

**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 1:
  - 2.3.1.1 – 13% (Prevention set aside)
  - 2.3.1.2. – 15% (HIV early inter set aside)
  - 2.3.2. – 22% (Women set aside)
  - 2.3.3. – 26% (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 first quarter.

Date(s) of Activity	Type of Wraparound Training Activity	County (where training occurred)	# of Participants
9/8/2020 – 9/10/2020	Wraparound 101	Virtual	19

Date(s) of Technical Assistance	Other Wraparound technical assistance provided	County (where technical assistance occurred)	# of Participants
7/22/2020	Wraparound Technical Assistance- Chrysalis Health CAT	Palm Beach	2
8/17/2020	Wraparound Technical Assistance- Housing Partnership d/b/a Community Partners of South Florida	Palm Beach	3
9/23/2020	Wraparound Technical Assistance- Henderson Behavioral Health	Palm Beach	2



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9/28/2020	Wraparound Coaching-Legacy Behavioral Health	Palm Beach	3
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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 fifteen 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)

Housing Partnership d/b/a Community Partners of South Florida (Staff attends the Wraparound Learning Community and has certified facilitators and coaches on staff)

Multilingual Psychotherapy Center (4 supervisors and 5 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, They send staff to trainings and 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 trainings and the learning community.)

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

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)



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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 (1 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, (7) in Children's Outpatient and (1) 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 first quarter, three case managers were certified as Wraparound Facilitators. The recently certified Wraparound facilitators are providing Wraparound at South County Mental Health Center, New Horizons of the Treasure Coast and Henderson Behavioral Health Center. By the end of the first quarter there were thirty-five (35) certified facilitators and thirteen (13) certified active coaches in our region. There were also 2 certified trainers in our region and access to an external trainer.

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 – 7/9/2020, 8/13/2020, 9/10/2020

Circuit 19 – 9/17/2020 (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 – 7/9/2020



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Circuit 19 – 7/29/2020 (this group voted to hold meetings every other month)  
Combined Circuits 15 & 19 – 9/2/2020

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](http://www.sefbhn.org) under Wraparound Initiative. The toolkits are continuously monitored and were updated this quarter. More specifically, Wraparound tools were translated into Spanish and included in the Provider toolkit, as well as multiple updates were made to the Learning Community topics.

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. This information was updated and submitted this quarter.

Finally, SEFBHN was a proud participant in a statewide panel virtual presentation regarding Wraparound as an in lieu of service for Medicaid managed care plans. SEFBHN shared a managing entity perspective in providing the backbone for provider training, coaching to certification, as well as fidelity activities supporting High-Fidelity Wraparound practice.

### Suicide Prevention Training

QPR (Question, Persuade, Refer) Gatekeeper Suicide Prevention Training was offered to the entire provider network on 9/10/20 as part of outreach and education surrounding Worldwide Suicide Prevention Day.

QPR-T (Question, Persuade, Refer and Treat) Advanced Suicide Risk Assessment and Management Trainings with the Mobile Response Team (MRT) from New Horizons of the Treasure Coast in C19. A virtual training was held on 9/2/20. A total of five (5) MRT Responders and Peer Specialists were trained in suicide intervention and risk assessment strategies. C15 Family System Manager is in the process of scheduling a similar training with South County Mental Health Center's Mobile Response Team.

In C15 the Director of the Children's System of Care and a Family Systems Manager presented virtually on SEFBHN's Zero Suicide Initiative at the West Palm Beach Veterans Administration Mental Health Summit.

### 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. The meetings will resume in November 2020. Ongoing collaboration continued via conference calls, emails, etc. Future plans include having regular C19 Forensic Services Collaboration Meetings.
- The SEFBHN Forensic Coordinator provided notification about the GAINS project trainings as well as the DCF led Forensic Specialist and Competency Restoration Training sessions to the forensic specialists and case managers who work with the forensic population.
- SEFBHN continues to participate in monthly conference calls with DCF, SMHTF and ME staff for care coordination efforts.
- The SEFBHN Forensic Coordinator participated in the following virtual trainings: BH Statewide Conference, Trauma-Focused Cognitive Behavioral Therapy: A Culturally Adapted Therapy to Work with Latino Families, NCTRC Webinar - Novice to Expert: A Guide to Comprehensive Patient Assessment Using Telehealth in the Home, Okeechobee MHC: SEFBHN Co-Occurring Disorders Technical Assistance and a refresher discussion about the LOCUS/CALOCUS.
- SEFBHN has three staff dedicated to participation in the 4DX weekly calls with the DCF Regional staff members for Care Coordination and Forensic diversion efforts.
- SEFBHN participates in the C15 Re-Entry Task Force meetings (meetings are virtual).
- SEFBHN Forensic Coordinator participated in the Competence to Stand Trial Community of Practice Virtual Workshops (six focus areas with several sessions each) and the Summary session
- SEFBHN continues to participate in the Forensic Peer Work Group discussions.
- SEFBHN continues with participating in the weekly C19 Mental Health court staffing regarding FACT and other forensic consumers (i.e. working on SMHTF diversions)
- SEFBHN continues involvement in the GAINS project subcommittees after the Strategic Planning for the next steps of the statewide project.
- Provided technical assist to the C15 Forensic Specialists about the DCF Forensic reports.
- There was an increase of the discharge planning calls with FSH and TCFTC for NGI status consumers.

### FACT

- Ongoing technical assistance conference calls are scheduled with the Henderson Behavioral Health FACT team staff.
- FACT staff were part of any admission and discharge from the SMHTF discussions to enhance the DCF statewide diversion efforts.
- SEFBHN continues to participate in the DCF Quarterly FACT conference calls and participation in the FACT Guidance Document and Fidelity review discussions.
- Technical assistance was provided to the PSF FACT staff regarding the FACT performance measures, and forensic reports due to staff turnover.

- SEFBHN continues to participate in the Martin County Mental Health Court staffing sessions. One session explained about the different Martin county housing grants that may be available for the FACT consumers.
- SEFBHN continues to assist the FACT teams and other service providers with obtaining the necessary Personal Protection Equipment (PPE) needed to protect the FACT team staff. Several FACT staff members were exposed to the corona virus.

### **Children and Family Related Interventions**

#### Opportunities to help youth and families stay together with community-based services and supports

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 two C19 Keeping Families Connected Staffings on 7/14/20, 7/27/20.

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 13 (thirteen) SST staffings that SEFBHN participated in on 7/21/20, 7/24/20, 8/4/20, 8/5/20, 8/18/20, 9/3/20, 9/8/20, 9/10/20, 9/11/20, 9/15/20, 9/18/20, 9/23/20 and 9/25/20 in C15. Two (2) virtual lockout meetings were attended on 8/25/20 and 9/14/20. SEFBHN encouraged the South County MRT to call-in to SST calls to further connect with DCF CPIs and for SAFE MRT access.

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. One C19 Local Review Team meeting was attended 7/28/20. There was one emergency LRT meeting held this quarter to staff high risk youth, 7/9/20. The State LRT Review continued to be staffed into July on these dates: 7/17/20; 7/22/20; 7/29/20. C19 Family Systems Manager continues 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 two (2)



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Interagency meetings on 7/1/20 and 8/5/20, and the meeting for September was canceled due to scheduling conflicts within the network. 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.

#### Child Welfare and Behavioral Health Integration Efforts

SEFBHN continues to participate in C15 and C19 Child Welfare and Behavioral Health Integration Meetings with DCF, CBCs and community partners, as scheduled. These venues provide discussion around Network opportunities for improvement, access issues and overall progress with programs/agencies aimed at serving the Child Welfare Population (i.e. 2-1-1 SACC Hotline connecting CW populations to Substance Treatment Providers, FIT Teams, CAT Teams, Mobile Response Teams and Wraparound Providers). Utilization of SAFE MRT and opportunities to improve access and remove barriers for child welfare professionals is an ongoing discussion. 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. The Integration subcommittee Training Group has been working on a training for Dependency system Judges to educate them on the Network's System of Care, available services, trauma informed care, and general mental health diagnoses, screening and treatment. The data subcommittee has been provided 2-1-1 SACC and SEFBHN Progress Exchange Form data to be included to help tell the story from initial contact to treatment outcome.

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. Child Welfare FAQ documents are in final development process for behavioral health professionals and a separate version for child welfare professionals.

Operationalization of the S.A.F.E. MRT (Support & Advocacy for Family Engagement Mobile Response Team) began in the 2<sup>nd</sup> quarter of FY19/20 and has continued forward. Referrals are beginning to increase, although continuous outreach efforts with child welfare regarding S.A.F.E. MRT remains a high priority. A joint training between DCF, SEFBHN, the Mobile Response Team (MRT) from South County Mental Health Center, 2-1-1 and Rebel Recovery was held on 9/28/20. The collaborative training, "Help Me, Help You", focused on direct education and partnership between the Child Protective Investigators (CPIs) and leadership for the Mobile Response Team. Additional trainings may be planned and implemented, as needed, for the Dependency Case Managers (DCMs) from ChildNet at a later date.

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.

SEFBHN continues to participate in child welfare onboarding and behavioral health system education. In C15, a meeting was held this quarter with DCM Supervisors and one of our Family System Managers as well as a Program Integration Manager were able to discuss integrated behavioral health programs designed for the child welfare population. In C19, an onboarding meeting for CPIs and DCMs provided the opportunity for one of our Family System Managers to share information and answer questions specific to our children's system of care.

#### School system meetings

The School and Community Safety Meetings lead by Judge Martz in C15 and School Health Advisory Committees, including the Mental Health Sub-committee reconvened this quarter.

Individual school system meetings were held with the School District of St. Lucie County, School District of Martin County, School District of Indian River County and School District of Okeechobee County. These meetings were designed to offer collaboration with our mobile response teams and improve relationships, as well as gain clearer understanding as to how each school system has incorporated HB 945 requirements into their everyday practices.

#### Collective impact projects

SEFBHN staff continue to participate in BeWellPBC efforts including the Stewardship Council, Co-chair meetings and Systems Leader tables. BeWellPBC focuses on connecting our behavioral health system with other systems i.e., community, faith and peers as well as providing a racial equity lens. This quarter SEFBHN had the opportunity to attend a Groundwater Presentation facilitated by the Racial Equity Institute and co-hosted by BeWellPBC. It used stories and data to present a perspective that racism is fundamentally structural in nature. By examining characteristics of modern-day racial inequity, the presentation introduced participants to an analysis that was found immediately helpful and relevant.

#### Birth to 22

In C15 another collective impact project has been with Birth to 22. SEFBHN has engaged with this project over time in multiple ways. This past quarter, due to COVID-19, a subcommittee was tasked with looking at specific gaps and to bring that back to the funders group. SEFBHN has been part of this process and continues to be part of the funders group, as well.

#### 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. This is an important element for us to consider further as we proceed with planning for House Bill 945, so more specific tracking of these youth was implemented this quarter paying particular attention to other funders and more collaboration or integrative practice needs.

- Direct Supervisor System Meetings were held in Circuit 15 on 7/9/20, 8/13/20 and 9/10/20 and in Circuit 19 on 9/17/20. As an effort to increase collaboration, communication and transparency, a shared folder was created for C15 with the agendas, resources and PowerPoints from meetings.
- 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. New Horizons CAT families on Waitlists are provided care coordination and added support by Mobile Response Team's Care Coordinator to ensure crisis are managed and further family and youth deterioration can be avoided.
- Family System Manager attended Monthly Treatment Team Staffing held at Sandy Pines on SIPP/PRTS and Care Coordination youth.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at South County Mental Health Center on 9/3/20.
- In Circuit 19, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at New Horizons of the Treasure Coast on 9/4/20.

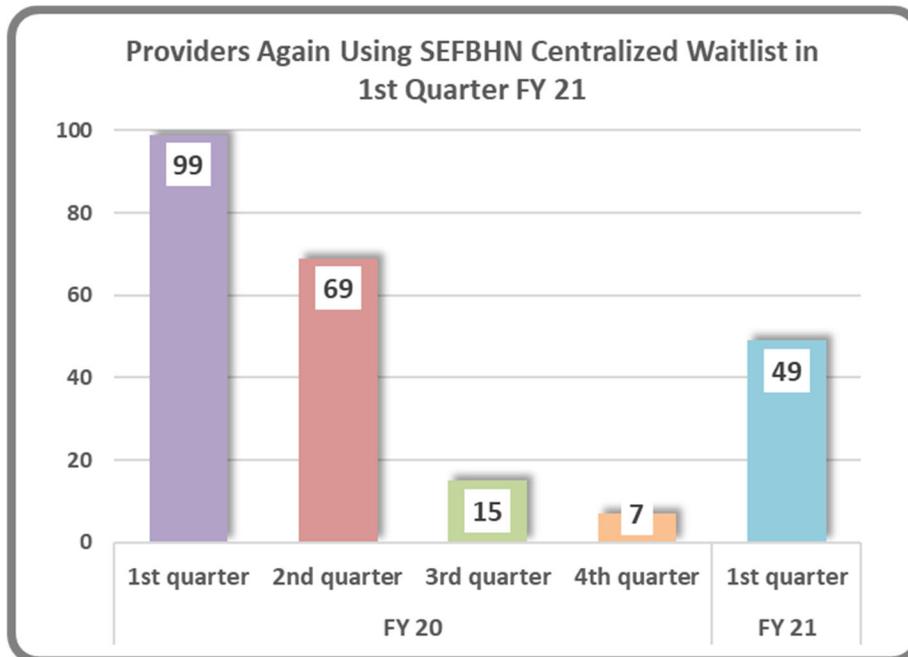
**b. Access to treatment for Priority populations, including capacity reports:**

**Waitlist 1<sup>st</sup> Quarter FY 21 Update**

Four (4) providers added 49 individuals to SEFBHN's electronic centralized Waitlist during the first quarter of this fiscal year.

SEFBHN 1st Quarter FY 21 Waitlist				
Waitlisted Individuals by Listing Provider				
Provider	Jul	Aug	Sep	Grand Total
47-4972719 - Ebb Tide Treatment LLC			2	2
59-2516157 - Jeff Industries Inc.	5	1		6
65-0202835 - Substance Abuse Council of Indian River County	5	13	15	33
65-0988051 - Counseling and Recovery Center	1	7		8
<b>Grand Total</b>	<b>11</b>	<b>21</b>	<b>17</b>	<b>49</b>

As shown in the following graphic, which shows the number of waitlisted persons over the last 5 quarters, Q1 FY 21 numbers are still at 50% of those waitlisted in Q1 FY 20. However, the 49 persons waitlisted during the first quarter of this fiscal year represent a 600% increase from the 7 persons waitlisted in the prior quarter. And, it is evidence of SEFBHN providers starting to get back to more normal, but still restricted, operations while continuing to cope with the Covid-19 pandemic.



Of those waitlisted in the first quarter, 14% were IV Drug Users, 8% were homeless, and 4% were homeless IV Drug Users, as shown below:



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SEFBHN 1st Quarter FY 21 Waitlist Priority and General Populations						
Provider	IV Drug User	Homeless IV Drug User	Pregnant	Homeless	General Population	Total
47-4972719 - Ebb Tide Treatment LLC	0	2	0	0	0	2
59-2516157 - Jeff Industries Inc.	0	0	0	0	6	6
65-0202835 - Substance Abuse Council of Indian River County	1	0	0	4	28	33
65-0988051 - Counseling and Recovery Center	6	0	1	0	1	8
<b>Grand Total</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>35</b>	<b>49</b>
<b>Percentage</b>	<b>14%</b>	<b>4%</b>	<b>2%</b>	<b>8%</b>	<b>71%</b>	<b>100%</b>

Twenty-six (26) persons were removed from the Waitlist during the quarter, and the following table shows the reasons for discharge by provider. Sixty-nine percent (69%) of those discharged from the waitlist were removed because they started receiving services at the listing or another provider.

SEFBHN 1st Quarter FY 21 Waitlist Discharge Reasons by Provider				
Provider/Discharge Reason	Jul	Aug	Sep	Grand Total
<b>47-4972719 - Ebb Tide Treatment LLC</b>			<b>2</b>	<b>2</b>
Not Discharged			2	2
<b>59-2516157 - Jeff Industries Inc.</b>	<b>5</b>	<b>1</b>		<b>6</b>
1 - Receiving Services at this Provider	5	1		6
<b>65-0202835 - Substance Abuse Council of Indian River County</b>	<b>5</b>	<b>13</b>	<b>15</b>	<b>33</b>
1 - Receiving Services at this Provider	1	6	1	8
4 - Declined	2	3		5
7 - Receiving Services at another Provider			1	1
9 - No face-to-face telephone or other documented contact in last 30 days	1			1
Not Discharged	1	3	14	18
<b>65-0988051 - Counseling and Recovery Center</b>	<b>1</b>	<b>7</b>		<b>8</b>
1 - Receiving Services at this Provider		3		3
4 - Declined		2		2
Not Discharged	1	2		3
<b>Grand Total</b>	<b>11</b>	<b>21</b>	<b>17</b>	<b>49</b>

Of those discharged, the average length of stay on the waitlist was 29.1 days.

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

- Rebel Recovery continues to operate the 1<sup>st</sup> Recovery Community Center (RCC) in Palm Beach County. 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. The RCC is averaging 16 meetings, workshops, and groups per week, with the intention of expanding to 30 hours per week.
- In September, Rebel Recovery completed their CAPRSS on-site review and by the end of the month they had received final notification of their approved accreditation as a Recovery Community Organization.
- Rebel Recovery partnered with Alpert Jewish Family Service of Palm Beach County to certify RCO staff as Mental Health First Aid Trainers. They are the first agency in our area qualified to conduct this training virtually and with 16 trained CRPS Staff, they expect to train over 100 individuals in MHFA in the next year greatly expanding the availability of MHFA in Palm Beach County.
- Rebel Recovery also finalized their contract with Palm Beach county for the first Syringe Exchange Program (SEP) and approved by the county commissioners unanimously on September 1, 2020.
- With overdoses on the rise, in the 1<sup>st</sup> quarter Rebel distributed 1,882 Narcan kits through their RADD (Resilience Against Drug Death) program, with 23 reported reversals. They also facilitated 4 Overdose Prevention and Naloxone Administration trainings for community providers as well as continued education for anyone requesting Narcan kits.
- 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.
- As of September 2020 Drop-In Centers are holding Peer Groups in person Monday through Thursdays. Zoom Meetings are available to clients twice a day to assist clients that are unable to appear in person.
- As of the beginning of Fiscal year 2020/2021, the Drop-in Center in Belle Glade is available and open to clients for Supported employment services and peer Group. Peer Support is provided daily in person and virtual for client that are not able to attend. Hours of operation are extended for evenings and Saturday.
- WRAP is provided at least once a month to meet SEFBHN contract requirement at 4 location and 1 more location (Belle Glade) was added in fiscal year 2020-2021. However due to COVID-19 WRAP Training has been delayed. Technical assistance to provide WRAP training is being worked out for Belle Glade Office.
- 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.
- 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.

**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. The programs specific to pregnant and post-partum women diagnosed with Substance Use Disorders are designed to meet the needs of the mothers and their children and, are aimed at assisting them to reach full recovery in the long term. These programs empower women by providing not only substance use treatment services to achieve a successful recovery, but also parenting interventions and support to maintain family unity and stability.
- During the first quarter of fiscal year 2020-2021, our network providers who are dedicating recovery services specific to the pregnant and post-partum women struggling with Substance Use Disorders, have served 112 women to date. Out of the 112 women being served in these specialty programs, 52% are currently parenting children ages zero (0) to six (6) years old.

**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 20/21:**

No on-site validations have been completed in the first quarter of FY 20/21 as a result of Coronavirus. To adapt, our agency has revised our validation process to incorporate additional desk reviews as it may be difficult to complete on-site validations while we work through this pandemic. The new system will reflect three tiers. In Tier 1, all agencies will receive a comprehensive desk review risk assessment and a validation scope assigned if there is an intent to complete a Tier 2 review. A Tier 2 validation will be done whenever follow-up is wanted following the desk review risk assessment – Tier 2 is a focused scope which may include review of the following topic areas: Human Resource attestations and administrative review; Community Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant; Prevention program service delivery (including compliance with SAPTBG requirements); Quality assurance/quality improvement work products; Recovery Oriented System of Care; Performance outcome measures; and, Program-Specific Deliverables. If additional review is necessary, whether due to technical assistance for a new agency/program; reaching the Department's validation frequency limitations; or, based on the results

of the Tier 2 findings, a similar scope is available however, it will also include an on-site validation. Currently, all of Tier 1 has been completed and Southeast Florida Behavioral Health Network, Inc. is in the process of sending out notifications of document requests for Tier 2 validations to be completed.

**h. Continuous quality improvement:**

The following information was presented during the first quarter CQI meetings which were conducted through a Virtual Platform due to the COVID-19 Pandemic.

- Sharyn Dodrill provided a Power Point presentation on the Report Builder function in the Carisk Portal ( which is where providers enter data to document services provided). The Report Builder function will allow providers to pull up reports specific to the services they offer and the consumers they serve. Report Builder has 4 tabs – My Reports, Scheduled, Completed, and Builder. Sharyn concentrated on the Builder tab since this where the user/requestor would go to set up the parameters of any report they would like to run. The user would choose the Data Set, and Filters. The options will appear on a Display Screen where the user can finalize what will be included in the report. The screen will advance to Complete and the user is given the option to save the selected parameters for future reports. A pop-up screen will ask for confirmation of the requested report and it will be processed and an email will be sent to the user/requester notifying them the report is ready.

In a subsequent meeting Sharyn Dodrill also gave a Power Point presentation that provided a summary of SEFBHN network data for FY 19/20. The following represents some of the highlights but the full presentation is available on Board Docs

- 738,000 points were furnished by SEFBHN providers with an average of 61,500 monthly services
  - 42% of the services were for Mental Health and 58% were Substance Use
  - 3,893 LOCUS assessments and 2703 CALOCUS assessments were conducted by SEFBHN providers. Sharyn also noted the variance rate which is a metric used to measure fidelity to the LOCUS tool noted an improvement in level of fidelity since August 2019.
  - Use of the waitlist declined during the onset of the pandemic but there was a notable increase in September 2020 with 45 individuals added as opposed to 7 individuals in the last 3 months of FY 19/20.
  - DCF set a goal that 50% of all FACT Team clients be SMHTF discharges. In working to meet this goal in FY 19/20 the admittance rate of state hospital discharges was 56%.
  - SEFBHN Providers are meeting DCF's 4DX initiative of reducing the number of persons served in acute care facilities – Data indicates a 25% reduction in acute care unique persons served in FY 19/20
- Becky Walker gave a Power Point Presentation on “Connecting the Dots” within the Contracting Process between SEFBHN and our subcontracted providers. The purpose of the presentation was to provide information on how the many processes that are utilized in developing a contract are interrelated. An SEFBHN staff person is assigned as a Primary Point of Contact (PPOC) to each contract. The PPOC works with the provider throughout the

year to provide technical assistance and to ensure that the services outlined in the contract are being provided. Documents discussed included the Service Delivery Narrative (SDN), the Memorandum of Negotiation (MON), and the contract documents that include the BASE and the CORE, and Budget documents. The presentation indicated how the issue of funding, funding source, the covered services, and rates of reimbursement are determined specific to each provider. SEFBHN also completes an annual Risk Assessment to determine the level of contract validation. The process has been modified this year in that the Risk Assessment is a 3 tier process. Tier One reviews include all of the same criteria for each provider based on the previous year's performance and outcomes. The results of Tier One will determine if a Tier Two Desk Review or a Tier Three On-site Review will be needed. In some cases, a Tier Two review could result in a Tier Three review. It is noted also that every provider at minimum will have an on-site review every 3 years regardless of the determined risk. A lot of information was provided in this presentation and many providers expressed their thanks for the information as it helped to clarify why we ask for the items/information we ask for as part of doing business with each of our providers.

- Jill Sorensen provided a Power Point Presentation related to all SEFBHN Wraparound services data for FY 19/20. Highlights include:
  - The number of Wraparound Facilitators ranged from 39 to 47 during FY 19/20 with 41 active at the closeout of the year
  - There were 17 active Wraparound Coaches at the end of FY 19/20
  - The average # of families receiving Wraparound services per month was 654 in FY 19/20
  - Throughout the year more families consistently completed Wraparound services as opposed to those who did not
  - Both Child Welfare and Juvenile Justice placements for children receiving Wraparound services trended down during FY 19/20
    - Services and goals for FY 20/21 include:
      - Continuing to provide training, coaching and certification.
      - Efforts to improve work force stabilization
      - Successful commencements
      - Working with the Medicaid Managed Care organizations to support Wraparound in lieu of service authorization and billing will continue in FY 20/21
- Mary Bosco spoke briefly about incident reporting. Providers were reminded to ensure they all have staff from their agencies approved to have access to the DCF IRAS system and that they should have at least 2 staff who can enter reports in the event one of them is on leave at the time an incident should be reported – since the reports do need to be entered by the next business day from when the provider became aware of the incident. Providers were also asked to include as much detail as possible and to ensure when they indicate in the narrative the date they found out about the incident especially if it is different from when the incident occurred. A copy of the Incident Reporting policy and paperwork needed to obtain access to IRAS was also provided

- Due to the impact of the COVID-19 pandemic – Telehealth is playing a much larger role in the delivery of services by network providers. Lindsay Slattery-Cerny facilitated a discussion of telehealth with meeting participants – utilizing a one-page handout that highlights the key components of quality Telehealth Services. These include:

- Clinical Considerations
- Safety and Crisis Recommendations
- Monitoring and Technical Assistance
- Technology and Access to Telehealth Services
- Supervisory Practices
- Legal and Ethical Considerations
- Policies and Procedures

Input from providers indicated varying levels of implementation of Telehealth. Several providers are using DOXY.ME as their telehealth platform. SACIRC indicated they developed a telehealth consent package. Other issues raised by Lindsay included Safety Planning and whether providers are tracking missed appointments. She also stated that SEFBHN plans to pursue development of quality standards for the purpose of ensuring consistent quality across the system of care. SEFBHN will continue to keep network providers apprised of work being done related to Telehealth standards.

- **Psychopharmacology for Those in the Child Welfare System** - A video was shared with meeting participants that was one of the presentations at the 2020 Child Protection Summit. Dr. Kristopher Kaliebe and Catarolyn Johnson provided information about the use of Psychopharmacology for children in the Child Welfare system but many points were applicable to the use of psychopharmacology across the board.

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 31<sup>st</sup> 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**

This quarter we have continued to operate in the midst of the pandemic however, adhering to all the CDC guidelines, along with our community partners, we have maintained contact with the clients and

provided the services and supervision to assist them in their efforts to accomplish stated goals and meeting requirements of the Court.

We hosted a graduation ceremony on September 15 in which 6 clients participated. Several clients with employment goals have gained employment this quarter and have started working. Most of the clients whom were furloughed during the pandemic have been recalled or obtained other employment. Therapy with MHA continues to go well and more clients have been referred this quarter. We continue to apply for disability benefits for clients there are still pending applications in process. Due to the closures of offices and may working from home the process has slowed. However, court managers maintain contact with the disabilities offices and assure that applicants follow through with examinations as requested.

We continue to provide transitional housing services and have two houses. The clients in these homes are provided peer support services and respond well to them. Housing continues to be a challenge and due to the pandemic many landlords were not renting so we have utilized boarding housing opportunities and other assistance to ensure no one is homeless. Treasure Coast Homeless Services Council has been a vital partner in this effort.

Training opportunities continues to be done via online with NADCP and FADAA.

*The mental health court program routinely completes a cost avoidance analysis as a return on investment measure. The data 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 July 2020. Calculations as follows:*

*28 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$140,000*

*73 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$906,500*

*102 total clients = 8,372 jail bed days x \$125.00 per day = \$1,046,500 Estimated Cost Avoidance*

### **Okeechobee County**

Okeechobee Mental Health Court has had 68 clients total as of September 2020.

For the July, August and September quarter, we had 3 new clients officially enter, with 2 more pending; 5 case closures that included 2 successful graduations, 1 transfer to Lee County MHC, 1 probation order amended that removed MHC as a condition, and 1 unsuccessful discharge.

We had 24 clients active during the period with 8 receiving targeted case management, 5 received forensic case management and one has a FACT case manager. Ten clients were on probation. Eight clients are considered incompetent to proceed (ICP/ITP). Four clients are on conditional release. Twenty clients with felony charges, three with misdemeanors and one client with a criminal traffic charge. One client is in the state hospital. One client returned from state hospital and is in jail pending a release plan. Two clients had new arrests. Four clients had their ROR revoked/ or conditional release violated. One of these clients entered a DOC program; one was discharged and



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sentenced, one is MIA with an active warrant, and one is in jail (pending an updated competency evaluation). MHC assisted 6 clients with payment for their outpatient substance abuse treatment services at ADAP.

The MHC team continues to utilize remote services when appropriate, such as appearing for court via Zoom, Telehealth options for therapy, psychiatric appts and support services. In person group and individual services have resumed when safe and appropriate and are going well. The Case manager continues to meet with clients in person for assessments and other appointments as needed. It did appear that clients are having a harder time with the Covid-19 crisis, but staff are working diligently to be understanding of the needs of the clients.

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

*28 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$140,000*

*40 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$490,000*

*61 total clients x days x \$125.00 per day = \$630,000*

**Consumer Satisfaction Surveys:** Due to the COVID -19 Pandemic the requirement for providers to complete Consumer Satisfaction Surveys were suspended for the 1st quarter.

### LOCUS 1<sup>st</sup> Quarter FY 21 Update

In the first quarter of this fiscal year, SEFBHN providers performed 897 LOCUS evaluations for 648 distinct individuals:

SEFBHN LOCUS Summary 1st Quarter FY 21		
Provider	# of Evaluations	Distinct SSNs
Behavior Basics, Inc.	1	1
HENDERSON BEHAVIORAL HEALTH - SEFBHN	62	33
Housing Partnership	102	13
JEFF INDUSTRIES INC	3	3
JFK MEDICAL CENTER-NORTH CAMPUS	5	
LEGACY BEHAVIORAL HEALTH CENTER INC.	14	5
NEW HORIZONS OF THE TREASURE CO - SEFBHN	598	484
Psychotherapeutic Services of Florida, Inc	19	19
SOUTH COUNTY MENTAL HEALTH CENTER	93	89
South Florida State Hospital	1	1
<b>Grand Total</b>	<b>898</b>	<b>648</b>

Total evaluations performed is down slightly more than 8 percent from the previous quarter, which is not unexpected given the ongoing Covid-19 pandemic. The distribution of those assessments, across months in the quarter, is relatively even as shown below:

SEFBHN 1st Quarter FY 21 LOCUS Summary Time Distribution of Evaluations				
Provider	Jul	Aug	Sep	Grand Total
Behavior Basics, Inc.		1		1
HENDERSON BEHAVIORAL HEALTH - SEFBHN	14	29	19	62
Housing Partnership	44	33	25	102
JEFF INDUSTRIES INC	1	1	1	3
JFK MEDICAL CENTER-NORTH CAMPUS		3	2	5
LEGACY BEHAVIORAL HEALTH CENTER INC.		7	7	14
NEW HORIZONS OF THE TREASURE CO - SEFBHN	203	201	194	598
Psychotherapeutic Services of Florida, Inc	16	1	2	19
SOUTH COUNTY MENTAL HEALTH CENTER	16	17	60	93
South Florida State Hospital	1			1
<b>Grand Total</b>	<b>295</b>	<b>293</b>	<b>310</b>	<b>898</b>

The most frequently recommended LOC during the quarter was LOC 2- Low Intensity Community Based Services (36%), followed by LOC 6 - Medically Managed Residential Services (25%) and LOC 3 - High Intensity Community Based Services (14%) as presented in the following table:

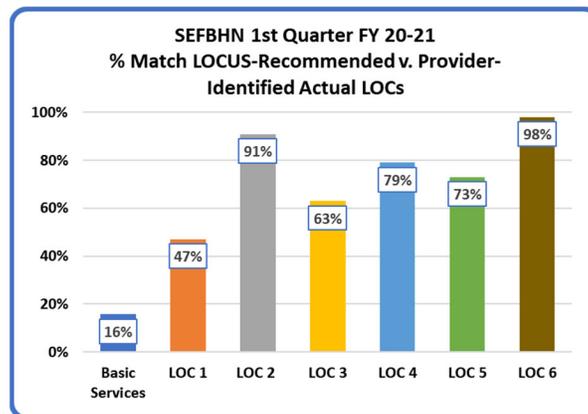
SEFBHN 1st Quarter FY 21 LOCUS-Recommended Levels of Care													
Recommended LOC	Provider	BB	HBH	HP	JI	JFK	LBH	NHTC	PSF	SCMHC	SFSH	Grand Total	%
Basic Services		3	15				3	19		10		50	6%
LOC 1 - Recovery Maintenance and Health Management		4	7				2	35		16		64	7%
LOC 2 - Low Intensity Community Based Services		14	20	3			4	241		39		321	36%
LOC 3 - High Intensity Community Based Services	1	16	30		2	4	57	8	10	1		129	14%
LOC 4 - Medically Monitored Non-Residential Services		5	8				1	8	4	7		33	4%
LOC 5 - Medically Monitored Residential Services		18	20		3			20	7	10		78	9%
LOC 6 - Medically Managed Residential Services		2	2					218		1		223	25%
<b>Grand Total</b>		<b>1</b>	<b>62</b>	<b>102</b>	<b>3</b>	<b>5</b>	<b>14</b>	<b>598</b>	<b>19</b>	<b>93</b>	<b>1</b>	<b>898</b>	<b>100%</b>

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 next table, the first quarter variance rates by provider range from 0% to 74%. The 21% overall variance rate is up from 14% last quarter. Additional technical and quality assistance will be offered to providers during the next quarter.

Summary of LOCUS Variances by Provider											
SEFBHN 1st Quarter FY 21											
Reason for Variance	BB	HBH	HP	JI	JFK	LBH	NHTC	PSF	SCMHC	SFSH	Grand Total
Client chose a LOC other than the one recommended		5						16			21
Client denies SPMI; refuses to seek services								1			1
Client is court ordered to a higher level of care		1	1					2			4
Client is court ordered to a lower LOC								1			1
Client refuses recommended level		5	1					2			8
Client's finances/job deter treatment level		3						12			15
Clinical Judgment		29	15			4	13		32		93
LOC is clinically appropriate							3		17		20
No services/beds available at level of care		1									1
Services at recommended LOC not what client needs		2					19				21
<b>Subtotal</b>	<b>0</b>	<b>46</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>69</b>	<b>0</b>	<b>49</b>	<b>0</b>	<b>185</b>
<b>No Variance</b>	<b>1</b>	<b>16</b>	<b>85</b>	<b>3</b>	<b>5</b>	<b>10</b>	<b>529</b>	<b>19</b>	<b>44</b>	<b>1</b>	<b>713</b>
<b>Grand Total</b>	<b>1</b>	<b>62</b>	<b>102</b>	<b>3</b>	<b>5</b>	<b>14</b>	<b>598</b>	<b>19</b>	<b>93</b>	<b>1</b>	<b>898</b>
<b>Variance Rate</b>	<b>0%</b>	<b>74%</b>	<b>17%</b>	<b>0%</b>	<b>0%</b>	<b>29%</b>	<b>12%</b>	<b>0%</b>	<b>53%</b>	<b>0%</b>	<b>21%</b>

Review of the first quarter LOCUS data shows significantly varying degrees of correspondence between the recommended and actual LOC (see table and graphic below):

SEFBHN 1st Quarter FY 21 -									
Correspondence Between LOCUS Recommended and Provider Identified LOCs									
Recommended LOC	Actual LOC							Grand Total	% Match
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services	8	5	24		13			50	16%
LOC 1 - Recovery Maintenance and Health Management		30	14		19	1		64	47%
LOC 2 - Low Intensity Community Based Services	1		292	5	20	3		321	91%
LOC 3 - High Intensity Community Based Services		7	24	81	17			129	63%
LOC 4 - Medically Monitored Non-Residential Services		2	1	3	26		1	33	79%
LOC 5 - Medically Monitored Residential Services		1	2	2	15	57	1	78	73%
LOC 6 - Medically Managed Residential Services				1	2	1	219	223	98%
<b>Grand Total</b>	<b>9</b>	<b>45</b>	<b>358</b>	<b>93</b>	<b>111</b>	<b>61</b>	<b>221</b>	<b>898</b>	



During the upcoming quarters, SEFBHN and Carisk Partners will continue to assist providers in improving the clinical quality of their LOCUS level of care assessments.

### CALOCUS 1st Quarter Update

SEFBHN providers performed 369 CALOCUS assessments during the first quarter of the fiscal year, with New Horizons of the Treasure Coast responsible for 59% of that total. These assessments identified recommended levels of care for 123 unique children and adolescents:

SEFBHN CALOCUS SUMMARY 1st QUARTER FY 21			
CALOCUS Assessments by Provider			
Provider	Total Evaluations	%	Unique Persons
Henderson Behavioral Health, Inc.	12	3%	Not Specified
Housing Partnership	96	26%	16
HPS HELPING PEOPLE SUCCEED INC.	27	7%	11
NEW HORIZONS OF THE TREASURE COAST	218	59%	93
SMITH MENTAL HEALTH - BBHC	14	4%	1
SOUTH COUNTY MENTAL HEALTH CENTER	2	1%	2
<b>Grand Total</b>	<b>369</b>	<b>100%</b>	<b>123</b>

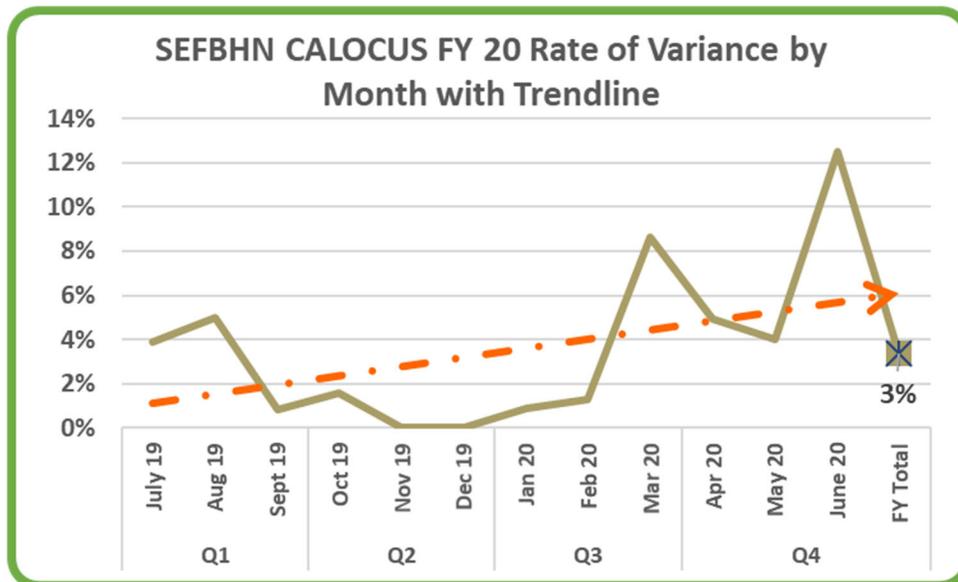
The most frequently recommended LOC was LOC 6 Medically Managed Residence Based Services, which is being driven exclusively by NHTC assessments. This shows that they continue to use the CALOCUS at admission to their CSU rather than at discharge as is the most effective use of the tool in that setting. SEFBHN and Carisk will continue to provide technical assistance specific to NHTC's CSU staff on this point.

SEFBHN CALOCUS SUMMARY 1ST QUARTER FY 21							
LOCUS-Recommended LOC by Provider							
Recommended LOC	Provider					Total	%
	HBH	HP	HPS	NHTC	SCMHC		
Basic Services for Prevention and Maintenance	2	26		7		35	9%
LOC 1 - Recovery Maintenance and Health Management	1	18	2	31		55	15%
LOC 2 - Low Intensity Community Based Services	4	33	16	46		104	28%
LOC 3 - High Intensity Community Based Services	3	12	7	3	1	29	8%
LOC 4 - Medically Monitored Community Based Services	1	1				2	1%
LOC 5 - Medically Monitored Residence Based Services	1	6	2	3	1	16	4%
LOC 6 - Medically Managed Residence Based Services				128		128	35%
<b>Grand Total</b>	<b>12</b>	<b>96</b>	<b>27</b>	<b>218</b>	<b>2</b>	<b>369</b>	<b>100%</b>

Where a provider determines that the actual LOC should be different than the CALOCUS- recommended LOC, the provider is required to identify the reason for this variance. As shown in the following table, 1st quarter rates of variance ranged from 0% (no variances at Henderson Behavioral Health) to 100% at South County Mental Health Center, with an overall variance rate of 23% for the quarter. Clinical judgment remains the most frequently selected reason for rejecting the LOCUS-recommended LOC.

Summary of CALOCUS Variances by Provider SEFBHN 1st Quarter FY 21						
Reason for Variance	HBH	HP	HPS	NHTC	SCMHC	Total
Benefits from CCT		1				1
Clinical judgment		24		11	2	37
Lower LOC not yet completed or provided		1	5	19		25
No Availability of service/bed at level of care			3			3
<b>Subtotal</b>	<b>0</b>	<b>26</b>	<b>8</b>	<b>30</b>	<b>2</b>	<b>66</b>
No Variance	12	70	19	188		288
<b>Grand Total</b>	<b>12</b>	<b>96</b>	<b>27</b>	<b>218</b>	<b>2</b>	<b>355</b>
<b>Variance Rate</b>	<b>0</b>	<b>27%</b>	<b>30%</b>	<b>14%</b>	<b>100%</b>	<b>23%</b>

This 23% variance rate is a significant increase from the 6% rate in the 4th quarter of FY 20 and overall FY 20 variance rate of 3%. The monthly FY 20 CALOCUS rates of variance are shown in the following figure:



(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 first quarter. We did begin reviewing our Network Services Provider Monitoring Plan related to Risk Assessment and Contract Validation/Monitoring Methodology. The new processes have been finalized but the plan still needs to be revised. Refer to section 2.g. on Monitoring for more information about SEFBHN's revised monitoring plan

**(4) Network Management Activities:**

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

Fifteen amendments; five new subcontracts; and six new agreements were completed during the first quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

**Amendments**

- PTF05** – Housing Partnership, Inc. d/b/a Community Partners
- AGR34** – University of Florida Board of Trustees, for the benefit of the Department of Psychiatry, College of Medicine, University of Florida (Amend #001)
- ZNC16** – HPS, Helping People Succeed, Inc.
- AGR34** – University of Florida Board of Trustees, for the benefit of the Department of Psychiatry, College of Medicine, University of Florida (Amend #002)
- PDA44** – Sunset House, Inc.
- LNC05** – Legacy Behavioral Health Center, Inc.
- PDA48** – Drug Abuse Foundation of Palm Beach County, Inc.
- LDC07** – Drug Abuse Treatment Association, Inc.
- ZNA30** – Mental Health Association in Indian River County, Inc.
- PNA31** – South County Mental Health Center, Inc.
- PDC19** – Hanley Center Foundation, Inc.
- PDA52** – South County Mental Health Center, Inc.
- PNA22** – The Lord's Place, Inc.
- ZDF05** – Substance Abuse Council of Indian River County, Inc.
- PDC18** – Palm Beach County Substance Abuse Coalition (PBCSAC)

**New Subcontracts**

- PDF04** – Henderson Behavioral Health, Inc.
- LTF10** – Henderson Behavioral Health, Inc.
- PDA48** – Drug Abuse Foundation of Palm Beach County, Inc.
- LNF01** – Catholic Charities of the Diocese of Palm Beach County, Inc.
- ZNA24** – Mental Health Association in Indian River County, Inc.

### New Agreements

- AGR44** – RiteLife, LLC
- AGR45** – Our Village Okeechobee, Inc.
- AGR46** – Banyan Treatment and Recovery, LLC
- AGR47** – CommonlyWell, PBC
- AGR48** – Palm Healthcare Foundation, Inc.
- AGR49** – Palm Healthcare Foundation, Inc.

### Termination

N/A

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

- Continuation of the 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 the Palm Beach County Sheriff's Office has contracted with SEFBHN 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. SEFBHN will also act as the fiscal agent to reimburse the Providers through the federal grant funds. 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.

In the first quarter of FY 20/21 4 new referrals were received. We continue to participate in weekly phone calls with PBSO staff in order discuss status updates with regards to individuals enrolled in the program. Currently all the referrals received thus far are male with one of them being a minor.

- 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 4<sup>th</sup> 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 first quarter a total of 283 children and youth received prevention and treatment services through system of care. Twenty two (22) new referrals were received, 25 children and youth were enrolled (which included 5 children previously referred) in treatment services and 25 children and youth were discharged. At the start of the quarter, 258 youth were being served and at the end of the quarter, 258 were being served. The following is a summary of activities that occurred during the first quarter.

It is noted that the System of Care Grant was originally slated to end on September 30, 2020 but DCF has applied to SAMHSA for a No Cost Extension which was approved. We are however awaiting the final budget amount. With carry-over funding we were able to provide the following trainings for our providers:

- Helping Others Heal training - required for Peer Certification for 17 individuals
- WRAP I training for 16 individuals
- FSU Trauma and Resilience Online Course for Professional Certification Level I for 25 individuals

The following represents services and activities provided through the SOC Grant in the first quarter.

### **Services and supports for the children and youth and families they served this quarter.**

#### **Okeechobee:**

- New Horizons of the Treasure Coast (NHTC) recently hired a second wraparound case manager and Spanish speaking therapist.
- 11 peers have been trained. One is specific to working with active duty or veteran families. Three are well versed on issues of LGBTQIA and will provide support to any children needing peer support.
- Our Village also offers drop-in tutoring and peer support each Tuesday and Thursday from 2-7 pm.
- Our Village made an agreement with the only sexual trauma licensed therapist in Okeechobee to see kids. She offered her services at a reduced rate. Our Village will also resume in- person sexual assault survivor's groups for teens and adults.
- Our Village has also been hosting biweekly food trucks with United Against Poverty. We have been able to advise families about this opportunity through our partner agencies and on social media. Families are able to get low cost produce and other items, which assists them financially. This reduces some of the stress that families are feeling due to COVID related expenses, and loss of income.

#### **Belle Glade:**

- The "Be Well Center" is now open, and offers arts and crafts, managing stress groups, and has guests from community agencies offering a variety of programs and resources. It is a non-traditional center that it is located in public housing and that it is a collaboration of providers together to serve the families to include Mental Health Association, Florida Rural Legal services, Federation, the Glades Food Team, AllNet (tutoring).

- One of our community partners, Florida Atlantic University Center for Autism and Related Disorders, launched a new support group for African American parents of youth with autism. They shared this opportunity at our SOC meeting, and asked partners to refer.

### **Cultural and Linguistic Competence**

#### Okeechobee

- Three of the eleven peers trained are fluent in Spanish, which will make it much easier to assist youth who are from Spanish speaking families, if that is their language of preference. Additionally, it will make it much easier to communicate with the parents.
- School issues were on every parent's and youth mind. We encouraged parents and youth to discuss their concerns safely in small group discussions. Some parents were interested in keeping their youth home to attend school virtually, while other families needed the childcare so they can work and support their families. This difficult decision was one we encouraged parents to make after considering all of the factors. We also encouraged them to take part in the county School Board survey, to make their wishes known and to allow schools to better strategize for reopening.
- In Okeechobee the site coordinator has made courtesy follow up contact with families, due to a language barrier with the new youth coordinator at the school district.

#### Belle Glade

- Palm Beach County Government asked us to assist with the housing of COVID Health Advocates. We have recruited one of three potential workers thus far. Our COVID Health Advocate has assisted with recruitment and translation of members of the Haitian Creole population residing in the public housing project.

### **Sustainability**

#### Okeechobee

- Our Village continues to provide and enhance 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. The School District will maintain the youth coordinator position post-grant.

#### Belle Glade

- The Belle Glade site continues to look for additional funding through local foundations and business opportunities. They have submitted a grant application to Quantum Foundation and are awaiting a response. SEFBHN continues to support mental health prevention activities, as well as the collaboration with Mental Health America for the BeWell Center in Belle Glade and staff and client use of MyStrength. SEFBHN has provided continuous support for expansion of The Open Table Convening Launch which was implemented and completed during this past quarter. This increased further sustainability through the faith based community and brought potential business partners into the system.

### Prevention Activities –

During the 1<sup>st</sup> quarter, July-September 2020, due to COVID-19, Prevention Activities continue to be offered via online formats. At the start of this new fiscal year Prevention courses are being offered to the individual Classroom teacher, as well as the school / county communities at large.

- With schools postponing openings, start dates for prevention activities have been fluid with dates extending into the month of October; as opposed to previous years when the last series of start dates occurred during the first week of September.
- Principals in all 5 ME Counties continue to work closely with our network agencies in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties to provide Substance Abuse and Mental Health Prevention messaging and programming that is being offered via Google Classroom, ZOOM, and Microsoft Teams formats.
- As offered during the last FY, County officials requested Behavioral Health Prevention support messages for families which provided resources and lessons provided to registered participants in cities / communities.
- For FY20/21, prevention coalitions will continue to reimagine and convert their events and activities to regional online Virtual formats; ie: Youth Summits, Youth Forums, and Youth Conversations via ZOOM, Google Classroom, Microsoft Teams, Facebook or YouTube Live.
- Monthly Prevention Team meetings continue to be held via Virtual or Conference Call formats, and allow for 2-way conversations between the ME and all network prevention agencies and coalitions.
  - July – September 2020 meeting discussions centered around:
    - Acquiring and maintaining Substance Abuse Prevention Licenses
    - Review of Prevention Program Validations
    - Prevention Monitoring Tool as Quality guide
    - Completion of Needs Assessment and Community Action Plans
    - Full Utilization of Performance Based Prevention Systems (PBPS) with New Enhancement of Carisk Upload capabilities.
    - New Enhancements to the Carisk Fiscal Reporting and Data Collection systems
- During this first quarter of FY 2021, the SEFBHN Prevention Team discussions surrounded the development of resources and promising program initiatives which address Behavioral Health Prevention, including reactions to Vaping concerns, COVID-19 trauma, and Alcohol, Tobacco and Opioid concerns expressed by Community leaders, parents and this ME's Counties' school officials.
- The Network Prevention Manager 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 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.
  - Performance Based Prevention System (PBPS) Crosswalk and Utilization.
  - Program Guidance Document 1 for Managing Entity Contracts.
  - Prevention Guidance Document 10 for Prevention Services.
  - Substance Abuse Prevention Licensing

- Individual ME Provider and Coalition implementation Updates.
- The Network Prevention Manager continues to have oversight of prevention contracts and amendments, risk assessments and agency validations.
  - During this 1<sup>st</sup> quarter of FY 2021, the Network Prevention Manager completed Risk Assessments for all prevention-funded agencies.
  - During this 1<sup>st</sup> quarter, Network Prevention Manager scheduled a 2<sup>nd</sup> quarter validation with Federation of Families.
- After a delayed start due to the late start of the school year, SEFBHN Prevention Providers are implementing the following state recommended Prevention School-based Programming in each of our counties:
  - Hanley Center Foundation (HCF) continues their virtual implementations of the “Botvin LifeSkills Training” school-based program in Palm Beach County’s Coastal and Western Communities. The online format continues to be offered to 8<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade students in partnering schools with whom they have agreements for FY 20/21.
  - HCF also provides “Active Parenting” in an online Virtual format, open to community parents.
  - New Horizons of the Treasure Coast (NHTC) is providing online implementations 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 maintained, continued and nurtured for the last 5 school years. They also provide “Botvin Life Skills Training” to schools transitioning from “Too Good For Drugs / Violence”.
  - Substance Abuse Council of Indian River (SACIRC) is implementing “Botvin LifeSkills Training” in all Indian River County Elementary Schools. They also have been successful in introducing “Erica’s Lighthouse in Middle and High Schools. SACIRC has nurtured a partnership with Indian River County School District which has allowed their school involvement for more than 5 years.
  - Tykes & Teens is also implementing of “Botvin LifeSkills Training” school-based program in Martin County Elementary Schools 4<sup>th</sup> and 5<sup>th</sup> graders.
- During the 1<sup>st</sup> quarter, Coalitions continued transform their activities into Virtual implementations. All Coalitions are currently in various stages of completing their County’s Prevention Needs Assessment and Comprehensive Community Action Plan (CCAP). Upon Winter completion, all coalitions will provide their reports as a resource for programmatic decisions for the counties.
- Additionally, all County Coalitions have also continued the work to provide community and school alternative activities in online Virtual formats.
  - Palm Beach County Substance Abuse Coalition’s (PBCSAC) Teen Coalition-In-Action (CIA) holds 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}, continues to serve the community in an online delivery.

- In addition to the Needs Assessment and CCAP, PBCSAC continues work on Palm Beach County's Vaping Logic Model which will provide data and information to Palm Beach County regarding Vaping issues.
- PBCSAC continues work on the completion 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 is being facilitated by Hanley Center Foundation. The Program is called Project C4OPE.
- The partnership between Martin County Board of County Commissioners and PBCSAC continue to serve Martin County with Coalition services. also continues their work growing their Teen Coalition-In-Action (CIA).
- During this Pandemic season, Okeechobee Substance Abuse Coalition completed their Okeechobee County Prevention Needs Assessment and, are currently working on their Comprehensive Community Action Plan (CCAP).
- They also continue their 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 –also continues 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) also continues their 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).
- 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. Virtual Meetings allows Community partners to come together monthly to address the goals and work for FY 20/21. Collaborating partners include state agency representatives, county, school and community leaders.
- 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 Center Foundation continues their work on the needs assessment and plans 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/ FBHA statewide prevention team meets monthly.
  - This quarter's discussions centered around the Substance Abuse Prevention license and ways to develop an effective "single message" going out from the Florida statewide Prevention Community. Continued conversations also addressed COVID-19 Virtual Implementations; initiatives around the state and county addressing the Opioid crisis and emerging Marijuana Vaping; and overall increases in Marijuana as reflected in data reports.

### **Care Coordination**

- The care coordination team continues to create opportunities for cross-system collaboration and communication between SEFBHN, community stakeholder, and the network service providers (NSP). Four NSPs: New Horizons of the Treasure Coast, JFK North, South County Mental Health Center, and Drug Abuse Foundation, maintain five full-time care coordination staff and one part-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 Care Coordination teams had multiple meetings with other NSP to discuss supported employment, supportive housing programs, and PATH programs to be able to make direct connections for high utilizers that are in need of these services. The Care Coordinators also assisted out of network providers with civil state mental health treatment facility diversions for the petitioned high utilizers. In circuit 19 there were several successful diversions due to efforts of the care coordinator. 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 1st quarter there were 125 adult person served identified and engaged in Care Coordination. An example of a case opened during this quarter involved a person served who was a high utilizer across systems; Mental Health Court, jail, and in and out of the ASU and detox. The Care

Coordinator engaged. He agreed to assistance with linkages to services. She spent time with him to collect information about his open cases and was able to get him connected to case management services.

- 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.(Did not change)
- The Coordination of Care Module remains fully operational. Carisk Partners continue to work with MD Flow to make enhancements to the CoC Module. One newly added option is scheduling telemedicine appointments through the CoC Module. Network Service Providers will receive training on this functionality of the system. SE With the help of Carisk Partners we have been able to onboard several new users to the CoC. Carisk Partners and SEFBHN continue to offer technical assistance for module use.
- 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. Additional care coordination collaborative calls have been added to discuss direct referrals to the care coordination teams other NSP providers have been invited to ensure streamlined warm handoffs. One of the Care Coordination teams continues to collaborate weekly with a Transitional Housing Program in our network. Lastly, SEFBHN Program Innovation Managers have weekly 4-DX calls with DCF regional to discuss both civil and forensic diversions from SMHTF in Circuit 15 and 19. These calls have been effective and show the continued efforts of care coordination teams, civil, and forensic specialists in our circuits.
- In the 1<sup>st</sup> quarter, SEFBHN approved 49 transitional vouchers – 19 for substance use and 31 for mental health. Representing a decrease compared to 115 transitional vouchers for the prior quarter. 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. COVID-19 has brought forth unique challenges, such as helping clients obtain cellphones to facilitate consistent communication with consumers for purposes of maintaining engagement with services, many of which are being delivered through telehealth.

- The SEFBHN Network Integrity Manager continues to hold biweekly care coordination calls which continue to be important platforms 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. 48 individuals received services at Ted's Place in the 1<sup>st</sup> quarter (an increase compared with the prior quarter's 38). Ted's Place has continued to play an important role in the system of care by allowing time to ensure safety for staff and existing consumers at Residential treatment centers and as a vehicle for providing care coordination to consumers at a critical early stage of their interaction with the system of care.

### Housing Activities

- The Director of Network Integrity and SEFBHN participated in weekly coordination calls with PBC to help move 200 homeless individuals out of John Prince Park. SEFBHN engaged several providers in this effort, such as SCMHC MRT, Rebel Recovery, and PATH to go to the park to help assess individuals and engage them in services. We also utilized other providers for needed services such as detox, MAT and continuing MH. All individuals experiencing homelessness were out of the park by the last week in August. Many of these individuals are in temporary shelter and will be housed as opportunities become available. Those that were identified as needing and willing to participate in MH and SUD services will be moved into one of the three housing programs that we will be opening in the 2<sup>nd</sup> quarter.
- As a result of the John Prince Park collaboration, SEFBHN was offered the opportunity to partner with Palm Beach County's Continuum of Care (CoC) on a new housing project. The new project will utilize CARES Act funds to help house the chronically homeless population that have a substance use disorder, mental health issue or co-occurring disorder. The funding will provide up to 24 months of housing as well as treatment and recovery support services. SEFBHN will contract with two agencies, The Lord's Place and Community Partners dba/Housing Partnership (CP/HP) to provide the housing and ancillary services. The Lord's Place contract was finalized and signed at the end of September with a projected start date of October/November 2020. We expect to contract with CP/HP by November with a start date in the 2<sup>nd</sup> quarter for that program.
- SEFBHN had been working open two new housing programs during the 1<sup>st</sup> quarter of FY20/21. Due to COVID-19, there has been a delay in getting the housing online. The delay continued through the 1<sup>st</sup> quarter for Community Partners dba/ Housing Partners newly

renovated apartment building (16 – 2 bedroom and 4 1-bedroom units), as we wait for FP&L to finalized some electrical issues and the City of West Palm Beach to issue the certificate of occupancy. The housing is expected to open in November; however, the program staff was hired in May, and they are currently working with a number of individuals to help ease their transfer to a new provider and lower level of care. 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.

- Carrfour Supported Housing was opened during this reporting period. Persons served started moving into the apartments on August 31 and September 1. At this time 12 apartments have been filled out of 36. Carrfour has started receiving referrals from other network service providers.
- The SEFBHN Director of Network Integrity and one of the Program Innovation Managers are very active attending and participating in attend the Continuum of Care (CoC) meetings in Circuits 15 & 19.
- The Director of Network Integrity and one of the Program Innovation Managers 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 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.
- 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 TCHCS 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 hired Barbara Moody as a consultant to continue as the SOAR Local Lead for our network and five counties. She will continue to participate 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.
- SOAR/PATH monthly call with DCF attended regularly.

### **Opioid Addiction Services/Medication Assisted Treatment/Substance Use Disorder**

- SEFBHN continues to pursue Hospital Emergency Room Programs that initiate a buprenorphine induction for overdose patients in their ER coupled with Peer Services in Palm Beach and the Treasure Coast. We currently fund peers at Rebel Recovery, SACIR and NHTC to be available for hospitals to request for Peer Support for 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 (SACIRC), Treasure Coast Community Health (TCCH) and Cleveland Clinic Indian River Medical Center in Vero Beach collaborate to offer a buprenorphine induction in the hospital to opioid overdose patients with linkage to a peer and treatment services at SACIRC and continuing MAT services TCCH. The program, which started in October 2019, and sidelined last January due staff changes at the hospital, started meeting again during the and had two individuals opt into treatment. In late January, a new Emergency Room Department Director started at the Cleveland Clinic a 1st quarter to the program back up and running.
- The Cleveland Clinics runs other hospitals in the Treasure Coast and talks have been underway in the 1<sup>st</sup> quarter to begin buprenorphine induction in Martin County and possible St. Lucie County. Treasure Coast Opioid Task Force continues to meet every month and is actively involved in getting an ER/Peer program in place.
- In September, SEFBHN met with Martin County Sheriff's Office, Fire Rescue and other community providers to discuss diversion options, including MAT services for opioid overdoses and OUD inmates. The group will be meet monthly to solidify plans and implement a program.
- The Network Integrity Manager continues to oversee and provide ongoing technical support to providers using the WITS system for SOR grant data reporting. The additional access to GPRA compliance data, along with a concerted effort by network providers, has assisted with dramatically improving the network-wide compliance rate to up to approximately 45% for 6-month post-intake GPRAs. The Network Integrity Manager has been sending monthly updates to SOR providers which includes detailed information on their GPRA compliance not just overall, but for the month itself so they can see what proportion of their recently completed GPRAs were compliant. This feedback has enabled providers to make much more immediate corrections and changes to help improve their compliance rate. One major provider saw a massive improvement in their compliance overall from 25% to approximately 50% and saw month-to-month compliance rates of nearly 100% during this quarter. This puts SEFBHN in an excellent position to achieve a high compliance rate for year 3 of the SOR grant.
- The Network Integrity team at SEFBHN, after consideration and feedback from providers, has given all SUD treatment providers the option of utilizing ASAM CO-Triage (along with the providers' typical biopsychosocial and other assessments) in place of ASAM Continuum as a level of care tool for admissions. Many providers immediately began using this alternative which has enabled a smoother assessment process while still implementing a nationally recognized tool based on the ASAM dimensions and levels of care. The Network Integrity Manager continues to work directly with FEI and the ASAM team to improve both CO-Triage and ASAM Continuum to maximize their utility to network providers and the persons they serve.

- SEFBHN's Jail Bridge program, called Medication Assisted and Peer Support (MAPS) is a collaboration with the Palm Beach County Sherriff's Office (PBSO); The Recovery Research Network Foundation (TRRNF), Rebel Recovery and, Wellpath that offers access to substance use disorder (SUD) treatment, medication assisted treatment (MAT), clinical services and recovery support with linkage to community treatment for any incarcerated individual with a opioid use disorder. The program began operating in October 2019 but was significantly impacted by the COVID-19 pandemic with face to face services in the jail halted. Individual telehealth services took place in the 1<sup>st</sup> quarter as well as written communication and weekly therapeutic. In June TRRN and Wellpath began screening potential new participants with the anticipation that the program would get back up and running in the fall. Meetings took place in September between all parties and MAPS is scheduled to resume the first week in October. From October 2019 through September 2020, the MAPS program provided 83 inmates with MAT, clinical treatment and peer support services, with 53 inmates being released from jail and 40 that were linked to continuing services.
- SEFBHN has been working with Port St. Lucie Sherriff's Office and Martin County Sherriff's office to bring MAT services into their jail system. We expect to contract with the MAT provider and stand up the St. Lucie Program in the 2<sup>nd</sup> quarter.

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

The COVID-19 Pandemic has resulted in a reduction of revenues that are used to fund state government. The state has told Managing Entities to prepare for budget reductions. We were instructed to prepare for a 3% reduction and a 6% reduction. SEFBHN has applied for and was granted a Payroll Protection Loan with forgiveness. The loan will thus cover the 3% reduction and if a 6% reduction is ultimately needed SEFBHN will utilize carry forward funds to meet the requirement.

**(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.
- **Father Flanagan's Boys Town Florida, Inc.** – All PIP findings 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.** – A final review was conducted and all PIPs fully closed and the provider notified via email on August 31, 2020 of the closure.

- **Substance Abuse Council of Indian River County, Inc.** – A final review was conducted and all PIPs fully closed and the provider notified via email on August 31, 2020 of the closure.
- **Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County** – This PIP (admin portion) is on track and ongoing. The agency was able to submit their revision timely and feedback was sent back as it could not yet be accepted. The Compliance Administrator worked with the agency's staff to provide a substantial amount of technical assistance. Since then, the agency again submitted a resubmission which is significantly improved. The request was made for a copy of the agency's grievance procedure and the forms they will be using to collect responses and these were received timely earlier this week and are yet to be reviewed.
- **NAMI Palm Beach County, Inc.** – This PIP (admin portion) is on track and ongoing. The Provider submitted their updated PIP timely and since feedback would have been minimal it was accepted and an update was requested. The update has been submitted earlier this week and is awaiting timely review.
- **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. The PIP was accepted on July 29, 2020. A PIP review was conducted in on September 15, 2020. It is expected that the PIP will be closed out within the second quarter of FY 20/21.
- **Housing Partnership d/b/a Community Partners of South Florida** - The PIP has been accepted as of 8/25/20, and the agency is on-track with their PIPs. Updates have been requested to support the agency's outlined administrative and clinical changes to policies, procedures and documentation as stated on the PIP.
- **Mental Health Association in Indian River County, Inc.** – The received PIP cannot be accepted and a request for revisions has been made. Additionally, as it appears steps may have already been taken, an update of the review process itself was also requested and these are due next week.
- **Rebel Recovery Florida, Inc.** – Rebel Recovery submitted their PIP and it was accepted by SEFBHN on Sept. 9, 2020 with a final completion date of Oct. 30, 2020.
- **Palm Beach Habilitation Center, Inc.** - Palm Beach Habilitation PIP was accepted. They have completed 3 out of 4 findings.

SEFBHN has always been committed to maintaining open communication with our providers and understands the importance of maintaining open communication with providers. We continue to meet virtually with our large community mental health agencies and our largest substance abuse treatment providers to address both their concerns and SEFBHN's concern in effort to troubleshoot and problem solve. Weekly calls are still conducted with all of our providers and continues to be 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 have providers complete a weekly survey related to the impact of the pandemic which allows us to stay current with their service capacity.

**(b) Performance measures**

	<b>Network Service Provider Outcome Measures</b>	<b>FY Target</b>	<b>YTD Performance</b>
<b>Adult Mental Health</b>	Average annual days worked for pay for adults with severe and persistent mental illness	40	64.01
	Percent of adults with serious mental illness who are competitively employed	24%	61%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	96.00%
	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%	79.00%
<b>Adult Substance Abuse</b>	Percentage change in clients who are employed from admission to discharge	10%	12.00%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-40.00%
	Percent of adults who successfully complete substance abuse treatment services	51%	70.00%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	93.00%

Children's Mental Health	Percent of school days seriously emotionally disturbed (SED) children attended	86%	90%
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	No Data
	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	No Data
	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	99.00%
	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	100.00%
	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	96%	No Data
Children's Substance Abuse	Percent of children who successfully complete substance abuse treatment services	48%	25%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	0%
	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	93%	100.00%

It is noted that there are some outcome measures in which there was no data which thus prevented computing compliance/performance with that specific measure. Possible explanations for the resulting 'No Data' for the Children's Mental Health outcomes include 1) lack of a CGAS , which results in youth not being correctly identified into ED or SED and 2) there are some providers who have stopped using CFARS as they are not only using CALOCUS- without CFARS then it is not possible to measure change over time for these outcome measures. Data entry has become more complicated also with the multiple version of FASAMS which may be resulting in inaccurate data entry.

\*As previously reported, 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 continue to await guidance.

As part of a data analysis CARISK has noted that the number of unique individuals served has decreased significantly in the first quarter which could partially be attributed to the pandemic but it more likely due to data entry in general due to different versions of FASAMS. SEFBHN and CARISK will be working with providers to troubleshoot problems they may be having especially as FASAMS full implementation is scheduled for November 1,2020.

**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 1st quarter of FY 20/21 63 adults and 123 children were served by these 2 FIT Teams. It was determined that without these services 44 of the adults would have needed residential treatment vs. outpatient treatment provided by the FIT Teams and 79 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-eight adults would have had to utilize standard outpatient treatment. FIT Teams services resulted in a cost avoidance to the state of \$873,376.00 in the first quarter. During the 1<sup>st</sup> qtr, Program Integrity Manager Mayra Martinez-Gelabert provided technical assistance to both FIT Teams on the ACCESS application for monthly data input. This application is new and included the individuals served who remained active from last fiscal year and the initial implementation was somewhat time consuming for the providers.
- 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 and one in Circuit 19/Indian River, Martin, Okeechobee, and St. Lucie Counties and operated by New Horizons of the Treasure Coast. During the first quarter of FY 20/21 these teams served a total of 103 children and reported a total cost avoidance minus actual expenditures to the state of \$714,420.00 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 first quarter the program served 15 clients stepping down from the state hospital. The savings to the state was \$94,782.08 had these individuals had to remain in the SMHTF as opposed to having the availability of the Transitional Housing program.
- Specific Appropriation 376 provides \$250,000.00 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 first quarter, the center served 1440 individuals. The center is able to provide lower cost services using physician trainees. As a result, the cost avoidance to the state was \$151,254,40 had the services been rendered by psychiatrists only.
- 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 **916 calls** in the 1st quarter. **713 calls** required an acute response with an average response time of under **29 minutes**. **There was a rise in calls to the MRT's in the 1st qtr which is attributed to increased partnerships and outreach, as well schools resuming both distance and face-to-face education.**

**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 first quarter.

**Additional Network Activities to support the System of Care.**

Triennial Needs Assessment

Ronik and Radlauer are finishing up the third phase of the Triennial Needs Assessment. As previously noted they shifted the focus of this final phase to the impact of the COVID-19 Pandemic on our system of care. The information obtained will be enable SEFBHN to make adjustments where needed and enable us to assist providers currently and in the future in responding to critical and unplanned for events. We have already been researching and discussing with our providers the framework necessary for the implementation of quality telehealth services to address continuous operations in a crisis.

Planning and Implementation of House Bill 945

SEFBHN has been working towards creating the pathway for a coordinated system of care plan, as well as sharing work products with the Florida Association of Managing Entities (FAME) to help ensure a consistent approach across the state. Further, collaborating with our mobile response teams and school systems has been a paramount activity during this first quarter. Sharing overviews of the House Bill at key meetings already in place around behavioral health has also provided well-received education opportunities around implementation strategies. SEFBHN plans to utilize these venues already in place to help leverage key parties' participation in planning activities. The addition of a regional steering committee along with Board of Directors guidance will be added elements for 2<sup>nd</sup> quarter.

Staff Development

SEFBHN leadership has been working to support staff with our 20/21 contracting and validation process. In order to facilitate learning, SEFBHN shared a series of trainings with all staff to assist with this effort. We also have a shared learning library for training PowerPoints, associated documents and recordings to assist staff who may need refreshers over time.

Some of the topics included this first quarter were:

- Connecting the Dots (macro and micro levels) – across contracts, data, funding, services and system of care.
- Annual risk assessments (Tier 1 Validation)
- Tier 2 and Tier 3 Validations
- FASAMS
- Data quality analysis