legacy Behavioral Health (Actively going through the coaching and certification process. Staff are attending the learning community.)

Helping People Succeed (staff was sent to Wraparound 101; Initiated the coaching and certification process. Staff attends the Wraparound Learning Community)

New Horizons of the Treasure Coast (Outpatient and CAT Team and Staff attends the Wraparound Learning Community)



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Counseling and Recovery Center (FITT) (currently engaged in the coaching process and Staff attends the Wraparound Learning Community)

Chrysalis Health CAT Team (2 certified facilitators and 1 certified coach and facilitator and Staff attend the Wraparound Learning Community)

Tykes and Teens (1 supervisor certified as coach and facilitator. Plan to certify more staff and staff attends the Wraparound Learning Community)

South County Mental Health Center (5 staff/supervisors across programs have completed the coaching process and became certified as facilitators and coaches and staff are represented at the Wraparound Learning Community).

Goodwill (Youth re-entry) (Initial coaching plan developed, policy and procedures and documentation has been updated to align with Wraparound. Initial coaching session took place on 12/3/2019. Goodwill has recently reassessed their structure and conversations continue as to how Wraparound can help support their practices. Goodwill stated that Wraparound is in their strategic plan for the Back to the Future Program. Staff attends the Wraparound learning community).

New Horizons of the Treasure Coast (Care Coordinators/Adult Case Managers/Peers/Intensive Case Managers. Currently two (2) certified facilitators and other staff are in the certification process.)

Coaching continues to occur within group Wraparound Learning Communities and at the individual level of coaching with providers. It may involve presentations, documentation review, role plays, behavioral rehearsals, and/or live/telephonic observations. Coaching also occurs through technical assistance and inter-rater reliability events.

In this third quarter, eight case managers were certified as Wraparound Facilitators. The recently certified Wraparound facilitators are providing Wraparound at Henderson Behavioral Health Center in the treasure coast, New Horizons of the Treasure Coast and Chrysalis Health CAT Team in Palm Beach. There was one individual certified as a Wraparound coach from Chrysalis Health CAT Team. By the end of the third quarter there were forty-one (41) certified facilitators and 13 certified active coaches in our region.

For those providers using Wraparound with Care Coordination, the providers will receive continued or additional coaching to use a facilitation method.

Supervisors' System Meetings continue to be held in both Circuits with a primary goal to increase awareness and collaboration across providers and system partners. Barriers to services and efforts to eliminate waitlists are often the topic of conversation. Direct Supervisors at provider agencies and system partners discuss day-to-day integration efforts and share information about new resources.

This quarter, they were held:

Circuit 15 – 1/9/2020, 2/13/2020, 3/12/2020

Circuit 19 – 1/16/2020, 3/19/2020 (this group voted to hold meetings every other month)

Wraparound Learning Communities offered group coaching efforts, share concerns regarding Wraparound implementation and opportunities to increase certification and prevent practice drift. Representation from providers that serve children and families, adults and the SPMI populations are all represented at the meetings.

This quarter, they were held:

Circuit 15 – 1/28/2020, 3/25/2020

Circuit 19 – 1/16/2020 (this group voted to hold meetings every other month)

Combined Circuits 15 & 19 – 2/20/2020

SEFBHN monitors Wraparound fidelity throughout the network through data collection, satisfaction surveys, providing organizations with coaching and technical assistance and participating in inter-rater reliability activities.

SEFBHN has also developed an online Wraparound Toolkit for regional and statewide access and use. The toolkit has a variety of resources to help support provider and system level implementation of Wraparound and sustainability. Other toolkits were developed to assist the Wraparound Champions and supportive training. SEFBHN devoted a section on their website for housing the multiple toolkits. The toolkit continues to be monitored monthly and updated, as needed by a SEFBHN staff. It is available via our website at www.sefbhn.org under Wraparound Initiative. The toolkits are continuously monitored and updated as needed.

An agency-wide shared SEFBHN Training Tracker was established for increased awareness and documentation of identified training needs, upcoming trainings, cross-system trainings, training topics and overall better training integration efforts. Our agency-wide shared PIP (Performance Improvement Plans) and TA (Technical Assistance) Tracker has a tab specific to technical assistance provided to our providers to increase awareness and better communication when multi-staff are involved with a provider.

Forensic Services

- Care Coordinators continue to assist with the Forensic Specialists, Civil Liaisons and FACT teams with discharge planning and placement from the civil and forensic SMHTF in Circuits 15 and 19.
- Circuit 15 initiated monthly Forensic Services Collaboration Meetings that include the following: DCF, Public Defender's Office, State Attorney's Office, Wellpath (Jail Mental Health Services provider and South Florida State Hospital representatives), FACT, South County Mental Health Center, National Alliance of the Mentally Ill, Multilingual Psychotherapy Center and county staff.
- SEFBHN provided technical assistance to the State Attorney's Office by providing education about the Florida Statute 916 process and how the community providers assist with the conditional release plans.
- SEFBHN continued to provide technical support to agencies who took over case management and other services for the consumers from the C15 mental health provider that closed in late 2019. SEFBHN assisted the court, the case management agencies and coordinated with the transfer of the Social Security Representative Payee accounts to other Representative Payees.
- SEFBHN continues to provide technical assistance to the providers with the new Forensic Specialist or Civil Liaison roles.
- SEFBHN continues to participate in monthly conference calls with DCF, SMHTF and ME for care coordination efforts.
- SEFBHN continues to participate in the C15 Re-Entry Task Force meetings.

FACT

- Henderson Behavioral Health conducted a thorough review of the all the consumers on the FACT team and were able to stepdown several consumers who no longer needed that level of care.
- SEFBHN continued to provide extensive technical support to the Psychotherapeutic Services of Florida FACT teams since the onset of the new contract in June 2019.

Children and Family Related Interventions

A SEFBHN Family Systems Manager continues to participate on the C19 Keeping Families Connected (Lock-out) Committee to reduce the number of children who are “locked out” of their homes due to their parents refusing to allow them to return home, usually following a delinquent act or mental health crisis. One Keeping Families Connected call was held this quarter. A SEFBHN Family Systems Manager participates on the C19 calls to provide care coordination services to youth and families and foster collaboration among the multiple agencies represented. Often coordination is needed after the calls to secure services for the youth and families, to refer to housing, or to remove any barriers to service needs. The goal of the Keeping Families Connected Committee along with the standard multiple partner calls is to reduce the number of children and youth going into licensed care. Through the team’s interactions with families, more high-risk youth have been able to access intensive services immediately and crises are able to be addressed from strengths-based recovery-oriented approach. This quarter, SEFBHN participated in three C19 Keeping Families Connected Staffings on 1/3/2020, 2/5/2020 and 2/20/2020.

The SEFBHN Family Systems Managers are also identified members for the C15 Lock-out protocol. The C15 lockouts have been transitioned into the SST conference staffing per the Service Coordinator at Child Net. SST staffings allow the CBC, SEFBHN and other stakeholders to come together to brainstorm ways to divert youth from the child welfare system with combined efforts to provide community supports and services (i.e. CAT and Wraparound Case Management) via Care Coordination efforts. During this quarter, there were nine (9) SST staffings that SEFBHN participated in on 2/25,2/26, 2/27, 2/28, 3/6, 3/11, 3/17, 3/18 and 3/20/20 in C15. One in-person lockout meeting was attended on 2/26/20. In C19 there were three SSTs held this quarter on 1.13.20;1.15.20; and 2.20.20 to address safety.

In C15 and C19, SEFBHN implemented QPR-T (Question, Persuade, Refer and Treat) Advanced Suicide Risk Assessment and Management Training trainings with the Mobile Response Teams (MRT) from South County Mental Health Center. Trainings were held on 1/17/20, 1/23/20, 1/31/20 and 2/15/20. A total of 22 Mobile Response Team Specialists were trained in suicide intervention and risk assessment strategies.

SEFBHN participates in C19 Local Review Team monthly to review high risk youth cases that are involved with multiple agencies. SEFBHN worked collaboratively with Carisk Partners clinical staff to ensure the we were represented in the review teams scheduled this quarter. C19 Local Review Team meetings were attended 1/28/2020, none in February and 3.24.2020. Additionally, there were two (2) child- specific staffings for youth held on 3/2/2020 and 3/11/2020 that FSM attended. C19 Family Systems Manager continues to make the network aware of the resource available for multisystem involved youth.

SEFBHN C15 Family Systems Manager (FSM) continues to participate in monthly/as needed C15 Interagency (Local Review Team) meetings hosted by ChildNet. This quarter, C15 FSM attended two (2) Interagency meetings on 2/5/20 and 3/4/20, as well as two (2) child-specific Interagency staffings on



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3/3/20 and 3/5/20. Since raising awareness of this interagency opportunity at Executive Order meetings, system partners in the Interagency agreement have continued to review this current process and have kept it realigned toward its intended purpose regarding staffing complex, high risk youth cases.

SEFBHN continues to participate in C15 and C19 Child Welfare and Behavioral Health Integration Meetings with DCF, CBCs and community partners to discuss Network opportunities for improvement, access issues and overall progress with programs/agencies aimed at serving the Child Welfare Population (i.e. 211 SACC Hotline connecting CW populations to Substance Treatment Providers, FIT Teams and CAT Teams). Additionally, workgroups were formed from the Integration Meetings to address training needs and reviewing baseline data and establishing goals within the Circuits. Shared accountability continues to be discussed among network behavioral health providers and the child welfare staff as to how to get the parents to specific appointments; have them remain in treatment; and comply with case plans tasks. There have been additional meetings throughout the quarter to work on specific tasks. Training needs for Child Welfare Professionals and Behavioral Health Providers is another area of focus that has made significant progress this quarter. The goal of the trainings is to help each profession gain knowledge of the others function, basic concepts, and create a joint language and understanding from which to build a foundation. SEFBHN participated in both workgroup opportunities, as well. The training workgroup completed a training on Child Welfare for Behavioral Health Professionals currently under review.

SEFBHN continues to provide monthly raw data and summary data to the integration steering committee members for each circuit. The Progress Exchange Form has been updated as deemed necessary and is being utilized in both circuits. SEFBHN also created a training aid for child welfare professionals to interpret the Progress Exchange Form, as this need was identified by C19 Integration Steering Committee. This training aid is to supplement what has been done by the Department thus far and to support Dependency Case Managers, as well.

Operationalization of the S.A.F.E. MRT (Support & Advocacy for Family Engagement Mobile Response Team) began in the 2nd quarter and has continued forward. Multiple meetings were held with child welfare leadership in each circuit as well as providers involved in this process. In each circuit, decision making trees were developed to support child protection investigators and dependency case managers with input from child welfare leadership prior to finalization.

In Circuit 15, South County Mental Health Center provides the mobile response and had added peers to their team. The peers, when available are providing onsite supports for families involved with child welfare as well as follow-up after mobile team response has occurred. A warm handoff to Rebel Recovery for further child welfare peer support is made within 72 hours when needed. On 1/24/2020 SEFBHN Directors attended an all-staff meeting for Children's Home Society and ChildNet Dependency Case Managers to present S.A.F.E. MRT and the decision tree to assist with increasing referrals to 211 for this purpose.

In Circuit 19, New Horizons of the Treasure Coast and Okeechobee provides the mobile response. A warm handoff to Counseling and Recovery Center for child welfare peer support is also made within 72 hours when needed. A Program Innovation Manager with a New Horizon's MRT staff presented to the Child Protection Professionals on 3/3/2020 on S.A.F.E. MRT.

Director of Children's System of Care participates in monthly C15 Adolescent Collaborative meetings with law enforcement (Sheriffs Behavioral Health Unit staff and School Police) as well as with Children's Services Council, ChildNet, JFK North, School district (School Safety and ESE/SEDNET staff) to discuss collaboration opportunities for high risk youth. Director of Children's System of Care attended a monthly meeting on 1/16/20 and 2/20/20. SEFBHN has been continuing to participate in workgroups to review the School District of Palm Beach County's Baker Act decision tree and a shared document for parents as to what they can expect when their child is Baker Acted reflecting school, hospital and community treatment and support perspectives. SEFBHN provided additional feedback re: community supports this quarter to the School District of PBC re this marketing brochure for parents. SEFBHN has also been in collaboration with members of the Adolescent Collaborative regarding suicide prevention trainings and working to develop a unified, community response to suicide crises in the child welfare system, as well as in the School District of Palm Beach County.

Further, SEFBHN staff routinely attend and participate in School and Community Safety Meetings lead by Judge Martz in C15. In this quarter, meetings were held 1/13, 2/10 and 3/9/2020. A separate follow-up meeting was held at 2-1-1 on 1/28/2020 to review 2-1-1's ability for community messaging, provider vetting and website capabilities to tie it into the School and Community Safety (county-wide) website. This is specific to the Justice and Mental Health Grant (a collaboration with Palm Beach Sheriff's Office) to increase public safety by addressing the phenomenon of school and community violence through enhanced collaboration among criminal justice, mental health, and substance abuse treatment systems and by increased access to mental health and other treatment services for individuals with mental illness or comorbid mental illness/substance abuse disorders, including opioid dependence.

SEFBHN staff also attend monthly School Health Advisory Council meetings in both circuits. In C15, a Mental Health Subcommittee meeting is attended to support Palm Beach County school system access to community behavioral health supports and services. Mobile Response Team and Baker Act information are routinely shared as well to identify any trends or additional supports needed at the school level. In this quarter, the Director of Children's System of Care presented on Baker Acts and Care Coordination compared to Case Management at one of the meetings in collaboration with Community Partners. Director of Children's System of Care and C15 FSM attended two School Health Advisory Council meetings on 1/28/20 and 2/18/20. The C15 meeting for March was cancelled; meetings are planned to begin again in C15 in April 2020. There was one meeting held in C19 this quarter.

Additional efforts to advance behavioral health efforts for children, youth and families include:

- Data reports are run biweekly to identify families and youth who are high utilizers of acute care services and/or have child welfare involvement. Youth who are identified as High Utilizers are added to the Care Coordination Module and Family System Managers contact area Crisis Units to request relevant assessments and discharge plans to be uploaded into the Care Coordination Module. Data reports are reviewed to offer assistance/services that can bridge gaps which may be creating patterns of high utilization. Identified high-risk consumers are referred to the Coordination of Care Module for further monitoring and collaboration during transitional phases of treatment.
- Family Systems Managers continue to attend monthly Coordination of Care meetings facilitated by SEFBHN in order to address barriers around Care Coordination and collaborate to ensure continuity and fidelity to the process across all counties served.
- Family Systems Managers also met with multiple providers over the quarter to provide education and technical assistance around the Care Coordination process and module, respectively.

- Agencies within the SEFBHN Network are expected to update the Care Coordination Module for the children and families they serve that are receiving care coordination services.
- Child welfare consumers who are on the Waitlist for services are also targeted for care coordination services. Care coordination efforts at the system level are done to ensure interim services are provided to the consumers.
- Family Care Manager attended Monthly Treatment Team Staffing held at Sandy Pines on SIPP/PRTS and Care Coordination youth.
- QPR-T (Question, Persuade, Refer and Treat) Advanced Suicide Risk Assessment and Management Training was offered to several Network Providers involved with the Mobile Response Teams this Quarter. C15 Family System Managers trained at South County Mental Health Center on 1/17/20, 1/23/20, 1/31/20 and 2/15/20.
- In Circuit 19, Family Systems Manager provided monthly technical assistance and support to the FIT Team at Counseling & Recovery Center on 1/8/20, 2/28/20 and 3/31/20. Technical assistance was also provided to the New Horizons CAT team on 1/10/2020, 2/28/2020; via phone due to the COVID19 pandemic in March. Technical assistance meetings provide an opportunity for processing and brainstorming high risk cases that have been identified by the teams in an effort to celebrate successes and formulate plans of action for the clients and families. In addition to in-person technical assistance meetings, Family System Managers also provided tele-support to both identified teams.
- In Circuit 15, Family Systems Managers provided monthly technical assistance to the FIT Team at Henderson Behavioral Health on 1/16/20, 2/20/20 and 3/30/20. In addition, Technical Assistance was provided to now SFS/Chrysalis CAT team on 1/13/2020; 2/7/2020 and through Go To meeting on 3/23/2020 due to the COVID 19 pandemic. Barriers to services are being addressed, clinical issues get resolved in terms of the process of integrating child welfare and behavioral health into the practice model, along with care coordination expectations and the COC Module.
- Family Systems Manager participated in only one Child Abuse Death Review (CADR) in C15 for the quarter on 2/27/2020. C19 CADR held no meetings.
- SEFBHN has received funding related to the use of State Opioid Response funding specifically for families in the Child Welfare System. SEFBHN has established a Substance Abuse Call Center (SACC) line through 211 to help ensure the prioritization of Child Welfare parents/caregivers within our network. The SACC line uses a calendar with available appointment times at SEFBHN providers, which allows assessments to be scheduled 24 hour/7 days a week by the CPI or DCM. While this has assisted in expediting substance abuse treatment services for families in the Child Welfare System, we recognize that engagement of parents and caregivers with an Opioid Misuse Disorder can be difficult. An enhancement to this existing process will address the engagement barriers. This quarter has experienced some scheduling and appointment difficulties with SACC line providers in central Circuit 15 although available appointment slots remain open in Circuit 19. SEFBHN has suggested to 2-1-1 and Child Welfare staff to see if parents are willing to travel to Belle Glade, Martin County or other location with openings. Transportation was offered to be arranged for any person for which it was a barrier. SEFBHN also enlisted providers in Circuit 15 to alleviate this issue focusing on increasing appointment slots with attention to increasing evening and weekend availability.

b. Access to treatment for Priority populations, including capacity reports:

I. Waitlist 3rd Quarter FY 20 Update

The third quarter of this fiscal year saw a significant drop in waitlist utilization by SEFBHN providers. Only 15 persons were added to the Waitlist, as shown in the following table:

SEFBHN 3rd Quarter FY 20 Waitlisted Individuals by Listing Provider		
Program	Provider	Distinct Count of Demo SRI
2 - ASA	23-7074625 - Drug Abuse Foundation of Palm	5
	59-1590644 - WaySide House	9
	65-0988051 - Counseling and Recovery Center	1
Grand Total		15

Eleven (11) of the 15 were added in January and 4 in February. No additions occurred in March. This low utilization of the centralized waitlist can be attributed to 2 factors: FASAMS and Covid- 19. First, decreased use of the Waitlist corresponds to the time period in which DCF launched its FASAMS Get Well Plan; proposed still more changes to the current FASAMS Version 13; published significant revisions (Version 14) for production next fiscal year; and then advised stakeholders that ME payments would not be linked to provider FASAMS data submissions. Provider frustration with FASAMS and confusion as to data requirements can explain the low numbers of waitlisted persons in January and February. The onset of the Covid-19 pandemic and its impact on SAMH services explains no one being waitlisted during March.

As shown in the next table, 80% of those waitlisted in the 3rd quarter were general population clients – a much larger percentage than usual and a 36% increase from the prior quarter. None of the waitlisted persons were homeless in contrast to 29% of the 69 persons waitlisted in the 2nd quarter. One waitlisted person was pregnant and an IV drug user.

SEFBHN 3rd Quarter FY 20 Waitlisted Individuals by Population								
Program	Populations							Distinct Demo SRIs
	IV Drug User	Homeless	Homeless IV Drug User	Pregnant	Pregnant IV Drug User	Pregnant Homeless	General Population	
2 - ASA	2	0	0	1	1	0	12	15
%	13%	0%	0%	7%	7%	0%	80%	100%

The following table displays the level of care (LOC) evaluation tool used to assess clients prior to their being waitlisted. Forty percent (40%) of the Adult Substance Abuse individuals waitlisted were assessed for level of care using a biopsychosocial – rather than an ASAM or LOCUS.

SEFBHN 3rd Quarter FY 20 Level of Care Evaluation Tool Used for Waitlisted Clients		
Program	Level Of Care Evaluation Tool	Distinct Count of SRIs
2 - ASA	3 - BIO Psychosocial	6
	4 - ASAM	9
Grand Total		15

That a bio-psychosocial diagnostic assessment is not valid or reliable level of care assessment tools is demonstrated by the discrepancy between the levels of care recommended by the ASAM compared to the biopsychosocial assessments:

SEFBHN 3rd Quarter FY 20 Recommended LOC by Assessment Tool		
Level Of Care Evaluation Tool	Recommended Level Of Care	Distinct Count of SRIs
3 - BIO Psychosocial	2 - Low Intensity Community Based Services	6
4 - ASAM	7 - 3 5 Adults - Clinically Managed HighIntensity Residential Services	9
Grand Total		15

The 9 ASAMS consistently resulted in a recommendation for clinically managed, high intensity residential services. The 6 biopsychosocial assessments all recommended low intensity community services. However, as shown below, all 15 clients were waitlisted for the same Covered Service – Residential Level II, which corresponds to the clinically managed, high intensity residential LOC recommendation. The recommended LOC from the biopsychosocial assessments understated the clients' treatment need by 4 to 5 levels of intensity.

SEFBHN 3rd Quarter FY 20 Recommended LOC Correspondence to Covered Service/Project For Which Client Was Waitlisted		
Recommended Level Of Care	Covered Service	Project
	19 - Residential Level II	A4 - Care Coordination
2 - Low Intensity Community Based Services	6	0
7 - 3 5 Adults - Clinically Managed HighIntensity Residential Services	9	5
Grand Total	15	5

Furthermore, one provider waitlisted 5 clients for both Residential Level II and Care Coordination even though these two services are not comparable levels of care. The mismatch between the LOC evaluation tool, recommended levels of care and services/projects for which the clients are were waitlisted indicates that provider assessment staff will benefit from increased TA and training in understanding and using levels of care.

The next table indicates that 40% of those waitlisted during the 3rd quarter were discharged with all six clients receiving services from the listing provider. The other 60% were still open on the waitlist. The average length of stay (LOS) in days for the six persons who were discharged was 35.6 days.

SEFBHN 3rd Quarter FY 20 Waitlist Discharge Reason	
Discharge Reason (Outcome)	Distinct Count of SRI
1 - Receiving Services at this Provider	6
Not Yet Discharged	9
Grand Total	15

c. **Peer activities:** The following information represents Peer Activities conducted by SEFBHN during the third quarter

- Rebel Recovery moved into their new location in November and opened the 1st Recovery Community Center (RCC) in December. They have a full schedule of activities that include trainings, grief groups, art & craft, etc. The RCC is open 7 days a week.
- During COVID-19, Rebel Recovery has introduced online meetings such as Medicated Assisted Recovery Anonymous meetings, Peer Support meetings, Harm reduction Works, Wellness & Recovery Women Supporting Women and the Morning Meet-Up.
- During COVID-19, Technical Assistance is provided daily for Peer Services. SEFBHN is developing online Motivational Interviewing for CRPS's and for a general track for Provider staff.
- SEFBHN continues to work with the DCF QI Peer to develop a local Advisory Board. Redevelopment of this Advisory Board will be introduced to the local RCO to flourish and make their own as the peer network is already involved with the RCO's.
- Southeast Florida Behavioral Health network has requested "Drop-In Centers" to begin offering Wellness Recovery Action Plan (WRAP) groups. Four (4) "Drop-In Centers" now provide at least one (1) WRAP Group every three (3) months.
- Drop-In Centers are also providing ongoing Peer Support Groups weekly.
- During COVID-19, Drop In Centers have expanded groups to Zoom meetings and daily check in with regular group attendees.
- Groups within Providers are offered to their outpatient individuals on Zoom during the COVID-19 event.
- During COVID-19, Supported Employment Agency and Drop In Center have offered online daily meetings and trainings.
- Monthly meetings such as TOCA 2.0, ROSC, Faces & Voices in Recovery attended by Southeast Florida Behavioral Health Network CRPS.
- Ongoing conversation with County of Palm Beach in hiring and Supervision of CRPS staff. One (1) CRPS has been hired through PBC Homeless Outreach Team. PBC has hired three (3) new CRPS's for Outreach purposes. One CRPS is a direct outreach support for the "tent city" area in John Prince Park located in Lake Worth, FL.
- SEFBHN continues to provide technical assistance in the direction in the ROSC movement and the value of creating ROSC mini coalitions within their Agencies. The Lord's Place has a dedicated ROSC Coordinator which brings a weekly Peer Support Group for all County Peers to attend.
- Providers are holding Peer Coalitions internally one Provider includes group Supervision, as well as one on one Supervision.
- Rebel Recovery, Mental Health America, and NAMI set up virtual Zoom meetings with a variety of daily peer support groups. All peer services are continuing to be provided through telehealth options.

- Rebel Recovery had a Helping Others Heal training scheduled for the March 16-20, 2020 with 18 participants that had to be canceled due to COVID-19 local restrictions on gatherings of more than 10 people. It will be rescheduled as soon as possible.

d. Priority access to treatment for pregnant women;

Pregnant IV drug users and pregnant drug/alcohol users continue to be prioritized for services. We work with our providers to ensure that pregnant women do not go on the waitlist. Oxford House has opened a Mom and baby sober house in Port St. Lucie. They will be adding another female house in Pt. St. Lucie prior to end of 4th quarter. This will serve as a great resource for pregnant and postpartum women.

e. Wait list management for non-pregnant injecting drug users and all others:

- SEFBHN staff monitor the waitlist to ensure that these priority populations are being put on the waitlist and that our providers are utilizing the waitlist appropriately. We are also encouraging providers to utilize peer services for individuals on the waitlist to keep them engaged as part of the delivery of interim services while they await placement in the appropriate level of care.
- Additional information about waitlist management is under Access to treatment for Priority populations, including capacity reports.
- The following represents the ability to assist individuals seeking recovery:

A 30-year-old male experiencing homelessness and opioid use disorder was engaged with a peer at Rebel Recovery and Medication Assisted Treatment. He was assisted after medical stabilization and residential with a transitional voucher to move into a local recovery residence which was close to his daughter and an outpatient MAT provider. While continuing outpatient treatment he got a job at a marine mechanic shop and was able to start being a part of his daughter's life again. He had attempted residential treatment twice before and this was his first time with prolonged recovery.

f. Compliance with charitable choice provision: There were not issues related to Charitable Choice

g. Monitoring FY 19/20: Contract Validation On-Site visits were conducted at the following agencies during the third quarter

- PNA16 – Jeff Industries, Inc. – report has been sent out
- ZDF05 – Substance Abuse Council of Indian River County, Inc. – report has been sent out
- ZNA29 – Behavior Basics, Inc. – report has been sent out
- ZDF03 - Roundtable of St. Lucie county – report has been sent out
- PTF05 - Housing Partnerships – report has been sent out
- National Alliance on Mental Illness – report is pending

- A Technical assistance on-site visit was also made to Psychotherapeutic Service of Florida (PSF) who operates the 2 FACT Teams in the Treasure Coast. Since PSF is just in their first year of service delivery our goal was to ensure that they are implementing and operating the FACT Teams with fidelity to the model. A report for this visit is pending.

h. Continuous quality improvement: (CQI)

The following information was presented during the third quarter CQI meetings:

- Linda Kane discussed the need for Network Service Providers (NSP) to become enrolled as a Medicaid Provider. She emphasized the importance of this as DCF will no longer approve funding for a Medicaid Eligible individual who can obtain a service or services from a Medicaid Provider. She provided a listing of all the Medicaid Manager Care Plan Contacts and a questionnaire for them to complete regarding the actions they have taken to become enrolled in a Medicaid plan. She requested that the questionnaire be sent to her by 2/3/2020.
- Greg Jackson gave an update on the status of the closing of the Jerome Golden Center. He noted that Legacy Behavioral Health and Multi-lingual Behavioral Health are providing the majority of the outpatient services for the JGC clients including Medicaid Services, Therapy, and Case Management and Intensive Case Management. South County Mental Health Center (SCMHC) has picked up the gap in crisis stabilization services. They are running the CSU in Belle Glade however they are not admitting children at this time – JFK_N has absorbed that need. SCMHC added 15 new beds to their own CSU services to absorb the need and is also operating all MRT services in Palm Beach County. Forty- eight individuals were transitioned to new community placements from JGC housing programs. Linda Kane noted that the challenge of finding new placements for these individuals which required us to be creative and resulted in a new set of contacts in the community relative to housing resources. SEFBHN also worked with a company (Sunshine) to become the representative payee for 120 individuals for which JGC had been the rep payee.
- Jill Sorensen presented the Progress Exchange Form that is to be used as a way for providers to keep Child Welfare staff up to date on the services they are providing a parent involved in the Child Welfare system along with their progress. The form is automated through Cognito forms and will allow for a much smoother flow of information. Jill did inform participants however that they must still download the completed form to FSFN as the system will not do that automatically. The link to the Progress Exchange Form is posted on Board Docs and included as follows:

<https://www.cognitofrms.com/SoutheastFloridaBehavioralHealthNetwork/sefbhnchildwelfareprogressexchangeform>

- Melissa McInturff provided a refreshing refresher on the My Strength program that SEFBHN is encouraging all NSP's to enroll in as many newer CQI participants had not yet heard about it and to generate renewed enthusiasm. She was able to pull up her own account and demonstrate the benefits – illustrating that the resources on My Strength are useful for employees and the consumers we serve. Participants were placed in 4 breakout groups to brainstorm ideas on how to encourage further participation with My Strength by NSP agencies. Ideas included additional customized presentations to engage NSP staff so they

could see the benefits to their clients and to also begin with staff using it before rolling it out to consumers. There was also an inquiry as to whether providers could split the fee to enroll with MY Strength into 2 payments over the course of a year. (SEFBHN has paid the major portion of the annual licensing fee but providers must pay a fee based on the size of their agency - \$1500.00 - \$5000,00). My Strength has agreed to this payment option for our providers.

- Sharyn Dodrill gave a Power Point Presentation outlining updates to FASAMS. Pam 155-2 Version 14 has been published to the DCF website. Some of the updates include:
 - Removal of all “Known/Unknown” fields
 - Removal of “Treatment Setting” concept
 - Creation of a new entity “Placement” to changes in a client’s care during a treatment episode as a replacement of Treatment Setting
 - Addition of a “Treatment Locale” field to track the setting where service was delivered.
 - Outcomes consists of 3 choices – Successful – when client moves to a lower level of care at same provider/ Unsuccessful – when client moves to higher level of care at same provider/ Discharge – referral of client to another provider or not referral at completion of placement. There was some discussion and disagreement that moving an individual to a higher level of care was consider “Unsuccessful”.

- Jill Sorensen discussed that Parents of Children removed from them and placed in custody of DCF can still qualify for Medicaid when the Reunification is the primary goal. There are other income eligibility requirements, but this will provide an additional resource for Parents in the Child Welfare System to access services. A handout was provided to participants

- Jill Sorensen and Jody Olayinka-Lebrun provided a Power Point presentation that discussed the use of Learning Communities with Wraparound Practice. They defined Learning Communities as **a group of committed individuals that collaborates, shares information, exchanges resources and supports the successful implementation of Wraparound across communities**. They explained that Learning Communities actually mirror the foundation of Wraparound Practice in that it allows practitioners to share barriers and successes, lessons learned, and how to overcome them in a non-judgmental environment. Learning Communities help to prevent “Drift” thus maintaining fidelity to the model. Learning Communities also serve to operationalize the Recovery Oriented System of Care (ROSC) as they promote a strength-based approach to working with consumers.

- Part of this presentation included an activity that had participants break into groups and discuss the impact of Drift on Wraparound at a system level, agency level, and program level and to brainstorm ways to combat drift. Groups then presented back to the whole group – essentially it was noted that each agency and SEFBHN must maintain commitment to Wraparound – ensuring training is available and that supervisors are certified coaches who can keep their staff on track.

All CQI meeting agendas, power point presentations, and handouts are available on SEFBHN Board Docs at the following link:

<https://www.boarddocs.com/fl/sefbhn/Board.nsf/Public>

Reinvestment Grants

SEFBHN continues to provide Program Coordination for the Indian River Reinvestment Grant which has provided funding for the expansion of the Indian River Mental Health Court System, and the Okeechobee County Reinvestment Grant which has provided funding to expand the existing Drug Court and establish a Mental Health Court.

The Indian River Grant actually came to an end on December 31st but DCF granted a No Cost Extension through June 30, 2020 and it is anticipated that additional funding will be made available through an expansion grant beginning 7/1/2020.

Indian River County

On January 21, 2020 Mental Health Court had 8 clients to successfully complete and graduate the Mental Health Court Diversion Program. There were 94 clients enrolled for the quarter.

We continue to have clients participate in the Rapid Rehousing program and they continue to maintain in the community. This quarter we have had three clients approved for Disability and four to become employed on their way to independence in a community setting. We continue to work with other clients in the application process and appeals.

The Transition Houses continue to be a vital part of the program. During the last quarter we had one male transition from the home. The male home was quickly occupied, and the female home continues to have two clients in it with another female being considered for it at this time. Peer support services continue to play an important part to the continuity and stability of the client that reside there from assisting with simple independent living tasks to addressing simple disagreements to budgeting for household products.

We continue to work well with our community partners to include New Horizons working in partnership with case management, psychiatric and therapy services, as well as, acute care services and the 28-day program. We continue to work with Mental Health Association for peer support services to include the Our House program where clients receive social support services. Legacy is no longer providing services to the indigent clients as of March 4th. We have made those referrals to Treasure Coast Community Health Center and New Horizons We also heavily utilize the McCabe Connections Center for resources and assistance in applying for financial resources. McCabe also provides office space, and we utilize the conference room for peer support service groups.

The Treasure Coast Homeless Services Council is used for assistance with the housing needs of our clients. As well, our housing providers continue to provide this most valuable and necessary service that assists the clients in community living. Substance Awareness Center continues to provide substance use disorder treatment and drug testing services for our court.

We have begun analyzing cost avoidance with Indian River County Reinvestment grant program. This has been measured by calculating the daily cost of jail, multiplied by the average # of days for a jail sentence for individuals convicted of a misdemeanor and the average # of days for jail sentence for individuals convicted of a felony. The below cost avoidance is for the clients who have been in Mental Health Court since January 2017. Calculations as follows:

85 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$425,000
176 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$2,156,000
261 total clients = 20,648 jail bed days x \$125.00 per day = \$2,581,000 Estimated Cost Avoidance

Okeechobee County

Overall, Okeechobee Mental Health Court has had 54 clients to date. Nineteen clients which have graduated successfully (2 during the last quarter). We have had 8 clients discharged due to non-compliance and 1 pass away due to medical complications. The grant has assisted 15 clients with getting access to benefits from SSI/SSDI to Food stamps and Medicaid. We have assisted 12 clients with temporary housing until stable.

We currently have 18 clients enrolled with 10 receiving targeted case management, one client receiving intensive case management and living in an assisted living facility, one client receiving FACT team case management and one client living in a long-term care facility. One client is currently in state hospital.

During this quarter, no clients had their ROR revoked temporarily due to sanctions for non-compliance. There were no new arrests by clients participating in MHC. We assisted 3 clients with housing. We assisted 2 clients with entrance into a DOC funded residential substance abuse treatment program. We are assisting 4 clients with payment for their outpatient substance abuse treatment at ADAP. Three clients are paying for their own outpatient substance abuse treatment (one at ADAP and 2 at another provider out of county).

The MH Court Case manager has created and implemented a participate handbook/resource guide for the Mental Health Court clients.

We have begun analyzing cost avoidance with Okeechobee Reinvestment grant program. This has been measured by calculating the daily cost of jail, multiplied by the average # of days for a jail sentence for individuals convicted of a misdemeanor and the average # of days for jail sentence for individuals convicted of a felony. Calculations as follows:

21 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$105,000
33 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$404,250
50 total clients x 4,074 days x \$125.00 per day = \$509,250



Quarterly Report
 For the period: January 1, 2020 – March 31, 2020
 Submitted: 4/20/2020

Consumer Satisfaction Surveys: To date, SEFBHN has received 1,067 adult survey responses and 350 child survey responses. Reports by category will be shared with SEFBHN provider staff at the end of the third quarter of this FY via SEFBHN’s monthly CQI meeting.

SEFBHN has also been working to allow for electronic completion of the surveys to allow for a more streamlined and efficient manner for them to be completed. More information about this process will be available in the 4th qtr report.

LOCUS 3rd Quarter FY 20 Update

Ten (10) SEFBHN providers conducted 831 LOCUS assessments during the 3rd quarter of this fiscal year as shown in the next table. This represents a 29% increase in assessments performed and a 43% increase in providers performing assessments from the last quarter, however this is still a 38% decrease from the first quarter of the fiscal year.

SEFBHN LOCUS Assessments by Provider				
3rd Quarter FY 20				
Provider	Jan	Feb	Mar	Total
Behavior Basics, Inc.	1	1	1	3
HENDERSON BEHAVIORAL HEALTH - SEFBHN	7	2		9
Housing Partnership	6	13	12	31
JEFF INDUSTRIES INC		1		1
LEGACY BEHAVIORAL HEALTH CENTER INC.	1	1		2
NEW HORIZONS OF THE TREASURE CO - SEFBHN	155	224	243	622
Psychotherapeutic Services of Florida, Inc			3	3
SOUTH COUNTY MENTAL HEALTH CENTER	21	23	71	115
South Florida State Hospital	10	10	7	27
THE JEROME GOLDEN CENTER	18			18
Grand Total	219	275	337	831

The next table shows that the most frequently recommended level of care (LOC) is also the highest intensity, i.e., LOC 6 -Medically Managed Residential Services. This LOC was recommended in just under half (46%) of all LOCUS assessments performed during the quarter. Second most frequently recommended level of care was LOC 2 – Low Intensity Community Based Services, which comprised 27% of LOCUS assessments conducted.

SEFBHN 3rd Quarter FY 20 LOCUS Recommended LOC		
Recommended LOC	Grand Total	%
Basic Services	43	5%
LOC 1 - Recovery Maintenance and Health Management	45	5%
LOC 2 - Low Intensity Community Based Services	224	27%
LOC 3 - High Intensity Community Based Services	85	10%
LOC 4 - Medically Monitored Non-Residential Services	15	2%
LOC 5 - Medically Monitored Residential Services	37	4%
LOC 6 - Medically Managed Residential Services	382	46%
Grand Total	831	100%

However, when one views the recommended levels of care by provider, as displayed in the following table, it becomes clear that one provider, by virtue of the significantly higher number of assessments performed relative to others in the network, is skewing the frequency distribution, particularly in terms of LOC 6 – Medically Managed Residential Services. Network wide, 382 assessments recommended this level of care. NHTC performed 378 – or 99% - of these. Furthermore, 61% of all LOCUS assessments conducted by NHTC resulted in a LOC 6 recommended disposition

SEFBHN 3rd Quarter FY20 Distribution of LOCUS Recommended Levels of Care by Provider											
Recommended Levels of Care	Providers									Grand Total	
	BB	HBH	HP	JEFF	LBH	NHTC	PSF	SCMHC	SFSH		JGC
Basic Services	2		5			24		12			43
LOC 1 - Recovery Maintenance and Health Management		1	2	1	1	23		15		2	45
LOC 2 - Low Intensity Community Based Services	1	2	8			136		68	5	4	224
LOC 3 - High Intensity Community Based Services		4	12			38		11	13	7	85
LOC 4 - Medically Monitored Non-Residential Services						6	3	2	2	2	15
LOC 5 - Medically Monitored Residential Services		2	4		1	17		5	7	1	37
LOC 6 - Medically Managed Residential Services						378		2		2	382
Grand Total	3	9	31	1	2	622	3	115	27	18	831

Carisk determined that this result is a function of how NHTC’s Crisis Stabilization Units are implementing the LOCUS. Specifically, NHTC’s CSUs are conducting LOCUS assessments at admission, when they should be performing them prior to discharge to determine the correct level of care, service and provider for the client’s referral. Admission LOCUS evaluations are not standard assessment protocol for acute care services since, by definition, clinical exigencies outweigh other considerations for clients in crisis. Also, legal processes and procedures (e.g., Baker Act) govern most admissions, thereby obviating the need for a separate LOC assessment.

On the other hand, LOC assessments as part of the discharge planning process in acute care would go a long way toward decreasing readmissions - consistent with DCF’s 4DX initiative. SEFBHN and Carisk Partners are continuing to work with NHTC to redirect their focus from admission to discharge planning when using the LOCUS level of care instrument.



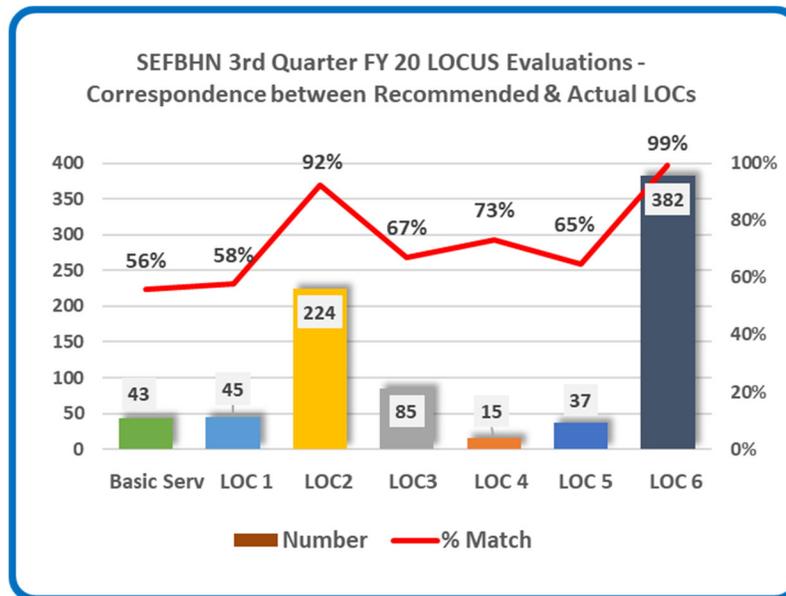
Quarterly Report
For the period: January 1, 2020 – March 31, 2020
Submitted: 4/20/2020

Where a provider determines that the 'actual' LOC should be different than the LOCUS recommended LOC, the provider is required to identify the reason for this variance. As shown in the following table, the overall variance rate for all LOCUS performed was 12% in the 3rd quarter, ranging from 0% (no variances) to 100% when viewing individual providers.

SEFBHN 3rd Quarter FY 20 Summary of LOCUS Variances by Provider											
Reason for Variance	Providers										
	BB	HBH	HP	JEFF	LBH	NHTC	PSF	SCMHC	SFSH	JGC	Grand Total
Client chose a LOC other than the one recommended					1		2		1		4
Client is court ordered to a higher level of care				2							2
Client refuses recommended level			1				1			1	3
Client's finances/job deter treatment level									1		1
Clinical Judgment	1	6	2				20		51	6	86
Involuntary Admission by Law Enforcement							1				1
Services at recommended LOC not what client needs	2						4				6
Total Variances	3	7	4	1	0	28	0	53	0	7	103
No Variance		2	27		2	594	3	62	27	11	728
Total	3	9	31	1	2	622	3	115	27	18	831
Variance %	100%	78%	13%	100%	0%	5%	0%	46%	0%	39%	12%

The degree of correspondence between recommended and actual levels of care reported in the LOCUS assessments is one measure of the quality of the LOCUS assessments and fidelity to the instrument's protocol. The following table and graphic show relatively high levels of correspondence between recommended and actual levels of care in the 3rd quarter.

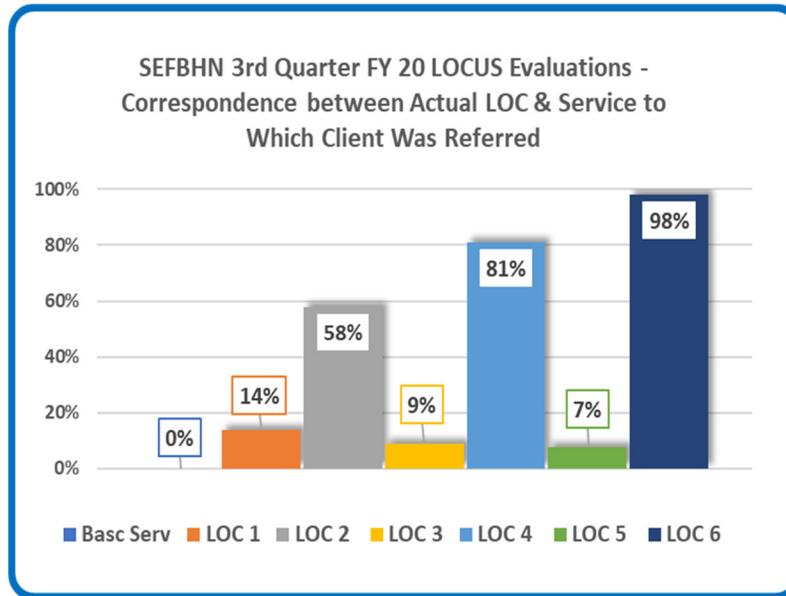
SEFBHN 3rd Quarter FY 20 Correspondence between LOCUS Recommended and Actual LOCs									
Recommended LOC	Basic Services	Actual LOC						Number	% Match
		LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services	24		3	3	13			43	56%
LOC 1 - Recovery Maintenance and Health Management		26		5	14			45	58%
LOC 2 - Low Intensity Community Based Services		1	207	2	13	1		224	92%
LOC 3 - High Intensity Community Based Services		1	12	57	14	1		85	67%
LOC 4 - Medically Monitored Non-Residential Services			1	2	11	1		15	73%
LOC 5 - Medically Monitored Residential Services				3	5	4	24	37	65%
LOC 6 - Medically Managed Residential Services				3			379	382	99%
Grand Total	24	29	235	67	69	27	380	831	88%



Providers agreed with the LOCUS-recommended LOC between 56% (Basic Services) to 99% (Medically Managed Residential Services) of the time, with an overall correspondence rate of 88%.

However, when one looks at the correspondence of the project or covered service to which the client was referred with the actual LOC identified by providers, the degree of match drops considerably. The following graphic and table show, for example, the percentage match dropping from 56% to 0% for Basic Services, 58% to 14% for LOC 1 – Recovery Maintenance and Health Management, and 92% to 58% for LOC 2 – Low Intensity Community Based Services.

While the result of a LOCUS assessment is a recommended LOC, providers choose the actual LOC as well as the project/covered service for the consumer’s referral. This data shows that providers are ‘matching’ levels of care and services considerably better in their assessments than they in practice.



SEFBHN 3rd Quarter FY 20 LOCUS Summary: Correspondence between Actual LOC Identified by Provider and Service to Which Client Was Referred

LOC/Project or Covered Service To Which Client Referred	Actual Level of Care Specified by Provider							Overall
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	
LOC 1: CS 01- Assessment				1				1
LOC 1: CS 07 - Drop In/Self Help Center		3						3
LOC 1: CS 25 - Supported Employment		1	1					2
LOC 2: CS 02 - Case Management		2	13	2	1	1	1	20
LOC 2: CS 14 - Outpatient - Individual	1	5	123	13	2	2		146
LOC 3: CS 04 - Crisis Support/Emergency							2	2
LOC 3: CS 08 - In-Home & On Site			3					3
LOC 3: CS 10 - Intensive Case Management		1	3			1	1	6
LOC 3: PC A4 - Care Coordination					1			1
LOC 4: PC B5 - FACT Team				12		3	2	17
LOC 4: PC A5 - NAVIGATE (First Episode Team)				3	44			47
LOC 5: CS 18 Residential Level 1					2			2
LOC 5: CS 19 - Residential Level II						2		2
LOC 6: CS 03 Crisis Stabilization							373	373
LOC 6: CS 24 - SA Inpatient Detox						1		1
Subtotal	1	12	137	25	62	10	380	627
No Project or Covered Service Specified	23	17	98	42	7	17		204
Grand Total	24	29	235	67	69	27	380	831
% Match	0%	14%	58%	9%	81%	7%	98%	61%

CALOCUS 3rd Quarter Update

Third quarter CALOCUS assessments showed a dramatic increase from SEFBHN 2nd quarter totals. Last quarter, two providers performed 263 assessments. As shown in the following table, 6 providers conducted 1,868 CALOCUS assessments in the third quarter.

SEFBHN CALOCUS Assessments by Provider 3rd Quarter FY 20	
Provider	Count of LOCUSID
Housing Partnership	41
HPS HELPING PEOPLE SUCCEED INC.	9
NEW HORIZONS OF THE TREASURE COAST	844
SOUTH COUNTY MENTAL HEALTH CENTER	24
THE JEROME GOLDEN CENTER	35
TYKES & TEENS, INC.	915
Grand Total	1868

The next table shows that LOC 6 – Medically Managed Residence Based Services was the recommended level of care in 40% of CALOCUS assessments, with LOC 1 – Recovery Maintenance and Health Management and LOC 2 – Low Intensity Community Based Services garnering 25% and 22% of the LOC recommendations, respectively.

SEFBHN 3rd Quarter FY 20 CALOCUS Recommended LOC		
Recommended LOC	Total	%
Basic Services for Prevention and Maintenance	151	8%
LOC 1 - Recovery Maintenance and Health Management	458	25%
LOC 2 - Low Intensity Community Based Services	402	22%
LOC 3 - High Intensity Community Based Services	77	4%
LOC 4 - Medically Monitored Community Based Services	10	1%
LOC 5 - Medically Monitored Residence Based Services	26	1%
LOC 6 - Medically Managed Residence Based Services	744	40%
Grand Total	1868	100%

The following table shows that 739 out of 744 CALOCUS evaluations (99%) recommending LOC 6 were performed by NHTC. As was the case with the LOCUS assessments, this high number and percentage of LOC 6 recommendations are functions of the Children’s CSUs performing their CALOCUS assessments at admission instead of incorporating them into the discharge planning process. SEFBHN and Carisk Partners is working with NHTC to resolve this implementation issue.

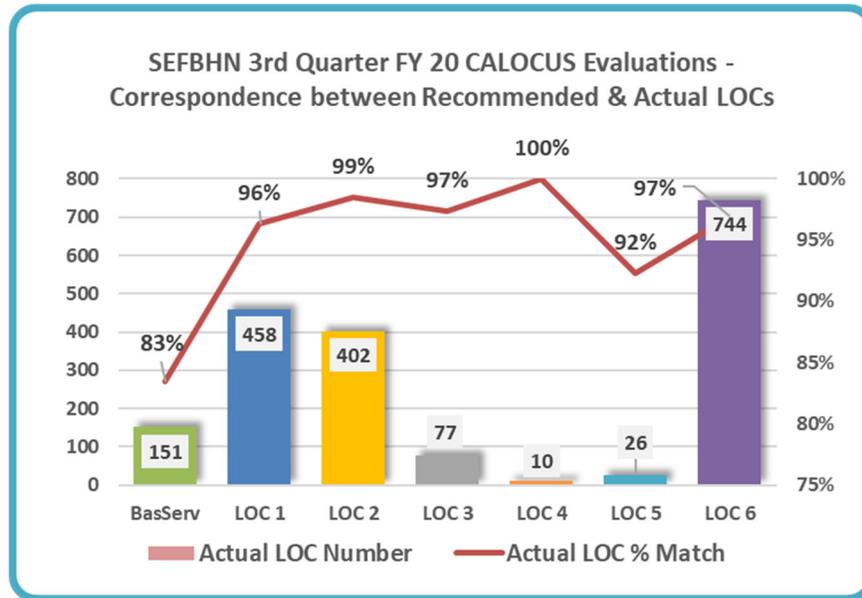
SEFBHN 3rd Quarter FY20 Distribution of CALOCUS Recommended Levels of Care by Provider							
Recommended LOC	Providers						Total
	HP	HPS	NHTC	SCMHC	JGC	T&T	
Basic Services for Prevention and Maintenance	19	1	13	1	11	106	151
LOC 1 - Recovery Maintenance and Health Management	3	3	23	1	5	423	458
LOC 2 - Low Intensity Community Based Services	7	5	58	21	14	297	402
LOC 3 - High Intensity Community Based Services	4		8	1	3	61	77
LOC 4 - Medically Monitored Community Based Services	2					8	10
LOC 5 - Medically Monitored Residence Based Services	5		3		2	16	26
LOC 6 - Medically Managed Residence Based Services	1		739			4	744
Grand Total	41	9	844	24	35	915	1868

The next table shows that the variance rate among providers ranged from 0% for Tykes and Teens to 49% for Jerome Golden. 'Clinical judgment' was cited as the reason for 56% of the variances.

SEFBHN 3rd Quarter FY 20 Summary of CALOCUS Variances by Provider							
Reason for Variance	Providers						Total
	HP	HPS	NHTC	SCMHC	JGC	T&T	
Clinical judgment	9	3	9	4	17		42
LOC 6 - Medically Managed Residence Based Services			23				23
Lower LOC not yet completed or provided			10				10
Total Variances	9	3	42	4	17	0	75
No Variance	32	6	802	20	18	915	1793
Total	41	9	844	24	35	915	1868
Variance %	22%	33%	5%	17%	49%	0%	4%

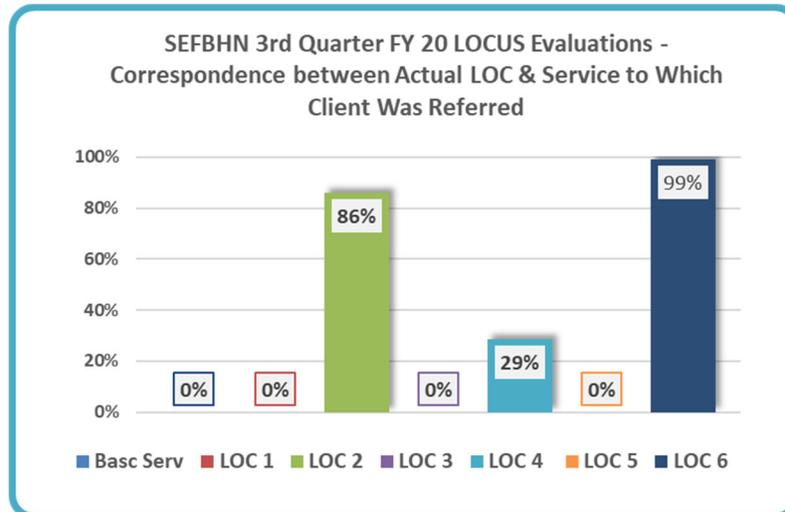
Tykes and Teens, first using the CALOCUS during the 3rd quarter, reported 0 variances on 915 evaluations. As discussed in previous quarterly reports, 0 variances may sound positive, but it actually is a red flag suggesting that the CALOCUS tool is not being administered correctly. More than 900 assessments cannot be performed over a 3-month period without a single circumstance of the clinician disagreeing with the CALOCUS recommended LOC. Carisk Partners and SEFBHN will be providing technical assistance and additional training as needed with Tykes and Teens – as well as with all other providers using this level of care tool – over the next 2 to 3 quarters.

The next graphic and table present the degree of correspondence between CALOCUS-recommended LOCs and the provider-identified actual levels of care during the 3rd quarter. These results look very good – ranging from 83% to 100% correspondence.



SEFBHN 3rd Quarter FY 20 Correspondence between LOCUS Recommended and Actual LOCs										
Recommended LOC	Basc. Serv.	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	NULL	Number	% Match
Basic Services for Prevention and Maintenance	126	10	13	1	1				151	83%
LOC 1 - Recovery Maintenance and Health Management		441	16		1				458	96%
LOC 2 - Low Intensity Community Based Services		4	396	1	1				402	99%
LOC 3 - High Intensity Community Based Services				75	1		1		77	97%
LOC 4 - Medically Monitored Community Based Services					10				10	100%
LOC 5 - Medically Monitored Residence Based Services			1	1		24			26	92%
LOC 6 - Medically Managed Residence Based Services							721	23	744	97%
Grand Total	126	455	426	78	14	24	722	23	1868	96%

The positive correspondence is in appearance only as shown in the next graphic and table. That is, the data on correspondence between actual LOCs and the projects/covered services to which consumers are being referred demonstrate that providers continue to struggle with following CALOCUS administration protocols and applying level of care concepts to their daily practice.



SEFBHN 3rd Quarter FY 20 LOCUS Summary: Correspondence between Actual LOC Identified by Provider and Service To Which Client Was Referred

LOC/Project or Covered Service To Which Client Was Referred	Actual Level of Care Specified by Provider							None Specified	Overall
	Basc Serv	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
LOC 2: CS 02 - Case Management			1						1
LOC 2: CS 11 - Intervention - Individual		1							1
LOC 2: CS 12 - Medical Services	3	5	10						18
LOC 2: CS 14 - Outpatient - Individual	105	436	355	62	10	21	4		993
LOC 2: CS 35 - Outpatient - Group		2							2
LOC 3: CS 13 - Medication Assisted Treatment		1							1
LOC 4: PC A5 - NAVIGATE (First Episode Team)					4				4
LOC 6: CS 03 - Crisis Stabilization						3	716		719
Subtotal	108	445	366	62	14	24	720	0	1739
No Project or Covered Service Specified	18	10	60	16				2	129
Grand Total	126	455	426	78	14	24	722	23	1868
% Match	0%	0%	86%	0%	29%	0%	99%	0%	59%

(3) Overview of necessary adjustments to required plans, including justification for proposed changes, identification of barriers or anticipated barriers to achieving stated goals, and proposed strategies to mitigate the impact of said barriers on the Network.

No revisions to any plans were made during the third quarter. The following policies, however, were developed during the 3rd quarter.

Policy 531.00 – Unclaimed Property – To ensure unclaimed payments to SEFBHN Vendors and Subcontracts, and Employees are turned over to the Department of Financial Services – Bureau of Unclaimed Property and that SEFBHN periodically checks this same location to determine if there is any unclaimed funds owed to SEFBHN. This policy was developed as a result of a recommendation made by DCF during their on-site fiscal audit in January 2020. It is noted that there were no findings from this audit. The Board approved this policy on 1/21/2020.

Policy 327.00 – Mobile Response Team – This policy is still in the approval process. The purpose of the policy is to memorialize the use of Mobile Response Teams as a coordinated system of entry into the network system of care. It has been presented at our CQI and System of Care Meetings and is pending final Board Approval.

(4) Network Management Activities:

(a) New subcontracts, or amendments to existing subcontracts with Network Service Providers;

Fifteen amendments (including Keefe McCullough); no new subcontracts; and, one new agreement were completed during the third quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

Amendments

N/A – Keefe McCullough Audit Agreement
PNC26 – Sinfonia Family Services of Florida, Inc. (now The Chrysalis Center, Inc.)
ZDF05 – Substance Abuse Council of Indian River County, Inc.
PNF23 - JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus
PDA51 – Wayside House, Inc.
LTF10 – Henderson Behavioral Health, Inc.
PNA31 – South County Mental Health Center, Inc.
PNA32 – Mental Health Association of Palm Beach County, Inc.
PTF05 – Housing Partnership, Inc. d/b/a Community Partners
ZNA24 – Mental Health Association in Indian River County, Inc.
PDA59 – The Recovery Research Network Foundation, Inc.
PDA57 – The Recovery Research Network Foundation, Inc.
PNA17 – National Alliance on Mental Illness in Palm Beach County, Inc.
PDA58 – **Palm Beach County Substance Abuse Coalition**
PDC19 – Hanley Center Foundation

New Subcontracts

N/A

New Agreements

AGR38 – NCAAD New Jersey, Inc.

Termination

N/A

(b) Collaborative strategies and activities with the Department or Stakeholders

- During the 3rd quarter SEFBHN began the planning process with the Palm Beach County Sheriff's Office, to coordinate client treatment services under the Justice & Mental Health Collaboration Program (JMHCP). This grant will begin in May 1, 2020

The coordination of client services will involve the following tasks: a) sub-contracting with appropriate community-based treatment and non-treatment Providers to provide evidence-based services to our client population; b) collecting and tracking client data for grant evaluation and reporting purposes; and c) providing monthly progress reports to PBSO's Project Director.

Scope: To submit monthly progress reports to PBSO's Project Director, to assist with the preparation of BJA's quarterly and semi-annual performance reports.

The monthly reports will contain data necessary to meet the following performance measure:

- a. Reduction in Waiting Period for Community Support Services
- b. Percentage of Community Social Services Attained (SSI, Medicaid, etc)
- c. Number of Clients Completing Treatment Programs
- d. Number of Clients Completing Non-Treatment Recovery Programs

Target Population: Clients identified by the PBSO Behavioral Services Unit in need of behavioral health services. The target population is 200 adults and 40 juveniles for the two-year grant period.

The Southeast Florida Behavioral Health Network will utilize the funds to coordinate treatment and non-treatment recovery services with our community-based providers (hereinafter referred to as "Providers") for our targeted population. SFBHN will also act as the fiscal agent to reimburse the Providers through the federal grant funds.

10,000 of the grant dollars are to be used for a contractor to provide the evaluation and data collection

- SEFBHN continues to participate on the Circuits 15 and 19 Baker Act Task Force meetings. These meetings provide an opportunity to address case specific and systemic issues.

- SEFBHN and Carisk Partners continue to meet on a monthly basis. These meetings allow for robust information exchange about Data, Technology, Reporting, Billing and Financial Management and Care Coordination. The implementation of FASAMS and how the SEFBHN data portal has been adapted to align with FASAMS requirements continues to be a focus of these meetings in addition to the development of a user-friendly electronic invoice for our network providers.

Children's System of Care

During the third quarter a total of 320 children and youth received prevention and treatment services through system of care. Thirty-seven (37) new referrals were received, 26 children and youth were enrolled in treatment services and 20 children and youth were discharged. At the start of the quarter, 294 youth were being served and at the end of the quarter, 300 were being served. The following is a summary of activities that occurred during the third quarter.

- Both CMHSOC sites worked on tasks for sustainability of service going forward.
 - In Okeechobee County the school district has now established a department for mental health and behavioral support services. They are using the universal screening tools and the universal referral process.

Additional efforts were made in working to transition family and youth engagement services to a nonprofit (Our Village).

- In the western communities of Palm Beach County (also referred to as The Glades) the Federation of Families (FOF) looked for creative ways to expand their work within the community by strengthening relationships with new and existing partnerships. FOF has partnered with Mental Health America to open a peer run drop-in-center/mental health clubhouse (staffing/programming funded by SEFBHN), "Be Well" is a building on the premises of the Belle Glade Housing Authority. FOF will share this building with faith-based organizations and other providers to offer a multitude of services in three languages. FOF has also signed several MOUs with mental health providers, housing authorities, and a federally qualified medical center to provide better linkage to needed community services for parents and youth.
- As would be expected the COVID-19 pandemic has stalled referrals for services at both sites. Both sites are utilizing Telehealth as appropriate. FOF has been working to increase the capacity for Wraparound Services and participated in the Wraparound Learning Collaborative Meeting virtually in which one of the topics was National Wraparound Implementation Academy and Dr. VanDenBerg's recommended strategies for how to continue Wraparound via telehealth were shared and discussed. To meet the changing needs of our youth

and their parents, FOF launched virtual support groups including virtual spring respite camp. We had one group for elementary aged youth, another for teens, and a third for parents and caregivers. Each week, a schedule of activities was prepared which included education on community resources, information about stress and anger management, and fun activities to engage in. Parents got an adult coloring book with inspirational messages as well as handouts with resource information and web sites to review. Youth received information at their level along with the CDC's "Coping After A Disaster" coloring pages and other crafts to do at home. The materials were gathered up each Friday and delivered to each participating household.

While not specific to mental health services, the SOC in **Okeechobee** sent out several hundred care bags to kids as the COVID 19 unfolded. Many students in Okeechobee County come from low income families so the SOC branded care bags aids with snacks and activities during spring break. Care bags were also provided to local law enforcement and EMS staff in the event they encountered children in need in Okeechobee, that may not have been identified to the SOC but may be in need of services.

Okeechobee has been choosing a topic each week to send out via email and text as well as through school social media sites. A current relevant article or two along with activities to match are sent out. Information provides is intended to help parents identify these issues, ways to cope and how to get help along with anxiety reduction and stress reduction activities to do with parents and children.

- Additional activities in the 3rd quarter revolved around Planning for the next Children's Mental Health Awareness Day. Some adjustments may be needed depending on how long social distancing guidelines remain in place due to Covid-19

In Okeechobee planning was underway to host health fairs at all secondary schools and have a community family night at the school district office/freshman campus. Proclamations are planned for the local community. We have published an essay and poster contest for students, and plan on having entries submitted with the awards being given during mental health awareness week.

In the Glades collaboration was underway with Healthier Glades to obtain mayors' proclamations for the month of May. Plans were made to pass out green ribbons and green light bulbs so community members can show their support. The county-wide Get Your Green On (#GYGO) campaign is proceeding as a social awareness campaign with many social media/online activities to build and support mental health. Other components that are will need to adapt to the current situation include a video prepared by high school students to show appreciation to health care workers and a Get Your Calm On challenge in May for youth and adults to complete "I feel calm when...." (also developed by a group of high school students in our behavioral health clubs, which started in our school system with the leadership of BeWellPBC).

- The Glades System of Care conducted 3 full coordinating council meeting and Okeechobee SOC conducted 2 full meetings. Both areas report participation by Family and Youth, Community Based Care, Dept of Juvenile Justice, Children’s Mental Health Providers, Primary Health Care Providers, Faith Based representatives, Local Law Enforcement and SEDNET/Education representatives.

- Social Marketing/Public Education included the following activities:

Okeechobee: New Horizons participates in a weekly radio show which is broadcast in Okeechobee.

The Okeechobee Children’s Mental Wellness Facebook page has 845 people who like the page and engaged about 400 people per day this quarter.

Glades: New social marketing and promotional items were utilized at several events including the Male Symposium held February 29th at the Lakeshore Civic Center in Belle Glade. This event brought young men together to attend and photograph the event. The event focused on multiple community resources, including Youth MOVE, FL. Young men were educated on domestic violence, human trafficking, and gay violence. Youth MOVE provided attendees with information about children’s mental health and how to get involved in the System of Care as it relates to youth.

Prevention Activities –

- The Network Prevention Manager continues to convene monthly SEFBHN Network Prevention Team phone-in meetings for all Prevention SAMH funded agencies and coalitions to discuss Statewide Managing Entity Prevention news and updates within the ME and state. The calls allow for monthly 2-way conversations between the ME and all SEFBHN Prevention funded.
 - During the months of January – March 2020 conversations continued to center around:
 - Preparations for Prevention program Validations / Monitorings
 - Prevention Monitoring Tool as Quality guide
 - Individual Unaccredited Provider CARF Review Findings
 - Performance Measures Outcomes doc
 - Needs Assessment and Community Action Plan Upcoming reviews
 - New Enhancements to the Carisk Fiscal Reporting and Data Collection systems,
 - New Enhancements to the Performance Based Prevention Systems (PBPS)
 - Substance Abuse Skills Prevention Training (SAPST)
 - ACEs and the impact on Youth / Adult behavior
 - FL LINC Zero Suicide Organizational Quality Self-Evaluation
- The Network Integrity Manager and the Network Prevention Manager provided training to all SEFBHN Prevention funded agencies on the full use of PBPS

- The SEFBHN Prevention Team additionally continued discussions around the development of resources and promising program initiatives which address the emerging Vaping concerns expressed by Community leaders, parents and this ME's Counties' school officials.
 - Coalitions created Community conversation opportunities
 - School-based providers engaged parents in PTA, SAC and PTO events.

- The Network Prevention Manager, also, continues to meet monthly with the DCF state Prevention Clinical liaison and other state ME Prevention Manager.
 - with the sustained goal to have Prevention Coordinators continue building alliances which enable the MEs to systematically and professionally address the state's SAMH Prevention needs and initiatives.
 - During this Quarter, this Network Prevention Manager, introduced Doctoral Student Meredith Templin of Palm Beach Atlantic College who desired to partner with the ME and State Prevention Network to complete her for her Doctoral Research Thesis.
 - She partnered to learn steps to trial a Middle School SA Prevention Education Pilot program in Martin County.
 - Additionally, this quarter's Conference Call team meetings, covered and discussed the following Agenda items:
 - Sober Truth On Preventing Underage Drinking (STOP Act) Survey completion.
 - Substance Abuse Prevention Skills Trainings (SAPST) and other training needs.
 - Performance Based Prevention System (PBPS) Crosswalk and Utilization.
 - Inclusion of Prevention topics at the yearly Behavioral Health Conference.
 - Individual ME Provider and Coalition implementation Updates.
 - COVID 19 Prevention Resources.
 - Program Guidance Document 1 for Managing Entity Contracts.
 - Prevention Guidance Document 10 for Prevention Services.

- This 19-20 FY, the Network Prevention Manager continues to train and develop skills to assist in the writing of Prevention Contracts and Amendments, completion of Prevention agencies' Risk Assessments and the completion of Validations/ Monitorings.
 - During this 3rd quarter of FY 19-20, the Network Prevention Manager worked with the Compliance Administrator to complete Reconciliation Docs for Prevention-funded agencies.
 - During this 3rd quarter, Network Prevention Manager also completed the Validation/ Monitoring for Substance Abuse Center of Indian River County (SACIRC) and Roundtable of St. Lucie County.
 - During this 3rd quarter, Validation/ Monitoring conversations were initiated with 211 of the Palm Beaches and Treasure Coast and Federation of Families to plan their on-site 4th Quarter Validations.

- During the months of January – March 2020, the Coalitions were fully engaged, continuing the implementation of Environmental Strategies and School-based Programming throughout the SEFBHN Network.
 - Palm Beach County Substance Abuse Coalition (PBCSAC) continued community and school alternative activities with the Teen Coalition-In-Action (CIA) continuing to convene

scheduled Teen Vaping sessions. Their Teen CIA #Teen Talk gained momentum with continued events this 19/20 School Year. {#Teen Talk is an interactive conversation with parents, community members, teachers and law enforcement regarding a solution focused approach to e-cigarette use, underage drinking and other drugs led by PBCSAC Teen CIA}.

- PBCSAC completed their work on the PBC Schools poster contest. Their partnership with the South Florida Fair allowed the display of the top 75 entries. This year they reported having more than 750 entries, whereby the top 5 in Elementary, Middle and High School were recognized.
- The contest began October 23, 2019 and posters were submitted and judged, with winners selected on December 16, 2019. Those selected winning posters and top 75 entries were displayed at the South Florida Fair, during the last 2 weeks of January 2020.
- The winning posters were also minimized and replicated and on February 28, 2020, placed in the 138 Palm Beach County School Bus for youth to see daily as they traveled on the buses.

- PBCSAC's Vaping Task Force continued work on Palm Beach County's Vaping Logic Model which will provide data and information to Palm Beach County surrounding this issue. Upon completion, PBCSAC will provide this report as a resource for programmatic decisions for the county.

- PBCSAC continues the work on the implementation and execution of the following goals on the C15 Heroin Task Force (HTF) Prevention Plan:
 - Execution and roll-out of Opioid Prevention messaging to educate School and College age Youth, Parents and the general community.
 - Enhancement of current Opioid Prescription education components to Physicians and Medical service providers.
 - Other initiatives have been executed and are being implemented by Community partners of the Coalition:
 - Creation and Development of an Opioid Education and Support Group, which was actually made possible after the acquisition of funding from Palm Beach County to initiate the Project C4OPE project with Hanley Center Foundation.
 - Advocation and Encouragement of the implementation of Botvin Life Skills curriculum in schools where there is no SAMH Prevention ~ or ~ the addition of 15-minute Opioid Prevention Message to existing Prevention programming.

- Martin County Board of County Commissioners and PBCSAC continue to partner. They, too, continued community and school alternative activities with their Teen Coalition-In-Action (CIA)
 - That group continues their work started during the 4th quarter of FY 18/19 on an ordinance to the Commissioners to raise the legal smoking age to 21 in Martin County.

- Okeechobee Substance Abuse Coalition – continued their Winter “Alternative to Alcohol” school activities, holding a Friday Night Done Right outing with community partners to

create safe drug free places and activities for Okeechobee Schools and Community. They are continuing to work with the Okeechobee County System of Care initiative.

- Roundtable of St. Lucie County – Substance Abuse Prevention Network Committee - continues to be the liaison to the Kids At Hope School-based program for St. Lucie County Schools.
- They also continue to work closely with the St. Lucie County Behavioral Health Task Force. working with community partners within their county to provide a safe and drug-free community.
 - Their Executive Director and the Network Prevention Manager co-chair the Behavioral Health Task Force which has engaged representation from the St. Lucie County School, Children’s Services Council, Treatment Centers, DJJ, DOH and other County Coalitions.
 - The short- term goal of the task force is to continue to partner with Community partners to create a Needs Assessment, Logic Model and Community Action Plan to prioritize and direct the steps to meet the identified Community Behavioral Health needs.
- Substance Abuse Free Indian River (SAFIR) worked with community partners within their county to provide safe and drug-free messaging for dissemination within the county.
 - SAFIR continued their Winter implementation of the Coffee and Conversation parent-to-parent forum, in partnership with Substance Abuse Council of Indian River (SACIRC).
 - SAFIR continued to implement the environmental strategy, “No One’s House” in partnership with Substance Abuse Council of Indian River (SACIRC).
 - SAFIR was also highlighted / featured in the Community Anti-Drug Coalitions of America (CADCA) Coalitions Online weekly newsletter for their partnership between the coalition and St. Lucie County law enforcement.
- All SEFBHN Coalitions continue developing Youth Coalition Teams / Teen Coalitions In Action, during this 3rd quarter of FY 19/20.
- SEFBHN Prevention Providers are celebrating their ability and successes had in implementing the state recommended Prevention School-based Programming in schools in each of our counties:
 - Hanley Center Foundation (HCF) continued their implementation of the Botvin LifeSkills Training school-based program in Palm Beach County’s Coastal and Western Communities. During this 3rd Quarter, HCF continued their work with 8th, 9th and 11th grade program implementations in schools with whom they made agreements during the summer and the beginning of FY 19/20. HCF plans to continue the transition of some of their schools from Allstars and Alcohol Literacy Challenge (ALC) to Botvin LifeSkills Training (LST).
 - New Horizons of the Treasure Coast (NHTC) has, too, successfully continued its implementation of “Too Good For Drugs / Violence” in selected grades in all Elementary, Middle and High School students in St. Lucie County; whose

partnership they've successfully developed, continued and nurtured for the last 4 years. This 3rd Quarter of FY 19/20, they, too, continue to transition some of their schools from "Too Good For Drugs / Violence" to Botvin LifeSkills Training (LST).

- Tykes & Teens, has, also, successfully continued with their 3rd Quarter implementations of Botvin LifeSkills Training (LST) school-based program in Martin County Elementary Schools. Again, they plan to implement the Elementary Program with all Martin County District Schools 4th and 5th graders.
 - Substance Abuse Council of Indian River (SACIRC) continues the 3rd Quarter implementations of Botvin LifeSkills Training in all Indian River County Elementary, Middle, and High Schools. They have been successful in developing and nurturing this partnership with Indian River County School District which has allowed this implementation for more than 5 years. Due to the success of the Middle and High School presentations, SACIRC had begun discussing new dates and locations for Spring 2020, for both presentation to High School and Middle School parents which will have to be reevaluated due the COVID-19 crisis.
- The Network Prevention Manager continues work as Co-Chair of the Circuit 15 Juvenile Justice Advisory Board, working on committees and alliances alongside Community partners. Meetings continue to address the goals and work for FY 19/20; and the collaborative work of state agencies and integration of Behavioral Health recommendations by the State of Florida Marjorie Stoneman Douglas High School Public Safety Act.
 - The Network Prevention Manager and SEFBHN Prevention Team work closely with Circuit 19's Opioid Task Force Prevention Team. The Network Prevention Manager and Representatives from our SEFBHN Prevention Team attend and volunteer their expertise to create and support Prevention processes and measures which deter or delay the introduction of the use and abuse of Opioid substances.
 - During this 19/20 FY, The Network Prevention Manager continues the work to complete the implementation and execution of the goals outlined in the Circuit 15 Heroin Task Force (HTF) Prevention Plan.
 - SEFBHN Prevention Providers are celebrating successes in implementing initiatives recommended by Circuit 15 / Palm Beach County's collaborative efforts to respond to the county's Heroin epidemic. The Heroin Task Force (HTF) developed plans for many sectors of the community. Components of that HTF Prevention plan continue to be implemented / executed.
 - Drug Abuse Treatment Association (DATA) continues our SEFBHN work to complete the implementation and execution of goals outlined in the Circuit 15 Heroin Task Force (HTF) Prevention Plan; namely the addition of 15-minute Opioid Prevention Message to their existing Prevention programing.
 - Hanley Center Foundation (HCF), additionally, continues to the work to complete the implementation and execution of goals outlined in the Circuit 15 Heroin Task

Force (HTF) Prevention Plan. Those identified initiatives in the HTF Prevention Plan are as follows:

- Creation and Development of an Opioid Education and Support Group, which made possible after the acquisition of funding from Palm Beach County to initiate the Project C4OPE project with Hanley Center Foundation.
 - Implementation of Botvin LifeSkills Training curriculum in schools where there is no SAMH Prevention ~ or ~ the addition of 15-minute Opioid Prevention Message to existing Prevention programming.
- Hanley also earned the Health Resources and Services Administration (HRSA) grant which addresses the opioid crisis in rural counties. This initiative will build a consortium of stakeholders (law enforcement, hospitals, FQHC, treatment, schools) to identify the need in Okeechobee County.
 - Hanley continues to work on the needs assessment and plan to address the workforce and sustainability of the plan.
 - The plan will address the full spectrum of programming (Prevention, Treatment and Recovery) collecting information from -- *Prevention, System of Care, Mental Health Court services, and Substance Abuse Treatment and Recovery services* - - provided in Okeechobee and surrounding counties – since residents often travel outside of Okeechobee County to receive services.
 - The Network Prevention Manager continues to work closely with the Florida Alcohol and Drug Abuse Association (FADAA) statewide Prevention team and Florida Substance Abuse Prevention Advisory Council (PAC). The PAC continues to meet quarterly by phone.
 - The FADAA statewide prevention team continues to phone meet monthly. This 3rd quarter’s discussions continued to center around having an effective “single message” going out from the Florida statewide Prevention Community. Other discussions on the agenda involved initiatives around the state and county addressing the Opioid crisis and emerging Marijuana Vaping; and overall increases in Marijuana as reflected in data reports from last year.

Care Coordination

- The care coordination team continues to create opportunities for cross-system collaboration and communication between SEFBHN, community stakeholder, and the network service providers (NSP). Three NSPs: New Horizons of the Treasure Coast, JFK North, and South County Mental Health Center, continue to maintain full-time care coordination staff that are responsible for implementing internal care coordination processes and collaborating with community stakeholders for the purposes of developing a recovery-oriented system of care.
 - The SEFBHN Coordination of Care Team conducts daily coordination of care activities in collaboration with our network providers and stakeholders. They assist through trouble shooting complex cases by identifying needed services and supports within the community for priority consumers and leveraging resources to facilitate

access to care. During the 3rd quarter there were 57 consumers identified, approved and enrolled as candidates for care coordination services. An example of a case opened during this quarter involved a consumer who was court ordered to 6 months on a crisis stabilization unit due to repeated hospitalizations and mental instability in the community and her court order had expired. The Care Coordination team assisted with finding her an ALF placement and warm handoff to the FACT team.

- The CoC team continues to utilize the Transitional Voucher Program. It is designed to provide care coordination and vouchers to purchase treatment and support services for adults transitioning from Florida Assertive Community Treatment (FACT) teams, acute crisis services, and institutional settings to independent community living. This program is designed to bridge the gap for persons with behavioral health disorders to live independently in the community as they transition to lower levels of care while building a support system to sustain their independence, recovery, and overall well-being.
- In the 3rd quarter, SEFBHN approved 132 transitional vouchers – 85 for substance use and 47 for mental health. Representing a significant increase compared to 87 transitional vouchers for the prior quarter. Vouchers were used for housing subsidies, pharmaceuticals, clothing, and transportation. The electronic transitional voucher application form has largely reached a stable form with minimal changes recently, but improvements have been made to continue to refine data tracking of vouchers and expenditures. Conceptualization and operationalization of outcomes tracking continues to be tested and refined with the goal of being able to accurately and effectively determine challenges with vouchers and improve outcomes for voucher recipients. This implementation has been recognized as an Innovative Initiative by the 6 other Managing Entities and has been adopted by several of them with assistance from the SEFBHN Network Integrity Manager.
- The Coordination of Care Module remains fully operational. During this quarter Carisk Partners has dedicated time in streaming the COC module to be able to pull more data reports that assist with tracking progress on High Utilizers.
- SEFBHN Care Coordination staff continues to facilitate a regularly scheduled monthly interdisciplinary care coordination meeting with staff persons from JFK North, South County Mental Health Center, New Horizons of the Treasure Coast and Okeechobee. The goal of the meetings is to facilitate the effective exchange of agency information that supports timely and efficient utilization of network resources through clearly defined actions. During this quarter, SEFBHN Program Innovation staff had a collaborative meeting with DCF local representative, and South Florida State Hospital staff. The meeting opened lines of communication between all parties and SFSH was able to educate everyone on how benefits are reinstated for the consumers after discharging for SFSH. Multiparty collaborative meetings offer provider and SEFBHN staff an open forum to discuss service trends, systems gaps, community resources, and treatment barriers.

- The SEFBHN Network Integrity Manager continues to oversee deployment of ASAM Continuum across the network as well as engaging with national ASAM Continuum User group and development team to provide feedback about the software and assisting with correcting technical issues when they arise. Network providers continue to be provided with access to immediate technical assistance regarding ASAM Continuum. Biweekly care coordination calls continue to be held, with a particular emphasis on ensuring the new Medication Assisted and Peer Services (MAPS) Program in the Palm Beach County jail is able to effectively transition individuals directly to services in the community once they are released from the jail. This collaborative effort has assisted with developing pathways for consumers leaving the jail in anticipation of their graduation from the program. Weekly calls continue to be held directly with Ted's Place staff to ensure that the needs of each resident are being met and that individuals are being both matched to the proper level of care and admitted to treatment as quickly as possible. This often involves a collaborative care coordination effort between Ted's Place staff, provider staff and the Network Integrity Manager working together. 59 individuals received services at Ted's Place in the 3rd quarter (compared with last quarter's 43). Of those who discharged from Ted's Place during that time, 82% of them were successfully linked to treatment services with an average stay of 15 days (compared with 78% last quarter).
- Family Systems Managers initiated a monthly Care Coordination Meeting for the Network's Community based Children's Providers, Community Base Care Agencies (CBC), Children's Crisis Unit's, DCF, DJJ, and Managed Care representatives along with Mobile Response Team to meet and discuss ways to improve our care coordination efforts, make referrals to the Local Review Teams, utilize the Care Coordination Module, Address Challenges within the Network, and discuss relevant topics that affect our High Utilizers or complex cases. The meetings held this quarter were 1/15/2020 and 2/19/2020 and March's was canceled due to the COVID19 pandemic. The meetings are routinely held via a conference call held monthly on the 3rd Thursday of the month from 10-11:30am.

Housing Activities

Due to the Jerome Golden Center closing, in November 2019, SEFBHN started the process of relocating 44 consumers from two residential programs into safe, affordable housing. This endeavor continued into the 3rd quarter, January and February 2020.

- The most vulnerable persons were placed into Adult Family Care Homes and Assisted Living Facilities, with continuing MH services.
- SEFBHN staff assisted with all the moves, including negotiating price reductions with landlords, and making sure client voice was taken into account were held with the

- consumers and family members, visits to potential housing, and client voice were taken into account prior to the moves and placement.
- Some consumers needed furniture and all around basic human needs.
 - Meeting with Landlords, requesting price reductions for those who live on a fixed income, and determining “the right fits” for all the individuals were crucial to this level of transition. Between the months of October 2019 – January 2020, SEFBHN continued to assist consumers, making sure they were in affordable housing and connected to case management, psychiatric, medication management and outpatient services with the appropriate provider.
 - January through February, SEFBHN continued to assist former JGC consumers that had housing vouchers with Palm Beach County and HOPWA, to coordinate moves and linkage to any MH services that they require.
 - Seeking “outside the box” type living arrangements, created new-found friendships and community supports.
 - Peer support was provided from the ME Level, with an open communication line through 211, Mental Health America Palm Beach County and NAMI collaboration. Individuals and any Jerome Golden Center consumers seeking assistance for continuing services were linked with a Peer support through MHA. The Peers provide support, linkage to services and as well as other resources needed to help maintain their recovery. While this service was initiated to assist with JGC closure, it has been very effective and will be continued. With the onset of COVID-19, this connect with 211 and MHA and NAMI have proven to be a great benefit to our consumers.
 - Some residents found that they were able to navigate systems that they believed they were unable to navigate in the past, creating self- support and self -determination. Family members that were not involved, are now stepping up to support as well.
 - To date- zero consumers impacted by this closing has been reported homeless, not connected to Case Management or Psychiatric services or without support services.
 - Housing Specialist has teamed up with ALF owners that own single-family houses and willing to rent them out with utilities included. There are options available through this opportunity that will open new beds for Forensic persons.
 - Oxford House has allowed several Co-Occurring consumers, primary mental health.
 - Oxford House opened their first Mom and baby, men’s house in Circuit 19.
 - Other housing landlords have begun working with SEFBHN Providers to house individuals at a minimal monthly rate to assist with their budgeted income on SSI.
 - SEFBHN continues to work with Network Providers to expand services and create new programs to fill the gap from the closing of the largest Mental health Provider in Palm Beach County.
 - SEFBHN will have two new housing programs coming online in the 4th quarter FY19/20 and 1st quarter FY20/21.
 - During the 3rd quarter, the Director of Network Integrity worked with the City of West Palm Beach, Community Partners dba/ Housing Partnership, and Mental Health America to identify a newly renovated apartment building (16 – 2 bedroom and 4 1-bedroom units) that is available for leasing. While renovations are being completed, a 5-year lease was negotiated, and a transitional housing program was designed for transitional housing for homeless individuals with mental health and co-occurring issues. The program, run by Community Partners, will have a Licensed mental health professional, housing specialist, case manager and a peer. As a transitional program, the services offered will help stabilize individuals, assist with SOAR applications, assessments and needed treatment services. The program

- will focus on supported housing, supported employment, and anything else needed to help the individuals move into safe, affordable housing.
- The Director of Network Integrity also met several times with Carrfour Housing, a nonprofit provider that had been working with Jerome Golden Center on a newly renovated permanent supported housing facility located in West Palm Beach. The property is scheduled to open in June 2020, have 36 individual apartments. Originally, Carrfour Housing was only going to be providing the supported housing for this project. However, after a few discussions, SEFBHN will be contracting directly with Carrfour to provide all the supported services. Carrfour has submitted our new provider application and we are moving forward with our contract process.
 - SOAR plan for FACT staff in Circuit 9 to begin in April. Technical assistance with Circuit 19 FACT staff for Introduction to SOAR Cohort.
 - The SEFBHN Director of Network Integrity and Housing Specialist are very active attending and participating in attend the Continuum of Care (CoC) meetings in Circuits 15 & 19.
 - Housing Specialist attends a weekly Acuity meeting with the Palm Beach County CoC staff and Providers.
 - Housing Specialist attends a monthly Community Engagement Committee Meeting involving Engagement Teams throughout Palm Beach County.
 - The Housing Specialist and Treasure Coast Homeless Coalition have established quarterly meetings and assistance with a SOAR Online Cohort.
 - The Director of Network Integrity and the Housing Specialist continues to participate in the quarterly statewide Managing Entity Housing Calls.
 - The Director of Network Integrity is a member of the Executive Committee of the HHA (Palm Beach County's CoC) and participates in monthly meetings. At the September HHA meetings, the committee's voted to change the makeup of the Executive board and as well as add 5 slots for people with lived experience. The HHA Board met in December to readjust the changes to the Executive Board after it was determined that all but two board members would have to rotate off due to term limits. It was decided that only 1/3 of the board would rotate off each year, thus extending some terms. The SEFBHN position remains on the HHA Executive Board.
 - The Director of Network Integrity is member of the Homeless Advisory Board (HAB) of Palm Beach County and attends quarterly meetings. A new Housing Plan has been approved and will be presented to the Board of County Commissioners in 2020.
 - Housing Specialist attends a monthly PBC CoC meeting, the Community Engagement Subcommittee in which Street Engagement Peers attend regularly to report success or struggles in housing persons experiencing homelessness. Community includes, Palm Beach Sheriff's Office Community Officer, Palm Beach County Homeless Outreach Team, Vita Nova, The Lord's Place and Housing Partnership.
 - Housing Specialist attends a Quarterly Government meeting which Social Security Administration, Homeland Security-Immigration and Citizenship, Palm Beach County Tax Collectors Office, Vital Statistics Office, Department of Children and Families, and Libraries.
 - Housing Specialist attends monthly seeking placement conference calls

- Housing Specialist completed 15 Assisted Living Facilities site visits.
- SEFBHN in collaboration with Indian River Mental Health Court (MHC) received the CJMNSA Reinvestment Grant which runs from January 2017 through January 2020 – has been extended through June 2020. The Housing Specialist continues to help coordinate housing options in Indian River County for MHC clients and work with the Treasure Coast Homeless Services Council (TCHSC) to place clients and oversee the 2 houses leased by TCHSC through an MOU with SEFBHN. The Indian River County Reinvestment grant Project Coordinator and Housing Specialist continue to work with TCHSC to find permanent housing options for clients graduating from Mental Health court.
- SEFBHN continues to collaborate with Treasure Coast Homeless Services Council on a HUD grant they received from Martin County to house consumers in Mental Health and Drug Courts that are experiencing homelessness. This grant will assist eligible individuals with housing for up to a year in Martin, St. Lucie and Indian River counties. To date we have housed 12 individuals.
- PATH Indian River County partnered with Treasure Coast Homeless Coalition for ongoing housing possibilities throughout the Treasure Coast.
- Continued SOAR Technical Assistance and revitalizing SOAR dedicated positions and programs.
- Participates in the statewide SOAR Work Group scheduled Qtrly. National & State Leads have been attending ongoing SOAR calls. This Work Group is making great strides in developing quality data, creating higher collaborative relationships with SSA.
- Housing Specialist participates in the monthly SOAR Regional Advisory conference calls.
- Housing Specialist working closely with SOAR State and National Team Leads to clean up OAT users, to ensure cleaner outcomes.
- SOAR/PATH monthly call with DCF attended regularly.
- SOAR has five new SOAR Online Course trainees from two SEFBHN Providers, two which are Certified Recovery Peer Specialists.
- Rebel Recovery has hired a full time SOAR Specialist.
- Social Security Administration in both Circuits 15 and Circuit 19 have made themselves available to assist SOAR Specialists.
- Social Security Administration has accepted SOAR Specialist to provide medical evidence to obtain the “BPQY” document for individuals unable to navigate the SSA online account to print out this “wage verification” (“BPQY”) document for status of benefits.
- COVID-19 SSA has developed a phone and fax process for SOAR Specialist for obtaining the BPQY, to see status of benefits.
 - SEFBHN SOAR Local Lead in planning a SOAR training for State Hospital that will be discharging individuals.
 - SEFBHN in conversation to set up SOAR Online Course for Palm Beach County Criminal Justice System.
 - ME, PATH and HMIS data teams are meeting regularly to identify glitches within HMIS to better control PATH data and services entered. During the COVID-19 event, Palm Beach

County PATH staff are handing out phones for their PATH enrolled individuals to maintain contact and daily check ins.

Opioid Addiction Services/Medication Assisted Treatment/Substance Use Disorder

- As previously reported, SEFBHN has been moving ahead with the Hospital Emergency Room Programs in Palm Beach and the Treasure Coast. These programs will utilize hospitals that agree to start a buprenorphine induction for overdose patients in their ER coupled with Peer Services. Peer Support will be available to the consumers in the ER and link them to continuing MAT and other required treatment services. The utilization of these programs has not been as high as had been anticipated. Substance Awareness Center of Indian River County and Treasure Coast Community Health and Cleveland Clinic Indian River Medical Center in Vero Beach started their program offer a buprenorphine induction in the hospital to opioid overdose patients with linkage to a peer and continuing MAT services. The program includes a connection to peers, continuing MAT at TCCH and substance abuse treatment at SACIRC. The program started on Oct. 7, 2019 and had two individuals opt into treatment. In late January, a new Emergency Room Department Director started at the Cleveland Clinic and the program has not seen much activity. A meeting and retraining had been scheduled for March 17, 2020, however, with COVID-19 this had to be postponed.
- Treasure Coast Opioid Task Force continues to meet every month and is actively involved in getting an ER/Peer program in place.
- The Network Integrity Manager continues to oversee and provide ongoing technical support to providers using the WITS system for SOR grant data reporting. The WITS system and SOR data reporting continues to involve frequent technical assistance and collaboration with DCF and FEI to address technical issues which have continued to arise with the WITS system and to help ensure that providers continue to comply with data reporting requirements related to GPRA forms. Among the major challenges currently impacting SOR grant oversight is the lack of ability for SEFBHN Network Integrity Manager to view data submitted by SOR providers in the WITS system.
- The Network Integrity Manager has continued to oversee the deployment of the ASAM Continuum system across the network of Substance Use Disorder treatment providers. This has involved a high level of support and technical assistance to help provider overcome the technical, logistical and clinical challenges involved in with this implementation. Challenges with integrating ASAM Continuum into clinical workflows and duplication of effort continue to be reported by providers and feedback has been gathered and discussed with national ASAM Continuum development team through multiple channels including quarterly ASAM Continuum User Group conference call. Additional feedback from network service providers was gathered through an online survey to assess the benefits, strengths, weaknesses and opportunities related to the use of the ASAM Continuum tool. Providers were asked to have individuals with direct experience with ASAM Continuum complete the survey. Results indicated that, overall, providers were struggling to integrate ASAM Continuum into their workflows for a variety of reasons which has caused an increase in the time required to complete assessments as well as duplication of work. Additionally, providers generally felt that the potential benefits of ASAM Continuum were not being fully realized such as improving level of care recommendations and improving the quality of assessment of the consumers. Supervisors overseeing staff

completing ASAM Continuum assessments tended to have a slightly more positive outlook on the software. A plan was initiated to visit a subset of providers and observe the use and implementation of ASAM Continuum, but this plan has been delayed due to the COVID-19 pandemic. The ASAM Continuum development team also facilitated a direct conference call with the SEFBHN Network Integrity Manager to receive feedback. Lack of ability of SEFBHN to obtain ASAM Continuum data from the WITS system has also impacted ability to fully realize the benefits of the ASAM Continuum tool across the network.

- Southeast Florida Behavioral Health Network, Inc., in collaboration with the Palm Beach County Sheriff's Office (PBSO); The Recovery Research Network Foundation, Inc.; Rebel Recovery Florida, Inc.; and, Wellpath, LLC have designed a multi-pronged approach within the County Jail to expand access to substance use disorder (SUD) treatment, medication assisted treatment (MAT), clinical services and recovery support with continuing services in the community for any incarcerated individual with a substance use disorder. The goal of this MAT and Peer Services (MAPS) Program is to increase engagement in treatment and recovery services among the pretrial and posttrial populations with opioid use disorder (OUD) both within and when leaving the Jail. On October 1, 2019, SEFBHN providers Rebel Recovery and TRRN started offering clinical and recovery support services with MAT to inmates at the PBSO West Detention Center in collaboration with Wellpath and PBSO. To date, Wellpath has identified and screened 218 potential individuals, with 67 being inducted on buprenorphine and placed in the MAPS program. From October 2019 through March 11, 2020, there have been 25 MAPS clients released from jail and referred to continuing services in the community; 18 of these clients have been linked with MAT, on-going peer support, housing, and other needed community services. The MAPS program held its first graduation with 11 individuals completing the program in January. Each of those clients will remain on MAT and continue to have individual treatment and recovery support services while incarcerated. Rebel facilitated the first aftercare group for graduates Wednesday February 19, 2020. TRRN and Rebel will be working together to provide aftercare groups 2x a month at WDC and 2x a month at MDC. The MAPS program is currently offered to males with the intention of opening a woman's program within the first 4 months of 2020. Unfortunately, COVID-19 has delayed this expansion and we will reset a timetable later in the year. Rebel Recovery, however, is providing services to 17 female participants on MAT that are housed at Main Detention Center and West Detention Center.

(c) Adverse fiscal impact of proposed Network changes and recommendations for resolution.

No Adverse fiscal impact during the third quarter

(2) Network Service Provider performance including:

(a) Monitoring and review results, including reports and corrective action plans (CAP) or other necessary follow-up actions; and

- Contract Validation reports with any subsequent required corrective actions for the provider can be found in the newly implemented Provider E-Contracting System but copies of all reports completed thus far have also been submitted directly to the DCF.

- **South County Mental Health Center** – The PIP for the NAVIGATE program was received and accepted. A Peer and a Supported Employment Specialist was hired. Additional documentation related to their assessment process and development of policies related to the use of Evidence Based Practice in the NAVIGATE was submitted. The PIP is being closed.
- **Ebb Tide Treatment, LLC** – Ebb Tide is on-track with their PIPs and showing improvement in administrative areas sighted in the report. For the time period of this report, of all the original PIPs, only three tasks in total are left for resolution and are anticipated to close soon. The agency changed physical locations which delayed the ability to submit the last requested set of documents however, they are anticipated by next week. It appears the agency has met the PIPs based on our conversations – I just need to review a last set of documentation to confirm; one task is tied to consumer satisfaction surveys and won't be able to be reviewed until the next quarter's submission can be reviewed.
- **Father Flanagan's Boys Town Florida, Inc.** – PIPS were requested for clinical and administrative concerns. The administrative PIPS are now closed but we are still working with them on the clinical findings related to Suicide Care Services, as well as administering training for staff on discharge planning and strength-based language in documentation. Boys Town continues to wait for guidance on the outstanding PIP items from National Boys Town. SEFBHN staff continued to provide technical assistance via conference calls and emails.
- **As a result of contract validations completed in the 3rd quarter the following agencies were asked to submit Performance Improvement Plans:**
 - **Housing Partnership d/b/a Community Partners of South Florida**
 - **Behavior Basic**
 - **Roundtable of St. Lucie County**
 - **Substance Abuse Council of Indian River County**

SEFBHN understands the importance of maintaining open communication with providers. Meetings are generally held on a monthly basis with the leadership teams at New Horizons of the Treasure Coast (NHTC), and South County Mental Health Center (SCMHC) and our largest substance abuse treatment center - Drug Abuse Foundation (DAF). During the 3rd quarter, as SEFBHN and our providers began to gear up for the impact of Covid 19 these meetings only took place with South County Mental Health Center. As a result, SEFBHN switched the emphasis to **COVID-19 Capacity Monitoring and Technical Assistance**

- Upon the onset of social distancing guidelines from the CDC, SEFBHN provided technical assistance to providers on a range of issues; helping to disseminate and discuss implications surrounding the voluminous amount of information and guidance coming from federal, state, and local authorities in response to the pandemic; providing suggestions and best practices for rapidly implementing telehealth services in manner that was compliant with privacy and security

requirements; properly entering service event data for services provided via telehealth; and a range of other technical assistance. This was done both on an on-demand, individual basis as well as through network-wide morning calls with the SEFBHN CEO three times per week which provided a briefing on the essential, relevant information to providers in our network and to gather feedback on needs and potential barriers that needed to be addressed. A survey system was rapidly developed to gather detailed information across all providers regarding capacity issues and use of telehealth across service categories in the network. Providers are asked to review and update their data each week to provide ongoing information about the impact of COVID-19 on service delivery and staffing. This has resulted in an immediate ability to better understand and respond to the shifting impact of the pandemic among network service providers.

(b) Performance measures:

	Network Service Provider Outcome Measures	FY Target	YTD Performance
Adult Mental Health	Average annual days worked for pay for adults with severe and persistent mental illness	40	60.78
	Percent of adults with serious mental illness who are competitively employed	24%	66%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	95.00%
	Percent of adults in forensic involvement who live in stable housing environment	67%	78.00%
	Percent of adults in mental health crisis who live in stable housing environment	86%	84.00%
Adult Substance Abuse	Percentage change in clients who are employed from admission to discharge	10%	17.00%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-79.00%
	Percent of adults who successfully complete substance abuse treatment services	51%	56.00%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	91.00%
Children's	Percent of school days seriously emotionally disturbed (SED) children attended	86%	90.00%
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	100.00%

	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	72.00%
	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	99.00%
	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	100.00%
	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	96%	100.00%
Children's Substance Abuse	Percent of children who successfully complete substance abuse treatment services	48%	76.00%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-89.00%
	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	93%	98.00%

Two of the performance measures not met continue to be related to stable housing. While a modest improvement of 1 for the percent of adults in mental health crisis who live in stable housing from last quarter, this does represent an improvement for 2 consecutive quarters. The measure for the percent of adults with Forensic Involvement rose 9 points and exceeded the target. The target for the percent of adults with substance abuse who live in a stable housing environment at the time of discharge remained the same as the 2nd quarter. The need to locate new housing arrangements for clients being served by The Jerome Golden Center was challenging in the 2nd and 3rd quarters –but on a positive note, SEFBHN also developed some new resources in the community. A Housing Recovery Transitional program run by Community Partners is about to open and will provide 26 beds. SEFBHN also began negotiating with Carrfour who has been offering Supported Housing programs in Miami Dade County for over 20 years. We anticipate that they will begin operations in the SEFBHN service area no later than the start of new fiscal year.

As noted in the second quarter report there were metrics marked as N/A due to insufficient data. Carisk Partners began working with our providers to troubleshoot the issue and there are no measures with 'N/A'.

c. Implementation of specific appropriations or grant funds.

- Henderson Behavioral Health (HBH) continues to provide FIT Team services in Palm Beach County and Counseling and Recovery Center (CRC) continues to provide FIT Team Services on the Treasure Coast covering Indian River, Martin, Okeechobee and St. Lucie Counties through specific appropriation 370 for FY 19/20. FIT uses a team approach to provide substance abuse treatment services to parents of children who are involved in the child welfare system. During the 3rd quarter of FY 19/20 79 adults and 109 children were served by these 2 FIT Teams. It was determined that

without these services 42 of the adults would have needed residential treatment vs. outpatient treatment and 53 the children living with their parents would not be able to remain in the home with their parents and would need foster care or relative placements. The SEFBHN FIT Team liaison provides monthly Technical Assistance and works with them to strategize how to increase referrals and engagement of families. They had developed a plan to attend the ChildNet All Staff meeting for Dependency Case Managers and do a training on FIT Teams for new Dependency Case Managers on-boarding orientation but this was about to start as the Covid-19 crisis hit and was thus stalled.. The intent is for this strategy to be implemented when regular business practices resume.

- Specific Appropriation 367 provides a combined 1.5 million dollars in funding for 2 Community Action Teams (CAT) from the Department – one in Circuit 15/Palm beach County operated Chrysalis Health (formerly operated by Sinfonia) and one in Circuit 19/Indian River, Martin, Okeechobee, and St. Lucie Counties and operated by New Horizons of the Treasure Coast. During the 3rd quarter of FY 19/20 these teams served a total of 88 children and reported a total cost avoidance minus actual expenditures to the state of \$1,375,022.40 keeping children and youth out of deeper end child welfare, juvenile justice programs, and psychiatric in-patient programs.
- Specific Appropriation 367 funds the Transitional Housing program operated by New Horizons of the Treasure Coast. This program provides housing for individuals stepping down from the State Mental Health Treatment Facilities (SMHTF). During the third quarter the program served 18 clients stepping down from the state hospital adding to a total of 29 unique individuals be served thus far in the fiscal year. The savings to the state was \$105,470.00 had these individuals had to remain in the SMHTF as opposed to having the availability of the Transitional Housing program.
- Specific Appropriation 373 provided \$300,000.00 to the University of Florida Health Center for Psychiatry in Indian River County. The center offers low cost behavioral health care in the community in addition to providing a learning environment for UF Medical School Psychiatry Residents to gain clinical experience. During the 3rd quarter 4 psychiatric residents and psychology residents worked in the Center and 1 resident returned to the Treasure Coast to practice psychiatry upon completion of their education.
- Refer to section 2.h -Continuous Quality Improvement, of this report for information on the 2 Reinvestment Grants that SEFBHN received to enhance services to the Mental Health Court in Indian River county and to the Mental Health and Drug Courts in Okeechobee counties.
- Mobile Response Teams – South County Mental Health Center operates 3 Mobile Response Team in Palm Beach County and New Horizons of the Treasure Coast operates Mobile Response services in Indian River, Martin, Okeechobee, and St. Lucie Counties. were selected to receive this funding. The MRT's received 975 calls in the third quarter. Eight-hundred twenty-three (823) required an acute response with an average response time of slightly under 24 minutes.

d. Any adverse finding or report against a Network Service Provider by any regulatory or law enforcement entity.

There were no adverse findings or reports against a Network Service Provider by any regulatory or law enforcement entity in the third quarter.

Additional Network Activities to support the System of Care.

SEFBHN contracted with RONI-KRADLAUER complete the Triennial Needs Assessment The first phase was completed in the first quarter where it was determined that the following issues continued to be enduring priorities within the network.

1. Housing: Supported Housing, Transitional Housing, Housing First, Respite Housing, Emergency Shelter
2. Mobile Crisis Team for Adults
3. Medication Management (outpatient) for Adults
4. Medical Detoxification for Substance Use (including Medication Assisted Treatment) for Adults
5. Crisis Stabilization and Support for Adults

The second phase which focused on C. 15 builds on the information from the first phase and the report was released in the third quarter. It involved the engagement of additional identified stakeholders through interviews, focus groups and community forums. Additionally, a comprehensive funding analysis was conducted to assist the community with utilizing the data to make informed decisions regarding future funding allocations. This mixed methods approach of data collection and analysis integrates quantitative and qualitative data. The results of this phase, contained in this report, include recommendations to Palm Beach County's Community Services Department in advance of their issuance of the Notice of Funding Opportunities (NOFO) for FY20-21.

The third phase of the Needs Assessment will focus on the development of a comprehensive strategic plan using the information from the first two phases and incorporating community and resident voice in the planning process. This phase is designed to examine organizational, systems, and community infrastructure to plan for the continued development and implementation of a comprehensive, coordinated, integrated behavioral health system of care.

Findings and Recommendations

- **System collaboration:** Specific recommendations in this area include the development of a common language including the use of system-wide taxonomies and the development of data sharing and common outcome measurements. System Collaboration occurs within SEFBHN network providers and should be expanded to other systems and behavioral health providers outside of the network.
- **Co-occurring psychiatric, substance use, and other complex conditions:** Specific recommendations include enhancement of no wrong door policies and practices and identification and development of a central receiving system for the community. This also

includes the identification of evidence-based practices and workforce development strategies to strengthen and sustain the capacity of individuals providing behavioral health services.

- **Social Determinants of Health:** Specific recommendations include collaboration with foundations and local community and faith-based initiatives to provide critical support for individuals and families experiencing behavioral health conditions. This will be developed further during the next phase of the Needs Assessment.
- **Evidence-based practices:** Specific recommendations include expansion of peer support services and identification of warm hand-off opportunities for professionals and peers to support successful transitions. It also involves the continued utilization of system-wide evidence-based practices including the development of true Recovery-Oriented Systems of Care (ROSC) and a comprehensive implementation of Wraparound. It is recommended that the behavioral health system of care investigate opportunities to expand these current initiatives into additional populations, geographic locations, and service systems where indicated.
- **Community engagement:** Specific recommendations include expansion of mental health first aid, youth mental health first aid and implementation of school based mental health training. It is recommended that continued collaboration with the Department of Health-Palm Beach County occur to assist with their identified behavioral health goals on the Community Health Improvement Plan (CHIP) and the recently received Opioid Response funding for surveillance, epidemiology, and community education.
- **Peer support:** Specific recommendations include seeking opportunities to provide peer support in other systems beyond behavioral health and child welfare. Further, the expansion of peer support should include the development of organizational support to ensure the success of the peer support movement.
- **Equity:** Specific recommendations include continuing to expand REI training across the community and look for opportunities to provide special population training such as LGBTQ and transitional youth. Further assessment of the system of care regarding equity will be conducted in the next phase of the Needs Assessment.
- **Capacity building:** Specific recommendations include systemic support for non-profit organizations in terms of organizational development. Funders should look for creative ways to assist organizations in meeting their overhead funding needs. Collaboration with local universities to enhance the pool of new professionals entering the field should be further explored. Engagement of local community organizations to come to the table in order to comprehensively address the behavioral health needs of the community should be prioritized. This will be explored further in the next phase of the Needs Assessment.
- **Prioritization of Funding for Services:** Based on the results of the qualitative and quantitative analysis conducted during this phase of the Needs Assessment, it is recommended that Palm Beach County's Community Services Department focus its funding allocations on the following areas: Support Services (care coordination expanded to populations that are not considered "high utilizers", Wraparound case management for all populations, expansion and enhancement of peer support, expansion of drop-in centers and the development of a clubhouse, referral and linkage through a "no wrong door" approach. It is further recommended that prioritization for funding be allocated for individuals and families experiencing co-occurring psychiatric, substance use, and other complex conditions.