

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 4:
 - 2.3.1.1 – 98% (Prevention set aside)
 - 2.3.1.2. –77% (HIV early inter set aside)
 - 2.3.2. – 100% (Women set aside)
 - 2.3.3. – 100% (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 fourth quarter.

Date(s) of Activity	Type of Wraparound Training Activity	County (where training occurred)	# of Participants
5/12/2020-5/15/2020	Wraparound 101	Virtual	10
5/18/2020	Natural Supports	Virtual	57
6/23/2020-6/25/2020	Wraparound 101	Virtual	11

Date(s) of Technical Assistance	Other Wraparound technical assistance provided	County (where technical assistance occurred)	# of Participants
4/10/2020	Wraparound Technical Assistance-Henderson FITT	Palm Beach	8
4/14/2020	Wraparound Technical Assistance-Henderson FITT	Palm Beach	2
5/11/2020	Wraparound Technical Assistance-Henderson	Palm Beach	3

6/2/2020	Wraparound Coaching-Henderson Treasure Coast	St. Lucie	3
6/29/2020	Wraparound Technical Assistance-Community Partners	Palm Beach	2

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 and has certified facilitators and coach on staff)

Community Partners of South Florida-Parent Child Center (Staff attends the Wraparound Learning Community and has certified facilitators and coaches on staff)

Multilingual Psychotherapy (3 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 and has certified facilitators and coaches on staff for both programs)

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

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

Tykes and Teens (1 supervisor certified as coach and facilitator. In the process of certifying more staff and staff attends the Wraparound Learning Community)

South County Mental Health Center (2 supervisors and 4 facilitators across programs have completed the coaching process 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 but has not moved forward with Wraparound implementation.).

New Horizons of the Treasure Coast (Care Coordinators/Adult Case Managers/Peers/Intensive Case Managers. Currently two (2) certified facilitators in ICM, 6 in Children's Outpatient and 2 on the CAT team 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 fourth quarter, four case managers were certified as Wraparound Facilitators. The recently certified Wraparound facilitators are providing Wraparound at Henderson Behavioral Health Center Palm Beach, New Horizons of the Treasure Coast and Community Partners. By the end of the fourth quarter there were forty-one (41) certified facilitators and seventeen (17) 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 – 5/14/2020, 6/11/2020

Circuit 19 – 6/18/2020 (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 – 6/30/2020

Circuit 19 – 4/29/2020 (this group voted to hold meetings every other month)

Combined Circuits 15 & 19 – 5/27/2020

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.

SEFBHN works with (statewide) DCF to track certified active/inactive facilitators and coaches in our region and when recertification is due. This tracker is due to DCF quarterly. The information is used as a statewide resource for insurance companies and community to locate Wraparound providers.

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.
- Separate Discharge Planning conference calls that include the SMHTF staff are set for each circuit to increase communication about any barriers to discharge. All Forensic staff are expected to be available at that time each week.
- The Circuit 15 monthly Forensic Services Collaboration Meetings were temporarily halted due to the COVID-19 pandemic. Ongoing collaboration continued via conference calls, emails, etc.
- The SEFBHN Forensic Coordinator provided training about the Florida Statute 916 process to the new case management agencies. These case managers were also involved in the DCF led Forensic Specialists trainings offered during this period.
- SEFBHN continues to participate in monthly conference calls with DCF, SMHTF and ME for care coordination efforts. Extra attention is given to the waiting lists for all the SMHTFs due to the pandemic (temporary restriction on admissions to the SMHTFs)
- SEFBHN continues to participate in the C15 Re-Entry Task Force meetings (the meetings resumed after a hiatus due to the COVID-19 pandemic).
- SEFBHN Forensic Coordinator participated in the Competence to Stand Trial Community of Practice Virtual Workshops (six focus areas with several sessions each).
- Participation in the Forensic Peer Work Group discussions
- SEFBHN assisted with the increase in Baker Act referrals for DOC returning citizens (end of sentence).
- SEFBHN is now participating in the weekly C19 Mental Health court staffing

- Began discussion with TCFTC forensic SMHTF regarding discharge plans for some NGI status consumers. Conference calls started in July 2020.

FACT -

- Two validations were completed for the FACT provider, Psychotherapeutic Services of Florida, in March 2020. The CVRR was completed and a PIP was submitted by the provider and approved by SEFBHN.
- Ongoing technical assistance was held with the Henderson Behavioral Health FACT team staff.
- Several collaboration calls were conducted due to the COVID-19 pandemic: how service delivery was affected, how staff was impacted by the virus (some tested positive), need for Personal Protective Equipment (PPE), DCF FACT conference calls, National ACT conference calls and the admission/discharge barriers to FACT.
- SEFBHN and the FACT providers participated in the weekly National ACT webinars about how to continue service delivery during the pandemic.
- Collaboration with the FACT providers resulted in some discharges from the SMHTFs during the pandemic.

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. Multiple Keeping Families Connected calls were 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, facilitate child specific staffings, 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 four C19 Keeping Families Connected Staffings on 4.10.20, 5.6.20, 5.12.20, 6.12.20.

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 eight (8) SST staffings that SEFBHN participated in on 4.9.20, 4.14.20, 4.27.20, 5.8.20, 5.14.20, 5.15.20, 5.21.20, 6.10.20 in C15. Three (3) in-person lockout meeting were attended on 4.14.20, 4.16.20 and 6.11.20. In C19 Family System Manager attended one SST call on 6.1.20 this quarter to address safety concerns and two in C15 that involved Community Action Team Youth (4.9.20 and 5.14.20) and remove any barriers to treatment services.

In C15 and C19, SEFBHN implemented QPR-T (Question, Persuade, Refer and Treat) Advanced Suicide Risk Assessment and Management Training trainings with the Community Action Team (CAT) from Chrysalis Health. A virtual training was held on 5.29.20. A total of 3 CAT Case Managers and Clinicians were trained in suicide intervention and risk assessment strategies.

SEFBHN continues to participate 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 that we were represented in the review teams scheduled this quarter. C19 Local Review Team meetings were attended 4.28.20; 5.26.20; 6.23.20. There were also two emergency LRT meetings held this quarter to staff high risk youth, 4.10.20 and 6.30.20, with one case being raised to the State level review team. The State level review team is continuing to meet on a weekly basis to review the youth's progress and case status. Additionally, five (5) child- specific staffings for youth were held this quarter by SEFBHN FSM on 4.6.20, 4.14.20, 4.29.20, 6.22.20. C19 Family Systems Managers continue to make the network aware of this resource available for multisystem involved youth. Managed care organizations involved with any of the youth we may be providing system level care coordination services are be involved in these child specific staffings.

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 three (3) Interagency meetings on 4.1.20, 5.6.20 and 6.3.20. The Interagency Review Team continues to function as a system-level overview of C15 and helps to bring together network partners from ChildNet, the Department of Juvenile Justice, Southeast Florida Behavioral Health Network, the Department of Children and Families, the School District of Palm Beach County and other behavioral health providers. Youth are staffed on a case-by-case basis with ChildNet, the Department of Juvenile Justice and Southeast Florida Behavioral Health Network according to their involvement with each of these agencies.

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; There have been additional meetings throughout the quarter to work on specific tasks. A Child Welfare Behavioral Health Integration tab was added to our website <https://sefbhn.org/child-welfare-progress-exchange/>, specifically, for providers, to promote integration efforts by having easy to find, accessible information available.

SEFBHN continues to provide monthly summary data to the integration steering committee members for each circuit. The Progress Exchange Form continues to be 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. Referrals remain low and continuous outreach efforts with child welfare to refer to the programs remains a high priority. 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.

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. On 6.18.20, SEFBHN FSM attended a collaboration meeting between New Horizons of the Treasure Coast Mobile Response Team (MRT) and ChildNet Dependency Case Managers to discuss current progress with S.A.F.E. MRT and any barriers to program utilization.

Due to COVID-19, many typical school meetings have been cancelled i.e., School and Community Safety Meetings lead by Judge Martz in C15 and School Health Advisory Committees, including the Mental Health Sub-committee. Individual conversations were made with the School District of Palm Beach County and School District of St. Lucie County to offer collaboration with community providers while youth were isolated at home. A virtual BeWellPBC co-chair meeting was held in April and lead to the decision by the facilitator to discontinue the Adolescent Collaborative Meeting. SEFBHN staff continue to participate in other BeWellPBC efforts including the Stewardship Council and Systems Leader tables.

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.
- Direct Supervisor System Meetings are held in both circuits this quarter C15 5.20.20, 6.11.20; in C19 6.18.20.
- 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.

Quarterly Report

For the period: April 1, 2020 – June 30, 2020

Submitted: 8/17/2020

- 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 virtually to several Network Providers involved with the Mobile Response Teams this Quarter. C15 Family System Manager is currently in the process of scheduling a training with South County Mental Health Center's Mobile Response Team.
- In Circuit 19, Family Systems Manager provided monthly technical assistance and support to the FIT Team at Counseling & Recovery Center on 4.30.20, 5.27.20 and 6.25.20.
- Technical assistance was also provided to the New Horizons CAT team on 4.10.20, 5.19.20, 6.12.20 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 to celebrate successes and formulate plans of action for the clients and families. Outcome measures are reviewed, data entry, COC Module entry, and system level barriers and strengths are discussed at each meeting. 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 4.30.20, 5.27.20 and 6.25.20.
- In addition, Technical Assistance was provided to now SFS/Chrysalis CAT team on 4.6.20, 5.6.20, 6.22.20 through Go To meeting 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. Outcome measures, data entry, Waitlist and referrals, and system level strengths and barriers are also discussed at each meeting.
- Family Systems Manager participated in only one Child Abuse Death Review (CADR) in C15 for the quarter on 5.28.20 due to COVID19 related barriers. C19 CADR held no meetings this quarter.
- 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. SACC line providers complete electronic Progress Exchange Forms for Child Welfare staff to indicate recommendations from the assessments provided along with continued treatment every 30 days.

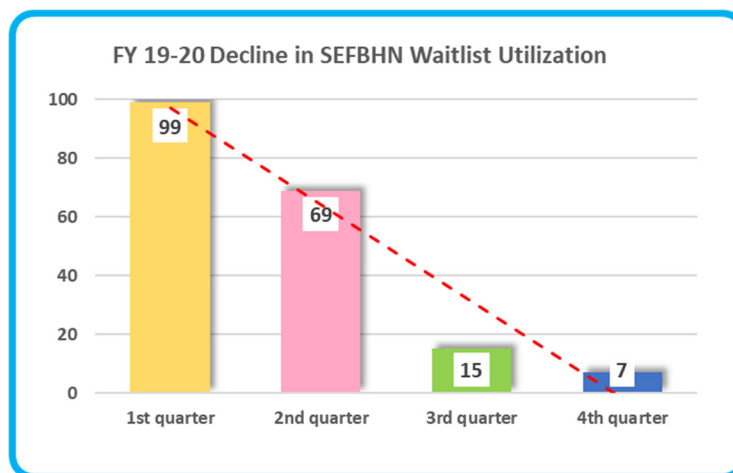
b. Access to treatment for Priority populations, including capacity reports:

I. Waitlist 4th Quarter FY 20 Update

Two (2) providers added individuals to the electronic centralized Waitlist during the 4th quarter. Counseling and Recovery Center added 6 of the 7; and Housing Partnership added one person.

SEFBHN 4th Quarter FY 19-20 Waitlist Summary				
Waitlisted Individuals by Listing Provider				
Provider	Placement Month			Grand Total
	Apr	May	Jun	
59-2704597 - Housing Partnership Inc.			1	1
65-0988051 - Counseling and Recovery Center	4	2		6
Grand Total	4	2	1	7

The 7 persons waitlisted for services in the 4th quarter is down from 15 in the 3rd quarter, 69 in the 2nd quarter and 99 in the 1st quarter. This dramatic decline in waitlist utilization by SEFBHN providers is visually presented in the following figure:



Four (4) of the 7 waitlisted individuals were IV Drug Users. All were females and none were pregnant or homeless. The remaining 3 persons were general population individuals.

SEFBHN 4th Quarter FY 19-20					
Waitlisted Individuals by Priority Population					
	Homeless	IV Drug User	Pregnant	General Population	Total
Housing Partnership	0	0	0	1	1
Counseling and Recovery Center	0	4	0	2	6
Total	0	4	0	3	7

Housing Partnership used a biopsychosocial to identify the appropriate level of care for their waitlisted client, and CRC used the ASAM for all 6 of its LOC evaluations, as shown below:

SEFBHN 4th Quarter FY 19-20			
LOC Evaluation Tool Used to Waitlist Client			
Provider	LOC Evaluation Tool		Grand Total
	3 - BIO Psychosocial	4 - ASAM	
59-2704597 - Housing Partnership Inc.		1	1
65-0988051 - Counseling and Recovery Center		6	6
Grand Total	1	6	7

Three (3) different LOCs were identified by the use of the assessment tools:

SEFBHN 4th Quarter FY 19-20		
Recommended LOC by Assessment Tool		
Evaluation Tool	Recommended LOC	Total
3 - BIO Psychosocial	2 - Low Intensity Community Based Services	1
4 - ASAM	3 - High Intensity Community Based Services	1
	7 - 3 5 Adults - Clinically Managed HighIntensity Residential Services	5
Grand Total		7

However, the services for which 2 of the individuals were waitlisted do not match the LOC recommended by their evaluations, as highlighted in the table below:

SEFBHN 4th Quarter FY 19-20			
Correspondence Between LOC Recommendation and Service For Which Individual Was Waitlisted			
Recommended LOC	Waitlisted Service		Grand Total
	19 - Residential Level II	21 - Residential Level IV	
2 - Low Intensity Community Based Services		1	1
7 - 3 5 Adults - Clinically Managed High Intensity Residential Services	5		5
3 - 2.1 Intensive Outpatient Services	1		1
Grand Total	6	1	7

During the 4th quarter, there were no discharges from the waitlist. This is consistent expectations considering the reduction in face-to-face services during these months, especially for new admissions to residential services, while admission, treatment, testing and quarantine protocols could be put in place by SEFBHN network providers. As a result, the average length of stay for the waitlisted clients was 57 days.

SEFBHN 4th Quarter FY 19-20		
Average Length of Stay on Waitlist		
Population	Discharges	ALOS (In Days)
Homeless	0	0
IV Drug User	0	67
Pregnant	0	0
General Population	0	45
Grand Total	0	57

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

- Rebel Recovery continues to operate the 1st Recovery Community Center (RCC) in Palm Beach County. Open 7 days a week, they have a full schedule of activities that include trainings, grief groups, art & craft, etc.
- During COVID-19, Rebel Recovery has introduced online meetings such as Medication 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 Centers have offered online daily meetings and trainings.
- Monthly meetings such as ROSC, Faces & Voices in Recovery attended by Southeast Florida Behavioral Health Network CRPS.
- 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 an online Helping Others Heal training in June that had 18 participants. The online training was created for Palm Beach State College and approved by Florida Certification Board. This was the training that was canceled in March due to COVID-19.

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 did a presentation at our CQI meeting in May. Oxford House has opened a Mom and baby sober house in Port St. Lucie, as well as a second female house in Pt. St. Lucie. 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.

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

g. Monitoring FY 19/20: The following contract validations were completed during the 4th quarter. As noted below Due to the COVID=19 pandemic some of the Contract Validations were completed as Desk Reviews.

- **PTF05** - Housing Partnership, Inc. d/b Community Partners – Report has been sent out
- **ZDF03** - Roundtable of St. Lucie County, Inc. – Report has been sent out
- **PNA32** - Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County – Report has been sent out
- **PNA17** - NAMI Palm Beach County, Inc. – Report has been sent out
- **ZNA33** - Psychotherapeutic Services of Florida, Inc. – Report has been sent out. Note that the 3rd qtr report indicated that the on-site visit was for technical assistance but ultimately a full validation was completed and a report was issued.

- **PNA19** - Palm Beach Habilitation Center, Inc. – Report has been sent out. Desk review completed in lieu of On-Site visit as a result of COVID-19 Pandemic.
- **PDA56** - Rebel Recovery Florida, Inc. – Report has been sent out. Desk review completed in lieu of On-Site visit as a result of COVID-19 Pandemic.
- **ZNA30 / ZNA24** - Mental Health Association in Indian River County, Inc. – Report has been sent out. Desk review completed in lieu of On-Site visit as a result of COVID-19 Pandemic.

h. Continuous quality improvement:

The following information was presented during the fourth quarter CQI meetings which were conducted through a “Go To Meeting” Platform due to the COVID-19 Pandemic.

- Self-Care for The Behavioral Health Professional – SEFBHN staff Lauren Odell, Lindsay Slattery-Cerny, and Mayra Martinez-Gelabert gave this presentation. Self-Care is an important issue at any time for helping professionals, but it is particularly relevant during the COVID-19 crisis since staff have their own familial needs to handle in addition to their profession responsibilities.

The signs and symptoms of both Burnout and Compassion Fatigue were addressed. Both are brought on by extreme levels of stress. Stress leads to exhaustion and feeling overwhelmed that leads to Burnout. Compassion Fatigue is a secondary traumatic stress disorder and leads to feelings of hopelessness and pessimism. Compassion Fatigue differs from burnout in that it leads a weakened sense of empathy for the consumer being served.

Participants were given the opportunity to complete a Work-Life Balance Quiz for their own personal self-assessment in addition to reviewing The Professional Quality of Life Scale. It was noted that Burnout and Compassion Fatigue interfere with work performance and personal lives. Some tips to avoid Burnout and Compassion Fatigue include:

- Be aware of your own Trauma Map and Triggers
- Be aware of how your work is affecting you – know your red flags and focus on positive aspects of your work.
- Inventory your current lifestyle choices and make necessary changes – do you get enough sleep or are exercising etc.
- Take Care of yourself – what activities make you feel better?

Participants were reminded also about the My Strength program and that it provides many resources for the helper not just the consumer. The presentation also provided additional resources that participants could access on-line

- Jill Sorensen gave a presentation on House Bill 945 which addressed issues related to Children’s Mental Health. Jill noted that the bill if approved by the governor, as expected, will take effect July 1, 2020
Highlights include:
 - Requires the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to identify children, adolescents, and young adults age 25 and under who are the highest users of crisis stabilization services.

- Requires DCF and AHCA to collaboratively take action to meet the behavioral health needs of such children. Must jointly submit a quarterly report to the Legislature during Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better serve these individuals.
 - DCF and AHCA to assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers of such services and submit a joint report on their findings to the Governor and Legislature by November 15, 2020.
 - DCF to (re)define priority populations for care coordination and can take into account a variety of factors
 - Requires the behavioral health managing entities (MEs) to create plan(s) that promote the development and implementation of a coordinated system of care for children, adolescents, and young adults (up to 25 years old) to integrate behavioral health services provided through state-funded child serving systems and to facilitate access to mental health and substance abuse treatment and services
 - Requires DCF to contract with the MEs for crisis response services provided through mobile response teams (MRT) to provide immediate, onsite behavioral health services 24 hours per day, seven days per week within available resources.
 - Requires MEs to promote the use of available crisis intervention services.
 - Requires contracted providers to give parents and caregivers of children who receive behavioral health services information on how to contact an MRT..
 - Requires immediate/on-site response by MRTs for youth served by the child welfare system and are experiencing or are at high risk of placement instability.
 - Foster parent preservice training requirements to include local MRT contact information and requires community-based care lead agencies to provide MRT contact information to all individuals that provide care for dependent children.
- Angie Vyas-Knight gave a presentation on the PECS (Provider E-Contracting System) system which SEFBHN set up on SharePoint for providers to submit documents that are deliverables (including reports, invoices, Service Delivery Narratives etc) for their contract. A reference guide was provided at the meeting. The goal of the presentation was to refamiliarize current providers and ensure new providers were aware of this system. Providers were informed that they can get access to PECS through Carisk Partners. The handout provided the link to open a ticket with Carisk. For consistency purposes and to make it easier to search documents, Angie went over the naming convention for documents when providers enter them in PECS. She explained about the folders in PECS and that providers should not create new folders. Refer to the reference guide. Providers may also contact their SEFBHN Primary Point of Contact if you have any additional questions.
 - The Oxford House Model - Chandra Brown (representing Oxford House) provided participants a presentation on The Oxford House Model. Oxford Houses are self run, self-supported addiction recovery homes. Seven of the 37 houses in Florida are in the Southeast Region. Oxford Houses are available to men and women and to parents with children. Residents must commit to working their recovery program and must have the ability to pay an equal share of the expenses to live in an Oxford House. Prospective residents must fill out an application for a specific Oxford House, be interviewed by the current residents who vote on whether to

accept the individual or not. The must be at least an 80% 'yes' vote. Each house is democratically run – individuals will be expelled if they are found to be using drugs or alcohol. It was also noted that Oxford Houses are exempt from the referral restriction to and from non-certified recovery residences. The memo from Ute Gazioch DCF Director of Substance Abuse and Mental Health was provided with the presentation along with other handouts. Chandra provided contact information to set up an interview at each Oxford House location in the attached brochure for agencies to refer interested consumers.

- **CARISK Partners Portal- Scorecard Overview** - Sharyn Dodrill provided a presentation on the new Carisk Portal (which is where providers enter data to document services provided). This presentation concentrated on the Provider Scorecard that is available in the Portal - each provider can see their scorecard which enables them to see in real-time how they are doing on reaching their performance measures. The presentation provided detailed information on the information available to providers when pulling up their scorecards. They can view total number of records, missing records data, Cost Center and Utilization and Discharge Analysis, Performance Outcome Measures (POM) with the ability to drill down to the clients that were included in the outcome calculation. This allows the provider to determine if the data was entered correctly for that client and also allows them to determine where additional services may be needed for certain clients.
- **Jill Sorensen provided a presentation related to Wraparound Best Practices** – outlining the importance of being able to provide culturally sensitive services through a culturally competent workforce. She noted the National Culturally and Linguistically Appropriate (CLAS) Standards. Providers are expected to develop CLAS Action Plans to ensure access to services that meet linguistic and cultural needs and preferences of person served. There was a discussion surrounding the elements of culture on a surface level and a deeper level and it was noted that research shows that culturally competent care improves the recovery and remission rates for minority populations who are at risk for relapse. Jill also noted that while it is important to be sensitive to cultural orientation of an individual or family – practitioners should also understand that no two families are alike and that you have to be aware of what is typical to the family you may be working with. Practitioners are thus encouraged to also gauge how their own personal views of culture can affect relationships with individuals served. To keep the presentation interactive (since the meeting was held on a Go To Meeting Platform) Jill utilized a polling app that she had participants respond on their smart phones. The results were provided in realtime and displayed in the Power Point Presentation. Polling questions included:
 - How are you feeling today
 - In one word – what is family culture
 - What is the most held misconception about persons served by mental health or substance use services.
- **Danielle Ouellette from the Palm Beach County Sheriff's Office (PBSO) gave a presentation on a Justice and Mental Health Program Collaboration Grant** (Department of Justice and Bureau of Justice Assistance) funded program designed to increase overall Public Safety

through a community collaboration. Program Objectives, Funder Priority Requirements, and Project Funding Priorities. Funding priorities include Project Coordination, Treatment Services such as Case Management and Mental Health and Substance Use Treatment, Public Awareness and Education, Project Evaluation and Training. Violence Risk Assessments must be used to prioritize treatment and case management services for individuals at risk for committing future violence. SEFBHN is providing Care Coordination through this grant working with PBSO's Behavioral Health Unit. FAU will be completing the project evaluation. Danielle also showed participants the Aware and Care Palm Beach County website that provides information about warning signs and indicators which could signify a person is in crisis and in need of immediate intervention. The link to the website was provided in the Power Point

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. SEFBHN did receive a three year expansion grant effective July 1, 2020 in the amount of \$1,200,000.00.

Indian River County

On April 28, 2020 MHC had 14 clients to graduate/complete. The clients in the Rapid Rehousing continue to maintain. One client was approved for disability. We continue to assist several clients in the disability claim process. Several clients have become employed or found new jobs after being let go due to the pandemic.

The Transitional house has two occupants. The two females transitioned to independent living and since there was a greater need for males we have converted both houses for men. Two clients are in short term treatment and are being considered for the transition house upon discharge. There is one community client moving into the transition house next week and one being released from jail slated to go to the Transition House.

We have established a partnership with Mental Health Association of IRC to provide therapy services and we have about 8 clients actively enrolled in therapy at this time. All our other partnerships/relationships are the same. Working diligent and in compliance w/the CDC guidelines we have continued to provide services through our community partners to our clients to ensure the needs of the clients are being met.

Navigating the pandemic has been especially challenging but our Team and the clients have been very responsive. We have implemented both a Hurricane Plan and a Disaster Plan with our clients which has gone very well. We have also assisted many of our clients in applying for and receiving the Federal Aid available to them to include the stimulus funds and unemployment benefits. The clients have been responsive to telecommunication efforts to include attending court sessions via zoom and maintaining contact w/case managers by phone and in person when safe.

Additionally due to the pandemic and the cancellation of upcoming in person conferences, case managers have taken advantage of webinars in training and continuing education efforts to include those offered by NADCP.

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:

*90 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = **\$450,000***

*181 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = **\$2,217,250***

*271 total clients = 21,338 jail bed days x \$125.00 per day = **\$2,667,250 Estimated Cost Avoidance***

Okeechobee County

Okeechobee Mental Health Court has had 61 clients total as of June 2020.

For the April, May, and June quarter, we had 4 new clients enter; 8 successful graduations and no unsuccessful discharges. We had 22 clients active during the period with 10 receiving targeted case management, 2 received forensic case management and one has a FACT case manager.

Nine clients were on probation. Four clients are considered incompetent to proceed (ICP/ITP). Eighteen with felony charges and four with misdemeanors. One client is in the state hospital. Four clients had their ROR revoked and were being held in jail pending placement in a residential treatment program. One of these clients entered a DOC program; one entered Independence Recovery, one client entered the MISS program, and one is still in jail (set to be transported to DOC program). MHC assisted 6 clients with payment for their outpatient substance abuse treatment services at ADAP.

During this quarter Okeechobee completed a technical assistance training with USF.

Navigating the pandemic has been especially challenging but again, our team and the clients have been very responsive. We have implemented both a Hurricane Plan and a Disaster Plan with our clients which has gone very well. We have also assisted many of our clients in applying for and receiving the Federal Aid available to them to include the stimulus funds and unemployment benefits. The clients have been responsive to telecommunication efforts to include attending court sessions via zoom and maintaining contact w/case managers by phone and in person when safe.

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:

24 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$130,000

37 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$453,250

61 total clients x 4,586 days x \$125.00 per day = \$573,250

Consumer Satisfaction Surveys: Due to the COVID -19 Pandemic the requirement for providers to complete Consumer Satisfaction Surveys was suspended for the 4th quarter. They are to resume in the first quarter of FY 20/21.

LOCUS 4th Quarter FY 20 Update

Despite the Covid-19 pandemic, 10 SEFBHN providers conducted 979 LOCUS assessments during the 4th quarter of FY 20 – an increase of 18% from last quarter. The LOCUS assessments were fairly evenly distributed among the 3 months of the 4th quarter as shown in the following table:

4th Quarter FY 20					
Provider	April	May	June	Total #	%
Behavior Basics, Inc.	4	2		6	1%
HENDERSON BEHAVIORAL HEALTH - SEFBHN	15	14	15	44	4%
Housing Partnership	39	63	51	153	16%
JEFF INDUSTRIES INC		2	3	5	1%
JFK MEDICAL CENTER-NORTH CAMPUS		6	3	9	1%
LEGACY BEHAVIORAL HEALTH CENTER INC.	4	8	16	28	3%
NEW HORIZONS OF THE TREASURE CO - SEFBHN	230	195	172	597	61%
Psychotherapeutic Services of Florida, Inc	8	31	23	62	6%
SOUTH COUNTY MENTAL HEALTH CENTER	12	18	23	53	5%
South Florida State Hospital	2	7	13	22	2%
Grand Total	314	346	319	979	100%

During the 4th quarter, New Horizons of the Treasure Coast (NHTC) performed 61% of the assessments completed from April through June by all SEFBHN network providers – a decrease of 14% from the 3rd quarter when NHTC responsible for 75% of all LOCUS assessments. Importantly, NHTC appears to have incorporated the LOCUS tool more widely across its programmatic clinical protocols, as suggested by only 29% of their 4th quarter assessments resulting in a LOC 6 recommendation – compared to 46% in the 3rd quarter. Carisk Partners' and SEFBHN's TA with NHTC to redirect the focus of their acute care LOCUS use from admissions to discharge planning may be a reflected in this result.

The most frequently recommended level of care (LOC) at 38% of all assessments was LOC 2 – Low Intensity Community Services. It was followed by LOC 6 – Medically Managed Residential Services (19%) and LOC 3 – High Intensity Community Based Services (16%). Each of the remaining levels comprised less than 10% of the assessment recommendations as shown below:

SEFBHN Recommended LOCs by Provider 4th Quarter FY 20												
Recommended LOC	Provider										Total	%
	BB	HBH	HP	JI	JFK	LEGACY	NHTC	PSF	SCMHC	SFSH		
Basic Services	1	7	37			6	24		2		77	8%
LOC 1 - Recovery Maintenance and Health Management		5	20		1	4	41	1	2		74	8%
LOC 2 - Low Intensity Community Based Services	3	7	40	5		14	262	4	35	3	373	38%
LOC 3 - High Intensity Community Based Services	1	6	34		4	3	68	30	2	10	158	16%
LOC 4 - Medically Monitored Non-Residential Services		7	4				8	23	1	7	50	5%
LOC 5 - Medically Monitored Residential Services	1	12	15		4	1	20	4	6	2	65	7%
LOC 6 - Medically Managed Residential Services			3				174		5		182	19%
Grand Total	6	44	153	5	9	28	597	62	53	22	979	100%

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 4th quarter rate of variance ranged from 0% (no variances at JFK Hospital, Jeff Industries and SFSH) to 57% at Henderson Behavioral Health. Overall, providers achieved an 14% variance rate – compared to 12% in the 3rd quarter. Clinical judgment remains the most frequently selected reason for rejecting the LOCUS-recommended LOC.

SEFBHN Summary of LOCUS Variances by Provider 4th Quarter FY 20												
Reason for Variance	Provider										Total	%
	BB	HBH	HP	JI	JFK	LBH	NHTC	PSF	SCMHC	SFSH		
Arrested from unit/incarcerated		1									1	0%
Client chose a LOC other than the one recommended		4					7				11	1%
Client is court ordered to a higher level of care		1					1				2	0%
Client refuses recommended level							2				2	0%
Client waitlisted for Recommended LOC		1									1	0%
Clinical Judgment		16	19			7	39		7		88	9%
Services at recommended LOC not what client needs	2	2	2				25				31	3%
Subtotal	2	25	21	0	0	7	74	0	7	0	136	14%
No Variance	4	19	132	5	9	21	523	62	46	22	843	86%
Grand Total	6	44	153	5	9	28	597	62	53	22	979	100%
Variance Rate	33%	57%	14%	0%	0%	25%	12%	0%	13%	0%	14%	

The degree of correspondence between the LOCUS-recommended LOC and provider-identified actual LOC 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 first graphic show 78% to 99% correspondence between recommended and actual LOCs in 5 of the 7 LOCs.

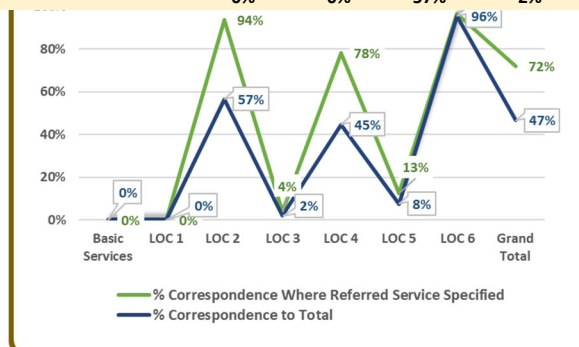
SEFBHN Correspondence Between Recommended and Actual LOCs 4th Quarter FY 20									
Recommended LOC	Actual LOC							Total	% Match
	Basic Serv	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services	31	10	28	6	2			77	40%
LOC 1 - Recovery Maintenance and Health Management		58	14	2				74	78%
LOC 2 - Low Intensity Community Based Services			368	5				373	99%
LOC 3 - High Intensity Community Based Services		1	25	128	3		1	158	81%
LOC 4 - Medically Monitored Non-Residential Services		1		6	42	1		50	84%
LOC 5 - Medically Monitored Residential Services			10	6	9	39	1	65	60%
LOC 6 - Medically Managed Residential Services			4	1			177	182	97%
Grand Total	31	70	449	154	56	40	179	979	

In the case of Basic Services, while 77 assessments resulted in recommendations for this LOC, only 31 of these adopted the LOCUS-recommended disposition. Providers assessing the other 46 individuals identified actual dispositions that span 4 levels higher than the LOCUS recommendation (from LOC 1 to LOC 4). Similarly, 65 4th quarter assessments recommended LOC 5 – Medically Monitored Residential Services, but only 39 provider clinicians identified this recommendation as the actual LOC. And, again, provider-identified actual dispositions ranged up to 3 levels lower and 1 higher than the instrument's recommended LOC.

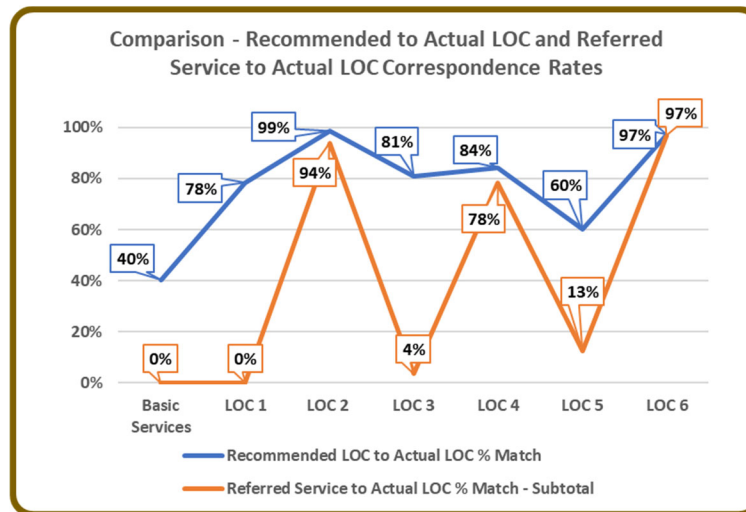
Providers are admonished to redo their evaluations when their desired “actual” LOC is more than one level away from the LOCUS recommendation as this is indicative of provider errors in scoring the individual. While providers have improved their fidelity in using the LOCUS tool, SEFBHN and Carisk Partners should continue to provide focused technical assistance to providers on interpreting divergences between clinical judgment and the instrument's algorithmic recommendations.

The apparent high degree of correspondence between recommended and actual dispositions in 5 of the 7 levels of care does not hold up as well when one drills down into the match between the covered service to which an individual is referred and the actual LOC identified by the provider. The following table and graphic show the reduction in the correspondence rates when the providers' actual level of care designations are matched to the service to which the individuals were referred ('referred service').

SEFBHN Correspondence Between Referred Service and Actual Level of Care Identified by Provider 4th Quarter FY 20								
Service to Which Client Was Referred	Actual LOC Reported by Provider							Total
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	
LOC 1: CS 07 - Drop In/Self Help Center						1		1
LOC 1: CS 21 - Residential Level IV						1		1
LOC 1: CS 25 - Supported Employment			3					3
LOC 1: CS 26 - Supportive Housing/Living			4	1				5
LOC 1: CS 29 - Aftercare - Individual	1							1
LOC 2: CS 02 - Case Management	2	6	14	5	1	1		29
LOC 2: CS 11 - Intervention - Individual			1			1		2
LOC 2: CS 12 - Medical Services		2			1			3
LOC 2: CS 14 - Outpatient - Individual	7	27	238	33	3	6	2	316
LOC 2: CS 42 - Intervention - Group			1					1
LOC 3: CS 08 - In-Home & On Site		1	2	2				5
LOC 3: CS 10 - Intensive Case Management						1	1	2
LOC 3: CS 13 - Medication Assisted Treatment				1				1
LOC 3: PC A4 - Care Coordination			2		1	2		5
LOC 4: PC B5 - FACT Team		2	5	23	18	3	1	52
LOC 4: PC A2 - FIT Team		1		16	1	2		20
LOC 4: PC A5 - NAVIGATE (First Episode Team)			1		6			7
LOC 5: CS 18 Residential Level 1						2		2
LOC 5: CS 19 - Residential Level II		1				1	2	4
LOC 6: CS 03 Crisis Stabilization						2	169	171
LOC 6: CS 09 - Inpatient					1		2	3
LOC 6: CS 18 - Residential Level I (Locked)						1		1
Subtotal	10	40	271	81	32	24	177	635
Correspondence Subtotal	0	0	254	3	25	3	171	456
% Match	0%	0%	94%	4%	78%	13%	97%	72%
No service specified	21	30	178	73	24	16	2	344
Grand Total	31	70	449	154	56	40	179	979
% Match	0%	0%	57%	2%	45%	8%	96%	47%

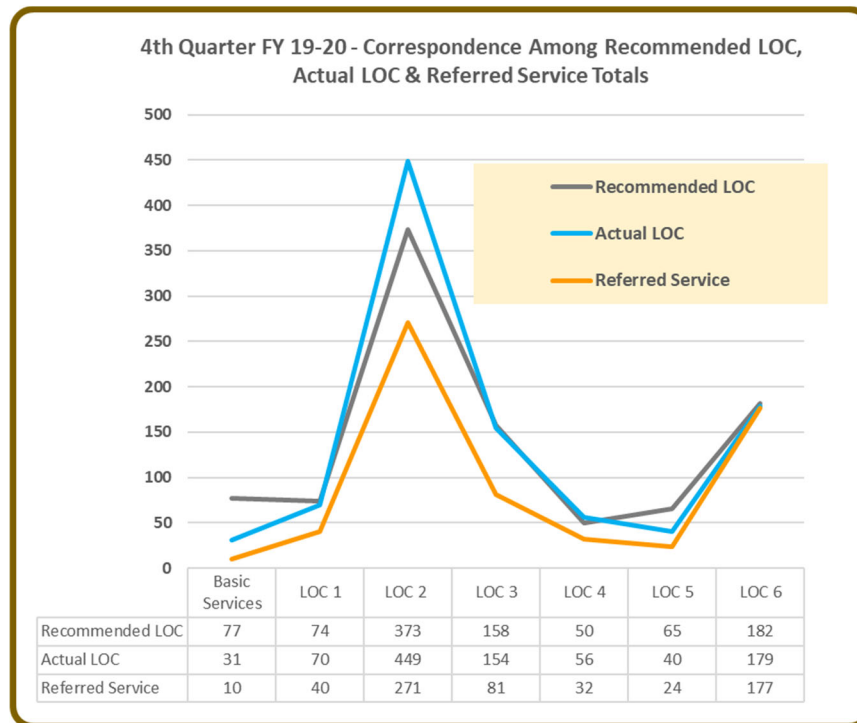


Where a referred service was specified in the assessments, the correspondence rates remain high for LOC 2, 4 and 6 (94%, 78% and 97%, respectively). However, since a referred service was identified only 65% of the time (in 635 of the 979 LOCUS assessments performed), the correspondence rate drops dramatically when matching referred services to total actual LOC dispositions identified by providers. In the latter case, only one LOC (6-Medically Managed Residential Services) remains high (96%). This difference underscores why it is important for providers to follow correct protocols for LOCUS evaluations, including selecting the correct referred service associated with each assessment. Using the higher correspondence rates associated with the data set where a referred service was specified, the following graphic visually displays a comparison of the % correspondence between recommended and actual LOC and between Referred Service and actual LOC:



As startling as this discrepancy first appears, it is necessary to understand that it does not reflect clients being referred to inappropriate levels of care as much as it shows that providers are still not correctly conceptualizing which services are associated with what levels of care. This conclusion is supported by comparing the total counts of individuals in each LOC for the LOCUS-Recommended LOC, the Provider-Specified Actual LOC, and the Referred Service LOC dispositions.

As shown in the following graphic, the overall distribution of individuals among the LOCUS levels of care matches is fairly constant across all 3 disposition states – that is, each disposition line closely tracks one another. The problem comes from the relative difference in total counts of individuals. While the individuals whose data is represented by each line have been referred to services that correspond to both the recommended and actual LOCs, the raw difference in total counts for each level across the 3 dispositions (the space between the lines) represent persons not aligned with either the recommended and/or the actual LOC identified by use of this evaluation tool.



Carisk Partners and SEFBHN will continue to provide technical assistance to all network providers using the LOCUS to reduce the gaps between the lines – that is, to assure that even higher percentages of individuals are referred to services that match the LOCUS-recommended or actual LOC.

CALOCUS 4th Quarter FY 20 Update

Fourth quarter CALOCUS assessments experienced a sharp decline as a result of the Covid-19 pandemic, however, all providers previously performing CALOCUS assessments continued to do so. The 698 assessments shown in the following table represent less than 40% of the 1,868 evaluations that were performed in the 3rd quarter of FY 20.

SEFBHN CALOCUS Assessments by Provider		
4th Quarter FY 20		
Provider	#	%
HENDERSON BEHAVIORAL HEALTH - SEFBHN	3	0%
Housing Partnership	135	19%
HPS HELPING PEOPLE SUCCEED INC.	11	2%
NEW HORIZONS OF THE TREASURE COAST	215	31%
SOUTH COUNTY MENTAL HEALTH CENTER	2	0%
TYKES & TEENS, INC.	332	48%
Grand Total	698	100%

The distribution of recommended levels of care, by provider, is shown in the next table. LOC 1- Recovery Maintenance and Health Management was the most frequently recommended level of care with 32% of all CALOCUS assessments obtaining this result. LOC 2-Low Intensity Community Based Services, LOC 6-Medically Managed Residence Based Services, and Basic Services followed with 26%, 17% and 16% of the CALOCUS-recommended dispositions, respectively.

SEFBHN CALOCUS Recommended LOC by Provider								
4th Quarter FY 20								
Recommended LOC	Provider						Total	%
	HBH	HP	HPS	NHTC	SCMHC	T&T		
Basic Services for Prevention and Maintenance		48		7		60	115	16%
LOC 1 - Recovery Maintenance and Health Management		29		21		171	221	32%
LOC 2 - Low Intensity Community Based Services		25	9	64		82	180	26%
LOC 3 - High Intensity Community Based Services	1	16	2	4	1	16	40	6%
LOC 4 - Medically Monitored Community Based Services		5				1	6	1%
LOC 5 - Medically Monitored Residence Based Services	1	12		2	1	2	18	3%
LOC 6 - Medically Managed Residence Based Services	1			117			118	17%
Grand Total	3	135	11	215	2	332	698	100%

Contrary to the findings regarding NHTC discussed in the LOCUS quarterly update above, NHTC continues to account for 99% of all CALOCUS assessments recommending LOC 6 – Medically Managed Residence Based Services. And 54% of all NHTC CALOCUS assessments performed resulted in this disposition compared to only 29% of their LOCUS assessments. As noted in the 3rd quarter, NHTC’s use of the CALOCUS at admission to the CCSU is primarily responsible for this result:

“Admission ... 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...”

SEFBHN and Carisk Partners have been working with NHTC to change their protocol for use of the LOCUS/CALOCUS in their crisis stabilization units, however, this data shows there has been less

success with the children's CSU than has been achieved with their adult acute care services. SEFBHN and Carisk will continue to work with this provider.

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. During the 4th quarter, 39 CALOCUS assessments resulted in variances, and the variance rate ranged from 0% for Henderson, Helping People Succeed and Tykes and Teens to 100% for SCMHC. The overall variance rate of 6% achieves the fidelity goal of keeping variances under 10% of the total assessments.

SEFBHN Summary of CALOCUS Variances by Provider								
4th Quarter FY 20								
Variance Reason	Provider						Total	%
	HBH	HP	HPS	NHTC	SCMHC	T&T		
Client waitlisted for recommended LOC		1					1	0%
Clinical judgment		13		8	2		23	3%
Lower LOC not yet completed or provided				15			15	2%
Subtotal	0	14	0	23	2	0	39	6%
No Variance	3	121	11	192		332	659	94%
Grand Total	3	135	11	215	2	332	698	100%
Variance Rate	0%	10%	0%	11%	100%	0%	6%	6%

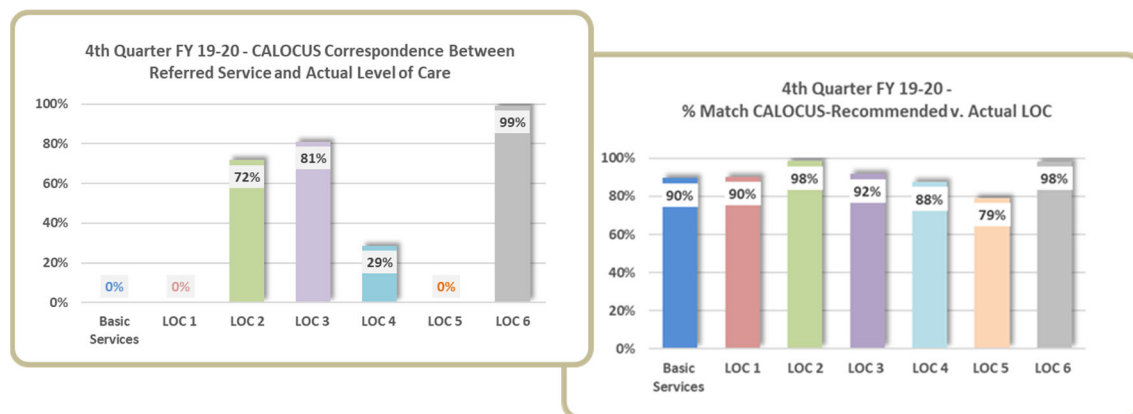
The next table and accompanying graphic show the correspondence between CALOCUS-recommended LOCs and Actual LOCs identified by providers in the assessments. As evident from this data, the correspondence rate is high across all 7 dispositions.

SEFBHN Correspondence Between CALOCUS Recommended and Actual LOCs									
4th Quarter FY 20									
Recommended LOC	Actual LOC							Total	% Match
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services for Prevention and Maintenance	103		12					115	90%
LOC 1 - Recovery Maintenance and Health Management		201	22					223	90%
LOC 2 - Low Intensity Community Based Services			185	3				188	98%
LOC 3 - High Intensity Community Based Services			3	44	1			48	92%
LOC 4 - Medically Monitored Community Based Services				1	7			8	88%
LOC 5 - Medically Monitored Residence Based Services			1	3	1	19		24	79%
LOC 6 - Medically Managed Residence Based Services				2			119	121	98%
Grand Total	103	201	223	53	9	19	119	727	

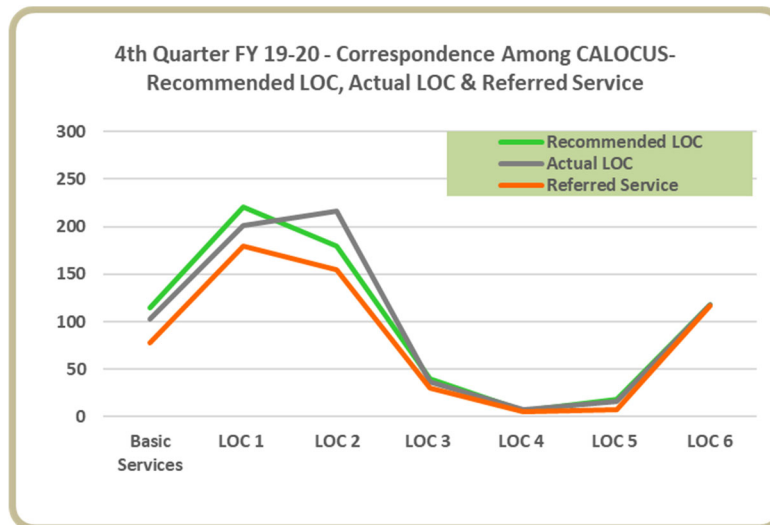
As shown in the following table and similar to the LOCUS data for the 4th quarter, the correspondence rate between Referred Service and the Provider-identified Actual LOC does not carry over that high match percentages in all dispositions. Only 3 of the 7 levels attain a correspondence rate above 50% - LOC 2 at 72%, LOC 3 at 81% and LOC 6 at 99%.

CALOCUS Correspondence Between Actual Level of Care Identified by Provider and Program to Which Referred								
4th Quarter FY 20								
Referred Service	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	Total
LOC 2: CS 02 - Case Management					1			1
LOC 2: CS 11 - Intervention - Individual		1	1					2
LOC 2: CS 14 - Outpatient - Individual	78	179	154	30	2	7		450
LOC 4: PC A5 - NAVIGATE (First Episode Team)					2			2
LOC 6: CS 03 - Crisis Stabilization						1	117	118
Referred Service Subtotal	78	180	155	30	5	8	117	573
Correspondence Subtotal	0	0	155	30	2	0	117	287
No Service Specified	25	21	61	7	2	8	1	125
Grand Total	103	201	216	37	7	16	118	698
% Match	0%	0%	72%	81%	29%	0%	99%	41%

The correspondence rates when comparing referred services to the actual LOC dispositions, as well as the rates attained when comparing recommended LOC to actual LOC dispositions is visually displayed shown in the following two graphics. While all 7 levels attain a 78% or higher correspondence in the latter case.



As discussed under the LOCUS update, the total counts of individuals at each of the 3 disposition levels track one another quite well as shown in the line chart below. The true test, over time, of increasing fidelity, accuracy and quality of LOCUS and CALOCUS assessments will be reducing the gaps between the disposition lines – the subject of continuing SEFBHN and Carisk TA:



(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 fourth quarter. We did begin reviewing our Network Services Provider Monitoring Plan related to Risk Assessment and Contract Validation/Monitoring Methodology. The revised plan will be finalized in the 1st quarter of FY 20/21

(4) Network Management Activities:

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

Twenty-three amendments; eight new subcontracts; and six new agreement were completed during the fourth quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

Amendments

PNA32 – Mental Health Association of Palm Beach County, Inc.
ZNA23 – Legacy Behavioral Health Center, Inc.
LNC05 – Legacy Behavioral Health Center, Inc.
ZNC25 – Tykes and Teens, Inc.
PDA54 – Access Recovery Solutions, LLC
PTF05 – Housing Partnership, Inc. d/b/a Community Partners
ZNC16 – HPS, Helping People Succeed, Inc.
ZNA24 – Mental Health Association in Indian River County, Inc.
AGR38 – NCADD New Jersey, Inc.
PDA51 – Wayside House, Inc.
LTF10 – Henderson Behavioral Health, Inc.
ZTF13 – New Horizons of the Treasure Coast, Inc.
PNF23 – JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus
PDA47 – Ebb Tide Treatment, LLC
LTF09 – 211 Palm Beach/Treasure Coast, Inc.
AGR40 – NAMI Martin County, Inc.
PNA22 – The Lord's Place, Inc.
PDA58 – Palm Beach County Substance Abuse Coalition
PDC19 – Hanley Center Foundation
PNF25 – Federation of Families
ZDF02 – Okeechobee Substance Abuse Coalition
ZDF03 – Roundtable of St. Lucie County
ZNC25 - Tykes and Teens

New Subcontracts

PDA47 – Ebb Tide Treatment, LLC
LTF09 – 211 Palm Beach/Treasure Coast, Inc.
PDA57 – The Recovery Research Network Foundation, Inc.

PDA59 – The Recovery Research Network Foundation, Inc.
PDA44 – Sunset House, Inc.
PNA38 – Carrfour Housing Solutions, Inc.
PDA54 – Access Recovery Solutions, Inc.
ZNA34 – Love and Hope in Action, Inc.

New Agreements

AGR35 – Legacy Behavioral Health Center, Inc.
AGR09 – SP Behavioral, LLC
AGR40 – NAMI Martin County, Inc.
AGR42 – St. Augustine Youth Services, Inc.
AGR41 – The Devereux Foundation, Inc.
AGR43 – HSP4, LLC

Termination

N/A

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

- **Continuation of the weekly DCF + SEFBHN Collaboration calls to discuss the DCF 4DX Goals. Current focus is diversion from the SMHTF waiting lists due to the COVID-19 pandemic**
- As previously reported SEFBHN began the planning process with the Palm Beach County Sheriff's Office during the 3rd quarter to coordinate client treatment services under the Justice & Mental Health Collaboration Program (JMHCP). This 2 year grant began on May 1, 2020. The funding provides for SEFBHN to hire a Care Coordinator and for treatment and non-treatment services for program participants.. The Target Population for this grant are individuals identified by the PBSO Behavioral Services Unit in need of behavioral health services. It is expected that 200 adults and 40 juveniles will be served by this grant over the 2 year 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. Additional activities include SEFBHN participation in weekly conference call to discuss status updates with regards to individuals enrolled in the program and a monthly technical assistance call and completion of monthly progress reports.

Since the program began in May 8 referrals have been received. The program is voluntary, not all of the individuals referred engaged in services. One accepted service from The Lord's

Place for SOAR services and another individual with multiple needs, who had been Baker Acted to JFK North was discharged to Banyan XXX after having been Baker Acted

- 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. Due to the COVID-19 pandemic these meeting were held on a Go To Meeting Platform. These meetings allow for robust information exchange about Data, Technology, Reporting, Billing and Financial Management and Care Coordination. In addition to issues related to implementation of FASAMS, additional topics covered in the 4th quarter also included MRT data, Acute Care Services, closeout of the Jerome Golden Center, and FACT Team Concurrent Reviews.

Children's System of Care

During the fourth quarter a total of 294 children and youth received prevention and treatment services through system of care. Eight (8) new referrals were received, 6 children and youth were enrolled in treatment services and 31 children and youth were discharged. At the start of the quarter, 288 youth were being served and at the end of the quarter, 263 were being served. The following is a summary of activities that occurred during the fourth quarter.

It is noted that System of Care Grant was originally slated to end on September 30, 2020 but DCF has applied to SAMHSA for a No Cost Extension but at the writing of this report a decision had not yet been received.

- Both CMHSOC sites worked on tasks for sustainability of service going forward.
 - As previously reported the Okeechobee County school district has established a department for mental health and behavioral support services. They are using the universal screening tools and the universal referral process. Our Village will continue to provide some of the services and oversight of the SOC and the school district will continue school focused work with the SOC site coordinator and their own youth coordinator. This past quarter, Our Village recruited 2 MSW RI to assist those who cannot afford to pay for therapy and case management services. Our Village will also be recruiting peers and offering to help with certification for peer support specialists.
 - In the western communities of Palm Beach County (also referred to as The Glades) the Federation of Families (FOF) entered into an MOU with Mental Health America Palm Beach county regarding operation of the Be Well Center which uses the "Cloudbhouse" model. FOF also began working on a collaboration with the Glades Food Team with potential support from Palm Beach county Government.
- Cultural and Linguistic Competence.
 - New Horizons of the Treasure Coast was successful in hiring a Spanish speaking therapist which will lessen the need for translation services from the language line.

- During our telehealth sessions, special attention was paid to addressing current events, including daily updates on Coronavirus for youth and parents. Musical culture features were utilized related to historical and current protests to help youth and families discuss the protests related to Black Lives Matter and the recent killings of young black people. A review of American history helped to put perspective and grounding in this very tense and emotional period in our country. Through the music created at the time, beginning with the protest of the American Revolution, and moving through history to explore the slave trade, Women's Suffrage, the Vietnam War and racial tensions of the 60's and concluded with the current protests and music created to express today's Youth Culture. The ensuing discussions about each area of protest brought out rich dialog between generations and diverse cultures. Many of the black youth being fearful this time allowed them to discuss these racial tensions in American in a safe space.
- 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: SOC staff in Okeechobee continue to promote events on the Okeechobee Children's Mental Wellness page and are working now to integrate posts on this site as well as "Our Village Okeechobee", as the audience is larger. Additionally, efforts are being made to develop the mental health resources tab on the Our Village website, which should be up by September. Our Village has a volunteer who has been creating content for both sites and ensuring information is posted routinely. Furthermore, clients have been notified through therapists, case managers, and social media to participate in food drives and clothing drives at Our Village. Each biweekly drive through event serves over 400 cars and empties a tractor trailer of food within 5 hours. See link to the Our Village Facebook page. <https://www.facebook.com/Our-Village-Okeechobee-861629987240250/>

Glades: During this quarter in the Glades, SOC staff looked for ways to continue to promote grant services and access to care by gathering data on families attending food drives to be utilized by the new Be Well Center. Efforts continue to partner with other agencies surrounding the great need for food in the Glades. This broad reaching initiative has provided new opportunities to reach both families and community partners.

Prevention Activities –

During the 4th quarter, April – June 2020, Due to COVID-19, many of the Prevention Activities scheduled within the ME changed to online formats; many of which changing to being offered to the school / county communities at large vs individual classroom sessions.

- With school closures and parents needing to assist with completion of program sessions, Principals in all 5 ME Counties worked closely with Prevention funded agencies in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties to partner to provide Substance Abuse and Mental Health Prevention additional messages and programming which could be offered via Google Classroom, ZOOM, and Microsoft Teams formats.
- April and May, last months' sessions of curriculum, were also, offered to students in partnership with the educators via the same Google Classroom, ZOOM, and Microsoft Teams formats.
- To have greater impact, County officials requested Behavioral Health Prevention support messages for families which provided resources and lessons provided to registered participants in cities / communities.
- With these partnerships, all agencies delivering classroom curricula were able to complete the coursework planned for the 19/20 fiscal year.
- Prevention funded coalitions reformatted their end of year events and provided activities to smaller regional groups online. End of Year Youth Summits, Youth Forums, and Youth Conversations were offered to smaller groups via ZOOM, Facebook Live, or YouTube Live.
- Throughout the 4th Quarter, the Network Prevention Manager met weekly with the SEFBHN Team to keep the Team informed, connected and engaged in brainstorming opportunities to meet the new demands and requests to provide SAMH Prevention programming via online formats. These calls allowed for 2-way conversations between the ME and all SEFBHN Prevention funded.

During the months of April - June 2020 some of the other conversations centered around:

- Acquiring and maintaining Prevention Licenses
 - Results from Prevention program Validations / Monitorings
 - Prevention Monitoring Tool as Quality guide
 - Individual Unaccredited Provider CARF Review Findings
 - Completion of End of Year Performance Measures Outcomes Excel doc
 - Completion of Needs Assessment and Community Action Plans
 - New Enhancements to the Carisk Fiscal Reporting and Data Collection systems,
 - New Enhancements to the Performance Based Prevention Systems (PBPS)
- Although other requests emerged during this era of COVID-19, surrounding Substance Abuse Prevention, The SEFBHN Prevention Team continued discussions around the development of resources and promising program initiatives which address 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 statewide to systematically and professionally address the state's SAMH Prevention needs and initiatives.

- This quarter's Conference Call team meetings, covered and discussed the following Agenda items:
 - Providing SA Prevention services while under COVID-19 Pandemic restrictions.
 - COVID-19 Prevention Resources.
 - 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.
 - Program Guidance Document 1 for Managing Entity Contracts.
 - Prevention Guidance Document 10 for Prevention Services.
 - Individual ME Provider and Coalition implementation Updates.
- 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 4th quarter of FY 19-20, the Network Prevention Manager worked with the Compliance Administrator to complete Reconciliation Docs for Prevention-funded agencies.
 - During this 4th 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 the months of April - June 2020, SEFBHN Substance Abuse Prevention-funded Coalitions were fully engaged in adjusting their Environmental Strategies to online formats.
 - Palm Beach County Substance Abuse Coalition (PBCSAC) continued community and school alternative activities with the Teen Coalition-In-Action (CIA) holding online sessions on Wednesdays for youth in the Palm Beach County region. Their Teen CIA #Teen Talk, 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, moved to an online delivery.
 - 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 continued their 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.
 - 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.

- 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) in an online format.
- During this Pandemic season, Okeechobee Substance Abuse Coalition reformatted their end of year activities and held online mini sessions of safe drug free youth alternative activities for Okeechobee Schools and Community. They continued to work with the Health Resources and Services Administration (HRSA) grant and Okeechobee County System of Care initiatives.
- Roundtable of St. Lucie County – Substance Abuse Prevention Network Committee - shifted their delivery of their environmental to online, providing the Kids At Hope School-based program to selected 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 chairs 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 Spring implementation of the Coffee and Conversation parent-to-parent forum and the environmental strategy, "No One's House" in partnership with Substance Abuse Council of Indian River (SACIRC).
- 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 4th Quarter, HCF move to online formats and 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.
 - New Horizons of the Treasure Coast (NHTC) has, too, successfully transitioned to online 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 4th Quarter of FY 19/20, they, also transitioned some of their schools from "Too Good For Drugs / Violence" to Botvin LifeSkills Training (LST).

- Substance Abuse Council of Indian River (SACIRC) completed the 19/20 FY 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
- Tykes & Teens, also, completed their 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.
- 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. In the role of Co-Chair, the Network Prevention Manager completed the compilation of the 80-page yearly report of the work completed by the Juvenile Justice Advisory Board.
- The Network Prevention Manager and Representatives from our SEFBHN Prevention Team continued attend and volunteer their expertise to the Circuit 19's Opioid Task Force Prevention Team supporting Prevention processes and measures which deter or delay the introduction of the use and abuse of Opioid substances.
- Hanley continued their work on the needs assessment and plan to address the workforce and sustainability of the plan for the Health Resources and Services Administration (HRSA) grant.
 - The HRSA addresses the opioid crisis in rural counties; building a consortium of stakeholders (law enforcement, hospitals, FQHC, treatment, schools) to identify the need in Okeechobee County.
 - 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 FADAA statewide prevention team continues to phone meet monthly. This 4th quarter's discussions centered around ways to implement the statewide conference in August in the midst of this Covid-19 Pandemic. Other discussions continued regarding having an effective "single message" going out from the Florida statewide Prevention Community; 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.

- 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. During this reporting period the CoC Teams have worked together to make direct referrals and warm handoffs between the three NSPs. 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. The CoC teams have also been collaborating with outside network service providers (receiving facilities) in efforts to offer care coordination services in developing diversion plans for SMHTF civil waitlisted clients. During the 4th quarter there were 87 consumers identified, approved and enrolled as candidates for care coordination services. An example of a case opened during this quarter involved a person served who was a high utilizer across systems; Forensic, CSU HU, and in need of a Transitional Voucher. The CoC team was able to find him placement in the community while communicating with his forensic liaison and complete a TVR for the placement. The TVR was approved he continued to work with the CoC team until they were able to link him to a NSP and ICM services closer to his new residency.
 - 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.
 - The Coordination of Care Module remains fully operational. With the help of Carisk Partners we have been able to onboard several new users to the CoC. During this quarter Carisk Partners has offered online training for these new users, and continue to provide Technical Assistance when needed .
 - SEFBHN Care Coordination staff continues to facilitate a regularly scheduled bi-weekly conference calls to offer technical assistance, make referrals, and discuss those recognized as high utilizers. During this reporting period one of the CoC

teams has been involved in weekly collaborative calls with two other NSPs in efforts to make referrals and assist with the transition to a new Transitional Housing Program in Palm Beach County. During this quarter, SEFBHN Program Innovation staff has had two collaborative Teams meetings with DCF local representatives in order to continue making progress on the Departments 4-DX goals. SEFBHN Program Innovation team is working directly with CoC Teams, Civil Liaisons, and Forensic Specialists to make efforts for diversions and providing care coordination services

- In the 4th quarter, SEFBHN approved 115 transitional vouchers – 83 for substance use and 32 for mental health. Representing a slight decrease compared to 132 transitional vouchers for the prior quarter. Overall for FY19/20, SEFBHN approved 440 transitional vouchers which were used for housing subsidies, pharmaceuticals, clothing, and transportation. The SEFBHN team has continued to provide technical assistance to providers to ensure that all local community services for those experiencing homelessness are utilized. New Network Integrity Manager Mayra Martinez-Gelabert has been particularly effective at helping providers to leverage local homelessness services and ensuring that clients receive services they qualify for prior to utilizing Transitional Voucher Program funds. Additionally, the team has placed particular emphasis on encouraging heightened support to help consumers achieve sustainability in light of the COVID-19 pandemic, which has sometimes meant providing consumers with assistance over more time to ensure their stability through the economic challenges many consumers are facing. As previously discussed, 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 SEFBHN Network Integrity Manager continues to hold biweekly care coordination calls which took on even greater importance this quarter to help discuss the impact of the COVID-19 pandemic on coordinating care for consumers across the network. 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. Additionally, in light of the COVID-19 pandemic, SEFBHN has worked together with Ted's Place and Rebel Recovery to leverage telehealth to continue providing Recovery Support services for individuals at Ted's Place. 38 individuals received services at Ted's Place in the 4th quarter (compared with last quarter's 59). In total, 164 individual's received services at Ted's Place in Fiscal Year 19/20. Overall for the year, approximately 77% of individual's who received services at Ted's Place

were successfully linked to treatment services with an average stay of 18 days. During the last quarter we had a significant decrease in the number of individual's receiving services at Ted's place and an increase in average length of stay from the third quarter's 15 days to approximately 25 days due to the impact of COVID-19 and efforts made to maximize client and staff safety for Ted's Place and residential treatment facilities admitting these individuals into services.

- 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 meeting held this quarter was 4.10.20. As the pandemic has reshaped how we do business virtually and mostly through meetings. This Children's Meeting is likely to take a different format next quarter to capitalize on the need for coordination with House bill 945 and system partners. The exact new format is under construction presently. The meetings were routinely held via a conference on the 3rd Thursday of the month from 10-11:30am.

Housing Activities

- The Oxford House Program has continued to partner with SEFBHN as important resource – providing housing for individuals with Co-Occurring Disorders, They have opened a men's house and a Mom and baby house in C.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 had been working open two new housing programs during the 4th of FY19/20 and 1st quarter of FY20/21. Due to COVID-19, there has been a delay in getting the housing online, but we anticipate that they will both be opened in the 1st quarter of FY20/21. Community Partners dba/ Housing Partners, however, hired the program team to start services. They have been actively meeting every week to review eligibility, assess individuals for the program and begin to work with them to ease their transfer to a new provider and lower level of care. As previously reported, 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 were 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.

- SEFBHN finalized the contract with Carrfour housing which began on June 1, 2020. Due to COVID-19 there has also been a delay in getting the certificate of occupancy for the building from the City of West Palm. The building which will have 36 individual apartments will be open in July/August 2020. In the meantime, they have been reaching out to the former Jerome Golden Center clients that are scheduled to move back into the building.
- SOAR training was provided to both FACT Teams operated by Psychotherapeutic Services on April 7 via a virtual meeting platform. Technical assistance follow-up calls were made with each team on April 14th and 15th.
- 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.
- 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 which have moved to online meetings.
- The Director of Network Integrity and SEFBHN started working with PBC CoC to help move 200 homeless individuals out of John Prince Park. We have engaged several of our providers in this effort, such as SCMHC MRT, Rebel Recovery, PATH, and several other providers for needed services such as detox, MAT and continuing MH.
- 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.

- The Housing Specialist continues to help coordinate housing options in Indian River County for MHC clients served by the CJMHSA Reinvestment Grant and works 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.
- SEFBHN has entered into a contract with Love and Hope in Action (LAHIA) to operate the PATH program in Circuit 19.
- 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.
- SOAR/PATH monthly call with DCF attended regularly.
- 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. 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. A meeting was scheduled in June to get this program back up and running by the 1st quarter of FY20/21.

In Palm Beach County Rebel Recovery continues to respond to calls from the hospital ER's. In the 4th quarter, there were no calls in April, and 2 calls in May and 1 call in June, bringing the total for the FY to 14 calls. There was only 1 individual induced with buprenorphine in June, with a year to date total of 6 individuals. In May, the two calls resulted in 2 referrals to treatment, with a total of 14 referrals in FY20/21.

- 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. SEFBHN is making all possible efforts to improve compliance with GPRA data among its providers in collaboration with DCF who has been providing WITS GPRA due reports to SEFBHN. The Network Integrity Manager has been working closely with SOR providers to troubleshoot issues with SOR GPRA compliance and evaluate ways to improve compliance. However, there has been an ongoing question regarding how compliance is defined in the system, among other technical issues with the WITS system. Among the major challenges currently impacting SOR grant oversight is the lack of ability for SEFBHN Network Integrity Manager to directly view data submitted by SOR providers in the WITS system.
- The Network Integrity team at SEFBHN has been exploring possible use of ASAM Co-Triage within the SEFBHN network in light of recent trainings on that software as well as continuing to work directly with FEI and the ASAM Continuum team to discuss possible improvements to ASAM Continuum that would assist with integration into provider workflows.
- 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 the 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. The program began operating in October 2019. The (MAPS) program was significantly impacted this quarter by the COVID-19 pandemic with inability to communicate or contact the participants to conduct recovery support and therapeutic services in the jail during the month of April although, with support from jail staff, participants continued to be able to receive and engage in therapeutic assignments. In May, TRRN was able to start conducting individual therapy sessions again via telehealth with program participants and in June TRRN and Wellpath began screening potential new participants again, although they have not been able

to accept new participants yet or engage with recovery support services, a critical component of the program. In 27 and 22 individuals were able to receive these limited services in May and June, respectively. In June, approximately 12 individuals were screened by TRRN and Wellpath for potential admission into the program once it begins fully again with services.

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

No Adverse fiscal impact during the fourth quarter but SEFBHN leadership in concert with the other Managing Entities in the state are preparing for the impact of the COVID-19 Pandemic on state revenues which will ultimately impact the budget for FY 20/21.

(1) 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 previously been submitted or are submitted with the quarterly report directly to the DCF.
- **Ebb Tide Treatment, LLC** – A final review was conducted and these PIPs were able to fully close and the provider was notified via an email on April 30, 2020.
- **Father Flanagan's Boys Town Florida, Inc.** – PIPS were requested for clinical and administrative concerns. Both the administrative and clinical PIPS were closed as of 6.26.20, as Boys Town had received guidance from their National Office and have successfully implemented the requested trainings and Suicide Care Services.
- **Roundtable of St. Lucie County, Inc.** – RSLC is on-track with their PIPs and showing improvement in administrative areas sighted in the report. The agency states having physical signage to remind of the report due dates. A final review of all 4th quarter submissions is needed to fully close out the PIP.
- **Substance Abuse Council of Indian River County, Inc.** – SACIRC is on-track with their PIPs and showing improvement in administrative areas sighted in the report. The agency states having physical signage to remind of the report due dates. A final review of all 4th quarter submissions is needed to fully close out the PIP.
- **Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County** – PIP was received timely. Administrative PIP could not be accepted as received. Feedback was sent to Primary Point of Contact (PPOC) to share with Provider on 5/19/20. As the SEFBHN PPOC who this was sent to is no

longer with the agency, it is unclear if feedback was sent to Provider. The Compliance Administrator sent it directly to agency on 7/16/20.

- **NAMI Palm Beach County, Inc.** – Feedback on PIP received sent to Provider 7/16/20. The agency had three findings – one required a PIP and two others required documentation. The agency created a PIP in lieu of sending the documentation for findings two and three – this is believed to be a misunderstanding and the agency will be asked to submit the documentation directly. For the PIP which should have been submitted, it is too vague and will need to be redone, at this time it is not accepted and feedback has been sent to the agency.
- **Psychotherapeutic Services of Florida, Inc.** – A PIP was requested as a result of the on-site validation and will address fidelity to the FACT model, report submission, adherence to Incident Reporting, data submission and employee training requirements.
- **Housing Partnership d/b/a Community Partners of South Florida** - multiple technical assistance meetings have been held with provider staff to gain further compliance toward PIP recommendations. The PIP is partially accepted at this time, as there are still some outstanding tasks for findings.
- **As a result of contract validations completed in the 4th quarter the following agencies were asked to submit Performance Improvement Plans which are not yet due:**
 - **Mental Health Association in Indian River County, Inc.**
 - **Rebel Recovery Florida, Inc.**
 - **Palm Beach Habilitation Center, Inc.**

SEFBHN has always been committed to maintaining open communication with our providers and understands the importance of maintaining open communication with providers. We make additional efforts to meet with our large community mental health agencies and our largest substance abuse treatment provider. As our own staff and our providers were making the adjustment to working remotely due to the COVID-19 pandemic these meetings only happened with South County Mental Health Center. Our CEO however immediately began holding conference calls with all of our providers three times a week beginning in late March. This was a great mechanism for addressing the provider's concerns related to the Pandemic such as a reduction in services, making the shift to telehealth, billing, staff who have contracted COVID-19, and need for Personal Protective Equipment (PPE). We also had providers complete a weekly survey to allow us to stay current with their service capacity. SEFBHN staff also began and continues distributing PPE that we obtained through the Florida Association of Managing Entities (FAME).

(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	62.95
	Percent of adults with serious mental illness who are competitively employed	24%	57%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	94.00%
	Percent of adults in forensic involvement who live in stable housing environment	67%	N/A*
	Percent of adults in mental health crisis who live in stable housing environment	86%	85.00%
Adult Substance Abuse	Percentage change in clients who are employed from admission to discharge	10%	10.00%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-66.00%
	Percent of adults who successfully complete substance abuse treatment services	51%	64.00%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	90.00%
Children's Mental Health	Percent of school days seriously emotionally disturbed (SED) children attended	86%	89.00%
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	83.00%
	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	37.00%
	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	100.00%
	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%	83%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-91.00%
	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. Performance related to the percent of adults in mental health crisis who live in stable housing did improve from last quarter and continues to represent continued improvement for 3 consecutive quarters. The target for the percent of adults with substance abuse who live in a stable housing environment at the time of discharge decreased by 1%. As previously noted SEFBHN has developed some new resources in the community. A Housing Recovery Transitional program run by Community Partners and the contract with CARRFOUR to operate a Supportive Housing Program has been executed. A new contract with Palm Beach County will also provide additional housing resources for individuals who have been chronically homeless – focusing on individuals who have been living in a makeshift campground at John Prince Park.

It is noted that the metric for percent of adults with forensic involvement who live in a stable housing environment is marked N/A. CARISK Partners updated the system with version 13 of the PAM 155-2, and the algorithm for forensic cannot be calculated using this version. They have raised this issue to DCF and are awaiting guidance.

The percent of children with serious emotional disturbances who have improved their level of functioning has not been met this quarter. Our Children's System of Care Director had inquired with CARISK to investigate this further as it appears that some children who only received respite or incidentals and not treatment services were included in the calculation for this POM. CARISK raised this with DCF and it appears at this time the algorithm used to calculate this metric doesn't fully align with Guidance 24 which is more restrictive as to the clients eligible to be included in the metric and could result in no records being utilized. Moving forward – this should be further addressed.

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 4th quarter of FY 19/20 63 adults and 109 children were served by these 2 FIT Teams. It was determined that without these services 38 of the adults would have needed residential treatment vs. outpatient treatment provided by the FIT Teams and 52 of 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. Twenty -five adults would have had to utilized standard outpatient treatment. FIT Teams services resulted in a cost avoidance to the state of \$633,614.00 in the fourth quarter. As previously reported it was our intent to provide some additional training on FITT for Dependency Case Managers and to ensure they were aware of this service and how to make referrals. The advent of the pandemic did stall this but SEFBHN FIT Team liaison continues to provide technical assistance to both teams by phone and Go To Meeting.

- 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 fourth quarter of FY 19/20 these teams served a total of 105 children and reported a total cost avoidance minus actual expenditures to the state of \$823,380.00.00 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 fourth quarter the program served 15 clients stepping down from the state hospital adding to a total of 29 unique individuals be served in the fiscal year. The savings to the state was \$87,892.350 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 fourth 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. This funding was renewed for FY 20/21 for a total of \$250,000.00.
- 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. The MRT's received **686** calls in the 4th quarter. Six Hundred (600) required an acute response with an average response time of slightly under 25 minutes. There was a noticeable reduction in calls to the MRT's in the 4th qtr which is attributed the COVID -19 pandemic and schools being closed.

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 fourth quarter.

Additional Network Activities to support the System of Care.

Triennial Needs Assessment

As previously reported SEFBHN contracted with RONI-KRADLAUER to complete the Triennial Needs Assessment. The first phase was completed in the first quarter of FY 19/20. 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. The third phase was going to concentrate 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.

Ultimately the third phase of the Needs Assessment was modified due to the impact of Coronavirus disruptions of meetings and services. The stakeholder interviews were held over the phone or by Zoom and focus groups were cancelled. The decision was made to shift the focus to the impact of the pandemic on services and staff. This is being done by virtual meetings with stakeholders and funders. The results will be available by the end of August.