Board of Directors Meeting

Virtual Meeting via Microsoft Teams

August 26, 2021 - 4:30 p.m.

Dial in #: 941-263-1518, Conference ID: 675 884 048#

Link to join meeting on the computer: *(copy and paste the link below)*
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NWVlNmEwYTktNzFlOC00NTViLTgyMDgtNTRjYzI3ODNjNjRk%40thread.v2/0?context=%7b%22Tid%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22Oid%22%3a%2284103832-9a45-46d3-a945-76ea1c188b08%22%7d

1. Introductions / Roll Call — Chair

2. Approval of June 17, 2021 Minutes — Chair

3. Board Chair Report — Chair
   - Board Member Recognition *(Scott Russell)*
   - Legislative Update
   - COVID-19 Update
   - Approval of DCF Amendment 49
   - Approval of DCF Amendment 50

4. CEO Report — CEO
   - Florida Behavioral Health Conference Update
   - Proposed Reallocation of Funds
   - Approval to Contract SRT Beds With Henderson
   - Carisk Update

5. BBHC Committees' Reports
   - Finance Committee — Larry Rein
     - Approval of Financial Statements – June 2021
   - Recovery Oriented System of Care — Commissioner Lois Wexler
   - Consumer Advisory Council — Susan Nyamora
   - Provider Advisory Council — Paul Jaquith

6. Public Comments

7. Adjournment

Next Meeting Date: September 27, 2021

Board of Directors Meeting
Virtual Meeting via Microsoft Teams
June 17, 2021– 4:30 p.m.
MINUTES

The meeting was called to order by Board Chair, Commissioner Nan Rich at 4:40 p.m.

Board of Directors	Present	Excused	Absent	Board of Directors	Present	Excused	Absent
Pamela Africk			X	Commissioner Nan Rich ***Board Chair***	X		
Larry Davis ***Secretary***	X			Mayor Michael Ryan			X
Senator Gary Farmer			X	Steve Ronik	X		
Alan Goldsmith	X			Jackie Rosen	X		
Representative Michael Gottlieb			x	Tammy Tucker	X		
Paul Jaquith	X			Ana Valladares	X		
Robin Martin	X			Commissioner Lois Wexler	X		
Neal McGarry ***Vice-Chair***	X			Julie Klahr, BBHC Attorney	X		
Susan Nyamora	X			Silvia Quintana, BBHC CEO	X		
Rosalind Osgood	X						
Marta Prado	X						
Larry Rein ***Treasurer***	X						

BBHC Staff: Danica Mamby, Steve Zuckerman, Kerline Robinson, Elida Segrera, Stefania Pace
Carisk Staff: Jennifer Braham, Shirley Murdock
DCF Staff: Margaret DeCambre, Frank Jowdy, Dawn Liberta
Guests: Nikitina Eugenia, Harrison Grandwilliams

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 May 20, 2021 Minutes**

Without any corrections to the minutes, **a motion was made by Ms. Marta Prado and seconded by Mr. Paul Jaquith. The Board unanimously approved the May 20, 2021 meeting minutes.**

3. Board Chair Report

- **Legislative Update**
  - Commissioner Nan Rich reminded everyone that the Legsilative Session starts early this year, beginning January 11th and ending on March 11th. The Legislature will be redrawing state and congressional district maps. Senator Rich also raised the concern that the districts represented by candidates for Alcee Hastings' former congressional seat will still be vacant for the 2022 Legislative Session due to the resign-to-run laws. We do not expect the governor to set special elections to represent these districts.

  - Commissioner Rich reported that there may be a push to combine or reduce the number of districts of managing entities from seven to six, which would most likely combine the BBHC and one of its neighboring managing entities to the north or south. We will work to oppose this reduction.

  - Commissioner Rich reported The Florida Board of Relators has proposed a Constitutional Amendment that will impact the Sawdowski Affordable Housing Trust Fund. The problem with the constitutional amendment as written is that it locks into the constitution an outdated formula written in 1992 that requires that at least 65% of the SHIP affordable housing dollars must be spent for homeownership and indicates that no more than 25% may be used for multifamily affordable housing rental units. The proposed formula may work for a rural county but will not allow flexibility for large urban counties to invest in multifamily rental housing.

- **COVID-19 Update**
  Commissioner Rich reported that over 1 million vaccinations have been administered in Broward County, making Broward the second most vaccinated county in Florida. A new map highlighting vaccinated areas will be distributed and can be found at Broward.org/coronavirus. Efforts will continue to be made encouraging people living in zip codes with low vaccination numbers to reconsider becoming vaccinated.

- **Approval of DCF Amendment 49**
  BBHC Attorney, Ms. Julie Klahr, provided an overview of Amendment 49, which addresses executive compensation. Ms. Klahr contacted DCF for clarification. DCF explained that their reason for asking Board Members to reveal their salary and compensation informations is to avoid any conflicts of interests or self dealing. Ms. Klahr reminded DCF that the stature that created the managing entities requires providers to be members of the Board. Commissioner Rich recommended not signing this Amendment and consider looking into other options before making a decision.

- **Approval of DCF Amendment 50**
  On a motion made by Mr. Larry Rein and seconded by Mr. Larry Davis , pending legal and financial review, the Board unanimously approved Amendment 50.

- **Proposed Board Meeting Date Change for September 2021**
  Commissioner Nan Rich announced that the new date for the September Board Meeting is Monday, September 27,2021. The August Board meeting has been changed to Thursday, August 26, 2021.

4. <u>CEO Report</u>

- **Broward Prevention Behavioral Health Conference: The Power of Prevention**
  Ms. Silvia Quintana stated that United Way did an excellent facilitating the Power of Prevention Conference held earlier this month**.**

- **Approval of Provider Network Proposed Contract Renewal for FY 21-22**
  Mr. Larry Rein presented the list of providers whose contracts will be renewed for fiscal year 21-22. The following abstentions were made:

Board Member	Affiliation(s)
Dr. Steve Ronik	Henderson Behavioral Health
Tammy Tucker	Memorial Healthcare System United Way of Broward County
Susan Nyamora	South Florida Wellness Network
Alan Goldsmith	Broward Health
Lois Wexler	Florida Initiative for Suicide Prevention
Paul Jaquith	Broward Partnership for the Homeless Florida Initiative for Suicide Prevention Mental Health America of Southeast Florida

On a motion made by Mr. Larry Rein and seconded by Comissioner Lois Wexler, the Board unanimously approved the proposed contract renewals for FY 21-22.

- **BYRP Award $1,200,000 (3-year grant from DCF)**
  Mr. Larry Rein stated that BBHC was awarded $1.2 million for the Criminal Justice Mental Health and Susbstance Abuse Reinvestment Planning Grant. **On a motion made by Mr. Larry Rein and seconded by Ms. Marta Prado, the Board unanimously approved accepting the funds for the BYRP grant.**

- **City of Davie/ Henderson Co-Responder Pilot**
  Ms. Silvia Quintana announced that the City of Davie wants to collaborate with Henderson by having a licensed clinician responding to Baker Act calls, along with the police to divert more individuals. The City of Davie will pay for 50% of the costs and BSO will pay for remaining 50%.

The City of Davie hopes that this initiative will help individuals to be linked to better services. The following abstention was made:

Board Member	Affiliation
Dr. Steve Ronik	Henderson

On a motion made by Ms. Marta Prado and seconded by Mr. Robin Martin, the Board unanimously approved the City of Davie/Henderson Co-Responder Pilot.

- **City of Pembroke Pines BBHC Presentation to Thread Assessment Team**
  Ms. Silvia Quintana announced that BBHC will be facilitating a presentation for the City of Pembroke Pines regarding how the Thread Assessment Team offers services through the provider network.

- **Revised Carry Forward Plan**
  Ms. Quintana noted that the Carry Forward Plan has been revised because of the new 1037 forms. Approximtely $94,000 was identified and will be allocated to client housing needs along with the new Henderson Co-Responder Pilot.

- **Approval of New Provider – Forensic/Jail Diversion Program**
  Ms. Quintana presented Fellowship House as the provider for the Forensic/Jail Diversion Program and gave a summary of the services they provide. **On a motion made by Mr. Larry Rein and seconded by Dr. Rosalind Osgood, the Board unanimously approved Fellowship House for the Forensic/Jail Diversion Program.**

- **Carisk Update**
  Ms. Silvia Quintana gave an update about the FASAMs portal. All providers must submit data in version 14 by July 2021.

5. <u>Committee Reports</u>

Finance Committee

- Consulting Chief Financial Officer, Mr. Steve Zuckerman, presented the April 2021 Financial Statements. **On a motion made by Mr. Larry Rein and seconded by Ms. Ana Valledares, the Board unanimously approved the April 2021 Financial Statements.**
- Ms. Silvia Quintana reviewed the seven Special Proviso projects and explained where the funding is being allotted to. The following abstentions were made:

Board Member	Affiliation(s)
Susan Nyamora	South Florida Wellness Network
Tammy Tucker	Memorial Healthcare System United Way of Broward County
Dr. Steve Ronik	Henderson Behavioral Health

On a motion made by Mr. Larry Rein and seconded by Comissioner Lois Wexler, the Board unanimously approved the Special Proviso Projects.

- Mr. Larry Rein and Ms. Silvia Quintana announced that the Farris Foundation donated $20,000 to pay for stipends for the mental and behavioral health trainings for Latino, African American and Carribbean communities.

Recovery Oriented System of Care

No update was given.

Consumer Advisory Council

Ms. Susan Nyamora discussed the three SOS forms regarding CIT. Members of the Consumer Advisory Council will be forming a work group to do a campaign to alert the community for CIT workers, new badges, and refresher courses for officers.

Provider Advisory Council

Mr. Paul Jaquith reported that Provider Advisory Council is addressing capacity issues within the system, to have more beds where the need exists, and addressing the challenges in linking youth to childrens' services.

Nominating Committee

Mr. Larry Davis presented the following proposed slate of officers for the Board's approval:

- Commissoner Nan Rich as Board Chair
- Neal McGarry as Vice Chair
- Larry Rein as Treasurer
- Ana Valladeres as Secretary

On a motion made by Mr. Larry Davis and seconded by Dr. Rosalind Osgood, the Board unanimously approved the proposed slate of officers for FY 21-22.

6. Public Comments

Ms. Susan Nyamora commented that *Faces and Voices of Recovery* has reached out to recovery community organizations in Broward to have a mobile site at the recovery centers for vaccinations. Ms. Nyamora noted that September is Recovery Month. Efforts are being made to turn the County purple for suicide and recovery awareness.

7. Adjournment

The meeting adjourned at 5:56 p.m.

Minutes approved by: _____

Ana Valladeres, BBHC Secretary

CEO REPORT
August 26, 2021

1. ITEMS FOR APPROVAL

1. Amendment # 0049 - The Executive Compensation Form
2. Amendment #0050 – Awaiting Final from DCF
3. FY20-21 Uncompensated Units Purchase
4. $219,060 to 211 Broward for 988 Implementation
5. $1,140,000 to Henderson for Short Term Residential Treatment

2. CURRENT SIGNIFICANT ISSUES

A. Operations – Staff's return to the office has been postponed until September due to the outbreak of the new Delta variant of COVID- 19.

B. Forensic Team and Post Arrest Diversion programs - The contract with Fellowship House has been executed to provide Forensic and Jail Diversion services. Competency Restoration Training began during the month of August. The Jail Diversion Program will begin during the month of September.

C. Telehealth Services - BBHC is working with *Let's Talk Interactive* to develop the platform that will provide Care Coordination among Broward County Public Schools (BCPS), BBHC and the Network providers. The contract is being reviewed by both the Let's Talk Interactive (LTI) and the BBHC attorneys. We expect the agreement to be finalized soon.

D. Broward Delegation - BBHC's Chief Executive Officer (CEO) will soon start meeting individually with Members of the Broward Delegation to advocate and educate them on the essence of mental health and behavioral health service to the wellness of our and any community.

E. Staff – BBHC Staff have been getting vaccinations. The "I did It" hesitancy campaign is being promoted among BBHC staff. We still have some staff that are not vaccinated.

F. Effect of COVID-19 on the BBHC Provider Network - Provider meetings are being held monthly to assess providers' needs. BBHC is promoting the "I Did It " campaign in collaboration with Broward County, the Health Foundation, Children Services Council, the United Way and the Department of Health. The Campaign is in various languages targeting vaccine hesitancy. This is ongoing. Residential programs are reporting huge outbreaks of COVID-19 due to the Delta variant and they have had to close admission and are working with the Health Department and local hospitals to address their persons served needs.

G. Stepping Up Initiative and Short-Term Residential Treatment (SRT) beds - Broward County and BBHC are looking for funding to secure additional SRT beds to support the Stepping Up Initiative that focuses on diverting individuals with mental illnesses from the jail and diverting State Hospital admissions.

Furthermore, an additional FACT team in Broward County will support individuals that meet this level of care, upon discharged from the SRT.

H. **DCF Secretary Harris Meeting –** Secretary Harris has visited all Managing Entities and Community Based Care agencies with the exception of BBHC. She has expressed that she wants to take a deeper dive visiting BBHC and learning more about the services we provide.

DCF just released the Schedule of Funds during the first week of August. BBHC will be working on realigning the budget of all of the contracts to match this schedule of fund.

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 in October 2021.

B. **Flexibility for service delivery** – FAME and the ME's have requested DCF's Secretary Harris to extended Flexibilities for ME's due to the new outbreaks of COVID-19. This includes sustainability payments, telephonic treatment and case management services. She stated she will look into this.

C. **Network Provider Contract** – All contracts have been executed for FY 21-22.

5. UPDATES – GRANTS RELATED

A. **Administration on Children, Youth and Families (ACYF)**
   a. The Family CPR project partners completed the RPG Virtual Site Visit.
   b. Enrollment is open and the project is accepting referrals.
   c. Staffing continues weekly.
   d. The Family CPR Family Care Coordinators, Peers, Supervisor and Project Director attended the Behavioral Health Conference in Orlando from August 18th -20th . The team will attend numerous workshops to increase their knowledge base in substance use and working with children and families.

B. **One Community Partnership 3 (OCP3)**
   a. Fifty-three (53) young people have been enrolled in the OCP3 evaluation. OCP3 needs to enroll twelve (12) () more young people by September 29, 2021, to meet the year two goal.
   b. The Student Navigation Coordinator from Broward County Public Schools has been hired and was provided an overview of OCP3 and the TIP model.
   c. OCP3 is working with the United Way to develop a Suicide Prevention campaign to launch during September for Suicide Prevention month. OCP3 has also worked with the United Way to identify various trainings on suicide prevention for network providers. In September 2021, OCP3 is participating in the Deerfield Beach Health and Wellness Fair in memory of Alexis J. Marion as well as the Recovery month event hosted at ArtServe.
   d. **On August 21, 2021, there was an article published in the Journal of Evidence-Based Social Work reflecting the outcomes of OCP2. Special recognition to the Lead Evaluator, Dr. Rhonda Bohs, OCP2/OCP3 Project Director, Tiffany Lawrence, Hewitt B. Rusty Clark developer of the Transition to Independence Process (TIP) Model and Alfonso Ruiz, Peer Evaluator. Per Dr. Bohs, "This article is a testament to the collaboration among children's system of care partners in Broward County in transforming the transitional youth service system during implementation of OCP2." Please see attached article.**

C. Criminal Justice Mental Health Substance Abuse Reinvestment Planning Grant

a. Broward Youth Reentry Program (BYRP) enrolled fifty-four (54) youth in the second year of the grant and achieved 90% of the program year goal of 60 youth. Referrals to the program remained slow during the last quarter, as previously reported.
b. BYRP is currently in year three of the grant and has enrolled seven (7) out of fifty (50) youth expected for the program year.
c. The data measuring BYRP outcomes is being collected and preliminary findings are promising and indicate the program is having a positive impact.
In summary:
- There is a 94% reduction in the amount of arrest/re-arrest among participants while enrolled in the program compared to the one-year period prior to enrollment.
- 3% of discharged participants have been arrested within one-year post discharge.
- 100% of youth/families have been engaged and retained in Peer/Life Coach Services.
- 37% of participants have been retained in the program for a minimum of 12 months.

D. CSC Funded Services

In July 2021, The Children's Services Council of Broward County (CSC), completed a financial and administrative review of Broward Behavioral Health Coalition, Inc., programs and contracts funded by the CSC. During the review, they noted that in general, Broward Behavioral Health Coalition, Inc., has sufficient controls in place to manage the programs. There were no findings. **Please see attached report.**

6. UPDATES – OPERATIONS RELATED

A. Care Coordination Teams (CCT)

a. BBHC will be coordinating inservice support to a FARR certified recovery residence.
b. For the new fiscal year, Child Welfare questions will be added to all adult referrals to more accurately capture involvement in the Child Welfare System.
c. Video visitation continues to be an option for the network, in order to facilitate the discharges of Serious Mental Illness (SMI) clients into the community.
d. SFSH visits by the community have been delayed until at least after Labor Day. Telephonic or video support continues.
e. A Care Coordination CTI training was held on August 13, 2021, for new staff or existing team members.

B. Care Coordination Teams - Child Welfare (CCT-CW)

In June, five (5) families were enrolled in CCT-CW. Four (4) were discharged. A total of forty-eight (48) were enrolled in services. During the month of July, three (3) families were enrolled in CCT-CW and there were eight (8) discharges. BBHC CCT-CW Care Coordination Manager continues to work with providers to help families enroll in services.

C. Child Welfare Integration Initiatives

a. The new Child Protection Investigation trainees were provided training in the UNCOPE (validated SUD screening tool), substance use disorder and Mental Health training, facilitated by BBHC.
b. The Family Engagement Program (FEP) Supervisor and Peer staff are actively accompanying Child Protection Investigators into families' homes to model engagement skills and the use of the UNCOPE screening. FEP's presence continues in Decision Support Team staffing, substance exposed children staffing and pre-commencement activities.

D. Housing Initiative

BBHC's Housing and SOAR Entitlements Coordinator has organized a housing committee with community partners to address the housing needs of our providers, based on the Sequential Intercept Mapping report received by Policy Research Associates/SAMHSA. The Sequential Intercept Mapping Workshop took place on March 29th and April 19th of this year. We are working on a hybrid model of the Adult Family Care Homes, specific for mental health consumers.

There were two (2) meetings during the month of July with the community partners that will be occupying the new affordable housing development that is on the Howard C. Foreman Campus (Southwest Hammocks). During these meetings with Carrfour and their architect, both South Florida Wellness Network and Foot Print to Success Clubhouse were able to convey their needs and help design their space within the building.

E. SSI/SSDI Outreach, Access, and Recovery (SOAR) Statewide Initiative

The SOAR OAT's Reporting Outcomes for FY July 1, 2020, to June 30, 2021, have been submitted to the Department of Children and Families SOAR State Lead for processing. There were fifty-five (55) approvals out of 110 (50%) Initial SOAR application decisions during this time frame, with an average of 149 days to decision.

F. Supportive Employment

No new updates.

G. Children System of Care Plan - BBHC continues working with Broward County Stakeholders in developing the Children System of Care Plan, per HB945. Workgroups continue to meet. developed and should have their first meeting within this month. BBHC is also working in collaboration with FAME to ensure that statewide the plans have a standardized structure. BBHC's goal is to present this report draft for approval of BBHC Board in November 2021

UPDATES – QUALITY RELATED

A. Complaints and Grievances - There were no complaints or grievances received this month.

B. Cultural and Linguistic Competency (CLC) Initiative – BBHC's Cultural and Linguistic Competency plan was updated for FY 21/22. To be in conformance with CARF, BBHC has renamed the plan. The new name is BBHC's Cultural Competence and Diversity Plan. **Please see attached plan.**

C. Recovery-Oriented System of Care (ROSC) Statewide Initiative - ROSC information is regularly shared with Providers at the CQI committee meeting. To enhance statewide efforts to transform the state's behavioral health system to a Recovery-Oriented System of Care (ROSC), a ROSC webpage has been added to the DCF website. The ultimate purpose of this webpage is to disseminate resources and information and promote statewide implementation, and adoption of recovery-oriented concepts and recovery management practices.

BBHC's ROSC Regional Action Plan was updated for FY 21/22.

D. Contract/Program Monitoring - During FY 20-21, BBHC completed thirty-four (34) Contract Accountability Reviews. Fifteen (15) providers received virtual/on-site reviews. Nineteen (19) providers received desk reviews. Seventeen providers had Corrective Action Plans (CAPs) carried over to FY 21-22. Those CAPs which will be regularly reviewed by CQI staff to ensure compliance with policies and procedures. All unaccredited providers received virtual and/or on-site visits and provided documentation to ensure that they are meeting the CARF standards for unaccredited providers.

E. Performance Measures – For FY 20-21, BBHC passed all the performance measures. CQI staff will continue to monitor network and agency performance measures on a weekly basis and provide technical assistance, as needed.

F. Incident Reports – From 7/1/2021 - 8/13/2021 BBHC has received forty-two (42) IRAS reports. CQI staff continues to follow up with the Providers to obtain additional information, when needed.

H. Consumer Satisfaction Surveys (CSS) - DCF has revised the CSS. It is now called the Community Persons Served Satisfaction Survey (CPSSS) and consists of eleven (11) questions for adults, and seven (7) questions for youth. DCF provided the electronic link for persons-served to complete the survey electronically. BBHC is concerned that with the new process the surveys will be going directly to DCF and not from the managing entities to DCF.

I. CARF Conformance

BBHC staff continue to prepare for our CARF reaccreditation. BBHC was notified by CARF that our reaccreditation will be virtual and is scheduled for September 27th – 28th.

8. RISK AND COMPLIANCE UPDATE

No updates.

9. COMMUNITY RELATIONS

A. **Coordinating Council of Broward (CCB) -** BBHC continues to participate monthly. The last meeting was held on August 4, 2021. The Department of Health continues to provide updates to the community regarding the resources available for COVID-19, including an increase in testing and vaccination sites. They reported on the status of positive test and percentages of the population vaccinated in Broward and throughout the State. It was reported that hospitals are at full capacity due to the Delta variant and about ninety-five percent (95%) of the persons admitted are not vaccinated.

The Health Foundation of South Florida in collaboration with Broward County and Children Services Council (CSC) have been promoting a Vaccination Hesitancy Campaign targeting the African American, Hispanic, Haitian and Portuguese communities.

Affordable Housing continues to be a top priority for the Council. Some of the Federal funding received by Broward County will now be going into the affordable housing effort as well as rental assistance resources.

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

a. BBHC participates on weekly conference calls.
b. FAME continues to address various concerns statewide, including FASAMS.
c. FAME discussed the Behavioral Health Commission and the importance of this commission to the MEs and the State of Florida Behavioral Health System. Ann Berner and Representative Hunchosfky have been appointed to the commission. Our congratulations to them.

C. **Funders Forum -** BBHC continues to participate in meetings with the other funders of children's services. There was no meeting in July.

D. **Broward Suicide Prevention Coalition -** United Way of Broward County (UWBC) met with the chairs of all of the subcommittees. This meeting focused on looking at the funding provided by the County and how to best utilize it as well as looking at the plan to identify accomplishments for the year.

E. **Mental Health Court** - BBHC staff continues to participate in meetings looking at the different intercepts to identify gaps and address these as funding becomes available, or the coordination of systems needs to be strengthened.

10. MATTERS FOR NOTING

A. **FASAMS –** Providers should have all been ready to upload to Version 14 by July 1, 2021.

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.**

TO: Broward Behavioral Health Coalition Inc. (BBHC) Recovery Oriented System of Care Committee, Finance Committee and Board of Directors

FROM: Silvia Quintana

SUBJECT: Proposed Uncompensated Units Purchase

DATE: August 23, 2021

SUMMARY

Table 1 (BBHC Uncompensated Units Purchase) shows the proposed distribution of uncompensated funds to network providers for services rendered during FY20-21.

BBHC Uncompensated Units Purchase	
By Provider	**Total**
Care Resource	$ 190,850
Broward County Addiction Recovery Center- BARC	$ 190,000
Henderson Behavioral Health Inc	$ 190,000
Memorial Healthcare System	$ 190,000
Archway Inc	$ 190,000
Broward County Sheriff Office	$ 190,000
Banyan Health Systems	$ 190,000
South Florida Wellness Network Inc.	$ 190,000
The Village South	$ 124,520
Mental Health America of Southeast Florida	$ 116,254
211 Broward pass-through entity: United Way of Broward County	$ 100,000
United Way of Broward County	$ 100,000
Foot Print to Success Clubhouse	$ 76,983
Task Force For Ending Homelessness	$ 65,526
The House of Hope	$ 52,600
Covenant House Florida, Inc.	$ 33,590
Silver Impact Inc	$ 32,371
Fort Lauderdale Hospital	$ 25,000
SunServe	$ 24,735
NAMI Broward County, Inc.	$ 20,000
Broward Partnership For The Homeless, Inc.	$ 11,365
Gulf Coast Jewish Family and Comm. Serv	$ 11,273
Our Children Our Future Inc.	$ 6,420
Broward House Inc	$ 2,420
Grand Total	**$ 2,323,907**

Table 2 (**Purchase of Services**) shows the list of services purchased from network services providers delivered during FY20-21.

Purchase of Services	
Covered Services/Project ID	**Purchased Amounts**
19 Residential Level II	$ 270,770
04 Crisis Support/Emergency	$ 238,030
15 Outreach	$ 209,252
18 Residential Level I	$ 201,273
14 Outpatient Individual	$ 186,572
32 Substance Abuse Outpatient Detoxification	$ 130,550
30 Information and Referral	$ 100,000
50 Universal Direct Prevention	$ 100,000
13 Medication Assisted Treatment	$ 96,405
46 Recovery Support Individual	$ 87,540
25 Supportive Employment	$ 86,328
07 Drop-In/Self-Help Centers	$ 86,081
37 Room and Board with Supervision Level II	$ 77,434
12 Medical Services	$ 72,639
38 Room and Board with Supervision Level III	$ 69,741
24 Substance Abuse Inpatient Detoxification	$ 69,340
11 Intervention Individual	$ 62,605
02 Case Management	$ 47,845
28 Incidental Expenses	$ 30,685
08 In-Home and On-Site	$ 26,710
20 Residential Level III	$ 24,555
09 Inpatient	$ 18,840
01 Assessment	$ 7,720
21 Residential Level IV	$ 7,170
35 Outpatient Group	$ 7,060
26 Supported Housing/Living	$ 4,930
A7 Federal Project Grant	$ 3,701
47 Recovery Support Group	$ 130
Grand Total	**$ 2,323,907**

Table 3 (**Funds Returned to DCF**) shows the funds that were not utilized by the providers during FY20-21. These are federal funds so they cannot be carried forward to be utilized during FY21-22.

Funds Returned to DCF

OCA	Detail	Amount
MH0BN	ME MH Title XXI Children's Health Insurance Program (Behavioral Health Network)	$ 226,996.76
MS023	ME SA HIV Services	$ 68,243.12
MS0F5	ME FL Partnerships for Success - Year 5	$ 1,042.99
MSSGP	ME State Opioid Response Disc Grant-GPRA	$ 177,347.00
MSSG3	ME State Opioid Response Disc Grant-GPRA - Year 3	$ 121,256.00
	Grand Total	**$ 594,885.87**

RECOMMENATION

It is being recommended that the BBHC Board of Directors approve the proposed distribution of funds to network providers for uncompensated services, based on the above information.

Executive Compensation Annual Report

Instructions: Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in this document.

_____
Entity Name

_____ _____
Department Contract Numbers DUNS Number

_____
Printed Name of Authorized Person

_____ _____
Signature of Authorized Person Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20___, by _____

_____
Signature of Notary Public- State of Florida

Personally Known OR Produced Identification
Type of Identification Produced: _____

Section 2: Qualifying Questions

1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?

☐ **Yes** ☐ **No**

2) Over the past X fiscal years, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?

☐ **Yes** ☐ **No**

3) During the preceding fiscal year, did the Entity**:** (a) receive more than $25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?

☐ **Yes** ☐ **No**

If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.

Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, total annual compensation, and the percentage of compensation from state (FL %) or federal (Fed %) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report with those changes, and their total annual compensation. Total annual compensation includes salary, bonuses, cashed-in-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL %) or federal (Fed %) allocations. The Entity is not required to disclose the additional compensation a person receives from organizations that contract with the Entity if the above listed person was identified solely upon the person's status as an uncompensated member of the Entity's board of directors, whatever the person's actual title in the organization.

Name	Title	Total Annual Compensation	FL %	Fed %	FL & Fed % (Total)

Effective the latter of August 6, 2021 or the last date of the signatories, this amends the above referenced Contract as follows:

1. The following items were last addressed in the corresponding Amendments:

Amendment #0038: 3 – 10, 12 – 14, 16 – 20, 22 – 29, 31 – 34, 39 – 41, and 45-49
Amendment #0043: 15, 21, 30, 38, and 43
Amendment #0044: 11, 35, 37, and 42
Amendment #0048: 2, 36, 44, and 50 – 51

2. In **1.1,** $658,336,683.07 is replaced by $668,521,608.07.

3. In **A-1.1.2,** the line "Guidance 20 - Local Review Team" is replaced by "Guidance 20 - Local, Regional, and State Review Teams".

4. In **A-1.1.2,** the line "Guidance 27 – Central Receiving Systems Grant" is replaced by "Guidance 27 – Central Receiving Systems (CRS)".

5. In **A-1.1.2,** the line "Guidance 31 – Children's Mental Health System of Care (CMHSOC) Grant" is replaced by "*Guidance 31 – Deleted – effective 7/1/2021*".

6. **A-1-1.2** is amended to add:

Guidance 35 – Recovery Management Practices

7. In **A-1.1.3,** the line "Template 20 – CMHSOC Quarterly Report Template" is replaced by "*Template 20 – Deleted – effective 7/1/2021*".

8. In **A-1.1.3**, the line "Template 22 – Forensic Report" is replaced by "Template 22 – Forensic Mental Health Services Report".

9. In **A-1.1.3,** the line "Template 24 – Disaster Behavioral Health (DBH) Managing Entity Supplemental Invoice and Expenditure Report" is replaced by "Template 24 - CCP Supplemental Invoice and Expenditure Report".

10. In **A-1.1.3**, the line "Template 26 – Regional Action Steps to Forensic Goals" is replaced by "*Template 26 – Deleted, effective 7/1/21*".

11. **A-1.1.3** is amended to add:

Template 31 - Clubhouse Supported Employment Report

Template 32 – Transitional Voucher Incidental Report

12. In **A-1.1.6**, the address is replaced by "2415 North Monroe Street, Suite 400, Tallahassee, FL 32303".

13. **A-4** is amended to add:

A-4.3 In addition to the requirements of **Section 4.11**, the Managing Entity shall comply with the publicity requirements mandated in Section 394.9082(5)(u), F.S.

14. In **A2-4.2**, the phrase "Comptroller's Memorandum No. 03 (1999-2000) Florida Single Audit Act Implementation" is deleted.

15. In **A2-4.2**, the phrase "(2019 – 2020)" is deleted wherever found.

16. In **B1-2.2.3.1**, the hyperlink is replaced with https://navigateconsultants.org/manuals.html.

17. **B1-2.2** is amended to add:

B1-2.2.15 Of the CMHS block grant, pursuant to the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260), not less than the amount specified in **Exhibit F1** for "the CMHBG Core Crisis Services Set-Aside."

18. In **B1-5.2.1.1,** the word "buprenorphine" is replaced by "buprenorphine-based products".

19. **C-1.1.6.2** is replaced by:

C-1.1.6.2 The availability of treatment services, recovery services, and support services meeting the intent of s. 394.453(1)(c), F.S., that implement systemic recovery-oriented and peer-involved approaches;

20. In **C-1.2.2,** after the word "requirements", insert the phrase ", and enhances the availability of recovery-oriented practices and enhances the role of peers in the workforce".

21. C-1.2.3 is amended to add:

C-1.2.3.19 Guidance 35 – Recovery Management Practices

C-1.2.3.20 The Managing Entity shall require Network Service Providers specified in **Exhibit C2** for Supported Employment services to submit quarterly data using **Template 31 – Clubhouse Supported Employment Report.**

C-1.2.3.21 For any subcontracts using funds identified in **Exhibit F1** as Central Receiving System or Central Receiving Facility funds, including any special category or proviso projects funds, the Managing Entity shall implement the subcontracts in compliance with **Guidance 27 – Central Receiving Systems (CRS).**

22. In **C-1.2.4, delete** the word "following" and, replace the ":" h with the phrase "identified therein."

23. C-1.2.4.1 is deleted.

24. C-1.2.4.2 is deleted.

25. In **C-1.2.11.5,** the phrase **"Guidance 20 - Local Review Team"** is replaced by **"Guidance 20 - Local, Regional, and State Review Teams"**.

26. C-1.2.11. is amended to add:

C-1.2.11.7 The Managing Entity shall coordinate with the Agency for Health Care Administration and all Medicaid Managed Medical Assistance (MMA) Plans active within the region to facilitate Network Service Provider participation in available MMA Plans. The Managing Entity shall host, at minimum, one annual Network Service Provider educational workshop with each active MMA Plan.

27. In **C-1.3.1.5.7**, after the word "responsibilities", the phrase "including the requirements of **Sections C-2.2.3** and **C-2.2.9**" is inserted.

28. C-1.3.2 is amended to add:

C-1.3.2.8 Compliance with the requirements of **Section C-2.2.3.**

29. C-1.4 is amended to add:

C-1.4.17 Each fiscal year, the Department will distribute a draft Network Service Provider Catalog of Care based on data reported by the Managing Entity. The Managing Entity shall validate, update if necessary, and certify the accuracy and completeness of all data in the draft Catalog within two calendar weeks after receipt of the Department's request**.**

30. C-2.2.3 is amended to add:

C-2.2.3.9 Requirements for all Medicaid-enrolled Network Service Providers, prior to invoicing the Managing Entity for any services provided to any Medicaid-enrolled recipients, to document the Network Service Provider has:

C-2.2.3.9.1 Submitted a prior authorization request for any Medicaid-covered services provided.

C-2.2.3.9.2 Appealed any denied prior authorizations.

C-2.2.3.9.3 Provided assistance to appeal a denial of eligibility or coverage.

C-2.2.3.9.4 Verified the provided service is not a covered service under Florida Medicaid, as defined in Chapter 59G-4, F.A.C., or is not available through the individual's MMA Plan.

C-2.2.3.9.5 In cases where the individuals Medicaid-covered service limit has been exhausted for mental health services, an appropriately licensed mental health professional has issued a written clinical determination that the individual continues to need the specific mental health treatment service provided.

C-2.2.3.9.6 In cases where the individual's Medicaid-covered service limit has been exhausted for substance use disorder treatment services a qualified professional as defined in Section 397.311, F.S., has issued a written clinical determination that the individual continues to need the specific service provided.

31. C-2.2.8 is replaced by:

C-2.2.8 Community Person Served Satisfaction Survey

The Managing Entity shall ensure all Network Service Providers conduct satisfaction surveys of persons served pursuant to PAM 155-2.

32. C-2.4 is amended to add:

C-2.4.8 The Managing Entity shall submit the information required by s. 394.9082(3)(m), F.S., annually no later than May 1.

33. C2-4.1 is amended to add:

C2-4.1.7 Beginning Fiscal Year 2021-22, the Managing Entity shall execute subcontracts based on the Notice of Award for RFA11L2GN1.

34. C2-4.2 is deleted.

35. C2 is amended to add:

C2-12. Fiscal Year 2021-22 Appropriations

Pursuant to the FY21-22 General Appropriations Act, Ch. 2021-36, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 1i**:

C2-12.1 Specific Appropriation 361 - Community Action Treatment (CAT) teams

Funds provided in Specific Appropriation 361 are provided for Community Action Treatment (CAT) teams, to be implemented pursuant to **Guidance 32.** The Managing Entity shall subcontract for CAT team services ensuring availability to eligible persons in every county specified in **Section B-3.1**.

C2-12.2 Specific Appropriation 362 Projects

From the funds in Specific Appropriation 362, the following appropriations project are funded from the General Revenue Fund:

C2-12.2.1 Henderson Behavioral Health - Forensic treatment services ... 1,401,600 – recurring base appropriation

C2-12.2.2 Supported employment services for individuals with mental health disorders as detailed in **Table 1i**.

C2-12.3 Specific Appropriation 364 Projects

C2-12.3.1 From the funds in Specific Appropriation 364, General Revenue shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, childcare and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

C2-12.3.2 From the funds in Specific Appropriation 364, General Revenue is provided to implement the Family Intensive Treatment (FIT) team model designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

C2-12.4 Specific Appropriation 367 Projects

C2.12.4.1 From the funds in Specific Appropriation 367, General Revenue is provided to continue implementation of behavioral telehealth services to children in public schools, with an emphasis towards serving rural counties.

C2.12.4.2 From the funds in Specific Appropriation 367, the following project is funded in nonrecurring funds from the General Revenue Fund: City of West Park - Mental Health Initiative (Senate Form 1781) … 150,000

C2.12.4.3 From the funds in Specific Appropriation 367, the following projects are funded in nonrecurring funds from the Federal Grants Trust Fund:

C2.12.4.3.1 Broward County Long Acting Injectable Buprenorphine Pilot Program (Senate Form 1330) (HB 3993) ... 158,184

C2.12.4.3.2 Broward Health - Integrated Medication Assisted Treatment Response (iMATR) (Senate Form 1809) (HB 3983) … 426,604

C2.12.4.3.3 Medication Assisted Treatment & Telehealth Enhanced Recovery (MATTER) (Senate Form 1412) (HB 2897) … 500,000

36. The yellow highlighted portion of the table below amends **C2, Table 1a.** The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Table 1a – Department-Specified Special Projects				
Project	**Provider**		**Amount**	**Recurring?**
PPG Solicitation RFA LHZ03	Hanley Center Foundation, Inc		$147,256.00	Yes FY15-16 through FY17-18
PPG Solicitation RFA 0H17GN1	Hanley Center Foundation, Inc		$147,256.00	Yes FY18-19 through FY20-21
PPG Solicitation RFA11L2GN1	**1.** Hanley Center Foundation, Inc. dba Hanley Foundation **2.** South Broward Hospital District dba Memorial Healthcare System **3.** Gang Alternative, Inc.		**1.** $150,000.00 **2.** $147,256.00 **3.** $150,000.00	Yes FY21-22 through FY23-24
CRS Solicitation RFA 07H16GS2	Henderson Behavioral Health, Inc. Effective 1/1/17 through 12/31/22	FY16-17 FY17-18 FY18-19 to FY20-21 FY21-22	$2,086,415.00 $2,606,185.00 $4,305,021.00 $2,272,642.00	Yes FY16-17 through FY20-21
FEMA DR 4337 FL	Hurricane Irma Disaster Behavioral Health Response FEMA CCP Immediate Response Program		$161,671.40	No
Ch. 2018-03, Laws of Florida, Section 48	Mobile Crisis Teams		$118,236.00	Yes
CARES Act Allocation Plan	CAT Expansion – Memorial Behavioral Health – Broward		$250,000.00	No
	NAS/SEN Team – 3.0 FTE at provider TBD by ME – Priority Location: Circuit 17		$300,000.00	
	Adult Care Coordination – 1.0 FTE ME direct staffing		$100,000.00	
	Child Care Coordination – 1.0 FTE ME direct staffing		$100,000.00	
	Child Care Coordination – 3.0 FTE provider staffing TBD by ME		$300,000.00	
	Wraparound Training Expansion – ME operational cost		$10,000.00	
	211 Expansion – First Call for Help of Broward, Inc. dba 2-1-1 Broward		$83,334.00	

37. C2 is amended to add:

Table 1i – Fiscal Year 2021-22 Appropriations			
Appropriation	**Provider**	**Amount**	**Recurring?**
361	Region-Wide Community Action Treatment (CAT) teams	$750,000.00	Yes
362	Henderson Behavioral Health - Forensic treatment services	$1,401,600.00	Yes
	Supported Employment, allocated to Foot Print to Success	$150,000.00	Yes

Table 1i – Fiscal Year 2021-22 Appropriations			
Appropriation	**Provider**	**Amount**	**Recurring?**
364	Pregnant Women, Mothers, and Affected Families Funding Allocated to the following providers **1.** Broward Addiction and Recovery Center (BARC) **2.** Banyan Community Health Center, Inc. **3.** Village South, Inc	$1,043,188.00	Yes
	Family Intensive Treatment (FIT) funding, allocated to Henderson Behavioral Health, Inc	$800,000.00	Yes
367	City of West Park	$150,000.00	No
	Broward Addiction Recovery Center (BARC)	$158,184.00	
	North Broward Hospital District dba Broward Health	$426,604.00	
	South Broward Hospital District, d/b/a Memorial Healthcare System	$500,000.00	

38. In **Table 2, C3-1**, the row "**Regional Action Steps to Forensic Goals – Template 26**" is deleted.

39. **Table 2, C3-2** is amended to add:

S. 394.9082(3)(m), F.S. Documentation: • **Certification of Executive Compensation PCMT-08-202** • **Executive Compensation Detail in excess of 150% of the Secretary's Salary** • **IRS Forms 990 and related documents** • **Auditor reports** • **Annual reports**	Section 8.2.1 Section C-2.4.8	Annually	May 1

40. The yellow highlighted portion of the table below amends **Table 2, C3-3**. The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

C3-3	**Required Data Submission and Performance Reporting**		
Substance Abuse and Mental Health Block Grant Report - *Template 2*	Section B1-4.2	Semi-annually	March 15 September 1
Narrative Report for the SAMH Block Grant - *Template 3*	Section B1-4.3	Biennially	May 30 of odd-numbered years
Monthly Data Submission to SAMH Data System	Section C-1.4.4	Monthly	18th of each month
Submission of Corrected Records to SAMH Data System	Section C-1.4.14	As needed	Within 60 days after initial record submission
Data required by Federal or State Grant Awards *Other than Sections C3-3.7 and C3-3.8, below*	Section C-1.4.15	As needed	As established by Grantor timeframes
Quarterly Report	Section C-2.4.6	Quarterly	October 20; January 20; April 20; August 15
Family Intensive Treatment (FIT) Data	Guidance 18	Monthly	18th of each month
Women's Special Funding Data Reporting	Guidance 26	Monthly	18th of each month
Transitional Voucher Incidental Summary	Guidance 29	Quarterly	20th of the month after each quarter
Monthly Care Coordination Report - *Template 21*	Guidance 4	Monthly	20th of month following service delivery FY Final: August 15
Supported Employment Report – *Template 31*	Section C-1.2.3.20	Quarterly	October 20, January 20, April 20, and July 20
Transitional Voucher Incidental Report – *Template 32*	Guidance 29	Quarterly	October 20, January 20, April 20, and July 20
Catalog of Care Validation	Section C-1.4.17	Annual	Within 2 calendar weeks of receipt

41. Table 2, C3-5 is amended to add:

Child Welfare Integration Working Agreement	Guidance 19	Initial Review	October 1, 2021 Reviewed Annually

42. In **Table 2, C3-6,** the phrase "Guidance 18" is replaced by "Guidance 16".

43. In **E-6, Table 6**, the Subcontract Performance measure "Tasks and activities shall be completed as outlined in the Work Plan" and the Target "80%" are deleted.

44. The yellow highlighted portion of the table below amends **F-1.2, Table 7.** The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Table 7 – Contract Funding

State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2012-2013	$ 1,642,303.68	$ 28,436,518.39		$ 30,078,822.07
2013-2014	$ 2,285,924.00	$ 43,857,573.00		$ 46,143,497.00
2014-2015	$ 2,304,258.26	$ 44,246,413.74		$ 46,550,672.00
2015-2016	$ 2,298,027.15	$ 48,769,242.85		$ 51,067,270.00
2016-2017	$ 2,657,237.00	$ 51,122,907.00		$ 53,780,144.00
2017-2018	$ 2,676,785.00	$ 55,137,143.00	$161,671.00	$ 57,975,599.00
2018-2019	$ 2,646,718.00	$ 60,107,395.00		$ 62,754,113.00
2019-2020	$ 2,985,875.00	$ 63,477,652.00		$ 66,463,527.00
2020-2021	$ 3,164,208.00	$ 64,849,438.00		$ 68,013,646.00
2021-2022	$ 3,328,311.00	$ 68,034,977.00		$ 71,363,288.00
2022-2023	$ 2,269,791.00	$ 54,895,724.00		$ 57,165,515.00
2023-2024	$ 2.269,791.00	$ 54,895,724.00		$ 57,165,515.00
Total	**$ 30,529,229.09**	**$637,830,707.98**	**$161,671.00**	**$ 668,521,608.07**

45. In **F-4.2,** the word "September" is replaced by "October".

46. In **F-8,** the phrase "Disaster Behavioral Health" is replaced by "FEMA Crisis Counseling Program (CCP)".

47. In **F-8.1.1,** the phrase "FEMA Crisis Counseling Program (CCP) services or other authorized DBH" is replaced by "CCP".

48. In **F-8.1.2**, the phrase "or other DBH" is deleted.

49. F-8.1 is amended to add:

F-8.1.3 For each authorized CCP service event, the Department shall, by amendment, specify a method of payment, a payment schedule, and a schedule for quarterly and final actual expenditure reconciliations tailored to the Department's needs assessment projecting the duration of required CCP services.

F-8.1.3.1 In the event the Department projects the duration to be no more than 60 days from the date of a qualifying Presidential Emergency Declaration authorizing CCP services, the method of payment shall be via cost reimbursement invoicing.

F-8.1.3.2 In the event the Department projects the duration to exceed 60 days from the date of a qualifying Presidential Emergency Declaration, the Department may elect to provide pro-rata monthly Network Service Provider payments based on a percentage of the approved budget narrative, subject to a final reconciliation payment.

F-8.1.3.2.1 The Department reserves the right to suspend pro-rata monthly payments for CCP services if, in the Department's determination, any quarterly financial reconciliation identifies the risk of unearned funds at the conclusion of a CCP.

F-8.1.3.2.2 In the event the Department identifies actual unearned funds as a result of the final financial reconciliation of a CCP, the Managing Entity shall return the identified amount within 10 business days of the Department's notification of unearned funds..

50. **Exhibit F1** is replaced by the attached revised **Exhibit F1 (dated 7/1/2021)**.

51. The yellow highlighted portion of the table below amends **F2-2, Table 8.** The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Table 8 - Schedule of Payments for Fiscal Year 2021-2022						
Month of Services	**FY Contract Balance Prior to Payment**	**Fixed Payment Amount**	**Invoice Packet Due Date**	**Progress and Expenditure Report Period**	**Funding Amendments**	**Notes**
Annual Advance	$58,503,131.00	$9,750,521.83	7/1/21	N/A		
Jul-21	$48,752,609.17	$4,062,717.43	8/20/21	July		
Aug-21	$44,689,891.74	$4,062,717.43	9/20/21	August		
Sep-21	$53,487,331.31	$5,348,733.13	10/20/21	September	+$12,860,157.00	#0050
Oct-21	$48,138,598.18	$5,348,733.13	11/20/21	October		
Nov-21	$42,789,865.05	$5,348,733.13	12/20/21	November		
Dec-21	$37,441,131.92	$5,348,733.13	1/20/22	December		
Jan-22	$32,092,398.79	$5,348,733.13	2/20/22	January		
Feb-22	$26,743,665.66	$5,348,733.13	3/20/22	February		
Mar-22	$21,394,932.53	$5,348,733.13	4/20/22	March		
Apr-22	$16,046,199.40	$5,348,733.13	5/20/22	April		
May-22	$10,697,466.27	$5,348,733.13	6/20/22	May		
Jun-22	$5,348,733.14	$5,348,733.14	8/15/22	June		
Total FY Payments		**$71,363,288.00**				
Supplemental Disaster Behavioral Health Funding						
Total Contract Funding		**$71,363,288.00**				

52. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this

Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER:	DEPARTMENT:
SIGNED BY: _____	SIGNED BY: _____
NAME: Nan Rich	NAME: _____
TITLE: Chairperson of the Board	TITLE: _____
DATE: _____	DATE: _____

Exhibit F1 - ME Schedule of Funds
Broward Behavioral Health - Contract# JH343
FY 2021-22 Use Designation - As of 7/01/2021

Other Cost Accumulators Title	Line #	GAA Category	Other Cost Accumulators (OCA)	Federal	State	Total	The Amount of Non-Recurring Funds included in Total Amount
Managing Entity Operational Cost							
ME Administrative Cost	362/374	100610/106220	MHS00	238,228	2,120,373	2,358,601	88,810
ME Care Coordination MHBG Supplemental 1	371	105153	MHCM2	350,000	-	350,000	350,000
ME FL Hurricane Michael Response-ME Operational	362	100610	MHHMA			-	
ME Emergency Covid - Supplemental	371	105153	MHSCS			-	
ME Operational MHBG Supplemental 1	371	105153	MHSM1	59,803	-	59,803	59,803
ME Operational SAPT Supplemental 1	371	105153	MHSS1	100,795	-	100,795	100,795
ME SA McKinsey Settlement - ME Care Coordination	369	102400	MS923	-	394,277	394,277	394,277
ME State Opioid Response Disc Grant Admin - Year 3	374	106220	MSSA3	64,835	-	64,835	64,835
Total Operational Cost				**813,661**	**2,514,650**	**3,328,311**	**1,058,520**
Direct Services Cost							
Mental Health Core Services Funding							
ME Mental Health Services & Support	362/363/ 366/367	100610/100611/ 100777/100778	MH000	3,684,680	15,884,799	19,569,479	470,402
ME MH Services MHBG Supplemental 1	371	105153	MHCOM	781,725	-	781,725	781,725
ME Early Intervention Svs - SMI & Psychotic Disorders	362	100610	MH026	750,000	-	750,000	-
ME MH Citrus Health Network	362	100610	MH094			-	
ME MH State Funded Federal Excluded Services	362/363	100610/100611	MHSFP	-	3,987,608	3,987,608	-
Total Mental Health Core Services Funding				**5,216,405**	**19,872,407**	**25,088,812**	**1,252,127**
Mental Health Discretionary Grants Funding							
ME MH PATH Grant	362	100610	MH0PG	449,639	-	449,639	-
ME Emergency COVID-19 Supp Grant	371	105153	MHCOS	227,023	-	227,023	227,023
ME FL Hurricane Michael Disaster Response	362	100610	MHHMD			-	
ME Transform Transfer Initiative-Peer Spec Jails	362	100610	MHTTI			-	
Total Mental Health Discretionary Grants Funding				**676,662**	**-**	**676,662**	**227,023**
Mental Health Proviso Projects Funding							
ME Stewart-Marchman Behavioral Healthcare	374	108850	MH011			-	
ME MH Personal Enrichment MH CSU	367	100778	MH016			-	
ME Directions for Living	367	100778	MH027			-	
ME David Lawrence Center-Behavioral Health Services	367	100778	MH031			-	
ME Veterans and Families Pilot Program	367	100778	MH032			-	
ME UF Health Center for Psychiatry	367	100778	MH034			-	
ME LifeStream Central Receiving System-Citrus County	367	100778	MH035			-	
ME FL Recovery Schools-YTH BH Wraparound Services	367	100778	MH036			-	
ME Fort Myers Salvation Army	367	100778	MH037			-	
ME Centerstone Florida	367	100778	MH046			-	
ME NW Behavioral Health Services - Training Trauma Now	367	100778	MH048			-	
ME Okaloosa/Walton MH & SA Pretrial Diversion Project	367	100778	MH051			-	
ME MH Starting Point Behavioral Health Care Project Talks	367	100778	MH063			-	
ME Flagler County Mental Health Drop In Center	367	100778	MH064			-	
ME City of West Park - Mental Health Initiative	367	100778	MH065	-	150,000	150,000	150,000
ME Peace River Center Sheriffs Outreach Program	367	100778	MH066			-	
ME MH Indian River-MHA-Walk In Counseling Center	367	100778	MH068			-	
ME Marion County Law Enforcement Co-Responder Program	367	100778	MH069			-	
ME MH Academy at Glengar - Employment Services-Persons with Mental Health Illnesses	367	100778	MH075			-	
ME Leon County Sheriff's Office - Mobile Response Program	367	100778	MH077			-	
ME Community Rehabilitation Center - Project Alive	367	100778	MH078			-	
ME Clay Behavioral Health Center - Crisis Prevention	367	100778	MH089			-	
ME Hillsborough CSU	367	100778	MH819			-	
ME MH Alpert Family Services - Mental Health First Aid Coalition	367	100778	MHAJF			-	
ME Aspire Health Partners Veterans National Guard MH Svc	367	100778	MHASP			-	
ME MH Flagler Health Center Receiving System – St. John	367	100778	MHFHR			-	
ME Renaissance Manor	367	100778	MHRM5			-	
ME Lifestream Center	367	100778	MHS50			-	
ME Circles of Care - Crisis Stabilization	367	100778	MHS52			-	
ME MH Telehealth Behavioral Health Services	367	100778	MHTLH			-	
Total Mental Health Proviso Projects Funding				**-**	**150,000**	**150,000**	**150,000**
Mental Health Targeted Services Funding							
ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	370	102780	MH071	-	150,762	150,762	-
ME MH Community Forensic Beds	362	100610	MH072	-	653,466	653,466	-
ME MH Indigent Psychiatric Medication Program	369	101350	MH076	-	74,817	74,817	-
ME MH Title XXI Children's Health Insurance Program (Behavioral Health Network)	362	100610	MH0BN	408,724	152,168	560,892	-
ME MH Care Coordination Direct Client Services	362	100610	MH0CN	163,303	354,056	517,359	163,303
ME Community Forensic Multidisciplinary Teams	362	100610	MH0FH	-	652,000	652,000	-
ME FACT Medicaid Ineligible	362	100610/108850	MH0FT	303,429	117,700	421,129	240,625
ME MH Temporary Assistance for Needy Families (TANF)	362	100610	MH0TB	769,532	-	769,532	-

ME MH Early Intervention Services MHBG Supplemental 1	371	105153	MH26S	861,475	-	861,475	861,475
ME MH Community Action Treatment (CAT) Teams	361/362	100425/100610	MHCAT	-	750,000	750,000	-
ME Core Crisis Set Aside MHBG Supplemental 1	371	105153	MHCCS	219,060	-	219,060	219,060
ME MH Forensic Community Diversion MHBG Supplemental 1	371	105153	MHCJ3			-	
ME Short Term Residential Treatment (SRT) MHBG	362	100610	MHCR2	1,140,000	-	1,140,000	1,140,000
ME Disability Rights Florida Mental Health	362	100610	MHDRF	-	144,000	144,000	-
ME MH Early Diversion of Forensic Individuals	362	100610	MHEDT			-	
ME MH Supported Employment Services	362	100610	MHEMP	15,385	134,615	150,000	15,385
ME MH Forensic Transitional Beds	362	100610	MHFMH	-	1,401,600	1,401,600	-
ME MH Mobile Crisis Teams	362	100610	MHMCT	-	118,236	118,236	-
ME MH Residential Stability Coordination Supplemental 1	371	105153	MHRES	133,750	-	133,750	133,750
ME Centralized Receiving Facilities	365	100621	MHSCR		4,305,021	4,305,021	-
ME Suicide Prevention MHBG Supplemental 1	371	105153	MHSPV	300,000	-	300,000	300,000
ME Sunrise / Sunset Beds Pilot	362	100610	MHSUN			-	
ME MH Transitional Beds for MH Institution	362	100610	MHTMH			-	
ME Transition Vouchers Mental Health	362	100610	MHTRV	-	147,933	147,933	-
Total Mental Health Targeted Services Funding				**4,314,658**	**9,156,374**	**13,471,032**	**3,073,598**
Subtotal Mental Health				**10,207,725**	**29,178,781**	**39,386,506**	**4,702,748**
Substance Abuse Core Services							
ME Substance Abuse Services and Support	364/366	100618/100777	MS000	5,467,449	6,102,962	11,570,411	-
ME SA Services SAPT Supplemental 1	371	105153	MSCOM	1,624,391	-	1,624,391	1,624,391
ME SA HIV Services	364	100618	MS023	447,027	-	447,027	-
ME SA Prevention Services	364	100618	MS025	1,788,109	-	1,788,109	-
ME SA Drug Abuse Comprehensive Coordinating Treatment (DACCO)	364	100618	MS095			-	
ME Here's Help	364	100618	MS903			-	
ME SA St. Johns County Sheriff's Office - Detox Program	364	100618	MS907			-	
ME SA State Funded Federal Excluded Services	364	100618	MSSFP	-	2,196,194	2,196,194	-
Total Core Services Funding				**9,326,976**	**8,299,156**	**17,626,132**	**1,624,391**
Substance Abuse Discretionary Grants							
ME SA Prevention Partnership Program	364	100618	MS0PP	147,256	-	147,256	-
ME State Opioid Response Disc - Rec Comm Org - Year 2	364	100618	MSRC2	135,883	-	135,883	135,883
ME State Opioid Response Disc - Rec Comm Org - Year 3	364	100618	MSRC3	30,000	-	30,000	30,000
ME State Opioid Response Disc Grant-GPRA - Year 3	364	100618	MSSG3	2,679	-	2,679	2,679
ME State Opioid Response SVCS-MAT - Year 2	364	100618	MSSM2	500,000	-	500,000	500,000
ME State Opioid Response SVCS-MAT - Year 3	364	100618	MSSM3	1,465,000	-	1,465,000	1,465,000
ME State Opioid Response Disc Grant SVCS-Prevent - Year 3	364	100618	MSSP3	80,121	-	80,121	80,121
Total Discretionary Grants Funding				**2,360,939**	**-**	**2,360,939**	**2,213,683**
Substance Abuse Proviso Projects							
ME Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families	364	100618	MS081	-	1,043,188	1,043,188	-
ME SA Family Intensive Treatment (FIT)	364	100618	MS091	400,000	400,000	800,000	-
ME SA Memorial Healthcare-Medication Assisted Treatment Program	367	100778	MS912	500,000	-	500,000	500,000
ME Gateway Community Services-Saving Lives Project	367	100778	MS916			-	
ME Specialized Treatment, Education and Prevention Services-Women's Residential Treatment	367	100778	MS917			-	
ME SA St. Johns Epic Recovery Center - Women's Residential Bed Capacity	367	100778	MS918			-	
ME SA Here's Help Juvenile Residential Treatment Expansion	367	100778	MS921			-	
ME Broward Health - Integrated Medication Assisted Treatment Response	367	100778	MS922	426,604	-	426,604	426,604
ME SA McKinsey Settlement - SA Services	369	102400	MS925	-	735,363	735,363	735,363
ME SA Change Everything Initiative Opioid Crisis Pilot	367	100778	MSCEI			-	
ME SA Seminole County Sheriff Opioid ARC Partnership	367	100778	MSCS0			-	
ME SA Long Acting Injectable Buprenorphine Pilot Program	367	100778	MSLAB	158,184	-	158,184	158,184
Total Proviso Projects Funding				**1,484,788**	**2,178,551**	**3,663,339**	**1,820,151**
Substance Abuse Targeted Services							
ME SA Care Coordination Direct Client Services	364	100618	MS0CN	75,869	75,869	151,738	-
ME SA Temporary Assistance for Needy Families (TANF)	364	100618	MS0TB	543,371	-	543,371	-
ME SA Primary Prevention SAPT Supplemental 1	371	105153	MS25S	1,528,280	-	1,528,280	1,528,280
ME SA Community Based Services	364	100618	MSCBS	-	1,428,616	1,428,616	-
ME SA NES/SEN Care Coordination SAPT Supplemental 1	371	105153	MSCS2	300,000	-	300,000	300,000
ME SA Prevent Partnership Program SAPT Supplemental 1	371	105153	MSPPS	300,000	-	300,000	300,000
ME SA Suicide Prevention SAPT Supplemental 1	371	105153	MSSPV	200,000	-	200,000	200,000
ME Transition Vouchers Substance Abuse	364	100618	MSTRV	-	96,056	96,056	-
ME SA Transitional Vouchers SAPT Supplemental 1	371	105153	MSTVS	450,000	-	450,000	450,000
Total Targeted Services Funding				**3,397,520**	**1,600,541**	**4,998,061**	**2,778,280**
Subtotal Substance Abuse				**16,570,223**	**12,078,248**	**28,648,471**	**8,436,505**
Total All Fund Sources				**27,591,609**	**43,771,679**	**71,363,288**	**14,197,773**
Supplemental Disaster Behavioral Health (DBH) Response Funds							
Total DBH Response Funds				**-**	**-**	**-**	**-**
Total FY Contract Amount				**27,591,609**	**43,771,679**	**71,363,288**	**14,197,773**

BBHC
BROWARD BEHAVIORAL HEALTH COALITION

2021-2022

Cultural Competency and Diversity Plan

2021-2022

ABOUT BROWARD BEHAVIORAL HEALTH COALITION

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and designated by the Florida Department of Children and Families (DCF) as Broward County's (Circuit 17) managing entity for mental health and substance abuse services. Its purpose is to coordinate and fund services, for and on behalf of adults, children, youth, and young adults in the Broward County community.

The Substance Abuse and Mental Health (SAMH) Program Office of the Department of Children and Families contracts with BBHC to provide the administration, management, support and oversight of the state funded Substance Abuse and Mental Health system of care in Broward County.

BBHC ensures quality and best practices are provided to consumers and families seeking services in Broward County.

MISSION STATEMENT

To advocate and ensure that an effective and efficient behavioral health system of care is available in Broward County.

VISION STATEMENT

Ensuring a responsive and compassionate behavioral healthcare experience for people in our community.

VALUE STATEMENT

Consumer driven, cultural competence, compassionate service, efficient management, innovative system, fiscal integrity.

THE PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES

Broward Behavioral Health Coalition (BBHC) is committed to maintaining the value of cultural competency at the forefront of our daily interactions with children, youth, young adults, and families, as well as with system partners and service providers. We are committed to action from all System of Care partners that is directed and focused.

Broward Behavioral Health Coalition will ensure that children, youth, young adults, and families regardless of racial, ethnic or linguistic groups, religious, spiritual, biological, geographical, or sociological characteristics, socio- economic status, literacy, age, country of origin, degree of acculturation, educational level attained, gender identity, gender preference or sexuality, generation, health practices and beliefs, military affiliation, physical ability or limitations, political beliefs, place of residence (i.e. urban, rural, suburban), sex, or sexual orientation receive effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and communication needs.

CLAS STANDARD	Action Plan	Target Date	Status	Responsibility
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.	• BBHC participants can expect that all service providers will provide culturally and linguistically competent Mental Health and Substance abuse services. • BBHC QI Department will use the CLC monitoring tool during on-site visits with service Providers to assess the implementation of the CLAS Standards. • BBHC will ensure that effective communication with persons or companions is taking place at BBHC and the BBHC Subcontractor level.	July 2021 - June 2022 July 2021- June 2022	Ongoing Ongoing during Provider monitoring On-going during Provider Monitoring	QI Department: QI Manager, CQI Coordinator, OCP3 Social Marketing & CLC Committee, OCP3 Evaluation Committee QI Department: QI Manager, CQI Coordinator and Program/Contract Monitors BBHC Network Providers Monitoring of Providers Auxiliary Aid Plans
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	• BBHC Stakeholders in the System of Care will strive to develop skills to competently serve the individuals receiving services as well as to work with those involved in the System of Care on all levels. • BBHC will acknowledge and respect the social strengths (such as support networks), family ties, spiritual beliefs, holidays, and alternative healing modalities of the cultural groups in Broward County being served through BBHC and within BBHC.	July 2021 - June 2022	Ongoing Ongoing	QI Department: QI Manager, CQI Coordinator and Program/Contract Monitors BBHC Network Providers
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	• BBHC recruits, hires, and promotes through staff retention guidelines and practices, efforts made and reinforced to assure that culturally and linguistically competent, diverse staff and community providers are available to serve the population of focus. • BBHC will focus on educating staff in areas of racial and cultural disparities and issues.	July 2021 - June 2022	Ongoing Ongoing	QI Department: QI Manager, CQI Coordinator, OCP3 Project Director

CLAS STANDARD	Action Plan	Target Date	Status	Responsibility
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	• BBHC will continue to teach concepts that support the understanding and pride in one's own diversity, as well as including, understanding, respecting, being sensitive to, and accepting the diversity of others. BBHC provides educational opportunities to service providers within the System of Care to develop awareness of attitudes, beliefs, knowledge, and skills to effectively respond to culturally diverse families.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator, OCP3 Director, OCP3 System of Care Clinical Integration Coordinator
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	• BBHC offers language assistance to individuals who have limited English proficiency and/or other communications needs at no cost to them, to facilitate timely access to all health care and services. • BBHC will ensure Service Providers are providing language assistance services at no cost to the persons-served.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator and Program/Contract Monitors BBHC Network Providers
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	• When appointments are made or participants are invited to meetings or events, BBHC will inform participants of the availability of language assistance services clearly and in their preferred language.	July 2021 - June 2022	Ongoing	QI Department: QI Manager OCP3 meeting facilitators
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	• BBHC will ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. Please reference BBHC Auxiliary Aid Plan for further details.	July 2021 - June 2022	Ongoing	QI Department: QI Manager

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	• BBHC will provide the following documents available in the languages most spoken by the populations served:
	  • Language Assistance Notice
	  • Consumer Satisfaction Surveys
	  • OCP3 Consent forms
		July 2021 - June 2022	Ongoing	QI Department:
				QI Manager, CQI Coordinator
				OCP3 Project Director

CLAS STANDARD	Action Plan	Target Date	Status	Responsibility
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	• BBHC will continue supporting activities planned by the Social Marketing and CLC committee to decrease disparities in racisms, biases, and stereotypes such as. • BBHC's budget will include funding for interpretation and translation needs. • BBHC supports the ongoing development and implementation of culturally and linguistically competent services (including outreach, engagement, social marketing, and community events) through the allocation of dedicated funding and available resources. This includes the development and implementation of ongoing comprehensive cultural and linguistic competency assessments. • BBHC will continue implementing and updating policies on: o Codes of Conduct o Conflict of Interest o Diversity and Inclusion	July 2021 - June 2022 July 2021- June 2022	Ongoing On-going	QI Department: Director of Administration, QI Manager OCP3 Social Marketing and CLC committee Human Resource Manager
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	• BBHC integrated CLAS Standards into the Quality/Assurance and monitoring processes during on-site visits with service Providers. • During monitoring, BBHC ensures that screenings, assessments or diagnostic protocols, health promotion, prevention, and treatment protocols are adapted for culturally diverse groups in Broward County who access BBHC funded programs.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator and Program/Contract Monitors
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	• BBHC will continue collecting data during OCP3 evaluations, which are related to racial, ethnic, religious, spiritual, linguistic, national, international heritage, sexual orientation, gender, gender expression, gender identity, history, health beliefs and practices, discrimination, and historical barriers on underserved populations.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator, OCP3 Equity and Evaluation Committee

CLAS STANDARD	Action Plan	Target Date	Status	Responsibility
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	• BBHC will conduct a survey or a focus group of community assets using community members as information sources. • Triennial Needs Assessment • BBHC will continue supporting the activities and reviewing the results from the OCP3 Equity and Evaluation Subcommittee meetings and events.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator OCP3 Equity and Evaluation
13. Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	• BBHC will collaborate with a diverse group of local agencies, including: ▪ OCP3 Committee Meetings ▪ CQI Committee Meetings • BBHC will secure representation of committee members of leadership positions, committees, and board of directors.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator, OCP3 Project Director and OCP3 System of Care Clinical Integration Coordinator
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	• BBHC's Continuous Quality Improvement (CQI) Department will assess conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	July 2021 - June 2022	Ongoing	QI Department: QI Manager, CQI Coordinator
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	• BBHC will monitor CLC activities to sustain the CLC plan. Progress will be reported regarding the implementation and sustaining CLAS standards within the Network service providers to all stakeholders, constituents, and the public.	July 2021 - June 2022	Ongoing	OCP3 Implementation Committee, Director or Administration, QI Manager, CQI Coordinator

July 2, 2021

Ms. Sylvia Quintana
Chief Executive Officer
Broward Behavioral Health Coalition, Inc.
3521 West Broward Blvd., Suite 206
Lauderhill, FL 33312

Financial and Administrative Review of Broward Behavioral Health Coalition, Inc., Program and Contracts – Broward Youth Re-entry Collaborative #18-6430 and Community Trauma Response Counseling #18-6431.

Dear Ms. Quintana:

The Children's Services Council of Broward County (CSC) completed the financial and administrative review of Broward Behavioral Health Coalition, Inc., programs and contracts: Broward Re-entry Collaborative #18-6430 and Trauma Responsive Counseling #18-6431 funded by the CSC. The monitoring tools and findings are included in the summary of the financial and administrative report.

In general, Broward Behavioral Health Coalition, Inc. has sufficient controls in place to manage the programs. There were no findings that impacted the administration of the programs.

Family Strengthening – 18-6430:

- You are commended for a financial and administrative review with no findings.

Community Trauma Response Counseling – 18-6431:

- You are commended for a financial and administrative review with no findings.

A copy of this report has been retained in your file for future reference. If you plan to apply for future funding, the contents will be considered during the rating of your funding proposal.

Thank you for your cooperation during the review process. We hope that you find the administrative evaluation informative. Your agency can respond in writing with feedback to the financial and administrative review experience and report. If you have questions, please contact me at (954) 233-1288 or awilliams@cscbroward.org.

Sincerely,

Alicia Williams
Assistant Director of Finance

Children's Services Council
Fiscal Administrative
In-Depth Assessment Tool

Agency Name: Broward Behavioral Health Coalition, Inc.

Contract Information:

Number	Allocation	Reimbursement Type
18-6430	$60,000	Cost Reimbursement

Program Name: Family Strengthening Program

Program Address: 3521 W. Broward Blvd, Suite 206, Lauderhill, FL 33312

Monitor's Name: Johannie Stanley

Date of Review: June 29, 2021

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General			
Objectives: These questions provide an overview of the agency's capabilities in managing human resources issues and establishing and following its procedures as required by best practices. Document observations.			
Are employee records securely stored?	☐ Yes	☐ No	☒ N/A
Are all budgeted positions currently filled?	☐ Yes	☐ No	☒ N/A
Has the agency had staff turnover related to this Program?	☐ Yes	☐ No	☒ N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: No employee associated with the program.

Personnel/Employee File	

Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation ("***Maintain Company Page***") on file for E-Verify, effective January 1st, 2021? a) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021. b) Does not employ, contract with, or subcontract with an unauthorized alien. c) Has obtained affidavits from its applicable subcontractors' swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien. d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	☐	☐	☒
	Yes	No	N/A

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	☐	☐	☒
	Yes	No	N/A
Does the agency have established Job Descriptions?	☐	☐	☒
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	☐	☐	☒
	Yes	No	N/A
Is the required Educational Certification on file?	☐	☐	☒
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or current School Board security clearance badge?	☐	☐	☒
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	☐	☐	☒
	Yes	No	N/A

Comments: None.

Payroll Records	

Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	☐	☐	☒
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	☐	☐	☒
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	☐	☐	☒
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	☐ Yes	☐ No	☒ N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	☐ Yes	☐ No	☒ N/A
Are employment taxes paid to date?	☐ Yes	☐ No	☒ N/A

Comments: None.

Fiscal

Invoice and Billing

Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.

Select a random number of invoices and test to determine the following:
Months selected: Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☒ Apr ☒ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐

A. Do the attendance records and other supporting documentation flow through to the invoice correctly?	☐ Yes	☐ No	☒ N/A
B. For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	☐ Yes	☐ No	☒ N/A
Does the agency have an accounting system to properly account for CSC related transactions (revenues and expenses)?	☒ Yes	☐ No	☐ N/A
Are cost centers easily identified?	☒ Yes	☐ No	☐ N/A
Are invoices submitted by the 10th of the month? If not, please state the date of submission.	☐ Yes	☒ No	☐ N/A
Does authorized staff/management approve the invoice?	☒ Yes	☐ No	☐ N/A
Are procedures established and implemented to eliminate duplicate billing?	☒ Yes	☐ No	☐ N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	☐ Yes	☐ No	☒ N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	☐ Yes	☐ No	☒ N/A

Comments:

Start-Up\Flex Funds\Value-Added

Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.

Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	☐ Yes	☐ No	☒ N/A

Does the agency have an internal procedure to verify and track Flex Funds expenditures?	☒ Yes	☐ No	☐ N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	☒ Yes	☐ No	☐ N/A
– Is there evidence that such procedures are implemented?	☒ Yes	☐ No	☐ N/A
– Does the procedure allow for cash disbursements?	☐ Yes	☒ No	☐ N/A
– Are the expenses authorized and approved by appropriate personnel?	☒ Yes	☐ No	☐ N/A
– Is documentation available to back up the expenditures of the Start-Up, Flex Funds, or Value-Added?	☒ Yes	☐ No	☐ N/A

Comments: None.

Match/Leverage Contributions

Objective: To identify the agency's efforts in ensuring that Match and Leverage requirements do not conflict with each other and are utilized in accordance with the specification of the contributor or funding source.

Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions properly allocated to this Program?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	☐ Yes	☐ No	☒ N/A
Are contributions reasonably valued?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures utilized by the agency to ensure that contributions are only reported once. (*Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)*	☐ Yes	☐ No	☒ N/A
Is Leverage associated with the contract?	☐ Yes	☐ No	☒ N/A
A. If yes, is there evidence of support?	☐ Yes	☐ No	☒ N/A
B. If support is not provided, explain.			

Comments: None.

Property (If Applicable)			
Objective: *To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)*			
Perform only if CSC has funded the agency, in current or prior funding cycles, for fixed assets such as computers or equipment.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	☐ Yes	☐ No	☒ N/A
Are Program fixed assets being used in accordance with the funding intent?	☐ Yes	☐ No	☒ N/A
Asset additions and/or disposals have properly been documented and reported to CSC?	☐ Yes	☐ No	☒ N/A
Assets are adequately protected from theft and/or deterioration, damage?	☐ Yes	☐ No	☒ N/A
Comments: None.			

Sub-Contractors (If Applicable)			
Objective: *To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.*			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	☐ Yes	☒ No	
Does the subcontractor have a contract?	☐ Yes	☐ No	☒ N/A
Is the required attestation ("***Maintain Company Page***") on file for E-Verify from the subcontractor(s)? a) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. b) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	☐ Yes	☐ No	☒ N/A
Are level II background screenings for subcontractors performed?	☐ Yes	☐ No	☒ N/A
Are the payments to the sub-contractors consistent with the contract?	☐ Yes	☐ No	☒ N/A
Comments: None.			

Financial Statements			
Objective: *To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.*			

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	☐	☒	☐
Fiscal year-end: 6/30/2020 Date of Submission: 1/22/2021	Yes	No	N/A
If submitted late, was an extension granted?	☒	☐	☐
If yes, date of extension: 1/31/2021	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	☒	☐	☐
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: Provisional
Financial Statement year-end: 6/30/2020

Comments: None.

Budget to Actual

Objective:
To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	☐	☐	☒
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	☐	☐	☒
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	☐	☐	☒
	Yes	No	N/A

If yes, explain.

Comments: None.

Fiscal Sponsor

Objective:
To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?	☐	☒	
If yes, complete and attach the Fiscal Sponsor Questionnaire.	Yes	No	

Children's Services Council
Fiscal Administrative
In-Depth Assessment Tool

Agency Name: Broward Behavioral Health Coalition, Inc.

Contract Information:

Number	Allocation	Reimbursement Type
18-6431	$500,000	Cost Reimbursement

Program Name: Trauma Program

Program Address: 3521 W. Broward Blvd, Suite 206, Lauderhill, FL 33312

Monitor's Name: Johannie Stanley

Date of Review: June 30, 2021

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the organization's internal controls' effectiveness while focusing on specific components related to CSC's funded Program.

Personnel - General			
Objectives: These questions provide an overview of the agency's capabilities in managing human resources issues and establishing and following its procedures as required by best practices. Document observations.			
Are employee records securely stored?	☒ Yes	☐ No	☐ N/A
Are all budgeted positions currently filled?	☒ Yes	☐ No	☐ N/A
Has the agency had staff turnover related to this Program?	☐ Yes	☒ No	☐ N/A

If so, how many, what positions, length of time vacant, and date filled.

Comments: The program employs one staff; The personnel file and payroll register were reviewed for the Preliminary Monitoring. I reviewed the time sheets and payroll registers to ensure that the employee is still employed. The agency still has the same employee, no turn-over was noted for the program.

Personnel/Employee File			

Objective: To ensure that the agency properly maintains the required documentation and the requirements met regarding its staff, such as testing, qualifications, licenses, and training. Document your results in a work paper and submit it with the report.

Is the required attestation ("***Maintain Company Page***") on file for E-Verify, effective January 1st, 2021? e) Uses the E-Verify system to verify the work authorization of all newly hired employees, contractors, and subcontractors effective January 1st, 2021. f) Does not employ, contract with, or subcontract with an unauthorized alien. g) Has obtained affidavits from its applicable subcontractors' swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien. h) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	☒	☐	☐
	Yes	No	N/A

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random selection of files should be selected from Exhibit A, which is part of the respective contract.

Is there a job application and/or resume on file?	☒	☐	☐
	Yes	No	N/A
Does the agency have established Job Descriptions?	☒	☐	☐
	Yes	No	N/A
Does the staff meet the minimum educational requirements as stated in the contract?	☒	☐	☐
	Yes	No	N/A
Is the required Educational Certification on file?	☒	☐	☐
	Yes	No	N/A
Has staff received a Background Check (level II for all personnel) or current School Board security clearance badge?	☒	☐	☐
	Yes	No	N/A
Is there a current Attestation / Affidavit of good moral character on file?	☒	☐	☐
	Yes	No	N/A

Comments: None.

Payroll Records			

Objective: To determine if the agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a work paper.

Review sample of Payroll journals to ensure that they include: staff name, salary, benefits, hours worked, payroll period, and deductions.	☒	☐	☐
	Yes	No	N/A
A. For a sample of employees charged to the Program, review that positions, salaries, and benefits match the budget approved by the funding agency. Do they match?	☒	☐	☐
	Yes	No	N/A
B. For the salaries and benefits which do not match the budget, is the variance within 10%? If not, provide details.	☒	☐	☐
	Yes	No	N/A

C. For a sample of employees charged to the Program, ensure that recorded time worked matches time paid as reflected in the Payroll Journal. Do they match?	☒ Yes	☐ No	☐ N/A
D. Review the agency's Form 941 along with copies of tax receipts. Was IRS Form 941 filed on time?	☒ Yes	☐ No	☐ N/A
Are employment taxes paid to date?	☒ Yes	☐ No	☐ N/A

Comments: None.

Fiscal

Invoice and Billing

Objective: To ensure that the invoices are accurately prepared and adequately documented and program revenues are appropriately managed.

Select a random number of invoices and test to determine the following:
Months selected: Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☒ Apr ☒ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐

C. Do the attendance records and other supporting documentation flow through to the invoice correctly?	☒ Yes	☐ No	☐ N/A
D. For invoices that do not flow through to the documentation correctly, is the variance within 3%? If not, please provide detail.	☒ Yes	☐ No	☐ N/A
Does the agency have an accounting system to properly account for CSC related transactions (revenues and expenses)?	☒ Yes	☐ No	☐ N/A
Are cost centers easily identified?	☒ Yes	☐ No	☐ N/A
Are invoices submitted by the 10th of the month? If not, please state the date of submission.	☐ Yes	☒ No	☐ N/A
Does authorized staff/management approve the invoice?	☒ Yes	☐ No	☐ N/A
Are procedures established and implemented to eliminate duplicate billing?	☒ Yes	☐ No	☐ N/A
Does the agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable)	☐ Yes	☐ No	☒ N/A
Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice as Third-Party payments?	☐ Yes	☐ No	☒ N/A

Comments: None.

Start-Up\Flex Funds\Value-Added

Objective: To ensure that the agency has documented internal procedures to manage Start-Up, Flex Funds, and Value-Added expenditures.

Does the agency have an internal procedure for managing the requests and approvals for Start-Up expenditures?	☐ Yes	☐ No	☒ N/A

Does the agency have an internal procedure to verify and track Flex Funds expenditures?	☒ Yes	☐ No	☐ N/A
Does the agency have an internal procedure to verify and track Value-Added expenditures?	☒ Yes	☐ No	☐ N/A
– Is there evidence that such procedures are implemented?	☒ Yes	☐ No	☐ N/A
– Does the procedure allow for cash disbursements?	☐ Yes	☒ No	☐ N/A
– Are the expenses authorized and approved by appropriate personnel?	☒ Yes	☐ No	☐ N/A
– Is documentation available to back up the expenditures of the Start-Up, Flex Funds, or Value-Added?	☒ Yes	☐ No	☐ N/A

Comments: None.

Match/Leverage Contributions

Objective: To identify the agency's efforts in ensuring that Match and Leverage requirements do not conflict with each other and are utilized in accordance with the specification of the contributor or funding source.

Does the agency have procedures in place to record receipt of Match/Leverage Contributions outlined in the budget?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions properly allocated to this Program?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions utilized according to the intent of the agency?	☐ Yes	☐ No	☒ N/A
Are contributions reasonably valued?	☐ Yes	☐ No	☒ N/A
Are Match/Leverage Contributions reported to CSC appropriately and accurately? Review procedures utilized by the agency to ensure that contributions are only reported once. (*Note: an agency may report Match/Leverage on monthly invoice or once at the end of the contract the year)*	☐ Yes	☐ No	☒ N/A
Is Leverage associated with the contract?	☐ Yes	☐ No	☒ N/A
C. If yes, is there evidence of support?	☐ Yes	☐ No	☒ N/A

D. If support is not provided, explain.

Comments: None.

Property (If Applicable)			
Objective: *To ensure that the agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)*			
Perform only if CSC has funded the agency, in current or prior funding cycles, for fixed assets such as computers or equipment.			
Perform a physical inventory of a sample of CSC program assets selected from CSC's fixed assets register. Do they agree? Note any discrepancies.	☐ Yes	☐ No	☒ N/A
Are Program fixed assets being used in accordance with the funding intent?	☐ Yes	☐ No	☒ N/A
Asset additions and/or disposals have properly been documented and reported to CSC?	☐ Yes	☐ No	☒ N/A
Assets are adequately protected from theft and/or deterioration, damage?	☐ Yes	☐ No	☒ N/A
Comments: None.			

Sub-Contractors (If Applicable)			
Objective: *To ensure that work performed by agents outside the agency meets the needs and the intent of CSC.*			
Perform only if sub-contractors are being paid for direct services, with funding covered by this contract.			
Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.)	☒ Yes	☐ No	
Does the subcontractor have a contract?	☒ Yes	☐ No	☐ N/A
Is the required attestation ("***Maintain Company Page***") on file for E-Verify from the subcontractor(s)? c) Affidavits from its applicable subcontractors swearing and affirming that such subcontractor does not employ, contract with, or subcontract with an unauthorized alien effective January 1st, 2021. d) Maintain a copy of any such subcontractor affidavits for the duration of the applicable CSC contract.	☒ Yes	☐ No	☐ N/A
Are level II background screenings for subcontractors performed?	☒ Yes	☐ No	☐ N/A
Are the payments to the sub-contractors consistent with the contract?	☒ Yes	☐ No	☐ N/A
Comments: None.			

Financial Statements	
Objective: *To determine that the agency's financial statements are presented fairly in all material respects and determine its fiscal solvency.*	

Did the agency submit audited financial statements to the CSC within 180 days of the close of its fiscal year?	☐	☒	☐
Fiscal year-end: 6/30/2020 Date of Submission: 1/22/2021	Yes	No	N/A
If submitted late, was an extension granted?	☒	☐	☐
If yes, date of extension: 1/31/2021	Yes	No	N/A
Was the audit conducted in accordance with Generally Accepted Auditing Standards in the United States of America (GAAS)	☒	☐	☐
	Yes	No	N/A

Agency's fiscal viability status based on the most recent financial statements submitted

Financial Viability Status: Provisional
Financial Statement year-end: 6/30/2020

Comments: None.

Budget to Actual

Objective:
To determine completion of the agency's Budget to Actual at contract year-end.

Did the agency submit the prior year's Budget to Actual Report in SAMIS on or before November 30th?	☐	☐	☒
Date of Submission: 0/00/0000	Yes	No	N/A
If submitted late, was an extension granted?	☐	☐	☒
Date of extension: 0/00/0000	Yes	No	N/A
Was variance in excess of 10% (over or under) of the original budget?	☐	☐	☒
	Yes	No	N/A

If yes, explain.

Comments: None.

Fiscal Sponsor

Objective:
To determine the Fiscal Sponsor has completed the Monitoring Questionnaire for Fiscal Sponsorship Activities for the participating agency.

Does the agency have a Fiscal Sponsor?	☐	☒	
If yes, complete and attach the Fiscal Sponsor Questionnaire.	Yes	No	

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Evaluation of Outcomes of Youth and Young Adults Being Served under the Transition to Independence Process (TIP) Model by a Six Agency Collaborative

Rhonda Bohs[a], Tiffany Lawrence[b], and Hewitt B. Rusty Clark[c]

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ABSTRACT

Two studies were conducted to evaluate the progress and outcomes of youth and young adults with serious mental health conditions being served by six agencies using the *Transition to Independence Process (TIP) Model*. The first study presents pre/post outcomes for the young people being served and examines some differential outcomes of gender, race, and diagnoses; and the second study involved a comparison between the TIP Model group and a typical case management group. The young people being served in the TIP Model showed improvements in areas of: daily-life functioning, employment, education, substance use, and involvement of hospitalization/crisis services related to mental health, drug use, and/or criminal justice. The comparison study demonstrated that the TIP Model group had better outcomes than the case management group. These improved outcomes were accomplished under a large county collaborative that had implemented the TIP Model and related supportive infrastructure. Implications of the finding and future research are discussed.

KEYWORDS

Transition to adulthood; serious mental health conditions; outcomes of youth and young adults; transition to independence process (TIP) model; peer support specialists

During their transition to adulthood, all youth and young adults face decisions about new social situations and responsibilities, future career and educational goals, self-management of behavior and substance use, and development and maintenance of supportive and intimate relationships (Arnett, 2004). For these emerging adults, this is a period of "discovery." Young people with serious mental health conditions (SMHCs) are particularly challenged during this transition period, and as a group, experience some of the poorest secondary school and postsecondary school outcomes among any disability group (H.B. Clark & Unruh, 2009; Hodgekins et al., 2015; A. J. Sheidow et al., 2012; Lee et al., 2017).

More specifically, this population of youth and young adults with SMHCs and related problems have higher secondary school dropout rates, higher rates of arrest, incarceration, substance use, and unemployment, and lower rates of independent living compared to their peers without disabilities (Davis et al., 2009; A. J. Sheidow et al., 2012; Klodnick et al., 2020; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2018). According to Wagner and Newman (2012), a large number of students with SMHCs drop out of high school annually which is related to lower wages (Rouse, 2007), lower employment rates (U.S. Department of Labor, 2010), and poorer health (Pleis et al., 2010). Additionally, there are increased costs to society due to dropouts

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including an average of 240,000 USD over one's lifetime related to lost tax contributions, reliance on welfare and Medicaid, and involvement in criminality (Belfield & Levin, 2007).

Some of these young adults also live with "chronic trauma." A groundbreaking epidemiological study (Adverse Childhood Experiences Study [ACES], Schilling et al., 2007) found that childhood trauma is associated with adult onset of chronic disease, as well as life-altering social and emotional problems. ACES also found a very strong association between childhood adversity and depression, anti-social behaviors and drug use in young adults. Trauma that is prolonged, cumulative, and recurrent has a profound impact on developing brains. "Because the transition to adulthood is a watershed developmental period, the mental health consequences of ACES are likely to have far-reaching impact by disrupting the establishment of positive roles and relationships that set the course for adult occupational and social attainment" (Schilling et al., 2007, p. 7).

Fragmented services and limited access across different programs (e.g., mental health, education, vocational rehabilitation, juvenile justice, child welfare, housing) and funding mechanisms (e.g., Social Security, state and local appropriations, Medicaid, federal block grants) further complicate this transition period for young people with SMHCs and their families. For the most part, each of these program components has entirely different eligibility requirements, and the child-serving and adult-serving programs often operate under different philosophies. Although each program may provide some essential services individually, it is often next to impossible for young people, parents, and practitioners to navigate across them due to the complexities and fragmentation within and between programs/systems (Davis et al., 2009; Hoffman et al., 2009; Klodnick et al., 2020; Pottick et al., 2008; Unruh & Clark, 2009). These difficulties in accessing appropriate services and the poor outcomes that many of these young people experience may also impact them over their entire life in areas such as employability, lower wages, and homelessness (A. J. Sheidow et al., 2012; Klodnick et al., 2020; Rouse, 2007; U.S. Department of Labor, 2010) and cost society through their lack of productive engagement, minimal tax contributions, and reliance on public services, such as Medicaid, welfare, correctional facilities, and emergency room services (Belfield & Levin, 2007).

The resulting poor outcomes for these youth and young adults are extremely costly on three fronts: (1) the individual and their family; (2) security and comfort of the community; and (3) local, state, and federal governmental entities. These "costs" are not just in the form of tax dollars and lost productivity, but also the human toll on young people, their families, and our society.

Program background

Transition to independence process (TIP) model

The Transition to Independence Process (TIP) Model is a research-supported treatment that prepares and supports youth and young adults (Y&YAs; ages 14–29 years old) with SMHCs in their transitions into employment/career, educational opportunities, living situations, personal effectiveness/wellbeing, and community-life functioning: aka "transition domains" (H. B. Clark & Hart, 2009; Dresser et al., 2014; Karpur et al., 2005). The TIP Model is operationalized through seven principles that transition facilitators (i.e., proactive intensive case managers) use in guiding their work with Y&YAs across individually relevant

transition domains. The transition facilitators are also trained and coached in effective, developmentally appropriate TIP Model core practices to apply with Y&YAs to advance their setting of their own goals, achievement of goals, and in the learning of improved skill functioning across relevant areas such as daily living, social interactions, emotional regulation, managing high risk behaviors, and problem-solving and decision-making. A transition facilitator "partners" with a youth or young adult (Y/YA) to assist them in taking the helm and steering their own future (Dresser et al., 2014; Walker, 2015).

Broward behavioral health coalition

The Broward Behavioral Health Coalition, Inc. (BBHC) is the lead organization for the coordination of behavioral health services across Broward County, Florida. This county is a large metropolitan area that encompasses Fort Lauderdale and had a population of about 1.9 million people in 2017, with about 228,500 of these being in the 15 to 24 age range. The population also had wide racial, ethic, and economic diversity. There were 17 behavioral health provider agencies in the county. In about 2012, the BBHC established a Program Implementation and Evaluation Committee that was focused on identifying priority needs across the county and on planning and recommending areas of expansion that could be undertaken in the short term and others that might require additional funding. In October 2015 BBHC and Broward County received a SAMHSA System of Care Expansion grant[1] to further advance its community collaborative for transition to adulthood.

Program implementation

BBHC's program implementation and sustainability efforts were guided by implementation literature (Bond et al., 2014; Fixsen et al., 2005). During the years prior to the start of the grant project, the national TIP Model consultants were already collaborating with BBHC and its six provider agencies to implement the TIP Model. The consultants provided (and continued to provide as needed) competency-based training through TIP Model Cross-Site Forums and technical assistance to the teams, their agencies, and BBHC personnel. The transition facilitators and the supervisory personnel were taught and coached in the application of the TIP Model principles and core practices (e.g., In-vivo Teaching, SODAS Problem-Solving & Decision-Making method, Prevention Planning for High-Risk Behaviors).

Some of the infrastructure that was initiated earlier and continued under the grant was building site capacity for maintaining the TIP Model. For example, the TIP Model national consultants had already established some certified Site-Based Trainers (SBTs) to assist in the implementation of the TIP Model at agencies by providing training to new personnel at teams. The SBTs, along with the TIP consultants, also provided TIP Model orientation sessions to representatives from other entities (e.g., Juvenile Justice, Child Welfare, school district, community college, other provider agencies) across the county. The national TIP Model Fidelity Assessors had also conducted fidelity and concurrently mentored a couple local individuals who worked at the BBHC and were fully trained in the TIP Model to become Regional Fidelity Assessors. Once they were certified, they contributed to the ability

of the system to provide fidelity reviews and ongoing quality improvement (Dresser et al., 2014: Walker & Baird, 2018).

The grant also positioned the BBHC and its provider agencies with "shovel-ready features" to implement once the grant was secured. An example of a "shovel-ready feature" that was undertaken at the start of the grant was the implementation of supported employment teams at two other provider agencies. Supported employment used the IPS approach (individual placement and support) and established two small IPS teams, both composed of a supervisor and two IPS practitioners. All of the IPS team members were trained and certified in this approach and were also oriented to the TIP Model. Similarly, the personnel on the six TIP Model team were oriented to the IPS approach. Also, if a transition facilitator referred a Y/YA to an IPS team, the transition facilitator remained as the "primary" facilitator for the Y/YA and would meet with the IPS specialist and the Y/YA each week for planning and coordinating services. However, the availability of the 4 IPS personnel was limited in that young adult and adult referrals were coming in from all 17 provider agencies.

Purpose of the evaluation project

In March 2016, an evaluation was begun to examine the progress and outcomes of the Y&YAs being served by the transition teams at the six provider agencies that had implemented the TIP Model as the primary practice approach for their services. At the time of the evaluation, each of the teams were composed of 4–6 transition facilitators and 1–2 peer wellness specialists – all of whom were trained and mentored in the application of the TIP Model and its principles and practices for engaging and collaborating with the Y&YAs.

The first study provides quantitative analyses on the progress and outcomes for the Y&YAs and also some sub-analyses focused on gender, race, and diagnoses. A second study provides a comparison study between a sample of Y&YAs being served by the TIP Model teams and a similar sample receiving traditional case management services.

Study 1: Outcomes from TIP model intervention

Although the TIP Model has been shown to improve the progress and outcomes of Y&YAs at different sites (Dresser et al., 2014; Karpur et al., 2005; Klodnick et al., 2020), this current research involved examining outcomes for the Y&YAs being served by transition teams at six different provider agencies within a large TIP Model county collaborative. Another aspect of this study was to examine the outcomes over different episodes of exposure to the TIP Model. It is important to examine if an intervention is as effective with short verse long exposure in order to reach more young people since most transition programs have limited capacity at any given time (Davis, Sheidow, et al., 2015). Also, there is growing evidence that the progression toward adulthood roles varies by gender, racial/ethnicity, and diagnoses (Armstrong et al., 2003; Newman et al., 2011; Wagner et al., 2006). Some researchers (e.g., Haber et al., 2008a; Lyons & Melton, 2005) have suggested that there is a need to examine if transition programs are being equally effective in serving Y&YAs irrespective of their gender, ethnic/racial, diagnostic characteristics or experiential backgrounds (e.g., criminal involvement, substance use).

Study 1 involved conducting secondary analyses on the de-identified data from the original grant project so as to systematically examine the following research questions:

(1) Did the Y&YAs improve on the outcomes during their exposure to the TIP Model program?
(2) Was greater improvement associated with the longer exposure to the program?
(3) Were there gender, racial, and/or diagnostic differences associated with improvements across the outcomes?

Methods

The findings presented in this article are from secondary analyses that were systematically conducted on the datasets originally collected under this SAMHSA grant project. The first author of this article was the lead evaluator for the original grant project, and managed and conducted the secondary analyses for this article. The second author was the project director for the original grant. The datasets from this project were stored in a de-identified format and coded so that no individual identifiers were evident. All of the analyses for Study 1 and 2 were conducted using the SPSS software system. The Evaluation Plans for Study 1 and 2 were approved by the Institutional Review Board at the IntegReview IRB under its Education/Social/Behavior Research section. The datasets for these studies can be made available to qualified researchers by contacting the correspondence author.

The examination of the Y&YAs' progress and outcomes were analyzed in three different ways to provide an understanding of how the Y&YAs were progressing over time from their shorter exposure to the program (pre-treatment assessment to their 6-month assessment) to longer exposures to the program (pre-treatment assessment to their 12-month assessment or to their discharge assessment). The number of Y&YAs included in each of these analyses varied but was always based on ensuring that those who participated in each reassessment (i.e., 6, 12, and discharge) were compared to their own pre-treatment assessment.

Participants

Participation in the original project was voluntary and no services were withheld if a Y/YA chose not to participate (or in the case an individual under 18 years of age, their parents chose not to allow participation). Between April 2016 and June 2019, 200 Y&YAs had completed the consent form and a pre-treatment assessment to participate in the original project. The pre-treatment assessment interview and other information from the intake and referral records for these Y&YAs revealed that these individuals had mental health diagnoses, as well as having histories that pose severe risk from associated problems. For example, 47% of the Y&YAs reported a history of trauma or abuse, 38% substance abuse, 33% had attempted suicide, 31% had involvement in the criminal justice system, 25% Child Welfare involvement, and 52% of the Y&YAs at intake reported a need for better housing and 45% for employment. Some additional risk factors were: 9% having had histories of out-of-home placements (e.g., group shelter care, group home or other residential facilities); 24% had been homeless sometime within the past year; 12% were in correctional placements within the past year; 11% were discharged directly from a crisis unit or residential facility to

this community-based program; and 30% reported attempting suicide in their lifetime. About 8% of the Y&YAs were either pregnant or parenting children.

There were 143 of these Y&YAs who completed the 6-month interview. Of these, nine were dropped from the study due to limited exposure to the intervention related to: (1) no contact; (2) moved out of the area shortly after enrollment; or (3) as with 1 of the youth, he was adjudicated to the adult criminal system just after enrollment and later sent to prison. Thus, the 6-month analysis compared 134 Y&YAs between their pre-treatment and their 6-month assessments. Table 1 shows the number of Y&YAs who are included in this analysis (i.e., pre-treatment to 6-month assessment) and the next two analyses (i.e., pre-treatment to 12-month, pre-treatment to discharge). Most of these Y&YAs in each of these three samples are the same individuals, except for those who: (1) discharged prior to the 6 or 12-month assessments; (2) could not be secured for an assessment (e.g., difficulty scheduling a Y/YA, no showed, or refused); (3) moved out of the area; or (4) missed the window of opportunity for a particular assessment (under SAMHSA guidelines a 6 or 12-month assessment had to occur in the designated month or the month prior or after such).

Some of the characteristics (gender, race, age distribution, diagnoses) of the Y&YAs composing each of these samples are provided in Table 1. For example, the second major column provides the percentages of the 134 Y&YAs with different characteristics in the sample analyzed for the 6-month assessment (i.e., their pre-treatment to 6-month reassessment). As this table shows 44% self-identified as female, 44% as male, and 12% transgender. In addition to this gender designation, 31% self-identified as also being LGBQ. Note that gender (i.e., female, male, transgender) percentages total 100% for each of the assessment samples (three columns on the right side of the table). Again examining the 134 Y&YAs' sample for the 6-month analyses, the race distributions were 54% Black, 30% Hispanic, 36% White, and relatively small percentages reporting Native American, Pacific Islander, Asian, and Other. Due to this being a self-identifying listing for race and ethnicity, many Y&YAs selected more than one category, thus the sums within each of the three assessment columns exceeds 100%.

The age of each Y/YA was determined based on their birthdate at the time of the pre-treatment assessment. The age range at entry to the study was from 16 to 23 years of age. The distribution across some age categories are shown on Table 1. Some diagnosis information for each Y/YA was provided by the provider agency after an individual was enrolled into the study. Some of these diagnoses were primary and/or secondary for the Y&YAs, thus the sums for each of the samples exceeds 100%. The largest percentages of the Y&YAs have diagnostic labels in the following categories: Depressive Disorders, Bipolar & Related Depression, ADHD, Substance Use/Addition, and Schizophrenic/Psychotic conditions. Since most of the Y&YAs in each of the three samples are the same individuals, the distribution across gender, race, age, and diagnoses is reasonably consistent.

Data collection and analysis on youth and young adult outcomes

Under the original grant, pre-treatment information regarding each Y/YA was gather from the agencies' electronic health records, intake/referral records, and collected by interviewers using the National Outcomes Measures (NOMs) protocol. The NOMs was developed by SAMHSA for use by local and national evaluators associated with its grants and contracts

Table 1. Sample size and characteristics for three analyses of outcomes for the Y&YAs.

		Analyses from Pre-Tx to the Reassessment Listed Below		
Sample Size and Characteristics		6-Month	12-Month	Discharge
Sample Size for Each of the Analysis =		134	100	97
Gender & Y/YA's Sexual Identity [i]	Female	44%	43%	47%
	Male	44%	47%	42%
	Transgender	12%	10%	11%
	LGBQ [i]	31%	29%	26%
Racial Label from Y/YA's Report at Pre-Tx [ii]	Black or African American	54%	52%	60%
	Hispanic or Latino	30%	27%	29%
	White	36%	32%	31%
	Native American	9%	7%	7%
	Pacific Islander	5%	6%	6%
	Asian	8%	7%	3%
	Other	1%	1%	1%
Age at Pre-Tx Assessment	Youth 14 through 17 yrs.	25%	20%	20%
	YAs 18 through 20 yrs.	66%	66%	70%
	YAs 21 through 23 yrs.	9%	14%	10%
Some Diagnostic [iii] Categories (Include primary &/or secondary diagnoses)	Depressive Disorders	46%	45%	42%
	Bipolar & Related	23%	20%	18%
	ADHD	22%	20%	19%
	Substance Use/Addition	14%	14%	10%
	Schizophrenic/Psychotic	16%	16%	16%
	Conduct/Impulsive	9%	6%	5%
	Trauma/Stress Related	11%	10%	8%
	Anxiety	10%	6%	6%
	Oppositional Defiant	6%	5%	6%
	Gender Dysphoria	9%	7%	6%
	Other	5%	5%	5%

Notes.

[a]During the Pre-treatment assessment (Pre-Tx), a Y/YA was asked to report their gender (i.e., female, male, transgender). The three gender identifications total 100% for the samples for each reassessment (R). The LGBQ percentage is based on the Y&YAs who reported this sexual orientation at the Pre-treatment assessment.

[ii]At the Pre-treatment assessment, each Y/YA was asked to report on their identified racial categories. Due to this self-reporting, many Y&YAs selected more than one category, thus the sums in each of the three assessment columns exceeds 100%.

[iii]Diagnosis categories for each Y/YA was provided by the provider agency after a Y/YA was enrolled into the study. Some of these were primary and/or secondary for the Y&YAs, thus the sums for each of the samples (three reassessment columns) exceeds 100%.

related to child projects. The NOMs interview took, on average, about 1½ to 2 hours with each Y/YA. All data were coded with individual IDs to ensure that the confidentiality of the Y&YAs was protected, and only aggregated data were used for reporting findings.

The pre-treatment assessment and the other NOMs reassessment interviews covered the follow topics: personal functioning, stability in housing, education, crime and criminal justice status, and social connectedness. Many of these topics were composed of multiple questions with multiple-choice response categories or yes/no options; or statements with 5-point Likert-scales (e.g., strongly disagree, disagree, undecided, agree, strongly agree – along with the option of refused to answer). Each question or statement was to be answered based on the past 30 days (i.e., the 30-day period

prior to the pre-treatment assessment, the 30-day period prior to a reassessment interview).

Based on the BBHC's grant logic model, the evaluators, in conjunction with some adult and Y&YA members of the Program Implementation and Evaluation Committee, established criterion for each of the outcome indicators. For example, the "social connectiveness" topic was composed of four separate statements: (1) I know people who will listen and understand me when I need to talk; (2) I have people that I am comfortable talking with about my problems; (3) In a crisis, I would have the support I need from family or friends; and (4) I have people with whom I can do enjoyable things. The criterion for meeting a positive level of social connectiveness required that a Y/YA reported that they agree or strongly agree to each of the four statements.

The Committee had also targeted some housing problems that faced Y&YAs in the county. Thus, in the grant's logic model, decreasing homelessness and increasing access to independent living (i.e., YAs able to live in their own leased apartments they rented in complexes throughout the county) were established as project goals and measured through the NOMs. Another example of an outcome indicator that was analyzed was "Criminal/MH/Drug Crisis Use" which was composed of four questions asking for the number of nights spent in any of the following settings in the past 30 days: (1) Nights have you been homeless? (2) Nights have you spent in a hospital for mental health care? (3) Nights have you spent in a facility for drug detox/inpatient or residential substance abuse treatment? and (4) Nights you have spent in a correctional facility, including juvenile detention, jail, or prison? The criterion for a Y/YA being listed as involved with these types of expenses service facilities was reporting at least one night in the past 30 nights to any one of the four questions.

Two hallmark variables related to the transition to adulthood are employment (paid work in a competitive employment setting) and education (attending secondary school, college, and/or a technical or trade school). These two variables were analyzed from a database that the national evaluation team for SAMHSA had collected in conjunction with grant projects. The number of the Y&YAs included in these analyses from this BBHC sample were: 105 for the 6-month assessment; 88 for 12-month assessment; and 78 for the discharge comparison.

The hypotheses for this study stated a direction for the change related to each of the outcome variables. Because the hypotheses were directional and the sample sizes were relatively small, the hypotheses were statistically tested using Chi-Square Tests with the Fisher's Exact Test (1-sided).

Results

Discharge analysis

The findings are presented across each of the three reassessment periods, starting with the analysis for the 97 Y&YAs for whom a discharge assessment was secured. These discharges occurred between their fifth month of their services to their 18th month. Although this "last" assessment is referred to as "discharge," many of the 97 Y&YAs continued on with their services after closure of the grant project period.

Figure 1 provides progress and outcome findings for the 97 Y&YAs from their pre-treatment assessment to their discharge reassessment. The gray bar of each pair shows the percentage of Y&YAs who were involved in this outcome and the black bar the percentage of them involved at their discharge. For each of these outcome indicators the arrow at the end of the label for each pair of bars shows the hypothesized direction of change and then a symbol indicates the level of statistical significance of the change.

As is evident from Figure 1, all of the outcomes showed change in the hypothesized direction and the proportion of Y&YAs increasing or decreasing on each variable was found to be statistically significant, with 8 of the 9 variables being significant at the $p \leq .01$ level and 1 at the $p \leq .05$ level (i.e., tobacco use). More specifically, the first variable is the engagement of Y&YAs in employment in a paid competitive job setting. At pre-treatment, only 23% of

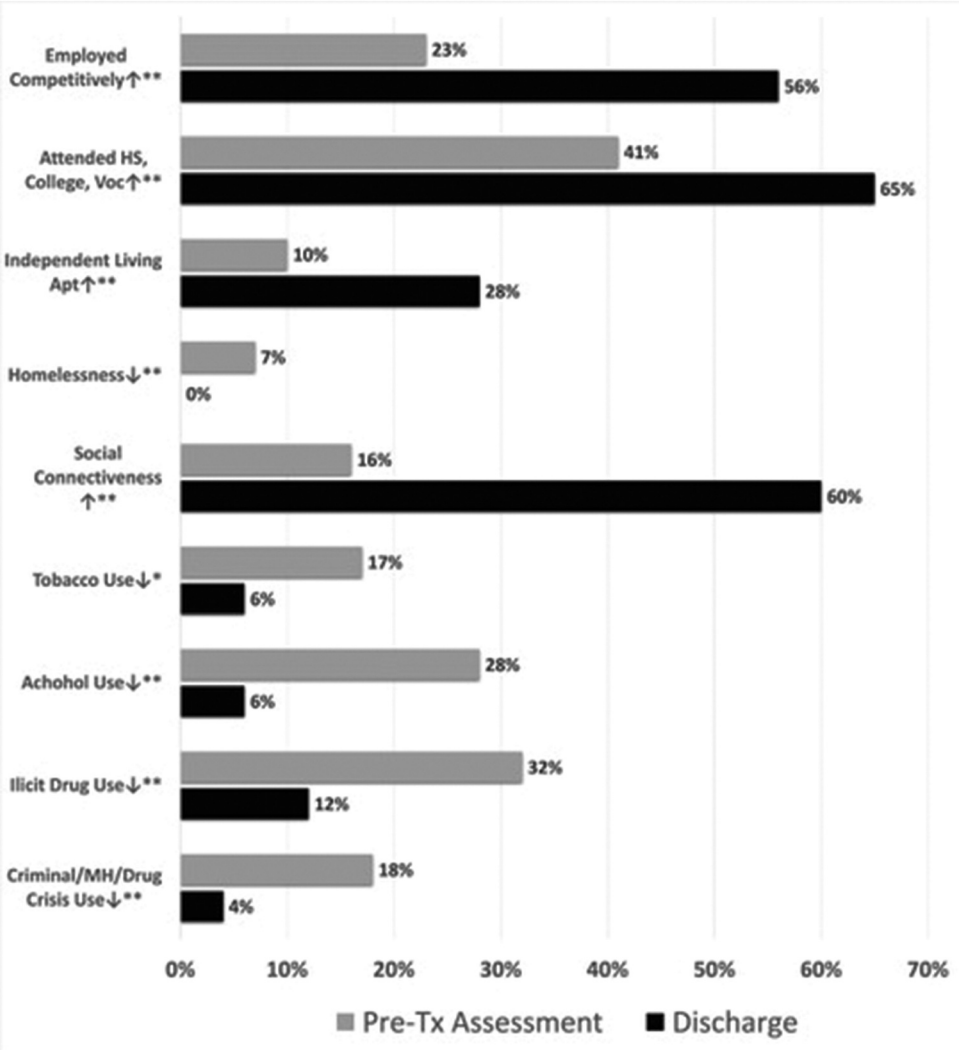

Figure 1. The Percentage of Y&YAs for Each Outcome at Pre-Treatment Assessment (gray bars) and Discharge Assessment (black bars).

the Y&YAs were employed whereas, their discharge reassessment showed that 56% of Y&YAs were employed, with this change being in the predicted direction and significant at $p \leq .01$. Another marker for emerging adults is that of education (attending secondary school, college, technical or trade school). At pre-treatment 41% of the Y&YAs were in schooling and this increased to 65% at discharge, with this change being in the predicted direction and significant at $p \leq .01$.

As can also be seen on Figure 1, the percent of Y&YAs living in their own leased apartments increased from 10% to 28% ($p \leq .01$) and the proportion of individuals experiencing homelessness in the past 30 days decreased from a pre-treatment of 7% to no homelessness at the discharge reassessment ($p \leq .01$). The findings on social connectiveness show that only 16% of the Y&YAs met the criterion at pre-treatment, whereas this was increased to 60% at discharge, which was found to be a statistically significant change at $p \leq .01$.

This figure also shows that the use of tobacco products, alcohol, and non-prescription drugs decreased as was hypothesized with changes significant at $p \leq .05$, $p \leq .01$, and $p \leq .01$, respectively. The Criminal/MH/Drug Crisis Use indicator included involvement in detention/jail/arrests, mental health in-patient residential, hospitalization, or crisis placements, and/or placement in a detox unit and was shown to decrease from 18% of the Y&YAs reporting this at pre-treatment to only 4% at their discharge. This reduction in use of expensive, restrictive facility use was in the predicted direction and significant at $p \leq .01$.

Comparison of outcomes at shorter and longer term exposure to the program

In order to examine the progress of Y&YAs at shorter and longer exposure to the intervention, outcomes for the samples at the 6 and 12-month assessments were compared (see Table 1 for a description of these samples). The percentages of Y&YAs reporting on each of the outcome variables for these two reassessments with their respective pre-treatment assessments are shown in the center columns of Table 2, along with the statistical significance levels achieved. For example, the seventh variable listed is "Social Connectiveness." The hypothesis for this outcome was that the proportion of Y&YAs reporting valued social connections would increase from their pre-treatment to their later reassessments. As is shown in Table 2, the percent of Y&YAs reporting social connectiveness increased for both the 6 and 12-month assessments, from 13% to 51% and 17% to 69%, respectively. Both of these changes were found to be significant at $p \leq .01$ (**).

A review of the 6-month and 12-month columns across the nine outcome variables on the top rows of Table 2 shows that all of the changes were in the hypothesized direction (I = increase, D = decrease). Of these nine tests of significance at the 6-month reassessment, six were significant at the $p \leq .01$, 2 at the $p \leq .05$ level, and 1 not significant; whereas at the 12-month reassessment 8 of the 9 analyses were significant at the $p \leq .01$ level and the other 1 at the $p \leq .05$ level. Table 2 also shows the findings for the discharge reassessment that were presented previously in Figure 1. The inclusion of these discharge findings here provides a complete summary of the findings for all three of the reassessments. Notice that for the discharge reassessment, 8 of the 9 tests were significant at the $p \leq .01$ level and the other 1 at the $p \leq .05$ level.

An indicator of serious distress by the Y&YAs is their thinking about suicide or attempting suicide over the past 6 months. These two questions were not asked at the pre-

Table 2. Percentage of Y&YAs for each outcomes at the pre-treatment assessment and the associated reassessment.

Outcomes & Hypothesis Direction [i] (Increase = I or Decrease = D) [i]		Findings Pre-Tx (P) to Reassessment (R)								
		6-Month			12-Month			Discharge		
Outcome Indicators	Hyp. [i]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]
Employed in Competitive Work	I	31	57	**	28	57	**	23	56	**
Attending HS, College, Voc/Tech	I	49	70	**	46	68	**	41	65	**
Independent Living Apt (YA leasing apt.)	I	8	22	**	10	31	**	10	28	**
Homelessness	D	8	4	NS	10	3	*	7	0	**
Social Connectiveness	I	13	51	**	17	69	**	16	60	**
Tobacco Use	D	22	12	*	29	4	**	17	6	*
Alcohol Use	D	27	15	*	31	5	**	28	6	**
Illicit Drug Use	D	28	13	**	36	13	**	32	12	**
Criminal/MH/Drug Crisis Use[iii]	D	19	6	**	15	3	**	18	4	**
Suicide Ideation (past 6 months) [iiii]	D				31	16	*	30	1	**
Suicide Attempt (past 6 months) [iiii]	D				13	1	**	11	0	**

Notes.

[i]The hypotheses for this study stated a direction of change related to each of the outcome variables. The hypothesized direction of change is listed in the second column as increase (I) or decrease (D).

[ii]Since a direction of change was included for each hypothesis and the sample sizes were relatively small, the Fisher's Exact Test (1-sided) was used. The level of statistical significance of the change is shown by the following symbols: ** refers to $p \leq .01$; * refers to $p \leq .05$; and NS to "not significant."

[iii]The "Criminal/MH/Drug Crisis Use" indicator category included involvement in: detention/jail/arrests, mental health in-patient residential, hospitalization, or crisis placements, and/or placement in a detox unit.

[iiii]The Suicide Ideation and Attempt questions were not asked at the initial assessment, so the 6-month assessment report was used as the "Pre-treatment assessment" for the 12-month and discharge reassessments.

treatment assessment, however, were asked at the 6 and 12-month assessments and also at the discharge. Thus the Y&YA's report on the 6-month assessment was used as the "pre-treatment assessment" for the analyses at the 12-month and discharge reassessments. Seventy-one Y&YAs were included in the analysis for the 12-month assessment (comparing 6-month "pre-treatment" to 12-month assessment) and 70 Y&YAs for the discharge (comparing 6-month "pre-treatment" to discharge). As can be seen in the bottom two rows on Table 2, all four of these analyses yielded changes in the predicted direction and were statistically significant.

Outcomes related to characteristics of Y&YAs

Using the discharge sample of 97, some of the outcome indicators were examined as associated with gender, race, and a prevalent category of diagnoses. Due to the small sample sizes when conducting analyses on a subgroup of the 97 Y&YAs, only a few characteristic variables of these Y&YAs were analyzed, i.e., female, male, Black, and those with depression-related disorders (refer to Table 1, top 2 rows under "Some Diagnostic Categories"). Each of these subgroups with these characteristics were analyzed for their outcomes using the same approach as previously described (Chi-Square Test with the Fisher's Exact Test 1-sided).

The outcome findings for the females and males from pre-treatment assessment to discharge are shown in Table 3 along with a comparison of the previously shown findings for all 97 Y&YAs in the total discharge sample. As can be seen in Table 3, all of the findings

Table 3. Outcomes for gender subgroups compared to outcomes for All 97 Y&YAs – pre-treatment assessment to discharge reassessment.

Outcomes & Hypothesis Direction [i] (Increase = I or Decrease = D) [i]		Findings Pre-Tx (P) to Discharge Reassess (A)								
		Females			Males			All Y&YAs		
Outcome Indicators	Hyp. [i]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]
Employed in Competitive Work	I	19	60	**	19	47	*	23	56	**
Attending HS, College, Voc/Tech	I	41	62	*	38	66	*	41	65	**
Independent Living Apt (YA leasing apt.)	I	11	37	**	2	17	*	10	28	**
Homelessness	D	2	0	NS	15	0	*	7	0	**
Social Connectiveness	I	22	67	**	15	61	**	16	60	**
Tobacco Use	D	11	7	NS	20	7	NS	17	6	*
Alcohol Use	D	35	9	**	20	2	*	28	6	**
Illicit Drug Use	D	41	13	**	24	12	NS	32	12	**
Criminal/MH/Drug Crisis Use[iii]	D	17	4	*	20	5	*	18	4	**

Notes.

[i]The hypotheses for this study stated a direction of change related to each of the outcome variables. The hypothesized direction of change is listed in the second column as increase (I) or decrease (D).

[ii]Since a direction of change was included for each hypothesis and the sample sizes were relatively small, the Fisher's Exact Test (1-sided) was used. The level of statistical significance of the change is shown by the following symbols: ** refers to $p \leq .01$; * refers to $p \leq .05$; and NS to "not significant."

[iii]The "Criminal/MH/Drug Crisis Use" indicator category included involvement in: detention/jail/arrests, mental health in-patient residential, hospitalization, or crisis placements, and/or placement in a detox unit.

suggest improvement in the direction hypothesized and the majority of the changes were statistically significant, however, neither subgroup achieved as consistently high levels of statistical results as the full discharge sample of 97.

Table 4 shows the outcome findings for the subgroup of Blacks and a subgroup of Y&YAs with depression-related disorders. The findings for both of these two subgroups are similar to the gender subgroups, showing that all of the outcomes changed in the hypothesized direction, but the statistical significance was not always as strong as that for the full discharge sample.

Discussion

These results show improvements across all of the transition outcomes tracked for the Y&YAs being served across the six TIP Model teams. The Y&YAs showed improvements in their outcomes over time with: (1) increases in the proportion of them being more socially connected, employed, attending schooling (secondary, college, and/or vocational or technical training), and securing independent living in an apartment; and (2) decreases in the proportion of them experiencing such things as homelessness and other restrictive and expensive residential, incarceration, and crisis services. The findings for early and longer exposure to the intervention supports and services suggest that the 12-month assessment yield slightly better results than found at the 6-month assessment. More specifically, Table 2 shows that at the 12-month reassessment all of the outcome indicators were found to be statistically significant changes and at 6-month one of these was not significant. The increased improvement on outcomes over longer exposure to the intervention has

Table 4. Outcomes for race subgroup and depressive disorders subgroup compared to outcomes for All 97 Y&YAs – pre-treatment assessment to discharge reassessment.

Outcomes & Hypothesis Direction [i] (Increase = I or Decrease = D) [i]		Findings Pre-Tx (P) to Discharge Reassess (R)								
		Blacks			Y&YAs with Depression			All Y&YAs		
Outcome Indicators	Hyp. [i]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]	P %	R %	p≤ [ii]
Employed in Competitive Work	I	21	59	**	26	54	**	23	56	**
Attending HS, College, or Trade	I	40	70	*	44	65	*	41	65	**
Independent Living Apt (YA leasing apt.)	I	14	33	*	10	35	**	10	28	**
Homelessness	D	7	0	NS	4	0	NS	7	0	**
Social Connectiveness	I	19	58	**	14	60	**	16	60	**
Tobacco Use	D	11	4	NS	19	2	**	17	6	*
Alcohol Use	D	32	9	*	25	8	*	28	6	**
Illicit Drug Use	D	35	14	**	31	12	*	32	12	**
Criminal/MH/Drug Crisis Use[iii]	D	20	5	*	19	2	*	18	4	**

Notes.

[i]The hypotheses for this study stated a direction of change related to each of the outcome variables. The hypothesized direction of change is listed in the second column as increase (I) or decrease (D).

[ii]Since a direction of change was included for each hypothesis and the sample sizes were relatively small, the Fisher's Exact Test (1-sided) was used. The level of statistical significance of the change is shown by the following symbols: ** refers to $p \leq .01$; * refers to $p \leq .05$; and NS to "not significant."

[iii]The "Criminal/MH/Drug Crisis Use" indicator category included involvement in: detention/jail/arrests, mental health in-patient residential, hospitalization, or crisis placements, and/or placement in a detox unit.

also been reported in another study using the TIP Model as its foundational practice (Klodnick et al., 2020).

To better understand the impact of the TIP Model on Y&YAs with some different characteristics, sub-analyses were conducted on some gender, race, and diagnoses characteristics for the Y&YAs in this study. These sub-analyses were limited due to having to select only a few characteristics with a reasonably large number of Y&YAs so as to enable a descriptive statistical analysis to be conducted. It is interesting to note that a substantially larger proportion of females achieved employment and their own apartments than did the males (Table 3). Black Y&YAs showed substantial increases in employment, education, and living in their own apartments (Table 4). As interesting as these variations in progress on different outcomes might be, the observation that is most impressive is that each of these subgroups showed statistically significant improvement on all but one or two of the outcomes.

Two of the major limitations of this study are that it was based on self-report by the Y&YAs and that there was not a comparison group or randomized control group. The SAMHSA NOMs instrument has been used extensively for hundreds of grants, yet there is no national database of other transition programs to access and compare one's findings to or to use as a sample "typical services" comparison group. Another limitation of this study is that most of the NOMs items only cover the past 30 days, thus the analyses do not allow an examination of the length of time consistently employed or in residential treatment, or the number of crisis episodes over the past 6 months. Asking about just the past 30 days probably minimizes the number of Y&YAs who would be counted on a given positive or negative outcome indicator. This may have led to some of the lower percentages of Y&YAs, which for some analyses creates a "floor effect" (i.e., not being able to reduce the percentage

sufficiently to be statistically significant, e.g., homelessness at 6-month assessment on Table 2). These types of limitations and the fact that no follow-along data were collected after the Y&YAs left the program limits any assessment on the extent to which these improvements were consistent over extended periods and maintained into the future for these Y&YAs.

The current findings from the BBHC large county collaborative are particularly significant in demonstrating the application of the TIP Model by teams at six agencies and their impact on the Y&YAs being served (Walrath et al., 2008). Every outcome showed the proportion of Y&YAs changed in the hypothesized direction of change and over 93% of the 56 analyses were found to be statistically significant for the comparisons across the length of exposure analysis (Table 2) and the subgroup analyses regarding gender, race, and diagnoses (Tables 3 and 4). Other studies have shown the TIP Model to be effective in improving the outcomes of the Y&YAs being served by a given team in a community (Dresser et al., 2014; Haber et al., 2008b; Karpur et al., 2005; Klodnick et al., 2020), however, none of these involved multiple-provider agencies under a large county collaborative.

Study 2: TIP Model and comparison group study

The research on transition to adulthood for Y&YAs with SMHCs is still in its infancy with several best practice models being described and evaluated (e.g., Multisystemic Therapy for Emerging Adults, Transition to Independence Process Model). Only a couple random assignment studies have been conducted, and although they showed some encouraging findings, they involved different populations of Y&YAs and had relatively small sample sizes (Geenen et al., 2015; Valentine et al., 2018). Therefore, the field is still benefiting from various levels of evaluation research to further refine and assess the impact of promising practices (Davis, Sheidow, et al., 2015; A.J. Sheidow et al., 2016).

This current comparison study examined the differences in how the Y&YAs were being impacted by typical case management services within Broward County in contrast to the supports and interventions provided by the TIP Model teams. This study, like Study 1, involved a secondary analysis of progress and outcome indicators that were secured during the grant project. The primary research question for this study was: Did Y&YAs make greater improvements on their outcomes if they were in the TIP Model group verses the case management group?

Methods

Participants and experimental design

A cohort of Y&YAs enrolled in services with BBHC TIP Model teams between January and June of 2018 were selected for the outcome comparison evaluation. This resulted in a sample size of 29 TIP Y&YAs. On a retrospective basis, 29 Y&YAs who entered services during this same period under other BBHC agencies using typical case management services ("treatment as usual"; TAU) were identified within the BBHC database. These 29 Y&YAs for the TAU group were selected from Y&YAs who met the same eligibility criteria as the TIP group; with them ranging from 16 to 23 years of age, had SMHCs, and were at risk of, or have had extensive histories of, out of home placements, co-occurring substance

use (e.g., Cannabis Dependence, polysubstance dependence), developmental trauma, and/or multiple-system involvement (e.g., Child Welfare and criminal justice involvement).

The TIP group and a TAU group provided for a group comparison design study which examined outcomes over the 12 months from June 2018 to June 2019. Since the selection process of the TAU Y&YAs did not require matching to the specific ages of the TIP Y&YAs, except for being in the age range of the TIP group, there were some differences in the demographic characteristics of the two groups. Of the 29 Y&YAs in both groups, 26 in the TAU group were 18 years or over at the time of their admission, as compared to 22 in the TIP group. The self-identified race and ethnicity categories of the Y&YAs between the two groups were consistent across two of the categories; where the TAU group had 13 Blacks and 6 Hispanics and the TIP group had 11 Blacks and 6 Hispanics. Beyond these two ethnicity/racial categories there was no consistency (e.g., Hispanic and White categories were both checked by some Y&YAs).

Data collection

Data for this study was secured for both groups from the BBHC data system and focused on the status of the Y&YAs at the end of the 12-month period. The following types of variables were available for both groups: employment (working in a paid competitive job setting), education (attending secondary school, college, technical or trade school), living situation, and homelessness.

The transition facilitators were applying the TIP Model and tailoring the supports and services to the interests, needs, and goals of the Y&YAs' relevant transition domains – as was described in the introduction to this article. In the TAU group, case managers served the Y&YAs with a primarily focus on mental health and substance abuse treatment through referrals to services within their agency and to other entities (e.g., housing, career center, supported employment, vocational rehabilitation) to address other needs.

Results

Figure 2 shows the percentage of progress by the Y&YAs in the TAU group and the TIP group across each of the markers. The gray bar of each pair is for the TAU group and the black bar the TIP group. For each of these outcome indicators, the arrow at the end of the label for each pair of bars shows the hypothesized direction for the TIP group over the TAU group and the statistical significance of the difference between the two groups is shown by the symbols described on the figure.

As illustrated in Figure 2, a significantly larger percentage of the TIP Y&YAs achieved employment as part of their program participation. Additionally, slightly more of the TIP group were in school or training programs. Employment and education represent two very important markers of transition to adulthood; and as is shown in the third pair of bars on Figure 2, the "productive engagement" indicator of "employed and/or in school/training" shows that only 38% of the TAU group met this combined marker at the 12 month point in contrast to 69% of the Y&YAs in the TIP Model group. Although the difference between the groups on the employment variable and the employment/education variable were statistical significance ($p \leq .05$, and $p \leq .01$, respectively), the difference in attending school/training was not significant.

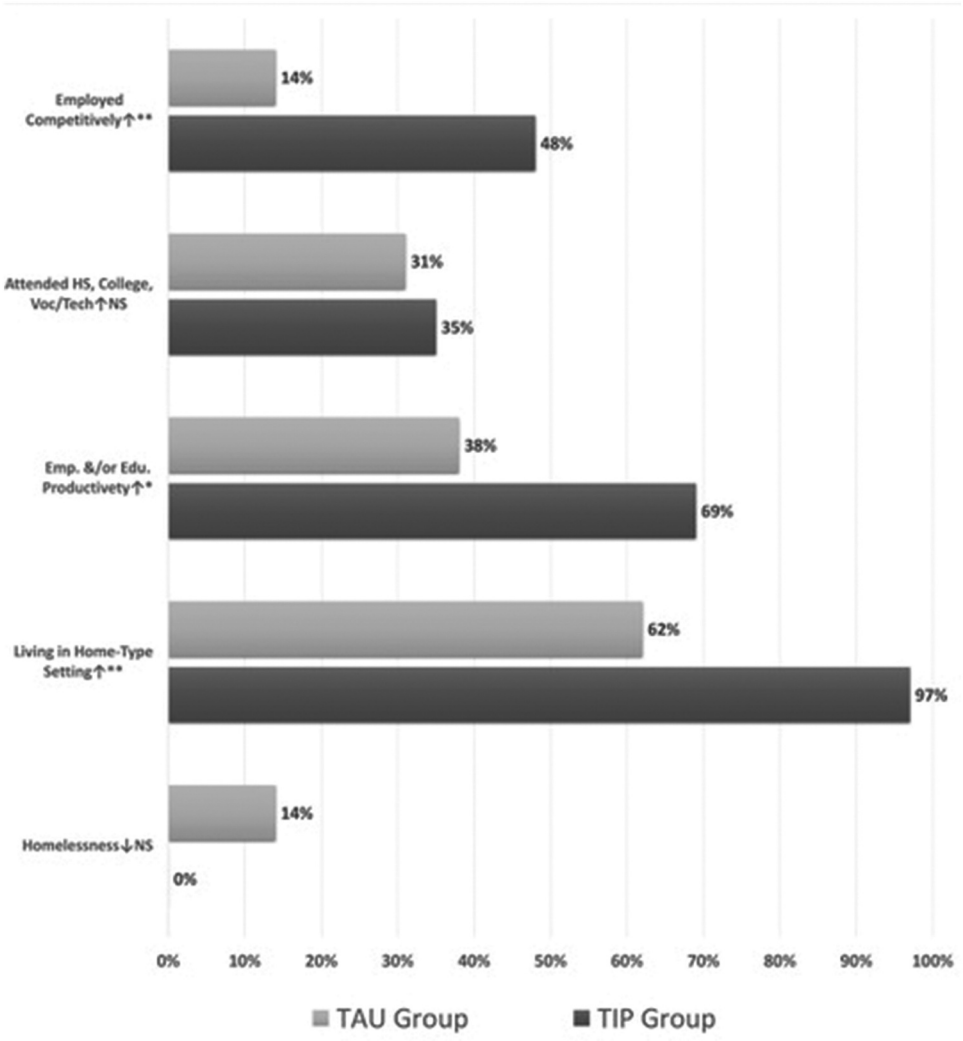

Figure 2. Comparison Study Findings for the Treatment as Usual (TAU) Group and the TIP Model Group.

Related to living in home-type settings (e.g., independent apartment, supported living apartment, living with family of origin or relatives) at the end of this 12-month comparison, 62% of the TAU group achieved this marker in contrast to 97% of the TIP Model group. Fourteen percent of the TAU group were homeless at this 12-month point versus none of the TIP group were homeless. The home-type living setting finding was statistically significant at $p \leq .01$, however, the homelessness differences were not significant between the two groups.

Discussion

The TIP Model was shown to have better outcomes in this preliminary comparison study than those achieved under the TAU case management approach after each group had at

least 12 months of exposure to their service array. The statistical significance of the findings related to the higher percentage of the TIP group being employment is particularly impressive given that 90% of the TAU group were 18 years or over at the time of their admission, as compared to 76% of the TIP group. For each of the variables analyzed and presented in Figure 2, all of the percentages showed greater progress by the TIP group in contrast to the TAU group, with 3 of the 5 differences on the variables being found to be statistically significant.

This comparison study has three major limitations including: (1) involved only a relatively small number of participants; (2) the groups were not established by random assignment of the Y&YAs; and (3) the comparison was across a relatively small number of outcomes.

One of the previous studies on the TIP Model did involve a matched comparison group and follow up. Karpur et al. (2005) examined the postsecondary outcomes of TIP program completers from a secondary school-based TIP Model program (former students with severe emotional disturbance [SED]) who had at least 1 year of exposure to TIP in contrast to the outcomes of other Y&YAs from the same urban school district. Comparison groups were matched on age, gender, and ethnicity, and were composed of: (1) former students with SED classifications who had no specialized transition services, and (2) former students with no previous disability classifications. The findings demonstrated statistically better outcomes across postsecondary indicators of education/vocational training and incarceration for the former TIP group in contrast to those of the SED comparison group. There was not a statistically significant difference between these two groups on the percentage of YAs employed. One interpretation of these findings is that the TIP group may have a higher likelihood of achieving future employment that provides a livable wage and meaningful career due to the higher percentage of YAs who continued into postsecondary education. The lower incarceration findings for the TIP group also suggests a better future for these YAs. On most of the postsecondary outcome indicators, the TIP program group percentages were more closely approaching the levels of the comparison group of YAs with no disabilities classifications than did the matched comparison non-TIP group SED group.

The findings from both of these preliminary comparison studies (i.e., Karpur et al., 2005; and Study 2) include outcomes on important transition to adulthood markers (e.g., employment, education, living situations). Also, these findings, like those of Haber et al. (2008b) and Klodnick et al. (2020) provide further evidence of the positive impact that the TIP Model has on Y&YAs with SMHCs and related problems.

Although these studies are continuing to contribute to the research underpinnings of the TIP Model, the need for randomized controlled studies on transition to adulthood programs continues to be of importance. A few of the valiant efforts related to random controlled studies of programs are represented by: (1) Valentine et al. (2018) where the Youth Villages program was tested with some encouraging findings for the program group verses the services as usual group for Y&YAs with foster care or juvenile justice involvement; (2) Geenen et al. (2015) where the Better Futures program was tested with participants in foster care who were in higher education; and (3) Davis & Sheidow, 2020) where a large-scale long-term randomize controlled study is currently underway to examine the impact of Multisystemic Therapy for Emerging Adults program serving criminal offenders with SMHCs.

General discussion and implications

This research article contributes further to an understanding of how a large county collaborative can implement and sustain a transition program to better serve Y&YAs and their families (Clark et al., 2015; Walker, 2015). These program efforts were guided by implementation science (Fixsen et al., 2005 &, 2019) and more specifically strategies specific to implementation of transition to adulthood programs (Clark et al., 2015).

The TIP Model has been shown to be effective in improving the progress and outcomes of Y&YAs (Clark et al., 2004, 2008; Klodnick et al., 2020). The current studies extend these findings substantially by demonstrating: (1) implementation of the TIP Model across multiple transition teams with different provider agencies; (2) all of this being done in the context of a collaborative across a large metropolitan area; and (3) progress and outcome improvements on a relatively large sample of Y&YAs with SMHCs and other risk problems. Large percentages of Y&YAs showed substantial improvements across most all of the outcome indicators. These findings extended to an examination of some subgroups, analyzing outcomes for females, males, Blacks, and Y&YAs with depression diagnoses. All of the percentage changes in the outcomes were in the hypothesize direction and 88% of the 47 analyses were found to be statistically significant (Tables 2, 3, & 4).

The comparison study (Study 2) also contributes to an understanding of the impact of the TIP Model when compared to a typical case management approach for working with Y&YAs who have SMHCs and are in transition to adulthood. The TIP Model demonstrated a significantly larger proportion of Y&YAs being employed and living in home-type settings in contrast to those achieved by the treatment as usual (TAU) group. Attending school, college, and vocational/technical training programs was not shown to be statistically significant in this comparison study, however, it was found to be a significant improvement in all of the analyses on this variable under Study 1 and also in the comparison study that was described earlier in this article (Karpur et al., 2005). The "education marker" is considered extremely important in that education/training programs are typical paths to careers which might provide greater job satisfaction along with other economic advantages (e.g., livable wage, benefits).

Both Studies 1 and 2 showed that the Y&YAs benefited greatly from the collaborative which expanded transitional housing and scattered site apartment placement and supports. The findings from the comparison study also illustrate that the TIP Model yielded better independent living outcomes than those for the TAU group even though these same housing options and most of these same resources were available to both groups. Similarly, the IPS team resources were also available to Y&YAs from both groups, yet the TIP group yielded statistically significant better employment outcomes. These findings may relate to the individually tailored supports, futures planning, and a focus on skill development (e.g., emotional regulation, interpersonal interactional skills), and the application of a problem-solving and decision-making method – all of which are essential features of the TIP Model (e.g., Dresser et al., 2014; Klodnick et al., 2020; www.TIPstars.org).

Future research will also need to examine the implementation, effectiveness, and sustainability of the TIP Model through: (1) randomized controlled studies; (2) examination of its effectiveness with Y&YAs with different orientations and characteristics, such

as, sexual identity, diagnoses, and co-occurring substance use; and (3) exploring the extent to which a community collaborative facilitates the building of a contextual support system for the sustaining of the TIP Model and infusion of its principles throughout various agencies across the county. It will also be important to conduct cost/benefit studies to examine if a given transition program is being cost effective for society. A preliminary "cost avoidance" study was conducted on the TIP Model and demonstrated reduction in the involvement in the criminal justice system and decrease in the use of "intensive" mental health/substance abuse services and public assistance (Clark et al., 2004). This cost avoidance study suggested that there were substantial savings achieved that greatly exceeded the cost of the program. To further advance the transition to adulthood research base will require some larger scale studies that extend over a substantial number of years to be able to track the life progression of the youth as they become emerging adults and adults.

The BBHC and the provider agency leadership created an implementation plan and involved Y&YAs, parents, provider personnel, and other community representatives to systematically address the barriers they found in the community and expand the collaborative to support the practices that were needed to engage and advance their Y&YAs. Having a collaborative like the BBHC, with county, city, and agency leadership and funding entities that are attentive to and willing to make data-based decisions is a jewel for applied researchers, but even more importantly for the communities and citizens being served.

Note

1. The original data collection occurred under an expansion grant from the Substance Abuse Mental Health Services Administration (SAMHSA). This expansion grant was entitled: One Community Partnership 2 (OCP2), SAMHSA grant number 1U79SM062454-01, with funding for 4 years. It was awarded to the Broward County Commission through its Community Partnership Division's Children's Services Administration and implemented by the Broward Behavioral Health Coalition, Inc with assistance from the Children Services Council of Broward County.

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also a Certified Chief Fidelity Assessor for the TIP Model and is employed at the TIP Model purveyor: Stars Training Academy of the Stars Behavioral Health Group in Long Beach, CA.

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Disclosure of possible conflict of interest

The third author is the developer of the Transition to Independence Process (TIP) Model and is a Research Consultant to the Stars Behavioral Health Group that serves as the purveyor of the TIP Model.

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BBHC
Board of Directors Update
July 2021

Carisk™ BEHAVIORAL HEALTH
Formerly Concordia Behavioral Health

Network Management

- Contract Extension (34) were executed prior to the start of this fiscal year, July 1, 2021.
- 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 21-22. First meeting will be September 2, 2021.
- Carisk is currently enhancing the Contract Module to better support the ME in the contract negotiation process and reduce time consuming tasks.

Network Management Statistics FY 21-22

	July-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	21-22 YTD	Comments
Risk Assessments	35												35	
Executed Contracts	37												37	34 were contract extensions and 3 contracts did not expired until 6.2022
Amendments	--												--	1 Amendment was pending as of 8.1.2021

Technical Assistance and Training YTD FY 21-22

Topic	Number of Trainings	Providers Represented
LOCUS/CALOCUS	0	0

Financial Management / Invoice Processing

- Carisk continues to process Subcontractors invoices in a timely manner (completed within 5 business days).
- For FY 21-22, all invoices will be received using the EIA (Electronic Invoice Application).
- 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™ BEHAVIORAL HEALTH
Formerly Concordia Behavioral Health

FY 20-21 Financial Management Statistics		July-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	21-22 YTD
# TANF Approval		235												
Number of invoices submitted	(A)	47												1 Provider did not invoice as of 8.17.2021
Timely submission of invoices	(B)	46												
	(B) / (A)	86%												
Accuracy of Invoices submitted timely	(C)	45												
	(C) / (B)	96%												
Accuracy of invoices reconciled with services data	(D)	47												
	(D) / (B)	100%												

*** Currently under review.*

Data Management and Reporting

- Carisk made a number of improvements to its systems in support of FASAMS Version 14, including:
  - Added Source Record Identifier field in Advanced Demographic Search.
  - Added Source Record Identifier to Search parameters and table in Non-Client Specific module.
  - Added ability to export non-client specific records in XML.
  - Increased the number of records processed per batch.
  - Increased the number of evaluations accepted.
  - Added ability to generate Expenditure Report using DCF approved template.
  - Implemented the unique constraint rules (as published by DCF) for datasets.
  - Electronic Invoice - Implemented progress status when creating invoice.
  - Added ability to create a Final Invoice for the fiscal year.

- Implemented new validations/rules were implemented in the Provider's Portal following their release in the PAM 155-2 on 08/01/2021.

- Carisk continues supporting the ME in their user recertification process, including deactivating all who failed to submit the proper documents.

- During submission of FY 20-21 closeout data to FASAMS, Carisk experienced multiple issues with the State's system, which are preventing the data from being uploaded and which have been properly reported. Carisk and the ME are awaiting State action to resolve.

Data Management Statistics	July-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	21-22 YTD
%Timely Submission by Providers	**												
# Records Submitted Timely	**												
FASAMS Upload Percentage	**												
# of new persons in WL	**												
# of Exceptions (**)	**												

*** Currently under review.*

BROWARD BEHAVIORAL HEALTH COALITION, INC.
STATEMENT OF FINANCIAL POSITION
June 30, 2021

	JUNE 2021	MAY 2021
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalent	$ 2,386,500	$ 2,444,559
Grant Contract Receivable, net of Allowance for Doubtful Accounts of $-0-	$ 10,995,305	$ 10,932,644
Prepaid Expenses	$ 91,935	$ 58,332
TOTAL CURRENT ASSETS	$ 13,473,740	$ 13,435,535
FIXED ASSETS		
Computer Hardware	$ 26,128	$ 26,128
Furniture, Fixtures and Equipment	$ 8,852	$ 8,852
	$ 34,980	$ 34,980
Less: Accumulated Depreciation	$ 34,980	$ 34,980
Net Book Value	$ 0	$ 0
OTHER ASSETS		
Security Deposits	$ 7,746	$ 7,746
TOTAL ASSETS	$ 13,481,486	$ 13,443,281
LIABILITIES and NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable - Subcontracted Services	$ 7,735,615	$ 3,105,396
PPP Loan Payable	$ 305,048	$ -
Accrued Expenses Payable	$ 257,898	$ 198,262
Deferred Revenue	$ 5,156,224	$ 10,112,921
TOTAL CURRENT LIABILITIES	$ 13,454,785	$ 13,416,580
NET ASSETS		
Beginning of Year	$ 26,701	$ 26,701
Change in Net Assets	$ -	$ -
TOTAL NET ASSETS - END OF PERIOD	$ 26,701	$ 26,701
TOTAL LIABILITIES and NET ASSETS	$ 13,481,486	$ 13,443,281

BROWARD BEHAVIORAL HEALTH COALITION, INC.
Managing Entity for Substance Abuse and Mental Health Services
Income Statement
For the twelve months ended June 30, 2021

		June 2021	YTD Actual	YTD Budget	Variance Favorable *(Unfavorable)*	Approved FY 2020-2021 Budget
Revenues:						
	DCF Revenue for Services	$ 9,439,613	$ 60,856,732	$ 61,597,613	$ (740,881)	$ 61,597,613
	DCF Carry Forward for Services	$ 227,104	$ 678,840	$ 575,455	$ 103,385	$ 575,455
	DCF Revenue for Operations	$ 618,434	$ 2,134,271	$ 2,954,208	$ (819,937)	$ 2,954,208
	DCF Carry Forward Revenue for Operations	$ -	$ 457,548	$ 457,548	$ -	$ 457,548
	Other Income	$ (270,193)	$ 335,187	$ 257,639	$ 77,548	$ 257,639
	OCP3 Grant	$ 66,143	$ 1,083,543	$ 1,124,629	$ (41,086)	$ 1,124,629
	Family - CPR Grant	$ 64,082	$ 577,791	$ 600,000	$ (22,209)	$ 600,000
	BYRC Grant	$ 234,668	$ 646,422	$ 440,000	$ 206,422	$ 440,000
Total Revenue		$ 10,379,841	$ 66,770,334	$ 68,007,092	$ (1,236,758)	$ 68,007,092
Expenses from Provider Services		$ 9,666,717	$ 61,535,572	$ 62,173,068	$ 637,496	$ 62,173,068
Expenses from Operations:						
Total Salary and Wages		$ 185,514	$ 1,921,488	$ 2,094,044	$ 172,556	$ 2,094,044
Total Fringe Benefits		$ 71,334	$ 411,889	$ 485,323	$ 73,434	$ 485,323
Total Building Occupancy		$ 8,396	$ 101,319	$ 112,998	$ 11,679	$ 112,998
Total Professional Services		$ 136,987	$ 1,404,157	$ 1,940,196	$ 536,039	$ 1,940,196
Total Travel		$ 941	$ 5,377	$ 42,467	$ 37,090	$ 42,467
Total Equipment Costs		$ 7,132	$ 81,406	$ 70,350	$ (11,056)	$ 70,350
Total Subcontracted Services - Carerisk		$ 56,417	$ 677,000	$ 677,000	$ -	$ 677,000
Total Insurance		$ 3,170	$ 36,886	$ 36,166	$ (720)	$ 36,166
Total Telephone Expense		$ 3,783	$ 30,661	$ 20,931	$ (9,730)	$ 20,931
Total Operating Supplies		$ 6,706	$ 30,479	$ 36,129	$ 5,650	$ 36,129
Total Other Expenses		$ 232,744	$ 534,100	$ 318,420	$ (215,680)	$ 318,420
Total Expenditures Before Depreciation		$ 10,379,841	$ 66,770,334	$ 68,007,092	$ 1,236,758	$ 68,007,092
Total Depreciation		$ -	$ -	$ -	$ -	$ -
Total Expenditure After Depreciation		$ 10,379,841	$ 66,770,334	$ 68,007,092	$ 1,236,758	$ 68,007,092
Adjusted Change in Net Assets		$ -	$ -	$ -	$ -	$ -

BROWARD BEHAVIORAL HEALTH COALITION, INC.

EXPLANATION OF BUDGET VARIANCES

JUNE 2021

Revenue

- Managing Entity Contract – Services – ($637,496) – Below budget for reporting period including Carry Forward Funds from FY 19-20.
- Managing Entity Contract – Operations – ($819,937) – Below Budget for reporting period including Carry Forward Operational Funds from FY 19-20.
- Other Income – $77,548 – Above budget for reporting period due to Trauma Services from CSC, Care Coordination Services from Wellpath. PPP Loan Forgiveness revenue was reversed and restated as a liability. Waiting for SBA Loan Forgiveness. Synovus Bank submitted application for full loan forgiveness.
- OCP3 Grant – ($41,086) – Below budget for reporting period. Budget adjusted to reflect estimated actuals for fiscal year.
- Family – CPR Grant – ($22,209) – Below budget for reporting period.
- BYRC Grant – $206,422 – Above budget for reporting period due to recording of In-Kind CSC Match.

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 – Above budget for reporting period due to an increase in D&O Policy.
- Telephone Expense – Above budget for reporting period. This is Covid19 related increase in Cell phone usage.
- Operating Supplies – Below budget for reporting period.

- Other Expenses/Community Events – Above budget for reporting period. This increase is the offset of the increase in Wellpath Services and Trauma Services and recording of CSC In-Kind Match for BYRP Program.