

## 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 the 3<sup>rd</sup> quarter (YTD):

- 2.3.1.1 – 59% (Prevention set aside)
- 2.3.1.2. – 45% (HIV early inter set aside)
- 2.3.2. – 72% (Women set aside)
- 2.3.3. – 75% (Prevention set aside for people with psychotic disturbances, post first episode set aside)

## Exhibit B1 and Exhibit C Requirements

To demonstrate compliance with the requirements of the SAPT and CMHS block grants (Exhibit B1) and to submit a report detailing its activities and performance (Exhibit C), 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 3<sup>rd</sup> quarter.

Date(s) of Activity	Type: Training Activity	Training Location	# of Participants
2/1/2021 – 2/3/2021	Wraparound 101	Virtual	19

The following chart represents technical assistance related to Wraparound during the 3<sup>rd</sup> quarter.

Date(s) of Technical Assistance	Agency / Provider	Technical Assistance Type	# of Participants
1/11/2021	South County Mental Health Center	Document Review	1
1/14/2021	South County Mental Health Center	Audio Recording/Emails	2
1/19/2021	Housing Partnership d/b/a Community Partners of South Florida	Coaching - Virtual	2
1/19/2021	Helping People Succeed	Coaching - Virtual	2

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<b>1/26/2021</b>	Helping People Succeed	Coaching - Virtual	3
<b>2/7/2021</b>	Legacy Behavioral Health	Document Review	1
<b>2/8/2021</b>	Legacy Behavioral Health	Coaching - Virtual	3
<b>2/11/2021</b>	Helping People Succeed	Coaching - Virtual	3
<b>2/15/2021</b>	Helping People Succeed	Coaching - Virtual	3
<b>2/16/2021</b>	Legacy Behavioral Health	Coaching - Virtual	3
<b>2/23/2021</b>	South County Mental Health Center	Document Review	1
<b>3/1/2021</b>	Multilingual Psychotherapy Center	Document Review	1
<b>3/12/2021</b>	Legacy Behavioral Health	Coaching - 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.

SEFBHN staff continues to work with the following providers for coaching to Wraparound certification and/or helping with prevention of drift of Wraparound facilitation and with family support partners (technical assistance). Two other providers are in the beginning phase of initiating coaching, as well:

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- **Henderson Behavioral Health (Palm Beach and Treasure Coast/Okeechobee):** Provider attends the Wraparound Learning Community and has certified facilitators and coach on staff.
- **Housing Partnership d/b/a Community Partners of South Florida:** Provider 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. There is no current specific plan on their part to move forward with certifying internal coaches. They send staff to trainings and staff attends the Wraparound Learning Community.
- **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):** 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 supervisor and 2 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.

For Quarter 3, for Wraparound in the SE region (Circuits 15 & 19):

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- SEFBHN arranged 1 Wraparound 101 training. During this quarter, the Wraparound learning community has developed their vision for 2021 and developed a plan to reach that vision.
- By the end of the 3<sup>rd</sup> 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 650 families in this 3<sup>rd</sup> 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 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, meetings were held on the following dates:

*Circuit 15* – 1/24/2021, 2/11/2021. The meeting originally scheduled for March 11, 2021 was cancelled. Meetings will resume in April 2021.

*Circuit 19* – 2/18/2021. This group holds meetings quarterly, and the next meeting will be in April 2021.

**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, Wraparound Learning Communities were held on the following dates:

*Circuit 15* – 1/27/2021, 2/24/2021

*Circuit 19* – 1/26/2021

*Combined Circuits 15 & 19* – 3/24/2021

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. It is available via our website at [www.sefbhn.org](http://www.sefbhn.org) under Wraparound Initiative. The toolkits were both monitored and updated for Quarter 3. 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.

**Link to SEFBHN's Toolkits:** [Wraparound | Southeast Florida Behavioral Health Network](#)

Wraparound Facilitators and Coaches must be recertified every two years. To be recertified they must have a set amount of CEUs. The first recertification date was 3/31/2021. SEFBHN developed an

attestation form for the supervisor/coach to complete attesting that they and their staff met the qualifications for recertifications. SEFBHN monitors the attestation forms and documents accordingly.

## (B) - Forensic Services

### (1) Continued Efforts with Network Service Providers and Systems

- 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.
- Technical assistance calls are held regularly with each Forensic Specialist and Civil Liaison to discuss state hospital visits, care coordination efforts and discharge planning barriers.
- Regular discussions about the submitted transitional vouchers are held. Trainings were held with the network service providers who have forensic case managers.
- 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.
- When a consumer is on the Seeking Placement List for an extended period, due to extensive medical issues, SEFBHN has a separate conference call with the SMHTF staff, DCF Regional staff and the network service provider staff to address the barriers to discharge.
- Collaboration calls with DCF and the court personnel continue due to the waiting list for admission to civil and forensic SMHTFs. Three SEFBHN staff are dedicated to these calls. An increase in communication with the jails and court personnel happened about the pending admission dates to the forensic state hospitals. Input was given about which consumers may need to be higher priority on the SMHTF waiting list due to mental health acuity and behavioral concerns in the jail.
- The SEFBHN Forensic Coordinator continues to provide notification about the DCF led Forensic Specialist, Competency Restoration and other 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 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).
- SEFBHN has communicated with the C15 Public Defender and State Attorney offices to gather input about the past diversion efforts and needed services. An additional meeting occurred with the newly assigned judge to the C15 Mental Health Division.
- SEFBHN is expanding the jail diversion efforts in Circuit 15 by hiring more forensic case managers, Forensic Specialists and Peer Specialists. SEFBHN is working closely with the network service provider to develop a detailed jail diversion program that includes collaboration with the Public Defender's social worker, mental health provider in the jail, housing staff, SOAR specialists and other staff in the Mental Health Division. An emphasis will be on data collection to enhance the opportunity to apply for future grants.

- SEFBHN participated in an annual review of the Martin County Mental Health court system and the completed Sequential Intercept Mapping. Future steps were identified for the next year.
- Several discussions occurred with the Circuit 15 National Alliance of the Mentally Ill (NAMI) staff during this period. The topics involved in the discussions included available community resources and ways to assist some incarcerated consumers.

## (2) Florida Assertive Community Treatment (FACT) Team Updates & Activities

- Ongoing technical assistance conference calls are scheduled with the Henderson Behavioral Health FACT team staff. Due to an increase in C15 FACT staffing and consumers slots, strategies about how to proceed were discussed. The SMHTFs, court system and local mental health providers were notified of the increase in FACT services so that referrals could be made.
- FACT staff are a part of any admission and discharge from the SMHTF discussions to enhance the DCF statewide diversion efforts.
- One FACT consumer required several weekly conference calls to ensure of his timely discharge from a civil SMHTF due to difficulties finding an Assisted Living Facility that could accommodate his needs.
- 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 has continued with the PSF FACT administration due to continued staff turnover.
- 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 and consumers.

## (C) – Child and Family Related Interventions

### (1) Keeping Families Connected (Lock-out) Committees

C19 Keeping Families Connected (Lock-out) Committees in Circuit 19 are attended by a SEFBHN Family Systems Manager 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. SEFBHN Family Systems Managers provide system level care coordination services to youth and families and foster collaboration among meeting participants, as often coordination is needed on calls where multiple providers and agencies are represented. The goal of the Keeping Families Connected Committee is to reduce the number of youths going into licensed care and, 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 seven (7) C19 Keeping Families Connected Staffings on 1/14/21, 1/19/21, 2/19/21, 2/22/21, 3/8/21, 3/9/21, and 3/19/21.

### (2) Circuit 15 Lock-out Protocols and SST Calls

For the C15 Lock-out Protocol, SEFBHN Family Systems Managers are also identified members. The C15 lockout staffings have been transitioned into the SST conference staffings, 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 and to provide community supports and services (i.e., CAT and Wraparound Case Management) via Care Coordination efforts.

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In C19, SST staffings are only for safety determination and Family System Managers attend when needed. Usually, the cases attended will be at the request of the Department, for youth with high mental health needs, substance exposed newborns, or if the need of the case determines system level care coordination.

For Quarter 3, twenty (20) total SST calls were attended for both Circuits 15 & 19:

*Circuit 15* – fourteen (14) calls were attended by a SEFBHN Family Systems Manager on 1/11/21, 1/15/21, 1/21/21, 1/25/21, 2/2/21, 2/4/21, 2/5/21, 2/9/21, 2/10/21, 2/17/21, 2/25/21, 3/2/21, 3/3/21, and 3/8/21.

*Circuit 19* – six (6) SST calls were attended by a SEFBHN Family Systems Manager on 1/26/21, 3/4/21, 3/11/21, 3/22/21, and two on 3/24/21.

### **(3) Circuit 19 Local Review Team & Circuit 15 Interagency Review Teams**

For the Circuit 19 Local Review Team, SEFBHN Family Systems Manager attends 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.

SEFBHN C15 Family Systems Manager (FSM) continues to participate in monthly/as needed in Circuit 15 Interagency (Local Review Team) meetings hosted by ChildNet. The Interagency Review Team continues to function as a system-level overview of Circuit 15 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.

For Quarter 3, seven (7) total Interagency and Local Review Team meetings were attended for both Circuits 15 & 19:

*Circuit 15* – three (3) Interagency meetings were attended by a SEFBHN Family Systems Manager on 1/6/21, 2/3/21 and 3/3/21.

*Circuit 19* – three (3) Local Review Team meetings were attended by a SEFBHN Family Systems Manager on 1/26/21, 2/23/21, and 3/22/21. There was one (1) Regional LRT meeting held this quarter to staff high risk youth on 2/26/21.

### **(4) 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.
- This 3<sup>rd</sup> quarter, SEFBHN staff attended and presented at Steering Committee meetings in C15 – 1/14/21, 2/11/21, 3/11/21; C19 – 1/12/21, 2/9/21, and 3/9/21.
- SEFBHN also attended and presented at C19 Integration provider meetings on 1/12/21, 2/9/21 and 3/9/21. These venues provide discussion around Network opportunities for improvement, access issues and overall progress with programs/agencies aimed at serving the Child Welfare



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Population (i.e., 2-1-1 SACC Hotline connecting child welfare populations to Substance Treatment Providers, FIT Teams, CAT Teams, Mobile Response Teams and Wraparound Providers).

- 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, and 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 met twice this quarter to work on the bench cards and information to include in the resource PowerPoint.
  - 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 provided 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.

**(5) S.A.F.E. MRT**

- A new S.A.F.E. MRT Cognito form was created and rolled-out to 2-1-1, MRT and the Peer providers. This brief form is to help capture data for the parental engagement process across stages. It was shared with the integration steering committee.
- A joint training between DCF, SEFBHN, the Mobile Response Team (MRT) from New Horizons of the Treasure Coast was held on 1/19/21. 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.
- A similar "Help Me, Help You" training has been planned for the Dependency Case Managers (DCMs) from CCKids for 4/13/21. It is also being discussed as part of the onboarding process with SEFBHN's involvement in panel discussions.
- Additionally, a partnership meeting between leadership from the Mobile Response Team, CCKids, and DCF was held on 2/2/21. The collaborative meeting held to review current data, as well as discuss barriers to usage, as well as any successes among past responses.
- In Circuits 15 and 19, South County Mental Health Center and New Horizons of the Treasure Coast 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 for further child welfare peer support is made within 72 hours when needed.



## (6) School System Collaborations

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 1/11/21, 2/8/21, 3/8/21 and 3/9/21. The Director of the Children's System of Care has previously presented an overview of HB 945 for all stakeholders. School Health Advisory Council (SHAC) Palm Beach Mental Health has added House Bill 945 as a standing agenda item.

Individual school system meetings were held with the School District of Martin County (2/4/21), School District of Okeechobee County (2/24/21), School District of Palm Beach County (2/24/21), School District of St. Lucie County (2/22/21) this quarter. These meetings were designed to offer improve relationships, as well as gain clearer understanding as to how we could support each school system with their telehealth needs. Other routine meetings with our school partners include our House Bill 945 Steering Committee with all five school districts represented and system of care meetings.

## (7) 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., faith, community, and other stakeholders. This quarter SEFBHN meaningfully participated in a Palm Beach County Behavioral Health Co-Chair Workgroup and a Systems Leader table, respectively on 1/27/21 and 2/22/21.

## (8) Ongoing Behavioral Health Activities & Efforts for Children and Youth

- 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. Routine meetings are held with JFKN and New Horizons Children's Crisis Unit staff to identify high utilizers and those who meet the criteria of two Baker Acts to attempt to prevent them from becoming high utilizers by connecting them to services that will meet their needs.
- 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 Supervisors' System Meetings were held in Circuit 15 on 1/14/21, 2/11/21 and 3/11/21. 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.
- 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 meetings are held monthly, and the next meeting will be 4/20/21.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at South County Mental Health Center on 1/7/21 and 2/4/21.
- 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 1/8/21 and 2/5/21.
- SEFBHN staff continue to participate on monthly statewide Mobile Response Team calls on 1/27/21, 2/24/21 and 3/24/21.
- The Director of Children's SOC has been participating in a Statewide Mobile Response Team Best Practices Workgroups on 1/6/21 and 2/18/2021.
- SEFBHN participated in Children's Behavioral Statewide conference calls 1/29/21 and 3/26/21.
- Efforts are made to hold child specific staffings (CSS) 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. Additionally, these Child Specific Staffings are held to re-integrate children from residential settings back into the community with all the necessary stakeholders needed for a smooth transition. SEFBHN facilitates until a case manager is assigned. This quarter there were five (5) CCS held 1/7/21; 2/10/21; 2/11/21; 3/8/21; 3/11/21.
- Director of Children's SOC continued participation this quarter in Glades (1/13/21, 2/10/21, 3/10/21) and Okeechobee (3/5/21) System of Care governance meetings sharing information around the grant and House Bill 945.

## (D) - Access to Treatment for Priority Populations, Including Capacity Reports

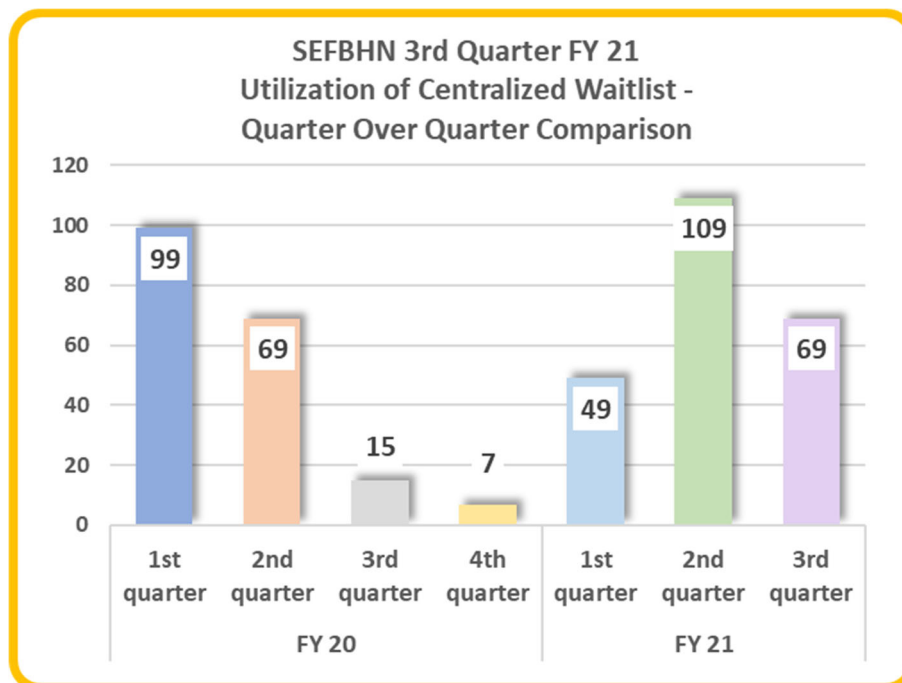
### (1) Centralized Electronic Waitlist 3<sup>rd</sup> Quarter Update

During the 3<sup>rd</sup> quarter, SEFBHN providers added 69 persons to the centralized waitlist with 37 added in January, 20 in February and 11 in March.

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SEFBHN 3rd Quarter FY 21 Waitlist Update				
Distinct Persons Waitlisted				
Listing Provider	Quarter 3 FY 21			
	Jan	Feb	Mar	Total
23-7074625 - Drug Abuse Foundation of Palm	8	1		9
59-2516157 - Jeff Industries Inc.	2	1		3
59-2704597 - Housing Partnership Inc.	2	1		3
59-6153749 - New Horizons of The Treasure Coast	6	2	3	11
65-0202835 - Substance Abuse Council of Indian River County	9	3	8	21
65-0988051 - Counseling and Recovery Center	10	12		22
<b>Grand Total</b>	<b>37</b>	<b>20</b>	<b>11</b>	<b>69</b>

Total waitlisted persons for the quarter represent a 37% decrease from the 2<sup>nd</sup> quarter numbers. It is unclear why there was such a large decrease, including why there were so few waitlist placements in March. We can posit that Covid-19 continues to impact both service capacity and utilization in seemingly random ways that ultimately will be explained only with the benefit of a longer-term perspective and data. SEFBHN and Carisk Partners will continue to work with providers to increase their use of the Waitlist.



As shown in the following table, the 69 distinct persons waitlisted during the quarter included 65 matches to a priority population, including 12 IV Drug Users, 10 Homeless persons, 41 Child Welfare Involved persons and 2 pregnant women.

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SEFBHN 3rd Quarter FY 21 Waitlist Update Waitlisted Persons by Priority Population					
Provider	IV Drug User	Homeless	CWI	Pregnant	Total*
23-7074625 - Drug Abuse Foundation of Palm	1		2		3
59-2516157 - Jeff Industries Inc.			1		1
59-2704597 - Housing Partnership Inc.		2	3		5
59-6153749 - New Horizons of The Treasure Coast	5	3	3		11
65-0202835 - Substance Abuse Council of Indian River Count	1	4	16		21
65-0988051 - Counseling and Recovery Center	5	1	16	2	24
<b>Grand Total</b>	<b>12</b>	<b>10</b>	<b>41</b>	<b>2</b>	<b>65</b>

\* Not unique persons as there is overlap among the priority populations

The overlap among the priority populations includes 5 persons who were both homeless and child welfare involved, 4 who were IV drug users and child welfare involved, and 1 who was homeless, and IV drug user and child welfare involved.

SEFBHN 3rd Quarter FY 21 Waitlist Update Overlap Among Priority Population Persons	
Priority Population Overlap	Total
Homeless and CWI	5
IV Drug Use and CWI	4
IV Drug Use, Homeless and CWI	1
<b>Total</b>	<b>10</b>

The frequency of waitlisted services during the 3<sup>rd</sup> quarter is shown in the next table. Thirty percent (30%) of the persons waitlisted during the quarter were waiting for Outpatient – Individual services; 23% were waiting for Residential Level II beds; and 22% were waiting for Day Treatment.

SEFBHN 3rd Quarter FY 21 Waitlist Update Most Frequently Waitlisted Services		
Covered Service	Distinct Count	%
14 - Outpatient - Individual	21	30%
19 - Residential Level II	16	23%
06 - Day Treatment	15	22%
24 - Substance Abuse Inpatient Detoxification	11	16%
25 - Supportive Employment	3	4%
21 - Residential Level IV	3	4%
<b>Grand Total</b>	<b>69</b>	<b>100%</b>

The average wait for each of these services across all providers is shown in the following table. Supported Employment wait times were the longest (at 37.7 days on average), while persons needing SA Inpatient detoxification services waited less than 2 days.

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SEFBHN 3rd Quarter FY 21 Waitlist Update Average Length of Stay by Waitlisted Service	
Waitlisted Service	ALOS
06 - Day Treatment	17.8
14 - Outpatient - Individual	11.4
19 - Residential Level II	24.1
21 - Residential Level IV	8.0
24 - Substance Abuse Inpatient Detoxification	1.8
25 - Supportive Employment	37.7
<b>Grand Total</b>	<b>13.8</b>

Details on waitlisted services by provider and the associated average wait times (ALOS) by provider are shown in the following two tables. The 3<sup>rd</sup> quarter's ALOS is a 42% decrease from the 23.5 ALOS achieved in the 2<sup>nd</sup> quarter of this fiscal year.

SEFBHN 3rd Quarter FY 21 Waitlist Update Waitlisted Services by Provider	
Provider/Recommended LOC	Distinct Count
<b>23-7074625 - Drug Abuse Foundation of Palm</b>	
19 - Residential Level II	9
<b>59-2516157 - Jeff Industries Inc.</b>	
25 - Supportive Employment	3
<b>59-2704597 - Housing Partnership Inc.</b>	
21 - Residential Level IV	3
<b>59-6153749 - New Horizons of The Treasure Coast</b>	
24 - Substance Abuse Inpatient Detoxification	11
<b>65-0202835 - Substance Abuse Council of Indian River County</b>	
14 - Outpatient - Individual	21
<b>65-0988051 - Counseling and Recovery Center</b>	
06 - Day Treatment	15
19 - Residential Level II	7
<b>Grand Total</b>	<b>69</b>

SEFBHN 3rd Quarter FY 21 Waitlist Update Average Length of Stay	
Listing Provider	ALOS in Days
23-7074625 - Drug Abuse Foundation of Palm	12.5
59-2516157 - Jeff Industries Inc.	37.7
59-2704597 - Housing Partnership Inc.	8.0
59-6153749 - New Horizons of The Treasure Coast	1.8
65-0202835 - Substance Abuse Council of Indian River County	11.4
65-0988051 - Counseling and Recovery Center	21.1
<b>Grand Total</b>	<b>13.8</b>

The next table shows the number of distinct persons discharged by provider by month. Fifty-two (52) of the 69 persons placed on the waitlist were also removed (discharged) from the waitlist during the 3<sup>rd</sup> quarter.

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SEFBHN 3rd Quarter FY 21 Waitlist Update Distinct Persons Discharged by Month				
Listing Provider	Month			Total
	Jan	Feb	Mar	
23-7074625 - Drug Abuse Foundation of Palm		2		2
59-2516157 - Jeff Industries Inc.	1		2	3
59-2704597 - Housing Partnership Inc.	2	1		3
59-6153749 - New Horizons of The Treasure Coast	6	2	3	11
65-0202835 - Substance Abuse Council of Indian River County	8	5	3	16
65-0988051 - Counseling and Recovery Center	3	9	5	17
<b>Grand Total</b>	<b>20</b>	<b>19</b>	<b>13</b>	<b>52</b>

The frequency of outcomes (discharge reasons) for these 52 persons is shown in the following table. Of note, 91% of the outcomes resulted from the waitlisted person receiving the needed services at the listing provider (85%) or another provider (6%).

SEFBHN 3rd Quarter FY 21 Waitlist Update Frequency of Outcomes		
Outcome (Discharge Reason)	Distinct Count	%
1 - Receiving Services at this Provider	44	85%
7 - Receiving Services at another Provider	3	6%
4 - Declined	2	4%
9 - No face-to-face telephone or other documented contact in last 30 days	2	4%
3 - Moved out of Managing Entity catchment area	1	2%
<b>Grand Total</b>	<b>52</b>	<b>100%</b>

Detail on outcomes by provider by month is provided in the next table.

Carisk Partners has continued to create an updated centralized electronic waitlist which will conform our waitlist module to FASAMS Version 14, as well as add significantly enhanced features and user friendliness. Beta testing began in the 3<sup>rd</sup> quarter and is continuing into the current quarter. Production is anticipated to correspond to the beginning of the new fiscal year on July 1, 2021.

Production roll-out will be accompanied by a schedule of provider trainings, first, to familiarize participants with the new waitlist module. Second, these trainings will underscore the importance of assuring that every provider who cannot accommodate a person needing services within a reasonable time (typically a matter of days) places that person on the centralized waitlist, that is, every person should be given the opportunity to receive services from another provider within the network with less of a wait time.

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SEFBHN 3rd Quarter FY 21 Waitlist Update Outcome (Discharge Reasons) by Provider by Month				
Listing Provider	3rd Quarter FY 21			
	Jan	Feb	Mar	Total
<b>23-7074625 - Drug Abuse Foundation of Palm</b>				
1 - Receiving Services at this Provider		2		2
<b>59-2516157 - Jeff Industries Inc.</b>				
1 - Receiving Services at this Provider	1		2	3
<b>59-2704597 - Housing Partnership Inc.</b>				
1 - Receiving Services at this Provider	2	1		3
<b>59-6153749 - New Horizons of The Treasure Coast</b>				
1 - Receiving Services at this Provider	6	2	3	11
<b>65-0202835 - Substance Abuse Council of Indian River County</b>				
1 - Receiving Services at this Provider	6	5	1	12
3 - Moved out of Managing Entity catchment area	1			1
4 - Declined	1		1	2
7 - Receiving Services at another Provider			1	1
<b>65-0988051 - Counseling and Recovery Center</b>				
1 - Receiving Services at this Provider	3	7	3	13
4 - Declined		1		1
7 - Receiving Services at another Provider		1		1
9 - No face-to-face telephone or other documented contact in last 30 days			2	2
<b>Grand Total</b>	<b>20</b>	<b>19</b>	<b>13</b>	<b>52</b>

## (E) Peer Activities

The following information represents Peer Activities conducted by SEFBHN during the 3<sup>rd</sup> quarter:

### (1) Peer Support Activities for Quarter 3

Rebel Recovery Florida was featured in an article published by the Palm Beach Post on 4/1/21 titled, "County's needle exchange program is 'the dawn of a new era in public health'." The needle exchange program, called Florida Access to Syringe and Health Services (F.L.A.S.H.), will be offering clean syringes in exchange for used ones as part of a public health strategy that aims to reduce the spread of infectious diseases and link individuals experiencing substance use to health and behavioral health intervention services. Rebel Recovery Florida has completed the retrofitting of the mobile unit which will begin to offer needle exchange services outside of Compass Community Center in Lake Worth on Mondays and Fridays from 10 a.m. to 2 p.m. While individuals participating in the needle exchange program will remain anonymous, they will register with Rebel Recovery to receive an ID card that will allow law enforcement to know they are in possession of a syringe as part of the program. F.L.A.S.H. will not only aim at servicing substance users, but anyone in need of clean syringes, whether they are diabetic or receiving any other type of medical treatment. The F.L.A.S.H. program will also offer HIV and viral hepatitis testing, as well as serve as a bridge to an array of community-based services by referring and linking individuals to needed services.

During the last quarter, January through March 2021, Rebel Recovery has engaged an average of 183 participants per month. In the month of March 2021, of the 178 total participants receiving Peer Support services through Rebel Recovery, 164 are also engaged in treatment services with a behavioral health provider; 100 are also receiving Medication Assisted Treatment with Healthcare District or a



community-based MAT provider; 64 are receiving abstinence-based treatment services; and 14 are engaged with peer services while attending abstinence-based recovery support groups. Rebel Recovery supersedes the performance measure of percentage of persons served who are engaged in behavioral health services by averaging 92% per month (target measure percentage is 75% a month).

Rebel Recovery Florida continues to collaborate and build connections with community-based behavioral health providers and to locate and utilize community resources in their efforts to best meet the needs of the participants they serve, many of whom experience homelessness. Rebel Recovery links the participants they serve to many network providers for substance use treatment, such as: Community Partners' Village for Change, Sunset House, Center for Family Services, Drug Abuse Foundation of Palm Beach, Wayside House. Rebel Recovery also collaborates with Healthcare District, The Recovery Research Network, Ebb Tide Treatment Center and Access Recovery Solutions (ARS), among others, to link participants to Medication Assisted Treatment (MAT) services.

Through the Recovery Community Organization (RCO), Rebel Recovery promotes recovery through education. In the last quarter, Rebel Recovery conducted 128 workshops and trainings to a total of 883 attendees, which include participants as well as professionals in the community, via tele-communications platforms. The trainings facilitated by Rebel Recovery in the last quarter include: Medication Assisted Recovery Anonymous (M.A.R.A.) groups, Harm Reduction workshops, Wellness and Recovery groups, Mindfulness groups, "Promoting Positive Mental Health" groups, Faith based Recovery groups and Motivational Interviewing trainings.

Jeff Industries, additionally, continues to engage the community through Partnerships with Palm Beach County Food Bank and NAMI, which both continued into the 3<sup>rd</sup> quarter. MHAPBC has also continued to develop their Peer Support Program, and more updates are expected in the fourth quarter.

## (2) Success Story for Peer Activities in the SE Region

Faith Montoya, Peer Specialist at Rebel Recovery Florida, submitted the following Success Story. Faith explained, "M.R. is a 24-year-old female who found Rebel after a staff member from MRT (Mobile Response Team) became involved in linking her to services due to domestic violence in the home. Working with me, she (M.R.) received a transitional voucher to gain more stable housing. I also assisted her in finding donated furniture for her new apartment and in linking her to Healthcare District for her medical needs and to ARS for MAT services. My greatest reward in working with M.R. has been seeing her be reunified with her 6-year-old daughter. M.R. and her partner have been participating in therapy to stop the domestic violence and I have observed the couple talking to each other with love. M.R. expressed to the peer, 'I am very proud of myself and of my accomplishments thus far. I am grateful for my Peer and all her support'."

## (F) Priority Access to Treatment for Pregnant Women

### (1) Pregnant and Post-Partum Women Updates & Activities

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 3<sup>rd</sup> quarter of fiscal year 2020-2021, our network providers (Drug Abuse Foundation of Palm Beach, Counseling and Recovery Center, and Housing Partnership) who are dedicating treatment services specific to the pregnant and post-partum women struggling with Substance Use Disorders, served 150 women. Out of those 150 women being served in these specialty programs, 48% are parenting children ages zero (0) to six (6) years of age.

## (2) Success Story for Pregnant / Post-Partum Women in the SE Region

In speaking with Cathy Lowe, Chief Clinical Officer at Drug Abuse Foundation, about the services they provide to pregnant and post-partum women diagnosed with Substance Use Disorders, she expressed: “One of the most rewarding aspects of treating the Pregnant and Postpartum population is seeing how 2 lives can change, not just one. Many of our clients join us after the baby is born, but we also have had the pleasure of having clients come to us when they are pregnant. Helping moms through their pregnancy and anticipating the baby’s arrival is fun for all. We are proud to be able to provide services through the Mommy and Baby program that ensures that mom is stable, feeling healthy and strong and can enjoy being a new mom from the day of her delivery. One client joined us when she was about 6 months pregnant. This was her third child, but the first two were removed from her custody at birth due to her drug use, and her babies had to stay in intensive care after birth. This would be the first child that would leave the hospital with her and that she could care for. She was doing well with her stabilization treatment and completed the parenting classes we provide. When her baby was born, she was able to come back from the hospital within a couple of days with her healthy baby boy. Watching this mother connect with her baby and seeing the joy in her face brought joy to all the staff in the program. This client was able to go home to her grandmother’s house with her baby after completing the residential program. She successfully completed her aftercare and now, mom and baby are a happy family. We are excited to be able to be a part of such success”.

## (G) 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.

## (H) Compliance with charitable choice provision

- There were no issues related to Charitable Choice in Quarter 3.

## (I) Monitoring for 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 believe this approach, is both comprehensive and an improvement over previous approaches to validations and monitoring.

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The following agencies had Tier 2 and/or Tier 3 Validations begun between January – March 2021. 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** - The following represents the status of Tier 2 validations as of Quarter 3, January – March 2021:

Agency	Contract(s)	Date for Tier 2	Current Status
Sunset House, Inc.	PDA44	1/21/2021	Received a Tier 3 validation.
Brighter Family Center, Inc.	PNA37	1/27/2021	Received a Tier 3 validation.
Counseling and Recovery Center, Inc.	ZDA14	1/29/2021	Received a Tier 3 validation.
New Horizons of the Treasure Coast, Inc.	ZTF13	2/17/2021	Tier 3 validation planned for Q4
Carrfour Supportive Housing, Inc.	PNA38	2/17/2021	Tier 3 validation planned for Q4
Legacy Behavioral Health Center, Inc.	LNC05	2/22/2021	Report to be finalized in Q4. (combined with Tier 3 for Brighter Family Center, Inc.)
Okeechobee Substance Abuse Coalition, Inc.	ZDF02	2/26/2021	Received a Tier 3 validation.
Catholic Charities of the Diocese of Palm Beach, Inc.	LNF01	2/26/2021	Tier 3 validation planned for Q4
Henderson Behavioral Health, Inc.	PNA36, LTF10	3/10/2021	Tier 2 report to be finalized in Q4.
Love and Hope in Action, Inc.	ZNA34	3/11/2021	Received a Tier 3 validation.
Access Recovery Solutions, LLC	PDA54	3/17/2021	Tier 2 in progress.
Palm Beach County Substance Abuse Coalition, Inc.	PDC18, PDA58	3/26/2021	Tier 3 validation planned for Q4

**Tier 3** - The following represents the status of Tier 3 validations as of Quarter 3, January – March 2021:

Agency	Contract(s)	Date Tier 3 Begun	Status
Federation of Families of Florida, Inc.	PNF25	1/13/2021	Tier 3 report date: 1/27/2021
The Lord's Place, Inc.	PNA22	12/15/2020	Tier 3 report date: 1/31/2021
Drug Abuse Foundation of Palm Beach County, Inc.	PDA48	12/16/2020	Tier 3 report date: 1/29/2021

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JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus	PNF23	2/3/2021	Tier 3 report to be finalized in Q4.
The Chrysalis Center, Inc.	PNC26	2/15/2021	Tier 3 report to be finalized in Q4.
Counseling and Recovery Center, Inc.	ZDA14 (Main)	2/17/2021	Tier 3 report date: 3/31/2021
Sunset House, Inc.	PDA44	2/26/2021	Tier 3 report to be finalized in Q4.
Brighter Families Center, Inc.	PNA37	3/11/2021	Tier 3 report to be finalized in Q4.
Love and Hope in Action, Inc.	ZNA34	3/23/2021	Tier 3 report to be finalized in Q4.
Okeechobee Substance Abuse Coalition, Inc.	ZDF02	3/23/2021	Tier 3 report to be finalized in Q4.

### (J) Continuous Quality Improvement

The following information was presented during the 3<sup>rd</sup> quarter CQI meetings which were conducted through a Virtual Platform due to the COVID-19 Pandemic:

- **Sharyn Dodrill** presented information regarding Performance Outcome Measure (POM) Data Submitted to the Carisk Portal in FY 20-21, to date. Sharyn reviewed the basis for submitting into FASAMS Versions 13 and 14 quarterly performance outcome measure (POM) updates for their clients – something that previously had been required only of MH providers, but it now required of both MH and SA providers. This performance measure outcome data is used by SEFBHN to determine each provider's performance and by DCF to determine the performance of each of the 7 Managing Entities in the State.
- **Nicole Morin** presented an overview of the Recovery Oriented System of Care. The four dimensions of recovery were reviewed, which include: health, home, purpose, and recovery, which are the elements needing to be examined and planned for in long-term and sustained recovery in the community. Additionally, an overview of ROSC was discussed.
- **Lindsay Slattery-Cerny** presented information on regional suicide statistics, trends, and patterns for both Circuits 15 & 19. These statistics were broken down by circuit and individual county and were obtained from the Florida Department of Health. All counties and circuits showed an increase in the number of deaths by suicide over the past four years, with only Palm Beach county decreasing significantly over time.
- **Becky Walker** and **Linda Kane** presented information on launching a recovery-centric and recovery-oriented system of care, which is expected to identify behavioral health and substance use disorder needs in consumers, as well as improve care with coordination efforts across systems and health domains. A Care Coordination Entity will be central to this system of care and will provide assessment, referral and care coordination services oriented toward individualized service plans unique to the individuals' needs. Goals of the system of care include: (1) to ensure uniform assessment of substance use and/or mental health severity in order to decrease fragmentation of treatment services among providers offering various levels of care; (2) to maintain and utilize a comprehensive continuum of addiction and/or mental health treatment services integrated with other social, non-clinical and recovery support services; (3) to provide the structure, process, and outcome measures necessary to meet care coordination

goals and to streamline continuity, communication, and tracking of clients across providers and service settings.

- **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, and continued work with Medicaid Managed Care organizations to support Wraparound as an in lieu of service for authorizations and billing.
- 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>

## (K) Reinvestment Grants

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

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

### (1) Indian River County

The Indian River Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is entering its fourth quarter of the current CJMHSA Reinvestment Grant. This quarter we have continued to operate and are fully staffed while meeting with clients and adhering to all the CDC guidelines. We have encouraged those clients who can and desire to get the vaccine to do so and are assisting some with making those appointments. We also continue to educate our clients about the pandemic and encourage them to continue to follow CDC guidelines. Clients continue to find employment opportunities, with many open and hiring positions currently, and several are doing very well at maintaining those positions.

Mental Health Association is providing therapy and some psychiatric services. Clients are transitioning from therapy and new clients are being referred at a steady rate. We have recently started utilizing Impower for psychiatric services. Impower is the contracted service provider for the Indian River County Jail. Staff are applying for disability benefits for clients with several in pending decision status.

Wrap-around case management with New Horizons is working very well in conjunction with court case management for our high utilizers. Addition of wraparound is proving very effective in keeping these clients engaged in treatment and avoiding costly hospital visits and re-offending.

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, so we continue to utilize 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.

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Training opportunities continues to be done via online with NADCP and FADAA, and through the USF Technical Assistance Center.

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**

## (2) Okeechobee County

Okeechobee Mental Health court is entering its last month on a six-month extension, which was approved to spend down excess funds. Okeechobee Mental Health Court has had 77 clients total as of March 2021. For the January, February, and March quarter, we had five new clients officially enter, with three more pending. We had six successful graduations and zero unsuccessful discharges/closures this quarter. We had twenty-six clients active during this period with seven receiving targeted case management, three clients receiving forensic case management and one had a FACT case manager. Seven clients were on probation. ten clients are considered incompetent to proceed (ICP/ITP). Four clients are on a conditional release. Seventeen clients with felony charges, eight with misdemeanors and one client with a criminal traffic charge. Two clients were in jail pending beds in the state hospital, one went to state hospital in February and the other in March. One client returned from state hospital and was in jail until February pending a release plan and since has been released and coordinated with a warm handoff to a local provider and a boarding home where he is living and maintaining successfully. Two clients had new arrests this quarter, and two clients had their ROR revoked/ or conditional release violated.

Mental Health Court is currently assisting nine clients with payment for their outpatient substance abuse treatment services at ADAP. Mental Health Court is also assisting four clients with payment for housing: three at the MISS Program of the Treasure Coast and One at Plant A Seed Ministries. The grant is assisting clients with housing while they become stable on medications allows for the client with their 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 can 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.



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SEFBHN has submitted an RFA on behalf of Okeechobee County for the CJMHSA Reinvestment Grant and await to hear if they will be allocated an award.

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

- 28 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = **\$140,000**
- 49 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = **\$600,250**
- 77 total clients with jail bed days of 5,922 days x \$125.00 per day = **\$740,250**

### (L) 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. For the 2<sup>nd</sup> and 3<sup>rd</sup> quarters, 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 and 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. Significant improvements have been made which have streamlined data collection, processing, and sample size tracking. Furthermore, providers receive more frequent reports with their consumer satisfaction survey data (now monthly instead of quarterly), which includes insights into the data such as their ratings in each domain and areas of strengths/weaknesses.

Additionally, several questions/items were added to SEFBHN's survey to collect data on what consumers considered the best and most effective part of the services they received as well as their satisfaction with telehealth services (in comparison with in-person services). These insights were also presented to the providers in their reports. Comments are presented both for potential areas of improvement, as well as consumer perceived strengths. Further improvements will be made in the 4<sup>th</sup> quarter to help providers see network averages for domains to see how they compare to the rest of the network.

### (M) SEFBHN 3<sup>rd</sup> Quarter FY 21 LOCUS and CALOCUS Update

As shown in the following two tables, SEFBHN providers performed 1,002 LOCUS evaluations and 591 CALOCUS assessments in the 3<sup>rd</sup> quarter of FY 21. This is an 8% increase in LOCUS and a 31% increase in CALOCUS evaluations from the second quarter.

Fifty-four percent (54%) of all LOCUS and 55% of all CALOCUS assessments were performed by New Horizons of the Treasure Coast, with Housing Partnership coming in second with 26% and 33%, respectively. These two providers account for approximately 80% of the level of care evaluations performed in the SEFBHN region during the 3<sup>rd</sup> quarter, even though there are 10 other providers who reported using the tools.



SEFBHN 3rd Quarter FY 21 LOCUS Update LOCUS Evaluations by Provider by Month					
Provider	Month			Total	% of Total
	Jan	Feb	Mar		
Behavior Basics, Inc.	1	2	2	5	0%
Carrfour Supportive Housing, Inc.		1		1	0%
HENDERSON BEHAVIORAL HEALTH - SEFBHN	19	11	34	64	6%
Housing Partnership	71	75	111	257	26%
JEFF INDUSTRIES INC	4	1	1	6	1%
JFK MEDICAL CENTER-NORTH CAMPUS		4	2	6	1%
LEGACY BEHAVIORAL HEALTH CENTER INC.	18	6	14	38	4%
NEW HORIZONS OF THE TREASURE CO - SEFBHN	199	182	160	541	54%
Psychotherapeutic Services of Florida, Inc	1	2		3	0%
SOUTH COUNTY MENTAL HEALTH CENTER	15	18	46	79	8%
THE LORD'S PLACE INC.			2	2	0%
<b>Grand Total</b>	<b>328</b>	<b>302</b>	<b>372</b>	<b>1002</b>	<b>100%</b>

SEFBHN 3rd Quarter FY 21 LOCUS Update CALOCUS Evaluations by Provider by Month					
Providers	Month			Total	%
	Jan	Feb	Mar		
BOYS TOWN	11	7	3	21	4%
HENDERSON BEHAVIORAL HEALTH - SEFBHN	3	7	11	21	4%
Housing Partnership	44	72	78	194	33%
HPS HELPING PEOPLE SUCCEED INC.	4	8	10	22	4%
JFK MEDICAL CENTER-NORTH CAMPUS			1	1	0%
NEW HORIZONS OF THE TREASURE COAST	97	104	127	328	55%
SOUTH COUNTY MENTAL HEALTH CENTER		1	3	4	1%
<b>Grand Total</b>	<b>159</b>	<b>199</b>	<b>233</b>	<b>591</b>	<b>100%</b>

The most frequently recommended level of care during the 3<sup>rd</sup> quarter for was LOC 2- Low Intensity Community Based Services with 30% of LOCUS and 25% of CALOCUS assessments resulting in that recommendation. LOC 6 – Medically Managed Residential Services was the second most frequent LOCUS and CALOCUS recommendation with 22% of both evaluations. Third most frequently recommended for LOCUS evaluations was LOC 3 -High Intensity Community Based Services, while 14% of CALOCUS recommendation levels of care were for LOC 5 – Medically Monitored Residential Services.

SEFBHN 3rd Quarter FY 21 LOCUS Update Recommended LOC by Provider												
Recommended LOC	Providers											
	BB	CSH	HBH	HP	JI	JFK	LBH	NHTC	PSF	SCMHC	TLP	%
Basic Services			1	33			6	14		8		6%
LOC 1 - Recovery Maintenance and Health Management	2	1	7	18			4	14		21	1	7%
LOC 2 - Low Intensity Community Based Services	2		9	54	6		11	197		25	1	30%
LOC 3 - High Intensity Community Based Services			22	120			8	26	3	11		19%
LOC 4 - Medically Monitored Non-Residential Services			9	8		1	4	7		2		3%
LOC 5 - Medically Monitored Residential Services	1		13	21		4	5	71		9		12%
LOC 6 - Medically Managed Residential Services			3	3		1		212		3		22%
<b>Grand Total</b>	<b>5</b>	<b>1</b>	<b>64</b>	<b>257</b>	<b>6</b>	<b>6</b>	<b>38</b>	<b>541</b>	<b>3</b>	<b>79</b>	<b>2</b>	<b>100%</b>

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SEFBHN 3rd Quarter FY 21 CALOCUS Update										
Recommended LOC by Provider										
Recommended LOC	Provider							Total	%	
	BT	HBH	HP	HPS	JFK	NHTC	SCMHC			
Basic Services for Prevention and Maintenance	2	1	44			15		62	10%	
LOC 1 - Recovery Maintenance and Health Management	4	8	38			17	1	68	12%	
LOC 2 - Low Intensity Community Based Services	9	6	42	18		75		150	25%	
LOC 3 - High Intensity Community Based Services	3	1	57	4		6	1	72	12%	
LOC 4 - Medically Monitored Community Based Services		1	5			17	1	24	4%	
LOC 5 - Medically Monitored Residence Based Services	2	1	6		1	75		85	14%	
LOC 6 - Medically Managed Residence Based Services	1	3	2			123	1	130	22%	
Grand Total	21	21	194	22	1	328	4	591	100%	

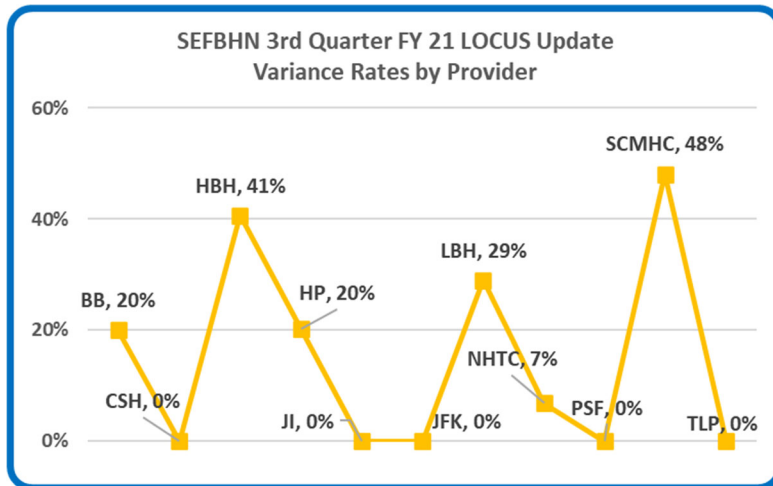
When a clinician completes a LOCUS or a CALOCUS assessment, the result is an instrument-recommended LOC for an individual's placement. Both instruments allow a clinician to override the Recommended LOC with a clinician-selected Actual LOC, but a clinician must specify the reason for this variance.

LOCUS variance reasons and rates, by provider, are shown in the above table. Of the 1,002 evaluations completed in the 3<sup>rd</sup> quarter, a total of 164 variances were used to override the instrument-recommended LOC. This constitutes a 16% variance rate – considerably above the SEFBHN 10% target and a 33% increase from the second quarter of this fiscal year. 'Clinical judgment' remained the most cited reason for a variance, comprising 63% of all variance reasons provided.

SEFBHN 3rd Quarter FY 21 LOCUS Update														
Variance Reasons and Rates by Provider														
Variance Reasons	Providers												Total	%
	BB	CSH	HBH	HP	JI	JFK	LBH	NHTC	PSF	SCMHC	TLP			
Client chose a LOC other than the one recommended			1	2				9				12	7%	
Client dropped out of treatment				2								2	1%	
Client is court ordered to a higher level of care			1	4				1				6	4%	
Client is court ordered to a lower LOC			2	1								3	2%	
Client refuses recommended level	1		3					1				5	3%	
Client waitlisted for Recommended LOC			1					1				2	1%	
Client's finances/job deter treatment level			2									2	1%	
Clinical Judgment			16	31			11	16		30		103	63%	
LOC is clinically appropriate				5				1		8		14	9%	
Services at recommended LOC not what client needs				7				8				15	9%	
Total Variances	1	0	26	52	0	0	11	37	0	38	0	164	100%	
Total Evaluations with No Variances	4	1	38	205	6	6	27	504	3	41	2	837		
Grand Total	5	1	64	257	6	6	38	541	3	79	2	1002		
Variance Rate (%)	20%	0%	41%	20%	0%	0%	29%	7%	0%	48%	0%	16%		

As visually highlighted in the next graphic, LOCUS variance rates demonstrated a greater variability in among providers than seen in previous quarters. Five providers' evaluations were associated with variance rates of 0%; one provider achieved a 7% rate; two ended the quarter with 20%, one with 29%, another at 41%, and one provider's variance rate of 48% shows that clinical judgment was substituted for the LOCUS-recommended results almost half the evaluations performed.

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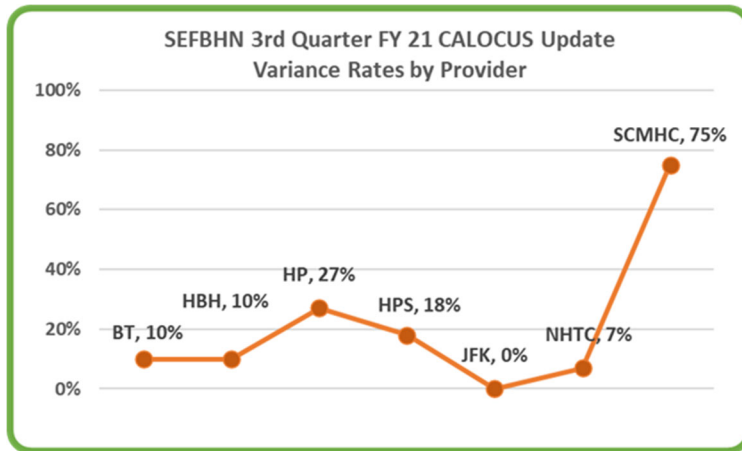


The next table and graphic present the variance data for children's providers. The table shows that, of the 591 CALOCUS evaluations performed, 87 used variances – a variance rate of 15%. Although above SEFBHN's 10% target, this 15% rate is down from 18% in the second quarter and 23% in the first quarter of this fiscal year.

The CALOCUS variance rates by provider were more closely clustered with 6 of the 7 providers achieving rates between 0% and 18%. The outlier was South County Mental Health Center with a 75% variance rate for the 3<sup>rd</sup> quarter of this fiscal year.

SEFBHN 3rd Quarter FY 21 CALOCUS Update									
Variance Reasons and Rates by Provider									
Variance Reason	Provider							Total	%
	BT	HBH	HP	HPS	JFK	NHTC	SCMHC		
Client refuses recommended level of care						1		1	1%
Client waitlisted for recommended LOC						1		1	1%
Clinical judgment	2		45			3	3	53	61%
Family/guardian refuses level of care			1					1	1%
Lower LOC not yet completed or provided		1	5	4		18		28	32%
No Availability of service/bed at level of care			2					2	2%
Parents' finances/job deter treatment level		1						1	1%
<b>Total Variances</b>	<b>2</b>	<b>2</b>	<b>53</b>	<b>4</b>	<b>0</b>	<b>23</b>	<b>3</b>	<b>87</b>	<b>100%</b>
Total Evaluations with No Variance	19	19	141	18	1	305	1	504	
<b>Grand Total</b>	<b>21</b>	<b>21</b>	<b>194</b>	<b>22</b>	<b>1</b>	<b>328</b>	<b>4</b>	<b>591</b>	
<b>Variance Rate</b>	<b>10%</b>	<b>10%</b>	<b>27%</b>	<b>18%</b>	<b>0%</b>	<b>7%</b>	<b>75%</b>	<b>15%</b>	

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The next table presents the correspondence between the LOCUS-recommended levels of care and the variance-generated, clinician-selected Actual levels of care, with the green cells in the table representing those evaluations where the 2 LOCs matched.

SEFBHN 3rd Quarter FY 21 LOCUS Update								
Correspondence Between LOCUS-Recommended LOC and Provider-Selected LOC								
LOCUS-Recommended LOC	Provider-Selected Actual LOC							Total % Match
	Basic	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6	
Basic Services	21		34		7			62 34%
LOC 1 - Recovery Maintenance and Health Management		37	14	2	15			68 54%
LOC 2 - Low Intensity Community Based Services		2	280	9	14			305 92%
LOC 3 - High Intensity Community Based Services		1	19	161	8	1		190 85%
LOC 4 - Medically Monitored Non-Residential Services			1	5	23	2		31 74%
LOC 5 - Medically Monitored Residential Services	1		8	6	9	99	1	124 80%
LOC 6 - Medically Managed Residential Services			3	1	2		216	222 97%
<b>Grand Total</b>	<b>22</b>	<b>40</b>	<b>359</b>	<b>184</b>	<b>78</b>	<b>102</b>	<b>217</b>	<b>1002</b>

The numbers above and to the right of the green cells (those highlighted in yellow) in the table represent the number of evaluations where the clinician opted to provide individuals with more intensive services, i.e., a higher LOC, than their LOCUS recommended. Most important for determining fidelity to the LOCUS protocols is the number of cases that are more than one (1) LOC above the LOCUS recommendation which, in the 3<sup>rd</sup> quarter, total 73. There are two reasons that these 73 cases are important.

First, providers are trained to re-do the LOCUS assessment any time the clinician-selected Actual LOC is more than one (1) LOC off from the LOCUS recommendation. The LOCUS and CALOCUS have been in use across the country for many years and have a strong base of evidence as to their efficacy in identifying levels of care appropriate to client need. Therefore, when there is a discrepancy of more than one LOC between the clinician's judgment and the LOCUS results, the usual reason is that the evaluation was not scored correctly and, despite SEFBHN and Carisk technical assistance, they are not re-doing their assessments when their evaluations triggered this quality improvement protocol. Second, a failure to redo the assessment in these 73 cases raises the likelihood that these individuals received higher intensity care than they needed – never appropriate in an environment of limited resources.

Similarly, the numbers to the left and below the green cells in previous table, highlighted in a pale orange, represent LOCUS evaluations where the clinician chose to provide individuals less-intensive

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services (at a lower LOC) than recommended by the instrument. In the 3<sup>rd</sup> quarter, clinicians assigned 22 individuals to a LOC that was more than one level lower than recommended instead of re-evaluating the clients as required by protocol. 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.

The following table presents the CALOCUS data for the same analyses described above. A total of 51 evaluations resulted in clinicians assigning a person to an Actual LOC more than 1 level above or below the instrument recommendation. The bulk of these were for instances where the CALOCUS recommended Basic Services and the clinician chose to place the individuals 2 levels higher (in LOC 2- Low Intensity Community Based Services) without conducting the necessary reevaluation.

SEFBHN 3rd Quarter FY 21 CALOCUS Update									
Correspondence Between LOCUS-Recommended LOC and Provider-Selected LOC									
CALOCUS-Recommended LOC	Provider-Selected Actual LOC							Total	% Match
	Basic	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6		
Basic Services for Prevention and Maintenance	19	1	41	1				62	31%
LOC 1 - Recovery Maintenance and Health Management	1	46	20		1			68	68%
LOC 2 - Low Intensity Community Based Services			147	3				150	98%
LOC 3 - High Intensity Community Based Services			10	61	1			72	85%
LOC 4 - Medically Monitored Community Based Services			1		23			24	96%
LOC 5 - Medically Monitored Residence Based Services			4			81	5	85	95%
LOC 6 - Medically Managed Residence Based Services				1	2		127	130	98%
<b>Grand Total</b>	<b>20</b>	<b>47</b>	<b>223</b>	<b>66</b>	<b>27</b>	<b>81</b>	<b>127</b>	<b>591</b>	<b>100%</b>

While we continue to strive to reduce the number of these cases, the 73 LOCUS and 51 CALOCUS outliers represent only 7% of the LOCUS and 9% of CALOCUS 3<sup>rd</sup> quarter evaluations.

SEFBHN and Carisk Partners will continue ongoing fidelity monitoring and quality assurance technical assistance with network providers conducting LOCUS and CALOCUS assessments and will periodically report to DCF, the SEFBHN Board of Directors and the CQI Committee on our progress.

## (N) Adjustments to Required Plans and Network Management Activities

### (1) Overview of necessary adjustments to Required Plans

SEFBHN staff are currently in the process of reviewing and revisions to all required plans during the 3<sup>rd</sup> quarter, in preparation for the completion of the Annual Business Operations Plan report and the Template 3 – Block Grant Narrative Report, both of which are due in the fourth quarter.

### (2) Network Management Activities

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

Twelve amendments; one new subcontract; one new agreement; and one termination were completed during the 3<sup>rd</sup> quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

#### Amendments

**PDA52** – South County Mental Health Center, Inc.

**AGR45** – Our Village Okeechobee, Inc.

**PTF05** – Housing Partnership, Inc. d/b/a Community Partners

**PDA57** – The Recovery Research Network Foundation, Inc.

**ZDA14** – Counseling and Recovery Center, Inc.

**LDC07** – Drug Abuse Treatment Association, Inc.

**ZNA28** – Legacy Behavioral Health Center, Inc.

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

**ZTF13** – New Horizons of the Treasure Coast, Inc.

**PNA36** – Henderson Behavioral Health, Inc.

**PNA22** – The Lord’s Place, Inc.

**PNC26** – The Chrysalis Center, Inc.

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

#### New Subcontracts

**PTF06** – Center for Family Services of Palm Beach County, Inc.

#### New Agreements

**AGR50** – Mindhealing Institute, LLC

#### Termination

**PTA01** – The Lord’s Place, Inc. (This made the contract null and void)

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

The following is a summary of collaborative strategies and partnerships for the 3<sup>rd</sup> quarter:

- Continuation of the DCF and SEFBHN Collaboration calls to discuss the DCF 4DX Goals. Current focus is diversion from the SMHTF waiting lists due to the COVID-19 pandemic.
- SEFBHN in partnership with ChildNet started planning for a virtual Behavioral Health Resource Fair in May to help support and advance our workforce. Meetings were held in March and April to plan an event for behavioral health providers to share brief agency and program information with dependency case managers, targeted case managers, court staff, school partners, juvenile justice probation officers and Medicaid managed care organizations care coordination staff. Sunshine Health has graciously agreed to provide \$150 in gift cards as raffles to attendees. SEFBHN sent out a provider registration form for interested parties. A shared folder is being used to collect brochures, referral forms/links, insurance information for attendees and partners.



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- In addition, the Director of Children’s System of Care participated as a panelist in the second Statewide Wraparound In Lieu of Service presentation with the Medicaid Managed Care Organizations, Providers, and other Managing Entities on 3/31/2021. A third event is planned for June 2021.
- SEFBHN Director of Children’s System of Care has been participating this quarter in “Demystifying DCF,” a presentation to community partners. This quarter, SEFBHN participated with the School District of Palm Beach County, 2/2/2021 and Jupiter Medical Center on 2/25/2021.
- 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 3<sup>rd</sup> quarter of FY 20/21, 6 new referrals were received. Of these new referrals received during this quarter – 5 adults and 1 adolescent. We continue to utilize the method of engaging a 3-way conference call between PBSO Staff, Care Coordinator and Program Participant to facilitate communication between Care Coordinator and Program Participant when linking Program Participants to community providers and have found this to be successful. This new process enables the Care Coordinator to build rapport with Program Participant to ask questions to assist in the process of linking them with community providers that will best serve their needs. Furthermore, this process allows the Care Coordinator to check in with the program participants progress on a weekly basis, as well as assist with linkage to further supportive services such as Case Management, Peer Support and transportation services if needed.
  - Since the previous quarter there has not been any closures, however, there has been established communication with program participants, an efficient transition with linking to services as well as improved family relationships. A program participant has been linked with a job readiness program and recently completed a Fork-Lift Certification. He is motivated to continue progressing with certifications to prepare him with employment to work on bridges. Through the job readiness program, he will receive further certifications needed to work on bridges, as well as complete a 30-hour OSHA Certification. Furthermore, another program participant has been offered a managerial position at work and will soon begin to train for his new position as he continues working on his recovery by attending group on a weekly basis. Lastly, the adolescent that has been receiving services this quarter has improved his familial relations as his father expressed to Care Coordinator during a recent weekly check-in.
- 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 monthly. Due to the COVID-19 pandemic, these meetings were held virtually (Microsoft Teams). These meetings allow for robust information exchange about Data, Technology, Reporting, Billing and Financial Management and Care Coordination.



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### (3) Further Collaborations and Activities with DCF, Stakeholders and Network Service Providers

#### (a) 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.

The following is a summary of activities that occurred during the 3<sup>rd</sup> quarter:

- Due to COVID-19, more youth have appeared to be eligible for Medicaid that weren't previously. Although, this is presumably a good thing, it has made less individuals in need of traditional funded services. We continue to allow enrollment of Medicaid youth and identify unmet needs, which remain reimbursable.
- During this time, most services remained remote although some have been in in-person with proper mask utilization and social distancing.
- A Phase 3 Needs Assessment was completed for Palm Beach County, which looked for the below items:
  - The impact of COVID-19 on health and wellness, housing, employment, finances, family, and social relationships;
  - Expected increased rates of anxiety, depression, suicide, substance use, intimate partner violence, child abuse and maltreatment;
  - House Bill 945 and the impact on the current system of behavioral health services;
  - Use of telehealth; and
  - Impact on the behavioral health workforce
- In Belle Glade, the Glades S.T.A.R. has been able to sustain the therapeutic gardening program with youth and parents. Saturday and holiday camps even extended a therapeutic gardening camp due to the increased interest by youth in being part of this.
- In Okeechobee, Our Village Okeechobee (CMHSOC) started a music (piano) class as part of its service array.

#### (b) Prevention

The following is summary of Prevention activities and updates for the 3<sup>rd</sup> quarter:

- During the 3<sup>rd</sup> quarter, January – March 2021, 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.
- 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 this FY 2021, SEFBHN Prevention agencies continue to provide Behavioral Health Prevention support messages which School and Community Officials have made available to

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their students and families. These messages provide resources to communities at large and provide opportunities for parents and youth to register into community and school virtual platforms.

- For this 3<sup>rd</sup> quarter of FY2021, 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.
  - January – March 2021 meeting discussions centered around:
    - The new “Aunt Bertha” and “Faith and Community” websites
    - Completing the Substance Abuse Prevention License/ Waiver process
    - Review of Prevention Program Validations
    - Utilization of the Prevention Monitoring Tool as a Quality guide
    - 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:
    - Substance Abuse Block Grant Prevention Performance Indicators
    - SAMHSA Guidance on Round 1 COVID funds via SAPT/ CMHS Block Grant
    - COVID-19 Prevention Resources.
    - 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.
- The Network Prevention Manager continues to exercise oversight of prevention-exclusive contracts and amendments, risk assessments and agency validations.
  - During this 3<sup>rd</sup> quarter of FY 2021, the Network Prevention Manager met with Hanley Center Foundation, Inc. and Palm Beach County Substance Abuse Coalition to advise and remind agencies of the need to renegotiate their contract ending this FY 2021. Both negotiations are scheduled for the 4<sup>th</sup> Quarter.

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- The Network Prevention Manager completed the Contract Validation for Federation of Families of Florida. The Tier 3 Walk-Through was completed January 13, 2021 and final Contract Validation Review Report (CVRR) sent to the agency on January 27, 2021.
- The Network Prevention completed the Tier 2 Validation for Okeechobee Substance Abuse Coalition (OSAC) on March 11, 2021. The Tier 3 Virtual Walk-Through was completed on March 23, 2021. The final Contract Validation Review Report (CVRR) is scheduled to be sent to the Provider in April 2021.
- During this 3<sup>rd</sup> quarter, SEFBHN Prevention Providers continue to implement the following state recommended Prevention School-based Programming in each of our counties:
  - Hanley Center Foundation (HCF) continues their virtual implementations of the “Botvin LifeSkills Training” school-based program in Palm Beach County’s Coastal and Western Communities. The online format continues to be offered to 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students in partnering schools with whom 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 4<sup>th</sup> and 5<sup>th</sup> grade students.
- During this 3<sup>rd</sup> quarter, all SEFBHN Coalitions finalized their County’s Prevention Needs Assessment and Comprehensive Community Action Plan (CCAP). They provided their reports as a resource to agencies completing funding applications. The Needs Assessments and CCAPs assisted agencies with programmatic planning and identifying locations needing services.
- Additionally, all County Coalitions continued their work to provide community and school alternative activities in online Virtual formats.
  - In addition to the Needs Assessment and CCAP, Palm Beach County Substance Abuse Coalition’s (PBCSAC) completed their Palm Beach County’s Vaping Logic Model which provided data and information to Palm Beach County regarding youth and adolescent Vaping trends.
  - PBCSAC also held and completed their Annual School Bus Drug Prevention Poster contest. This year they, again, had entries from Elementary, Middle and High School students. 6 winning posters were selected at the end of March and will be replicated to be featured on all Palm Beach District School busses.
  - PBCSAC’s Teen Coalition-In-Action (CIA) continued their online Wednesday sessions for youth in the Palm Beach County region. Their Teen CIA #Teen Talk is an interactive

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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 are led by PBCSAC Teen CIA and serve the community in an online delivery format.

- 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 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 with schools, to facilitate 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.
  - 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.
- Okeechobee Substance Abuse Coalition (OSAC) continued online monthly youth conversations.
- OSAC continues to work with the Health Resources and Services Administration (HRSA) grant and Okeechobee County System of Care initiatives.
- Hanley Center Foundation, too, continues their work on the Health Resources and Services Administration (HRSA) grant needs assessment and sustainability plan as directed in their award guidance.

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- 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.
- Because residents often travel outside of Okeechobee County to receive services, Hanley's 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 monthly brings together DCF State Representatives, Managing Entity Prevention Coordinators and Agency and Coalition leaders.
  - 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.
  - This quarter's discussions also 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.
  - New topics for this 3<sup>rd</sup> quartet included Substance Abuse Block Grant Prevention Performance Indicators and SAMHSA's Guidance on Round 1 COVID funds via SAPT/ CMHS Block Grant
- The Network Prevention Manager continued 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.

### (c) Care Coordination

The Care Coordination team continued, in the 3<sup>rd</sup> quarter, 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 six full-time care coordination 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.

### Civil State Mental Health Treatment Facility Diversions

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. In the 3<sup>rd</sup> quarter, 2 persons served

engaged in Care Coordination were able to be diverted from civil SMHTF. During the 3rd quarter there were 98 adults that engaged in Care Coordination.

An example of a case opened during this quarter involved an individual served who was admitted to an ASU from a Law Enforcement Baker Act. The person served had frequent Baker Acts to the ASU. Due to multiple admissions the Care Coordinator got involved. When the Care Coordinator first attempted to engage, he refused services, he was still actively experiencing psychosis. Due to his past violence and psychosis the Psychiatrist petitioned for a SMHTF transfer. He was on the waitlist for SFSH. The Care Coordinator and social workers continued to try to engage. A referral for the FACT team was completed, but he was still very unstable refusing medications. At this time, he was denied from FACT due to him being too acute. The social worker and care coordinator continued to try to engage. Eventually he started taking his medications and attending groups. He started to stabilize, and the Care Coordinator worked with his family on a diversion plan. His mother was very afraid of him being admitted to a SMHTF and informed they would take him back into their home. He was rescreened by FACT; he was willing to engage in services and move back with his parents. He was able to be diverted and his fully engaged with FACT services.

### Transitional Vouchers

SEFBHN staff and Network Service Providers continue 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.

In the 3<sup>rd</sup> quarter, SEFBHN approved 98 transitional vouchers – 53 for substance use and 45 for mental health, representing a slight increase compared to the 92 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.

Approximately 56% of individuals who receive vouchers can maintain housing by the time the funds for a given voucher are used. 44% of individuals who receive vouchers obtain employment by the time they have used the voucher funds (21% 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 used only as a funding source of last resort, that persons receiving vouchers connect to all possible community resources and benefits, and that the challenges related to COVID-19 are addressed when developing sustainability plans for each voucher.

### Additional Care Coordination Activities for Quarter 3

- SEFBHN Care Coordination staff continue to make referrals to the Coordination of Care (CoC) Module, and Carisk Partners continues to work with MD Flow to make enhancements to the CoC Module.
- Changes to the Coordination of Care Module for the 3<sup>rd</sup> quarter include:
  - Carisk has worked with MD Flow to incorporate the information from the Carisk Portal data feed to reduce the number of rejections and pending errors.



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- The CoC module has been enhanced for enrollment access for insured persons served.
- Additionally, an enhancement was created for the future possibility for telehealth integration.
- 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 have been invited to ensure streamlined warm handoffs.
  - The NSPs and SEFBHN had two monthly meetings in the 3<sup>rd</sup> quarter. Some of the agenda items include increasing engagement and enrollment into Care Coordination, continued diversion efforts, completing LOCUS assessments, assisting with discharges from SMHTFs, WRAPAROUND services, the CoC Module, and a trauma-informed care presentation. During this reporting period SEFBHN received a technical assistance from Catholic Charities on their Immigration program to be able to provide this information to NSPs.
- 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. This quarter, due to low utilization, changing needs in the community (particularly an increased need for services for individuals with mental health and co-occurring conditions) and opportunities to more effectively direct funding, the Ted's Place program was closed, with all remaining clients being referred to treatment services by February 11, 2021.
- SEFBHN, in collaboration with Palm Beach County and Center for Family Services of Palm Beach County, has begun development of a centralized assessment and care coordination program in Circuit 15. The program will initially be limited to individuals requiring assessments in the Circuit 15 Marchman Act Court, Early Childhood Court and Family Drug Court who are determined to be indigent. Consumers will have the ability to receive a level of care assessment immediately in the court following a hearing if they choose (otherwise, assessments can be scheduled at their convenience). Center for Family Services will be the provider completing these assessments and will additionally be providing full Care Coordination services throughout the individual's episode of care including their initial referral to services, following up at least monthly on their progress, and providing ongoing referrals and coordination of services. The program is expected to begin during the 4<sup>th</sup> Quarter.

#### (d) Housing Activities

The following is a summary of Housing Activities for the 3<sup>rd</sup> quarter:

- 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



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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 3<sup>rd</sup> quarter for Community Partners dba/ Housing Partners newly renovated apartment building (16 – 2 bedroom and 4 1-bedroom units), as we wait for FP&L to finalize some electrical issues and the City of West Palm Beach to issue the certificate of occupancy. The housing program is now expected to open in the end of April.
- Carrfour Supportive Housing is at capacity with 36 persons served. In the 3<sup>rd</sup> quarter, they have onboarded a new property manager and a new Peer Specialist. The persons served living at Carrfour have provided positive feedback with the addition of these new staff members. Carrfour Supportive Housing is now working on expanding the services to provide a wider range of Peer lead and community services like they do in their Miami locations.
- 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 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.
- SOAR/PATH monthly call with DCF attended regularly.
- The Network Housing Specialist (NHS) presented twice at CQI for network providers. The first presentation provided information on available housing opportunities for District 15. Providers were given the direct links to assist consumers with applying and getting on the waiting list for supporting housing. The second presentation provided training on how to apply for affordable housing utilizing wpbha.org. The NHS went demonstrated how to get to the website, search for available housing and filled out a mock form step by step while providers followed along on their screens. Pertinent information was provided as to how to streamline the process to make it as seamless as possible. Examples included: sitting with consumers for information gathering while applying, the Case Manager providing their contact information as a secondary point of contact and applying for multiple opportunities. Providers were provided with various links for transitional and permanent supporting housing resources for Circuits 15 and 19.
- The Network Housing Specialist (NHS) has been working diligently with Housing Partnership's Village 2 program, a new Rapid Re-Housing Program, that is part of the Emergency Shelter Grant (ESG) contract that SEFBHN has with Palm Beach County's CoC.

Meetings were held throughout the quarter to provide technical assistance with developing and implementing policies and procedures that meet Housing of Urban Development's (HUD) guidelines. Some of the specific documentations that they received assistance with developing include but is not limited to: Policies and Procedures relating to Biopsychosocial, Risk Assessment, Crisis Safety, Rent Calculation, Budget, Zero-Income Affidavit, Apartment Inspection and Grievance. The NHS also assisted them with a SPDAT training and introduced and connected them with the Continuum of Care's, Liz Brumley. They were informed of the referral process and will soon be receiving consumers from Coordinated Entry.

- The Network Housing Specialist engaged in the Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP) meetings. The COSSAP grant is part of a collaboration between SEFBHN, Palm Beach County and Florida Atlantic University. The purpose of the COSSAP grant is to provide housing with other recovery support services for clients with Substance Use Disorder (SUD). The clients are referred by Palm Beach County Reentry System with a goal to reduce opioid use and recidivism rates. The SEFBHN contracted provider for this grant is Rebel Recovery, a peer organization that will have two positions, a Care Coordinator, and a Supported Housing Peer. Florida Atlantic University is conducting a research study on this grant. The Network Housing Specialist attends the COSSAP Research Meetings to collaborate on the methodology and to do process mapping as the program prepares to launch.

#### (e) Opioid Addiction Services/Medication Assisted Treatment/Substance Use Disorder

The following is a summary of Opioid and MAT services for the 3<sup>rd</sup> quarter:

- SEFBHN continues to pursue Hospital Emergency Room Programs that initiate a buprenorphine induction for overdose patients in their ER coupled with Peer Services in Palm Beach and the Treasure Coast. We currently fund peers at Rebel Recovery, SACIR and NHTC to be available for hospitals to request for Peer Support for consumers in the ER and link them to continuing MAT and other required treatment services. The utilization of these programs has not been as high as had been anticipated. Substance Awareness Center of Indian River County (SACIRC), Treasure Coast Community Health (TCCH) and Cleveland Clinic Indian River Medical Center in Vero Beach collaborate to offer a buprenorphine induction in the hospital to opioid overdose patients with linkage to a peer and treatment services at SACIRC and continuing MAT services TCCH.
- The 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. There continues to be a delay in getting the hospital buprenorphine inductions underway, but we expect this to happen in the 4<sup>th</sup> quarter.
- In January and February 2021, 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.

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- The Director of Systems Integration continues to oversee and provide ongoing technical support to providers using the WITS system for SOR grant data reporting. Overall, 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 Director of Systems Integration and feedback is given to providers monthly.
  - ⊖ GPRa compliance rate for SOR 1 improved by approximately 2.1% over the course of this quarter. Technical assistance is being provided to network providers regarding the transition to SOR 2, particularly regarding how to make the transition while maintaining the highest possible compliance rate with follow-up GPRAs. Alexander Parodi and the team at DCF have been collaborating closely with SEFBHN regarding this transition as well.
- The Medication Assisted and Peer Support (MAPS) Jail Bridge program is a collaboration between Palm Beach County Sheriff's Office (PBSO), The Recovery Research Network Foundation (TRRNF), Rebel Recovery and Wellpath focused on providing clinical, peer support and medication assisted treatment (MAT) services to incarcerated individuals in the PBSO West Detention Center in Belle Glade. We continue to increase the number of participants, with a target of 40 and expect to start the program for women in the 4<sup>th</sup> quarter. We expect this program to serve as a model for other counties and SEFBHN has been working with Port St. Lucie Sheriff's Office and Martin County Sheriff's office to bring MAT services into their jail system.
- 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 Sheriff'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. 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 occurred in January 2021.
- SEFBHN has been working with Port St. Lucie Sheriff's Office and Martin County Sheriff'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, which is under review. We will continue to pursue this opportunity in the 4<sup>th</sup> quarter.

#### (4) 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.

### (O) Network Service Provider (NSP) Performance

#### (1) Monitoring and Review Results, Including Reports, Corrective Action Plans (CAP) or Other Necessary Follow-up Actions

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.

The following is a summary of currently open Performance Improvement Plans (PIPs) and CAPs:

- **Psychotherapeutic Services of Florida, Inc.** – A PIP was requested because 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. PIP reviews have been conducted in September and October 2020, and there have been additional reviews in 2021. The PIP remains open as of the 3<sup>rd</sup> quarter.
- **Housing Partnership d/b/a Community Partners of South Florida** - During the 3<sup>rd</sup> quarter, an updated PIP was received along with documentation intended to support progress in administrative compliance. We received partial documentation showing progress on the administrative PIP however, clarifications and additional documentation were still needed even after a second round of documents were received. The agency believed they were providing all documentation needed to close the PIP and it was clear the agency did not understand the full documentation request, so additional technical assistance was provided directly to the HR staff. During the March 4, 2021 meeting clarification was offered as to the full list of items needed to verify completion of PIP activities. Once the agency fully understood what we needed to confirm compliance, they were able to share documentation of improvement and certify current compliance in the HR areas highlighted and, as such, the administrative PIP was closed on March 9, 2021.
- **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 PIP was due on 1/22/2021 and is currently still open.

- **Drug Abuse Foundation of Palm Beach County, Inc.** – A PIP was issued to Drug Abuse Foundation of Palm Beach County, Inc. based on the completion of their Tier 3 Contract Validation Review Report. During Quarter 3, the agency submitted their response however, it could not be accepted as submitted as it stated they were compliant and did not need a performance improvement plan. As a result, our office offered additional technical assistance and is currently awaiting a revised PIP to be submitted in Quarter 4.

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.

## (2) 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	39.49
	Percent of adults with serious mental illness who are competitively employed	24%	68.00%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	95.00%
	Percent of adults in forensic involvement who live in stable housing environment	67%	95.00%
	Percent of adults in mental health crisis who live in stable housing environment	86%	86.00%
Adult Substance Abuse	Percentage change in clients who are employed from admission to discharge	10%	14.00%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-50.00%
	Percent of adults who successfully complete substance abuse treatment services	51%	62.00%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	90.00%
Children's Mental Health	Percent of school days seriously emotionally disturbed (SED) children attended	86%	90.00%
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	100.00%
	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	N/A

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Children's Substance Abuse	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	99.00%
	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	100.00%
	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	96%	100.00%
	Percent of children who successfully complete substance abuse treatment services	48%	79.00%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-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 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.

### (P) Implementation of Specific Appropriations or Grant Funds

#### (1) Family Intensive Treatment Teams (FITT)

Henderson Behavioral Health (HBH) continues to provide FIT Team services in Palm Beach County and Counseling and Recovery Center (CRC) continues to provide FIT Team Services on the Treasure Coast covering Indian River, Martin, Okeechobee, and St. Lucie Counties through specific appropriation 370 for FY 20/21.

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 72 families have been served this fiscal year to date by both FIT teams. During the 3rd quarter of FY 20/21 the FIT Team Services have been available to enroll 53 families for services, year to date. Through March 2021, the percentage of families served who have successfully completed treatment with FIT services is 45%. The intensive family services being provided by the FIT teams to child welfare involved families continue to demonstrate cost avoidance by diverting individuals and families served from higher levels of care and longer-term child welfare involvement, including foster care.

By March 1, 2021, both FIT teams (CRC and Henderson Behavioral Health) completed the full Fidelity Review assessment. The purpose of the Family Intensive Treatment (FIT) Model fidelity assessment tool is to provide a method for documenting the extent to which the core components of the FIT model are being implemented as intended. The FIT model is "designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse." Assessing fidelity helps to identify and understand implementation and practice strengths, challenges, and need for adaptations to the program model. Establishing fidelity is also essential to evaluating



program outcomes and effectiveness. The main elements are organized by the domains of: Program Staffing; Staff Education and Training; Internal Teaming; Assessment; Substance Use and Mental Health Services; Quality Assurance; Referral; Parent Outreach and Engagement; Comprehensive Treatment and Case Management Planning; Parenting Intervention Services and Supports; Integration; Multidisciplinary Staffings; Discharge Planning; and System-wide Implementation and Collaboration.

FIT by design is an integrated service approach that relies on collaboration and teaming between FIT program leadership and staff, child protective investigations, child welfare case management, community-based care lead agencies, children's behavioral health providers, social service agencies, and other services and supports necessary for a family's successful treatment when parental substance use is present for a child welfare involved family.

While FIT providers are the primary entity responsible for establishing and implementing a FIT program that is aligned with the core components of the model, successful implementation requires that all system partners have responsibility for understanding the core components of the FIT model and accountability for implementing reciprocal collaboration and communication practices. Scores for each domain range from one (1) to three (3), with a rating of three (3) indicating the highest level of core component implementation. Domains rated as one (1) or two (2) will lead to further discussion between the FIT team and stakeholders engaged in the Fidelity Review for the purpose of identifying strategies to improve core component implementation for the specific domain.

Please see [Appendix A](#) for the ratings and summary results from the completed Fidelity Review assessments for each FIT team (Henderson Behavioral Health and Counseling and Recovery Center).

## (2) Return-on-Investment Reporting

The following is a summary of ROI Reporting for the 3<sup>rd</sup> quarter:

- 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 3<sup>rd</sup> quarter of FY 20/21 these teams served a total of 109 children and reported a total cost avoidance minus actual expenditures to the state of \$1,485,063.20 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). Sixteen (16) persons were served in the 3<sup>rd</sup> quarter. The savings to the state was \$92,721.60 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 3<sup>rd</sup> quarter, the center served 1646 individuals. The center can provide lower cost services using physician trainees. As a result, the cost avoidance to the state this quarter was \$225,754 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 MRTs for both Circuits received 941 calls in the 3rd quarter. 822 calls required an acute response with an average response time of just over 29 minutes. Calls continue to rise for the 3rd quarter with MRTs, which is again attributed to increased partnerships and outreach, as well schools resuming both distance and face-to-face education.

### (Q) Any Adverse Finding or Report against a Network Service Provider

There were no adverse findings or reports against a Network Service Provider by any regulatory or law enforcement entity in the 3<sup>rd</sup> quarter.

### (R) Additional Network Activities to support the System of Care

#### (1) Triennial Needs Assessment

Ronik and Radlauer continued to work 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. For Quarter 3, this partnership 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, that will continue to be examined into Quarter 4:

- 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

#### (2) Planning and Implementation of House Bill 945

The following is a summary of House Bill 945 related activities for the 3<sup>rd</sup> quarter:

- 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 other 3<sup>rd</sup> quarter activities related to the implementation of House Bill 945 by SEFBHN staff.
- House Bill 945 Steering Committee convened for Circuits 15 and 19 by SEFBHN. The first meeting was held on 3/9/21, and they will be held monthly thereafter. The goal of the Steering Committee is to plan for the implementation of House Bill 945 requirements, as well as the Coordinated System of Care.

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- Director of Children's System of Care met with JFK North leadership to share information regarding the House Bill 945 and planning process.
- SEFBHN staff continue to work with FAME sharing local resources developed and regional planning process.
- Director of Children's System of Care began attending the Statewide House Bill 945 – Children's Crisis Unit / High Utilizers workgroup meeting biweekly 2/26/21, 3/12/21 and 3/26/21. A focus began with identification of barriers and potential solutions and then moved into process mapping crisis admissions.

## Appendix A: Fidelity Reviews for the Family Intensive Treatment Teams for Counseling and Recovery Center and Henderson Behavioral Health

<b>COUNSELING AND RECOVERY CENTER, INC.</b>		
<b>Program Staffing</b>	3	The FIT program was developed in accordance with DCF Guidance 18, FIT Model Guidelines and Requirements and meets the recommended full staffing pattern.
<b>FIT Staff Education and Training</b>	3	The FIT program staff has completed training related to trauma-informed practices. The current EBP's utilized do not require formal training. In January 2021, Active Parenting is scheduled to be implemented by the FIT team as an additional resource for parenting.
<b>Internal FIT Teaming</b>	3	The FIT team meets formally twice a month to review cases. On-going consultations and discussions occur throughout each day regarding case status and actions required. A variety of communication methods are used including one-on-one consultations, conference calling, emails, texting, and Zoom involving staff involved in the individual's care.
<b>Assessment</b>	3	All FIT staff have access to FSN which is used for file review including the initial and on-going Family Functional Assessment and Caregiver Protective Capacities. The FIT team utilizes an in-depth clinical interview which includes ASAM, ACE, DLA-20 and biopsychosocial to determine the appropriate level of care for substance use and mental health services.
<b>FIT Substance Use and Mental Health Services</b>	3	The FIT team provides services as recommended in-home or on-site. The services are provided consistently by the entire FIT team including certified peer support specialists, case managers, and clinicians. Individuals are referred for additional support services in the community when needed, such as MAT, Safe Space, NHTC, and Vocational Rehab, Ride to Work, Food bank.

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<b>Quality Assurance (QA)</b>	3	The agency has a CQI (Continuous Quality Improvement) program that formally meets once a month. The CQI committee is comprised of a management team that is responsible for overall program compliance including development of policies and procedures. Peer reviews are conducted quarterly in accordance with 65D-30 licensing regulations. The CQI process obtains program feedback through a variety of methods including consumer and community stakeholder surveys and the SEFBHN/Carisk Scorecard. Performance measures are reviewed quarterly in the CQI meetings. Any related program adjustments are shared with stakeholders and care partners through a variety of methods including participation in the monthly child welfare/substance abuse collaborative circuit 15 and 19 meetings.
<b>Referral to FIT</b>	3	The FIT program does an amazing job accepting and processing referrals in a timely manner and communicating barriers to ensure our parents can engage in services. Referrals are in u-Refer.
<b>Parent Outreach and Engagement</b>	3	FIT program does a great job of reaching out to the family as soon as referrals are received.
<b>FIT Comprehensive Treatment and Case Management Planning</b>	3	FIT does a wonderful job using the Progress Exchange form and they are always on time and they provide thorough information regarding the client's progress. FIT provides stakeholders with additional information in this area; the person-centered treatment plan and case management plan is developed and aligns with the child welfare CPC and FFA. BHC stated some parents need after hour appt.'s, FIT informed that appt.'s are available.
<b>Parenting Intervention Services and Supports</b>	3	Unable to assess due to not being involved at this point in treatment. BHA FIT provided stakeholders with information in this area: Evidenced based parenting intervention is individualized and part of the person center treatment plan. At times, parents have completed a parenting program before coming to FIT, if the DCM approves it, parenting will not be part of the services.

## Quarterly Report for Q3: January 1 - March 31, 2021

Submitted: April 20, 2021

<b>Integration of FIT, Child Welfare, and Children's Mental Health Related Services</b>	2	FIT does an excellent job with communicating to child welfare on a regular basis and uploads progress exchange forms monthly into FSN. There is a gap in child welfare professionals reciprocating the same level of communication back to the FIT team. FIT supervisor does an excellent job if raising communication concerns on a case-by-case basis, as well as globally during monthly SACW integration meetings. There is an opportunity to strengthen this area to improve communication between all parties. Increased communication between child welfare and FIT team will increase engagement of families being served.
<b>Multidisciplinary Staffings</b>	3	FIT provided stakeholders with the following information regarding MDT as they were not aware these were taking place: The FIT team is in regular communication with the CPI or DCM. There are formal MDT meeting invitations for cases in which the parent is not engaging, continues to test positive, and cases that are leading to adoption or TPR.
<b>Discharge Planning</b>	3	FIT participated in panel discussions to educate child welfare professionals on the discharge planning process.
<b>System-Wide Implementation and Collaboration</b>	2	There is a long-standing interagency initiative within the circuit focused on integrating the systems of care. This meeting lacks a parent's representative. Recommendation: FIT to consider having a peer support member from their team attend these meetings to strengthen this area. Need parent representation/advocate at the system of care meetings. FIT is open to the suggestion of having a peer support in the meeting to represent the parent.

**HENDERSON BEHAVIORAL HEALTH – PALM BEACH**

<b>Program Staffing</b>	2	Peer specialist (M.Y.) is working towards CRPS. Peer (J.F.) is within 4 months of transition to role and will be attending next training.
<b>FIT Staff Education and Training</b>	3	All staff are trained in trauma-informed practices and both therapists utilize evidence-based treatment modalities including, but not limited to, those listed above.



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<b>Internal FIT Teaming</b>	3	FIT team meets weekly (Thursday's from 9:30 am to 12:30 pm). Additionally, it is required for all team members to communicate with one another at least 2-3 times per week, if not daily.
<b>Assessment</b>	3	FIT therapists utilize FSFN and/or contact with child welfare professionals to obtain necessary DCF assessments and inform the intake/biopsychosocial assessment process. All FITT therapists utilize the LOCUS on an ongoing basis, DLA-20 Alcohol-Drug, monthly caregiver protective capacity reviews, risk assessments, and additional screenings to identify/explore presenting substance use and mental health symptoms while ensuring appropriate level of care.
<b>FIT Substance Use and Mental Health Services</b>	3	FIT team adheres to the Wraparound process and includes team therapist/WCM/peer specialist as well as other necessary team members working with the family (natural and formal). Team utilizes face-to-face service provisions unless identified by client due to concerns related to COVID-19. Evidence-based SA interventions are foundational to FITT Treatment, as well as psycho-education for the identified client and family when appropriate.
<b>Quality Assurance (QA)</b>	3	FIT Teams complete formal peer review of cases at least quarterly to ensure charts comply & reviews of data are completed monthly. Both teams have feedback/satisfaction surveys completed during monthly CFT's for review & submission to SEFBHN. QI Specialist (JV) is tasked with obtaining and providing QA findings to FIT Team Lead as necessary/appropriate and this information is then provided to all relevant team members, again, as necessary.
<b>Referral to FIT</b>	3	FIT team lead is responsible for referral protocol. Said protocol includes updating internal tracking, looking at referral in FSFN, contacting DCM/CPI and client, ensuring appropriate level of care/substance use diagnosis/child is deemed unsafe in DCF case, and completing screen and score assessment. Throughout the process, documentation is maintained both in Henderson's electronic health system and FSFN. If FITT case is opening, referral source is notified and assigned a FITT team. At such point, DCM/CPI are invited to client's intake and all subsequent monthly CFT's. If case is not opening, referral source will be notified and documented appropriately; other provider options will also be provided and discussed with DCM/CPI to ensure

		<p>appropriate service provision.</p> <p>Additional feedback included “There’s always appropriate follow up for referrals” and “Communication is good about referrals I’ve sent in”.</p>
<b>Parent Outreach and Engagement</b>	3	<p>FIT provider immediately contacts eligible parents/guardians to begin the engagement and enrollment process. Once determined case is opened, assigned FIT team contacts eligible parent/guardian and child welfare professionals to begin engagement process while adhering to FITT programmatic guidelines. DCM or CPI will be contacted immediately about patterns of lack of engagement from their clients for assistance w/ engagement and will typically include a team meeting with the client to discuss engagement expectations.</p> <p>Additional feedback from collateral contacts included: “I know that FITT will answer questions about referrals and ongoing meetings and progress with the team” and “FITT will include me in meetings if there's concerns about engagement”</p>
<b>FIT Comprehensive Treatment and Case Management Planning</b>	3	<p>FIT therapists and WCMs work to create initial wraparound/treatment plan within the first 30 days of treatment with the identified client during the initial CFT. Therapist/WCM works to review said plan with families at least 1x/month and includes goals related to substance misuse, caregiver protective capacities, and any client-identified goals to assist themselves and their children. WCMs also monitor status of children's services with DCM/CPI when appropriate/necessary.</p> <p>Additional feedback from collateral contacts included: “I’m invited to monthly team meetings to get updates on treatment” and “I speak with the FITT team regularly about progress and client’s DCF case progress”.</p>

<b>Parenting Intervention Services and Supports</b>	3	<p>FIT team utilizes strengths-based treatment as well as inclusion/formulation of formal/informal supports. FIT team works to include children and other family members to support in treatment (such as therapists involving children or other family members to utilize parenting skills, WCM's incorporating natural supports as a part of CFT's, or peer specialists incorporating AA/NA meetings to increase sober support network).</p> <p>Additional feedback from collateral contacts included: "I like how we start monthly meetings talking about client strengths" and "case management is consistently informed about progress and all team members come together to discuss".</p>
<b>Integration of FIT, Child Welfare, and Children's Mental Health Related Services</b>	3	<p>FIT team members are required to communicate with child welfare professionals at least 2x/month; however, this takes place typically multiple times per week. WCM's generally speak to child welfare professionals supporting identified clients 1x per week to provide updates as they pertain to FIT and gain insight into DCF case progression. FIT therapists are responsible for competing monthly PEF's and communicating with DCMs as it pertains to therapeutic progression (or lack thereof). Child welfare professionals also attend client's CFT's which occur 1x/month.</p> <p>Additional feedback from collateral contacts included: "I'm invited to monthly team meetings and talk to the case manager usually 1x/week" and "the progress updates are helpful to look at in FSN and I speak with my client's team regularly".</p>
<b>Multidisciplinary Staffings</b>	3	<p>WCM's work to conduct monthly child and family team meetings (CFT'S) which include FIT team, child welfare professionals identified client, and other natural/formal supports. Said CFT's generally occur more frequently if a client is identified as "high risk" and/or if more planning provisions are needed.</p> <p>Additional feedback from collateral contacts included: "we meet monthly for the CFT's", "sometimes we meet every week for a check in to discuss progress if a client is high risk" and "the team collaborates really well and everyone involved in the gets to be on the same page during CFTs".</p>

<b>Discharge Planning</b>	3	<p>When beginning the discharge planning process, WCM's work to complete a "transitional CFT" working to identify planning over a 30-90 period to ensure appropriate transition to lower level of care. Said transitional CFT includes child welfare professionals, FIT team members, client, and natural/formal supports. FIT team members work to ensure to address family's behavioral health, relapse prevention, recovery services, and any other needs once FIT team closes. Should client need services upon discharge from FITT, FIT Team is responsible for referral/warm hand-off to appropriate provider(s). Prior and up until discharge, team works to ensure appropriate documentation of necessary discharge assessments and that discharge summary is provided to child welfare professionals within 7 days of discharge.</p> <p>Additional feedback from collateral contacts included: "I've been a part of conversations when clients are being discharged" and "I know about recommendations for clients and if my client would be discharged".</p>
<b>System-Wide Implementation and Collaboration</b>	2	<p>Conversations surrounding these topics during monthly supervisor systems meetings at ChildNet - particularly to address varying levels of needs for families involved in Child Welfare as it pertains to FITT services. Additionally, more micro conversations are taking place on an individualized basis re: strengths/service provision opportunities for FITT to work with families being discussed during SST calls with ChildNet and DCF.</p>