

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 1st quarter (YTD):

- 2.3.1.1 – 9% (Prevention set aside)
- 2.3.1.2. – 6% (HIV early inter set aside)
- 2.3.2. – 24% (Women set aside)
- 2.3.3. – 17% (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 1st quarter.

| Date(s) of Activity | Type: Training Activity | Training Location | # Of Participants |
|---------------------|----------------------------|-------------------|-------------------|
| 8/2/2021 -8/4/2021 | Wraparound 101 | Virtual | 27 |
| 8/20/2021 | Introduction to Wraparound | Virtual | 25 |

The following chart represents technical assistance related to Wraparound during the 1st quarter.

| Date(s) of Technical Assistance | Agency / Provider | Technical Assistance Type | # Of Participants |
|---------------------------------|---|---------------------------|-------------------|
| 7/7/2021 | Wraparound Coaching-Legacy | Virtual | 3 |
| 7/26/2021 | Wraparound Technical Assistance Henderson Behavioral Health Center, Inc | Virtual | 8 |
| 8/24/2021 | Wraparound Coaching-Legacy | Virtual | 3 |
| 8/27/2021 | Wraparound Technical Assistance- South County Mental Health Center | Virtual | 4 |
| 8/30/2021 | Wraparound Coaching-Legacy | Virtual | 3 |

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| 9/8/2021 | Wraparound Technical Assistance- South County Mental Health Center | Virtual | 4 |
| 9/13/2021 | Wraparound Technical Assistance - The Chrysalis Center CAT | Virtual | 8 |
| 9/22/2021 | Wraparound Technical Assistance- Multilingual Psychotherapy Center | Virtual | 5 |
| 9/27/2021 | Wraparound Technical Assistance- South County Mental Health Center | Virtual | 4 |
| 9/28/2021 | Wraparound Coaching- Legacy | Virtual | 3 |
| 9/29/2021 | Wraparound Coaching- Legacy | 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, and FITT FACT teams. We use 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:

- Henderson Behavioral Health (Palm Beach and Treasure Coast/Okeechobee): Provider attends the Wraparound Learning Community and has certified facilitators and coach 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 4 staff members are currently certified; Staff attend the Wraparound Learning Community
- Federation of Families: All family support partner staff certified; Staff attend the Wraparound Learning Community.
- SequelCare (Palm Beach and Treasure Coast): No current specific plan on their part to move forward with certification although we have been contacted with new interest to pursue for next quarter.
- Suncoast Mental Health Center: There is no current specific plan on their part to move forward with certifying internal coaches. They send staff to trainings.
- Legacy Behavioral Health: They recently certified one coach who is also a facilitator and one facilitator only. SEFBHN Coach is currently with another supervisor and staff for certification. Staff are attending trainings and the learning community.

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- Helping People Succeed: In the process of developing a plan to continue moving forward with the coaching and certification process due to staff turnover. Staff are attending trainings and the learning community.
- Counseling and Recovery Center (FITT): Currently there is no plan to move forward but staff attend the Wraparound Learning Community.
- Chrysalis Health (CAT): 1 certified coach/facilitator and Staff attend the Wraparound Learning Community.
- Tykes and Teens: 1 supervisor certified as coach and facilitator. Another facilitator was certified as of 6/16/2021 and she is actively in the process of becoming a coach. In the process of certifying more staff and staff attend 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. They are actively working to certify another staff as a facilitator and another coach.
- 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.
- Jeff Industries- Has expressed interest in learning about Wraparound and an introduction to Wraparound was completed on 8/20/2021.

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 1, for Wraparound in the SE region (Circuits 15 & 19):

- SEFBHN arranged 1 Wraparound 101 training in the month of August with 27 participants. We also completed an introduction to Wraparound for Jeff Industries on 8/20/2021 with 25 participants.
- During this quarter, the Wraparound learning community Shared responsibility of the meetings and we had other agencies facilitate the meetings.
- By the end of the 1st Quarter there were thirty (37) certified facilitators and thirteen (17) certified active coaches in our region.
- There were also 2 certified trainers in our region and access to an external trainer. There are 2 individuals in the process of becoming trainers. Wraparound has been provided to over 700 families in this 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:

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Circuit 15 – 7/8/2021, 8/12/2021, 9/9/2021.

Circuit 19 – 8/19/2021. This group holds meetings quarterly.

Wraparound Learning Communities offered group coaching efforts, shared 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 – 7/15/2021, 8/26/2021.

Circuit 19 – None were held this quarter due to group request.

Combined Circuits 15 & 19 – 9/29/2021

SEFBHN continues to monitor 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 under Wraparound Initiative. The toolkits were both monitored and updated for Quarter 1.

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

Training Question Persuade Refer (QPR)

Training was provided to the St Lucie County School Board Mental Health Professionals as part of their plan to reduce critical incidents and improve knowledge base of staff. Four training sessions have been held this quarter with two in-person and two virtual. August 4th, 2021, two were held in person and eight four of the St Lucie County mental health staff were trained. On September 17th, 2021 two sessions were held and 43 teachers, staff and guidance counselors were trained in total.

(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 are ongoing 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. Other parties are invited to these meetings, as needed (example: when a Circuit Transfer is needed).

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- 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. There has been an increase in the collaboration calls due to the desire to increase individuals from the state facilities. The consumers with complex mental health, forensic and medical needs warranted more calls to assist with discharge planning. Transitional vouchers are utilized during this discharge planning process.
- 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. SEFBHN staff collaborated with the DCF Regional Office attorney when the commitment packets had inconsistencies.
- The SEFBHN Forensic Coordinator has stepped in to provide technical assistance and any necessary training due to the halt in DCF led Forensic trainings at this time.
- The SEFBHN Forensic Coordinator is attending the court hearings on a regular basis to ensure compliance with DCF commitment orders, Circuit Transfers, and other matters. SEFBHN was a participant in a C15 Mental Health Division meeting with the Judge and attorneys to discuss how to improve the court process regarding tracking forensic cases, explore in jail competency restoration services and circuit transfers.
- SEFBHN continues to participate in monthly conference calls with DCF, SMHTF and ME staff for care coordination efforts.
- SEFBHN staff are still actively involved in the development of curriculum Forensic Peer Specialist work groups.
- 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). Collaboration included involving DCF, Wellpath, court personnel, SEFBHN and other parties to assist with consumers who have multiple needs: psychiatric, medical and social needs.
- SEFBHN continues to work closely with the C15 Public Defender and State Attorney offices to identify the court's needs regarding persons placed on a conditional release plan. Education about the available community resources is ongoing. Continued discussions occur about the high number of forensic involved consumers placed in the other ME circuits.
- SEFBHN and the network service provider are still developing the 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. A recent collaboration with another agency has resulted in the hiring of a Forensic Peer Specialist to assist the program.
- Meetings continue with several providers to discuss collaboration when the consumers have several staff involved in their treatment (example: residential staff, case manager, Forensic Specialist, etc.)
- SEFBHN staff continue has oversight regarding the securing of intake appointments at the local behavioral health providers prior to the end of sentence date for those persons sentenced to the Department of Corrections. There has been an increase in the number of inmates who are released under a Baker Act.

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

- The statewide decision that the FACT teams will be switching to a dual Medicaid and Managing Entity funding stream has resulted in several meetings to address the hybrid billing process (Medicaid versus non Medicaid). An increase in specific provider meetings has been warranted due to the issue of one of the FACT providers was not a Florida Medicaid provider at the time of the announcement of the new funding stream. The new hybrid billing process has necessitated more technical assistance to the providers and development of a new tracking system from a Weekly Census to a Daily Census.
- Due to the extensive reduction of the amount of DCF funding for FACT services, many meetings have involved the possibility of reducing caseload size, looking at the community needs for step-down services for FACT consumers and other barriers that have arisen due to the changes to the FACT programs.

(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 Children’s Care Coordination 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 Children’s Care Coordination Manager provides 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 five (5) C19 Keeping Families Connected Staffings on 7/8/21; 7/17/21; 7/21/21; 8/2/21; 9/27/21. Additionally, there was one lockout held in C15 with Chief JPO Starling facilitating held on 9/9/21 that Children’s Care Coordination Manager attended.

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

For the C15 Lock-out Protocol, SEFBHN and Children’s Care Coordination Manager and Family Systems Managers are also identified members. The C15 lockout staffings have been transitioned into the SST conference staffings, per the Service Coordinator at ChildNet. 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. Children’s Care Coordination Manager is the primary on child specific cases with the Family System Managers as back up, as needed.

In C19, SST staffings are only for safety determination and Children’s Care Coordination Manager attends 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. Family System Managers attend as back up for the Children’s Care Coordination Manager, as needed.

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For Quarter 1, twenty-two (22) total SST calls were attended for both Circuits 15 & 19:

Circuit 15 –twelve (12) calls were attended by a SEFBHN Children’s Care Coordination Manager and Family System Manager on 7/19/21; 8/3/21; 8/25/21; 8/27/21; 9/2/21(3); 9/8/21; 9/20/21(2); 9/22/21; 9/29/21, 9/30/21.

Circuit 19 –ten (10) SST calls were attended by a SEFBHN Children’s Care Coordination Manager and Family Systems Manager on 7/20/21; 7/28/21 (3); 8/2/21; 8/10/21; 9/7/21 (2); 9/21/21; 9/24/21.

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

For the Circuit 19 Local Review Team, SEFBHN Children’s Care Coordination 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 1 , ten (10) total Interagency, Local, Regional, or State 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 7/7/21, 8/4/21,9/1/21 . Two (2)Regional Review Teams were held in C15 on 7/9/21 and 8/4/21.

Circuit 19 – three (3) Local Review Team meetings were attended by a SEFBHN Children’s Care Coordination Manager on 7/29/21; 8/24/21; 9/28/21. There was one (1) Regional Review Team meeting held this quarter to staff a high risk youth on 9/30/21. There was one (1) State Review team attended by Children’s Care Coordination Manager on 9/28/21.

(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 1st quarter, SEFBHN staff attended and presented at Steering Committee meetings in C15 7/8/2021, and 8/12/2021. Circuit 19 meetings were attended on 7/13/2021, 8/10/2021 and 9/14/2021.
- Additionally, workgroups were formed from the Integration Meetings to address training needs for Substance exposed Newborn/ Neonatal Abstinence Syndrome (SEN/NAS) Trainings for providers and DCF staff 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. Training material was reviewed from Central Region with DCF staff and workgroup and a PowerPoint was developed and brought to the Steering Committee for review. The head of the Training Group, Behavioral Health Consultant Ms. Gallo determined each specific agency will be in charge of training their own groups of providers and staff.

- The training sub-group met three times this quarter to work on the SEN/NAS training material to develop a resource PowerPoint for training throughout the Network .
- 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 progress exchange form 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.
- This 1st quarter we have focused on possible ways to re-envision S.A.F.E. MRT. Leadership from SEFBHN, ChildNet, Communities Connected for Kids, DCF – Child Welfare and SAMH met to talk thru low referrals and changes that might be needed for this program. A variety of ideas were discussed and still under consideration with funding shifts. In the meantime, S.A.F.E. MRT remains available for Child Welfare Professionals to make referrals to. Specific outreach efforts have been discussed and recommended with Mobile Response Teams to help build relationships with Child Welfare.

(6) School System Collaborations

The School and Community Safety Meetings lead by Judge Martz in C15 continued this quarter with meetings respectively on 8/9/2021, and 9/13/2021. Several School Health Advisory Committees, including the Mental Health Sub-committee were cancelled this quarter. SEFBHN attended on 9/2/2021 (SLC) and 9/9/2021 (Palm Beach). The Director of the Children’s System of Care has routinely presented updates 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.

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

Although there were no BeWellPBC Stewardship Council, Co-chair meetings or Systems Leader tables this quarter, SEFBHN continues to support this collective impact project. BeWellPBC focuses on connecting our behavioral health system with other systems i.e., faith, community, and other stakeholders.

SEFBHN continued meetings with the PBC Pediatric Integrated Care Project. Its purpose is to support a more integrated approach for Primary Care especially Pediatricians to include behavioral health staff or collaborations with behavioral health providers to increase early identification of behavioral health needs for youth and adolescents.

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

- During the 1st quarter, the Children’s Care Coordination Manager (CCCM), has continued to serve youth out of funding from the CARES act which specifically focuses on system level coordination for High Utilizer youth utilizers of behavioral health services and their families. Additionally, the CCCM works with the three Children’s Care Coordinators housed in Network Providers to provide training and technical assistance to those working directly with the youth identified as high utilizers. SEFBHN is collaborating with providers to link, advocate, and work with those youth and families who have 3 or more admissions, 16 or more days inpatient stays, and looking to prevent youth with 2 inpatient hospitalizations from becoming high utilizers of more intensive services. The provider level Care Coordinators were trained on 7/7/21 in LINC Care Coordination modality to provide effective care coordination services.
- 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 Children’s Care Coordination Manager holds biweekly meetings with Network 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. These routine meetings held with JFKN and New Horizons Children’s Crisis Unit staff 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. Brainstorming ways to connect with youth and families not engaging in services is also done during these meetings. Community Action Teams, Children’s Case Management agencies, 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.
 - Meetings with the Crisis Units JFKN and New Horizons were held 7/19/21; 8/16/21; 8/30/21; 9/13/21; 9/27/21
 - Meeting with SCMHC and Boys Town to discuss transitional age youth: 9.7.21
 - Monthly Meeting with all Provider Agencies doing Children’s Care Coordination: 7/8/21; 8/12/21; 9/9/21.
 - Children’s Care Coordination Manager attended Regional Meeting for Care Coordinators with Tallahassee staff Dr. Fitzgerald on 8.10.21; and joint ACHA/DCF HB945 meetings on 9/7/21; 10/5/21 that Dr. Fitzgerald requested SEFBHN Children’s Care Coordination Manager attend.
- 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, the vignette feedback was aggregated and added to the HB 945 plan and largely connects to Coordination of Care framework and relationships.
- 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.

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- During the 1st quarter, Child Specific Staffings are also attended by Children’s Care Coordination Manager. At times SEFBHN will facilitate those staffings when the youth is not assigned a community provider case manager. These circumstances are rare but do occur. During the 1st quarter there were nineteen (19) child specific staffings from a variety of sources, DCF, CBC, MMA plans, DJJ.
- Additionally, Care Coordinators engaged in outreach services in a variety of different settings. They reached out to community providers, primary care providers, mental health hospitals, schools in both the Treasure Coast and Palm beach, SEDNET, Mental Health Courts, School Advisory Committees, FAU Center for Autism and Related Disabilities, the Mental Health Task Force in St Lucie County, our Mobile Response Teams and a vast number of our Network Providers to speak the word about eligibility for Care Coordination, access, providing referral and answer questions about services.
- Direct Supervisors’ System Meetings were held in Circuit 15 on 7/8/2021, 8/12/2021, and 9/9/2021. As an effort to increase collaboration, communication and transparency, a shared folder was created for C15 with the agendas, resources, and PowerPoints from meetings.
- Direct Supervisors’ System Meetings were held in Circuit 19 on 8/19/2021 in partnership with the Community Connected with Kids to increase collaboration, communication and transparency via open discussions with community providers.
- Children’s Care Coordination Manager attended C15 Child Abuse Death Review Committee held 8/26/21 to discuss systemic policy and community changes to prevent child fatalities. A Family Systems Manager attended CIRRT training on 6/29-7/1/2021 to support a response as needed.
- Children’s Care Coordination Manager attended Monthly Treatment Team Staffings held at Sandy Pines on SIPP/PRTS and Care Coordination youth to review progress with their treatment and discharge planning.
- Children’s Care Coordination Manager continues as the Secretary of the St. Lucie County’s Department of Juvenile Justice Advisory Council. The meetings are held monthly with July being skipped and meetings on 8/17/21 and 9/21/21. On 9/21/21, the Children’s Care Coordination Manager presented to the Council on HB945 and asked for participation from the group. The PowerPoint and survey link was provided for the VIngette. Additionally, Children’s Care Coordination Manager is the backup co-chair for the Child Welfare Network Crossover Youth Network Meeting to discuss improvements to the DJJ Intake process for our cross system youth. That meeting was held on 8/10/21 and 9/7/21. The group met with Georgetown to discuss their crossover model on 8/10/21 and are awaiting the results of that exploration for C19.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at South County Mental Health Center on 7/20/2021, 8/25/2021, 9/15/2021.
- 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 7/21/2021, 8/17/2021, 9/21/2021.
- SEFBHN staff continue to participate on monthly statewide Mobile Response Team calls on 7/28/21 and 8/25/21.
- SEFBHN staff participated in the Martin County Baker Act Task force and combined Mental Health Collaborative meetings. Martin County courts, law enforcement, school system, hospitals, New Horizons of the Treasure Coast and SEFBHN comprises a behavioral health collaborative to specifically identify and address needs and potential cross-system solutions. This quarter, the meetings were held on: 7/30/2021, 8/27/2021 and 9/24/2021. This

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quarter, the Baker Act Task Force and Mental Health Collaborative combined the two meetings in an effort to reduce efforts being made by each of these meetings.

- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Community Action Team (CAT)/Chrysalis on 7/19/2021, 8/9/2021, 9/13/2021. Additional meetings with the director of Chrysalis/CAT and the Family Systems Manager occurred on 7/14/2021, 8/2/2021, 8/6/2021, 9/29/2021.
- Circuit 19, Family Systems Manager provided monthly technical assistance and support to CAT/New Horizons of the Treasure Coast (NHTC) 7/2/2021, 8/6/2021, 9/3/2021. Additional meetings with the director of CAT/NHTC and the Family Systems Manager occurred on 7/12/2021, 7/20/2021, 8/16/2021, 8/27/2021, 9/16/2021 in direct response to the agencies waitlist and staffing concerns. Also, the Family Systems Manager attended monthly Statewide CAT calls with DCF. These occurred on 7/2/2021, 8/6/2021, 9/15/2021.
- SEFBHN also participated in Children’s Behavioral Statewide conference calls 8.27.21 and 9.9.21. SEFBHN shared information on regional progress with House Bill 945 Planning and Children’s Care Coordination.
- SEFBHN staff continued participation this quarter in Glades (7/14/2021, 8/11/2021 and 9/8/2021) and Okeechobee (6/4/2021) System of Care governance meetings sharing information around closing out the grant, sustainability, children’s care coordination and House Bill 945. It was expanded to include adult providers, as well.

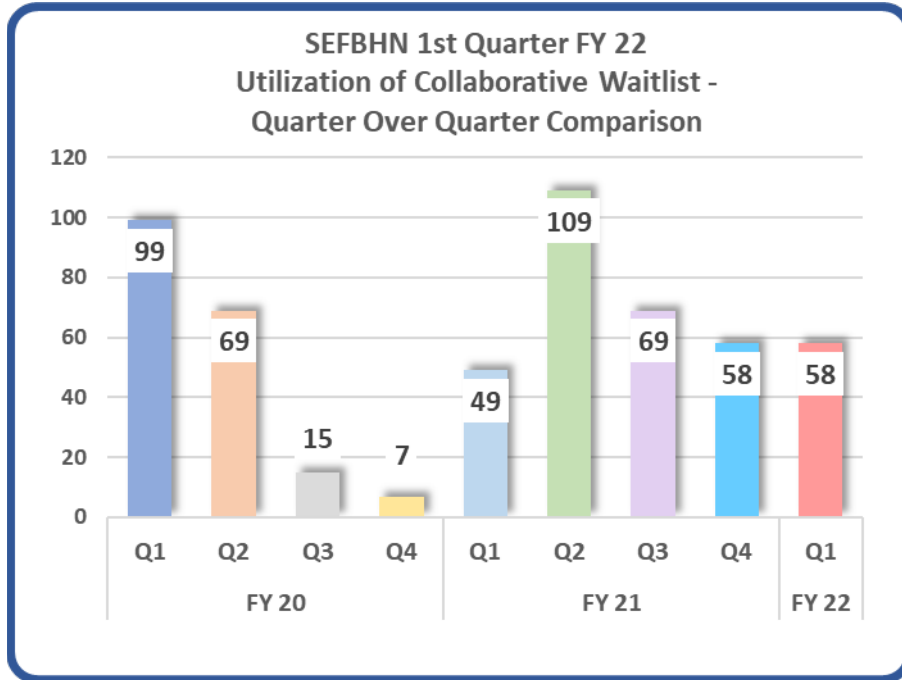
(D) - Access to Treatment for Priority Populations, Including Capacity Reports

(1) Centralized Electronic Waitlist 1st Quarter Update

During the first quarter of FY 22, SEFBHN providers added 58 persons to the Collaborative Waitlist, with 14 in July, 34 in August and 10 in September.

| SEFBHN 1st Quarter FY 22 Waitlist Update | | | | |
|--|------------|------------|------------|--------------------|
| Persons Waitlisted by Provider and Month | | | | |
| Listing Provider | Jul | Aug | Sep | Grand Total |
| Drug Abuse Foundation of PBC | 1 | 3 | 1 | 5 |
| Henderson Behavioral Health | | 2 | | 2 |
| WaySide House | | 6 | | 6 |
| Jeff Industries Inc. | | 1 | | 1 |
| Housing Partnership Inc. | 10 | 2 | | 12 |
| New Horizons of The Treasure Coast | 2 | 3 | 4 | 9 |
| Substance Abuse Council of Indian River County | | 15 | 2 | 17 |
| Alternatives in Treatment LLC d/b/a Mandala Healing Center | | | 1 | 1 |
| Counseling and Recovery Center | 1 | 2 | 2 | 5 |
| Grand Total | 14 | 34 | 10 | 58 |

As shown in the following quarter over quarter comparison, there was no change in the number of waitlisted persons from last quarter when 58 individuals were also added to the waitlist. There continues to be an apparent association of waitlisted persons with the course of the corona virus pandemic since the jump in August occurs coterminous with the new daily highs of reported Covid-19 cases.



The next 3 tables show the number of priority population individuals waitlisted during the first quarter. Only 6 child welfare involved persons were waitlisted compared to 26 in the prior quarter:

| SEFBHN 1st Quarter FY 22 Waitlist Update Child Welfare Involved Waitlisted Persons | | | | |
|---|----------|----------|----------|-------------|
| Listing Provider | Jul | Aug | Sep | Grand Total |
| Counseling and Recovery Center | 1 | 1 | 1 | 3 |
| Henderson Behavioral Health | | 2 | | 2 |
| Housing Partnership Inc. | | 1 | | 1 |
| Grand Total | 1 | 4 | 1 | 6 |

On the other hand, the number of homeless individuals waitlisted doubled from the prior quarter:

| SEFBHN 1st Quarter FY 22 Waitlist Update Homeless Waitlisted Persons | | | | |
|---|----------|----------|----------|-------------|
| Listing Provider | Jul | Aug | Sep | Grand Total |
| Drug Abuse Foundation of PBC | 1 | | 1 | 2 |
| Henderson Behavioral Health | | 1 | | 1 |
| Housing Partnership Inc. | 2 | 1 | | 3 |
| New Horizons of The Treasure Coast | | | 2 | 2 |
| Substance Abuse Council of Indian River County | | 1 | | 1 |
| WaySide House | | 3 | | 3 |
| Grand Total | 3 | 6 | 3 | 12 |

Intravenous Drug Users added to the Waitlist increased to 12 persons in the first quarter - a 9% increase from the 1st quarter of last fiscal year:

| SEFBHN 1st Quarter FY 22 Waitlist Update Intravenous Drug Use Persons Waitlisted | | | | |
|---|----------|----------|----------|-------------|
| Listing Provider | Jul | Aug | Sep | Grand Total |
| Alternatives in Treatment LLC d/b/a Mandala Healing Center | | | 1 | 1 |
| Counseling and Recovery Center | | 2 | 1 | 3 |
| New Horizons of The Treasure Coast | 1 | | 3 | 4 |
| Substance Abuse Council of Indian River County | | 2 | | 2 |
| WaySide House | | 2 | | 2 |
| Grand Total | 1 | 6 | 5 | 12 |

No pregnant women were waitlisted in this quarter.

Services for which individuals were most frequently waitlisted are shown in the next table in order of frequency. Of the 48 persons waitlisted for a service, 27% (13) were waiting for Outpatient-Individual services. Ten (10) persons, or 21%, were waitlisted for Residential Level II. Surprisingly, 9 persons, or 19%, were waitlisted for SA detox Services, compared to last quarter when only 7% of the individuals were waiting for detox services:

| SEFBHN 1st Quarter FY 22 Waitlist Update Most Waitlisted Services | | | | |
|--|----------|-----------|-----------|-------------|
| Waitlisted Service | Jul | Aug | Sep | Grand Total |
| 14 - Outpatient - Individual | | 12 | 1 | 13 |
| 19 - Residential Level II | 2 | 5 | 3 | 10 |
| 24 - Substance Abuse Inpatient Detoxification | 2 | 3 | 4 | 9 |
| 01 - Assessment | | 7 | | 7 |
| 06 - Day Treatment | | | 2 | 2 |
| 21 - Residential Level IV | 1 | 1 | | 2 |
| 13 - Medication Assisted Treatment | | 1 | | 1 |
| 15 - Outreach | | 1 | | 1 |
| 18 - Residential Level I | | 1 | | 1 |
| 25 - Supportive Employment | | 1 | | 1 |
| 26 - Supported Housing/Living | 1 | | | 1 |
| Grand Total | 6 | 32 | 10 | 48 |

Three (3) projects also had people waitlisted to be enrolled. Seven of these were waiting for care coordination services, 2 for a FIT team, and 1 for the Sustainability Payment project. This latter waitlist entry clearly reflects either a data entry error or a misunderstanding of that project.

| SEFBHN 1st Quarter FY 22 Waitlist Update Projects with Waitlisted Persons | | | | |
|--|----------|----------|----------|-------------|
| Project | Jul | Aug | Sep | Grand Total |
| A4 - Care Coordination | 7 | | | 7 |
| A2 - FIT Team | | 2 | | 2 |
| C1 - Sustainability Payment for COVID related funds/services | 1 | | | 1 |
| Grand Total | 8 | 2 | 0 | 10 |

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During the quarter, 36 of the 58 persons waitlisted were discharged. Twenty-three (23) of these individuals, or 64%, were removed from the Waitlist because they started receiving the needed service from the listing provider.

| SEFBHN 1st Quarter FY 22 Waitlist Update | | | | |
|---|------------|------------|------------|--------------------|
| Discharges by Reason and Month | | | | |
| Discharge Reason | Jul | Aug | Sep | Grand Total |
| 1 - Receiving Services at this Provider | 3 | 16 | 4 | 23 |
| 4 - Declined | 1 | 4 | 1 | 6 |
| 7 - Receiving Services at another Provider | | 1 | | 1 |
| 8 - Incarcerated | | 2 | | 2 |
| 9 - No face-to-face telephone or other documented contact in last 30 days | 2 | 2 | | 4 |
| SubTotal | 6 | 25 | 5 | 36 |
| Not Discharged during Quarter | 8 | 9 | 5 | 22 |
| Total | 14 | 34 | 10 | 58 |

The average length of stay (ALOS) on the waitlist is shown in the next table for each waitlisted service. Individuals are waiting the longest for assessments at 31 days on average and Medication Assisted Treatment (MAT) at 24 days. The two without entries in the ALOS column indicate that those waitlisted for that service had not yet been discharged at the end of the quarter.

| SEFBHN 1st Quarter FY 22 Waitlist Update | |
|---|--------------------|
| Average Length of Stay by Service | |
| Covered Service | ALOS (Days) |
| 01 - Assessment | 31 |
| 06 - Day Treatment | |
| 13 - Medication Assisted Treatment | 24 |
| 14 - Outpatient - Individual | 21 |
| 15 - Outreach | 25 |
| 18 - Residential Level I | 0 |
| 19 - Residential Level II | 27 |
| 21 - Residential Level IV | 25 |
| 24 - Substance Abuse Inpatient Detoxification | 2 |
| 25 - Supportive Employment | 11 |
| 26 - Supported Housing/Living | |
| Grand Total | 18 |

Average wait times by provider are shown in the next table. Note that those waitlisted for services by Mandala Healing Center and Henderson Behavioral Health were not removed from the Waitlist as of the end of the first quarter of this fiscal year.

| SEFBHN 1st Quarter FY 22 Waitlist Update | |
|--|-------------|
| Average Length of Stay by Provider | |
| Provider | ALOS (Days) |
| Alternatives in Treatment LLC d/b/a Mandala Healing Center | |
| Counseling and Recovery Center | 36 |
| Drug Abuse Foundation of PBC | 17 |
| Henderson Behavioral Health | |
| Housing Partnership Inc. | 18 |
| Jeff Industries Inc. | 11 |
| New Horizons of The Treasure Coast | 2 |
| Substance Abuse Council of Indian River County | 20 |
| WaySide House | 31 |
| Grand Total | 17 |

(E) Peer Activities

The following information represents Peer Activities conducted by SEFBHN during the 1st quarter:

(1) Peer Support Activities for Quarter 1

During this first quarter, July through September 2021, Rebel Recovery has engaged an average of 157 participants per month, with an average of 143 engaging in treatment services with a behavioral health organization. In September, 101 are also receiving Medication Assisted Treatment and 73 are receiving abstinence-based treatment services; and 10 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 95% 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.

RiteLife Services is a newly contracted Recovery Community Organization (RCO) in Okeechobee County. They are in the early development stage of their program and have been hosting various community events to engage individuals in the community. They are diligently working on obtaining their 501(c)3 status and establishing a Peer-led Board of Directors. Because RiteLife is newly established, they will have to wait at least 2 years before becoming accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) but are taking all necessary steps to prepare themselves.

Through the Recovery Community Organization (RCO), Rebel Recovery promotes recovery through education. In the last quarter, Rebel Recovery conducted 38 workshops and training to a total of 144

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attendees, which include participants as well as professionals in the community, via tele-communications platforms. Some of the trainings facilitated by Rebel Recovery in the last quarter include but are not limited to: Open Public Outdoor Event on Compass Campus for International Overdose Awareness Day with community partners HCSEF and Compass, Naloxone distribution and instruction, IOAD Online Presentation, onsite Naloxone distribution with Overdose Response and Prevention Education, BHCON Presentation, and "Integrating Forensic Peer Support: A Bridge for Recovery Within Corrections Systems."

RiteLife promotes recovery through education and conducted and engaged in several training and community events during this quarter. RiteLife hosted the Helping Others Heal Training from July 22nd-26th in which peer staff and individuals turning 18 participated. By the next quarter, the individuals turning 18 will be certified to work with others in their age group. Peer staff will also be certified. For the months of August and September, RiteLife continued networking with local community providers, conducted training and participated in community events. RiteLife became members of Main Street Okeechobee, a program that lifts new businesses and promotes wellness among all Okeechobee businesses. They have also committed to reducing Stimulant and Opioid use in Okeechobee by connection to Medicated Assisted treatment providers for indigent services. They are supported by their local Police Department and Sheriff Office. Some trainings and events attended include but are not limited to: Main Street of Okeechobee Provider Fair, Treasure Coast- Opioid Task Force - Education & Prevention, Substance Use Disorder Circuit 19 Care Coordination and Referral Meeting, Faces and Voices in Recovery, Tall Cop – High in Plain Sight, FL Harm Reduction Collective, Suicide Awareness Support Group, Effectively Engaging and Treating Individuals with Opioid and Stimulant Use Disorders, Monthly SOAR Work Group and so much more. As Peer Specialists and providers of SOAR services, RiteLife is linked with Martin County Mental Health, Okeechobee Mental Health Court, Okeechobee DCF Child Welfare, Okeechobee Drug Court, Public Defender Office Circuit 19, Okeechobee jail, Martin County jail, Port St Lucie jail and Okeechobee prison. They currently have 15 SOAR applications in motion and will soon surpass their target number of completed SSI/SSDI applications of 20!

Stimulant Use Harm Reduction Training, Overview of HR Principles, Practice and Community Integration, Motivational Interviewing, Mental Health First Aid and Naloxone training. The groups included Digital Media Workshop, 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 Recovery Support Group for persons with ADHD and other neurodivergent conditions.

Jeff Industries, additionally, continues to engage the community through Partnerships with Palm Beach County Food Bank and NAMI, which both continued into the 1st quarter. MHAPBC has also continued to develop their Peer Support Program, and more updates are expected in Quarter 2.

The Network Prevention Manager, Cassandra Burney, as a Trainer of Trainers of the "Recovery Capital Training", with 4 other trainers conducted a "Soft" training cycle for a select group of Executive Directors/ Board Chairpersons. The training began on August 5, 2021, with the 8-hr one-day main training. The accompanying 4 Collaborative 1 ½ hour Trainings convened August 19th, September 2nd, 16th, and 30th. The trainers will meet during the 2nd quarter to receive feedback and discuss the assessment of trainers' ability to conduct the training with fidelity. They will then be dispatched to

complete trainings in their various regions. The state recommends the Recovery Capital Training be completed by all DCF RCO's for the training of their peers.

(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.

Subject to the Coronavirus Relief Fund, funding derived from CARES ACT, Southeast Florida Behavioral Health Network (SEFBHN) has expanded Care Coordination services to mothers and babies with Neonatal Abstinence Syndrome (NAS) or Substance Exposed Newborn (SEN) conditions. The main purpose of this expansion is to establish Care Coordination, housing and employment, and peer support programs for women with babies with NAS or SEN. This funding has allowed for three (3) new full time Care Coordination positions at Drug Abuse Foundation of the Palm Beaches who features the Pavillion, a 22-bed residential treatment facility offering substance use treatment, including Medication Assisted Treatment (MAT), for pregnant and post-partum women who can reside with their infants until they reach 6 months of age. The program will also offer enhanced supervised visitations of up to 8 consecutive hours between the residents and their children residing in licensed care with the Department of Children and Families or with relatives.

During the First quarter of fiscal year 2021-2022, our network providers (Drug Abuse Foundation of Palm Beach, Counseling and Recovery Center, Housing Partnership and Wayside House) who are dedicating treatment services specific to the pregnant and post-partum women struggling with substance use disorders, served 182 women. Out of those 182 women being served in these specialty programs, 86% were parenting children between the ages zero (0) to six (6) years of age. Moreover, 25 of the 182 women being served were pregnant during the last quarter of fiscal year 2020-2021.

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

Deanne Decker, Clinical Supervisor at Counseling and Recovery Center, Inc. (CRC), presented this quarterly report's success story: "M. B. is a married 28-year-old female and mother of four boys. She was referred to CRC by the Department of Children and Families for initial assessment as a priority population through 211's Substance Abuse Call Center (SACC) line. At the time of the referral, M. B. had just given birth to her fourth child who was born substance exposed. M.B. And her baby had tested positive for amphetamines, cocaine, and marijuana. Due to fears of losing her children, M.B. chose to receive no prenatal care. Her fourth baby was born prematurely and spent a few weeks in the NICU. Shortly after being assessed by intake staff at CRC, M. B. was able to bring her baby with her into the Residential Treatment program and begin her recovery journey.

Though she had periods of abstinence in the past, M.B. struggled with her use of cocaine from the age of eighteen. At CRC's Residential treatment program, M. B. received the support of clinical staff, as well as a Peer Support Specialist. In the Residential Program, M. B. participated in groups delivering the most current and effective evidence-based practices including Parenting Wisely, Living in Balance, Relapse Prevention, and Beyond Trauma.

In addition to participating in group and individual therapy sessions, M.B. received Psychiatric services and medication management to assist her with her mental health condition. The individual sessions allowed M.B. to learn skills to manage her anxiety and prepare her for reunification with her other three children. M.B. graduated from Residential Treatment and returned to her parents' home, where her other children reside. Her treatment progress was significant. She transitioned to CRC's Aftercare program, a less intensive level of care, to continue working on her recovery wellness plan. Currently, M.B. continues to receive individual counseling, psychiatric services, and medication management. During her individual counseling sessions, she continues to learn and practice effective relapse prevention strategies and parenting skills. M.B. attends AA/NA meetings every week, where she has obtained a sponsor. She continues to have the support from her family and is working part-time at Publix. Megan has been offered a full-time position with the opportunity to train for management. M.B. expressed, "I'm so grateful for all the support that everyone at CRC gave to me. They keep encouraging me and teaching me to become better and to stay focused on my recovery above everything else so I can keep being the mom I want to be for my kids." M.B. is scheduled for final reunification hearing in the month of October 2021.

(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 1.

(I) Monitoring for FY 21/22

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.

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 – The following represents the status of Tier 1 validations as of Quarter 1, July – September 2021. Tier 1 validations have been completed on all contracted providers in the first quarter.

Tier 2 - The following represents the status of Tier 2 validations as of Quarter 1, July – September 2021: Scheduling has begun as of the end of the first quarter for Tier 2 validations and scopes are beginning to be completed:

| Agency | Contract(s) | Date Tier 2 Begun | Current Status |
|---------------------------------------|--------------|-------------------|---|
| Henderson Behavioral Health, Inc. | PNA36, LTF10 | 3/10/2021 | Tier 2 report date: 4/13/2021 |
| Legacy Behavioral Health Center, Inc. | LNC05 | 2/22/2021 | Tier 2 report date: 4/23/2021 (combined with Tier 3 for Brighter Family Center, Inc.) |
| Access Recovery Solutions, LLC | PDA54 | 3/17/2021 | Tier 2 report date: 5/26/2021 |

Tier 3 - The following represents the status of Tier 3 validations as of Quarter 1, July – September 2021:

| Agency | Contract(s) | Date Tier 3 Begun | Current Status |
|--|-------------|-------------------|--|
| The Chrysalis Center, Inc. | PNC26 | 2/15/2021 | Tier 3 report date: 4/1/2021 |
| JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus | PNF23 | 2/3/2021 | Tier 3 report date: 4/8/2021 |
| Sunset House, Inc. | PDA44 | 2/26/2021 | Tier 3 report date: 4/13/2021 |
| Okeechobee Substance Abuse Coalition, Inc. | ZDF02 | 3/23/2021 | Tier 3 report date: 4/16/2021 |
| Brighter Family Center, Inc. | PNA37 | 3/11/2021 | Tier 3 report date: 4/23/2021 (combined with Tier 2 for Legacy Behavioral Health Center, Inc.) |

| | | | |
|--|-----------------|-----------|----------------------------------|
| Love and Hope in Action, Inc. | ZNA34 | 3/23/2021 | Tier 3 report date: 5/13/2021 |
| Carrfour Supportive Housing, Inc. | PNA38 | 4/9/2021 | Tier 3 report date: 5/24/2021 |
| Palm Beach County Substance Abuse Coalition, Inc. | PDC18 (Main) | 5/7/2021 | Tier 3 report date: 6/11/2021 |
| New Horizons of the Treasure Coast, Inc. | ZTF13 (Main) | 4/29/2021 | Tier 3 report date: 6/29/2021 |
| Catholic Charities of the Diocese of Palm Beach, Inc. | LNFO1 | 5/7/2021 | Tier 3 report date: 7/12/2021 |

(J) Continuous Quality Improvement

The following information was presented during the 1st quarter CQI meetings which were conducted through a Virtual Platform due to the COVID-19 Pandemic:

- **Gayle Giese** and **Amy McClellan** presented on NAMI’s advocacy with the 988 number for suicide prevention and crisis. On October 17, 2020, the president signed S.2661, the National Suicide Hotline Designation Act of 2020, which created a new number, 9-8-8, as a universal telephone number for national suicide prevention and a mental health crisis hotline system.
- **Tracee Diaz** presented on the Mobile Response Teams, an overview for the CQI Committee for September, which is suicide prevention month. The following information was shared with the group:
 - The MRTs offer assessment of crisis situations, referral and linkage to community resources, support in difficult/stressful times, crisis and safety planning, information about services and resources in the community, and education about mental illness or substance use treatment to those in need.
 - These services are free and offered 24/7 to people of all ages.
 - All teams are mobile; they can go to you. They can go to homes, schools, hospitals or wherever the behavioral health response is needed.
- **Veree Jenkins** presented on Federation of Families, which is located in Belle Glade, Florida. The Federation of Families of Florida, Inc. is a family-run agency that was established in April of 2001 by a group of individuals and family members of persons that have experienced behavioral health needs including mental health and substance abuse. The mission of the Federation of Families of Florida, Inc. is to provide services that inform, educate, train and support individuals, youth and families that have behavioral health needs. It is also their mission to bring together the voices of individuals, families, and communities impacted by the challenges associated with behavioral health challenges, and to use this information to change the system of care by working collaboratively with faith and community partners.
- **Jill Sorensen** presented briefly on the System of Care Grant Award, which was awarded to SEFBHN for 4 years (2021-2025). The Grant’s goal is to improve mental health outcomes of children and youth, 5 years old to 21 years old, with serious emotional disturbance (SED), and their families in St. Lucie County and Martin County. Access to care needs will be addressed through outreach and engagement with traditional and non-traditional services and supports, training and coaching of evidence-based practices. A Coordinated Specialty Care (CSC) program

will “catch” youth with early onset of SED or first episode of psychosis between youth and adult mental health systems as well as provide best evidence-based practices for this population.

- 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. SEFBHN received 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 fifth quarter of the current CJMHSA Reinvestment Grant. We had 21 clients who entered this quarter who received an assessment. All of the highest utilizers were referred to the Wrap Around case managers for a more intensive approach. Already there are 32 clients who have been referred to New Horizons for the Wraparound Case Management. We are already seeing a reduction in these high utilizers with less hospital admissions and a stabilization in housing. For the first five quarters 58 clients were discharged and 41 of those clients were successfully discharged. Meaning 71% of clients who left Mental health Court, did so having meet all expectations. This quarter we have continued to operate and while being under staffed, 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. Clients continue to find employment opportunities, with many open and hiring positions currently, and several are doing very well at maintaining those positions. We have begun working in partnership with Vocational Rehabilitation and UP to assist clients in finding employment.

Mental Health Association is providing therapy and now some psychiatric services. MHA IRC received a special provision of funds and will be filling in the gaps for clients who need immediate psychiatric services and medication management. This services will allow for clients to avoid deterioration in their mental health needs until a more stable provider can be established.

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.

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

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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:

- 51 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$255,000
- 122 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$1,494,500
- 173 total clients = 13,996 jail bed days x \$125.00 per day = \$1,749,500 Estimated Cost Avoidance

(2) Okeechobee County

Okeechobee did not have a reinvestment grant during the months of July – September 2021. However, the agency did work within the network to contract services and cover incidental funding needed to keep the court running as effectively as possible without the support of the Reinvestment Grant. The Expansion Grant for Okeechobee County was signed in late September, with staff already working with the county to get contracts in place and continue the great works happening in this court.

(L) Consumer Satisfaction Surveys

This quarter, we provided final fiscal year data to all providers for surveys collected in FY2021 and discussed areas for improvement and successes related to consumer satisfaction across the network. 972 surveys have been collected for the fiscal year using our internal satisfaction survey form this quarter. We are planning on actively engaging with DCF to help revise and improve the new version of the survey in quarter 2 which was recently published in the 155-2 Pamphlet.

(M) SEFBHN 1st Quarter FY 21-22 LOCUS and CALOCUS Update

SEFBHN adult services providers performed 1,110 LOCUS evaluations and 464 CALOCUS assessments during the first quarter of FY 22. Both results are a decrease from the prior quarter, with LOCUS evaluations dropping by 17% and CALOCUS by 24%. New Horizons of the Treasure Coast was responsible for 54% of all the LOCUS performed, as well as 59% of the CALOCUS. Brighter Family Center and Housing Partnership performed the second and third highest number of LOCUS evaluations. Housing Partnership also made a strong showing with conduct of 145, or 31% of all, CALOCUS assessments.

| SEFBHN 1st Quarter FY 22 LOCUS Update | | | | | |
|--|------------|------------|------------|--------------------|-------------------|
| LOCUS Evaluations by Provider and Month | | | | | |
| Provider | Jul | Aug | Sep | Grand Total | % of Total |
| Behavior Basics, Inc. | | 1 | | 1 | 0% |
| Brighter Family Center, Inc. | 97 | 86 | 58 | 241 | 22% |
| HENDERSON BEHAVIORAL HEALTH - SEFBHN | 22 | 5 | 4 | 31 | 3% |
| Housing Partnership | 56 | 67 | 34 | 157 | 14% |
| JEFF INDUSTRIES INC | 2 | 2 | 1 | 5 | 0% |
| JFK MEDICAL CENTER-NORTH CAMPUS | | 3 | 1 | 4 | 0% |
| NEW HORIZONS OF THE TREASURE CO - SEFBHN | 195 | 189 | 216 | 600 | 54% |
| SOUTH COUNTY MENTAL HEALTH CENTER | 11 | 15 | 43 | 69 | 6% |
| THE LORD'S PLACE INC. | 1 | 1 | | 2 | 0% |
| Grand Total | 384 | 369 | 357 | 1110 | 100% |

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| SEFBHN 1st Quarter FY 22 CALOCUS Update | | | | | |
|---|------------|------------|------------|-------------|-------------|
| CALOCUS Evaluations by Provider and Month | | | | | |
| Provider | Jul | Aug | Sep | Grand Total | % of Total |
| Brighter Family Center, Inc. | | 2 | 6 | 8 | 2% |
| BOYS TOWN | 1 | 1 | 2 | 4 | 1% |
| HENDERSON BEHAVIORAL HEALTH | 3 | 10 | | 13 | 3% |
| Housing Partnership | 58 | 51 | 36 | 145 | 31% |
| HPS HELPING PEOPLE SUCCEED INC. | 3 | 8 | 5 | 16 | 3% |
| NEW HORIZONS OF THE TREASURE COAST | 97 | 72 | 105 | 274 | 59% |
| SOUTH COUNTY MENTAL HEALTH CENTER | | 1 | 2 | 3 | 1% |
| The Chrysalis Center Inc. | 1 | | | 1 | 0% |
| Grand Total | 163 | 145 | 156 | 464 | 100% |

As shown in the next two tables, the most frequently recommended level of care (LOC) during the first quarter of FY 22 was LOC 2 – Low Intensity Community Based Services. LOC 2 was recommended in 37% of all LOCUS and 28% of all CALOCUS evaluations. For both adults and children, LOC 5 – Medically Monitored Residential Services was the second highest LOC recommended (by 19% of LOCUS and 20% of CALOCUS assessments).

| SEFBHN 1st Quarter FY 22 LOCUS Update | | | | | | | | | | | |
|--|----------|------------|-----------|------------|----------|----------|------------|-----------|----------|-------------|-------------|
| Recommended Level of Care by Provider | | | | | | | | | | | |
| Recommended Level of Care | Provider | | | | | | | | | Grand Total | % of Total |
| | BB | BFC | HBH | HP | JI | JFK | NHTC | SCMHC | TLP | | |
| Basic Services | | 17 | 2 | 8 | | | 11 | 6 | | 44 | 4% |
| LOC 1 - Recovery Maintenance and Health Management | | 70 | | 13 | | | 19 | 10 | | 112 | 10% |
| LOC 2 - Low Intensity Community Based Services | | 102 | 5 | 35 | 5 | | 248 | 21 | | 416 | 37% |
| LOC 3 - High Intensity Community Based Services | | 36 | 11 | 81 | | | 21 | 9 | | 158 | 14% |
| LOC 4 - Medically Monitored Non-Residential Services | | 4 | 6 | 8 | | | 7 | 6 | | 31 | 3% |
| LOC 5 - Medically Monitored Residential Services | | | 8 | 6 | 9 | 4 | 167 | 10 | 1 | 205 | 18% |
| LOC 6 - Medically Managed Residential Services | 1 | 4 | 1 | 3 | | | 127 | 7 | 1 | 144 | 13% |
| Grand Total | 1 | 241 | 31 | 157 | 5 | 4 | 600 | 69 | 2 | 1110 | 100% |

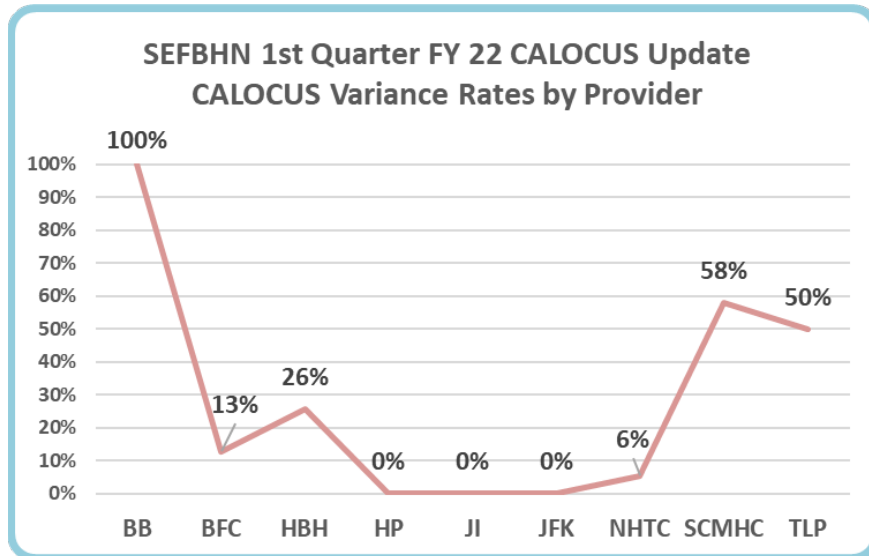
| SEFBHN 1st Quarter FY 22 LOCUS Update | | | | | | | | | | | |
|--|----------|----------|-----------|------------|-----------|------------|----------|----------|-------------|------------|-------------|
| Recommended Level of Care by Provider | | | | | | | | | | | |
| Recommended Level of Care | Provider | | | | | | | | Grand Total | % of Total | |
| | BFC | BT | HBH | HP | HPS | NHTC | SCMHC | TCC | | | |
| Basic Services for Prevention and Maintenance | 4 | 1 | | 31 | | 12 | | | | 48 | 10% |
| LOC 1 - Recovery Maintenance and Health Management | 2 | 1 | 8 | 24 | 1 | 21 | 1 | | | 58 | 13% |
| LOC 2 - Low Intensity Community Based Services | 2 | | 1 | 29 | 14 | 84 | | | | 130 | 28% |
| LOC 3 - High Intensity Community Based Services | | | 1 | 48 | 1 | 9 | | | | 59 | 13% |
| LOC 4 - Medically Managed Residence Based Services | | | | 1 | | 21 | | 1 | | 23 | 5% |
| LOC 5 - Medically Monitored Residence Based Services | | | 1 | 9 | | 83 | 2 | | | 95 | 20% |
| LOC 6 - Medically Managed Residence Based Services | | 2 | 2 | 3 | | 44 | | | | 51 | 11% |
| Grand Total | 8 | 4 | 13 | 145 | 16 | 274 | 3 | 1 | | 464 | 100% |

When a clinician completes a LOCUS or a CALOCUS assessment, the result is an instrument-recommended LOC for an individual’s placement. Both the LOCUS and CALOCUS instruments allow a clinician to override their 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 next table and graphic. Clinical judgment continues to overwhelmingly be the most cited reason for clinician variance.

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| SEFBHN 1st Quarter FY 22 LOCUS Update | | | | | | | | | | | |
|---|-------------|------------|------------|------------|-----------|-----------|------------|------------|------------|-------------|-------------|
| Variance Reasons and Rates by Provider | | | | | | | | | | | |
| Variance Reasons | BB | BFC | HBH | HP | JI | JFK | NHTC | SCMHC | TLP | Grand Total | % of Total |
| Arrested from unit/incarcerated | | | | | | | | | 2 | 2 | 0% |
| Client chose a LOC other than the one recommended | | | | | | | 1 | | | 1 | 0% |
| Client denies SPMI; refuses to seek services | | 1 | | | | | | | | 1 | 0% |
| Client dropped out of treatment | | | | | | | 1 | | | 1 | 0% |
| Client is court ordered to a higher level of care | | | | | | | 1 | | | 1 | 0% |
| Client is court ordered to a lower LOC | 1 | | | | | | 1 | 1 | | 3 | 0% |
| Client refuses recommended level | | | | | | | 2 | | | 2 | 0% |
| Client waitlisted for Recommended LOC | | | 1 | | | | 1 | | | 2 | 0% |
| Client's finances/job deter treatment level | | | | | | | | 1 | | 1 | 0% |
| Clinical Judgment | | 30 | 7 | | | | 17 | 35 | 1 | 90 | 8% |
| LOC is clinically appropriate | | 1 | | | | | | 1 | | 2 | 0% |
| Services at recommended LOC not what client needs | | | | | | | 9 | | | 9 | 1% |
| Total Variances | 1 | 31 | 8 | 0 | 0 | 0 | 33 | 40 | 1 | 115 | 10% |
| None (No Variance from Recommended LOC) | | 209 | 23 | 157 | 5 | 4 | 567 | 29 | 1 | 995 | 90% |
| Grand Total | 1 | 241 | 31 | 157 | 5 | 4 | 600 | 69 | 2 | 1110 | 100% |
| Variance Rate | 100% | 13% | 26% | 0% | 0% | 0% | 6% | 58% | 50% | 10% | |

While the variance rate for the network as a whole was 10% - in line with the 10% target set by SEFBHN - a few of the providers demonstrated LOCUS variance rates significantly above that target. The 100% rate of Behavior Basics is based on a single evaluation, and the 50% rate for The Lord’s Place was due to the use of a variance in one of two evaluations. Thus, these two are not of concern. However, SCMHC’s 58% variance rate over 69 LOCUS evaluations is a red flag indicating that the person or persons performing these evaluations are not scoring them correctly. Carisk and SEFBHN will add LOCUS technical assistance and trainings with the current clinicians performing LOCUS reviews to assist in correct use of this tool.

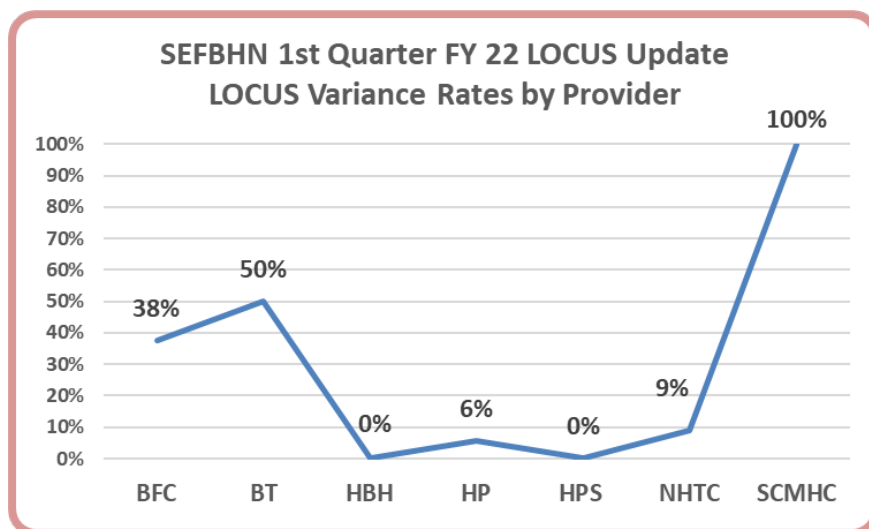


As shown in the following table and graphic, CALOCUS also show quite a variability among providers, ranging from 0% to 100%, with an overall rate for the network of 9%. Despite meeting the network target, these results continue to support SEFBHN’s emphasis on ongoing training and TA for providers using the level of care assessment tools.

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| SEFBHN 1st Quarter FY 22 CALOCUS Update | | | | | | | | | | |
|---|------------|------------|-----------|------------|-----------|------------|-------------|-----------|-------------|-------------|
| Variance Reasons and Rates by Provider | | | | | | | | | | |
| Variance Reasons | BFC | BT | HBH | HP | HPS | NHTC | SCMHC | TCC | Grand Total | % of Total |
| Benefits from CCT | 1 | | | | | | | 1 | 2 | 0% |
| Client waitlisted for recommended LOC | | 1 | | | | | | | 1 | 0% |
| Clinical judgment | 2 | | | 8 | | 7 | 3 | | 20 | 4% |
| Guardian not located or contacted | | | | | | 1 | | | 1 | 0% |
| Lower LOC not yet completed or provided | | 1 | | | | 16 | | | 17 | 4% |
| Total Variances | 3 | 2 | 0 | 8 | 0 | 25 | 3 | 0 | 41 | 9% |
| None (No variance from Recommended LOC) | 5 | 2 | 13 | 137 | 16 | 249 | | 1 | 423 | 91% |
| Grand Total | 8 | 4 | 13 | 145 | 16 | 274 | 3 | 1 | 464 | 100% |
| Variance Rate | 38% | 50% | 0% | 6% | 0% | 9% | 100% | 0% | 9% | |



(N) Adjustments to Required Plans and Network Management Activities

(1) Overview of necessary adjustments to Required Plans

SEFBHN staff has completed the process of reviewing and revisions to all required plans during the 1st quarter. Plans reviewed and approved during the 1st quarter include the Network Service Monitoring Plan.

(2) Network Management Activities

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

Nineteen amendments; six new subcontracts; one new agreements; and no terminations were completed during the 1st quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

Amendments

PDA59 – The Recovery Research Network Foundation, Inc.

ZNA34 – Love and Hope in Action, Inc. (Amend #001)

ZDA14 – Counseling and Recovery Center, Inc.

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PDA54 – Access Recovery Solutions, LLC

AGR34 - University of Florida Board of Trustees, for the benefit of the Department of Psychiatry, College of Medicine, University of Florida

PDA57 – The Recovery Research Network Foundation, Inc.

AGR49 – Palm Healthcare Foundation

PNA37 – Brighter Family Center, Inc.

AGR47 – CommonlyWell, PBC

PNA17 – NAMI Palm Beach County, Inc.

PNA16 – Jeff Industries, Inc.

PNA19 – Palm Beach Habilitation Center, Inc.

PDA58 – Palm Beach County Substance Abuse Coalition

ZNA34 – Love and Hope in Action, Inc. (Amend #002)

AGR48 – Palm Healthcare Foundation

PNA31 – South County Mental Health Center, Inc.

ZTF13 – New Horizons of the Treasure Coast, Inc.

ZNA30 – Mental Health Association in Indian River County, Inc.

PDA44 – Sunset House, Inc.

PDA48 – Drug Abuse Foundation of Palm Beach County, Inc.

New Subcontracts

PTF07 – Housing Partnership, Inc. d/b/a Community Partners

ZDA24 – RiteLife Services, Inc.

ZTF15 – Our Village Okeechobee, Inc.

PNF25 – Federation of Families

PDC19 – Hanley Center Foundation

PDA62 – Rebel Recovery

New Agreements

AGR55 – Ferd and Gladys Alpert Jewish Family and Children's Service of PBC, Inc.

Termination

N/A

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

The following is a summary of collaborative strategies and partnerships for the 1st 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 Communities Connected for Kids started planning a virtual Behavioral Health Resource Fair for in October to help support and advance our workforce. Meetings were held to strategize and 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 link on our website will be used to collect brochures, referral forms/links, insurance information for attendees and partners.
- “DCF Explained” are opportunities to provide behavioral health information and resources to community partners. The Director of Children’s SOC presented with DCF-Child Welfare and SAMH, ChildNet, and Children’s Services Council on one occasion during this quarter. More specifically, a presentation was provided to the School District of Palm Beach County Behavioral Health Professionals (7/21/2021).
- 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 1st quarter of FY 21/22, 28 new referrals were received. Of these new referrals received during this quarter – 21 adults and 7 adolescents. 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. Writer sends a weekly Excel spreadsheet to PBSO depicting status update of all program participants referred within the community. We continue to refer to in-network and out-of-network providers for therapeutic, psychiatric, housing and support services.
 - Furthermore, we are in the process of linking an adolescent participant with Equine Therapy.
 - Since the previous quarter there were three file closures. Program participants declined services at this time; however, program participant are aware they can contact PBSO in the future to reactive file. Moreover, of the 52 active cases, 11 are being monitored on a monthly basis due to having a positive connection within community and doing well as evidenced by keeping scheduled appointments, taking medications, having gainful employment and being connected to housing. Lastly, we have referred three additional

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adolescents to Boystown for further support through the Children’s Care Coordination to assist with family’s needs as they arise.

- 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 continues to collaborate with Palm Beach Sheriffs Office to provide treatment and peer services for the Medication Assisted & Peer Services (MAPS) program in West Detention Center in Belle Glade. More details on this program can be found under the MAT section.
- 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.
- SEFBHN works closely with Palm Beach County Community Services department on a number of grants related to substance use disorder and housing.
 - The Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP), is a housing and recovery support grant for individuals with criminal justice involvement, substance use disorder and housing instability. COSSAP is a collaboration with SEFBHN, PBC Community Services Department, Florida Atlantic University and Rebel Recovery that started in July 2021.
 - Emergency Shelter Grant – COVID (ESG-CV) is a rapid re-housing program for individuals identified through the homeless continuum of care with mental health and/or substance use disorders. Community Partners of South Florida dba/ Housing Partnership (CP/HP) started their program in December 2020. In July 2021, SEFBHN contracted with Rebel Recovery to also provide rapid re-housing and peer services to the same target population. This contract runs through August 2022.
- SEFBHN also collaborates with the Specialty Courts in Palm Beach County as follows:
 - Early Childhood Court, and Family Drug Court in Palm Beach County to provide recovery support services to participants in each court program.
 - Marchman Act Court to provide independent assessments and care coordination services.
- In the 1st quarter of FY 21/22, 28 new referrals were received. Of these new referrals received during this quarter – 21 adults and 7 adolescents. 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. Writer sends a weekly Excel spreadsheet to PBSO depicting status update of all program participants referred within the community. We continue to refer to in-network and out-of-network providers for therapeutic, psychiatric, housing and support services. Furthermore we are in the process of linking an adolescent participant with Equine Therapy.
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further support through the Children’s Care Coordination to assist with family’s needs as they arise.

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

(a) Children’s System of Care

In July 2021, SEFBHN was notified of approval of a new Children’s System of Care grant for Martin and St. Lucie counties. While SEFBHN awaits an amendment from DCF, we began the hiring process for a Project Coordinator. We have also met with identified providers around system of care expansion opportunities and are planning for amendments once the funds are received.

(b) Prevention

The following is the summary of Prevention activities and updates for the 1st quarter:

- 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 and 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:
 - Measuring and validating Environmental Strategies used by Coalitions around the state
 - Evaluating Evidenced Based Programs used by School-based agencies around the state
 - DCF Substance Abuse Prevention Licensing Protocol
 - DCF Prevention Guidance Document 10 for Prevention Services.
 - DCF Substance Abuse Block Grant Prevention Performance Indicators
 - DCF Program Guidance Document 1 for Managing Entity Contracts.
 - Individual Managing Entity Prevention Provider and Coalition program implementation Updates.
- The Network Prevention Manager continues oversight of prevention-exclusive contracts and amendments, risk assessments and agency validations. During this 1st quarter, the Network Prevention Manager completed risk assessments for agencies for whom she’s Primary Point of Contact (PPOC). This includes all agencies only receiving Prevention funding.
- Monthly SEFBHN Prevention Team meetings continue via Virtual Microsoft Teams formats, allowing visual 2-way conversations between the ME and all network prevention funded agencies and coalitions.
 - July – September 2021 meeting discussions centered around:
 - Contract Validations and Utilization of the Prevention Monitoring Tool and the CARF Unaccredited Workbook as a Quality guide
 - DCF Substance Abuse Prevention License process
 - Full Utilization of Performance Based Prevention Systems (PBPS) with New Enhancement of Carisk Upload capabilities.

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- Full Utilization of the Electronic Invoice Application (EIA) enhancements to the Carisk Fiscal Reporting
- The required Substance Abuse Prevention Skills Training (SAPST) for all agencies/ coalitions for licensure
- Due to the increased COVID-19 infections, during this 1st quarter of FY 2122, Prevention Activities have continued to be offered via Hybrid in person/ online formats. Prevention Sessions are, again, offered in person partnerships with individual Classroom teachers and via virtual formats, which continue to be offered to County schools and communities at large.
- Principals in all 5 ME Counties continue to work closely with the 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 provide as options to in-classroom instruction, via Google Classroom, ZOOM, and Microsoft Teams formats.
- As implemented at the beginning of the COVID outbreak, prevention coalitions also continue to provide activities in regional online Virtual formats, i.e.: Youth Summits, Youth Forums, Youth Conversations and Activities via ZOOM, Google Classroom, Microsoft Teams, Facebook or YouTube Live.
- During this 1st quarter, SEFBHN Prevention Providers began their implementations for this Fiscal Year.
 - Hanley Center Foundation (HCF) began In-class and virtual implementations of the “Botvin LifeSkills Training” school-based program in Palm Beach County’s Coastal and Western Communities. The online format is, again, offered to 8th, 9th, and 11th grade students in partnering schools with whom HCF has agreements for FY 21/22.
 - HCF continues to offer the “Active Parenting” series in-person and, also via online Virtual formats, made available to community parents.
 - New Horizons of the Treasure Coast (NHTC) began In-class and virtual implementations of “Too Good For Drugs / Violence” in selected grades in all Elementary, Middle and High School students in St. Lucie County. NHTC also provides “Botvin Life Skills Training” to schools transitioning from “Too Good For Drugs / Violence.”
 - Substance Abuse Council of Indian River (SACIRC) began In-class and virtual implementations of “Botvin LifeSkills Training” in all Indian River County Elementary Schools and “Erica’s Lighthouse” in Middle and High Schools. SACIRC is also continuing the “Teen Intervene” Evidenced Based Program (EBP), with selected students.
 - Tykes & Teens began their in-class implementation of “Botvin LifeSkills Training” school-based program in Martin County Elementary Schools to 4th and 5th grade students.
- Additionally, all County Coalitions continue their work to provide environmental community and school substance use alternative activities, both in person and online Virtual formats.
 - PBCSAC continues Coalition Community meetings that encourage community partner engagement. During this quarter, they have addressed Substance Use Disorder (SUD) Prevention, HIV Prevention, Alcohol-free Alternative Youth Activities.
 - Their Middle School After-School Drug Prevention program meets both in-person and virtually addressing topics such as Over the Counter Medicine safety, 7 Habits for the Highly Effective Teen, and the National Drug IQ Challenge.

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- Their Teen Coalition-In-Action (CIA) continues Wednesday sessions for youth in the Palm Beach County region, both in-person and online. The sessions led by PBCSAC Teen CIA, serve the community youth. Recruitment of new participants to replace 20/21 graduating seniors is currently in process.
 - PBCSAC continues their work on Opioid Prevention initiatives recommended as result of Community Conversations convened by PBCSAC
 - They successfully launched “The Hub” Recovery Community Center (RCC) and began serving Palm Beach County Adults in Recovery (and active use) and their families.
 - PBCSAC continues to create messaging to School and College age Youth, Parents and the general community about opioids and preventive substance use measures Release of the media presentations is planned for fall of this FY 21/22.
 - The recommended Opioid Education and Support Group, continues to be facilitated by Hanley Center Foundation. The Program Project C4OPE continues to be implemented in the 4 Palm Beach County quadrants.
 - A partnership between Martin County Board of County Commissioners and PBCSAC serves Martin County with Coalition services. This partnership continues the implementation of Martin County’s own 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”.
 - SAFIR participated at a Back-to-School event at one of Indian River’s Charter schools and conducted a week-long youth training through CADCA to train their new Coalition Youth leaders.
 - SAFIR will host a Marijuana Forum next quarter, in October, 2021.
 - Roundtable of St. Lucie County – Substance Abuse Prevention Network Committee – Continues their work with schools, facilitating the implementation of “Kids at Hope” programming in St. Lucie County schools.
 - Roundtable also continues their work 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 facilitates the Behavioral Health Task Force which continues their work with the St. Lucie County School Board, Children’s Services Council, Treatment Centers, DJJ, DOH and other County Coalitions.
 - This collaborative’s short term outcome is almost realized with the soon to be completed Needs Assessment, Logic Model and Community Action Plan which will identify and focus to the Community Behavioral Health needs/ priorities.
 - Okeechobee Substance Abuse Coalition (OSAC) continues in person and online youth conversations, their 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.

- The HRSA Grant focuses resources to the opioid crisis in rural counties via the collaboration stakeholders (law enforcement, hospitals, FQHC, treatment, schools). The Grant allows Hanley to facilitate that work in Okeechobee to identify needs in and engage resources to 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.
 - They’re currently in the process of completing gathering information from Prevention, System of Care, Mental Health Court services, Behavioral Health and Substance Abuse Treatment and Recovery service providers in Okeechobee and surrounding counties.
- The FADAA/ FBHA statewide prevention team monthly brings together DCF State Representatives, Managing Entity Prevention Coordinators and Agency and Coalition leaders.
 - Conversations 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.
 - Discussions also continued around the Prevention Training all agencies and coalitions will be required to complete for professional quality. At this writing, the Substance Abuse Prevention Skills Training (SAPST) is being strongly recommended by the state. The Network Prevention Manager is a SAPST trainer and is working with the state to provide this training for the SEFBHN Prevention providers and coalitions.
- The Network Prevention Manager is now a Trainer of Trainers for the Recovery Capital Training for peers; having completed the “Soft” training cycle for a select group of Executive Directors/ Board Chairpersons during this 1st Quarter of FY 21/22. All trainers will reconvene to receive assessment of our ability and effectiveness in conducting the training with fidelity. We will then be dispatched to complete trainings in our various regions. The state recommends the Recovery Capital Training be completed by all DCF RCO’s for the training of their peers.
- The Network Prevention Manager continues as Co-Chair of the Circuit 15 Juvenile Justice Advisory Board, co-facilitating meetings and working on committees and alliances alongside Community partners. Virtual Meetings continue into this new Fiscal Year, allow Community partners to safely come together each month to address goals and work for FY 21/22. Collaborating partners include state agency representatives, county, school, and community leaders.

(c) Care Coordination

The Care Coordination team continued, in the 1st 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, and one part-time Certified Peer Specialist Care Coordinator. 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.

An example of a case that was opened during this Quarter involved a 73-year-old male who has had numerous Baker Acts for homicidal and suicidal ideation. According to his recent BA he was making threats at his placement. He informed that he had been fighting at his ALF and did not agree with his

current living conditions, he even called AHCA many times. After the placement asked him to leave, he started making threats. He was placed under a LEO BA. At the time of his BA he denied suicidal ideations. Besides his BA he also has a significant medical history, lower limb amputation and frequent catheterizations. The care coordinator engaged him, and he was willing to work with her. She has been attempting to link him to new housing, but he has burnt bridges at many ALFs in the community and does have added medical issues. She is also working on linking him to a third-party rep payee, case management, and outpatient medication management to be able to follow-up with services in community which is something that he does not do after his Baker Acts.

Additionally, and subject to CFDA 21.019 - Coronavirus Relief Fund, funding derived from CARES ACT has allowed for the expansion of Care Coordination services to families and babies with Neonatal Abstinence Syndrome (NAS) or Substance Exposed Newborn (SEN) conditions. The main purpose of this expansion is to establish Care Coordination, housing and employment, and peer support programs for women with babies with NAS or SEN. Drug Abuse Foundation of the Palm Beaches, Inc., which features the Pavillion, a residential treatment program for mothers and their babies up to 6 months of age, has been designated the three new Care Coordination positions. In September, SEFBHN had several conversations with Children’s Services Council in Palm Beach County to help them understand our behavioral health system of care for pregnant women and new mothers. We provided them with a complete list of available services, that included SAMH and Medicaid providers and have offered to arrange MAT training for the hospitals. In October, SEFBHN and DAF will begin participating in the monthly meetings with St. Mary’s Neonatal department to help establish direct care coordination with DAF NAS/SEN care coordinators.

Civil State Mental Health Treatment Facility Diversions

The Care Coordination teams were very engaged with individuals that were petitioned for South Florida State Hospital civil commitment. As a result of the care coordinators efforts and the addition of a Short-Term Residential (SRT) program opened in Circuit 15 there were 6 successful diversions. During the 1st quarter 128 adults were served in Care Coordination.

One example of a diversion from SMHTF that occurred in the 1st Quarter was with a female high utilizer. She is involved in mental health court, had been homeless since January 2021 (except while on CSUs), and care coordination. She has had multiple Baker Acts to numerous providers. She was connected with care coordination and linked to a treatment center. While at the treatment center displayed many negative behaviors. She convinced a non-profit she was pregnant and asked for money and caused many other disturbances. She was unsuccessfully discharged and picked up on a warrant and taken to jail. From jail she required another Baker Act and was transported to a Provider in Circuit 15. While she was back on the CSU, she was evaluated by the SRT. She was accepted to the SRT and the SMHTF petition for commitment was not completed.

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.

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In the 1st quarter, SEFBHN approved 67 transitional vouchers – 19 for substance use and 48 for mental health, which is almost identical to Q4 FY2021. 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 55% of individuals who receive vouchers can maintain housing by the time the funds for a given voucher are used, a number which has stayed stable compared to the previous quarter. Likewise for the 45% of individuals who receive vouchers obtain employment by the time they have used the voucher funds (19% 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 1

- SEFBHN Care Coordination staff have been attending collaborative meetings during Quarter 1 with PBSO, NSP, and out of network providers for the PBSO care coordination grant. These meetings have occurred at several providers to make introductions, discuss services available, take tours, and discuss the referral process.
- The Care Coordination teams have been involved in a few DOC releases that require a Baker Act, and then linked to services due to not being in the community due to serving their terms. SEFBHN is contacted and the SEFBHN staff reaches out for a staffing with the care coordination teams in both Circuit 15 and 19.
- SEFBHN Care Coordination staff teamed up with SEFBHN Network Integrity staff to review and make revisions to the Transitional Voucher Guidance from SEFBHN.
- SEFBHN and one of the Care Coordination team completes a weekly direct referral meeting to discuss new referrals and make a direct connection for adult care coordination.
 - During this quarter there has been more referrals from the community, calls to SEFBHN for services, Department of Corrections (DOC) Baker Acts and releases, and care coordination through the Palm Beach Sheriff Office (PBSO).
 - An example of one major collaboration in care coordination that occurred was for a male that was being released from a SMHTF and required a Baker Act. He was supposed to be taken to the closest receiving facility and was from another county before his commitment to TCFTC. In order to connect this individual to services he was linked to care coordination, Peer services, and housing. Numerous meetings occurred between SEFBHN, DCF, NSPs, and NWF Health Network. With all the collaborative efforts he was able to be transported back to his previous county.
 -
- 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 three monthly meetings in the 1st quarter. Some of the agenda items included ROSC documentation, cultural humility, providing care

coordination services to remote areas Okeechobee and Belle Glade, treatment episode datasets/performance measure outcomes, thinking outside the box for referrals and transitional vouchers.

- During September's monthly collaborative meeting the care coordination team in Circuit 19 completed a presentation of their services and processes. They were able to share some great additions in Circuit 19. Some of the hospitals in Circuit 19 are now contacting the Certified Peer Specialist when they receive an overdose. The Peer Specialist then goes to the hospital to engage the individual and assist with connection with services in the community and being a support for these individuals after these traumatic events. Another great initiative which reflects ROSC that the care coordination team has started is gathering clothing donations. This allows the care coordination team to provide clothing to those on the ASUs so they do not have to wear hospital gowns the whole time if they do not have clothing. They can also provide clothing to those discharging from the ASU to reintegrate into the community.
- The Network Integrity team facilitated a meeting for Circuit 19 SUD SEFBHN network providers to introduce new providers and discussed the referral process and care coordination within the SEFBHN network. The new providers introduced to the SEFBHN network were Pinnacle Wellness Group, Public Defender's Office Nineteenth Judicial Court, and Ritelife Services.

(d) Housing Activities

The following is a summary of Housing Activities for the 1st quarter:

- SEFBHN engaged in 2 provider meetings with Community Partners dba/Housing Partnership (CP/HP) during this quarter regarding their ESG-CV Rapid Re-housing program, a collaboration with Palm Beach County Continuum of Care, SEFBHN and CP/HP. Programmatic and participant updates were provided. Throughout that quarter, (CP/HP) received technical assistance with addressing concerns with participants who were having difficulty in engaging and/or adhering to the program and program policies. They are and will continue to work on creative ways to engage participants. (CP/HP) reported the loss of a participant in September and was provided with technical assistance regarding incident reporting and timeframe of reporting. The Network Housing Specialist checked in with the coordinator who discovered the deceased to see how she and participants were coping. A participant-led memorial was held to provide them with closure. The coordinator also reported that a group was held to assist those who were grieving. (CP/HP) will reach out to Coordinated Entry and ensure that a new participant is identified for move-in within 2 weeks per HUD guidelines. Upon this new move-in, they will be at full capacity.
- SEFBHN and Community Partners dba/Housing Partnership (CP/HP) met throughout this quarter to review recommendations made by the county during their courtesy monitoring. To date, (CP/HP) has updated all recommendations to include obtaining missed signatures and dates, creating a handbook, and developing a new rent calculation sheet. A copy of the rent calculation sheet was submitted to the county for review. We are still waiting for feedback from the county and will make necessary adjustments if needed.
- The Housing Network Specialist engaged in weekly coordination calls with Community Partners dba/Housing Partnership's Village 1, their SAMH funded transitional housing program. During the calls, current caseloads as well as referrals were discussed. As of 9/30/2021, Village 1 is currently serving 29 participants and has 5 open beds. They expect to be at capacity by next quarter. Technical assistance continues to be offered and will be provided as needed.

- Carrfour Supportive Housing is currently serving 35 participants and has 1 opening. They are currently working on engaging the next individual on their internal waiting list. The Network Housing Specialist engaged in monthly provider meetings with Program Manager, Malita Robinson. Technical assistance was provided on how to engage some participants who are struggling with adhering to program rules. The Program Manager and her team will continue to meet with participants to encourage them to take advantage of onsite activities that will help to build a more cohesive community. Carrfour Supportive Housing is continuing to work on expanding their 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 Network Housing Specialist continue to participant and engage in attending and participating in the Continuum of Care (CoC) meetings for Circuits 15 & 19.
- The Director of Network Integrity and Network Housing Specialist continues to participate in the monthly statewide Managing Entity Housing calls with DCF.
- The Director of Network Integrity is a member of the Executive Committee of the Homeless and Housing Alliance (HHA), Palm Beach County’s CoC and participates in monthly virtual meetings.
- The Network Housing Director of Network Integrity is a member of the Healthcare subcommittee and the HMIS subcommittee of the HHA and participates in monthly virtual meetings.
- The Network Housing Specialist is a member of the HMIS subcommittee of the HHA and participates in monthly virtual meetings.
- The Director of Network Integrity is a member of the Homeless Advisory Board (HAB) of Palm Beach County and attends quarterly meetings.
- The Network Housing Specialist presented to the Sober Homes Task Force about Housing Initiatives at SEFBHN.
- The Network Housing Specialist provided technical assistance throughout this quarter to assist Rebel with the development of their new Rapid Rehousing Program, part of the ESG-CV funding collaboration with Palm Beach County Continuum of Care, SEFBHN and SEFBHN Network Service Providers. Technical assistance provided is listed below.
 - Development of policies and procedures in accordance with HUD guidelines.
 - Development of required forms according to HUD standards.
 - Coordinated meeting with the Coordinated Entry to discuss referral process, appropriate referrals, and interview process.
 - HMIS refresher on how to document notes and locate needed documents for client files.
 - Assistance with how to identify more property owners/housing opportunities for Rapid Rehousing participants.
 - The Director of COSSAP (Rebel) began her training to become a certified inspector for Housing Quality Standard (HQS). She is slated to be certified early next quarter after passing her exam.
- Throughout this quarter, technical assistance has been provided to Rebel Recovery. SEFBHN and Rebel worked together and were able to develop the referral and voucher forms.
 - The Director of Network Integrity, Network Housing Specialist and Rebel Recovery attends monthly workgroup meetings with Palm Beach County. The Director of COSSAP (Rebel) began her training to become a certified Housing Quality Standard (HQS). She is slated to be certified HQS inspector early next quarter upon passing the exam.
 - The Network Housing Specialist and Rebel Recovery attended monthly COSSAP Housing Provider meetings with the operators of the recovery residences where clients are housed. The purpose of these meetings is to receive updates on how participants are doing and how we can provide more support as they focus on their recovery. The operators are well engaged with participants' recovery and reach out as needed.

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- The Network Housing Specialist is continuing to work on engaging new FARR certified Recovery Houses to be a part of COSSAP.
- On September 29, 2021, Rebel Recovery attended a training on the Recovery Capital Index (RCI) tool that Palm Beach County requires for PBC funded agencies.
- On September 30, 2021, The Director of Network Integrity, Housing Network Specialist and Rebel Recovery attended “Facing the Crisis: Everything is Figureoutable.”

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

The following is a summary of Opioid and MAT services for the 1st quarter:

- In July 2021, SEFBHN added a new MAT provider, Pinnacle Wellnes Group in Port St. Lucie to our network. NHTC new MAT office in Stuart continues to increase their hours of operations and services to keep up with the demand in Martin County.
- 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.
- During the first quarter, a total of 9 individuals were served in the Hospital Bridge Program, additionally, 8 individuals were linked to treatment.
- SEFBHN continues to meet monthly 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. In May, New Horizons of the Treasure Coast opened a MAT clinic in Stuart to address the need for these services in Martin County. They are working closely with MCSO and Fire Rescue on referrals.
- 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.
 - GPRAs 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 Sherriff’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 expect this program to serve as a model for other counties and SEFBHN has been working

with Port St. Lucie Sherriff's Office and Martin County Sherriff's office to bring MAT services into their jail system.

- During the first quarter, the MAPS program served 6 female participants and 22 male participants, who are receiving clinical, peer support and medication assisted treatment (MAT). During the first quarter, 15 participants completed the MAPS program. A total of 15 participants were released from jail and linked with community services.
- As continued advocacy efforts, Rebel Recovery proposed to include a MAPS Mentor position as in the Imamate Work Program assignment for qualified participants. The purpose of the MAPS Mentor Inmate Worker is to highlight the MAPS participants' importance and enhance their recovery path through recovery-supportive peer-to-peer connections. Additionally, it is an opportunity for MAPS graduates to give back beneficially for themselves and the Palm Beach County community.
- To increase the strategic planning for a smooth care coordination process, the MAPS program will be meeting every month. The first monthly meeting occurred on September 27th, 2021; all parties involved engaged in planning for resuming outpatient group services and outreach efforts. The MAPS monthly meeting will re-cooccur on the last Monday of the month.
- During the first quarter, Pinnacle Wellness Group collaborated with the 19th Judicial Circuit Court in efforts to inform the community about the MAT services available at Pinnacle Wellness Group. As part of the Opioid and Stimulant Awareness Month, Pinnacle Wellness disseminated information about Medication Assisted Treatment through informational videos shared through the 19th Judicial Circuit website.
- In September, the Director of Network Integrity met with the National Director of MAT Programs at Wellpath to discuss what is needed to get more MAT programs started on the jails in our region. We are currently working on St. Lucie County jail where Wellpath has taken over as the medical provider. We are also discussing the use of sublocade in the jail programs – both St. Lucie and Palm Beach counties.
- In the 1st quarter, the Director of Network Integrity met several times with reps from Indivior in regards to the utilization of sublocade in our region. Meetings with The Recovery Research Network and Substance Awareness Center of Indian River were set up, and one with New Horizons of the Treasure Coast has been set for October. SEFBHN will be allocating a portion of the SOR2 funding for sublocade.
- The Director of Systems Integration continues to oversee and provide ongoing technical support to providers using the WITS system for SOR grant data reporting. Compliance for SOR 1 6-month post-intake follow-up GPRAs rose another percent over the course of this quarter and is now at 50.7% while compliance in SOR 2 sat above 87%. The sample size for the SOR 2 follow-up GPRAs remains small and we expect SOR 2 compliance to decrease somewhat as more data is submitted. Providers are being given monthly updates on their compliance to help them maximize completed interviews and maintain the compliance rate at or above 80%.
- Technical assistance continues to be 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.

(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 Corrective Action items:

- **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 1st quarter.
- **Drug Abuse Foundation of Palm Beach County, Inc. (DAF)** – DAF submitted revised incident and grievance forms for improved quality in their reporting documentation. This PIP was closed during the first quarter of Fiscal year 21-22.
- **Chrysalis Health** – PIP around data remains open at the end of this quarter as lack of consistent uploading is still an issue. SEFBHN has provided technical assistance and is planning for a follow-up monitoring in quarter 2 to ensure needed check and balance systems have been operationalized and maintained.

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 |
|--|---|-----------|-----------------|
| | Average annual days worked for pay for adults with severe and persistent mental illness | 40 | 135.07 |

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| | | | |
|----------------------------|--|-----|---------|
| Adult Mental Health | Percent of adults with serious mental illness who are competitively employed | 24% | 66.00% |
| | Percent of adults with severe and persistent mental illnesses who live in stable housing environment | 90% | 92.00% |
| | Percent of adults in forensic involvement who live in stable housing environment | 67% | 67.00% |
| | Percent of adults in mental health crisis who live in stable housing environment | 86% | 88.00% |
| Adult Substance Abuse | Percentage change in clients who are employed from admission to discharge | 10% | 17.00% |
| | Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge | 15% | -73.00% |
| | Percent of adults who successfully complete substance abuse treatment services | 51% | 56.00% |
| | Percent of adults with substance abuse who live in a stable housing environment at the time of discharge | 94% | 79.00% |
| Children's Mental Health | Percent of school days seriously emotionally disturbed (SED) children attended | 86% | 99.00% |
| | Percent of children with emotional disturbances (ED) who improve their level of functioning | 64% | N/A |
| | Percent of children with serious emotional disturbances (SED) who improve their level of | 65% | N/A |
| | Percent of children with emotional disturbance (ED) who live in a stable housing environment | 95% | 100.00% |
| | Percent of children with serious emotional disturbance (SED) who live in a stable housing environment | 93% | 100.00% |
| | Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment | 96% | N/A |
| Children's Substance Abuse | Percent of children who successfully complete substance abuse treatment services | 48% | N/A |
| | Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to | 20% | N/A |
| | Percent of children with substance abuse who live in a stable housing environment at the time of discharge | 93% | N/A |

The percent of adults with substance abuse who live in a stable housing environment at the time of discharge SEFBHN: SEFBHN has two Providers that works directly in the jail to provide the necessary treatment services using a person centered approach. Guidance Document 24 is still in version 12 and needs to be updated for version 14 data reporting. Jail should not be a failing measure if services were provided in the jail for the duration of treatment. It should only be counted against the ME if client

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entered in the community and was discharged to jail. We provide TA (technical assistance) to make sure the providers review their submission. We hosted a monthly data workgroup meeting to assist in resolving issues. SEFBHN will continue to provide technical assistance and ensure data is being reported accurately.

(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.

FIT uses a team approach to provide substance abuse treatment services to parents of children who are involved in the child welfare system. 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. A total of 63 families have been served this fiscal year to date by both FIT Teams. Through September 2021, the percentage of families served who have successfully completed treatment with FIT Team services is 61% (11 successful discharges out of a total 18 discharges to date).

As indicated in the tables below, both FIT Teams are performing well within expectations in relation to the outcome measures for stable housing and stable employment for all families served who successfully completed treatment during the first quarter of Fiscal Year 21-22.

| Provider | Episodes With Stable Housing | Total Number Of Episodes | Percentage |
|--|------------------------------|--------------------------|----------------|
| Counseling and Recovery Center | 12 | 12 | 100.00% |
| Henderson Behavioral Health - Palm Beach | 6 | 6 | 100.00% |
| Total | 18 | 18 | 100.00% |

| Provider | Episodes With Stable Employment | Total Number Of Episodes | Percentage |
|--|---------------------------------|--------------------------|----------------|
| Counseling and Recovery Center | 12 | 12 | 100.00% |
| Henderson Behavioral Health - Palm Beach | 6 | 6 | 100.00% |
| Total | 18 | 18 | 100.00% |

(2) Return-on-Investment Reporting

The following is a summary of ROI Reporting for the 1st 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 1st quarter of FY 21/22, these teams served a total of 112 children and reported a total cost avoidance less total costs YTD to the state of \$ 1,298,401.60. This return on investment is in keeping children and youth out of deeper end child welfare, juvenile justice programs, and psychiatric in-patient programs.

- Specific Appropriation 368 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). 19 persons were served in the 1st quarter. The savings to the state was \$178,410.08 had these individuals had to remain in the SMHTF as opposed to having the availability of the Transitional Housing program.
- Specific Appropriation 376 provides \$250,000.00 to the University of Florida Health Center for Psychiatry in Indian River County. The center offers low-cost behavioral health care in the community in addition to providing a learning environment for UF Medical School Psychiatry Residents to gain clinical experience. During the 1st quarter, the center served 1767 individuals. The center can provide lower cost services using physician trainees. As a result, the cost avoidance to the state this quarter was \$253,456.84 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 one (1) Mobile Response Team in Indian River, Martin, Okeechobee, and St. Lucie Counties.
 - During the 1st Quarter, MRTs for both circuits received 830 calls. 673 calls required an acute response with an average response time 32.4 minutes. The average diversion rate for MRTs were 92.29%.

(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 1st 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 1, 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 FY 21/22:

- Recruitment and Retention of a Quality Behavioral Health Workforce
- Strategize a planned approach to working with individuals considered to be High Utilizers

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- 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 1st 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 1st quarter activities related to the implementation of House Bill 945 by SEFBHN staff.
- SEFBHN staff met face to face in Orlando on 7/20/2021 and FAME to review status of HB planning and identify any barriers. As part of the meeting, this workgroup met with Representative Silvers.
- SEFBHN and FAME have met multiple times this quarter with House Committee (Children, Families and Elders) staff re: Opportunities for Improvement identified as part of our HB 945 planning.
- House Bill 945 Steering Committee convened for Circuits 15 and 19 by SEFBHN. This quarter, meetings were held 7/13, 8/10 and 9/14/2021. 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. This quarter some of the topics we focused on Suicide Prevention, Voice and Choice of Youth And Families Best Practices for Schools and MRT guidance from USF, focus on our opportunities for improvement for specific sections of the plan, finalizing a Children’s System of Care logic model and focusing on the importance of strength based language across systems and crosswalk of trauma informed language across systems.
 - The SEFBHN HB 945 Plan has been presented in sections to the steering committee with routine updates provided to the Board of Directors. The quarter 2 goal is still to present the final DRAFT plan to the Steering Committee for feedback and for final approval to the SEFBHN Board of Directors prior to submitting to DCF.