

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 2:
 - 2.3.1.1 – 36% (Prevention set aside)
 - 2.3.1.2. – 29% (HIV early inter set aside)
 - 2.3.2. – 67% (Women set aside)
 - 2.3.3. – 51% (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 second quarter.

Date(s) of Activity	Type of Wraparound Training Activity	County (where training occurred)	# of Participants
11/16/2020 – 11/18/2020	Wraparound 101	Virtual	22

Date(s) of Technical Assistance	Other Wraparound technical assistance provided	County (where technical assistance occurred)	# of Participants
10/8/2020	Wraparound Coaching – Legacy Behavioral Health	Virtual	3
10/19/2020	Wraparound Coaching – Legacy Behavioral Health	Virtual	3
10/30/2020	Wraparound Technical Assistance-South County Mental Health Center	Document Review	1
11/12/2020	Wraparound Technical Assistance-South County Mental Health Center	Document Review	1
12/3/2020	Wraparound coaching-Legacy Behavioral Health	Document Review	1

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

12/10/2020	Wraparound Coaching – Legacy Behavioral Health	Virtual	3
------------	------------------------------------------------------	---------	---

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 the following 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 attend 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, yhey send staff to trainings and staff attends the Wraparound Learning Community)
- Legacy Behavioral Health (Actively going through the coaching and certification process. Staff are attending trainings and the learning community)
- Helping People Succeed (Actively going through the coaching and certification process. Staff are attending trainings and the learning community)
- Counseling and Recovery Center (FITT) (Currently has no plan to move forward but Staff attends the Wraparound Learning Community)
- Chrysalis Health CAT Team (1 certified facilitator and 1 certified coach/facilitator and Staff attend the Wraparound Learning Community)
- Tykes and Teens (1 supervisor certified as coach and facilitator. In the process of certifying more staff and staff attends the Wraparound Learning Community)
- South County Mental Health Center (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 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. Agency has not moved forward with Wraparound implementation.).

- New Horizons of the Treasure Coast (Care Coordinators/Adult Case Managers/Peers/Intensive Case Managers. Currently there are certified facilitators in ICM, Children's Outpatient and 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. SEFBHN also coordinates Wraparound 101 trainings so participants are provided with the roadmap they need to begin the coaching and certification process. This quarter SEFBHN arranged 1 Wraparound 101 training.

In this second quarter, 1 coach was certified. The coach was from Multilingual Psychotherapy Center. By the end of the Second Quarter there were thirty (30) certified facilitators and thirteen (14) certified active coaches in our region. There were also 2 certified trainers in our region and access to an external trainer. Wraparound has been provided to over 600 families in the second quarter.

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 – 10/8/2020, 12/10/2020

Circuit 19 – 12/17/2020 (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:
Combined Circuits 15 & 19 – 12/8/2020

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

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

Wraparound | Southeast Florida Behavioral Health Network

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.
- Additional Discharge Planning Conference Calls were set up with each forensic SMHTF to increase forensic discharges and improve communication.
- The Circuit 15 monthly Forensic Services Collaboration Meetings were restarted. The new DCF Forensic Liaison was an active participant and additional forensic discussions were set up for both Circuits 15 and 19.
- An increase in collaboration calls with DCF and the court personnel due to the waiting list for admission to civil and forensic SMHTFs. Weekly calls and communication with the attorneys did result in a few diversions from the waiting list. Three SEFBHN staff are dedicated to these calls.
- The SEFBHN Forensic Coordinator provided notification about 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.
- SEFBHN Forensic Coordinator participated in a virtual meeting with psychologists who signed up for the USF Forensic Examiner Training.
- SEFBHN Forensic Coordinator conducted a training to the C15 Re-Entry members about the SEFBHN service providers.
- SEFBHN continues involvement in the GAINS project subcommittees for CST curriculum and data collection. Also, active participation in the development of curriculum Forensic Peer Specialist work groups continues.
- SEFBHN continues with participating in the weekly C19 Mental Health court staffing regarding FACT and other consumers (Care Coordination consumers, SMHTF diversions, assistance with working with other MEs).
- The SEFBHN Forensic Coordinator participated in the virtual DCF Competency Restoration Training.
- The Forensic Coordinator assisted with a DCF Tracker that involved a consumer who was incarcerated in the C15 jail.

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.
- Ongoing technical assistance is offered to the PSF FACT staff due to staff turnover in the Forensic Specialist role and other roles. Several virtual meetings were set up between the Martin County Mental Health Court and PSF FACT with SEFBHN as the facilitator. The result was increased communication and enhanced services for those consumers in that court system.
- SEFBHN participated in the National ACT weekly calls that started due to the COVID situation.

- 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.

Children and Family Related Interventions

A SEFBHN Family Systems Manager continues to participate on the C19 Keeping Families Connected (Lock-out) Committee to reduce the number of children who are “locked out” of their homes due to their parents refusing to allow them to return home, usually following a delinquent act or mental health crisis. Multiple Keeping Families Connected calls were held this quarter. A SEFBHN Family Systems Manager participates on the C19 calls to provide system level 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, refer to housing, or to remove 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 immediately access intensive services and crises are able to be addressed from a strength-based recovery-oriented approach. This quarter, SEFBHN participated in five C19 Keeping Families Connected Staffings on dates 10/22/20; 11/19/20; 11/23/20; 12/1/20; 12/8/20.

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. In C19 in SST staffings are only for safety determination and Family System Managers attend infrequently. Usually, the cases attended will be at the request of the Department, high mental health needs, substance exposed newborns, or if the need of the case determines system level care coordination. In C19 this quarter three SST calls were attended by the Family Systems Manager on the following dates: 10/22/20; 10/29/20; 11/2/20.

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. Three C19 Local Review Team meetings were attended 10/27/20; 11/17/20; 12/15/20. There were three emergency LRT meetings held this quarter to staff high risk youth, dates 10/8/20; 10/14/20; 11/9/20. C19 Family Systems Manager continues to make the network aware of this resource available for multisystem involved youth.

SEFBHN C15 Family Systems Manager (FSM) continues to participate in monthly/as needed C15 Interagency (Local Review Team) meetings hosted by ChildNet. This quarter, C15 FSM attended two (2) Interagency meetings on 10/7/20, 11/4/20 and 12/2/20. The Interagency Review Team continues to function as a system-level overview of C15 and helps to bring together network partners from ChildNet, the Department of Juvenile Justice, Southeast Florida Behavioral Health Network, the Department of Children and Families, the School District of Palm Beach County and other behavioral health providers. Youth are staffed on a case-by-case basis with ChildNet, the Department of Juvenile Justice and Southeast Florida Behavioral Health Network according to their involvement with each of these agencies.

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 training sub-group did not meet this quarter due to the meeting dates being rescheduled by the Chair of the group. The data subcommittee has been provided 2-1-1 SACC data monthly and open access to SEFBHN Progress Exchange Form data to be included to help tell the story from initial contact to treatment outcome.

SEFBHN maintains provision of monthly summary data for 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. There is an ongoing quality assurance project being taken on by SEFBHN to monitor the timeliness of the Progress Exchange forms uploads into FSFN as well as the quality of the recommendations given. The first random sample review of uploads from C15 shows a consistent upload from providers with clear recommendations provided.

Operationalization of the S.A.F.E. MRT (Support & Advocacy for Family Engagement Mobile Response Team) began in the 2nd 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 New Horizons of the Treasure Coast is currently being planned for the early part of next quarter. 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 CCKids at a later date, however it is discussed as part of the onboarding process with SEFBHN's involvement in panel discussions.

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.

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 continued this quarter with meetings respectively on 10/20/20, 11/30/20 and 12/14/20. On 12/14/20, the Director of the Children's System of Care presented an overview of HB 945 for all stakeholders. SHAC MH has added HB 945 as a standing agenda item.

Individual school system meetings were held with an emphasis on the School District of Martin County, and School District of Okeechobee County due to some specific needs this quarter. 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. In addition, two staff of the School District of Okeechobee completed suicide, so SEFBHN has offered and provided postvention support for their school system - both youth and adults.

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., This quarter SEFBH meaningfully participated in a Stewardship Council and Systems Leader table, respectively on 10/20/20 and 12/8/20.

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

- Data reports continue to be 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. This quarter data from the Care Coordination system was further synthesized to help create vignettes SEFBHN plans to use to further HB 945 planning,
- Direct Supervisor System Meetings were held in Circuit 15 on 10/8/20 and 12/10/20 and in Circuit 19 on 12/17/20. As an effort to increase collaboration, communication and transparency, a shared folder was created for C15 with the agendas, resources and PowerPoints from meetings.
- Community Action Teams, Children's Case Management agency's, and Children's Crisis Units 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.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

- Family System Manager attended Monthly Treatment Team Staffing held at Sandy Pines on SIPP/PRTS and Care Coordination youth to review progress with their treatment and discharge planning.
- Family Systems Manager was elected Secretary of the St. Lucie County's Department of Juvenile Justice Advisory Council. The meeting was held 11/17/20 where secretary duties were utilized. Next meeting will be in January 2021.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at South County Mental Health Center on 10/1/20, 11/5/20 and 12/3/20.
- 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 10/2/20, 11/6/20 and 12/4/20.
- Efforts are made to hold child specific staffings for children who are high utilizers of inpatient services to identify barriers to successful community reintegration. Multidisciplinary teams are convened, and all stakeholders invited to share perspectives including Managed Care Organizations if involved. Diversion from Statewide Inpatient Psychiatric Placements is a priority and community-based interventions are utilized such as high-fidelity Wraparound or CAT team when appropriate.

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

Waitlist 2nd Quarter FY 21 Update

Five (5) providers added 109 individuals to SEFBHN's centralized Waitlist during the second quarter of this fiscal year, with 55 added in October, 16 in November and 38 in December.

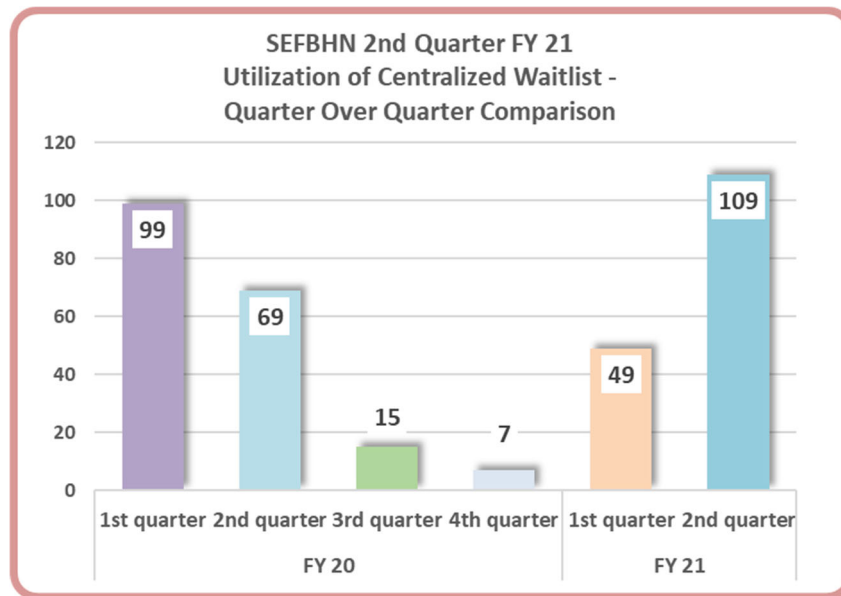
SEFBHN 2nd Quarter FY 20 Waitlisted Individuals				
Listing Provider	Month			Total
	Oct	Nov	Dec	
Drug Abuse Foundation of Palm	21		20	41
Jeff Industries Inc.	3	1		4
Housing Partnership Inc.	1	2	1	4
Substance Abuse Council of Indian River County	16	4	12	32
Counseling and Recovery Center	14	9	5	28
Grand Total	55	16	38	109

The 109 person total is a 122% increase over the first quarter of this fiscal year and a 1457% increase over the fourth quarter of FY 20, which as shown below, was the midpoint of 2020's Coronavirus pandemic and the lowest waitlist utilization ever recorded by SEFBHN.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021



As shown in the next table, the 109 waitlisted individuals included 50 priority population individuals, including 28 Child Welfare Involved persons, 11 IV Drug Users, 8 Homeless persons, 2 Pregnant women and 1 Pregnant IV Drug User. There is overlap among these priority populations, including:

2 IV Drug Users are also Homeless

4 IV Drug Users are also CWI

2 CWI are also Homeless

1 IV Drug User is also CWI and Homeless

SEFBHN 2nd Quarter FY 21						
Waitlisted Individuals by Priority Population and Provider						
Listing Provider	Priority Populations					Total*
	CWI	Homeless	IV Drug User	Pregnant	Pregnant & IV	
Drug Abuse Foundation of Palm	0	4	2	0	0	6
Jeff Industries Inc.	0	1	1	0	0	2
Housing Partnership Inc.	2	2	0	0	0	4
Substance Abuse Council of Indian River County	9	0	2	0	0	11
Counseling and Recovery Center	17	1	6	2	1	27
Grand Total	28	8	11	2	1	50

* Not Unique Persons as there is overlap among the Priority Populations.

Now that FASAMS requires a level of care assessment to precede waitlisting an individual, the correspondence between the LOC Tool's Recommended LOC and the provider-selected Actual LOC should provide some measure of fidelity and quality. Unfortunately, in attempting this comparison, it turned out that the FASAMS Waitlist Data Form is structured in a way that prevents meaningful use of these data fields. Consider the following table:

SEFBHN 2nd Quarter FY 21								
Correspondence of Recommended and Actual LOCs*								
LOC Evaluation Tool and Recommended LOC	Actual Levels of Care							Total
	LOCUS		ASAM					
	LOC 1	LOC 2	LOC 2	LOC 3	LOC 5	LOC 7	LOC 9	
1 - LOCUS								
1 - Recovery Maintenance and Health Management	1							1
2 - Low Intensity Community Based Services		3						3
4 - ASAM								
2 - 1 Outpatient Services			27	27				27
3 - 2.1 Intensive Outpatient Services				19				19
5 - 3.1 Clinically Managed Low-Intensity Residential Services					4			4
7 - 3.5 Adults - Clinically Managed HighIntensity Residential Services						54		54
9 - 3.7 Adults - Medically Monitored Intensive Inpatient Services							1	1
Grand Total	1	3	27	19	4	54	1	109

At first glance, it looks like 100% correspondence was achieved – an apparently extraordinary accomplishment. However, when the data is scrutinized, it becomes apparent that this perfect correspondence is a function of FASAMS allowing providers to submit both the recommended and the actual LOC at the time their client is waitlisted, rather than waiting to enter the actual LOC at the time of discharge. That providers are entering the two fields simultaneously is evidenced by the 109-person count of Actual LOCs, since only 52 of the 109 were discharged in the second quarter. In other words, the comparison of recommended and actual LOC in the Waitlist data cannot be used to determine if providers are actualizing the recommended LOCs with actual placements.

Since individuals can now be waitlisted by covered service and project, there should be a strong correspondence between the Recommended LOC for an individual and the covered service for which he or she was waitlisted. As shown in the next table, during the second quarter of this fiscal year, the overall weighted correspondence rate for this metric was 75%, with 3 of the 6 waitlisted services having a 100% correspondence and the other 3 having 0%.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

SEFBHN 2nd Quarter FY 21								
Correspondence of Recommended LOCs with Covered Services For Which Individuals Were Waitlisted								
LOC Tool and Recommended LOCs	Covered Services For Which Individuals Were Waitlisted							
	05 - Day Care	06 - Day Treatment	14 - OP - Individual	19 - Residential Level II	21 - Residential Level IV	25 - Supportive Employment	Total	%
1 - LOCUS								
1 - Recovery Maintenance and Health Management						1	1	100%
2 - Low Intensity Community Based Services					1	2	3	0%
4 - ASAM								
2 - 1 Outpatient Services			27				27	100%
3 - 2.1 Intensive Outpatient Services	1	11	6	1			19	0%
5 - 3.1 Clinically Managed Low-Intensity Residential Services					4		4	0%
7 - 3 5 Adults - Clinically Managed HighIntensity Residential Services				54			54	100%
9 - 3 7 Adults - Medically Monitored Intensive Inpatient Services				1			1	0%
Grand Total	1	11	33	56	5	3	109	75%

Fifty-two (52) persons were discharged from the waitlist during the second quarter – 8 in October, 27 in November, and 17 in December. The discharge reasons are listed in the following table and show that 36, or 69%, of these individuals were receiving the waitlisted service at discharge.

SEFBHN 2nd Quarter FY 21				
Waitlist Discharges by Month				
Outcome (Discharge Reasons)	Month			Total
	Oct	Nov	Dec	
1 - Receiving Services at this Provider	3	16	14	33
4 - Declined	5	2	1	8
6 - Evaluation determined that service is no longer appropriate		1		1
7 - Receiving Services at another Provider		2	1	3
9 - No face-to-face telephone or other documented contact in last 30 days		6	1	7
Grand Total	8	27	17	52

The average length of stay (ALOS), by provider, ranged from 16.9 to 51 days in the second quarter of FY 21. The network ALOS for waitlisted clients was 23.5 days – a 24% decrease from the 29.1 ALOS in the first quarter.

SEFBHN 2nd Quarter FY 21	
Average Length of Stay (ALOS) in Days by Provider	
Listing Provider	ALOS
Drug Abuse Foundation of Palm	30.5
Jeff Industries Inc.	51.0
Housing Partnership Inc.	19.3
Substance Abuse Council of Indian River County	16.9
Counseling and Recovery Center	23.4
Grand Total	23.5

Carisk conducted a virtual Waitlist training in October which was attended by 22 participants. Carisk also is continuing to work on an updated centralized electronic waitlist for the new Carisk Portal which will conform our waitlist module to FASAMS Version 14 and add significantly enhanced features.

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

- Rebel Recovery is projecting that they will begin the county's first Syringe Exchange Program on February 1, 2021. Since their contract approval by Palm Beach County Commissioners on September 1, 2020, Rebel's leadership has been focused on the completion of the mobile unit's retrofitting and ensuring the staff receive the necessary training that will enable them to conduct Rapid HIV testing.
- During the last quarter, October through December, 2020, Rebel Recovery has served 1,336 individuals, and held 199 on-line workshops/groups/trainings (an average of 16 such workshops/groups/meetings on a weekly basis).
- The trainings facilitated by Rebel Recovery to staff members within their agency and in the community in the last quarter include: MHFA facilitation to 18 staff members and WHAM facilitation to two (2) staff members.
- Rebel Recovery facilitated RADD (Resilience Against Drug Death), Narcan and Harm Reduction trainings in the community as follows: 17 attendees at I-Kare Treatment Center on November 18, 2020; 16 attendees at the Lewis Center on December 7, 2020; and, 17 attendees at Vita Nova on December 9, 2020.
- 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.
- Jeff Industries Peer Program in partnership with the Palm Beach County Food Bank and UF Nutrition Driven program began planning to offer experiential Nutrition/cooking classes. They are scheduled to begin in the 3rd qtr and will take place each Thursday for two months at 9:30 am and 2:30 pm. It will be offered to all guests but class size will need to be limited in order to adhere to Coronavirus guidelines.
- Jeff Industries also offers morning group activities at the Drop-in center including medication management group, music group, peer wellness, and group.
- Jeff Industries, Inc. peer specialists also conduct a peer support Zoom meeting at 10:00 am each Tuesday. Anyone interested can join by calling AMIGOS at (561)547-9268 x1224 for more information.
- At Jeff Industries, 3 Peers are currently being trained in Motivational Interviewing in partnership with NAMI. This will enhance their support services.

- MHAPBC received a grant from the Quantum Foundation to support the development and training of peer specialists. They have begun their peer training program. The individuals (5 Part time) will be paid as they train them with all required trainings to earn certification from the Florida Certification Board. The other part of the grant is to develop a curriculum for 40hrs peer certification. MHAPBC has hired a contractor to adapt the current HOH (Helping Others Heal) training to meet the individualized needs of their staff members since not everyone is able to set aside a whole week at one time to attend the training, as it is currently offered. Two of the quantum positions have been filled. They have two positions that are in process of filling for the Glades, and one more for North Location.
- WRAP training was conducted during the month of December. Their North and Glades Peer Place Coordinators as well as two of The Lord's Place Peers attended.

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 second 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, served 124 women. Out of those 124 women being served in these specialty programs, 44% are parenting children ages zero (0) to six (6) years of age.
- This Quarter's Success Story comes from the staff at Counseling and Recovery Center (CRC) in Ft. Pierce. They chose to interview Ms. V. H. She is a single, 30-year-old mother of one child, age 10 months. She was initially referred to CRC by New Horizons Detox in November, 2019 due to an Opioid Use Disorder. Ms. H. entered Day Treatment and MAT services at CRC on November 13, 2019. She delivered a healthy (negative) baby girl on January 24th, 2020, and was discharged from Day Treatment because Ms. H. wanted to stay home with her newborn. Ms. H. reported she relapsed in April, 2020, and subsequently, an abuse report was called in, and her baby was removed from her care and placed with her step-mother. Ms. H. was referred back to CRC for a Substance Abuse evaluation and entered Residential Treatment and the MAT program on May 18th, 2020.
While in residential treatment, Ms. H. participated in three evidenced based programs including Parenting, Trauma, and Living in Balance. She received a Psychiatric evaluation, as well as medication management, group and individual therapy. Residential treatment has provided Ms. H. the structure and therapeutic services needed to acquire the coping skills necessary to address cravings and prevent relapse. These skills have been integrated into her daily behaviors and activities to support a program of recovery.

On July 10th, 2020, Ms. H. was reunified with her daughter. She graduated Residential Treatment on Aug. 18th, moved into CRC's Transitional Housing, and entered Day Treatment as a step-down to a less intensive level of care leading to Aftercare. While in the Day Treatment Program, she has received peer support counseling, virtual individual and group counseling, and random drug screens.

Currently, Victoria is actively participating in the MAT Program, medication management, and the Aftercare Program meeting weekly to address relapse prevention skills. She continues to attend AA/NA meetings and resides in transitional housing. Ms. H. hopes she and her daughter will be moving back to her dad's home very soon.

Ms. H. expressed that her biggest achievement was being reunited with her daughter while in the Residential Program. She stated, "the loss of my child was the biggest motivator for entering and completing treatment. I never want to experience that pain again. I'm so grateful this program allowed me to work on myself while also taking care of my baby." She also stated, "I learned coping skills to live a sober life and be the best mother I can be." Victoria reported she would like to move in with her father as soon as possible so she can receive additional support from family members. She plans on enrolling in College and obtaining a part time job. She stated, "I am remaining positive and excited about the future".

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:

As noted in the previous quarterly report SEFBHN has made some revisions to our monitoring processes using a Tiered approach that involves desk review and on-site validations. We also believe this approach while comprehensive will not be as burdensome on our subcontracted providers. This process has also adapted well to the current pandemic that has reduced many face to face or on-site contacts with providers.

The following agencies had Tier 2 and/or Tier 3 Validations begun between October and December 2020. As a reminder of our new process, agencies who receive a Tier 2 (Desk Review) Validation will only receive a stand-alone validation report if no Tier 3 (On-Site) Validation is needed. In the instance an agency receives a Tier 3 Validation, the report will include observations from both Tier 2 and Tier 3 reviews.

Tier 1 - Completed on all providers in the first quarter. Tier 1 reviews are essentially the same as the risk assessment that is completed each year on all providers to determine what the next level of review should be.

Tier 2 validations began in the 2nd quarter for the following agencies – reports are not yet completed

- Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County, PNA32
- Federation of Families of Florida, Inc., PNF25. A Tier 3 walk through was also going to be conducted in the second quarter but due to their staff having been exposed to COVID 19 – the Tier 3 review was postponed to January 13, 2021.
- Drug Abuse Foundation of Palm Beach County, Inc., PDA48
- The Lord's Place, Inc., PNA22
- The Recovery Research Network Foundation, Inc., PDA57, A Tier 2 validation was conducted on The Recovery Research Network Foundation (TRRNF) during the 2nd quarter. The Contract Validation Review Report was sent to TRRNF on December 22, 2020 with two findings that require a Corrective Action and a Performance Improvement Plan for deficiencies in the submission of discharge records to the Carisk portal and a lack of established policies and procedures related to the timely, consistent and accurate entry of such data. The issue has resulted in a lack of ability to accurately determine performance measures for the agency.
- The Chrysalis Center, Inc., PNC26 Community Action Team (CAT) had a Tier 2 Validation completed during this quarter with a Tier 3 scheduled to occur next quarter. The CAT team supplied the requested documentation on 11/23/20 which encompassed the scope of Attestations and Administrative Review, Quality Assurance/Quality Improvement Work Products, CAT Performance Outcome Measures.
- JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus, PNF23

Tier 3 Begun

- Rebel Recovery Florida, Inc., PDA56 – This only required the onsite validation as follow-up from the FY 19/20 validation as the facility walkthrough could not be completed then as a result of COVID-19 safety concerns.
- Jeff Industries, Inc., PNA16

- Palm Beach Habilitation Center, PNA19 – This only required the onsite validation as follow-up from the FY 19/20 validation as the facility walkthrough could not be completed then as a result of COVID-19 safety concerns.
- Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County, PNA32
- Drug Abuse Foundation of Palm Beach County, Inc., PDA48
- The Lord's Place, Inc., PNA22

h. Continuous quality improvement:

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

- Greg Jackson and Linda Kane provided a presentation on the housing opportunities available in the network. They provided information on the continuum of housing options for individuals with substance use disorders and mental health disorders beginning with Detox and Crisis Stabilization Units to placements that provide limited supervision. The presentation also explained which types of placements tracked to the level of care determined by ASAM and LOCUS assessments. They also noted that Transitional Vouchers can be used to assist with the cost of housing not normally reimbursed directly to providers by SEFBHN. This includes Assisted Living Facilities with Limited Mental Health, Oxford House s and FARR Recovery Residences. Housing has and continues to be a critical part of an individual's wellness plan along with the many resources in the community such as Drop-In Centers, Day Treatment, Recovery Support, and Case Management. The coordination of these services can assist the individual in remaining in the least restrictive settings and give them more control over their own recovery. To keep the presentation interactive Greg and Linda included several placement scenarios – asking participants to weigh in on what the most appropriate placement is and why. It was noted that each scenario could have more than option depending on the specific needs of the individual.
- Carol Rodriquez and Kris Rivera of Catholic Charities provided a presentation on a counseling program funded by the CARES Act through an SEFBHN's contract with DCF. The CARES Act provides funding to address the impact of the Coronavirus on the country. The program is strictly outpatient and is primarily offered via a telehealth platform. The purpose of the program is to address the behavioral health of individuals that have been affected by the Virus (ie. unemployment, distance learning for school age children, facing eviction, food insecurity, general stress, impact on physical health). The program serves both children and adults and has been well received. Kris Rivera directly oversees this program. The presentation also offered additional information about Catholic Charities. They have office locations throughout the area served by SEFBHN and have many other services besides those funded by the CARES Act that include Prison Ministries and assisting victims of Human Trafficking. Individuals can self-refer by contacting Catholic Charities via phone or email as noted in the minutes and also in the power point presentation that can be found on Board Docs.

- Jill Sorensen provided a presentation on the status of Wraparound Activities in the network. She noted there will be continued efforts to support High Fidelity Wraparound by offering Trainings, Coaching, Learning Communities, Certification using second eyes review and support, Performance Improvement efforts around FY 19/20 data points and continued work with Medicaid Managed Care organizations to support Wraparound as an in lieu of service for authorizations and billing. Jill also shared that the Wraparound data has indicated some area in need of improvement but noting the impact of the pandemic on families and service delivery through a virtual platform. Jill also shared a slide that showed how Wraparound aligns with the principles of a Recovery Oriented System of Care (ROSC) in they are both (among other factors) strength based, culturally competent/responsive, and recognizes the person/family receiving services should identify their treatment goals. This also provided a perfect transition to the next presentation on The ROSC monitoring process and evaluation tool.
- Mayra Martinez-Gelabert and Alicia Reno provided a presentation on the SEFBHN ROSC monitoring process. The presentation included an overview of the principles of ROSC and why SEFBHN believes it provides the most appropriate platform for how all services can be delivered to consumers. It is strength based and focuses on what the individual being treated identifies as their needs. It also promotes an overall culture in an organization that everyone the agency serves can reach their goals and achieve recovery.

The monitoring process will focus on Recovery Indicator Data Points and will include a facility review, a clinical record review, staff interviews, and interviews with persons served. Mayra and Alicia went over the ROSC recovery tool that is very comprehensive and that uses evidence based measures of recovery principles that are applied by service provider organizations. The process is meant to be strength based and while opportunities for improvement may be identified, SEFBHN recognizes that the principles of ROSC must permeate throughout the whole organization from the physical plant, to the receptionists/greeters and to the actual delivery of services and that it can take time for this transformation to occur. Our goal is to be able to note that these changes are taking place and identify how our providers can strengthen their infrastructure so that our whole network will truly become a Recovery Oriented System of Care. SEFBHN will be using this evaluation process in the upcoming contract validation for FY 20/21. A copy of the tool was shown and is also included in Board Docs.

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

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

Reinvestment Grants

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

The Indian River Grant actually came to an end on December 31st but DCF granted a No Cost Extension through June 30, 2020. SEFBHN did receive a three year expansion grant effective July 1, 2020 in the amount of \$1,200,000.00.

Indian River County

This quarter we have continued to operate in the midst of the pandemic. 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 accomplished stated goals and meeting requirements of the Court.

We hosted a graduation ceremony on December 8, in which 9 clients participated receiving certificates for successful completion of Mental Health Court.

Clients continue to find employment opportunities and seem to be experiencing greater options at this time. Therapy with MHA continues to go well with clients transitioning and new clients being referred. We continue to apply for disability benefits for clients with several in pending decision status. We have added two Wrap-around case managers to the team who will work primarily with our high utilizers. These case managers will assist the court case managers with community service referral and provide intensive services.

We have maintained the two the transitional houses and the clients residing in them are working towards independent living. The clients in these homes are provided peer support services who meet at least weekly for group/house meetings to provide additional support and supervision. Housing continues to be a challenge and due to the pandemic landlords are still not renting so we have utilized boarding housing opportunities and other assistance to ensure no one is homeless. Treasure Coast Homeless Services Council continues to be 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:

- 37 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = **\$185,000**
- 78 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = **\$955,500**
- 115 total clients = 9,124 jail bed days x \$125.00 per day = **\$1,140,500 Estimated Cost Avoidance**

Okeechobee County

Okeechobee Mental Health Court has had 73 clients total as of December 2020.

For the October, November, and December quarter, we had two new clients officially enter, with one more pending.

We had twenty-one clients active during the period with seven receiving targeted case management. Three clients received forensic case management and one has a FACT case manager. Seven clients were on probation. Eight clients are considered incompetent to proceed (ICP/ITP). Three clients are on conditional release. Fifteen clients with felony charges, five with misdemeanors and one client with a criminal traffic charge. One client is in jail pending a bed in the state hospital. One client returned from state hospital and is in jail pending a release plan. Two clients had new arrests this quarter. Three clients had their ROR revoked/ or conditional release violated. Mental Health Court assisted six clients with payment for their outpatient substance abuse treatment services at ADAP and one client with residential substance abuse treatment at Independence Recovery. Mental Health Court assisted four clients with payment for housing: Three at the MISS Program of the Treasure Coast and One at Plant A Seed Ministries. The grant assisting clients with housing while they become stable on medications allows for the client with there whole life. The MISS program allows woman to stay and continue paying for their residence on their own even after they are done with Mental Health Court.

The Mental Health Court 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 work from home, but is able to meet with clients in person for assessments and other appointments as needed. The Case Manager easily communicates with jail staff regarding possible new clients and existing clients' needs. Overall, clients appear to be adapting to the Covid-19 crisis and are doing better. Staff continue to work diligently and 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:

- *32 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$160,000*
- *41 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$502,250*
- *73 total clients with jail bed days of 5,298 days x \$125.00 per day = \$662,250*

Consumer Satisfaction Surveys: Due to the COVID-19 Pandemic, per The Department, the requirement for providers to complete Consumer Satisfaction Surveys was suspended for the 1st quarter. This quarter, we resumed collection of surveys, but without imposing sample size requirements. A redeveloped online consumer satisfaction survey form was sent to providers to begin collecting data

again. Links to the online form are sent to providers. Providers utilize those links in a variety of ways (e.g. by texting or emailing a link to the consumer if they are receiving outpatient services) to have the consumer directly complete the survey, which is then submitted directly to SEFBHN. Improvements to ease-of-use both on the front-end and for back-end data are being worked on to streamline data collection, processing, and sample size tracking for consumer satisfaction surveys. These optimizations will likely be completed during the 3rd quarter.

LOCUS 2nd Quarter FY 21 Update

SEFBHN providers performed 994 LOCUS evaluations in the second quarter of FY 21 – a 54% increase in unique individuals assessed for level of care from the first quarter. With 375 completed, October had the largest number of evaluations. November evaluations decreased by 14%, and December saw another 8% drop. These fluctuations are neither very large nor unexpected given the November and December holiday season.

SEFBHN LOCUS Summary - 2nd Quarter FY 21				
Provider	Month			Quarter
	Oct	Nov	Dec	Total
Behavior Basics, Inc.		2	1	3
HENDERSON BEHAVIORAL HEALTH - SEFBHN	10	17	3	30
Housing Partnership	60	56	59	175
JEFF INDUSTRIES INC	3	1	1	5
JFK MEDICAL CENTER-NORTH CAMPUS	1	2		3
LEGACY BEHAVIORAL HEALTH CENTER INC.	5	3	4	12
NEW HORIZONS OF THE TREASURE CO - SEFE	279	227	212	718
Psychotherapeutic Services of Florida, Inc	7	6	5	18
SOUTH COUNTY MENTAL HEALTH CENTER	10	8	11	29
THE LORD'S PLACE INC.			1	1
Grand Total	375	322	297	994

The most frequently recommended level of care during the second quarter was LOC 2-Low Intensity Community Based Services (42%) – up slightly from the first quarter when 36% of the evaluations recommended this LOC. LOC 6-Medically Managed Residential Services was recommended by 22% of the LOCUS evaluations, with LOC 3-High Intensity Community Based Services (15%) coming in third. While only one of the ten providers who completed LOCUS assessments in the second quarter, New Horizons of the Treasure Coast's frequency distribution drives the SEFBHN distribution simply due to the large numbers of individuals assessed by this provider.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

SEFBHN 2nd Quarter FY 21 LOCUS Recommended Levels of Care												
Recommended LOC	Providers										Quarter	
	BB	HBH	HP	JI	JFK	LBHC	NHTC	PSF	SCMHC	TLP	Total	%
Basic Services		3	26			1	17		2		49	5%
LOC 1 - Recovery Maintenance and Health Management	1	5	11	1		4	31		2		55	6%
LOC 2 - Low Intensity Community Based Services	2	3	56	4		4	327		16	1	413	42%
LOC 3 - High Intensity Community Based Services		7	57		1	2	65	18	3		153	15%
LOC 4 - Medically Monitored Non-Residential Services		6	11		1		4		1		23	2%
LOC 5 - Medically Monitored Residential Services		5	14		1	1	59		4		84	8%
LOC 6 - Medically Managed Residential Services			1				215		1		217	22%
Grand Total	3	30	175	5	3	12	718	18	29	1	994	100%

Where a provider determines that the ‘actual’ LOC should be different than the LOCUS- recommended LOC, the provider is required to identify the reason for this variance. As shown in the next table, the first quarter variance rates by provider run the full range from 0% (no variances) to 100% (where a provider only performed one LOCUS evaluation and rejected the recommended LOC in favor of the provider-selected actual LOC). The 12% overall variance rate is slightly above the 10% target but almost half the 21% rate in the first quarter of this fiscal year.

SEFBHN 2nd Quarter FY 21 - Variance Reasons and Rates by Provider												
Reason for Variance	Provider										Total	
	BB	HBH	HP	JI	JFK	LBHC	NHTC	PSF	SCMHC	TLP		
Client chose a LOC other than the one recommended		2	2	1			26				31	
Client is court ordered to a higher level of care			2								2	
Client waitlisted for Recommended LOC							1				1	
Client's finances/job deter treatment level							3				3	
Client's priority is shelter at this time			1								1	
Clinical Judgment		6	19				19		10	1	55	
LOC is clinically appropriate	1						7				8	
No services/beds available at level of care							1				1	
Services at recommended LOC not what client needs			2				17				19	
Subtotal	1	8	26	1	0	0	74	0	10	1	121	
No Variance	2	22	149	4	3	12	644	18	19		873	
Grand Total	3	30	175	5	3	12	718	18	29	1	994	
Variance Rate	33%	27%	15%	20%	0%	0%	10%	0%	34%	100%	12%	

The following table compares the LOCUS-recommended levels of care with actual levels of care selected by the providers as part of identifying their variances. This metric provides an initial view of whether, and the degree to which, providers are increasing the fidelity to LOCUS protocols and improving the quality of their assessments as they gain experience with the tool. The range of correspondence between LOCUS-recommended and provider-selected LOCs runs from 29% for Basic Services to 99% for LOC 6-Medically Managed Residential Services.

SEFBHN 2nd Quarter FY 21									
Correspondence Between LOCUS-Recommended and Provider-Selected Actual Levels of Care									
Recommended LOC	Actual Level of Care							Total	% Match
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services	14	6	25		4			49	29%
LOC 1 - Recovery Maintenance and Health Management		34	17	3	1			55	62%
LOC 2 - Low Intensity Community Based Services			404	4	4	1		413	98%
LOC 3 - High Intensity Community Based Services			29	120	2	2		153	78%
LOC 4 - Medically Monitored Non-Residential Services			1	3	19			23	83%
LOC 5 - Medically Monitored Residential Services			7	5	4	68		84	81%
LOC 6 - Medically Managed Residential Services			2		1		214	217	99%
Grand Total	14	40	485	135	35	71	214	994	

The first set of graphics below provide two ways of visualizing this Recommended versus Actual LOC metric. Figure 1a shows the internal correspondence rate for each LOCUS recommended level of care. For example, while 49 evaluations recommended Basic Services as the appropriate level of care, providers indicated that they followed that recommendation in only 14 of those cases (29% correspondence). Similarly, 55 evaluations resulted in LOC 1-Recovery Maintenance and Health Management as the recommended level, yet providers accepted that recommendation only 34 times, or in 62% of the cases.

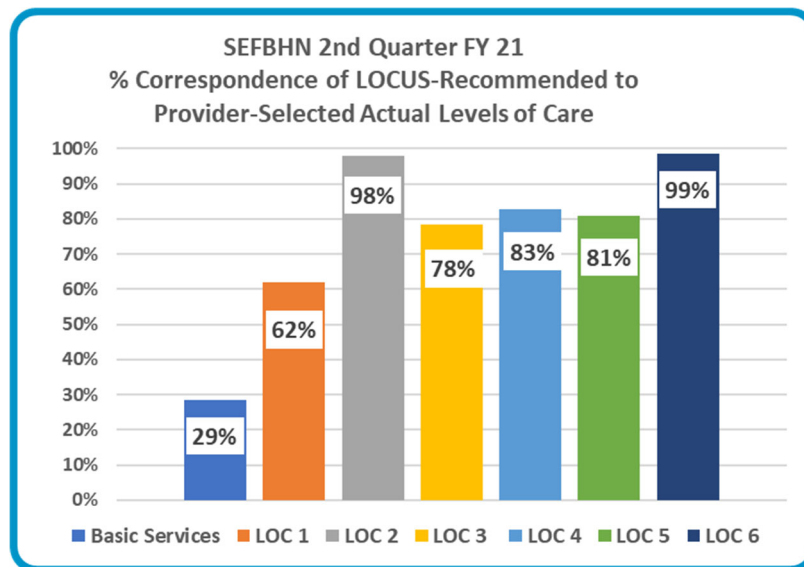


Figure 1a

Figure 1b provides a fuller picture of how the LOCs interact with one another via the gaps between the blue line (Recommended LOC) and the orange line (Actual LOC) for each LOCUS LOC.

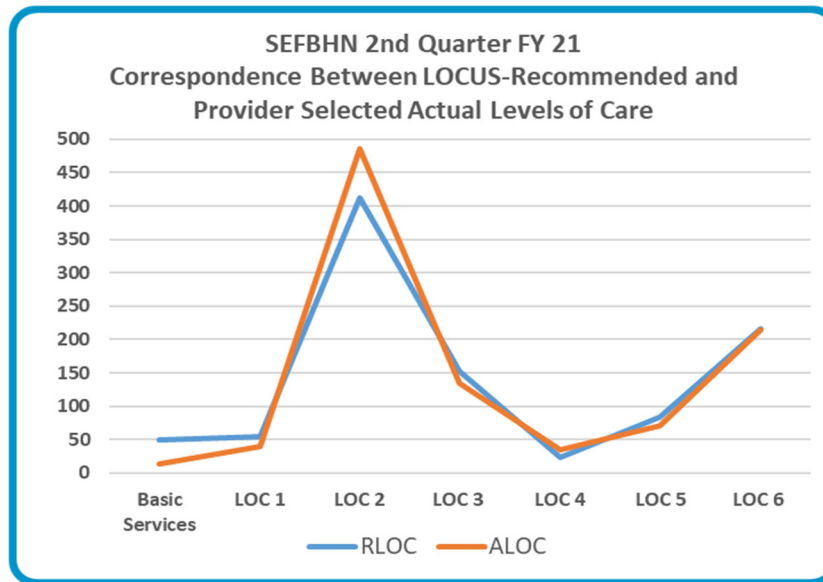


Figure 1b

The gap created when the orange line falls below the blue line represents the number of individuals that providers decided needed more intense services, i.e., a higher LOC, than the LOCUS recommended. For example, continuing with the same two LOCs identified above, the gap between these two lines for Basic Services and LOC 1 represents the 56 persons who did not receive the recommended level of care. What Figure 1b adds to our understanding is, at a meta level, a view of the level(s) of care to which providers assigned these 56 persons which, in this case, is clearly LOC 2—Low Intensity Community Based Services (since that is the only LOC where the orange line (Actual LOC) is higher than the blue (Recommended LOC)).

The next table displays the correspondence rates between the actual LOCs and program referrals – a similar metric which looks at whether providers' referrals follow through the assessment results by determining if link LOCUS evaluated individuals to services that are consistent with the actual LOC the providers selected.

SEFBHN 2nd Quarter FY 21								
Correspondence Between Provider-Selected Actual Levels of Care and Program Referrals								
LOCs/Program Referrals	Provider-Selected Actual Levels of Care							Total
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	
LOC 1: CS 01- Assessment		1						1
LOC 1: CS 07 - Drop In/Self Help Center				1				1
LOC 1: CS 21 - Residential Level IV			1					1
LOC 1: CS 25 - Supported Employment			1					1
LOC 1: CS 29 - Aftercare - Individual		1						1
LOC 1: CS 47 - Recovery Support - Group				1				1
LOC 2: CS 02 - Case Management		1	11	8		2		22
LOC 2: CS 14 - Outpatient - Individual	2	10	298	36	10	13		369
LOC 2: CS 35 - Outpatient - Group			1					1
LOC 3: CS 08 - In-Home & On Site			1	1				2
LOC 3: CS 10 - Intensive Case Management			4	1		2		7
LOC 3: CS 13 - Medication Assisted Treatment		2				1		3
LOC 3: PC A4 - Care Coordination				1		1		2
LOC 4: PC B5 - FACT Team				18	1	1		20
LOC 4: PC A2 - FIT Team			3	9	9	2		23
LOC 4: PC A5 - NAVIGATE (First Episode Team)		1			11			12
LOC 5: CS 18 Residential Level 1				1		2		3
LOC 6: CS 03 Crisis Stabilization						40	211	251
LOC 6: CS 09 - Inpatient							1	1
Subtotal	2	16	320	77	31	64	212	722
Program Not specified	12	24	165	58	4	71	214	272
Grand Total	14	40	485	135	35	71	214	994
Matching LOCs	0	2	310	3	21	2	212	550
% Correspondence (Matching LOCs/Subtotal)	0%	13%	97%	4%	68%	3%	100%	

As shown in Figure 2, even when removing the evaluations that did not specify a program referral from the calculations, these correspondence rates are much lower than the Recommended v. Actual rates discussed above; indeed 3 of the rates are less than 5%.

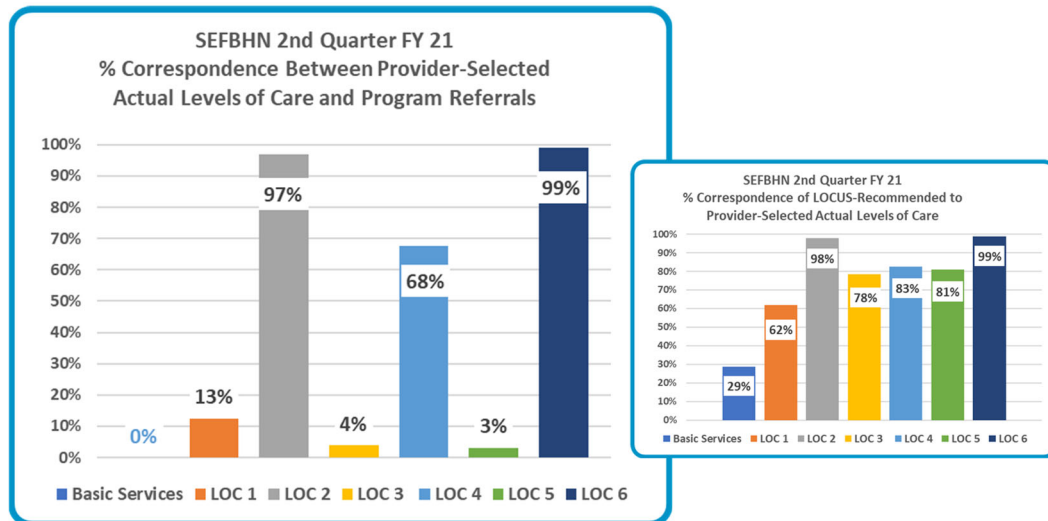


Figure 2

Review of Figure 3, which overlays the Recommended LOC, Actual LOC, and Program Referral data shows that virtually no program referrals were associated with 4 levels of care: Basic Services, LOC 1-Recovery Maintenance and Health Management, LOC 3-High Intensity Community Based Services, and LOC 5-Medically Monitored Residential Services. In other words, since only two persons were referred to these LOCs, the other 102 persons whose LOCUS evaluations recommended treatment at either the Basic Services or Recovery Maintenance and Health Management LOC appear to have received higher intensity care than they actually needed – never appropriate in an environment of limited resources.

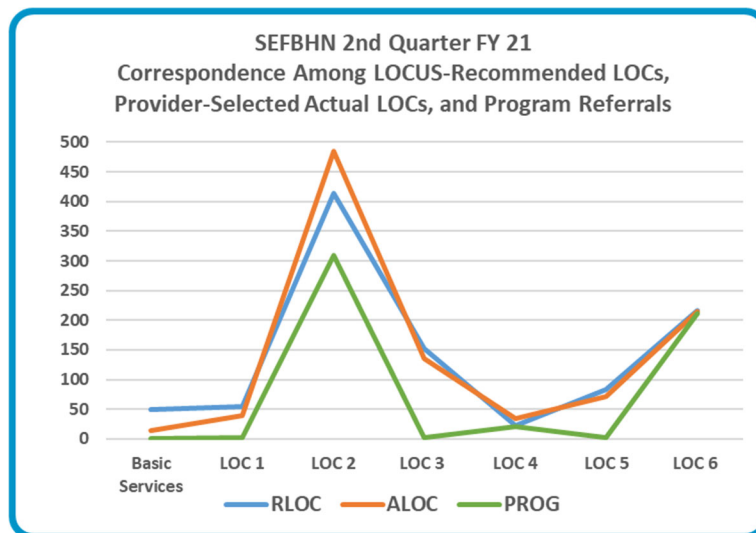


Figure 3

Similarly, since only 5 persons were referred to LOC 3 and LOC 5 combined, the other 232 persons who, according to their LOCUS evaluations, needed services at these levels must have received services at a lower level of care. Treating individuals at lower levels of care than they need, in the best case, ends up unnecessarily extending a person's recovery time. Worse case occurs when sub-optimal services destabilize an individual resulting in their decompensation and even more intense, higher cost services later.

Improved provider follow-through is needed to assure that their program referrals actualize their LOCUS level of care recommendations. To that end, SEFBHN and Carisk will continue their ongoing fidelity monitoring and quality assurance technical assistance with network providers conducting LOCUS evaluations.

CALOCUS 2nd Quarter FY 21 Update

Six (6) providers completed 451 CALOCUS assessments, generally evenly distributed over the 3 months of the second quarter.

SEFBHN CALOCUS Summary - 2nd Quarter FY 21				
Provider	Month			Total
	Oct	Nov	Dec	
FATHER FLANAGAN'S BOYS TOWN	1	2	3	6
Housing Partnership	41	64	51	156
HPS HELPING PEOPLE SUCCEED INC.	11	10	5	26
JFK MEDICAL CENTER-NORTH CAMPUS		1		1
NEW HORIZONS OF THE TREASURE COAST	87	88	86	261
SOUTH COUNTY MENTAL HEALTH CENTER	1			1
Grand Total	141	165	145	451

The most recommended level of care (LOC) was LOC 2-Low Intensity Community Based Services (35%), followed by LOC 6-Medically Managed Residence Based Services (22%). At 12% each, LOC 1-Recovery Maintenance and Health Management and LOC 5-Medically Monitored Residence Based Services tied for third.

SEFBHN 2nd Quarter FY 21 CALOCUS Recommended Levels of Care							
Recommended LOC	Provider						Total
	BT	HP	HPS	JFK	NHTC	SCMHC	
Basic Services for Prevention and Maintenance		29	1		14	1	45
LOC 1- Recovery Maintenance and Health Managemen	1	30	1		20		52
LOC 2- Low Intensity Community Based Services	2	58	20		78		158
LOC 3- High Intensity Community Based Services	2	30	4	1	1		38
LOC 4 - Medically Monitored Community Based Services		3			6		9
LOC 5 - Medically Monitored Residence Based Services	1	5			45		51
LOC 6 - Medically Managed Residence Based Services		1			97		98
Grand Total	6	156	26	1	261	1	451

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, 2nd quarter rates of variance ranged from 0% to 100% with the 2 extremes associated with providers who conducted only one evaluation each during the quarter. The overall network variance rate for the quarter was 18% - down from 23% in the first quarter of the fiscal year.

SEFBHN 2nd Quarter FY 21 - CALOCUS Variance Reasons and Rates by Provider							
Reason For Variance	Providers						Total
	BT	HP	HPS	JFK	NHTC	SCMHC	
Client refuses recommended level of care	1						1
Clinical judgment		41			12	1	54
Lower LOC not yet completed or provided	1	1			21		23
No Availability of service/bed at level of care		1	2				3
Subtotal	2	43	2	0	33	1	81
No Variance	4	113	24	1	228		370
Grand Total	6	156	26	1	261	1	451
Variance Rate	33%	28%	8%	0%	13%	100%	18%

The degree of correspondence between the CALOCUS-recommended LOC and provider-identified actual LOC for the second quarter is shown in the following table, and the correspondence rates are shown in the accompanying Figure 4.

SEFBHN 2nd Quarter FY 21									
Correspondence Between CALOCUS-Recommended and Provider-Selected Actual Levels of Care									
Recommended LOC	Actual LOC							Total	% Match
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services for Prevention and Maintenance	7		37		1			45	16%
LOC 1- Recovery Maintenance and Health Management	1	25	26					52	48%
LOC 2- Low Intensity Community Based Services			158					158	100%
LOC 3- High Intensity Community Based Services			10	28				38	74%
LOC 4 - Medically Monitored Community Based Services				2	7			9	78%
LOC 5 - Medically Monitored Residence Based Services			1	1	1	47	1	51	92%
LOC 6 - Medically Managed Residence Based Services							98	98	100%
Grand Total	8	25	232	31	9	47	99	451	

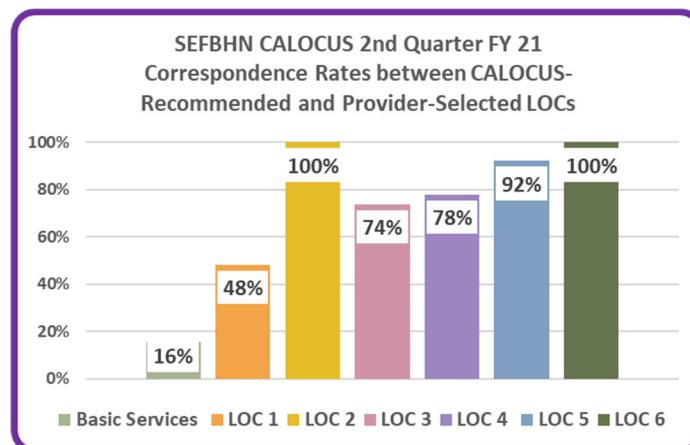


Figure 4

Correspondence drops off significantly when the providers' actual LOC designations are matched to the services to which the individuals were referred, as shown in the next table and in Figure 5. While there is an overall 77% correspondence rate (excluding those evaluations where a program referral was not specified), four LOCs had no matching referrals at all: Basic Services, LOC 1-Recovery Maintenance and Health Management, LOC 3-High Intensity Community Based Services and LOC 5-Medically Monitored Residential Services.

SEFBHN 2nd Quarter FY 21 Correspondence Between CALOCUS Actual Levels of Care and Program Referrals								
Program Referral	Actual LOC							Total
	Basic Services	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	
Basic Services								
LOC 1: CS 01 - Assessment	1							1
LOC 2: CS 02 - Case Management		1	1		1			3
LOC 2: CS 14 - Outpatient - Individual	5	3	166	26		3		203
LOC 4: PC A5 - NAVIGATE (First Episode Team)					1			1
LOC 6: CS 03 - Crisis Stabilization						41	97	138
Subtotal	6	4	167	26	2	44	97	346
Matching LOCs	0	0	167	0	1	0	97	265
Not Specified	2	21	65	5	7	3	2	105
Grand Total	8	25	232	31	9	47	99	451
% Correspondence (Matching LOCs/Subtotal)	0%	0%	100%	0%	50%	0%	100%	77%

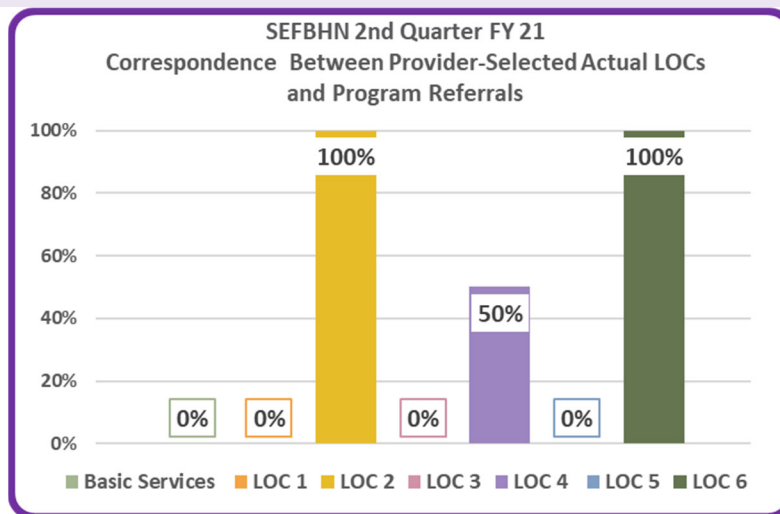
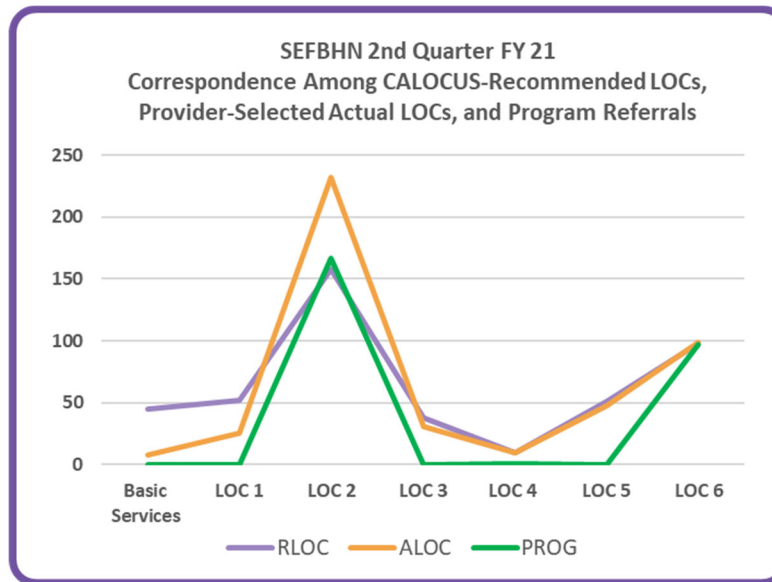


Figure 5

Figure 6 overlays the CALOCUS-Recommended LOCs, the Provider-Selected Actual LOCs, and the Program Referrals for all 451 evaluations performed. The gaps between the three lines in the graphic are visual representation of the disparity among these metrics. As with the LOCUS evaluations, this indicates a need for greater vigilance by providers in assuring that their referrals effectuate their CALOCUS LOC recommendations. SEFBHN and Carisk Partners will continue to support providers with technical assistance as needed.



(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 second quarter. We did begin reviewing our Network Services Provider Monitoring Plan related to Risk Assessment and Contract Validation/Monitoring Methodology. Information about the new process was included in the 1st quarter quarterly report which will be incorporated in the Network Services Provider Monitoring Plan.

(4) Network Management Activities:

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

Nine amendments; two new subcontracts; one new agreement; and, one termination were completed during the second quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

Amendments

ZTF13 – New Horizons of the Treasure Coast, Inc.

PNA37 – Brighter Family Center, Inc.

AGR31 – Ronik Radlauer Group, Inc.

PDA54 – Access Recovery Solutions, LLC

PDA47 – Ebb Tide Treatment, LLC

PDA51 – Wayside House, Inc.

ZDF05 – Substance Abuse Council of Indian River County, Inc.

PDA56 – Rebel Recovery Florida, Inc.

PDA58 – **Palm Beach County Substance Abuse Coalition (funding from Palm Beach county for Recovery Community Center)**

New Subcontracts

ZNA35 – New Horizons of the Treasure Coast, Inc.

PTA01 – The Lord's Place, Inc.

New Agreements

AGR48 – Palm Healthcare Foundation, Inc.

Termination

PTF03 – The Jerome Golden Center for Behavioral Health, Inc.

(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 second quarter of FY 20/21, 8 new referrals were received. Of these new referrals received during this quarter – 6 adults and 2 adolescents. There are continued phone calls between PBSO staff and the Care Coordinator and have also implemented a 3-way conference call between PBSO Behavioral Services Therapist, the Care Coordinator and the Program Participant to introduce program participants to care coordination and to help them understand the role provided through Care Coordination and the program participants point of contact. Care Coordinator continuous to provide a weekly excel spreadsheet to PBSO that includes status update of program participants' progress. Furthermore, Care Coordinator met with PBSO to staff a case and discuss on-going changes to enhance services provided to program participants.

Since the last quarter report, there has been one successful closure and another program participant that has stepped down from Residential to Intensive Outpatient Services. Program

participant has successfully integrated within the community, he is currently working in a restaurant and has attained a sponsor for continued work on his sobriety.

- 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. An additional area of focus in the second quarter during these meetings was the new electronic invoice – the dialogue has helped to identify areas needing adjustments.

Children's System of Care

As previously reported SAMHSA approved a No Cost Extension for the Children System of Care Grant. As result only services preapproved in the No Cost Extension can be approved for reimbursement. This did affect some of the services that had been previously provided and thus scaled back the numbers served.

During the second quarter a total of 84 children and youth received prevention and treatment services through system of care. Forty-two (42) new referrals were received, 34 children and youth were enrolled in treatment services and 16 children and youth were discharged. At the start of the quarter, 50 youth were being served and at the end of the quarter, 70 youth were being served. The following is a summary of activities that occurred during the second quarter.

Okeechobee:

- Wraparound clients were served via a combined effort of the Okeechobee County School District, United Against Poverty, Center Mass Gun Range, Ferrell's Market, Cal-Maine Egg Farm, Sutton Dairy, and Our Village Okeechobee. While this included all SOC clients, it also benefited the larger community serving well over 500 families. Those with no transportation received food from their case managers.
- Wraparound families were invited along with other clients of Our Village to a Holiday party. Parents and children were able to select items for their loved ones and wrapped them before they left. They were treated to large bags of food, milk and other items which had been donated to Our Village for that purpose. We partnered with the Center Mass Gun Range, and they provided 75 gifts as well as \$5,000.00 for the holiday event. Over 500 toys were given, inclusive of any SOC families that participated. A local physician and home health care agency purchased enough food bags, which families were able to access food the week of Christmas at no cost. SOC case managers provided food to the families with limited transportation.
- Wraparound clients were served by New Horizons in the following manner:
 1. New Horizons was able to provide food to SOC families this thanksgiving with the help of donation from the Treasure Coast Food Bank.
 2. New Horizons helped several SOC families with Bikes donation from Wal-Mart.

3. New Horizons was able to provide Christmas gifts to SOC families through various donations received.
4. New Horizons was able to raise awareness through a radio show in Okeechobee where Wraparound Services were discussed along with other services provided by the agency.

Belle Glade:

- The Glades System of Care Children's Mental Health no cost extension funds were utilized for volunteer youth and adults to train online and earn Food Handlers Licenses, which will help prepare them to serve food at fundraisers and future paying jobs.
- The Community Garden Project continued both virtually and in person. After being cooped up at home for months, volunteer youth and adults enjoyed renovating the garden from weeding, repairing the fence and planting. Cabbage, peppers, flowers, mint, broccoli, herbs, pineapple were purchased and planted. .
- Youth were treated to educational trips including Mounts Botanical Garden (located in West Palm Beach), You Farm (Loxahatchee, FL) a local circus in West Palm Beach, Okeetee Park and trips to Pioneer Park and local playground for outdoor recreation.
- A drive thru food drive was hosted for Thanksgiving – collecting gift cards and canned foods.
- During the winter break, the Glades System of Care also hosted small groups of children for in person groups to give parents respite as part of our extended camp experience. It gave youth an opportunity to socialize with their peers.
- Open Table members met also weekly to discuss convening and implementation of a Socially Valid Indicators community survey. Forty survey interviews were conducted and data is currently being reviewed.
- Open Table members has also conducted several trainings to establish new Tables.
- Wraparound facilitators advocated for clients and families in obtaining COVID-19 related resources such as CARES Act funds and food banks.
- Wraparound facilitators completed monthly Wraparound team meetings with clients, formal supports, and natural supports.
- Agency provided sponsorships for Christmas gifts.
- Wraparound facilitators advocated and linked each family to Thanksgiving basket resources and Christmas gifts.
- Wraparound facilitators worked with families to ensure housing and utility stability continued.

Prevention Activities –

During the 2nd quarter, October - December 2020, due to COVID-19, Prevention Activities continue to be offered via online formats. As this fiscal year continues, Prevention courses are being offered with Hybrid options by the network Prevention Providers. Prevention Sessions are offered to the individual Classroom teacher, as well as virtual formats, which are opened to County schools and communities at large.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

- With schools postponing openings, many program start dates for prevention activities happened during the 2nd quarter, as compared to previous years when program start dates occurred during the first week of September.
- Principals in all 5 ME Counties have worked 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, which schools offer via Google Classroom, ZOOM, and Microsoft Teams formats.
- As offered last FY, during the first days of the COVID-19 shutdown, County officials were again provided Behavioral Health Prevention support messages for families. These messages provide resources to communities at large and provide opportunities for enrollment into youth and parenting instruction to registered participants in cities / communities.
- For the 2nd quarter of FY20/21, prevention coalitions have continued to reimagine and convert events and activities into regional online Virtual formats; i.e.: 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, allowing for 2-way conversations between the ME and all network prevention agencies and coalitions.
 - October – December 2020 meeting discussions centered around:
 - Acquiring Substance Abuse Prevention License/ Waiver
 - Review of Prevention Program Validations
 - Utilization of the Prevention Monitoring Tool as a Quality guide
 - Completion of Needs Assessments and Comprehensive Community Action Plans
 - Review of data reports such as the Florida Youth Substance Abuse and Florida Youth Tobacco Surveys
 - 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
 - The Prevention Partnership ~ and ~ State Opioid Response Grants
- The Network Prevention Manager continues to meet monthly with the DCF state Prevention Clinical liaison and other state ME Prevention Managers, with the sustained goal to enable coordination among Prevention Coordinators across Managing Entities. The goal is to create a statewide systematic and professional approach to addressing the state's SAMH Prevention needs and initiatives.
 - This quarter's Prevention ME Coordinators' team meeting Conference Calls continued to address and discuss the following Agenda items:
 - Provision of SA Prevention services during 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 Managing Entity Prevention Provider and Coalition program implementation Updates.

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

- The Network Prevention Manager continues to exercise oversight of prevention-exclusive contracts and amendments, risk assessments and agency validations.
 - During this 2nd quarter of FY 2021, the Network Prevention Manager began compilation of amendments adding State Opioid Response funding, and Palm Beach County funding to Prevention providers in the Southeast Florida Behavioral Health Network.
 - During this 2nd quarter, the Network Prevention Manager completed Tier 1 Risk Assessment review and Tier 2 Validation of Federation of Families of Florida. Due to Covid-19 exposures, The Tier 3 Validation Walk-Through has been re-scheduled to be completed in January, at the beginning of the 3rd quarter.
- After a delayed start to the 20/21 school year, due to Covid-19, 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 8th, 9th, and 11th grade students in partnering schools with whom HCF 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) continues providing online implementations of “Too Good For Drugs / Violence” in selected grades in all Elementary, Middle and High School students in St. Lucie County. This partnership has been successfully maintained for the last 5 school years. NHTC also provides “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 “Botvin LifeSkills Training” school-based program in Martin County Elementary Schools to 4th and 5th grade students.
- During the 2nd quarter, all Coalitions worked on the completion of their County’s Prevention Needs Assessment and Comprehensive Community Action Plan (CCAP). Upon being finalized this Winter, all coalitions will provide their reports as a resource to agencies to assist in programmatic planning, decisions and applications for funding.
- Additionally, all County Coalitions have continued their 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

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

County region. Their Teen CIA #Teen Talk is an interactive conversation with parents, community members, teachers, and law enforcement regarding a solution focused approach to e-cigarette use, underage drinking, and other drugs. These sessions led by PBCSAC Teen CIA serve the community in an online delivery format.

- 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 receives Partnership For Success (PFS) funding to capture and analyze Drug Epidemiology data and information as the Drug Epidemiology Network representative for Southeast Florida Behavioral Health Network managing entity. The data collected by PBCSAC from community and health partners is provided to the state for statewide analysis of intervention, prevention and programmatic impact on Substance Use and Abuse in our SEFBHN region.
- PBCSAC, also, continues work on Opioid Prevention initiatives recommended as result of Community Conversations convened by PBCSAC
 - The Development of messaging to educate School and College age Youth, Parents and the general community about opioids and preventive substance use measures.
 - The Creation and Development of an Opioid Education and Support Group, which is currently being facilitated by Hanley Center Foundation. The Program is called Project C4OPE.
- A partnership between Martin County Board of County Commissioners and PBCSAC continue to serve Martin County with Coalition services. This partnership has continued their work developing a Martin County Teen Coalition-In-Action (CIA).
- Substance Abuse Free Indian River (SAFIR) continues their implementation of the Coffee and Conversation parent-to-parent forum and the environmental strategy, "No One's House". This implementation is done in partnership with Substance Abuse Council of Indian River (SACIRC).
- Roundtable of St. Lucie County – Substance Abuse Prevention Network Committee – Continues their work in the schools, facilitating the implementation of "Kids At Hope" programming at St. Lucie schools.
- Roundtable 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.
 - *The Executive Director of the Roundtable of St. Lucie County 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.*

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

- *The short- term goal of the task force is to partner with Community partners to create a Needs Assessment, Logic Model and Community Action Plan to prioritize and provide steps to meet the identified Community Behavioral Health needs.*
- During this Pandemic season, Okeechobee Substance Abuse Coalition continued online monthly youth conversations. They also convened an online activity night.
 - OSAC has also continued their work on the Comprehensive Community Action Plan (CCAP) after having completed the Okeechobee County Prevention Needs Assessment during the 1st quarter.
 - OSAC has also continued to work with the Health Resources and Services Administration (HRSA) grant and Okeechobee County System of Care initiatives.
- Hanley Center Foundation continues their work on the needs assessment and sustainability plan as directed in their award guidance of 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 needs in Okeechobee County.
 - Since residents often travel outside of Okeechobee County to receive services, the plan will address the full spectrum of programming available (Prevention, Treatment and Recovery) to Okeechobee residents; collecting information from -- Prevention, System of Care, Mental Health Court services, and Substance Abuse Treatment and Recovery services providers in Okeechobee and surrounding counties.
- The Network Prevention Manager and Representatives from our SEFBHN Prevention Team continue to attend Virtual Meetings and volunteer their expertise to the Circuit 19's Opioid Task Force Prevention Team. Representatives from our SEFBHN Prevention Team support Prevention processes and measures which deter or delay the introduction of first use and the abuse of Opioid substances.
- The FADAA/ FBHA statewide prevention team bringing together DCF State Representatives, Managing Entity Prevention Coordinators and Agency and Coalition leaders, meets monthly.
 - This quarter's discussions continued to address matters surrounding the Substance Abuse Prevention license/ waiver mandate 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 use as reflected in data reports.
- 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 goals and

work for FY 20/21. Collaborating partners include state agency representatives, county, school and community leaders.

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 during this reporting period JFK was able to transition a Care Coordination staff into a full-time position to allow for six full-time staff dedicated for Care Coordination. 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. The Coordination of Care Team continues to expand the reach of referrals and services within the community. During the bi-weekly care coordination call with Circuit 19 Care Coordination the MRT team was invited to expand engagement between the two services, the SOAR specialist was invited to open communication between CC services and making direct referrals for SOAR, and the Care Coordinator participated in several collaborative calls with Martin County Mental Health Court to assist with a high risk individual served. In Circuit 15 the Care Coordinators were invited to the Homeless and Housing Authority coordinated entry system meeting so that the CCs to better understand the system and how to best link and refer clients to homeless services.
 - The Care Coordinators are continuing to support out of network providers with civil state mental health treatment facility diversions for the petitioned high utilizers in efforts to offer care coordination services in developing diversion plans for SMHTF civil waitlisted clients. During the 2st quarter there were 112 adults that engaged in Care Coordination. An example of a case opened during this quarter involved an individual served who was admitted to a CSU for stabilization. After evaluation staff learned that he had a long history of co-occurring substance use and mental health disorders. He was engaged by the Substance Use Care Coordinator and enrolled in Care Coordination. The CC has been working very closely to not only assist him with gaining mental health stability and getting discharge ready, but also making referrals for Substance Use Residential Treatment which will also help this individual served with his chronic homelessness. Working with the SU CC this individual has made progress for change and is ready to work on both his mental health and history of substance use.
 - 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

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

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 CoC team continue to make referrals to the Coordination of Care Module Carisk Partners continues to work with MD Flow to make enhancements to the CoC Module. Technical assistance has been provided to the agency individuals that are entering data into the Carisk Portal so that the referrals into the CoC Module are able to be processed. At this time there has been more pending referrals and rejections due to data entry. Carisk and SEFBHN leadership having been having on going discussion to come to a solution to resolve the pending referrals/rejections and streamline the process. An additional Technical Assistance was provided during this reporting period to provide ongoing support and assistance with the system and ensuring the Care Coordinators are able to make new referrals.
- 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. SEFBHN Program Innovation Managers continue to have weekly 4-DX calls with DCF regional to discuss both civil and forensic diversions from SMHTF in Circuit 15 and 19. The CoC Teams continue to reach out to outside network receiving facilities and are working with their own CSUs to offer engagement, linkage, referrals, and help develop and carry out diversion plans.
- In the 2nd quarter, SEFBHN approved 92 transitional vouchers – 47 for substance use and 45 for mental health, representing an almost two-fold increase compared to the 49 transitional vouchers approved for the prior quarter. The transitional voucher program continues to play a critical role in the system of care in helping people receiving services obtain true sustainability and self-sufficiency in the community. Recently, significant improvements have been made to the ability to track and measure outcomes for vouchers. We can now report that approximately 60% of individuals who receive vouchers are able to maintain housing by the time the funds for a given voucher are used. 46% of individuals who receive vouchers obtain employment by the time they have used the voucher funds (22% do not obtain employment due to disability or other reasons which typically qualify them to receive benefits which help them obtain sustainability). We continue to provide technical support on an ongoing basis to ensure that vouchers are a used only as a funding source of last resort, that persons receiving vouchers are connected with all possible community resources and benefits, and that the challenges related to COVID-19 are addressed when developing sustainability plans for each voucher.
- 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. 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 continue to participate in coordination calls with PBC to help find services for homeless individuals that are in temporary shelter, and identified as needing and willing to participate in MH and SUD services.
- SEFBHN continues to collaborate with Palm Beach County's Continuum of Care (CoC) on a new housing project, utilizing CARES Act funds to help house the chronically homeless population with a substance use disorder, mental health issue or co-occurring disorder. The funding which was originally slated to provide up to 24 months of housing as well as treatment and recovery support services, has been revised to only allow for 12 months of housing, based on the Rapid Re-housing model. With this change, SEFBHN and Palm Beach County agreed that we will go forward with only one project and one agency, giving PBC the ability to use the remainder of the funding for housing prevention services. Community Partners dba/Housing Partnership (CP/HP) will provide the housing and ancillary services. They were able to have four two-bedroom units available in late December, with individuals moving in over Christmas week. More units will become available on a staggered basis from March through June, adding 4 1-bedroom units.
- SEFBHN has been working to open a new housing program since the beginning of the fiscal year, and unfortunately due to COVID-19, there continues to be a delay. The delay continued through the 2nd 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 now expected to open in the end of January/beginning of February; 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 which opened during the 1st quarter, was able to move in 8 more residents during this reporting period. They received 31 referrals from various community agencies and were able to screen all 31 of the applicants. Carrfour was approved for 13 mainstream vouchers from the housing authority that provides rental assistance for the residents. Carrfour was able to fill 2 open staff positions that they had, adding a new Case Manager and a part-time Certified Peer Specialist. There are currently 6 vacant units available but based on the numerous referrals, they have enough referrals in their queue to fill these units in the upcoming quarter. Lastly, Carrfour had an official "Ribbon Cutting

Ceremony” for the site on December 14, 2020 and the Mayor of Palm Beach was in attendance.

- 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 Indian River County Reinvestment grant Project Coordinator continues to help coordinate housing options in Indian River County for MHC clients served by the CJMHSA Reinvestment Grant and works with the Treasure Coast Homeless Services Council (TCHSC) to place clients and oversee the 2 houses leased by TCHSC through an MOU with SEFBHN. The Indian River County Reinvestment grant Project Coordinator also works with TCHSC to find permanent housing options for clients graduating from Mental Health court.
- The Director of Network Integrity interviewed several candidates for the open Network Housing Specialist position and is happy to announce we will have a new person joining the SEFBHN team on January 19, 2021.
- SOAR/PATH monthly call with DCF attended regularly.

Opioid Addiction Services/Medication Assisted Treatment/Substance Use Disorder

- In November, when SEFBHN received our budget allocation for the SOR2 funds, we issued a Request for Proposal for expansion of services to our entire region. We received 5 Prevention, 3 Recovery Support and 8 Treatment proposals, which were reviewed, scored and ranked on December 22, 2020. Unfortunately, we do not have enough to fund all the projects. We are currently reviewing our priorities and available funding to determine which ones will be funded in the current fiscal year and which ones will have to wait until FY21/22.
- 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

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

hospital to opioid overdose patients with linkage to a peer and treatment services at SACIRC and continuing MAT services TCCH.

- The Cleveland Clinics runs other hospitals in the Treasure Coast and talks have been underway 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 December, Martin County Fire Rescue began their pilot program with Cleveland Clinic to induced opioid overdoses onto buprenorphine, with Fire Rescue continuing to follow-up daily with medication, a peer and a direct referral to NHTC for on-going MAT services.
- In October and November, SEFBHN continued to meet 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. On the whole, technical issues with the WITS system have begun to decrease in frequency, a product of improved familiarity on the part of the providers and work on the part of FEI to improve the system. Compliance with 6-month follow-up GPRAs continues to be monitored closely by the Network Integrity Manager and feedback is given to providers on a monthly basis. Overall GPRA compliance rate for SOR I improved by approximately 4% over the course of this quarter.
- 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.
- 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 1st quarter as well as written communication and weekly therapeutic services. 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. This quarter, the MAPS program officially started accepting new participants again after a nearly 7 month hiatus. Beginning the program again in the midst of the ongoing pandemic has presented challenges and has limited the number of people the program can serve. Nevertheless, thanks to the concerted efforts of all the organizations involved, the program served 19 new participants after restarting the program and the first graduations since restarting are expected to take place in January. We expect this program to serve as a model for other counties and

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.

- 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. Due to COVID restrictions, this program continues to get postponed. The potential MAT provider submitted a proposal in December when SEFBHN issued a Request for Proposal for the new SOR2 funding. We will continue to pursue this opportunity in the 3rd quarter.

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

As previously reported: 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.
- **Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County** – As of the last update provided when we were waiting for a copy of the agency's grievance procedure as well as their HR attestations, these documents were received and while the policy and procedure needed minor updates, the agency has been able to demonstrate the needed steps for these PIPs to be closed as of November 5, 2020 (HR) and October 30, 2020 (Grievances).
- **NAMI Palm Beach County, Inc.** – As of the last administrative update, the agency was able to demonstrate performance improvement in their HR department. They shared their process for reviewing staff files as well as completing the new HR attestations. Submitted documents were accepted and this PIP was closed as of October 30, 2020.
- **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. An additional PIP discussion was conducted on October

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

27, 2020 to review the missing documents from the provider. The PIP is still under review.

- **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. The latest update to the PIP was on 12/17/20, and additional documentation has 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.** – As of the last administrative update, the agency provided PIP updates and documentation however, the PIP could not be accepted. Technical Assistance was provided to the agency and in the process of reviewing options, it was learned the agency is already taking many of the needed steps to move improve their performance. The agency was able to share documentation of these actions as well as complete requested HR attestations. As such, this PIP was able to be closed as of November 5, 2020.
- **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. As of the last administrative update, while the PIP had been accepted, additional technical assistance was provided and an update was requested from the Provider however it was not received timely. In the process of reaching out to the Provider for follow-up they were able to state they will be doing periodic reviews as they now have too many staff to do full audits.
- **Palm Beach Habilitation Center, Inc.** - Palm Beach Habilitation PIP was accepted. They have completed 3 out of 4 findings. They must still submit an updated Auxiliary Aids plan with an agreed date of 2/17/2021.
- **The Recovery Research Network** – There were 2 findings from the Tier 2 Validation Report that require a Corrective Action and a Performance Improvement Plan for deficiencies in the submission of discharge records to the Carisk portal and a lack of established policies and procedures related to the timely, consistent and accurate entry of such data. The issue has resulted in a lack of ability to accurately determine performance measures for the agency. This is a repeat finding. Corrective action is required to enter discharge data for any discharges, with a Performance Improvement plan to update policies and procedures to ensure consistent and timely data entry in the Carisk portal. The actual PIP will be due on 1/22/2021.

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. Issue covered during these meeting in the 2nd qtr include the Acute Care Database, FASAMS, The 'Let's Get Checked' program for COVID 19, the MRT's and the new

Electronic Invoice. Weekly calls are still being 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 continue to have providers complete a weekly survey related to the impact of the pandemic which allows us to stay current with their service capacity.

It is also noted that SEFBHN conducted a virtual network wide Provider Meeting on December 2nd. Over 80 representatives from our Provider Network participated. Agenda items included the changes to the Validation/Monitoring Process, the New and Improved Provider E-Contracting System, Consumer Satisfaction Surveys, House Bill 945, and FASAMS updates. The agenda and all presentations are available on the SEFBHN Website under the Provider Tab.

(b) Performance measures –

	Network Service Provider Outcome Measures	FY Target	YTD Performance
Adult Mental Health	Average annual days worked for pay for adults with severe and persistent mental illness	40	59.43
	Percent of adults with serious mental illness who are competitively employed	24%	62%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	95%
	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%	80%
Adult Substance Abuse	Percentage change in clients who are employed from admission to discharge	10%	15%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-51%
	Percent of adults who successfully complete substance abuse treatment services	51%	67%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	92%
	Percent of school days seriously emotionally disturbed (SED) children attended	86%	89%

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

Children's Mental Health	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%	100%
Children's Substance Abuse	Percent of children who successfully complete substance abuse treatment services	48%	80%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-100%
	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	93%	100.00%

As has been previously noted - 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 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 versions of FASAMS being accepted in a fiscal year which may be resulting in inaccurate data entry. This issue has not yet been resolved

*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.

SEFBHN and CARISK continue to work 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

Quarterly Report

For the period: October 1, 2020 – December 31, 2020

Submitted: 1/20/2021

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. A total of 80 families have been served this fiscal year thus far. During the 2nd quarter of FY 20/21 had the FIT Team Services not been available, it was determined that 35 of the adults would have needed residential treatment and 19 of the adults would have needed weekly outpatient treatment and 39 the children living with their parents would not be able to remain in the home with their parents and would need foster care or relative placements. The Cost Avoidance to the state minus the expenditures in the second quarter was \$520,052.00.

In December, 2020, both FIT teams (CRC and Henderson) completed the Fidelity Review Internal assessment. The purpose of the fidelity assessment tool is to provide a method of documenting the extent to which the core components of FIT model are being implemented as intended. Assessing the fidelity of each teams helps to identify and understand implementation and practice strengths, challenges and need for adaptations of the program model, as well as evaluating program outcomes and effectiveness. The domains already assessed during the Internal part of the assessment were: Program Staffing; Staff Education and Training; Internal Teaming; Assessment; Substance Use and Mental Health Services; and, Quality Assurance. Both teams received highest score on all domains during internal review. Both teams are actively researching Evidenced based parenting programs that will provide greater virtual access to individuals being served. The Stakeholders review of the Fidelity Assessments have been scheduled for February, 2021.

- 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 second quarter of FY 20/21 these teams served a total of 104 children and reported a total cost avoidance minus actual expenditures to the state of \$1,247,051.60 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). Nineteen unique individuals have been served during the fiscal year. Fifteen were served in the second quarter. The savings to the state was \$88,858.20 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 second quarter, the center served 1393 individuals for a total of 2883 year to date. The center is able to provide lower cost services

using physician trainees. As a result, the cost avoidance to the state this quarter was \$55,930.66 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 967 calls in the 2nd quarter. 814 calls required an acute response with an average response time of under 31 minutes. Calls continue to rise for the 2nd qtr with MRTs, which is again 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 second quarter.

Additional Network Activities to support the System of Care.

Triennial Needs Assessment

Ronik and Radlauer Completed Phase 3 of the Triennial Needs Assessment. They worked closely with BeWell Palm Beach County, a collaboratively funded initiative designed to address the behavioral health needs of residents by incorporating traditional services and community supports. This phase was designed to examine organizational, systems, and community infrastructure to plan for the continued development and implementation of a comprehensive, coordinated, integrated behavioral health system of care. Some of the emerging themes and recommendations from this assessment include:

- Recruitment and Retention of a Quality Behavioral Health Workforce
- Strategize a planned approach to working with individuals considered to be High Utilizers
- Listen to Community Voice
- Understanding the impact of Race Inequities
- Ensuring System Collaboration

The consultants also offered a Plan of Action to address the Recommendations

Planning and Implementation of House Bill 945

SEFBHN continues to take the lead on creating the structure for all Managing Entities to follow as they implement HB 945 in their own networks. Refer to Children and Family Related Interventions in this report for 2nd quarter activities related to the implementation of House Bill 945 by SEFBHN staff