

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 4th quarter (YTD):

- 2.3.1.1 – 98% (Prevention set aside)
- 2.3.1.2. – 58% (HIV early inter set aside)
- 2.3.2. – 100% (Women set aside)
- 2.3.3. – 100% (Prevention set aside for people with psychotic disturbances, post first episode set aside)

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 4th quarter.

Date(s) of Activity	Type: Training Activity	Training Location	# Of Participants
5/3/2021 – 5/5/2021	Wraparound 101	Virtual	26

The following chart represents technical assistance related to Wraparound during the 4th quarter.

Date(s) of Technical Assistance	Agency / Provider	Technical Assistance Type	# Of Participants
4/2/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
4/5/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
5/3/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
5/3/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
5/7/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3

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5/10/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
5/13/2021	Wraparound Coaching-Legacy Behavioral Health Center	Document Review	1
5/25/2021	Wraparound Coaching-Legacy Behavioral Health Center	Document Review	1
6/25/2021	Wraparound Coaching-Legacy Behavioral Health Center	Virtual	3
6/28/2021	Wraparound Coaching-Legacy Behavioral Health Center	Document Review	1

We have been consistently providing Wraparound 101 Training for Youth and Families and are now providing Wraparound 101 training to Care Coordinators, (Intensive) Adult Case Managers, FITT and FACT teams. We are currently using one curriculum for all populations served.

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

- 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 5 staff members are currently certified; Staff attend the Wraparound Learning Community
- Federation of Families: All family support partner staff certified; Staff attends the Wraparound Learning Community)
- SequelCare (Palm Beach and Treasure Coast): 1 certified facilitator, no current specific plan on their part to move forward with certification, however they continue to send staff to trainings and staff attend the Wraparound Learning Community.
- Suncoast Mental Health Center: 3 certified facilitators. There is no current specific plan on their part to move forward with certifying internal coaches. They send staff to trainings and staff attend the Wraparound Learning Community.
- Legacy Behavioral Health: They are working towards their certification status and are motivated. They have 1 skill set remaining before becoming certified. Staff are attending trainings and the learning community.
- Helping People Succeed: Actively going through the coaching and certification process. Staff are attending trainings and the learning community.
- Counseling and Recovery Center (FITT): Currently there is no plan to move forward but staff attend the Wraparound Learning Community.

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- Chrysalis Health (CAT): 1 certified facilitator and 1 certified coach/facilitator and Staff attend the Wraparound Learning Community.
- Tykes and Teens: 1 supervisor certified as coach and facilitator. Another facilitator was certified as of 6/16/2021 and she is moving towards 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.
- Goodwill (Youth re-entry): Initial coaching plan developed, policy and procedures and documentation has been updated to align with Wraparound. Initial coaching session took place on 12/3/2019. Goodwill has reassessed their structure and conversations continue as to how Wraparound can help support their practices. Goodwill stated that Wraparound is in their strategic plan for the Back to the Future Program. Agency has not moved forward with Wraparound implementation.
- New Horizons of the Treasure Coast (Care Coordinators/Adult Case Managers/Peers/Intensive Case Managers): Currently there are certified facilitators in ICM, Children’s Outpatient and on the CAT team and other staff are in the certification process.
- Jeff Industries- Has expressed interest in learning about Wraparound and an introduction to Wraparound has been scheduled in July.

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

- SEFBHN arranged 1 Wraparound 101 training in the month of May. 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 4th Quarter there were thirty (39) certified facilitators and thirteen (14) certified active coaches in our region.
- There were also 2 certified trainers in our region and access to an external trainer. There are 2 individuals in the process of becoming trainers. Wraparound has been provided to over 737 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 – 4/8/2021, 5/13/2021, 6/10/2021.

Circuit 19 – 4/14/2021, 6/17/2021. This group holds meetings quarterly.

Wraparound Learning Communities offered group coaching efforts, share concerns regarding Wraparound implementation and opportunities to increase certification and prevent practice drift. Representation from providers that serve children and families, adults and the SPMI populations are all represented at the meetings.

This quarter, Wraparound Learning Communities were held on the following dates:

Circuit 15 – 4/8/2021, 5/27/2021

Circuit 19 – 4/21/2021

Combined Circuits 15 & 19 – 6/30/2021

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 4.

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

(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).
- 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 continues to provide notification about the DCF led Forensic Specialist, Competency Restoration and other training sessions to the forensic specialists and case managers who work with the forensic population.
- Extra attention has been needed to address the C15 Mental Health court's needs. Several discussions were held to link persons to the appropriate service providers. Also, discussions included the clarification of court orders when the defendant belongs under the Agency for Persons with Disabilities instead of under the Mental Health providers for case management and competency restoration services. 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 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 one consumers who has several diagnoses (Mental health disorder and a Traumatic Brain Injury) who needs residential level of care.
- 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.
- SEFBHN is expanding the jail diversion efforts in Circuit 15 by hiring more forensic case managers, Forensic Specialists and Peer Specialists. SEFBHN and the network service provider developed a detailed jail diversion program that includes collaboration with the Public Defender's social worker, mental health provider in the jail, housing staff, SOAR specialists and other staff in the Mental Health Division. An emphasis will be on data collection to enhance the opportunity to apply for future grants. Next steps are to review the jail diversion program description with the court personnel for feedback and explore implementation of competency restoration services in the jail setting.
- Meetings were set up with several providers to discuss collaboration when the consumers have several staff involved in their treatment (example: residential staff, case manager, Forensic Specialist, etc.) One meeting included a consumer who was moving to Florida to a homeless provider who also had some legal concerns.
- 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.

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- The SEFBHN staff participated in the DCF trainings offered during this period: Long Term Care Medicaid, SIM, ROSC, Immigration Issues.

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

- Ongoing technical assistance conference calls are scheduled with the Henderson Behavioral Health FACT team staff. Due to an increase in C15 FACT staffing and consumers slots, strategies about how to proceed were discussed. The SMHTFs, court system and local mental health providers were notified of the increase in FACT services so that referrals could be made.
- FACT staff continue to be a part of any admission and discharge from the civil and forensic SMHTF discussions to enhance the DCF statewide diversion efforts. Many referrals from the SMHTFs result in FACT admissions.
- SEFBHN continues to participate in the DCF Quarterly FACT conference calls.
- 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.
- A review of the FY 21/22 DCF Guidance Document for the FACT programs was needed. Ongoing discussions about the changes will continue during the new fiscal year.

(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 eight (8) C19 Keeping Families Connected Staffings on 4/19/21; 4/26/21; 4/28/21; 5/3/21; 5/20/21; 6/8/21; 6/17/21; 6/21/21.

(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

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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.

For Quarter 4, eighteen (18) total SST calls were attended for both Circuits 15 & 19:

Circuit 15 – six (6) calls were attended by a SEFBHN Children’s Care Coordination Manager and Family System Manager on 4/12/21, 4/19/21, 6/7/21, 6/8/21, 6/17/21, and 6/21/21.

Circuit 19 – twelve (12) SST calls were attended by a SEFBHN Children’s Care Coordination Manager and Family Systems Manager on 4/9/21, 4/12/21, 4/13/21 (2), 4/14/21, 4/23/21 (2), 5/4/21, 5/6/21, 6/28/21 (2) and 6/29/21.

(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 4 , nineteen (19) total Interagency and Local Review Team meetings were attended for both Circuits 15 & 19:

Circuit 15 – three (3) Interagency meetings were attended by a SEFBHN Family Systems Manager on 4/7/21, 5/5/21 and 6/2/21. There were five (5) child specific Interagency meetings held in C15 attended by Children’s Care Coordination Manager on 4/16/21, 4/17/21, 5/10/21, 5/14/21, and 5/24/21.

Circuit 19 – five (5) Local Review Team meetings were attended by a SEFBHN Children’s Care Coordination Manager on 4/27/21, 5/3/21, 5/10/21, 5/25/21, and 6/22/21. There were (6) Regional LRT meetings held this quarter to staff high risk youth on 5/3/21, 5/4/21, 5/13/21, 5/24/21, 6/23/21, and 6/29/21. There was one (1) State Review team attended by Children’s Care Coordination Manager on 4/30/21.

(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 4rd quarter, SEFBHN staff attended and presented at Steering Committee meetings in C15 – 1/14/21, 2/11/21, 3/11/21; C19 – 1/12/21, 2/9/21, and 3/9/21.
- SEFBHN also attended and presented at C19 Integration provider meetings on 1/12/21, 2/9/21 and 3/9/21. These venues provide discussion around Network opportunities for improvement, access issues and overall progress with programs/agencies aimed at serving the Child Welfare Population (i.e., 2-1-1 SACC Hotline connecting child welfare populations to Substance Treatment Providers, FIT Teams, CAT Teams, Mobile Response Teams and Wraparound Providers).
- Additionally, workgroups were formed from the Integration Meetings to address training needs and reviewing baseline data and establishing goals within the Circuits. Shared accountability continues to be discussed among network behavioral health providers and the child welfare staff, and there have been additional meetings throughout the quarter to work on specific tasks.
- The Integration subcommittee Training Group has been working on a training for Dependency system Judges to educate them on the Network’s System of Care, available services, trauma informed care, and general mental health diagnoses, screening, and treatment.
- The training sub-group met once this quarter to work on the bench cards and information to include in the resource PowerPoint.
- The data subcommittee has been provided 2-1-1 SACC data monthly and open access to SEFBHN Progress Exchange Form data to be included to help tell the story from initial contact to treatment outcome.
- SEFBHN provided monthly summary 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 4th 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

(6) School System Collaborations

The School and Community Safety Meetings lead by Judge Martz in C15 continued this quarter with meetings respectively on 4/12/2021, 5/10/2021 and 6/14/2021. School Health Advisory Committees, including the Mental Health Sub-committee were attended on 4/22/21 and 5/27/21. 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

SEFBHN staff continue to participate in BeWellPBC efforts including the Stewardship Council, Co-chair meetings and Systems Leader tables. BeWellPBC focuses on connecting our behavioral health system with other systems i.e., faith, community, and other stakeholders. This quarter SEFBHN meaningfully participated in a Stewardship Council on 5/18/2021.

SEFBHN began meeting with a PBC Pediatric Integrated Care Project on 6/3/2021. 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

- In March the Children's System of Care added a new position, Children's Care Coordination Manager (CCCM), 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.
- 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. 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 vignettes created from Care Coordination data began to be utilized in behavioral health workgroups to further HB 945 planning.
- 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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- Direct Supervisors' System Meetings were held in Circuit 15 on 4/6/2021, 5/13/2021 and 6/10/2021. 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 4/15/2021 and 6/17/2021 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 5/6/2021 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 Staffing held at Sandy Pines, Devereux, and Daniels Kids 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, and the next meeting will be 8/17/21. 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.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Mobile Response Team at South County Mental Health Center on 5/27/2021 and 6/30/2021.
- 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 5/25/2021 and 6/22/2021.
- SEFBHN staff continue to participate on monthly statewide Mobile Response Team calls on 4/28/21, 5/26/21 and 6/30/21. The Director of Children's SOC continued to participate in a Statewide Mobile Response Team Best Practices Workgroups on 4/8/21 and 6/2/2021.
- SEFBHN staff participated in the Martin County 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: 4/30/2021, 5/28/2021 and 6/25/2021. The plan is for the Baker Act Task Force to be combined with this collaborative to reduce duplicative efforts.
- In Circuit 15, Family Systems Manager provided monthly technical assistance and support to the Community Action Team (CAT)/Chrysalis on 4/12/21, 5/10/2021, and 6/14/2021. Additional emergency/crisis support was provided by the Family Systems Manager on 4/16/2021, 5/7/2021.
- In Circuit 19, Family Systems Manager provided monthly technical assistance and support to CAT/New Horizons of the Treasure Coast (NHTC) on 4/2/2021, 5/7/2021, 6/4/2021. Additional meetings with the director of CAT/NHTC and the Family Systems Manager occurred on 4/15/2021, 4/21/2021, 4/30/2021, 5/13/2021, 5/27/2021, 6/11/2021, and 6/24/2021 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 4/16/2021 and 5/21/2021.
- SEFBHN also participated in Children's Behavioral Statewide conference calls 6/25/2021. SEFBHN shared information on regional progress with House Bill 945 Planning and Children's Care Coordination.
- Director of Children's SOC continued participation this quarter in Glades (4/14/2021, 5/12/2021 and 6/14/2021) 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.

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- Director of Children’s SOC provided a webinar via Florida Certification Board on Children’s Care Coordination on 6/22/2021 with a statewide audience.

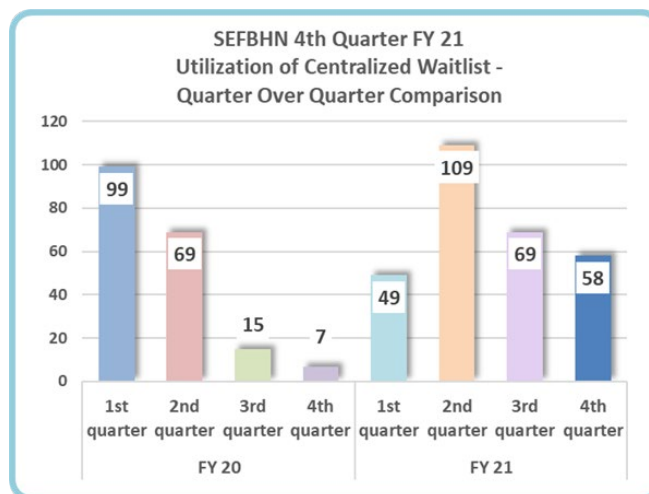
(D) - Access to Treatment for Priority Populations, Including Capacity Reports

(1) Centralized Electronic Waitlist 4th Quarter Update

During the 4th quarter of FY 21, SEFBHN added 69 persons to the centralized waitlist with 21 added in April, 29 in May and 8 in June.

SEFBHN 4th Quarter FY 21 Waitlist Update				
Persons Waitlisted by Provider and Month				
Provider	Apr	May	Jun	Total
23-7074625 - Drug Abuse Foundation of Palm		5	3	8
59-0711167 - Henderson Behavioral Health		1		1
59-1590644 - WaySide House		3		3
59-2516157 - Jeff Industries Inc.	1	1		2
59-2704597 - Housing Partnership Inc.			4	4
59-6153749 - New Horizons of The Treasure Coast	3		1	4
65-0202835 - Substance Abuse Council of Indian River Co	7	12		19
65-0988051 - Counseling and Recovery Center	10	7		17
Grand Total	21	29	8	58

As shown in the following graphic, the quarterly Waitlist utilization numbers represent a 16% decrease from the 3rd quarter of the fiscal year, and a 47% decrease from the highest utilization in the 2nd quarter. The 2nd quarter of FY 21 includes the 3 months leading up to January 8, 2021 - the date of the highest number of new reported Covid-19 cases in Florida.¹ During that time, services – especially residential services – were disrupted as facility closures and other limits on face to face services were implemented to control infection outbreaks. It is not surprising that the number of persons waiting for services increased as a result.



¹ January 8, 2021 was the date of the highest number of new reported cases in Florida during the fiscal year (July 2020 – June 2021). We note that, on August 5, 2021, new reported cases exceeded the January peak and have continued to climb.

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Association of the fluctuation of waitlisted individuals with the course of the coronavirus also gains support from the 37% decrease in waitlisted individuals that occurred from the 2nd to the 3rd quarter of the fiscal year, since the 3rd quarter captures the months when the vaccines began to be widely deployed. The additional 16% decrease from the 3rd to the 4th quarter corresponds to the additional easing of Covid 19 restrictions, including the return to normal service delivery protocols, that occurred when it appeared that the worst of the pandemic was past.

One could expect waitlist numbers to increase in the 1st quarter of FY 22 given the explosion of new reported cases since July of 2021 with new daily highs still being reported as of mid-August. Next quarter’s data will allow us to determine whether the hypothesized association continues to hold.

As shown in the next 3 tables, priority populations persons waitlisted during the 4th quarter included 26 Child Welfare Involved persons, 6 Homeless individuals, and 11 Intravenous Drug Users. Additionally, 3 Counseling and Recovery waitlisted individuals were pregnant.

SEFBHN 4th Quarter FY 21 Waitlist Update			
Child Welfare Involved Waitlisted Persons			
Provider	Qtr 4 FY21		Total
	Apr	May	
23-7074625 - Drug Abuse Foundation		1	1
59-6153749 - New Horizons of The Treasure C	1		1
65-0202835 - Substance Abuse Council IRC	7	4	11
65-0988051 - Counseling and Recovery Center	8	5	13
Grand Total	16	10	26

SEFBHN 4th Quarter FY 21 Waitlist Update				
Homeless Persons Waitlisted				
Provider	FY 21 Qtr 4			Grand Total
	Apr	May	Jun	
59-0711167 - Henderson Behavioral Health		1		1
59-2516157 - Jeff Industries Inc.	1			1
59-2704597 - Housing Partnership Inc.			3	3
59-6153749 - New Horizons of The Treasure Coast			1	1
Grand Total	1	1	4	6

SEFBHN 4th Quarter FY 21 Waitlist Update				
Intravenous Drug Use Persons Waitlisted				
Providers	4th Qtr FY 21			Grand Total
	Apr	May	Jun	
23-7074625 - Drug Abuse Foundation of Palm		1	1	2
59-1590644 - WaySide House		2		2
59-2704597 - Housing Partnership Inc.			1	1
59-6153749 - New Horizons of The Treasure Coast	3			3
65-0988051 - Counseling and Recovery Center	1	2		3
Grand Total	4	5	2	11

As shown in the next table, 7 individuals met more than one priority population definition. Thus, the total number of priority population persons waitlisted during the quarter was 39.

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SEFBHN 4th Quarter FY 21 Waitlist Update Overlap Among Priority Populations	
Priority Population Overlap	Total
Child Welfare Involved and Intravenous Drug User	4
Child Welfare Involved and Pregnant	2
Homeless and Intravenous Drug User	1
Total	7

The frequency of waitlisted services during the 4th quarter is presented in the next table. Twenty-nine percent (29%) were waiting for Residential – Level II beds; 28% were waiting for Outpatient – Individual services; and 19% were waiting for Day Treatment. These 3 services were also those most frequently waitlisted in the 3rd quarter of FY 21.

SEFBHN 4th Quarter FY 21 Waitlist Update Most Waitlisted Services		
Row Labels	# Waitlisted	% of Total
19 - Residential Level II	17	29%
14 - Outpatient - Individual	16	28%
06 - Day Treatment	11	19%
21 - Residential Level IV	6	10%
24 - Substance Abuse Inpatient Detoxification	4	7%
15 - Outreach	2	3%
13 - Medication Assisted Treatment	1	2%
25 - Supportive Employment	1	2%
Grand Total	58	100%

Ninety (90) persons were discharged (removed) from the waitlist in the 4th quarter. Their discharge reasons and the distribution of the discharges are shown in the next table. Thirty-nine (39) persons, or 43%, were discharged due to receiving the services for which they had been waitlisted (either from the listing provider or another provider). On the other hand, 38 individuals were removed from the waitlist because there had been no contact with them in the prior 30 days. Notably 33 of these 38 discharges occurred in June in concert with providers changing over to FASAMS Version 14, the Collaborative Waitlist Module going live, and the close of the fiscal year.

SEFBHN 4th Quarter FY 20-21 Waitlist Update Discharges by Reason and Month				
Discharge Reason	FY 20-21 Qtr4			Grand
	Apr	May	Jun	Total
1 - Receiving Services at this Provider	14	11	13	38
2 - Moved out of State		1	1	2
3 - Moved out of Managing Entity catchment area				0
4 - Declined	7	1	1	9
6 - Evaluation determined that service is no longer appropriate			1	1
7 - Receiving Services at another Provider	1			1
8 - Incarcerated			1	1
9 - No face-to-face telephone or other documented contact in last 30 days	1	4	33	38
Grand Total	23	17	50	90

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The average wait for each of these services during the 4th quarter is shown in the next table. Supportive Employment wait times were the longest, with a 58 day average length of stay (ALOS), while persons needing inpatient detoxification waited only 2 days.

SEFBHN 4th Quarter FY 20-21 Waitlist Update	
Average Length of Stay (ALOS) by Service	
Service	ALOS (in days)
25 - Supportive Employment	58
19 - Residential Level II	44
21 - Residential Level IV	43
06 - Day Treatment	38
15 - Outreach	16
13 - Medication Assisted Treatment	15
14 - Outpatient - Individual	13
24 - Substance Abuse Inpatient Detoxification	2
Grand Total	29

Average wait times by provider are presented in the next table.

SEFBHN 4th Quarter FY 20-21 Waitlist Update	
Average Length of Stay (ALOS) by Provider	
Provider	ALOS (in days)
59-2516157 - Jeff Industries Inc.	56
23-7074625 - Drug Abuse Foundation of Palm	54
65-0988051 - Counseling and Recovery Center	39
59-2704597 - Housing Partnership Inc.	39
65-0202835 - Substance Abuse Council IRC	13
59-1590644 - WaySide House	9
59-6153749 - New Horizons of The Treasure Coas	2
59-0711167 - Henderson Behavioral Health	-
Grand Total	29

During the 4th quarter, Carisk Partners updated the Collaborative Waitlist Module consistent with FASAMS Version 14 providing significantly enhanced features. The module went live in June, earlier than its scheduled July 1st release. A network-wide, HIPAA- and 42 CFR Part 2-compliant release of information (ROI) was updated and distributed to all providers and is also included as a download from within the Waitlist Module itself. Additionally, SEFBHN adopted FY 21-22 waitlist thresholds, by covered service and projects, specifying the number of days a person has to wait for a service to trigger the requirement for adding that person to the Collaborative Waitlist Module. These technical assistance aids were distributed to providers during the first Waitlist Module training on June 10, 2021. This virtual event which was attended by 95 persons.

(E) Peer Activities

The following information represents Peer Activities conducted by SEFBHN during the 4th quarter:

(1) Peer Support Activities for Quarter 4

During the last quarter, April through June 2021, Rebel Recovery has engaged an average of 172 participants per month, with an average of 158 engaging in treatment services with a behavioral health

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organization. In June, 113 are also receiving Medication Assisted Treatment and 51 are receiving abstinence-based treatment services; and 14 are engaged with peer services while attending abstinence-based recovery support groups. Rebel Recovery supersedes the performance measure of percentage of persons served who are engaged in behavioral health services by averaging 92% per month (target measure percentage is 75% a month).

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

Through the Recovery Community Organization (RCO), Rebel Recovery promotes recovery through education. In the last quarter, Rebel Recovery conducted 107 workshops and trainings to a total of 708 attendees, which include participants as well as professionals in the community, via tele-communications platforms. The trainings facilitated by Rebel Recovery in the last quarter include: 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 4th quarter. MHAPBC has also continued to develop their Peer Support Program, and more updates are expected in the next fiscal year.

The Network Prevention Manager, Cassandra Burney, is now a Trainer of Trainers for the Recovery Capital Training for peers; having completed the training during the 4th Qtr of FY 20/21. The 8-hr one-day training and accompanying 4 Collaborative 1 ½ hour Trainings must be completed by all DCF RCO's for the training of their peers. Cassandra Burney and 4 other trainers will complete their training by conducting a "Soft" training cycle for a select group of Executive Directors/ Board Chairpersons during the 1st Quarter or FY 21/22 for further assessment of trainers' ability to conduct training with fidelity.

(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.

Drug Abuse Foundation of the Palm Beaches celebrated the grand opening of their new Women and Children’s Pavilion building, featuring a Parent-Child Visitation Center. The Pavilion is 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 Pavilion features private rooms with cribs which promote infant care and bonding. The building also features a full kitchen where the residents can prepare their own meals under staff supervision, and a fully staffed nursery allowing the women in the program to participate in their group and individual treatment sessions. The Parent-Child Visitation Center allows for up to 8 hours of extended visitation between the residents and their children 5 years of age and younger. The Visitation Center provides a kitchen for meal preparation, a children’s napping area, educational area, and outdoor recreation.

During the 4th quarter of fiscal year 2020-2021, our network providers (Drug Abuse Foundation of Palm Beach, Counseling and Recovery Center, and Housing Partnership) who are dedicating treatment services specific to the pregnant and post-partum women struggling with substance use disorders, served 164 women. Out of those 164 women being served in these specialty programs, 84% were parenting children between the ages zero (0) to six (6) years of age. Moreover, 17 of the 164 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

Julia Rosado, Director of Village for Change, the Residential program at Housing Partnership, presented this quarterly report’s success story: “When the client first started in our program (Village for Change) she was, understandably, very anxious and depressed. DCF had removed her daughters from her home, including her newborn, because she was presenting with an opioid addiction. At first, the client had trouble moving past blaming others for the removal of her children from her care. She had been isolating herself for a long time prior to starting treatment. However, she was very motivated to get her daughters back, so she started engaging in our Day Treatment program. She attended both group therapy and individual therapy, and she began allowing herself to be open to others about her situation. She also started being more open to other perspectives that she was exposed to in her therapy and began to contemplate the thought that she could contribute to the solution to her challenges and take control of her life again. Throughout her time in treatment, the client increased her self-awareness,

learned healthier coping techniques, started new friendships with peers, and began attending recovery meetings where she formed a new and dedicated support system. She successfully completed our program and, no longer feeling alone and hopeless, she now has an upcoming review with DCF to determine the details of the plan to reunify her with her daughters.” Julia Rosado emphasized how “our ability to utilize Wraparound tools and techniques to meet the needs of our clients, whatever they present with, makes a significant difference to their recovery. From therapists to case managers to the Physicians in our programs, we all connect to ‘wraparound’ the client with all services they may need to stabilize themselves and maintain sobriety beyond discharge. One particularly crucial factor is helping our clients to make supportive connections prior to discharge that they will be able to sustain beyond their time in treatment so they can maintain their program successes after discharge. Whether we can provide those services within our agency, or they can be provided by another agency or program, we help ensure the clients are properly linked to meet their goals for a successful outcome.” Julia Rosado pointed out that the staff’s level of passion, dedication, and leadership’s “ability to provide the staff a space during Supervision where they can air out their grievances and frustrations so they can re-focus again on the clients, as contributors to their success in helping clients become successful in their endeavors.

(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 4.

(I) Monitoring for FY 20/21

As noted in the previous quarterly report SEFBHN has made some revisions to our monitoring processes using a Tiered approach that involves desk review and on-site validations. We believe this approach, is both comprehensive and an improvement over previous approaches to validations and monitoring.

The following agencies had Tier 2 and/or Tier 3 Validations begun or completed between April – May 2021. As a reminder of our new process, agencies who receive a Tier 2 (Desk Review) Validation will only receive a stand-alone validation report if no Tier 3 (On-Site) Validation is needed. In the instance an agency receives a Tier 3 Validation, the report will include observations from both Tier 2 and Tier 3 reviews.

- Tier 1 - Completed on all providers in the first quarter. Tier 1 reviews are essentially the same as the risk assessment that is completed each year on all providers to determine what the next level of review should be.
- Tier 2 - The following represents the status of Tier 2 validations as of Quarter 4, April – June 2021:

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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 4, April – June 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 4th quarter CQI meetings which were conducted through a Virtual Platform due to the COVID-19 Pandemic:

- **Mayra Martinez-Gelabert** and **Yvette Garcia** presented information on Livongo for Behavioral Health by MyStrength. Member engagement and retention statistics were reviewed, as well as enhancements for 2021, which include: more powerful personalization; even more relevant, timely and individualized recommendations for each member; new content and media for

depression and anxiety; structured digital courses and learning experiences; improved user interface (UI). MyStrength is available to SEFBHN, its network providers and their consumers.

- **Daniel Oria** presented on updates to the SEFBHN-Carisk Waitlist. The Waitlist is the result of many months of development, testing, and work on the part of Diego and his team at Carisk Partners in close collaboration with SEFBHN. It is designed to create one unified waiting list viewable by all SEFBHN network providers (ROI permitting). A waiting list entry is considered a “record” within a demographic record in the FASAMS data just like any other record. A client can be waiting for any client specific covered service OR project code. Whether you need to place a client on the waiting list depends on waiting list thresholds. Priority Populations are pregnant women and IV Drug users. These priority populations must be admitted for services within 14 days of their initial request for services UNLESS interim services are provided within 48 hours. If interim services are provided, the time frame for first treatment is extended from 14 to 120 days. SA providers should be adding their pregnant women and IV drug users to the waitlist immediately after their initial contact, scheduling interim services within 48 hours, and assuring that these clients do not remain on the waitlist longer than 120 days.
- **Lindsay Slattery-Cerny** presented a brief overview of updated SAMHSA resources on Peer Supports and recovery. Information reviewed was regarding how the role of a peer support worker complements - but does not duplicate or replace - the roles of therapists, case managers, and other members of a treatment team. Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. Additionally, they support people’s recovery through use of their own lived experience and empower individuals to positive change through engagement
- Jill Sorensen provided a presentation on the status of Wraparound Activities in the network. The focus of the meeting was on understanding wraparound from a different lens, as well as engaging persons and families served and removing barriers. The focus extended to defining the differences between Care Coordination, Case Management and Wraparound Targeted Case Management.
- All CQI meeting agendas, power point presentations, and handouts are available on SEFBHN Board Docs at the following link: <https://www.boarddocs.com/fl/sefbhn/Board.nsf/Public>

(K) Reinvestment Grants

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

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

(1) Indian River County

The Indian River Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is entering its fifth quarter of the current CJMHSR Reinvestment Grant. We had only 16 clients who entered this quarter who received an assessment. As well, this quarter our highest utilizers began being referred to the Wrap Around case managers for a more intensive approach. Already there are 24 clients who have

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been referred to New Horizons for the Wraparound Case Management in the first year. We are already seeing a reduction in these high utilizers with less hospital admissions and a stabilization in housing. For the first year 57 clients were discharged and 41 of those clients were successfully discharged. Meaning 72% of clients who left Mental health Court, did so having meet all expectations. This quarter we have continued to operate and are fully staffed while meeting with clients and adhering to all the CDC guidelines. We have encouraged those clients who can and desire to get the vaccine to do so and are assisting some with making those appointments 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 being 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 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:

- 41 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$205,000
- 102 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$1,249,500
- 143 total clients = 11,636 jail bed days x \$125.00 per day = \$1,454,500 Estimated Cost Avoidance

(2) Okeechobee County

Okeechobee Mental Health Court completed a six-month extension in April 2021, which was approved to spend down excess funds. Okeechobee Mental Health Court had 82 clients total from October 2017 – April 2021. Throughout this grant, the Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission was 90%. The Percent of Program participants not employed at Program admission who are employed full or part-time within 180 days of Program admission was 62%. The Percent of Program participants employed full or part-time 1 year following Program discharge was 73%. The Percent of

Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission was 78%. The Percent of participants who reside in a stable housing environment one year following Program discharge was 100%. The Percent of clients not arrested or re-arrested among Program participants while enrolled in the Program 82%. The Percent of clients not arrested or re-arrested among Program participants within one year following Program discharge 92%. 50 clients were discharged through the course of the program. Of the clients who were discharged, 64% were discharged with a successful graduation.

Mental Health Court has assisted clients in obtaining housing when homeless, jobs when they were unemployed, benefits to assist the clients, and other much needed gaps in their lifestyles. Covid being a hurdle that was unavoidable, the mental health court team joined forces to support all the clients with services wrapped around to prevent deterioration in the clients progress. The Okeechobee MHC Team has proven itself to be the upmost professional and capable team anyone could have put together.

The Cost avoidance during the life of this grant is calculated below. We analyzed cost avoidance with Okeechobee Reinvestment grant program through its entirety. This has been measured by calculating the daily cost of jail, multiplied by the average # of days for a jail sentence for individuals convicted of a misdemeanor and the average # of days for jail sentence for individuals convicted of a felony. Calculations as follows:

- 35 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$175,000
- 47 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$575,750
- 82 total clients x 6,006 days x \$125.00 per day = \$750,750.

Okeechobee applied for the Criminal Justice, Mental Health and Substance Abuse Grant RFA for expansion and this has been approved.

(L) Consumer Satisfaction Surveys

Due to the COVID-19 Pandemic, per The Department, the requirement for providers to complete Consumer Satisfaction Surveys was suspended for the 1st quarter. For the 2nd and 3rd quarters, we resumed collection of surveys, but without imposing sample size requirements. A redeveloped online consumer satisfaction survey form was sent to providers to begin collecting data again. Unique links are sent to providers which they send to persons receiving services. When used, the links automatically select the correct provider and program area on behalf of the consumer to maximize data accuracy and quality (separate links for program area and language are given to the provider so they can distribute the links based on program area). The form can be completed on any internet-connected device by the person receiving services and the data is sent directly to SEFBHN upon submission. Automated processes streamline data collection, processing, and sample size tracking. Furthermore, providers receive more frequent reports with their consumer satisfaction survey data (now monthly instead of quarterly), which includes insights into the data such as their ratings in each domain and areas of strengths/weaknesses.

Additionally, several questions/items were added to SEFBHN's survey to collect data on what consumers considered the best and most effective part of the services they received as well as their satisfaction with telehealth services (in comparison with in-person services). These insights were also presented to

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the providers in their reports. As a qualitative data element, comments written by persons receiving services are also presented in the reports in regards to potential areas of improvement and what they considered the best or most effective part of the services they received. The addition of the latter has led to better appraisal and maximization of existing strengths in the operations and services for providers. Providers have provided feedback indicating that the high quality and regularity of the satisfaction survey data they receive has added to their ability to assess and improve their service quality.

Notably, the total number of surveys collected was lower compared to the same period in the previous fiscal year. Feedback from providers suggested that this was due to the pandemic and the high number of individuals receiving services mostly via telehealth for extended periods of time. With in-person services, it is much easier to guarantee an individual completes a survey.

(M) SEFBHN 4th Quarter FY 21 LOCUS and CALOCUS Update

As shown in the following two tables, SEFBHN providers performed 1,002 LOCUS evaluations and 591 CALOCUS assessments in the 4th quarter of FY 21. This is an 34% increase in LOCUS and a 4% increase in CALOCUS evaluations from the 3rd quarter.

SEFBHN 4th Quarter FY 21 LOCUS Update					
LOCUS Evaluations by Provider by Month					
Provider	Q4			Grand Total	% of Total
	Apr	May	June		
Behavior Basics, Inc.		1		1	0%
HENDERSON BEHAVIORAL HEALTH - SEFBHN	12	12	11	35	3%
Housing Partnership	84	78	86	248	18%
JEFF INDUSTRIES INC	1	5	1	7	1%
JFK MEDICAL CENTER-NORTH CAMPUS	2	1	2	5	0%
LEGACY BEHAVIORAL HEALTH CENTER INC.	70	74	351	495	37%
NEW HORIZONS OF THE TREASURE CO - SEFBHN	160	143	165	468	35%
SOUTH COUNTY MENTAL HEALTH CENTER	42	16	17	75	6%
THE LORD'S PLACE INC.	7			7	1%
Grand Total	378	330	633	1341	100%

SEFBHN 4th Quarter FY 21 CALOCUS Update					
CALOCUS Evaluations by Provider by Month					
Provider	Q4			Grand Total	% of Total
	Apr	May	June		
BOYS TOWN of South Florida		2		2	0%
HENDERSON BEHAVIORAL HEALTH	4	6	10	20	3%
Housing Partnership	80	75	77	232	38%
HPS HELPING PEOPLE SUCCEED INC.	7	6	7	20	3%
JFK MEDICAL CENTER-NORTH CAMPUS	1			1	0%
LEGACY BEHAVIORAL HEALTH CENTER INC.		1	2	3	0%
NEW HORIZONS OF THE TREASURE COAST	129	110	94	333	54%
SOUTH COUNTY MENTAL HEALTH CENTER	2			2	0%
Grand Total	223	200	190	613	100%

As presented in the next two tables, New Horizons of the Treasure Coast (NHTC) accounted for 35% of all LOCUS evaluations performed during the quarter, down from 54% in the 3rd quarter. Legacy Behavioral Health Center actually accounted for 37% (representing 495) of LOCUS evaluations – a dramatic jump from its 4% share (38) of 3rd quarter LOCUS assessments. NHTC accounted for 54% of all CALOCUS

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evaluations performed during the 4th quarter compared to 55% in the 3rd quarter. Housing Partnership made a strong showing with 232 evaluations, or 38% of the total.

The most frequently recommended level of care (LOC) during the 4th quarter was LOC 2-Low Intensity Community Based Services recommended in 41% of LOCUS and 41% of CALOCUS assessments. LOC 3-High Intensity Community Based Services was recommended in 20% and of LOCUS and CALOCUS evaluations, respectively. LOC 6-Medically Managed Residential Services dropped from 22% of the 3rd quarter LOCUS and CALOCUS recommendations down to 6% of both in the 4th quarter.

SEFBHN 4th Quarter FY 21 LOCUS Update											
Recommended LOC by Provider											
Recommended LOC	BB	HBH	HP	JI	JFK	LBHC	NHTC	SCMHC	TLP	Total	% of Total
Basic Services			31			28	10	3		72	5%
LOC 1 - Recovery Maintenance and Health Management		2	12	1		212	23	2	6	258	19%
LOC 2 - Low Intensity Community Based Services		3	69	6		198	252	18	1	547	41%
LOC 3 - High Intensity Community Based Services		16	109			41	73	24		263	20%
LOC 4 - Medically Monitored Non-Residential Services		7	15			5	20	5		52	4%
LOC 5 - Medically Monitored Residential Services	1	3	11		1	9	30	19		74	6%
LOC 6 - Medically Managed Residential Services		4	1		4	2	60	4		75	6%
Grand Total	1	35	248	7	5	495	468	75	7	1341	100%

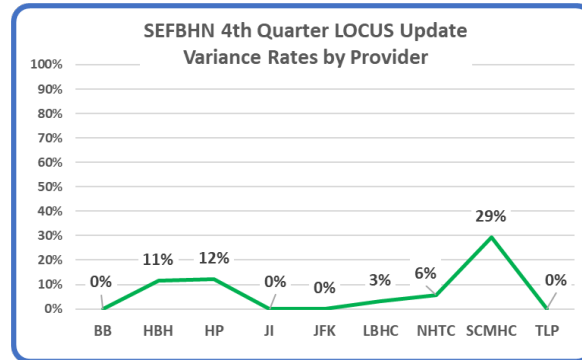
SEFBHN 4th Quarter FY 21 CALOCUS Update											
Recommended LOC by Provider											
Provider	BT	HBH	HP	HPS	JFK	LBHC	NHTC	SCMHC	Total	% of Total	
Basic Services for Prevention and Maintenance			1	49				19	69	11%	
LOC 1 - Recovery Maintenance and Health Management	2	7	20				2	22	1	54	9%
LOC 2 - Low Intensity Community Based Services		3	79	18		1	149	1	251	41%	
LOC 3 - High Intensity Community Based Services			6	67	2			44	119	19%	
LOC 4 - Medically Monitored Community Based Services			1	3				34	38	6%	
LOC 5 - Medically Monitored Residence Based Services		2	13					28	43	7%	
LOC 6 - Medically Managed Residence Based Services				1		1		37	39	6%	
Grand Total	2	20	232	20	1	3	333	2	613	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 the following graphic.

SEFBHN 4th Quarter FY 21 LOCUS Update											
Variance Reasons and Rates by Provider											
Variance Reason	BB	HBH	HP	JI	JFK	LBHC	NHTC	SCMHC	TLP	Total	% of Total
Client chose a LOC other than the one recommended			1				1	1		3	0%
Client dropped out of treatment			1			1				2	0%
Client is court ordered to a higher level of care			3							3	0%
Client is court ordered to a lower LOC			1							1	0%
Client refuses recommended level							3			3	0%
Client waitlisted for Recommended LOC							1			1	0%
Client's finances/job deter treatment level						1				1	0%
Client's priority is shelter at this time			1							1	0%
Clinical Judgment		4	21			13	9	17		64	5%
LOC is clinically appropriate			1			1	1	3		6	0%
Services at recommended LOC not what client needs			1				12	1		14	1%
None (No variance from Recommended LOC)	1	31	218	7	5	479	441	53	7	1242	93%
Grand Total	1	35	248	7	5	495	468	75	7	1341	100%
Variance Rate	0%	11%	12%	0%	0%	3%	6%	29%	0%	7%	

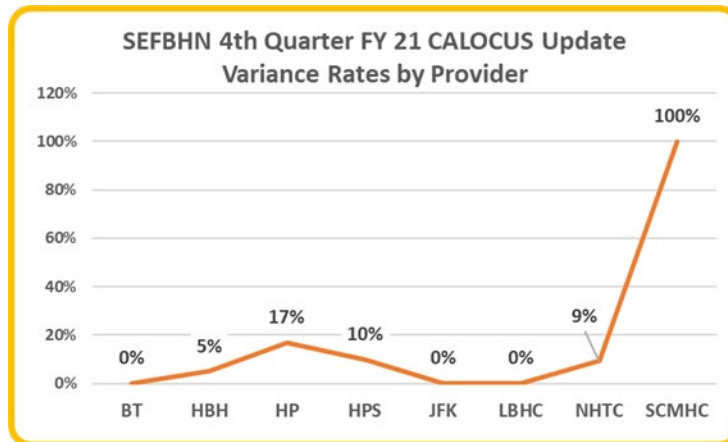
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Of the 1,341 LOCUS evaluations completed in the 4th quarter, a total of 99 variances were used to override the instrument-recommended LOC for a variance rate of 7%. Not only is this rate below the SEFBHN 10% quality assurance target, but it also is a 56% decrease from the 16% variance rate in the 3rd quarter of the fiscal year. ‘Clinical judgment’ remained the most cited reason for a variance, comprising 67% of all variance reasons provided.



The next table and graphic present the variance data for children’s providers using the CALOCUS. The table shows that, of the 613 CALOCUS evaluations performed, 75 used variances for a variance rate of 12%. Although above SEFBHN’s 10% target, this 12% rate is down from 15% in the 3rd quarter, 18% in the 2nd quarter, and 23% in the 1st quarter of FY 21.

SEFBHN 4th Quarter FY 21 CALOCUS Update										
Variance Reasons and Rates by Provider										
Variance Reason	BT	HBH	HP	HPS	JFK	LBHC	NHTC	SCMHC	Total	% of Total
Client refuses recommended level of care			1						1	0%
Clinical judgment		1	30				9	2	42	7%
Family/guardian refuses level of care			6				2		8	1%
Lower LOC not yet completed or provided			1	2			19		22	4%
No Availability of service/bed at level of care			1						1	0%
Recd LOC will not admit due to medical condition							1		1	0%
None (No variance from Recommended LOC)	2	19	193	18	1	3	302		538	88%
Grand Total	2	20	232	20	1	3	333	2	613	100%
Variance Rate	0%	5%	17%	10%	0%	0%	9%	100%	12%	



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South County Mental Health’s Center 100% variance rate indicates the need for additional technical assistance since the clinician-selected Actual Level of Care was either 2 or 3 levels above the instrument-recommended level. Providers are trained to re-do CALOCUS assessments any time the clinician-selected Actual LOC is more than 1 LOC above or below the CALOCUS recommendation. LOCUS and CALOCUS have been in use across the country for many years and have a strong base of evidence as to their efficacy in identifying levels of care appropriate to client need. Therefore, when there is a discrepancy of more than one LOC between the clinician’s judgment and the LOCUS results, the most likely explanation is that the evaluation was not scored correctly – thus, the directive to perform a new evaluation. In the two South County’s cases, a reevaluation was not done.

This relationship between the instrument-recommended and clinician-selected LOC for the LOCUS and CALOCUS evaluations performed in the 4th quarter is detailed in the next two tables. The green cells in the table represent those evaluations where the 2 LOCs matched. The numbers above and to the right of the green cells (those highlighted in yellow) represent the number of evaluations where the clinician opted to provide individuals with more intensive services, i.e., a higher LOC, than their LOCUS or CALOCUS recommended. Most important for determining fidelity to the LOCUS protocols is the number of cases that are more than one (1) LOC above the LOCUS recommendation. In the 4th quarter, only 9 LOCUS and 30 CALOCUS (including the two SCMHC cases noted above) met this criterion.

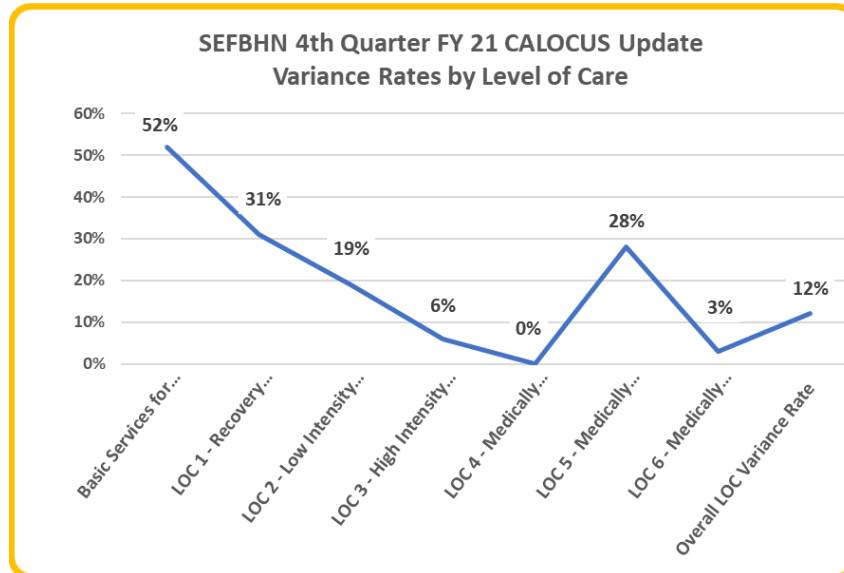
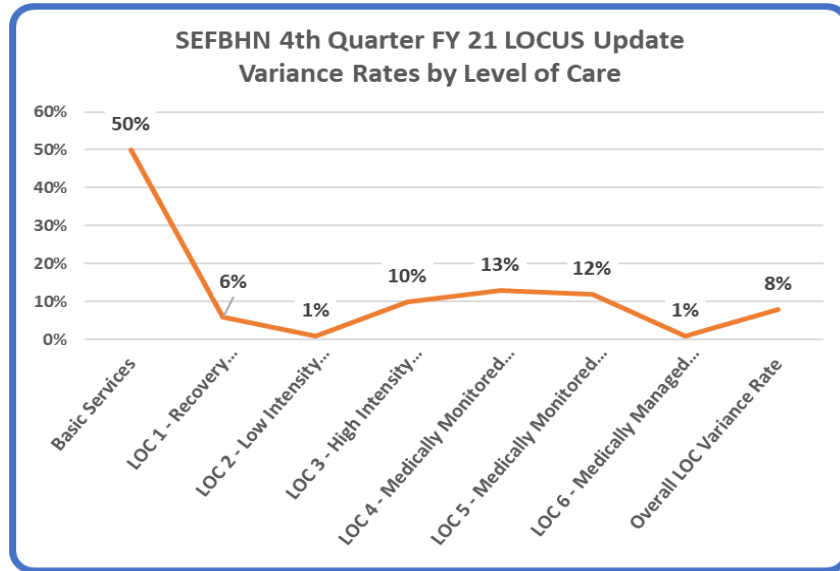
SEFBHN 4th Quarter FY 21 LOCUS Update										
Correspondence Between LOCUS-Recommended and Provider Selected LOCs										
LOCUS-Recommended LOC	Basic Serv	Provider-Selected Actual LOC						Total	% Match	Variance
		LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6			
Basic Services	36	7	25		4			72	50%	50%
LOC 1 - Recovery Maintenance and Health Management	3	243	11		1			258	94%	6%
LOC 2 - Low Intensity Community Based Services	1		541	1	4			547	99%	1%
LOC 3 - High Intensity Community Based Services			17	238	4	4		263	90%	10%
LOC 4 - Medically Monitored Non-Residential Services				6	45	1		52	87%	13%
LOC 5 - Medically Monitored Residential Services			1	5	3	65		74	88%	12%
LOC 6 - Medically Managed Residential Services					1		74	75	99%	1%
Grand Total	40	250	595	250	62	70	74	1341	92%	8%

SEFBHN 4th Quarter FY 21 CALOCUS Update										
Correspondence Between CALOCUS-Recommended and Provider Selected LOCs										
CALOCUS-Recommended LOC	Basic Serv	Provided-Selected Actual Level of Care						Total	% Match	Variance
		LOC 1	LOC 2	LOC 3	LOC 4	LOC 5	LOC 6			
Basic Services for Prevention and Maintenance	33	8	27	1				69	48%	52%
LOC 1 - Recovery Maintenance and Health Management		37	16		1			54	69%	31%
LOC 2 - Low Intensity Community Based Services			249	1	1			251	81%	19%
LOC 3 - High Intensity Community Based Services			4	112	3			119	94%	6%
LOC 4 - Medically Monitored Community Based Services					38			38	100%	0%
LOC 5 - Medically Monitored Residence Based Services			10		2	31		43	72%	28%
LOC 6 - Medically Managed Residence Based Services					1		38	39	97%	3%
Grand Total	33	45	306	114	46	31	38	613	88%	12%

The numbers below and to the left of the green cells in the two tables above represent LOCUS and CALOCUS evaluations where the clinician chose to provide individuals less-intensive services (at a lower LOC) than recommended by the instruments. In the 4th quarter, clinicians assigned 8 adults and 11 children to a LOC more than one level lower than that recommended by the evaluation tools instead of re-evaluating the clients as required by protocol. Treating individuals at lower levels of care than they need, in the best case, ends up unnecessarily extending a person’s recovery time. Worse case occurs when sub-optimal care allows an individual to destabilize, leading to unnecessary client suffering and the need for more intense, higher cost services later.

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Finally, the next two graphics provide a visual overview of the variance rates by level of care. The first chart shows that both adult and children’s clinicians have the most difficulty with those evaluations that recommend basic services. About 50% of the time, LOCUS clinicians not only recommend treatment for individuals who apparently do not need treatment, but they typically recommend treatment 2 to 4 levels above basic services.



CALOCUS results show the same difficulty with children’s clinicians knowing what to do with those recommended for basic services, but also with LOC 5-Medically Monitored Residence Based Services. As shown in the last CALOCUS table above, 10 of the 43 children with a CALOCUS-recommended LOC 6 were determined by their clinicians to instead need LOC 2-Low Intensity Community Services.

SEFBHN and Carisk Partners conduct ongoing fidelity monitoring and quality assurance technical assistance with network providers performing LOCUS and CALOCUS assessments. The results of the 4th

quarter analyses identify additional areas for refinement and focus of SEFBHN's and Carisk Partners' LOCUS and CALOCUS technical assistance to network providers.

(N) Adjustments to Required Plans and Network Management Activities

(1) Overview of necessary adjustments to Required Plans -

SEFBHN staff are currently continuing the process of reviewing and revisions to all required plans during the 4th quarter, in preparation for the completion of the Fiscal Year on June 30th. Plans reviewed and approved during the 4th quarter include the Strategic Plan, Emergency Plan, Risk Management Plan and the Continuity of Operations Plan.

(2) Network Management Activities –

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

Twenty amendments; eleven new subcontracts; four new agreements; and no terminations were completed during the 4th quarter. The documents can be found in the Provider E-Contracting System and are listed as follows:

Amendments

LTF09 – 211 Palm Beach/Treasure Coast, Inc.

PDA57 – The Recovery Research Network Foundation, Inc.

PNA31 – South County Mental Health Center, Inc.

PNC25 – Boys Town South Florida, Inc.

PNF23 – JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus (Amend #003)

PDA51 – Wayside House, Inc.

PDA59 – The Recovery Research Network Foundation, Inc. (Amendment #002)

AGR43 – HSP4, LLC

LDC07 – Drug Abuse Treatment Association, Inc.

PNF23 – JFK Medical Center Limited Partnership d/b/a JFK Medical Center North Campus (Amend #003)

AGR41 – The Devereux Foundation, Inc.

ZNA28 – Legacy Behavioral Health Center, Inc.

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

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

PDA59 – The Recovery Research Network Foundation, Inc. (Amendment #002)

ZNA35 – New Horizons of the Treasure Coast, Inc.

ZNC16 – HPS, Helping People Succeed, Inc.

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PNA38 – Carrfour Supportive Housing, Inc.

LNF01 – Catholic Charities of the Diocese of Palm Beach, Inc.

PDA56 – Rebel Recovery Florida, Inc.

New Subcontracts

PNA39 – Housing Partnership, Inc. d/b/a Community Partners

PTA02 – Comprehensive Wellness Centers, LLC

PDA61 – Alternatives in Treatment, LLC d/b/a Mandala Healing Center

ZNA29 – Behavior Basics, Inc.

PDA51 – Wayside House, Inc.

ZNC25 – Tykes and Teens, Inc.

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

ZNC24 – New Horizons of the Treasure Coast, Inc.

PNA32 – Mental Health Association of Palm Beach County, Inc. d/b/a Mental Health America of Palm Beach County

ZDA23 – Pinnacle Wellness Group, LLC

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

New Agreements

AGR52 – Daniel Memorial, Inc.

AGR51 – Daszkal Bolton, LLP

AGR54 – Collectively – A Radlauer Venture, LLC

AGR53 – Managed Care Consultants of Florida, 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 4th quarter:

- Continuation of the DCF and SEFBHN Collaboration calls to discuss the DCF 4DX Goals. Current focus is diversion from the SMHTF waiting lists due to the COVID-19 pandemic.
- SEFBHN in partnership with ChildNet started planning for a virtual Behavioral Health Resource Fair in May to help support and advance our workforce. Meetings were held in March and April to plan an event for behavioral health providers to share brief agency and program information

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with dependency case managers, targeted case managers, court staff, school partners, juvenile justice probation officers and Medicaid managed care organizations care coordination staff. Sunshine Health has graciously agreed to provide \$150 in gift cards as raffles to attendees. SEFBHN sent out a provider registration form for interested parties. A shared folder is being used to collect brochures, referral forms/links, insurance information for attendees and partners.

- In support of building mental health awareness in May, on 5/21/2021 a virtual Behavioral Health Resource Fair was held for C15 to help support local workforce for case managers and care coordinators across systems. The collaborative event was planned with ChildNet and supported with some funding for raffles for participants by Sunshine Health. About 30 behavioral health providers shared information and well over one hundred participants attended. A virtual Behavioral Resource Fair is being planned for October 2021 with Communities Connected for Kids for C19.
- “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 seven occasions during this quarter. More specifically, presentations were provided to St. Mary’s Medical Center (4/16/2021), NAMI (4/19/2021), Belle Glade BRIDGES (Parents and Caregivers) (4/21/2021), Glades Early Learning Coalition (Child care providers) (4/22/2021), Guardian Ad Litem (5/6/2021), Palm Beach County Fire Rescue (5/20/2021) and Palms West Hospital (6/21/2021).
- 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 4th quarter of FY 20/21, 19 new referrals were received. Of these new referrals received during this quarter – 16 adults and 3 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.
 - Since the previous quarter there was two file closures. Program participants shared they did not want services at this time; however, program participant were reminded to contact Writer in the future for services if needed. Moreover, a program participant is followed monthly as he is doing well, he continues to engage in weekly IOP, has gainful employment, and has been afforded the opportunity to become a manager at his job. He has expressed having a therapist gaining skills and doing well due to his therapeutic services. Lastly, we have referred two adolescents to Boystown for further support through the Children’s Care Coordination to assist with family’s needs as they arise.

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- SEFBHN continues to participate on the Circuits 15 and 19 Baker Act Task Force meetings. These meetings provide an opportunity to address case specific and systemic issues.
- SEFBHN and Carisk Partners continue to meet monthly. Due to the COVID-19 pandemic, these meetings were held virtually (Microsoft Teams). These meetings allow for robust information exchange about Data, Technology, Reporting, Billing and Financial Management and Care Coordination.

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

(a) Children’s System of Care

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

The following is a summary from the Final Progress Report from the System of Care Grant for the 4th Quarter:

- The Southeast (SE) site empowered families and youth to share their stories at governance meetings. This site saw both personal and systemic accomplishments take place. Two examples are the creation of a new family-run therapeutic support group and a local community garden.
- The SE site learned there is great value in someone with lived experience connecting and helping to engage others in services.
- SE now has a reporting system in place to track outputs and outcomes. This site has monthly reports of the Wraparound training and facilitator capacity in the area, along with formal and natural supports.
- The SE is the proudest of the implementation and sustainability of High-Fidelity Wraparound. Like every evidence-based practice, it will require continued oversight for fidelity and to help prevent drift. This site is also very proud of the increase in peer supports in Okeechobee and bringing Open Table to the Glades area of Palm Beach County.

SE Region: The Southeast Region’s overall percent of the maximum possible score is 76%. This score places them in level four out of five, the “Substantial Implementation” category. Below is a summary of the domain findings.

- **Strategic plan:** In this domain the region scored a four out of five. This indicates that a “formal written plan is sometimes used to guide implementation”.
- **Principles:** The region scored 81% overall in this category, which places them in level five “Extensively Implemented” for this domain.
- **Service array:** The overall score for this category was 69%, or “Substantially Available”.
- **Infrastructure:** The region scored 80% in this category, “Substantially Implemented”.
- **Commitment to the System of Care Approach:** Overall, the region scored 77% in this category. All the subtypes scored at or just above 80%.

(b) Prevention –

The following is summary of Prevention activities and updates for the 4th quarter:

- During the 4th quarter, April - June 2021, due to COVID-19, Prevention Activities have continued to be offered via Hybrid in person/ online formats. During fiscal year 20/21 Prevention Sessions

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were offered in person partnership with individual Classroom teachers, as well as virtual formats, which were opened to County schools and communities at large.

- Throughout FY 20/21 Principals in all 5 ME Counties have worked 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 offer via Google Classroom, ZOOM, and Microsoft Teams formats.
- This FY 2021, SEFBHN Prevention agencies provided Behavioral Health Prevention support messages which School and Community Officials made available to their students and families. The messages provided resources to communities at large and provided opportunities for parents and youth to register into community and school virtual platforms.
- For this 4th quarter of FY2021, prevention coalitions continued to reimagine and convert events and activities into regional online Virtual formats, i.e.: Youth Summits, Youth Forums, Youth Conversations and End of School Year Activities via ZOOM, Google Classroom, Microsoft Teams, Facebook or YouTube Live.
- Monthly SEFBHN Prevention Team meetings continued to be held via Virtual Microsoft Teams formats, allowing for visual 2-way conversations between the ME and all network prevention agencies and coalitions.
 - April - June 2021 meeting discussions centered around:
 - Contract Validations and Utilization of the Prevention Monitoring Tool and the CARF Unaccredited Workbook as a Quality guide
 - “Aunt Bertha” and “Faith and Community” state websites
 - DCF Substance Abuse Prevention License process
 - The required Substance Abuse Prevention Skills Training (SAPST) for all agencies/ coalitions for licensure
 - Full Utilization of Performance Based Prevention Systems (PBPS) with New Enhancement of Carisk Upload capabilities.
 - End of Year Close-Out of PBPS Co-horts/ Activities/ Accounts
 - The Electronic Invoice Application (EIA) enhancements to the Carisk Fiscal Reporting
 - Completion of Financial Reconciliation Docs
- The Network Prevention Manager continued to meet monthly with the DCF state Prevention Clinical liaison and other state ME Prevention Managers, with the sustained goal to enable coordination among Prevention Coordinators across Managing Entities. The goal is to create a statewide systematic and professional approach to addressing the state’s SAMH Prevention needs and initiatives.
 - This quarter’s Prevention ME Coordinators’ team meeting Conference Calls continued to address and discuss the following Agenda items:
 - DCF Substance Abuse Block Grant Prevention Performance Indicators
 - SAMHSA Guidance on Round 1 COVID funds via SAPT/ CMHS Block Grant
 - COVID-19 Prevention Resources.
 - DCF Program Guidance Document 1 for Managing Entity Contracts.
 - DCF Prevention Guidance Document 10 for Prevention Services.

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- DCF Substance Abuse Prevention Licensing Protocol
 - Individual Managing Entity Prevention Provider and Coalition program implementation Updates.
- The Network Prevention Manager continued oversight of prevention-exclusive contracts and amendments, risk assessments and agency validations.
 - During this 4th quarter of FY 2021, the Network Prevention Manager continued work with Hanley Center Foundation, Inc. and Palm Beach County Substance Abuse Coalition to complete the Negotiation of their contract ending for FY 2021/ 2022. Both agencies' contracts were finalized in June 2021.
 - The Network Prevention completed the Tier 2 Validation for Okeechobee Substance Abuse Coalition (OSAC) on March 11, 2021. The Tier 3 Virtual Walk-Through was completed on March 23, 2021. The final Contract Validation Review Report (CVRR) was finalized and sent to the Provider on April 15, 2021.
 - The final CVRR for Palm Beach County Substance Abuse Coalition (dba Palm Beach County Behavioral Health Coalition, Inc.) was finalized and sent to the Provider on June 11, 2021. Their Tier 2 Validation was completed on April 9, 2021; and Tier 3 Validation Walk-Through was conducted on May 7, 2021.
- During the 4th quarter, SEFBHN Prevention Providers completed and finalized their implementations of the following state recommended Prevention School-based Programming in each of our counties:
 - Hanley Center Foundation (HCF) completed their virtual implementation of the “Botvin LifeSkills Training” school-based program in Palm Beach County’s Coastal and Western Communities. The online format was offered to 8th, 9th, and 11th grade students in partnering schools with whom HCF had agreements for FY 20/21.
 - HCF also completed the “Active Parenting” series which they presented and made available to community parents via online Virtual formats.
 - New Horizons of the Treasure Coast (NHTC) completed their online implementations of “Too Good For Drugs / Violence” in selected grades in all Elementary, Middle and High School students in St. Lucie County. This partnership has been successfully maintained for the last 5 school years. NHTC also provided “Botvin Life Skills Training” to schools transitioning from “Too Good For Drugs / Violence”.
 - Substance Abuse Council of Indian River (SACIRC) completed the implementation of Botvin LifeSkills Training” in all Indian River County Elementary Schools. They also completed a successful introduction and implementation of “Erica’s Lighthouse in Middle and High Schools. SACIRC has nurtured a partnership with Indian River County School District which has allowed their school involvement for more than 5 years.
 - With awarded SOR II funding, SACIRC added and began to train to implement the “Teen Intervene” Evidenced Based Program (EBP). This EBP is now part of the programs to be offered to the community by SACIRC.
 - Tykes & Teens completed their implementation of “Botvin LifeSkills Training” school-based program in Martin County Elementary Schools to 4th and 5th grade students.
- Additionally, all County Coalitions continued their work to provide community and school alternative activities in online Virtual formats.

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- PBCSAC completed their Annual School Bus Drug Prevention Poster contest. This year they, again, had entries from Elementary, Middle and High School students. 6 winning posters were selected at the end of March, replicated and placed in on all Palm Beach District School buses during the 4th qtr.
- PBCSAC’s Teen Coalition-In-Action (CIA) continued their online Wednesday sessions for youth in the Palm Beach County region. The sessions led by PBCSAC Teen CIA, served the community through the end of School Year 20/21. PBCSAC plans to recruit new participants during the 1st Qtr of FY 21/22 to replace graduating seniors.
- PBCSAC receives Partnership for Success (PFS) funding to capture and analyze Drug Epidemiology data and information as the Drug Epidemiology Network (DEN) representative for Southeast Florida Behavioral Health Network managing entity. That data collected by PBCSAC from community and health partners is provided to the state for statewide analysis of intervention, prevention and programmatic impact on Substance Use and Abuse in our SEFBHN region.
- PBCSAC further participated with other DENs agencies at the end of FY State Epidemiology Outcomes Workgroup (SEOW) Summer Meeting. Their New Executive Director and Program Director presented their year-end report of services rendered and program outcomes. The data showed the work and efforts in Palm Beach County yielded a flattening trend and, in one or two cases, a downward trend in Opioid use among young adults.
- PBCSAC continued their work on Opioid Prevention initiatives recommended as result of Community Conversations convened by PBCSAC
 - Messaging to School and College age Youth, Parents and the general community about opioids and preventive substance use measures was created and shared at the PBCSAC monthly meeting. Release of the media presentations is planned for FY 21/22.
 - The recommended Opioid Education and Support Group, continued 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 continued the implementation of their own Martin County Teen Coalition-In-Action (CIA).
- Substance Abuse Free Indian River (SAFIR) continued their implementation of the Coffee and Conversation parent-to-parent forum and the environmental strategy, “No One’s House”. This implementation, done in partnership with Substance Abuse Council of Indian River (SACIRC) is planned to continue next FY 21/22.
- Roundtable of St. Lucie County – Substance Abuse Prevention Network Committee – Continued their work with schools, facilitating the implementation of “Kids at Hope” programming in St. Lucie County schools.
- Roundtable continued 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.

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- The Executive Director of the Roundtable of St. Lucie County facilitates the Behavioral Health Task Force which has engaged representation from the St. Lucie County School, Children’s Services Council, Treatment Centers, DJJ, DOH and other County Coalitions.
- The short-term goal of the task force is to facilitate partnerships with Community partners to create a Needs Assessment, Logic Model and Community Action Plan to prioritize and provide steps to meet the identified Community Behavioral Health needs.
- Okeechobee Substance Abuse Coalition (OSAC) continued online monthly youth conversations.
- During the 4th qtr, OSAC continued 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 addresses the opioid crisis in rural counties, building a consortium of stakeholders (law enforcement, hospitals, FQHC, treatment, schools). The Grant is allowing Hanley to that work in Okeechobee to identify needs in Okeechobee County.
 - Because residents often travel outside of Okeechobee County to receive services, Hanley’s plan will address the full spectrum of programming available (Prevention, Treatment and Recovery) to Okeechobee residents. They’re currently in the process of collecting information from -- Prevention, System of Care, Mental Health Court services, and Substance Abuse Treatment and Recovery services providers in Okeechobee and surrounding counties.
- The 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 centered 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 training during the 4th qtr of FY 20/21. The 8-hr one-day training and accompanying 4 Collaborative 1 ½ hour Trainings must be completed by all DCF RCO’s for the training of their peers. The Network Prevention Manager and 4 other trainers will complete their training by conducting a “Soft” training cycle for a select group of Executive Directors/ Board Chairpersons during the 1st Quarter or FY 21/22 for further assessment of trainers’ ability to conduct training with fidelity.
- The Network Prevention Manager continued work as Co-Chair of the Circuit 15 Juvenile Justice Advisory Board, working on committees and alliances alongside Community partners. Virtual Meetings continued through the 4th qtr, which allowed Community partners to come together each month to address goals and work for FY 20/21. Collaborating partners include state agency representatives, county, school, and community leaders.

- The Network Prevention Manager is now a Trainer of Trainers for the Recovery Capital Training for peers; having completed the training during the 4th qtr of FY 20/21. The 8-hr one-day training and accompanying 4 Collaborative 1 ½ hour Trainings must be completed by all DCF RCO's for the training of their peers. The Network Prevention Manager and 4 other trainers will complete their training by conducting a "Soft" training cycle for a select group of Executive Directors/ Board Chairpersons during the 1st Quarter of FY 21/22 for further assessment of trainers' ability to conduct training with fidelity.

(c) Care Coordination

The Care Coordination team continued, in the 4th 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. In the 4th quarter New Horizons of the Treasure Coast was able to add a part-time Peer Specialist to the care coordination team. 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 opened during this quarter involved a male person served that had a history of receiving Care Coordination Services. Ongoing admissions to detox, however struggled with willingness to seek higher level of care as recommended. The person served also had an extensive legal and substance use history beginning in adolescence, as well several attempts in long-term treatment programs. She had explored recovery residencies, MAT services, medication management, IOP programs, and community recovery supports all attempted, however the person served continued to struggle with sobriety and would disengage from services when using substances. The person served family not engaged due to ongoing substance use concerns, so she had limited natural supports. Care Coordination continued to engage the person served throughout his ongoing admissions in attempt to support service and resource linkage that he willing to engage with. He eventually expressed willingness for treatment in June when admitted to detox and due to co-occurring needs (depression). A scholarship through Mandala (a co-occurring program) was explored. The person served was accepted on scholarship at Mandala for 60 days and just last week was transferred to Ebb Tide for additional treatment under a grant in their PHP program for an additional 60 days.

The Care Coordination team continued, in the 4th quarter, to create opportunities for cross-system collaboration and communication between SEFBHN, community stakeholder, and the Network Service Providers (NSP). Four NSPs: New Horizons of the Treasure Coast, JFK North, South County Mental Health Center, and Drug Abuse Foundation, maintain six full-time care coordination staff dedicated for Care Coordination. Care coordination staff that are responsible for implementing internal care coordination processes and collaborating with community stakeholders for the purposes of developing a recovery-oriented system of care.

Civil State Mental Health Treatment Facility Diversions

The Care Coordination teams were very engaged with individuals that were petitioned for South Florida State Hospital, but despite all of the efforts there were zero Civil State Mental Health Treatment Facility Diversions due to persons served requiring further stabilization. During the 4th quarter 106 adults were served in Care Coordination.

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

Transitional Vouchers

SEFBHN staff and Network Service Providers continue to utilize the Transitional Voucher Program. It is designed to provide care coordination and vouchers to purchase treatment and support services for adults transitioning from Florida Assertive Community Treatment (FACT) teams, acute crisis services, and institutional settings to independent community living.

In the 4th quarter, SEFBHN approved 67 transitional vouchers – 20 for substance use and 47 for mental health, representing a decrease compared to the 98 transitional vouchers approved for the prior quarter. The transitional voucher program continues to play a critical role in the system of care in helping people receiving services obtain true sustainability and self-sufficiency in the community.

Approximately 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 4

- Adult Care Coordination staff and NSP Care Coordinators attended a virtual Recovery Oriented System of Care documentation training called Collaborative Documentation.
- SEFBHN Care Coordination staff and NSP Care Coordinators held monthly CC meetings to discuss new providers to the agency, WRAPAROUND services, further training, or technical assistance needed, and accessing Care Coordination in remote areas of the counties.
- SEFBHN Care Coordination staff teamed up with SEFBHN Network Integrity staff to review and make revisions to the Transitional Voucher Guidance from SEFBHN.
- SEFBHN Care Coordination staff continues to facilitate a regularly scheduled bi-weekly conference calls to offer technical assistance, make referrals, and discuss those recognized as high utilizers. Additional care coordination collaborative calls have been added to discuss direct

referrals to the care coordination teams other NSP have been invited to ensure streamlined warm handoffs.

- The NSPs and SEFBHN had two monthly meetings in the 4th quarter. Some of the agenda items include increasing engagement and enrollment into Care Coordination, continued diversion efforts, completing LOCUS assessments, assisting with discharges from SMHTFs, WRAPAROUND services, the CoC Module, and a trauma-informed care presentation. During this reporting period SEFBHN received a technical assistance from Catholic Charities on their Immigration program to be able to provide this information to NSPs.
- The SEFBHN Network Integrity Manager continues to facilitate biweekly care coordination calls to streamline discharge planning across the network. Additionally, the SEFBHN Housing Specialist participated in the bi-weekly calls to share housing resources with the network. During the fourth quarter, providers continue to work on a hybrid system for a smooth transition for the delivery of services.
- SEFBHN, in collaboration with Palm Beach County and Center for Family Services of Palm Beach County, has begun development of a centralized assessment and care coordination program in Circuit 15. The program will initially be limited to individuals requiring assessments in the Circuit 15 Marchman Act Court, Early Childhood Court and Family Drug Court who are determined to be indigent. Consumers will have the ability to receive a level of care assessment immediately in the court following a hearing if they choose (otherwise, assessments can be scheduled at their convenience). Center for Family Services will be the provider completing these assessments and will additionally be providing full Care Coordination services throughout the individual's episode of care including their initial referral to services, following up at least monthly on their progress, and providing ongoing referrals and coordination of services. The program is expected to begin during the 4th Quarter.

(d) Housing Activities

The following is a summary of Housing Activities for the 4th quarter:

- SEFBHN worked with Community Partners dba/Housing Partnership (CP/HP) and provided training on Rapid Rehousing in April 2021. Throughout that month, technical assistance was provided in helping them develop their policies and procedures and various documents needed for client files, per HUD guidelines. A refresher was also given on how to complete the **Service Prioritization Decision Assistance Tool (SPDAT)** assessment. CP/HP had 4 participants beginning December 2020 and is short of one to be at full capacity, with 13 participants. Throughout the quarter, the Network Housing Specialist has offered and continues to offer support by hosting monthly provider meetings. During monthly meetings, the staff have shared openly both about participant/programmatic needs and strengths.
- Community Partners dba/Housing Partnership CP/HP was provided with a mid-year courtesy monitoring by Palm Beach County (PBC) during the 4th quarter (June 2020). Their policies and procedures were reviewed to ensure that HUD guidelines were implemented and being followed. Recommendations given will assist CP/HP to prepare for their annual monitoring by PBC and SEFBHN. Overall, the courtesy monitoring went well. Technical assistance is being provided by the Network Housing Specialist to ensure that all recommendations are completed.
- In April 2021, Community Partners dba/Housing Partnership's Village 1, received their certificate of occupancy from the City of West Palm Beach after FP&L finalized some

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outstanding electrical issues. During the 4th quarter, 13 participants were moved into their newly renovated apartments and are receiving therapeutic and case management services. The Network Housing Specialist participates in weekly coordination calls to discuss cases and provide technical assistance as needed.

- Carrfour Supportive Housing remains at capacity with 36 persons served. The Network Housing Specialist engaged in monthly provider meetings with the staff to receive updates and provide technical support as needed. In April 2021, an onsite validation was completed. While there was not a Performance Improvement Plans, recommendations were made, which have since been rectified. 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 are very active attending and participating in the Continuum of Care (CoC) meetings in Circuits 15 & 19.
- The Director of Network Integrity, and Network Housing Specialist continue 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 Specialist 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. A new Housing Plan has been approved and will be presented to the Board of County Commissioners in 2020.
- One of the Network Innovation Managers participates in the SOAR/PATH monthly call with DCF.
- The Network Housing Specialist (NHS) presented to a variety of stakeholders on various subject matters this past quarter:
 - A presentation was made to the Palm Beach Re-Entry Taskforce during the Re-Entry Partner's meeting in April 2021. The purpose of the presentation was to inform them about the COSSAP grant, as they will be a point of entry for COSSAP clients.
 - The NHS also presented twice in June 2021 as part of the 2-day Florida Supportive Housing Coalition (FSHC) Supportive Housing Summit. One presentation highlighted the SEFBHN's new housing programs with CP/HP and Carrfour Supportive Housing, as well as the new Rapid Re-housing programs that were implemented with Cares Act funding. The presentation highlighted the collaboration between SEFBHN and PBC's CoC to quickly utilize some of the Emergency Solutions Grant (ESG) to fund two Rapid Rehousing Programs with SEFBHN providers. The program, Village 1 was contracted with Community Partners dba/Housing Partnership, started in Dec. 2020 and, the second one with Rebel Recovery, which is slated to begin next quarter. This collaboration has created an opportunity for SEFBHN providers to enter into the homeless housing realm on a small scale, with hopes that they will want to continue

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their rapid re-housing programs and apply for HUD funding next year when the NOFO is posted.

- Two presentations at our monthly CQI meeting for network providers:
 1. The first presentation provided information on available housing opportunities in Circuit 15. Providers were given direct links to assist consumers with applying and getting on the waiting list for supporting housing.
 2. The second presentation provided training on how to apply for affordable housing utilizing wpbha.org. The NHS demonstrated how to get to the website, search for available housing and filled out a mock form step by step while providers followed along on their screens. Pertinent information was provided as to how to streamline the process to make it as seamless as possible. Examples included: sitting with consumers for information gathering while applying, having the Case Manager provide their contact information as a secondary point of contact and applying for multiple opportunities. Providers were provided with various links for transitional and permanent supporting housing resources for Circuits 15 and 19.
- Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP): This is a 2 year grant the Palm Beach County received from the Bureau of Justice Assistance (BJA) and has contracted with SEFBHN to sub-contract with one of our Network Service Providers, Rebel Recovery. The purpose of this grant is to increase collaboration with jails and community-based SUD providers by linking individuals with criminal justice involvement in the previous 6 months, a substance use disorder, and housing instability with recovery support services, FARR certified recovery housing, supported employment, and any other services needed to help with their recovery. Rebel Recovery is slated to begin accepting clients on July 1, 2021.
 - The Director of Network Integrity and the Network Housing Specialist worked closely with PBC Community Services Department, Florida Atlantic University and Rebel Recovery establishing eligibility criteria, data points for FAU's research, creating policies and procedures, as well as generating a new voucher form in Cognito Forms.
 - The Director of Network Integrity and the Network Housing Specialist continued to participate in the COSSAP monthly meetings, as well as workgroup meetings with Rebel Recovery.
 - Throughout the 4th quarter, the Network Housing Specialist and Rebel Recovery staff identified FARR certified recovery residences that utilized in our transitional voucher program, and were known to be well run residences as potential housing providers for this grant. We met with several recovery residences to present the program, and ask if they would be interested in being housing providers for COSSAP clients. The eligibility criteria for the COSSAP Housing providers include Florida Association of Recovery Residences (FARR) certification, acceptance of clients on any type of Medication Assisted Treatment (MAT), and abide by NARR standards. To date, we have done 5 presentations, with 4 recovery residences agreeing to be a part of COSSAP. More presentations are scheduled into the new fiscal year to educate recovery residences on COSSAP and MAT, with the hopes of increasing our provider list.
 - As the Primary Point of Contact for Rebel, the provider of Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP), the Network Housing Specialist attended a training on the Recovery Capital Index (RCI). This tool will be administered at intake and every 30 days, for COSSAP clients.

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- The Director of Network Integrity, Network Housing Specialist and one of the Program Innovation Managers attended the Florida Recovery Leadership Summit in June 2021. All engaged in planning strategic initiatives to promote stigma reduction and build recovery awareness.

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

The following is a summary of Opioid and MAT services for the 4th quarter:

- SEFBHN continues to pursue Hospital Emergency Room Programs that initiate a buprenorphine induction for overdose patients in their ER coupled with Peer Services in Palm Beach and the Treasure Coast. We currently fund peers at Rebel Recovery, SACIR and NHTC to be available for hospitals to request for Peer Support for consumers in the ER and link them to continuing MAT and other required treatment services. The utilization of these programs has not been as high as had been anticipated. Substance Awareness Center of Indian River County (SACIRC), Treasure Coast Community Health (TCCH) and Cleveland Clinic Indian River Medical Center in Vero Beach collaborate to offer a buprenorphine induction in the hospital to opioid overdose patients with linkage to a peer and treatment services at SACIRC and continuing MAT services TCCH.
- The Cleveland Clinics runs other hospitals in the Treasure Coast and talks have been underway to begin buprenorphine induction in Martin County and possible St. Lucie County. Treasure Coast Opioid Task Force continues to meet every month and is actively involved in getting an ER/Peer program in place. In December, Martin County Fire Rescue began their pilot program with Cleveland Clinic to induced opioid overdoses onto buprenorphine, with Fire Rescue continuing to follow-up daily with medication, a peer and a direct referral to NHTC for on-going MAT services. There continues to be a delay in getting the hospital buprenorphine inductions underway.
- 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 Sheriff's Office (PBSO), The Recovery Research Network

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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.

- The MAPS program for women began the 1st week in May, and will serve 6-8 females at a time. The women are receiving SUD treatment services and recovery support services similar to program already established.
- On June 10, 2021 SEFBHN and PBSO met to review the MAPS program, introduce the new SEFBHN staff that were taking over the Rebel Recovery and TRRNF contracts and would be the primary points of contact for MAPS and that Mr. White would be the primary point of contact at PBSO for this program. It had been announced that the Division Manager, Susan Dean was retiring in June. Susan was a key player in establishing this program with PBSO, and she will be missed. We look forward to working with her replacement.
- On June 21, 2021, SEFBHN, The Recovery Research Network Foundation (TRNRF), Rebel Recovery, WellPath and, Palm Beach County Sheriff's Office (PBSO) met for our quarterly meeting to discuss the progress of the MAPS program, and to collaborate on solutions for challenges identified by all parties regarding coordination of services.
- Pinnacle Wellness Group contract was executed on June 30, 2021, for contract period 07/1/21-06/30/22. The total funding allocated for Pinnacle Wellness Group is \$433,763. This contract will be for the provision of Medication Assisted Treatment for individuals released from the Port St. Lucie Jail. Services will include outpatient, case management medical services, MAT and incidental expenses.

(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

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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 4th quarter.

- Palm Beach Habilitation Center, Inc. - Palm Beach Habilitation PIP was accepted. They have completed 4 out of 4 findings. They submitted an updated Auxiliary Aids plan, and this PIP is closed as 6/30/21.
- The Recovery Research Network – There were 2 findings from the Tier 2 Validation Report that require a Corrective Action and a Performance Improvement Plan for deficiencies in the submission of discharge records to the Carisk portal and a lack of established policies and procedures related to the timely, consistent, and accurate entry of such data. The issue has resulted in a lack of ability to accurately determine performance measures for the agency. This is a repeat finding. Corrective action is required to enter discharge data for any discharges, with a Performance Improvement plan to update policies and procedures to ensure consistent and timely data entry in the Carisk portal. The PIP was closed on 4/14/21, as provider provided remediation on policies, staff training and documenting progress.
- Drug Abuse Foundation of Palm Beach County, Inc. – A PIP was issued to Drug Abuse Foundation of Palm Beach County, Inc. based on the completion of their Tier 3 Contract Validation Review Report. During Quarter 4, and after receiving technical assistance from SEFBHN staff, the agency submitted their response and it was accepted. They have completed 4 out of 5 findings. DAF is in the process of submitting revised incident and grievance forms for improved quality in their reporting documentation.
- Counseling and Recovery Center, Inc. – A PIP was issued to Counseling and Recovery Center, Inc based on completion of their Tier 3 Contract Validation Review. During Quarter 4, SEFBHN accepted the PIP submitted by Counseling and Recovery Center, Inc which addressed two (2) findings. On June 30, 2021, Counseling and Recovery Center, Inc completed 2 out of 2 findings and their PIP was closed.
- Chrysalis Health – Five findings from Tier 2 and Tier 3 validation reviews requiring corrective action and a performance improvement plan. Corrective action items included a late Memorandum of Understanding with a Federally Qualified Health Center, Inc., Policy and Procedure for level of care specific to CAT for LOCUS/CALOCUS, peer reviews of completed LOCUS/CALOCUS to establish interrater reliability within the group, CARISK Waitlist Module and ROSC Person Served Interviews- Factor of Involvement-the caregiver interviewed was not aware of opportunities to become involved in processes within the program to have her voice, ideas, and opinions heard. One PIP was required to indicate how data will continue to be maintained at a consistent rate; how performance measures will be met; and the team plans to document their service of SED and ED youth along with transitional age adults. The PIP was due 4/15/2021 and approved 4/23/2021. It remained open at the end of this quarter.
- Henderson Behavioral Health (LTF10) - Four findings from Tier 2 validation review requiring corrective action and a performance improvement plan. Corrective action items included data targets for numbers served, a policy/procedure or internal monitoring tool to show evidence in meeting TANF program goals and additional language in policy and procedure outlining how they develop and utilize family and natural supports in service delivery for all programs offered at their organization in circuits 15 & 19. One PIP was required to address the timely

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submission of electronic invoicing and submission of data and uploading missing records for score card improvement.

SEFBHN has always been committed to maintaining open communication with our providers and understands the importance of maintaining open communication with providers. We continue to meet virtually with our large community mental health agencies and our largest substance abuse treatment providers to address both their concerns and SEFBHN’s concern in effort to troubleshoot and problem solve.

(2) Performance Measures

	Network Service Provider Outcome Measures	FY Target	YTD Performance
Adult Mental Health	Average annual days worked for pay for adults with severe and persistent mental illness	40	43.11
	Percent of adults with serious mental illness who are competitively employed	24%	69.00%
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	95.00%
	Percent of adults in forensic involvement who live in stable housing environment	67%	90.00%
	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%	16.00%
	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	-58.00%
	Percent of adults who successfully complete substance abuse treatment services	51%	55.00%
	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	90.00%
Children's Mental Health	Percent of school days seriously emotionally disturbed (SED) children attended	86%	91.00%
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	81.00%
	Percent of children with serious emotional disturbances (SED) who improve their level of	65%	67.00%
	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	99.00%

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	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	99.00%
	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	96%	100.00%
Children's Substance Abuse	Percent of children who successfully complete substance abuse treatment services	48%	83.00%
	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	-100.00%

The percent of adults with substance abuse who live in a stable housing environment at the time of discharge SEFBHN, as a network, is just below the outcome by 5%, which is 77 individuals. SEFBHN has two Providers that works directly in the jail to provide the necessary treatment services using a person centered approach. One of the providers which makes up 46 of the 77 individuals also has a contract but these individuals are in the community with a success rate of 95%. SEFBHN will continue to work with providers and provide technical assistance to make sure they are appropriately discharging individuals.

(P) Implementation of Specific Appropriations or Grant Funds

(1) Family Intensive Treatment Teams (FITT)

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

FIT uses a team approach to provide substance abuse treatment services to parents of children who are involved in the child welfare system. 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 129 families have been served this fiscal year to date by both FIT Teams. During the 4th quarter of FY 20/21 the FIT Team Services have enrolled 90 families for services, year to date. Through June 2021, the percentage of families served who have successfully completed treatment with FIT Team services is 48%.

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 fiscal year 2020-2021.

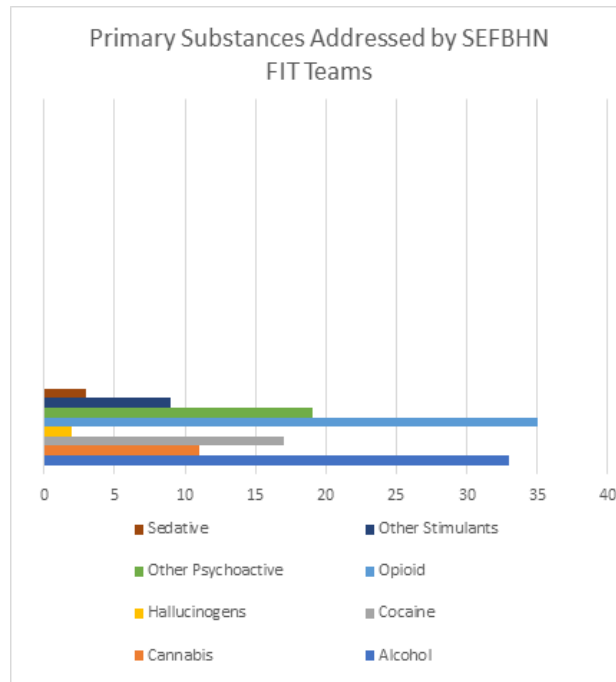
Provider	Episodes With Stable Housing	Total Number Of Episodes	Percentage
Counseling and Recovery Center	26	26	100.00%

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Henderson Behavioral Health - Palm Beach	12	12	100.00%
Total	38	38	100.00%

Provider	Episodes With Stable Employment	Total Number Of Episodes	Percentage
Counseling and Recovery Center	26	26	100.00%
Henderson Behavioral Health - Palm Beach	11	12	91.67%
Total	37	38	95.84%

The graph below shows the primary substance used by the individuals served by SEFBHN’s FIT teams within the past fiscal year 2020-2021. As indicated by the data, out of the 129 total families served during fiscal year 2020-2021, most individuals (a total of 35) identified Opioids as their primary substance, followed by alcohol use (a total of 33 individuals served). Statewide, FIT teams have experienced a 1% increase in the number of individuals identifying alcohol, opioid and stimulant use as their primary substance. It is important to note that co-occurring diagnosis have increased by 2%, indicating that 43% of the total 1,475 individuals served this fiscal year by all FIT teams across the State of Florida have been diagnosed with a Mental Health diagnosis, along with their substance use disorder.



(2) Return-on-Investment Reporting

The following is a summary of ROI Reporting for the 4th 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 4th quarter of FY 20/21, these teams served a total of 116 children and reported a total cost avoidance minus actual expenditures to the state of \$ 1,766,185.20 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). Eight (8) persons were served in the 4th quarter. The savings to the state was \$93,751.84 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 4th quarter, the center served 1659 individuals. The center can provide lower cost services using physician trainees. As a result, the cost avoidance to the state this quarter was \$ 323,505.00 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 4th Quarter, MRTs for both circuits received 931 calls. 775 calls required an acute response with an average response time 28.025 minutes. The average diversion rate for MRTs were 89.28%.

(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 4th 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 4, 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

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- Strategize a planned approach to working with individuals considered to be High Utilizers
- Listen to Community Voice
- Understanding the impact of Race Inequities
- Ensuring System Collaboration

(2) Planning and Implementation of House Bill 945

The following is a summary of House Bill 945 related activities for the 4th 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 4th quarter activities related to the implementation of House Bill 945 by SEFBHN staff.
- SEFBHN staff continue to work with FAME sharing local resources developed and regional planning process. Met with FAME HB945 workgroup as well as a smaller Charts and Processes workgroup to share and develop resources (4/9, 4/27, 5/4, 5/18, 6/11 and 6/15/2021) this quarter as well as planning for a face to face meeting in July.
- Director of Children’s System of Care continued to participate in statewide AHCA led workgroups i.e., CSU High Utilizers (HU) (4/9, 4/23, 5/7, 5/21, 6/4 and 6/18/2021) as well as sub-workgroups HU Mapping – Prior to the Baker Act (4/20, 5/25, and 6/7/2021) and Staffing Processes (4/22, 4/29 and 6/1/2021).
- SEFBHN staff met with Vita Nova to review HB 945 with a focus on the transitional aged youth population on 6/10/2021.
- House Bill 945 Steering Committee convened for Circuits 15 and 19 by SEFBHN. This quarter, meetings were held 4/13, 5/11 and 6/8/2021. 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 delved into were SEFBHN system level care coordination data used to develop vignettes, which will be used in behavioral health workgroups and via email to elicit feedback for the plan. Also, our project charter was finalized and we asked for HB 945 Champions to help spread the word of this project. Further, a request for policies and procedures was made first asking for the SC members to identify our focus and the identifying best practices beginning with children’s care coordination, suicide prevention and voice of the individual. SEFBHN also shared information re: HIPAA and FERPA for information and data sharing as well as formalizing agreements.