



**Board of Directors Meeting**  
**Virtual Meeting via Microsoft Teams**

**January 21, 2021 - 4:30 p.m.**

**Dial in #: 941-263-1518, Conference ID: 715 424 951#**

1. Introductions / Roll Call Chair
  
2. Approval of November 19, 2020 Minutes Chair
  
3. Board Chair Report Chair
  - Legislative Update
  - COVID-19 Update
  - BBHC Corporate Annual Report Update and Payment Julie Klahr
  
4. CEO Report CEO
  - DCF SAMH Interim Assistant Secretary - Shivana Gentry
  - Amendment 48 (*includes additional 2 positions for ME's Adult and Children Care Coordination, funding for 211 Broward and some funding to expand CAT teams*)
  - PPE Received from Broward County
  - BBHC Contract Extensions for 1 year
  - Procurement of Forensic Team including Incompetent to Proceed training and Jail Diversion Services
  - Carisk Update
  
5. BBHC Committees' Reports
  - Finance Committee Larry Rein
    - Approval of Financial Statements October & November 2020
    - Approval of 990
  - Recovery Oriented System of Care Commissioner Lois Wexler
  - Consumer Advisory Council Susan Nyamora
  - Provider Advisory Council Paul Jaquith
  - Nominating Committee Larry Davis
  
6. Public Comments
  
7. Adjournment

**Next Meeting Date: February 18, 2021**



**Board of Directors Meeting  
Virtual Meeting via Microsoft Teams  
November 19, 2020 – 4:30 p.m.  
MINUTES**

The meeting was called to order by Board Chair, Commissioner Nan Rich at 4:36 p.m.

Board of Directors	Present	Excused	Absent	Board of Directors	Present	Excused	Absent
Alan Goldstein			X	Commissioner Nan Rich , <b>Board Chair</b>	X		
Kimm Campbell	X			Mayor Michael Ryan	X		
Larry Davis <b>Secretary</b>	X			Steve Ronik	X		
Vivian Demille	X			Jackie Rosen	X		
Senator Gary Farmer	X			Scott Russell	X		
Representative Michael Gottlieb	X			Tammy Tucker			X
Paul Jaquith	X			Commissioner Lois Wexler	X		
Robin Martin	X			Julie Klahr, BBHC Attorney	X		
Neal McGarry <b>Vice-Chair</b>	X			Silvia Quintana, BBHC CEO	X		
Susan Nyamora	X						
Rosalind Osgood	X						
Larry Rein <b>Treasurer</b>	X						

**BBHC Staff:** Danica Mamby, Steve Zuckerman, Kerline Robinson, Elida Segrera, Stefania Pace

**Carisk Staff:** Jennifer Branham, Shirley Murdock

**DCF Staff:** Suzette Fleischmann, Margaret DeCambre, Frank Jowdy, Dawn Liberta

**Guests:** Ana Valledares, Marta Prado, Roby Thomas

**1. Introductions/Roll Call**

Roll call was taken as noted above. Board Chair, Commissioner Nan Rich, ascertained that there was a quorum.

**2. Approval of Communications Media Technology Policy**

Ms. Julie Klahr presented a copy of the Communications Policy to the Board to continue the use of virtual media procedures. This revised version would allow for the continual use of the virtual meetings, (even after resuming to in person meetings), to accommodate members of the board. A correction will be made to remove the mention



of Charter Schools, as it was added in error. **A motion was made by Mr. Paul Jaquith and seconded by Commissioner Lois Wexler to approve the Communications Media Technology Policy. The Board unanimously approved.**

### **3. Approval of October 15, 2020 Meeting Minutes**

Without corrections to the minutes, **a motion was made by Commissioner Lois Wexler and seconded by Mr. Larry Davis. The Board unanimously approved the October 15, 2020 meeting minutes.**

### **4. Board Chair Report**

- **Census**

Commissioner Nan Rich reported that the final self-response rate to the census for Broward County was 63.2%, which was a slight decrease from previous years. The Census Bureau is utilizing new technology in their attempt to provide an accurate nation-wide count.

- **COVID-19 Update**

Commissioner Nan Rich reported that according to a release by the American Academy of Pediatrics and the Children's Hospital Association, over a million children have contracted COVID-19, making up 11.5% of the cases nationwide. Florida alone accounts for 25,000 pediatric cases. While the death rate for children is significantly lower than adults, there are concerns regarding long-term mental and behavioral health issues young patients may face in the future.

- **Legislative Update**

Commissioner Nan Rich reported that the Coordinating Council of Broward (the CCB) has formed a subcommittee that will develop an advocacy white paper on mental health issues to be used for the 2021 legislative session.

### **5. CEO Report**

- **Review of BBHC Audit Report FY 19-20**

Mr. Roby Thomas presented the Audit Report for fiscal year 19-20. Thomas and Company audited BBHC's financial statements and provided an unmodified opinion about the financial statements. During the audit, the revenue for 2019 and 2020 was reviewed. In 2019, the revenue was \$63 million and in 2020 the revenue increased by \$5 million to \$68 million. The total assets in 2020 was \$12.4 million. BBHC remains a low risk auditee. **On a motion made by Mr. Larry Rein and seconded by Ms. Jackie Rosen, the Board unanimously approved the BBHC Audit for FY 19-20.**

- **Amendment 46 and 47**

Ms. Silvia Quintana presented amendment 46 and 47 to the Board for approval. Amendment 46 will be an adjustment to the number of clients being assisted during



COVID-19 and amendment 47 will allocate an additional \$247,000 for the school system to collaborate with the provider network to provide a technological platform; assisting students with behavioral health services. The second portion of the amendment will allocate \$2.9 million into BBHC's contract, which is the balance of the medication assisted treatment funds. **On a motion made by Mr. Paul Jaquith and seconded by Commissioner Lois Wexler, the Board unanimously approved amendment 46 and 47.**

- **PPE**

Ms. Silvia Quintana reported that the County is making efforts to have PPE items available for distribution to the provider network.

- **Pre-Qualification of Tomorrow's Rainbow, Inc.**

Ms. Silvia Quintana introduced a new provider, Tomorrow's Rainbow Inc., a provider that will be able to offer equine therapy to young adults processing trauma. Tomorrow's Rainbow, Inc. met all the pre-qualification criteria in order to be included into the network. **On a motion made by Commissioner Lois Wexler and seconded by Ms. Susan Nyamora, the Board unanimously approved Tomorrow's Rainbow, Inc. into the BBHC provider network.**

- **CQI Report**

- Ms. Silvia Quintana reported that BBHC will now have a CQI Report that will be shared with providers.
- Ms. Kimm Campbell provided an update on phase two for rental residential assistance, which is now open, and the program is being administered on behalf of all of Broward County. There is funding available for non-profits to assist with small grants and gaps in funding. Providers were encouraged to apply for the funds by December 2, 2020.

## **6. Committee Reports**

### ***Finance Committee***

Chief Financial Officer, Mr. Steve Zuckerman, presented the September 2020 financial statements. Mr. Zuckerman reported that all of our assets are fully depreciated, causing BBHC to have a net book value of zero. There were no major changes for the month. **On a motion made by Mr. Paul Jaquith and seconded by Mr. Scott Russell, the Board unanimously approved the September 2020 financial statements.**



### ***Recovery Oriented System of Care***

Commissioner Lois Wexler reported that the next couple of months will be used to examine the usefulness of the Utilization Management reports to determine the type of information to be presented to the ROSC Committee.

### ***Consumer Advisory Council***

Ms. Susan Nyamora stated that there were no current updates.

### ***Provider Advisory Council***

Mr. Paul Jaquith provided an update about the subcommittee for the 65-D30 regulations. The committee is currently working on deciding how to address new statutes, as the regulations have financial penalties if providers are out of compliance with DCF.

### ***Nominating Committee***

Committee Chair, Mr. Larry Davis, presented the Board with three (3) potential candidates to be considered for board membership. The candidates presented were: Ms. Pamela Africk, Ms. Marta Prado, and Ms. Ana Valladares.

- Ms. Pamela Africk is a business woman and member of the Broward Regional Health Planning Council Board. **On a motion made by Mr. Larry Davis and seconded by Mr. Paul Jaquith, the Board unanimously approved Ms. Pamela Africk being added as a member to the BBHC Board of Directors.**
- Ms. Marta Prado is a nurse, a volunteer (throughout the community) and was the former President of Correct Care Recovery Solution. **On a motion made by Mr. Larry Davis and seconded by Dr. Steve Ronik, the Board unanimously approved Ms. Marta Prado being added as a member to the BBHC Board of Directors.**
- Ms. Ana Valladares was a governor appointed Chair of the Children’s Services Board and is very active in the community. **On a motion made by Mr. Larry Davis and seconded by Ms. Jackie Rosen, the Board unanimously approved Ms. Ana Valladares being added as a member to the BBHC Board of Directors.**

## **7. Public Comments**

Ms. Suzette Fleischmann stated that Mr. Rodney Moore, the SAMH Assistant Secretary, has resigned and his last day with DCF will be December 31, 2020. Ms. Fleischmann also reported that DCF has received budget authority for the second SOAR grant, which is a little over \$100 million.



**8. Adjournment**

The meeting adjourned at 5:30 p.m.

Minutes approved by: \_\_\_\_\_  
**Larry Davis, BBHC Secretary**



## CEO REPORT

### January 21, 2021

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#### 1. ITEMS FOR APPROVAL

- A. 990 Approval for filing
- B. Acceptance of CARES Act Funding
- C. Extension of Provider Network contracts for an additional year
- D. Procurement of the Forensic Team including Competency Restoration Training (CRT) and Jail Diversion Program

#### 2. CURRENT SIGNIFICANT ISSUES

- A. **New Board Members** – BBHC’s CEO met virtually with Marta Prado, CEO of Correct Care Recovery Solutions; Ana Valladares from Mujeres Latinas; and Pamela Africk from Best Practice USA, Inc. All three (3) Board members received the BBHC Board welcoming packet and BBHC’s CEO went over BBHC’s programs and overall responsibilities. BBHC is very excited to have them on the Board. Each member will be selecting a Board Committee to participate and provide input and expertise, representing different aspects of our community.
- B. **Operations** – Due to the COVID-19 pandemic, staff has been working remotely since March 17, 2020. The office is open 3 days per week, with reduced hour schedule. Staff continues to follow a staggered schedule adhering to the Health Department and Centers for Disease Control and Prevention guidelines. There are daily meetings with BBHC’s CEO, Directors, and Human Resource/Office Manager to discuss operations, provide support, and ensure staff work is facilitated.
- C. **Forensic Team and Post Arrest Diversion programs** - BBHC will be procuring this program sometime in the 3<sup>rd</sup> quarter of this Fiscal Year. The new program will be restructured to facilitate quick access to services in the community and discharges from the Jail for those individuals who meet criteria. The goal will be to implement this new program in July 2021.
- D. **Telehealth Services** - BBHC will be procuring a telehealth services platform to support better coordination, treatment, and supportive services for students between Broward County Public Schools (BCPS), and BBHC’s provider network.
- E. **Broward Delegation** - BBHC’s CEO presented at the Broward Delegation meeting on December 17, 2020. A packet with BBHC information, program priorities and the summary of our Enhancement Plan was provided. We advocated for the continued need to fund behavioral health services and housing. The COVID-19 impact on our community has exacerbated the need for behavioral health services. Thank you to Senator Farmer for supporting the need for behavioral health during this presentation and also Representatives Christine Hunschofsky and Marie Woodson. We also want to thank Representative Gottlieb, who will be submitting a LBR for the Stepping up Initiative. This is a collaboration between NAMI, BBHC, Judge Porth, Broward Sherriff Office, Courts Administration, and other community partners.

- F. Grand Jury Report** - The Grand Jury Report issued after the MSD tragedy was released in December making several recommendations that supported the MSD commission. **See attached report.**
- G. Parent University** – On December 14, 2020, BBHC’s CEO was invited to present at a BCPS program called Parent University. Information on Mental Health and Community Resources was provided to assist parents on accessing behavioral health services during the holidays and afterwards. The presentation was in collaboration with BCPS’ Student Services and 211.
- H. CARES Act Funding** - DCF had a meeting to distribute CARES ACT funding to the network based on subject matter experts’ input and need. Below is a summary of the expected funds.
- **Community Action Treatment (CAT) Teams:** Expand CAT  
**\$250,000**
  - **Neonatal Abstinence Syndrome (NAS) or Substance Exposed Newborn (SEN):** Establish Care Coordination, housing, employment, and peer-support programs for families with babies with NAS or SEN within each of the Managing Entity (ME) regions.  
**\$300,000**
  - **Care Coordination:** Increase the role of care coordination as it relates to adults, children, and parents in the child welfare system with behavioral health needs as well as those patients being discharged from Baker Act facilities, Emergency Rooms or jail discharges for those adults and children who do not qualify for FACT or CAT team services.  
**\$500,000**
  - **Wraparound Certification Training:** Funding would provide training to expand CAT like services across the state as well as allow providers to bill Medicaid.  
**\$10,000**
  - **211:** Expand 211 coverage to improve access to care and divert families from the child welfare system and Economic Self-Sufficiency dependency.  
**\$83,334** (Funds will for to First Call for Help of Broward, Inc. dba 2-1-1 Broward)
- I. Staff** – BBHC continues to conduct weekly staff meetings to keep staff informed of current events related to COVID-19, and other issues related to BBHC’s operations.
- J. Effect of COVID-19 on the BBHC Provider Network** - Provider meetings continue to be held weekly to assess providers’ needs.
- a. Prior to October 2020, DCF advised FAME and the MEs that they would no longer provide personal protective equipment (PPE) for the provider network after the month of October. BBHC requested all provider submit a projected summary of PPE needs. FAME is working with DCF in trying to secure additional PPE; however, this has not taken place. Broward County came to BBHC’s aid and we have received PPE from Broward County. The PPE will be distributed to the provider network so that operations and services can continue as safe as possible given the recent spike in positive COVID-19 cases.
  - b. FAME sent COVID-19 tests kits. The kits, testing process, and protocols were distributed to the network.
  - c. The Crisis, Detox, Central Receiving Center and Receiving Facilities have reduced their capacity. BBHC continues working with the County regarding Substance Abuse Detox, to find ways to facilitate access to care for this population.
  - d. BBHC continues helping with discharging individuals from residential programs by assisting with transitional housing to Sober Homes or other type of living arrangements, such as HomesUnited. A new alternative placement option is being developed with Project SOAR.



- e. State Treatment Facilities have open to admissions. However, due to COVID-19 outbreaks, admissions are still slow.
- f. Discharges from jails continue to be difficult due to the COVID-19 restrictions at all residential programs. However, due to the implementation of protocols between the jail and BBHC network providers, discharges are happening more often.

**K. ME State Opioid Response Discretionary Grant – Hospital Bridge** – BBHC meets weekly with Broward Health to ensure the implementation of the Hospital Bridge Program, including the induction of pregnant women with Opioid use disorder with the goal of delivering drug free babies. Broward Health continues inductions and warms handoffs to providers. The number of inductions at Broward health has continued growing every month.

### 3. UPDATES – CARISK RELATED

**A. BBHC and Carisk** – Ongoing weekly meetings are held to address issues, concerns, and policies.

### 4. UPDATES – DCF RELATED

**A. Bi-Monthly Partnership Meetings** - These meetings between DCF and BBHC are designed to facilitate collaboration, to address priority issues, and identify opportunities for improvement. Our next meeting will be February 17, 2021.

**B. Flexibility for service delivery** - DCF has extended flexibility for service delivery virtually and payments to providers through March 2021.

**C. Network Provider Contract** – No new update.

### 5. UPDATES – GRANTS RELATED

#### **A. Administration on Children, Youth and Families (ACYF)**

- a. The Peer at Shelter Initiative has begun receiving calls. The Peer Support from South Florida Wellness Network has provided support via phone to parents and have begun to collaborate with Child Protective Investigators as it relates to parents in need of support at this critical time.
- b. The Family CPR Project continues to enroll new families. A booster training was held on 01/07/2021. The Project is also focusing on sustainability plans.

#### **B. One Community Partnership 3 (OCP3)**

- a. OCP3 must enroll sixty-five (65), young people into the evaluation in year 2 of the grant. OCP3 enrolled 15 young people in the evaluation during the first quarter October-December 2020; 8 of those young people enrolled in December 2020.
- b. OCP3 has developed a signs and symptoms checklist to assist Broward Schools' Social Workers with identifying youth's behavioral health needs in virtual and in-person settings to help determine the need to make referrals to OCP3 services.
- c. The virtual Cross Systems training took place on December 18, 2020. Twenty-eight (28) new frontline staff representing ten (10) agencies within the community attended the training.
- d. The monitoring report from Broward County was received. **Please see attached report.**

#### **C. Criminal Justice Mental Health Substance Abuse Reinvestment Planning Grant**

- a. The Broward Youth Reentry Program (BYRP) exceeded the 2<sup>nd</sup> quarter goals and enrolled 14 youth into the program. However, currently the number of referrals to the program are low due to systemic issues with the juvenile courts systems related to the COVID-19 pandemic.

#### **D. CSC Trauma Grant**

- a. BBHC has executed the FY 20/21 contract with the Children's Service Council (CSC). BBHC is currently working with CSC to add Harmony Development Center as one of the providers under our CSC contract. Harmony Development Center will be a great resource for bi-lingual services for our trauma clients.

### **6. UPDATES – OPERATIONS RELATED**

#### **A. Care Coordination Teams (CCT)**

- a. BBHC is scheduling meetings with FARR Certified facilities to enhance collaboration for the Care Coordination teams.
- b. CCT Teams are on target for continued utilization.
- c. MAT providers are now allowed to include Stimulant Use Disorders under the SOR grant.
- d. BBHC's Video Visitation for Assessments, Case Management and Peer Support, continues working successfully. YTD, over 1,200 referrals have been made.
- e. The BBHC, Wellpath (Jail), and Banyan Discharge Planning Care Coordination partnership meet weekly and a new Banyan Case Manager began in December.
- f. BBHC's process to facilitate judiciary referrals through the Competent Client Referral Process continues to grow steadily. This pathway was created for individuals who re-engage into the court system and are referred to the BBHC provider network for outpatient assessment. BBHC will continue to meet with Judges based on referral flow. There have been 130 referrals via this pathway.

#### **B. Utilization Management (UM)**

- a. BBHC has re-hired the original UM Manager who relocated but contractually continued to provide technical support during the transition. She will start full time on 1/19/21.
- b. BBHC is working to develop an integrated database for daily census submissions and Wait List updates.
- c. BBHC's UM Department continues to provide technical assistance to providers in regard to UM protocols.

#### **C. Care Coordination Teams - Child Welfare (CCT-CW)**

- a. Referrals and enrollments continue being submitted regularly. A total of 61 families are currently receiving services at this time.

#### **D. Child Welfare Integration Initiatives**

- a. Quarter 2 data from FY 20-21 was presented at the CWBH Steering Committee Meeting on January 21, 2021.
- b. Provider Progress Exchange Form is continuing to be rolled out to the provider network with two more groups from the provider network scheduled to be completing the form beginning in February reporting.
- c. A Plan of Safe Care workgroup continues to meet monthly.
- d. BBHC is in the planning stages of developing a Motivational Interviewing Training Series. This training series will be offered to all providers and tailored to their specific needs.
- e. Training Workgroup is rolling out the training video developed by Child Protections Investigations Section (CPIS) as well as the training video developed by ChildNet, Henderson Behavioral Health, Broward County Addiction Recovery Center, South Florida Wellness Network, Women in Distress, and Banyan Health Systems received each video, and will be determining the best way to facilitate these video trainings.

#### **E. Post Arrest Diversion (PAD) Program**

- a. The PAD program has been suspended indefinitely. All client still enrolled will continue receiving Phase 2 services until their required time has been completed. No new admissions or Phase 1 services are provided as of January 1<sup>st</sup>.
- b. BBHC will be procuring a Felony Diversion Program that will replace the PAD program.

#### **F. Forensic Team/Competency Restoration Program (CRT)**

- a. BBHC is in the process of procuring the forensic team, including the CRT Program. The goal is for this new forensic team to be in place on July 1, 2021. In the meantime, the current forensic team will continue to provide services as usual under BBHC's strict oversight.

#### **G. Housing Initiative**

- a. The City of Pembroke Pines has submitted a request to modify a sub-sublease to the Department of Environmental Protection and is waiting on a zoning letter, which is the next step in the process of moving forward with the RFA.
- b. HomesUnited's Respite program is fully operational, as is their Transitional Housing program.
- c. In August 2020, Broward County did a review of our Homeless Management Information System (HMIS). We received the report in December; however, we are in discussion with the County regarding one matter mentioned in the report. We hope to have this matter resolved this month and the report will be sent to the Board, next month.

#### **H. SSI/SSDI Outreach, Access, and Recovery (SOAR) Statewide Initiative**

No new updates.

#### **I. Supportive Employment**

No new updates.

#### **J. Transition to Independence Process (TIP) Model**

No new updates

### **UPDATES – QUALITY RELATED**

#### **A. Complaints and Grievances**

- a. In November of 2020, BBHC received one complaint from a parent who was upset with the services her child was receiving. Client was not BBHC funded and BBHC was unable to fully investigate this complaint. The mother was provided with referrals to other programs.
- b. BBHC did not receive any complaints or grievances during the month of December.

#### **B. FAME QA Committee**

No new updates

#### **C. Cultural and Linguistic Competency (CLC) Initiative**

The CQI Coordinator continues to monitor the CLC plans during Provider monitoring. During a recent meeting with the CLC Consultant, it was determined that Providers do not need training on how to develop CLC Plans. BBHC's focus will be on how Providers are implementing CLC within their programs to determine the next steps.

#### **D. Recovery-Oriented System of Care (ROSC) Statewide Initiative**

No new updates

#### **E. Contract/Program Monitoring**

- a. Year to date, BBHC has completed seven (7) Contract Accountability Reviews.
- b. Another Contract/Program Monitor was hired in December 2020.

#### **F. Performance Measures**

The BBHC Provider Network met all the performance outcomes for November and December of 2020.

#### **G. Incident Reports**

For the month of November 2020, there were fourteen (14) incident reports received by BBHC. For the month of December 2020, there were twenty-one (21) reports received by BBHC.

#### **H. Consumer Satisfaction Surveys**

Many Providers utilized the on-line survey to submit Consumer Satisfaction Surveys. Some Providers continue to use the manual form.

#### **I. CARF Conformance**

This month, BBHC will be submitting our application for re-accreditation.

### **8. RISK AND COMPLIANCE UPDATE**

No new updates.

### **9. COMMUNITY RELATIONS**

#### **A. Coordinating Council of Broward (CCB)**

- a. BBHC continues to participate monthly. The last meeting was on January 6, 2021. The Department of Health continues to provide updates to the community regarding the resources available for COVID-19, including testing and vaccination sites. We provide this information to the provider network as this becomes available.
- b. There continues to be an increase in COVID-19 positive cases. More than 10% of tests are coming back positive. Hospital bed occupancy for COVID-19 admissions have increased. CCB members provided updates on services and supports available to address COVID-19's impact, such as programs that offer food, rental assistance etc.
- c. BCPS stated that they are expecting a larger number of students to return physically to school and the number of virtual students will be reduced during this next quarter. The CARES ACT funding available through Broward County and other municipalities was discussed. The County is waiting on detail information on the new CARES Act funding that will be released.

#### **B. Florida Association for Managing Entities (FAME)**

- a. BBHC participates on weekly conference calls. DCF Secretary Poppell will be reducing his meeting schedule with ME's to once per month. DCF has been advised of the need for PPE for staff and consumers to continue Behavioral Health Services now that there is an increase of positive COVID-19 cases.
- b. FAME continues to address various concerns statewide, including FASAMS.
- c. FAME continues to advocate not to reduce funding for behavioral health services emphasizing the need for behavioral health service needs, specifically during the pandemic.

C. **Funders Forum**

BBHC continues to participate in meetings with the other funders of children's services. The next meeting will be February 2021.

D. **Broward Suicide Prevention Coalition**

The Coalition is implementing the Self-Assessment Survey through its members. Information continues to be gathered from the organizational self-study that was requested from various community providers. Analysis of the self-assessment surveys will be analyzed and presented at the next Coalition meeting.

**10. MATTERS FOR NOTING**

A. **FASAMS**

No new updates.

B. **Susan B. Anthony Recovery Center (SBA)**

The agreement pertaining to the storage of SBA's records is still pending legal finalizing it. **This issue has not been resolved.**

C. **Community Action Treatment (CAT) Team**

The CAT Team currently has twenty-five (25) youth enrolled and is in the process of finalizing arrangements for a Psychiatrist (Dr. Bober) to join the team.

D. **Broward County Public School's (BCPS) Proposal**

At the request of the Broward County Public School, BBHC submitted a proposal to provide psychoeducational assessments and other behavioral services. Dr. Antoine Hickman sent an email acknowledging receipt and advising that BCPS will be reviewing the proposal. BBHC had a follow up call with Dr. Hickman and his team regarding the BBHC proposal. They basically wanted to include us as one more provider in the existing procurement that they had previously released. BBHC has determined that the rate and the way the old RFA was written is not viable for BBHC and its network to provide the evaluations and services they need.

B. H. H.  
DEC 10 2020

#165

IN THE SUPREME COURT OF FLORIDA

Case No. SC19-240

**THIRD INTERIM REPORT OF THE TWENTIETH STATEWIDE GRAND JURY**

In December of 2019, this Twentieth Statewide Grand Jury released its Second Interim Report, highlighting a number of public safety and security issues in need of urgent redress by state and local officials and supporting many of the recommendations of the Marjory Stoneman Douglas Public Safety Commission (hereinafter the MSDPSC) in its own November 1, 2019 Report. We were pleased to see that many of the legislative proposals of both the MSDPSC and this Grand Jury were incorporated into a draft of Senate Bill 7040 (2020) (hereinafter SB 7040), which was presented earlier this year in the previous legislative session. Unfortunately, SB 7040 never made it to the Governor's desk to be signed into law, but we see this as an opportunity for further improvement. Over the past eleven months, this Grand Jury has continued to gather evidence and testimony regarding the issues outlined in our mandate, and we have further recommendations ahead of the next legislative session for how to better secure our public schools and protect our children.

Many of the issues and recommendations in our Second Interim Report stand on their own and do not require more information than we have already provided. In fact, every member of this Twentieth Grand Jury fully stands behind every word of what we recommended in the Second Interim Report, and we encourage the legislature and the public to read this Third Interim Report in tandem with that document.

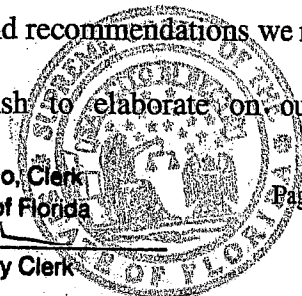
The first part of this report further elaborates on issues and recommendations we made in our Second Interim Report. In some cases, we simply wish to elaborate on our prior

*Third Interim Report of the Twentieth Statewide Grand Jury*

A True Copy  
Attest:

John A. Tomasino, Clerk  
Supreme Court of Florida

By B. H. H.  
Deputy Clerk



recommendations because additional information has come to our attention. In other cases, we wish to reiterate our prior recommendations because we have not yet seen any plan to adequately address a given issue or because we believe the previously-proposed legislative measures will be insufficient to solve the problem.

We intend to use the second part of this Third Interim Report as an opportunity to highlight urgent problems within the patchwork of interlocking, often-conflicting sources of care that comprise Florida's mental health framework. This Grand Jury has received a great deal of evidence and testimony regarding financial deficiencies, conflicts between various agencies over information sharing and privacy, inadequate or inefficient provision of services and a number of other serious problems. To put it bluntly, our mental health care "system"—if one can even call it that—is a mess, and we have formulated a spate of recommendations for straightforward improvement and further study in this critical area.

Finally, we are well-aware that the advent of Coronavirus is likely to dramatically affect the state's 2020-21 budget and loom like a shadow over the next legislative session. We acknowledge that there are costs associated with many of our recommendations. This is as inevitable as it is essential: We can imagine no better investment than protecting the health and safety of our children. If there is one irony to the impact of this pandemic, it is that having a large number of students attending school virtually has dramatically—if only temporarily—lowered the chances of another school shooting incident. While the Coronavirus pandemic may have taken this issue off the front page for now, as our society returns to a state of normalcy and students begin to once again physically attend classes in larger numbers, more school shootings will undoubtedly occur. Now is the time for our local and state institutions to take bold action.

## RECOMMENDATIONS FROM THE SECOND INTERIM REPORT

### SCHOOL DISTRICT-RUN BUILDING INSPECTION AGENCIES

In our Second Interim Report, as part of a discussion about systemic deficiencies and conflicts between various state and local agencies regarding emergency communication systems, we made the following recommendation:

2. School Districts should be stripped of their authority to inspect their own construction, issue their own [Temporary Certificates of Occupancy], and issue final Certificates of Occupancy. Other local agencies are more than capable of performing independent inspections.

Since our Second Interim Report we have received even more testimony and evidence—both from government officials and from private business owners and contractors—regarding just how negative and significant the impact of school district-run building departments can be on the timeliness and expense of large-scale construction projects. Having a building inspection department which is controlled by and answerable to a local school district makes it incredibly easy for school officials to hide deficiencies, spoof timelines and control the flow of information to the public regarding the functionality and safety of our children’s taxpayer-funded schools. This kind of conduct leaves these construction projects ripe for fraud and other criminal misconduct.

County and municipal building departments throughout the State of Florida are staffed by professionals whose primary duty is to ensure that construction or renovation occurring within a community complies with state and local safety regulations. These agencies are more than capable of timely and properly inspecting schools, and in much of Florida, this is exactly what happens. A school is built or renovated, and an independent county or municipal inspector is called in order to examine and vet the quality of the workmanship, materials used, design and any number of other



factors. If the building passes, the agency will issue a Certificate of Occupancy. If the building fails, the school district must address the deficiencies identified by the independent inspector and request a new inspection.

This simple and obvious workflow is completely turned on its head when local school districts take it upon themselves to staff and run their own building inspection departments, achieving direct control of institutions that are ostensibly tasked to independently vet new constructions and renovations. Inspectors and managers in these departments become directly answerable to the local school districts themselves. In this fashion, these districts become “masters of their own reality”, with the potential to control the outcome of the inspection process to suit their own needs, allowing them to sweep all manner of incompetence and malfeasance in building and permitting processes under the rug, safely out of the view of the communities these local school districts are supposed to serve.

In our Second Interim Report, for example, we pointed out how Temporary Certificates of Occupancy (TCOs) were being issued by district-run inspection offices in spite of the fact that the buildings were not compliant with necessary safety standards. But rushing the process is not the only way districts can interfere to suit their own ends. On the other side of the coin, this Grand Jury has seen examples of district-run inspection regimes delaying projects for literal *years* by imposing additional standards and criteria outside statutory requirements in an apparent effort to secure certain large-scale projects for preferred vendors. No matter how the process is hijacked, the average voter is unlikely to ever hear about it because the flow of information that would be coming from a county or municipal building department instead flows directly up to the district. Thus, any potentially damaging information will flow no further.

In both of these examples, substantial additional costs ultimately fall to the taxpayers of the State of Florida in the form of higher taxes, cancelled improvements that never materialize for want of funds, and any number of other budgetary deficiencies that ultimately undermine the quality of education provided to students. It is apparent to this Grand Jury that district-run building, permitting and inspection regimes are unnecessary, inefficient, do not benefit taxpayers, and create substantial conflicts of interest within school districts.

### Recommendation

We recommend that the Florida Legislature pass a law banning district-run building, permitting and inspection departments in the State of Florida and mandating that county and municipal agencies be the *only* issuers of both TCOs and permanent Certificates of Occupancy for schools within their geographical jurisdictions.

### INVESTIGATIVE AND SANCTION OVERSIGHT OF SCHOOL DISTRICTS

In our Second Interim Report, we addressed the issue of persistent and ongoing instances of school district noncompliance with state laws in a variety of areas and recommended the following:

1. The Florida legislature should formally task the Florida Department of Education (hereinafter FDOE) with the mission to ensure school district compliance with state-level laws regarding the following: Compliance with Senate Bills 7026 & 7030, [School Environmental Safety Incident] Reporting (hereinafter SESIR), Florida Safe Schools Assessment Tool (FSSAT), and the proper reporting of Behavioral Threat Assessments (BTAs). The FDOE should not just be a repository for this information, but should be responsible for ensuring its quality, accuracy and veracity.
2. The FDOE should be given sufficient staff and investigative resources to provide meaningful oversight, feedback, information and guidance to the school districts as to their compliance with these state laws.

3. The FDOE should have at its disposal sanctioning authority sufficient to coerce school districts to comply with these state laws where necessary, which may include withholding state funds, fines, censure, referral for criminal charges, and/or the removal of recalcitrant school officials.

We wish to again bring these recommendations to the attention of the Governor and the Florida Legislature. We have seen overwhelming evidence over the past eleven months that the rosy reports forwarded quarterly to the FDOE by local school districts are wildly inaccurate. Indeed, these incident summaries often look positively rashomonic when compared to testimony and evidence we have received from students, teachers, parents, law enforcement agencies and even local news reports of violent incidents.

None of this should surprise anyone. It is patently unreasonable to expect officials to voluntarily release damaging information that would allow potential political opponents to paint schools in their districts as violent and disorderly. Of course, without access to real, accurate, unbiased data, voters are unable to judge whether they are reelecting innovative disciplinarians or clever liars. Similarly, the FDOE is hamstrung in its efforts to understand where these behaviors are occurring and assign resources appropriately.

In summary, we once again remind the legislature and the public that much of the data provided by local school districts to the FDOE are completely unreliable, and the data *never will be reliable* without someone, somewhere, having the ability to investigate what is being reported and sanction noncompliant districts.<sup>1</sup> Simply put, you can't have a game without a referee. We

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<sup>1</sup> This Grand Jury is well-aware that SB 7040 proposed language specifically tasking the Chairman of the FDOE to "oversee compliance with education-related health, . . . safety, welfare, and security requirements of law [and to] facilitate public and nonpublic school compliance to the maximum extent provided under law, identify incidents of material noncompliance, and impose or recommend to the State Board of Education, the Governor, or the Legislature enforcement and sanctioning actions . . ." While we fully support the inclusion of this language in future proposed legislation, our overriding concern is that the FDOE currently lacks the necessary staff and funding to carry out this legal mandate, and the requirement that potential enforcement and sanctioning actions be ratified by other

continue to believe that the ability to: (a) investigate the veracity of these reports, and (b) sanction district malfeasance and/or noncompliance would be a natural extension of the FDOE's current mandate and would constitute an important and critical step towards securing the safety and security of our children. These recommendations are further supported in a number of findings in the Office of Safe Schools Audit conducted by the State of Florida Auditor General in September of 2020.

## CHARTER SCHOOLS

Another area we addressed in the Second Interim Report was the relationship between local school districts and the charter schools lying within their geographical jurisdiction. After hearing testimony from local school district officials who had taken the position that charter schools lay somehow outside their governance, we clarified that “[c]harter schools are public schools” and that “oversight of those schools’ safety plans is the responsibility of the school districts.” With these relationships in mind, we also made the following four recommendations:

1. The legislature should require the school districts to sign off on complete safety plans for all public schools that include full-year contracts with all SSO personnel necessary to comply with Senate Bills 7026 & 7030, including contingency plans for any necessary backup personnel during times where primary personnel are unavailable.
2. Safety plans should be submitted by charter schools as part of the initial charter school application process and updated as part of the charter schools’ renewal process.
3. The legislature should spearhead a grant process that will provide supplemental security resources for public schools, charter or otherwise, that find themselves unable to comply with Senate Bills 7026 & 7030 due to their lower enrollment.
4. The legislature should clarify existing law to expand the jurisdiction of school district law enforcement agencies to include all public school property, including charter school campuses.

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governmental institutions has the potential to unnecessarily turn otherwise-straightforward matters of compliance into political issues.

We were pleased to see that SB 7040 contained language further clarifying and cementing the responsibilities of local school districts and charter schools within those districts to one another, and we encourage the legislature to include the language used in SB 7040 in whatever bill it chooses to introduce in the next legislative session.

#### AARON FEIS GUARDIAN PROGRAM

SB 7040 also contained some necessary tweaks to the operations of the Aaron Feis Guardian Program; many of which were recommended by the MSDPSC, this Grand Jury or both bodies. We were pleased to see language in that bill consistent with the recommendation that prospective guardians be allowed to undergo training only after successfully completing psychological evaluations, and that those evaluations should be completed by third parties without fiduciary ties to the school districts or other interested parties.<sup>2</sup>

On the other hand, we have not seen any movement towards our other recommendations, particularly our second recommendation, which states that:

2. The legislature should task the FDOE's Office of Safe Schools with creating a SSO formula that accounts for the size of a school's campus, its location and the composition of its student body in arriving at a minimum SSO requirement. Campuses with larger student bodies, older students, more acreage and a greater number of SESIR incidents should be required to provide more security.

We mentioned before and reiterate here that we have heard substantial testimony that many school districts were purposefully choosing to adopt a policy of minimal compliance with the School

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<sup>2</sup> The actual language of SB 7040 required potential guardians to "submit to and pass a psychological evaluation administered by a *licensed professional*". While this language does not specifically require there to be no fiduciary relationship between the examiners and their employers, we believe the statutory requirement of licensure serves a similar purpose in terms of ensuring rigor on the part of the professionals conducting the evaluations.

Safety Officer (hereinafter SSO) requirement by providing one SSO per school, regardless of the school's size, location or the age of its student body. This minimal compliance undermines the spirit of the program, which is meant to serve as a force multiplier in crisis scenarios. These events often happen quickly, perhaps too quickly for a single armed responder to be available on some of the larger campuses around the state.

Unfortunately, we did not see any language adjusting this requirement in SB 7040, nor has it appeared in any other pending legislation. Once again, while we understand that a standard of one SSO per school is perhaps politically expedient and financially convenient, the State of Florida has a diverse range of educational facilities, and *one* SSO—in a great many cases—is simply not enough.

Furthermore, the sources of funding for training and staffing for the Aaron Feis Guardian Program evaporated in the midst of a Coronavirus-induced budgetary crisis. We heard evidence that the non-recurring \$49 million to train and equip guardians was reallocated. While we do not expect the governor or the legislature to allocate tens of millions of dollars to future needs during a pandemic, we do expect the Guardian Program to be funded. We implore the legislature to determine what monies are necessary to properly fund the guardian program (i.e. new guardian training, annual re-training, and equipment) and make recurring funds available for those purposes.

### SESIR REPORTING

In our Second Interim Report, we addressed the significant and extensive problems with proper recording and reporting of SESIR data to the FDOE. This should surprise no one. The same toxic blend of potentially damaging information in the possession of school districts and no real oversight on the part of state-level entities to vet what the schools are sending is present here, just

as we identified in the section above regarding the investigative and sanction authority over school districts.

We begin with Section 1006.13, Florida Statutes (2020) which, in its current form, reads as follows:

- (2) Each district school board shall adopt a policy of zero tolerance that:
  - (a) Defines criteria for reporting to a law enforcement agency any act that poses a threat to school safety that occurs whenever or wherever students are within the jurisdiction of the district school board.
  - (b) Defines acts that pose a threat to school safety.
  - (c) Defines petty acts of misconduct which are not a threat to school safety and do not require consultation with law enforcement.
  - (d) Minimizes the victimization of students, staff, or volunteers, including taking all steps necessary to protect the victim of any violent crime from any further victimization.”

The Florida Legislature recognized that minor incidents could be more appropriately considered matters of school discipline, and attempted to create an exception in its statewide “[p]olicy of zero tolerance for crime and victimization” for “petty acts of misconduct and misdemeanors, including, but not limited to, minor fights or disturbances”, see 1006.13, Florida Statutes (2017), explaining that “[z]ero-tolerance policies may not be rigorously applied to petty acts of misconduct.” Id.

Unfortunately, given the proverbial inch, at least some local school districts have taken the extra mile—they have abused the vagueness of this definition repeatedly and contumaciously to avoid reporting crimes, including some very serious crimes as SESIR incidents. Physical attacks on teachers become “disturbances.” Large-scale brawls become “minor fights.” The end-result of this misreporting is that voters do not have any idea how much crime and disruption is actually occurring in the schools, and law enforcement is often not informed any crime ever occurred

because school administrators without any legal training have determined very serious felonies to be “petty acts of misconduct”. Administrators should *never* be in a position to make this determination on their own, and school districts should *never* be in a position to dictate—in the absence of facts—what kind of incidents do and do not qualify as petty acts of misconduct.

Unfortunately, the statute (while nobly intended) essentially places the power to define and report criminal activity into the hands of board members, administrators, and teachers who have zero experience in law enforcement and are poorly-versed in what does and does not constitute a crime in this State. This has led to tragic, though predictable, results. Just as school resource officers can hardly be expected to act as substitute Algebra teachers, administrators and educators should not be making decisions about what kind of activity warrants law enforcement involvement. Subsection (d) of the statute, in our view by far the most important portion, is often minimized or subordinated by attempts to expand the scope of subsection (c). Less than 1% of students in most systems commit any SESIR infractions whatsoever. The other 99% are victims, witnesses or innocent bystanders to those acts. And yet, time and again, the underreporting of incidents appears designed to “protect” that tiny fraction of miscreants, to the detriment of those using school for its intended purpose: To learn in a safe environment.

We have heard from teachers and administrators, sometimes tearfully, that they lack the life experience to differentiate criminal behavior from simple misbehavior. Many want no part of making such decisions, though some arrogantly appear to believe they are better-versed in “what the law should be” than actual sworn officers. Yet, rather than consulting with readily-available law enforcement officers, these educators refer to a Byzantine “policy” or “matrix” published by school officials who also lack this knowledge. The unfortunate and inevitable result is that incidents any law enforcement officer would plainly recognize as criminal acts warranting further



investigation never see the light of day. This can also result in belated contact with officers who are then saddled with a compromised investigation and missed opportunities to gather evidence, interview witnesses or protect victims. We have heard real-time, recent examples of incidents such as gang fights, sexual molestation and attacks on school personnel which are wholly omitted from the data districts forward to the FDOE, whether by negligence, incompetence—or, alarmingly, by design.

From a certain perspective, the motivation of administrators appears altruistic: They wish to minimize the number of students involved in the criminal justice system. Putting aside the factual and philosophical infirmity of this motivation for the moment, we focus instead on a recurrent basic error of logic: The administrators are conflating simply reporting incident *data without personal identifiers* with reporting the *narrative descriptions* of individual incidents that have been accurately cataloged. If the goal is truly to minimize a student's criminal history imprint, there are many opportunities for diversion, counseling, civil citation, or other disposition (laudably, many local school districts have Memoranda of Understanding with local law enforcement for just this purpose). Failing to accurately label or report the incident so that neither law enforcement nor the other school stakeholders are fully aware of it constitutes no more than putting lipstick on a pig.

It is also apparent, though, that some incentives to “decrease the statistics” are perverse. Administrators are rewarded with promotion or better jobs in larger districts; school police chiefs tout phony “reductions” in *arrests* or *reports* while the actual *activity* proceeds unabated or accelerates; districts appear “safer on paper” and thus more attractive to potential new (or even current) students and the funding they represent. We have received evidence regarding some examples of this outright fraud and will be further delineating this in future communications. We

will mention one representative (though unfortunately not isolated) example here, however: In Duval County, the school administration directed its police chief, who in turn directed his officers, via a PowerPoint training presentation, that Chapter 1006 did not “require the reporting of petty acts of misconduct and misdemeanors to a law enforcement agency.” As the testimony we received confirmed, this meant *all* misdemeanor crimes. The Duval County School District’s written directives (likewise developed by administrators and mandated by the police chief and school administration alike) considered such things as Extortion (a felony) and Stalking to not require reports (and these are by no means the only examples).

In short, in some jurisdictions the exceptions have not been content to merely swallow the rule, they have actually weaponized it to their advantage. By way of illustration: The FDOE trains that when reporting SESIR incidents, schools are required to indicate whether the incident is “gang-related” (“if gang affiliation or association caused the incident or was a contributing factor to action that happened during the incident”). Although Duval County School Board Police has an active Gang Liaison detective, and we have seen numerous photos, videos, social media boasts, and testimony regarding widespread gang activity on school premises, from 2016-2020 the District has reported—out of approximately 30,000 SESIR incidents—a grand total of *only six* it describes as gang-related. It appears to us that this number dramatically underrepresents the level of gang activity in Duval County schools.

No one is made safer by this chicanery. Indeed, this behavior is counterproductive. We have heard multiple accounts of students whose criminal behavior goes unreported who—either during their later school years or upon graduation—commit more significant crimes without understanding real-world consequences and reap longer prison terms. Students who otherwise might refrain from engaging in this type of activity become emboldened when they see others do

so with impunity. Victims and witnesses suffer in silence rather than report crimes which will be neither investigated nor punished. Even seasoned police officers become demoralized, disillusioned and frustrated. Exposure to this circle of absurdity breeds students, teachers, and even law enforcement officers who become disenfranchised and abandon the school system altogether in search of a more rational environment.

This situation is unacceptable.

“In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the *opportunity* of an education. Such an *opportunity*, where the state has undertaken to provide it, is a right which must be made available to all on equal terms.” Brown v. Bd. of Ed. of Topeka, Shawnee County, Kan., 347 U.S. 483, 493 (1954), supplemented sub nom. Brown v. Bd. of Educ. of Topeka, Kan., 349 U.S. 294 (1955). Contrary to Brown’s edict of equal opportunity, the behavior we describe here clearly demonstrates that some Districts are devoting an inordinate amount of energy (and taxpayer dollars) into concealing the behavior of a small percentage of students, resulting in decidedly *unequal* opportunity for the rest of the student body.

The problems appear uniformly more common and more dangerous in Districts which seem to share some things in common: large student populations, appointed superintendents, and, most conspicuously, their own District police departments with a chief who reports to the administration. Last year, the Legislature actually had to order the Districts to provide law enforcement personnel for each school, and commendably did so. It is telling that the districts did not do so of their own volition. It is also obvious that when the District controls the law enforcement agency on campuses, it also controls the data they generate and the optics of that data—and optics, unfortunately, are what we hear most often drive some of the “policies defining petty acts of misconduct” described in the statute.

## Recommendations

To ensure transparency and accountability, we recommend that the chief of any school district law enforcement entity be legally required to either be elected or be subordinate to county sheriffs wherever practicable. Neither school district officials nor school administrators should ever be in any position of authority over law enforcement officers.

We also recommend that the Legislature remove the ability of individual Districts to define those things which require a report to law enforcement. Sections (a) and (c) have clearly become devices used to artificially create an unwarranted aura of safety and security. This false bravado is dangerous, and counterproductive. The districts have proven either unwilling or incapable of rationally implementing what was no doubt well-intended legislation. It is time to rein in the runaway stagecoach.

Frankly we can see no good reason for failing to even *notify* law enforcement about actions which could be criminal so that a proper investigation may be conducted. Teachers and administrators are ill-equipped to make such determinations, and many either resent it or fear making errors. And we see even less good reason, once that investigation has been completed, for failing to accurately document the incident for what it was via SESIR.

We would propose to amend the statute as follows:

(1) District school boards shall promote a safe and supportive learning environment in schools by protecting students and staff from conduct that poses a threat to school safety. A threat assessment team may use alternatives to expulsion or referral to law enforcement agencies to address disruptive behavior through restitution, civil citation, teen court, neighborhood restorative justice, or similar programs. Zero-tolerance policies must apply equally to all students regardless of their economic status, race, gender or disability.

(2) Each district school board shall adopt a policy of zero tolerance that:

- (a) Requires reporting to a law enforcement agency any act that poses a threat to school safety that occurs whenever or wherever students are within the jurisdiction of the district school board.
- (b) Requires immediate notification of law enforcement when an act of misconduct occurs which may be criminal in nature, with any uncertainty being resolved in favor of notification.
- (c) Minimizes the victimization of students, staff, or volunteers, including taking all steps necessary to protect the victim of any violent crime from any further victimization.

As with other issues discussed earlier in this Report, we further recommend that the Legislature provide the FDOE with staff and resources sufficient to investigate the completeness and veracity of SESIR reports that are provided by the local school districts and empower the FDOE with sanctions sufficient to deter underreporting and misreporting of this important data—including criminal penalties.

### **FLORIDA'S MENTAL HEALTH SYSTEM**

Throughout this Grand Jury's tenure, we have received and continue to receive substantial evidence and testimony regarding Florida's mental health care "system". As we have investigated the topics identified in our empanelment order, deficiencies in funding, leadership and services related to mental health care tend to turn up everywhere like bad pennies, underlying and aggravating many of the problems we identified above and often creating new problems where none would otherwise exist.

We cannot overstate the importance of addressing these deficiencies. It is clear to us that inadequately addressed mental health issues have the peculiar potential to spiral out over time into criminal acts and violent behavior resulting in serious injury and loss of life. This "spiraling" is substantially assisted by many of the critical deficiencies we address below. Beginning the process of enhancing, streamlining and correcting these deficiencies has the potential to do what few other

approaches can: Prevent violent incidents from happening altogether by making sure the kinds of escalating behaviors that lead to these tragedies are properly identified and comprehensively addressed by agencies with appropriate funding, leadership and experience.

We also recognize from the outset that these are hard problems. They are hard in the sense that the way forward is uncertain, but also—and we cannot stress this enough—they are hard because many of the government and private actors who have the power to implement the necessary legislative and administrative changes may lack the will to do so. Many of the actors involved in our mental health system work for different agencies with different goals and different philosophies. Therefore, it is our objective in this section to bring what we have seen so far into sharp relief for the people of the state of Florida. It will be up to our legislators, the Governor and the numerous municipal, county, quasi-governmental and private actors who comprise Florida's patchwork system of mental health service providers to fully investigate and resolve these critical deficiencies. We invite the voters to hold them accountable if they do not.

Finally, this section in no way comprises every element of the complex patchwork of interconnected agencies responsible for providing mental health-related services in the State of Florida. Frankly, we wish we had time to do more, but it would be well-beyond the scope of this Grand Jury to engage in the exhaustive examination of every actor and every agency responsible for these services. Therefore, we will deal with the problems as we see them in summary fashion, and in large part, our recommendations in this area will be centered around the idea that more comprehensive evidence and testimony and further expertise from many different sources will be necessary in order to produce effective legislation.

## ISSUES

With these caveats in mind, it is the opinion of this Twentieth Grand Jury that—in a broad sense—the issues with Florida’s mental health care system fall into three primary categories: (1) Financial issues; (2) service-related issues; and (3) leadership issues. There is obviously substantial overlap, but these categories do provide us with a useful lens through which the deficiencies can be seen clearly. We will further examine each category in turn, and then make our recommendations for improvements—and further study where necessary—in summary fashion.

### Financial

We begin this section with a simple, indisputable fact: The State of Florida provides less funding *per capita* than any other state for mental health care and treatment. See National Association of State Mental Health Program Directors Research Institute, Chart, Florida Ranks at Bottom for Per-Capita Spending on State Mental Health Agencies (2016).<sup>4</sup> Even among states that do not collect income taxes, Florida is dead last. It is therefore important to highlight from the outset that correcting the deficiencies in our system of mental health care will require additional funding, but the legislature must make this financial commitment intelligently so as to ensure that whatever funds it does provide are not wasted.

By way of example, either due to special interest lobbying, or some other state or federal restrictions placed on the use of certain resources, funding for different kinds of mental health treatment is divided over several agencies. Local police departments may have federal or state funding to do some kinds of treatment, while schools or even social services offices may have

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<sup>4</sup> Although this graph has been composed from financial information from the 2015 fiscal year, Florida is still the lowest-ranked state in terms of mental health care and treatment spending as of 2019-20, and we see no reason why that status quo would not continue into the foreseeable future absent intervention by the Legislature and the Governor.

federal or state funding to do other kinds of treatment. We have heard evidence from around the state that the *kind* of treatment a person receives—regardless of diagnosis—will largely be dependent on what agency that person interfaces with. These kinds of restrictions on how mental health funding can and cannot be spent by a given agency often lead to wasted resources and treating people for problems they do not have because that is the only thing a given agency may be able to do. Meanwhile, a person’s true mental health issues may go untreated and could even be exacerbated by an incorrect treatment.

In summary, the State of Florida needs not only to provide more funding for the diagnosis and treatment of mental health issues, the legislature must wade through the swamp of special interests and earmarks to ensure that wherever possible, agencies encountering people in need of services have sufficient flexibility to diagnose and properly treat whatever mental health problems they encounter. More resources will allow for the hiring of more case managers, who would be able to provide comprehensive, targeted long-term mental health treatment plans to a smaller group of patients, instead of just triaging an overwhelming number of patients with whatever services are available based on how that particular patient came to the case manager.

### Service

As we noted above, funding for the provision of mental health care services is spread out over state, federal and local agencies, each with different missions, priorities, metrics and definitions of success, making for treatment “plans” that are unfocused, inconstant and often ineffective at the individual level. Concerns about compliance with state and federal privacy statutes often prevent effective interagency cooperation. Because each agency cannot see the “big picture” of a person’s complete mental health history, there is no real way to develop or carry out any kind of a comprehensive plan for treatment and follow-up services.



It would be an understatement to say that this approach is wasteful. Parallel case management over several agencies simply cannot be comprehensive. Attempts at classification often lead to several distinct kinds of mental disabilities getting lumped into the same categories and provided essentially the same services. A very common example of this would be lumping together students with behavioral disabilities and students with intellectual disabilities. Sure, both of these students qualify as having “special needs”, but the needs themselves can often be very different. Likewise, greater cooperation and communication across agencies may lead to better and more comprehensive action. That which is relevant to a student’s mental health will be as useful to his educators as it will be to his case workers, as would his school performance and disciplinary record. There is no logical reason to silo this information, and to the extent that fear of state and federal privacy lawsuits prevent this kind of sharing, those laws should be reexamined.

We saw some efforts at this kind of information coordination in SB 7040, which mandated the creation of a search tool known as the “Florida Schools Safety Portal”, which would have:

Provide[d] a unified search tool, known as the Florida Schools Safety Portal, [a] centralized integrated data repository and data analytics [tool] to improve access to timely, complete, and accurate information integrating data from, at a minimum, but not limited to, the following data sources by August 1, 2019:

- (a) Social media Internet posts;
- (b) Department of Children and Families;
- (c) Department of Law Enforcement;
- (d) Department of Juvenile Justice;
- (e) Mobile suspicious activity reporting tool known as FortifyFL;
- (f) School environmental safety incident reports collected under subsection (8); and
- (g) Local law enforcement.

We believe this was a good place to start in terms of gathering and collecting information, but it still leaves the problem of what is done with this information once it is shared. Coordinating services across multiple agencies, even if funding and communication issues are addressed, will be no small feat. It will require leaders.

### Leadership

None of what we have described can be accomplished without knowledgeable and experienced leadership, and while Florida's Department of Children & Families is currently tasked with oversight of Florida's myriad mental health providers and programs, it is not currently equipped or empowered to exercise the degree of leadership and control necessary to balance the competing needs of public and private stakeholders, including local, federal and state-level government agencies, quasi-governmental managing entities and private mental health providers. The right combination of expertise and fresh ideas from both the public and private sector will be an essential component of a successful approach to comprehensive mental health treatment. Lobbyists, private sector interests and managing entities cannot dominate the discussion, but they must have a seat at the table, as must stakeholders from governmental entities like law enforcement, school officials and even consumers of mental health care services.

### RECOMMENDATIONS

It should be apparent to any reader of this report that this Grand Jury has only scratched the surface of the myriad difficulties involved in comprehensively addressing the sad state of mental health care services in the State of Florida. While a comprehensive examination of this system would lie within our jurisdiction, it would take more time than we have at our disposal considering the other items the Governor has also placed in our mandate. For this reason, it is the

opinion of this Grand Jury that the Florida Legislature should appoint a commission to specifically examine the provision of mental health services in the State of Florida.

We are aware that a committee has already been constituted to examine coordinating the specific mental health care needs of children and adolescents between the various agencies and entities within Florida's mental health care system, and that many of the suggestions we make in this section echo language that now exists in several statutes, *inter alia* Section 394.493, Florida Statutes (2020), which was proposed in Florida House of Representatives Bill 945 (2020) (hereinafter HB 945) and signed into law by the Governor on March 12, 2020. We think this a good start, but our experience with the MSDPSC has shown a commission to be a superior vehicle to gather information and propose change, in that the Florida Legislature can empower a commission with subpoena authority, assign to it a series of investigative tasks, and require regular reports on its progress. HB 945 requires an unprecedented level of cooperation from a large number of state, county and municipal entities, and our experiences with SB 7026 and SB 7030 has been instructive on this point: Someone must oversee this new cooperative process and ensure these bureaucracies make the necessary adjustments to comply with the new mandates.

In creating this mental health services commission, just as it did in HB 945, the legislature should make every effort to ensure that relevant stakeholders have an opportunity to participate and provide knowledge. Once again, the MSDPSC—which comprises a total of 19 members: five appointed by the Florida House, five by the Florida Senate, five by the governor and four ex officio members—provides a good framework from which to start. Politics, however, is not the only lens through which to view potential appointees. In order to be successful, *all* the relevant stakeholders in Florida's mental health system must have a place at the table, including representatives from law enforcement, criminal justice, mental health professionals, school district officials, educators,

managed entity members and even consumers. The commission's membership should include both experienced insiders who understand the internal mechanics of existing bureaucracies, and innovative outsiders with new ideas about how to improve—and where necessary, dismantle—said bureaucracies. This Grand Jury recommends that the commission be chaired by Ann M. Berner, President and Chief Executive Officer of the Southeast Florida Behavioral Health Network, a managing entity currently under contract with the Department of Children and Families to oversee the provision of mental health and substance abuse services in Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties.<sup>5</sup>

As for this proposed commission's mandate, while this Grand Jury is by no means the final word on this subject, we do believe that at the very least, the commission's mandate should include two critical items that were not addressed by HB 945: First, it should consider how to best provide and facilitate services in “dual diagnosis” cases, which often lie at the nexus of mental health, substance abuse and law enforcement interests. Second, the commission should be charged with structuring and staffing a permanent, agency-level entity to manage mental health, behavioral health, substance abuse and addiction services throughout the State of Florida.

We recognize that this final “ask” will involve a considerable financial commitment by the political entities of the State of Florida, but as we explained above, it is very much the opinion of this Grand Jury that by resolving these issues in our mental health care system, the people of the State of Florida will ultimately be investing in a future with less violence and less suffering. Moreover, a permanent solution is necessary because we cannot continue to delegate temporary

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<sup>5</sup> Ms. Berner was also a District Administrator for the Department of Children and Families, where she developed substantial experience working with law enforcement, mental health, substance abuse, foster care, adult services and other relevant stakeholders. She has a deep knowledge of the history of mental health services in the State of Florida and is familiar with the financial and budgetary matters involved on both the private and public sides at the local, State and Federal levels.

oversight over these important issues to time-limited grand juries, committees and commissions. Creating and funding a stable, cabinet-level agency to untangle and administer these disparate sources of funding and services is ultimately the only effective way we see to resolve these issues.

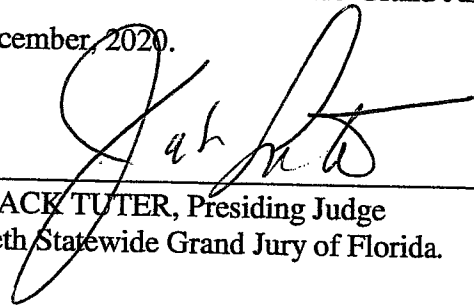
## CONCLUSION

It would be an understatement to say that these are strange times. This Grand Jury was impaneled with a mandate to examine, *inter alia*, local school district compliance with safety and security laws and mandatory reporting requirements. These security laws and reporting requirements primarily involve equipment, personnel and incidents in and around school grounds. Nobody knew our tenure would be interrupted by a pandemic which would see in-person learning cut short for the 2019-20 school year and drastically curtailed for the 2020-21 school year. Nobody knows, even now, exactly what effect this pandemic will have on the State's upcoming budget. Nevertheless, we stress again what we stressed above: *Students are going to go back to school, and somewhere, a school shooting is going to happen again.* We must be ready. Many of the recommendations in both this Report and our Second Interim Report have the potential to literally save lives, but the Grand Jury can only identify deficiencies and publicize them. It will be up to the Florida Legislature, the Governor and the necessary municipal, local, quasi-governmental and private actors to act boldly on our suggestions.

Respectfully submitted to the Honorable Jack Tuter, Presiding Judge, this 10 day of December, 2020.


  
Foreperson, Juror # 1,  
Twentieth Statewide Grand Jury of Florida.

THE FOREGOING Second Interim Report of the Twentieth Statewide Grand Jury was returned to me in open court this 10 day of December, 2020.


A handwritten signature in black ink, appearing to read "Jack Tutter", written over a horizontal line.

HON. JACK TUTTER, Presiding Judge  
Twentieth Statewide Grand Jury of Florida.

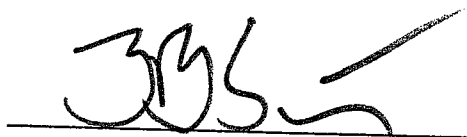
I, Julie Chaikin Hogan, Deputy Statewide Prosecutor and Assistant Legal Advisor, Twentieth Statewide Grand Jury of Florida, hereby certify that I, as authorized and required by law, have advised the Grand Jury which returned this report on this 10<sup>th</sup> day of December, 2020.

  
\_\_\_\_\_  
JULIE CHAIKIN HOGAN  
Deputy Statewide Prosecutor  
Twentieth Statewide Grand Jury of Florida

I, Joseph Spataro, Chief Assistant Statewide Prosecutor and Assistant Legal Advisor, Twentieth Statewide Grand Jury of Florida, hereby certify that I, as authorized and required by law, have advised the Grand Jury which returned this report on this 10 day of December, 2020.

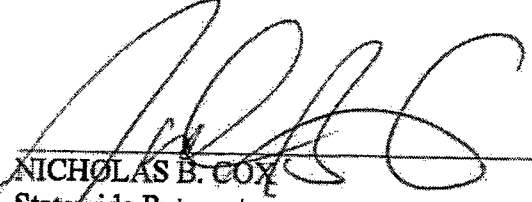
  
\_\_\_\_\_  
JOSEPH SPATARO  
Chief Assistant Statewide Prosecutor  
Twentieth Statewide Grand Jury of Florida

I, Jeremy B. Scott, Chief Assistant Statewide Prosecutor and Assistant Legal Advisor, Twentieth Statewide Grand Jury of Florida, hereby certify that I, as authorized and required by law, have advised the Grand Jury which returned this report on this 10 day of December, 2020.

  
\_\_\_\_\_  
JEREMY SCOTT  
Chief Assistant Statewide Prosecutor  
Twentieth Statewide Grand Jury of Florida

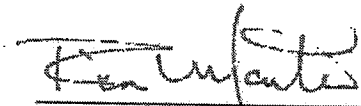
I, Nicholas B. Cox, Statewide Prosecutor and Legal Advisor, Twentieth Statewide Grand Jury of Florida, hereby certify that I, as authorized and required by law, have advised the Grand Jury which returned this report on this 10 day of December, 2020.

MB



NICHOLAS B. COX  
Statewide Prosecutor  
Twentieth Statewide Grand Jury of Florida

I, Richard Mantei, Assistant Statewide Prosecutor and Assistant Legal Advisor, Twentieth Statewide Grand Jury of Florida, hereby certify that I, as authorized and required by law, have advised the Grand Jury which returned this report on this \_\_\_\_ day of December, 2020.



RICHARD MANTEI  
Assistant Statewide Prosecutor  
Twentieth Statewide Grand Jury of Florida



## **Broward Behavioral Health Coalition, Inc. Proposed CARES Act Funding Allocation**

DCF had a meeting to distribute CARES ACT funding to the network based on subject matter experts' input and need. Below is a summary of the expected funds.

1. **Community Action Treatment (CAT) Teams:** Expand CAT  
**\$250,000**
  
2. **Neonatal Abstinence Syndrome (NAS) or Substance Exposed Newborn (SEN):** Establish Care Coordination, housing, employment, and peer-support programs for families with babies with NAS or SEN within each of the Managing Entity (ME) regions.  
**\$300,000**
  
3. **Care Coordination:** Increase the role of care coordination as it relates to adults, children, and parents in the child welfare system with behavioral health needs as well as those patients being discharged from Baker Act facilities, Emergency Rooms or jail discharges for those adults and children who do not qualify for FACT or CAT team services.  
**\$500,000**
  
4. **Wraparound Certification Training:** Funding would provide training to expand CAT like services across the state as well as allow providers to bill Medicaid.  
**\$10,000**
  
5. **211:** Expand 211 coverage to improve access to care and divert families from the child welfare system and Economic Self-Sufficiency dependency.  
**\$83,334** (Funds will for to First Call for Help of Broward, Inc. dba 2-1-1 Broward)

**BBHC  
Board of Directors Update  
January 2021**



**Network Management**

- Contract Negotiations started in March 2020 and continued through May 2020.
- 33 of the 35 Contracts for FY 20-21 were completed and sent to the Provider prior to July 1, 2020. 30 of the Contracts were executed prior to July 1, 2020. The last contract was signed in October 2020. Amendments started going out in October to align with the BBHC Schedule of Funds.
- Lapse Funds analysis will be completed after the December invoicing cycle.
- All Risk Assessments were completed and the Monitoring Schedule was finalized and sent to DCF.
- All 4 quarterly meeting have been schedule and sent to the Providers for FY 20-21. First Quarter Provider Meeting was held on September 17, 2020 and the Second Quarter Provider Meeting was held on December 10, 2020.
- Clinical staff assisted with 7 CAR monitorings for FY 20-21.

**Network Management Statistics FY 20-21**

	July-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	20-21 YTD	Comments
Risk Assessments	33	--	--	--	--	--	--	--	--	--	--	--	33	
Executed Contracts	32	2	--	1	--	--							35	1 Provider has 2 contracts.
Amendments	--	--	--	2	9	1							12	

**Technical Assistance and Training YTD FY 20-21**

Topic	Number of Trainings	Providers Represented
LOCUS/CALOCUS	4	16

2 LOCUS Technical Assistance trainings in the 1<sup>st</sup> Quarter and 2 LOCUA trainings in the 2<sup>nd</sup> Quarter.

**Financial Management / Invoice Processing**

- Carisk continues to process Subcontractors invoices in a timely manner (completed within 5 business days).
- For FY 20-21, the Data Verse DVI will be waived for the first 9 months of the FY for the general OCAs due to DCF's COVID-19 Network Service Provider Reimbursement. Providers, for general OCAs, are able to bill 1/12 for sustainability payments if they have 70% data verification. Providers who use the sustainability payments will have to provide supportive documentation after the 1<sup>st</sup> quarter. For July-December, only 3 Providers used the sustainability payments.

**BBHC  
Board of Directors Update  
January 2021**



- Carisk continues sending weekly Bed Census and Daily Submission Status Reports to Crisis and Acute Care Services Providers.
- Carisk updated the Invoice to include new DCF OCAs.
- Carisk continues to work with the Providers needing additional training and technical assistance.
- Carisk is preparing to present the Electronic Invoice Application (EIA) to the Providers at the December Provider Meeting. The EIA will allow the providers to automate the invoice based on the data in the system reducing errors and reducing the time it takes the Provider to complete the invoice.

FY 20-21 Financial Management Statistics		July-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	20-21 YTD
# TANF Approval		223	52	63	75	54	**							467
Number of invoices submitted	(A)	94	90	95	95	94	**							468
Timely submission of invoices	(B)	92	90	93	94	92	**							461
	(B) / (A)	98%	100%	98%	99%	98%	**							99%
Accuracy of Invoices submitted timely	(C)	89	87	92	91	91	**							450
	(C) / (B)	97%	97%	99%	97%	99%	**							98%
Accuracy of invoices reconciled with services data	(D)	89	81	87	84	79	**							420
	(D) / (B)	97%	90%	94%	89%	86%	**							91%

\*\* Currently under review.

**Data Management and Reporting**

- Carisk is working closely with providers, addressing any issue reported, providing training and individual meetings. Carisk is providing one-on-one trainings to Providers to assist them on the Carisk Apps Portal.
- An update to the XML Conversion Tool was released and shared with Providers to include how to produce the source resource records identifiers for person served.
- Carisk has made several improvements in performance and stability of the system and has been receiving positive feedback on the new changes.

**BBHC  
Board of Directors Update  
January 2021**



- Data is being reported based on the FASAMS V 14.
- Carisk facilitated a Data Workgroup on December 11, 2020 via Teams to address data submission into Carisk Apps.
  - Carisk continues with the monthly submission of data to FASAMS/DCF.
  - Carisk continues to support BBHC in all data related issues and submits on a monthly basis the required data sets to DCF.

<b>Data Management Statistics</b>	<b>July-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Jan-21</b>	<b>Feb-21</b>	<b>Mar-21</b>	<b>Apr-21</b>	<b>May-21</b>	<b>Jun-21</b>	<b>20-21 YTD</b>
<b>%Timely Submission by Providers</b>	99%	82%	48%	49%	61%	**							68% Average
<b># Records Submitted Timely</b>	48,376	41,039	29,920	33,310	31,277	**							36,784 Average
<b>SAMHIS/FASAMS Upload Percentage</b>	99%	99%	99%	99%	98%	**							99.00% Average
<b># of Exceptions (**)</b>	1007	1685	2144	2434	2992	**							2,052 Average

\*\* Currently under review.

*BROWARD BEHAVIORAL HEALTH COALITION, INC.*

EXPLANATION OF BUDGET VARIANCES

NOVEMBER 2020

**Revenue**

- Managing Entity Contract – Services – (\$2,406,428) – Below budget for reporting period including Carry Forward Funds from FY 19-20.
- Managing Entity Contract – Operations – (\$461,279) – Below Budget for reporting period including Carry Forward Operational Funds from FY 19-20.
- Other Income – \$51,533 – Above budget for reporting period due to Trauma Services from CSC, and Care Coordination Services from Wellpath.
- OCP3 Grant – \$136,834– Above Budget for reporting period. ended
- Family – CPR Grant – (\$29,207) – Below budget for reporting period.
- BYRC Grant – \$2,838 – below budget for reporting period.

**Expenses**

- Provider Services – See Revenue explanation above
- Salaries – Below budget for reporting period.
- Fringe Benefits – Below budget for reporting period.
- Building Occupancy –Below budget for reporting period
- Professional Services – Below budget for reporting period.
- Travel – Below budget for reporting period.
- Equipment Costs –Above budget for reporting period. Due to purchase of Share Point Software and computers for new employees.
- Subcontracted Provider Services – Breakeven for reporting period.
- Insurance Expense – Below budget for reporting period
- Telephone Expense – Above budget for reporting period.
- Operating Supplies – Below budget for reporting period.
- Other Expenses/Community Events – Above budget for reporting period.

**BROWARD BEHAVIORAL HEALTH COALITION, INC.**  
**Managing Entity for Substance Abuse and Mental Health Services**  
**Income Statement**  
**For the five months ended November 30, 2020**

	November 2020	YTD Actual	YTD Budget	Variance (Unfavorable)	Approved FY 2020-2021 Budget
<b>Revenues:</b>					
DCF Revenue for Services	\$ 5,052,855	\$ 23,362,052	\$ 25,665,672	\$ (2,303,610)	\$ 61,597,613
DCF Carry Forward for Services	\$ 9,355	\$ 136,955	\$ 239,773	\$ (102,818)	\$ 575,455
DCF Revenue for Operations	\$ 190,193	\$ 960,266	\$ 1,230,920	\$ (270,634)	\$ 2,954,208
DCF Carry Forward Revenue for Operations	\$ -	\$ -	\$ 190,645	\$ (190,645)	\$ 457,548
Other Income	\$ 34,749	\$ 159,883	\$ 107,350	\$ 51,533	\$ 257,639
OCP3 Grant	\$ 73,733	\$ 522,521	\$ 385,688	\$ 136,834	\$ 925,650
Family - CPR Grant	\$ 36,879	\$ 220,793	\$ 250,000	\$ (29,207)	\$ 600,000
BYRC Grant	\$ 31,108	\$ 180,495	\$ 183,333	\$ (2,838)	\$ 440,000
<b>Total Revenue</b>	\$ 366,662	\$ 2,042,978	\$ 26,253,380	\$ (2,708,547)	\$ 67,808,113
<b>Expenses from Provider Services</b>	\$ 5,072,190	\$ 18,426,927	\$ 25,905,445	\$ 7,478,618	\$ 62,173,068
<b>Expenses from Operations:</b>					
<b>Total Salary and Wages</b>	\$ 148,004	\$ 752,857	\$ 872,518	\$ 119,661	\$ 2,094,044
<b>Total Fringe Benefits</b>	\$ 29,642	\$ 137,813	\$ 202,218	\$ 64,405	\$ 485,323
<b>Total Building Occupancy</b>	\$ 8,198	\$ 42,030	\$ 47,083	\$ 5,053	\$ 112,998
<b>Total Professional Services</b>	\$ 89,368	\$ 596,816	\$ 725,507	\$ 128,691	\$ 1,741,217
<b>Total Travel</b>	\$ 104	\$ 2,464	\$ 17,695	\$ 15,231	\$ 42,467
<b>Total Equipment Costs</b>	\$ 7,126	\$ 37,043	\$ 29,313	\$ (7,731)	\$ 70,350
<b>Total Subcontracted Services - Caretek</b>	\$ 56,416	\$ 282,083	\$ 282,083	\$ 0	\$ 677,000
<b>Total Insurance</b>	\$ 2,723	\$ 13,609	\$ 15,059	\$ 1,450	\$ 36,166
<b>Total Telephone Expense</b>	\$ 2,460	\$ 11,367	\$ 8,721	\$ (2,646)	\$ 20,931
<b>Total Operating Supplies</b>	\$ 712	\$ 13,309	\$ 15,054	\$ 1,745	\$ 36,129
<b>Total Other Expenses</b>	\$ 21,909	\$ 153,587	\$ 132,675	\$ (20,912)	\$ 318,420
<b>Total Expenditures Before Depreciation</b>	\$ 366,662	\$ 2,042,978	\$ 2,347,935	\$ 304,957	\$ 5,635,045
<b>Total Depreciation</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditure After Depreciation</b>	\$ 366,662	\$ 2,042,978	\$ 2,347,935	\$ 304,957	\$ 5,635,045
<b>Adjusted Change in Net Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -



Human Services Department  
Community Partnerships Division  
Children's Services Administration Section

115 S. Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-7880 • FAX 954-357-8204

10/30/2020

Ms. Silvia Quintana  
CEO  
Broward Behavioral Health Coalition, Inc.  
3521 West Broward Blvd. Suite 206  
Lauderhill, Florida 33312

Re: **Monitoring and Evaluation Report**  
Children's Services Administration Section  
Contract #: 20-CP-CSA-8541-01  
Program/Service Name: One Community Partnership 3 (OCP3)  
Site visit dates: August 26 – 28, 2020  
Corrective/Remedial Action Required: No

Dear Ms. Quintana,

On behalf of the Community Partnerships Division, Children's Services Administration Section, we want to thank you for your cooperation, cordiality, and participation during the desktop monitoring noted above. The desktop monitoring reviewed and evaluated the agency's compliance with contract requirements and verified the accuracy of information submitted to Broward County.

Congratulations to you and your staff on a successful evaluation desktop monitoring. The Monitoring and Evaluation Report states that for this particular evaluation, you are in compliance with the Broward County Agreement.

Attached, please find the Monitoring and Evaluation Report which includes the summary report and monitoring tools with commentary. An electronic copy will be sent for your review as well. Evaluation Reports are considered by Broward County when evaluating future funding requests and are part of the documentation of performance under the Agreement.

Please feel free to contact Tamika McBride, Contract Administrator, Senior at (954) 357-6175 or [tmcbride@broward.org](mailto:tmcbride@broward.org) if you have any questions or need additional information. We look forward to your continued partnership with the Community Partnerships Division, Children's Services Administration Section.

Thank you for the services provided to the residents of Broward County.

Sincerely,

DARRELL  
CUNNINGHAM  
Darrell Cunningham, Director  
Community Partnerships Division

Digitally signed by DARRELL  
CUNNINGHAM  
Date: 2020.10.30 14:36:16 -04'00'

cc: Contract File  
Human Services Repository



Human Services Department  
 Community Partnerships Division  
 Children's Services Administration Section

115 S. Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-7880 • FAX 954-357-8204

## 2020 MONITORING AND EVALUATION REPORT CHILDREN'S SERVICES ADMINISTRATION SECTION

Provider Name:	Broward Behavioral Health Coalition, Inc.	
Program #/Name:	One Community Partnership 3 (OCP3)	Covered Homeless Organization (CHO) Agreement
Contract # (s):	20-CP-CSA-8541-01	N/A
Contract Amount(s):	\$925,650.00	N/A
Current Term of Agreement:	Initial Term	N/A
Current Amendments:	No	N/A
Corrective/Remedial Action:	No	N/A

### Site Visit Information

Date of pre-evaluation site visit/conference call:	August 12, 2020
Site Visit Dates:	August 26 – 28, 2020
Contract Monitor(s):	Tamika McBride, Children Services Administration, CGA Sr. Pamela Prudent, Human Services HMIS, CGA Tana Thomas, Community Partnerships Division, Accountant
Provider Staff Involved:	Silvia Quintana, CEO Danica Mamby, Director of Administration Tiffany Lawrence, OCP3 Program Director Janine Deleon, Contract Manager/Analyst William King, Housing & SOAR Entitlements Coordinator



**SUMMARY:**

This report has been generated from an analysis of the County's file documentation on the Provider and information gathered through the monitoring site visit August 26 – 28, 2020. This evaluation report includes a comprehensive administrative (including fiscal) and programmatic review based on the Provider's records. The monitoring tools are enclosed to provide details on the items reviewed.

The Administrative Review includes organizational information based on the following records: insurance, human resources compliance, financial oversight, banking, budget, program revenues, match documentation, payroll taxes and any corrective/remedial action plan (if applicable). The Programmatic Review includes programmatic information based on the following records: personnel/volunteer files, invoice/billing, program requirements, client satisfaction survey process / responses, filed grievances, client files, quarterly demographic/outcome reports, outcome measurement tracking tools, and any corrective/remedial action plan (if applicable).

The partnership with Broward Behavioral Health Coalition, Inc. (BBHC) highlights the importance of improving our community, one program at a time. We thank you for your continued service to the residents of Broward County.

## Children Services Administration – One Community Partnership 3 (OCP3) Overview:

OCP3 expands and enhances the delivery of school and child welfare services to youth ages 12-21 with serious emotional disturbance (SED) and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis, and their families. OCP3 transforms the existing System of Care (SOC) by creating a youth and family driven and recovery-oriented community to best enable youth with complex needs to remain in the least restrictive setting, achieve wellness and recovery, and successfully transition to adulthood. OCP3's overarching goals and objectives are to transform Broward's school and child welfare systems by building and institutionalizing EBP mental health service capacity within both systems, increase youth and family engagement in services and recovery supports, and increase youth functioning in daily life. The OCP3 initiative provides Broward with the opportunity to expand and enhance the existing System of Care into a new population of focus and to enhance service capacity throughout Broward's school and child welfare systems with the goal of improved mental health outcomes for youth and families, by supporting systems level change

**Administrative Review:**

BBHC is in substantial compliance with the contract requirements under review as well as the requirements set forth by SAMHSA. The partnership between Community Partnership Division and BBHC highlights the importance of improving our community. This year, the COVID pandemic has changed the delivery of services for OCP3, however the Program continues to meet the needs of the youth and families of Broward County.

**Comments:**

1. BBHC is current with all Insurance/Risk Management and General Insurances
2. BBHC is in compliance with all Human Resources Postings
3. BBHC complies with all HR policies, reporting and attendance

**Programmatic Review (Deliverables):**

BBHC is in substantial compliance with the contract requirements under review as well as the requirements set forth by SAMHSA. With a delay in contract execution, BBHC is still planning to meet the minimum number of unduplicated clients and fully utilize the funds by year-end.

**Comments:**

1. BBHC submitted all required reports timely and accurately
2. BBHC conducted the following trainings to Community Partner Agency Staff:
  - Cross Systems Training
  - TIP Training
  - Wraparound Training
  - Recovery Training
3. BBHC developed and submitted the following plans:
  - Comprehensive Strategic Plan
  - Social Marketing Plan
  - Training Plan
  - Cultural and Linguistic Competency Plan

**Homeless Management Information System (HMIS) Overview:**

The HMIS evaluation includes compliance of HUD regulations through the Covered Homeless Organizations (CHO) agreement, and a comprehensive desk review of all client data entered into ServicePoint; which include reports generated through ServicePoint for accuracy, completeness, timeliness, overlaps in service, duplicate clients, annual assessments and Exit destinations. Reports used in the HMIS monitoring are:

**Comments:**

1. For the period under review, HUD 0640 Data Quality Report Framework was utilized, along with,
2. 0700 Length of Time Persons Homeless-Metric, to validate Overlap in services,
3. 252 Data Completeness Report Card,
4. 212 Duplicate Clients Report and,
5. 123 ServicePoint Users last log-in Report.

**Exit Interview:**

Contract Administration staff met with Silvia Quintana, CEO, Steven Zuckerman, CFO, Danica Mamby, Director of Administration, Tiffany Lawrence, OCP3 Program Director, Janine Deleon, Contract Manager/Analyst, William King, Housing & SOAR Entitlements Coordinator

at the conclusion of the site visit on August 28, 2020. Provider staff was thanked for their cooperation and cordiality during this site visit. Preliminary observations of the site visit were discussed with the Provider. The Provider was informed that these observations will be further reviewed to determine the necessity of any corrective or remedial actions to be taken by the Provider.



Monitoring Visit Administrative/Programmatic Review Results  
for  
Broward Behavioral Health Coalition, Inc.  
One Community Partnership 3

August 26 - 28, 2020

## Broward Behavioral Health Coalition, Inc. Summary of Results

	Results	Items remaining to monitor
<b>Section I: Non-Financial Administrative</b>		
A. Insurance/Risk Management and General	✔ 1.00	0
B. HR Posting Compliance	✔ 1.00	0
C. HR Policies, Reporting, Attendance	✔ 1.00	-8
<b>Section II: Financial Administrative</b>		
A. General	✔ 1.00	1
B. Banking	#DIV/0!	14
C. Journals and Ledgers	#DIV/0!	2
D. Budget	#DIV/0!	3
E. Program Revenues	#DIV/0!	3
F. Payroll Taxes	#DIV/0!	4
<b>Section III: Personnel File Content</b>		
<b>Section IV: Deliverables</b>		
A. October - December 2019	1.00	1
B. January - March 2020	1	-1
C. April - June 2020	0	0

**Section I: Non-Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
<b>A. Insurance/Risk Management and General</b>	<b>6</b>	<b>0</b>	<b>0</b>		
Are the following insurance policies in place?					Current with all Insurance/Risk Management and General Insurances
General Liability	1			D - Insurance Form	
Professional Liability	1			D - Insurance Form	
Workers' Compensation	1			D - Workers Compensation Policy	
Auto coverage	1			D - Insurance Form	
Does the Agency's policy and procedures manual ensure that an independent person opens the mail?	1			D - Internal Control	
Is there a system for Continuous Quality Improvement (CQI)?	1			D - Quality Insurance Plan	
<b>B. HR Posting Compliance</b>	<b>11</b>	<b>0</b>	<b>0</b>		
Are the following postings conspicuously displayed in the office:					In compliance with all Human Resources Postings
Family and Medical Leave Act (FMLA)	1			O - Poster in breakroom	
Equal Employment Opportunity (EEO)	1			O - Poster in breakroom	
Safety and Health in the Workplace (OSHA 3165)	1			O - Poster in breakroom	
Fair Labor Standards Acts (FLSA) Minimum Wage	1			O - Poster in breakroom	
Uniform Services Employment and Reemployment Rights Acts (USERRA)	1			O - Poster in breakroom	
Anti-Fraud Notice	1			O - Poster in breakroom	
Florida Minimum Wage	1			O - Poster in breakroom	
Discrimination	1			O - Poster in breakroom	
Unemployment Compensation	1			O - Poster in breakroom	
Equal Employment Opportunity	1			O - Poster in breakroom	

**Section I: Non-Financial Administrative  
Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Workers' Compensation	1			O - Poster in breakroom	
<b>C. HR Policies, Reporting, Attendance</b>	<b>18</b>	<b>0</b>	<b>3</b>		Complies with all HR policies, reporting and attendance
Does the Agency's equal employment opportunity policy comply with the contract?	1			D - Diversity and Inclusion Policy	
Does the Agency's client non-discrimination policy comply with the contract?	1			D - Diversity and Inclusion Policy	
Does the Agency's affirmative action plan comply with the contract?	1			D - Diversity and Inclusion Policy	
Does the Agency's Americans with Disabilities Act (ADA) policy comply with the contract?	1			D - Diversity and Inclusion Policy	
Does the Agency's community disadvantaged business enterprise policy comply with the contract?			1		Does not apply to BBHC
Does the Agency have a drug-free workplace policy and program?	1			D -Drug Free Policy	
Does the agency have written internal procurement policies and procedures?	1			D -Procurement Policy	
( a) Does the policy differentiate between goods and services (including consultant services )?	1			D - Procurement Policy	
(b) If there are no written policies/procedures, how are the organization's requirements for procurement developed and communicated to staff?			1		Provider has a written policy
(c) Do contract services above a certain amount require Board approval?	1			D -Procurement Policy	
What are the agency's procedures for monitoring contracts?	1			D -Contract Accountability Review (Desk Review and Onsite Review)	
(a) Do the procedures include on-site monitoring visits? If so, please indicate the frequency of visits and the process for corrective action.	1			D - Contract Accountability Review Policy (Onsite Review) D - Outcome Based Corrective Actions Plan	

**Section I: Non-Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Does the agency have written policies and procedures for grants management?	1			D -Contract Management Policy	
Current organizational chart that reflects agency positions and lines of authority	1			D - Org. Chart	
Does the Agency require training on child abuse and/or elder abuse reporting for staff and volunteers who serve children, the elderly, and other vulnerable populations?			1	I - Director of Administration	BBHC does not provide direct care services
Does the Agency post hotline numbers for employees to report cases of child abuse and/or elder abuse?	1			O - Poster in Breakroom	
Are new policies or changes in existing policies communicated in a systematic manner to all employees?	1			I - Human Resources/Office Manager	Shared in staff meetings and an email is sent with updated policies and leadership advises staff that the updates are on SharePoint. Staff sign an attestation form that they know the policies are all on SharePoint.
Does the Agency have a written policy that establishes a formal process to deal with employee complaints concerning illegal activities in the organization, and that prevents retaliation?	1			D - Complaint and Grievance Policy	
Does the Agency have a written policy that establishes a formal process to deal with consumer complaints regarding Agency services and/or the services provided by contracted organizations, consultants and/or other independent contractors?	1			D - Complaint and Grievance Policy	
Does the Agency have a process for reviewing and responding to ideas, suggestions, comments, and perceptions from all staff members?	1			I - Human Resources/Office Manager	Done at staff meetings. Suggestion box is in the break room. Suggestions are agenda items at the staff meeting and as a team, they discuss concerns and feedback.
Did the Provider ensure that staffing patterns and staff qualifications are sufficient to provide culturally competent services described within the contract?	1			D- Staff Recruitment Policy	



**Section II: Financial Administrative  
 Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
<b>A. General</b>	<b>11</b>	<b>0</b>	<b>3</b>		
Are internal policies and procedures in the Agency's Accounting Policy and Procedures Manual followed?	1			D- Policy Title: Company Credit Card; I- HR/ Office Manager; D- Receipts, Credit Card Purchase Pre-approval form; D- Application of Company Credit Card; D- Credit Card Statement	The policy that was tested was the Company Credit Card policy number BBHC.0032. The policy mentions that eligible employees are issued the company credit and must complete the BBHC Application for a Company Credit Card. Once the invoices are approved the Office Manager reconciles the payments and submits for payment. The completed and signed Application of Company Credit Card form was submitted for the BBHC staff. The Credit Card statement was also submitted along with receipts and a Credit Card Pre-approval form. The statement also had the BBHC program written not he expenses it related to.
Is the distribution of duties adequate to safeguard assets?	1				
Does the FULL Board review and accept the Agency's audit and management letter (not just the Finance and/or Audit Committees)?	1			D- Board of Directors Meeting Minutes November 21, 2019- 4:30 p.m.	5. Committee Reports: Finance Committee
Does the Board review the Agency's response to the Management Letter?			1	D- BBHC, Inc. Lauderhill, FL Independent Auditor's Report on Audit of Financial Statements for the year ended June 30, 2019	BBHC, Inc. Schedule of Findings and questioned costs (Cont.) For the year ended June 30, 2019. There was not a Management Letter issued.
Are there written policies regarding reporting and responding to suspected fraud?	1			D- Policy Title: Whistleblower Act	
Are current and complete disclosures of financial results of each funded program provided quarterly and annually to the Board of Directors?	1			I-CFO	They are provided monthly at each Board meeting. The 12-month financial report are also submitted to the board meetings.
Is there an annual or multi-year financial plan addressing long term solvency and continuity of services?	1			D- Policy Title: Annual Business Operations Plan; D- BBHC, Inc. Annual Business Operations Plan FY 19-20	The policy mentions the plan will cover expectations of stakeholders the financial environment and the demographics. The plan goes over hoe they will evaluate performance and cost to continually evaluate and improve outcomes. It also explains strategies for coordinating services across multiple funding sources and systems to reduce duplication and ensure continue of care and integrity.
Are the Agency's Government contracts, purchase of service agreements, and grants agreements in writing?	1			D- Contracts	

**Section II: Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
If the Agency's Government contracts, purchase of service agreements, and grants agreements are in writing, are they reviewed by a staff member of the organization to monitor compliance with all stated conditions?	1			I-CFO	The Director of Administration oversees the contracts to ensure compliance.
Has the Agency established a plan identifying actions to take in the event of a reduction or loss in monetary resources?	1			I-CFO; I-Director of Administration	They would do what they can to absorb it into the DCF programs, so that services are not disrupted. OCP2 initiative has been embedded in their system of care.
Has the Agency developed a plan to establish a reserve of funds to cover at least three months of operating expenses?	1			I-CFO	There are 2 months of DCF advances each year. As a 501(c)(3) there are donations and contributions. They are always looking for new grant opportunities. There is also carry forward funds. When you
Are records maintained of client fees collected?	1			I-CFO	There are 2 months of DCF advances each year. As a 501(c)(3) there are donations and contributions. They are always looking for new grant opportunities. There is also carry forward funds. When you
Indirect Cost: Is there a cost allocation methodology in writing?			1	D- Invoices	There is no in-kind for this program.
Indirect Cost: If there is a cost allocation methodology in writing, is it representative of the allocation used?			1	D- Invoices	This could not be verified virtually. There have been supplies purchased however, most reimbursement is for salaries, operational expense, subconsultants, etc.
<b>B. Banking</b>					
Are bank statements reconciled monthly?	1			D- Bank Reconciliation	
Are bank statement reconciliations performed by a different employee than the one preparing checks?	1			I-CFO	The CFO prepares the Bank Rec and the HR/Office Manager prepares the checks.
Do the preparer of the reconciliation report and the immediate supervisor sign the reconciliation?	1			D- Bank Reconciliation; I-CFO	The CFO prepares and signs and the CEO approves and signs the Bank Recs.
Are adjustments properly documented and explained?	1			D- Bank Reconciliation	
Select a random month (indicate month in column G); Were the items listed above performed correctly for this month?	1			D- April	
Select another random month (indicate month in column G); Were the items listed above performed correctly for this month?	1			D- May	
Select a third random month (indicate month in column G); Were the items listed above performed correctly for this month?	1			D- June	

**Section II: Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Based on bank statements, is it true that no checks have been returned due to insufficient funds?	1			D- Bank Statements	
Do bank statements reflect a positive balance at the end of the month?	1			D- Bank Statements	
Are checks pre-numbered?	1			I-CFO; D- Void Check 2451	
Does Agency have a policy for signing checks (i.e. checks in excess of X amount require two signatures)?	1			D- Policy Title: Cash Disbursements	Check Signing: All checks over \$1,000 will require two signatures; otherwise for purchases under \$1,000 one signature will suffice. No checks shall be signed prior to the check and all supporting documentation being completed in its entirety (i.e., no signing of blank checks). It is the policy of BBHC that each check shall be signed by an individual other than the one who approved the transaction for payments.
Are blank checks stored securely (under lock and key)?	1			I-CFO	Locked in a locked cabinet, in a locked office in a locked suite.
Is it true that checks have an expiration date?	1			I-HR/Office Manager; D- Void Check 2451	They are void at 180 days.
Are voided checks mutilated in some manner (i.e. signature section removed and "VOID" indicated)?	1			D- Policy Title: Cash Disbursements	Voided Checks and Stop Payments: The proper notations in the check register and defacing the check by clearly marking it as "VOID". Notifying the CEO and Fiscal staff if a check needs to be voided and then voiding it in the accounting system. All void checks will be retained to aid in preparation of the Bank Reconciliation. Stop payments with valid reason may be issued as well. A journal entry will be made to record the stop payment and any related bank fees.
<b>C. Journals and Ledgers</b>					
Does the yearly audited financial statement fairly reflect the financial standing of the company?	1			D- BBHC, Inc. Lauderhill, FL Independent Auditor's Report on Audit of Financial Statements for the year ended June 30, 2019	Independent Auditor's Report

**Section II: Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Are there findings/notes in the yearly audited financial statement?		1		D- BBHC, Inc. Lauderdale Hill, FL Independent Auditor's Report on Audit of Financial Statements for the year ended June 30, 2019	BBHC, Inc. Schedule of Findings and questioned costs (Cont.) For the year ended June 30, 2019. There were no findings.
<b>D. Budget</b>					
Indicate fiscal year start and end dates in column H					FY Start Date: July 1, 2018 FY End Date: June 30, 2019
Does the agency maintain a program budget that captures <b>all</b> program expenses?	1			I-CFO	Blackbaud Financial Edge
Is the agency adhering to the approved budget submitted within the proposal?	1				
Does agency prepare a Budget Variance Report or otherwise track expenditures versus budgeted amounts on a regular basis? (regular = not less than quarterly)	1			D-BBHC, Inc. Managing Entity for Substance Abuse and Mental Health Services Income Statement For the eleven months ended May 31, 2020	
<b>E. Program Revenues</b>					
Does the agency have procedures for collection of program revenues (i.e. fees, interests)?	1				
Are revenues deposited in the bank account of the program within 48 hours?	1				
Are revenues re-invested in program activities or otherwise expended as allowed by the program funder?	1				
<b>F. Payroll Taxes</b>					
Are withholding and FICA taxes deposited on a timely basis and in accordance with payroll register data?	1			D- Payroll Liability; D- Payroll Register; D- Bank Statements	April, May, and June

**Section II: Financial Administrative**  
**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Does Form 941 (Federal Quarterly Payroll Tax Return) indicate that the provider is remitting payroll taxes, including federal withholding tax, employee share of FICA and employer share of FICA?	1			D- Form 941 for 2020	January, February, March
Does Form UCT-6 (Florida Unemployment Compensation Tax) and supporting documentation verify that the provider is filing state unemployment compensation returns?	1			D-RT-6A	Quarter ending March 2020
Is the Annual IRS Form #990 completed?	1			D- Form 990	
Is the Annual IRS Form #990 submitted on time?	1			D- Form 990	Submitted Jan 2020 due May 2020.

**Section III: Personnel/Volunteer File Contents**

**Provider Agency being monitored:**

**Program being monitored:**

**Broward Behavioral Health Coalition, Inc.**

**One Community Partnership 3 (OCP3)**

<b>A. Personnel/Volunteer File Review</b>					
Does the Agency maintain secured files for each employee?	2	0	0	O - Office and File Cabinet	Main office is locked, HR office is locked and filing cabinet is locked
Is confidential employee medical information maintained in a separate locked file?	2	0	0	O - Office and File Cabinet	Main office is locked, HR office is locked and filing cabinet is locked
Do the Agency's personnel files contain the following items? (If a checklist is in the files indicating each item has been received or reviewed, indicate a "Yes" in the rows below for each of the items included on the checklist)					
Signed job application or resume for all positions?	2	0	0	D - Job application and resume	
Current W-4 form?	2	0	0	D - W-4	
Employees' receipt of established job descriptions including: qualifications, duties, reporting relationships and essential functions?	2	0	0	D - Signed job description	
Signed document indicating employee has received new staff orientation and understands personnel policies, infectious disease risk, provider's universal infection control procedures, standards of ethical conduct (including sexual harassment), abuse reporting procedures, and policies regarding client rights and confidentiality?	2	0	0	D - Code of Conduct/Ethics, Staff Attestation form that they reviewed all policies on SharePoint.	
Performance standards and key indicators for performance for each employee (either in job descriptions or other documents in the employee's personnel file)?	2	0	0	D - Job description	
Proof of employees' receipt of and ongoing access to updated personnel policies & procedures	2	0	0	D - Signed Attestation form	
Proof of employees' receipt of and ongoing access to drug free workplace policy	2	0	0	D - Signed form	
Proof of employees' receipt of and ongoing access to smoke-free workplace policy (if Agency serves children)	2	0	0	D - Signed form	
Signed (by employee and supervisor) and dated acknowledgement that annual performance evaluations were completed in a timely manner?	0	0	2	D - Personnel file	Neither employee have been employed for one year yet.
Proof of education? (as appropriate) This may be required for all staff; refer to the contract's credentials requirement.	2	0	0	D - BA Degree	
Proof of achievement of required hours of in-service training? (if applicable)	2	0	0	D - Training Certificate	
Are there I-9 Forms on file for all employees? (In personnel files or separate filing system)	2	0	0	D - I9	

**Section III: Personnel/Volunteer File Contents**

**Provider Agency being monitored:**

**Program being monitored:**

**Broward Behavioral Health Coalition, Inc.**

**One Community Partnership 3 (OCP3)**

<b>A. Personnel/Volunteer File Review</b>					
For employees who are required to be licensed, does their file contain a current copy of the required licenses? (if applicable)	0	0	2		Position does not require a license.
Does the Agency conduct applicant reference check(s) including prior employment?	2	0	0	D - ADP Level 1 Background	
<u>Prior to hiring</u> , is a Level 1 criminal background check performed for each employee hired to provide direct services to children, the elderly, and vulnerable populations?	2	0	0	D - ADP Level 1 Background	
Was the Level 1 check completed for each employee required to be screened?	2	0	0	D - ADP Level 1 Background	
Did the provider complete the Level 1 state criminal correspondence checks through FDLE?	2	0	0	D - ADP Level 1 Background	
Did the employer receive a response to the Level 1 checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information?	2	0	0	D - ADP Level 1 Background	
Is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.03?	2	0	0	D - ADP Level 1 Background	
Is it true that the employee(s) of developmental disability centers, intermediate care facilities for developmentally disabled, or mental health treatment facilities, has/have not committed an act of domestic violence defined in S741.28?	0	0	2		Not this type of facility.
<u>After hiring</u> , is there a Level 2 criminal background check for each employee hired to provide direct services to children, the elderly, and vulnerable populations?	2	0	0	D - ADP Level 2 Background	
During the Level 2 check, have the employee(s) fingerprints been checked for statewide criminal and juvenile records through FDLE?	2	0	0	D - ADP Level 2 Background	
During the Level 2 check, have the employee(s) fingerprints have been checked with FBI?	2	0	0	D - ADP Level 2 Background	
During the Level 2 check, did the employer receive a response to the checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information?	2	0	0	D - ADP Level 2 Background	
During the Level 2 check, is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s435.94?	2	0	0	D - ADP Level 2 Background	
Does each file contain evidence that an employee physical and TB testing was completed?	0	0	2		Not required for BBHC

**Section III: Personnel/Volunteer File Contents**

**Provider Agency being monitored:**

**Broward Behavioral Health Coalition, Inc.**

**Program being monitored:**

**One Community Partnership 3 (OCP3)**

<b>A. Personnel/Volunteer File Review</b>					
Does each file contain evidence that drug screenings were conducted for Agency employees?	2	0	0	D - Drug screening results	
For employees that transport clients, do their personnel files include evidence of a current driver's license?	0	0	2	I - Human Resources/Office Manager	Agency does not transport Clients
For employees that use personal vehicles to transport clients, do their personnel files include proof of car insurance?	0	0	2	I - Human Resources/Office Manager	Agency does not transport Clients
Do personnel files include other documentation as required by the provider and/or contractual terms & conditions? (if so, please specify in column G)	2	0	0	D - Signed documentation	



Section IV: Deliverables Checklist

Provider Agency being monitored:

Program being monitored:

Broward Behavioral Health Coalition, Inc.

One Community Partnership 3 (OCP3)

Areas of Review	Compliance			I=Interview O=Observation D=Documentation (List Who or What)	COMMENTS
	Yes	No	N/A		
<b>OCTOBER - DECEMBER 2019</b>					
Invoice with supporting documentation (Due 15th of each month)	1	0	0	D - Invoices	Contract executed Feb 25, 2020
Disparities Impact Statement (due to County December 11, 2019; due to SAMHSA December 15, 2019)	1			D - DIS	
SPARS Annual Goals and Budget Training to be completed by January 30, 2019	1			D - Training site info.	
Cross Systems Training: Training to educate frontline and supervisory staff on the systems of care services available to the youth in Broward County	1			D - Sign in sheet	
Hire for vacant grant staff positions	1			D - Offer Letter	
<b>JANUARY - MARCH 2020</b>					
Invoice with supporting documentation (Due 15th of each month)	1			D - Invoices	Contract executed Feb 25, 2020
TIP Model Overview training for school and child welfare system staff	1			D - Sign in sheet	
TIP Model Part 1: Ten (10) selected school social workers/counselors, and ten (10) ChildNet Transition to Independent Living (TIL) Program staff will be trained to implement TIP	1			D - Sign in sheet	
Wraparound Training 101: Ten (10) selected school social workers/counselors, and ten (10) ChildNet (TIL) Program staff will be trained to implement Wraparound (T) Recovery Training (i.e., Mental Health First Aid, WRAP, other) for youth/families	1			D - Sign in sheet	Completed in May and August due to COVID.
Begin identification, enrollment, and service coordination of youth for participation in OCP3	1			D - Enrollment Form	Enrolled on March 31, 2020
Presentation to BCPS and ChildNet staff on OCP3 for engagement of youth into services	1			D - PowerPoint I - Project Director	
Quarterly Evaluation Analysis	1			D - Evaluation Report	
Develop policies and procedures for OCP3 enrollment/participation	1			D - Policy	
Execute a minimum of two (2) contracts with Subconsultants	1			D - Signed contracts	LPB executed 4/6/2020, swapping out for SOC Ronik executed 3/20/2020

Provider Agency being monitored:  
 Program being monitored:

Broward Behavioral Health Coalition, Inc.  
 One Community Partnership 3 (OCP3)

Areas of Review	Compliance			I=Interview O=Observation D=Documentation (List Who or What)	COMMENTS
	Yes	No	N/A		
<b>APRIL - JUNE 2020</b>	<b>12</b>	<b>0</b>	<b>1</b>	D - Sign in sheet	
Invoice with supporting documentation (Due 15th of each month)	1			D - Invoices	
Develop Comprehensive Strategic Plan	1			D - Comprehensive Strategic Plan	
Develop Social Marketing Plan Year 1	1			D - Social Marketing Plan	
Develop Training Plan Year 1	1			D - Training Plan	
Develop CLC Plan Year 1	1			D - CLC Plan	
TIP Model training Part 2: Ten (10) selected appropriate school district staff, and ten (10) ChildNet Transition to Independent Living (TIL) Program staff will be trained to implement TIP	1			D - Sign in sheet	
Cross Systems Training: Training to educate frontline and supervisory staff on the systems of care services available to the youth in Broward County Evidence-Based Practice Fidelity Review IPS (supported employment/education)	1			D - Sign in sheet	
Recovery Training (i.e., WRAP, WHAM, other) for youth/families	1			D - Sign in sheet	
Moral Reconciliation Therapy: Provide (10) selected school social workers/counselors, and ten (10) ChildNet Transition to Independent Living (TIL) Program staff will be trained to implement Moral Reconciliation Therapy			1	I - Project Director	Moved to 4th Quarter due to COVID
Evidence Based Practice (EBP) training to staff on current identified need (such as employment, education, housing, or other identified EBP.	1			D - Sign in sheet	
Mental Health Month activities and social marketing for events	1			D - WOW Flyer	
Update OCP3 Budget	1				Date? Put date created as a footer.
Quarterly Evaluation Analysis	1				
Execute contracts with sub consultants	1			I - Project Director	SOC Executed 3/30/20 SFWN Executed 3/30/2020 STARTS Executed 8/21/2020 (switching the 2). Steve Executed 3/20/2020 - SBBC pending SBBC Board approval - REI vendor is paid as service is rendered - Correctional Counseling vendor is paid as service is rendered

Provider Agency being monitored:  
Program being monitored:

Broward Behavioral Health Coalition, Inc.  
One Community Partnership 3 (OCP3)

Areas of Review	Compliance			I=Interview O=Observation D=Documentation (List Who or What)	COMMENTS
	Yes	No	N/A		