Recovery Oriented System of Care Committee

Hybrid Meeting via
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Conference ID: 217 857 946#

Agenda
May 18, 2022
Chairperson: Commissioner Lois Wexler

Welcome & Introductions – Commissioner Lois Wexler

I. Review April 20, 2021, Minutes for Approval

II. CEO Updates – Silvia Quintana

III. BBHC Operations – Elida Segrera

- Utilization Management Reports (*Discussion Only if Questions)*
- BARC DETOX Report, CRS Report & CIT Reports Discussion
- Forensic Reports

IV. Suicide Collaborative – United Way

V. Provider Advisory Council – Paul Jaquith

VI. Consumer Advisory Council Report – Susan Nyamora

VII. Public Comments

VIII. Adjournment

Next Meeting: June 15, 2022

BBHC's Office, 3521 W. Broward Blvd., Lauderhill, FL (Suite 206)
or
TEAMS Meeting Link

BBHC
BROWARD BEHAVIORAL HEALTH COALITION

Recovery Oriented System of Care
Minutes

Wednesday, April 20, 2022 | 9:30 a.m. – 11:00 a.m.

Chairperson: Commissioner Lois Wexler

Attendance: Adriana Bovee (Larkin Behavioral Health Services), Aisha McDonald (United Way), Ana Valladares (Mujeres Latinas Impulsando Mujeres Latinas, Inc), Aisha McDonald (United Way), Amy Miller (Fellowship House), Anika Hamilton (BARC), Barbara Harmon (Footprint to Success Clubhouse), Dave Scharf (Broward Sheriff's Office), Dave Freeman (Community Solutions), Devon Klapholz (Broward County Public Schools), Donnalia Deliazar (House of Hope), Dorma Davis (United Way), Erica Laverde (Broward Partnership for the Homeless), Ellianna Dorvil (Broward Partnership), Elizabeth Gelpi (Henderson Behavioral Health), Janine Ribeiro Chow-Quan (United Way), Jennifer Branham (Carisk), Jessica Maza (Broward Partnership for the Homeless), Jose Gonzalez (Fellowship House), Joel Smith (FISP), Joanne Correia- Kent (Smith Community Mental Health), Justin Cummings (Broward Sheriff's Office), Lori Battaglia (BSO Threat Management Unit), Martha Marquez (Broward Health), Marilyn Camerota (Memorial Healthcare Systems), Marie Fairchild (Archways), Marissa Zafra (Memorial Healthcare System), Nancy Svoboda (Gulf Coast Jewish Family and Community), Norma Wagner (DCF), Phil De Veronica (Memorial Healthcare Systems), Rachel Landry (Broward Health), Robert Scardino (SunServe), Rick Riccardi (Fellowship Living), Rene Podolsky (Florida Department of Health), Rafis Nin (Mental Health America), Rory Levine (The Village South), Sean Kane (Broward Addiction Recovery Center), Sandra Cumper (NAMI), Susan Nyamora (South Florida Wellness Network), Sheryl Zayas (Care Resource), Sharon Blair-Moxam (Broward Health), Stefanie Newman (SAO), Shari Thomas (Henderson Behavioral Health), Shirley Murdock (Carisk), Tania Hamilton (Gulf Coast Jewish Family Services), Tom Campbell (Broward Partnership), Thomas Smith (Care Resource), Vivian Demille (Henderson), William Card (Banyan Health), Veronica Koenig, (Covenant House), Melinda Blostein (Public Defender's Office), Rick Wolfer (United Way), Emelina Martinez (Sunserve), Edward Rafailovitc (BSO), E. Gibson (BPHI), Jacob Turner (Taskforce for Homelessness), D. Fahie (Broward County), Monica King (Broward Health Start Coalition),

BBHC Staff: Silvia Quintana (CEO), Amy Yazmer (Care Coordination Team Manager), Areeba Johnson (System of Care Clinical Integration Coordinator), Amelia Benson (Program/Contract Monitor), Celena King (System of Care Manager), Danica Mamby (Director of Administration), Elida Segrera (Director of Operations), Esther Jimenez (Forensic Coordinator), Jacinth Johnson (Data Contract Manager), Lorena Mejía (Adult Care Coordination Team Manager), Lucia Garcia (CQI Coordinator), Stefania Pace (Executive Assistant), Shana Politt-Wright (Housing Specialist), O'Shaun Sasso (MAT Coordinator), Renzo Torrenga (Children Care Coordination Manager), Vanessa Sanchez (Utilization Management Manager), William King (Housing & SOAR Entitlements Coordinator), Zakiya Drummond (Program/Contract Monitor)

Welcome & Introductions

Commissioner Lois Wexler called the meeting to order at 9:32 a.m. Attendance was taken via brief introductions on Microsoft Teams.

I. Review March 16, 2022 Minutes for Approval

Mr. Paul Jaquith made a motion to approve the meeting minutes, and the motion was seconded by Ms. Susan Nyamora. The March 16, 2022 meeting minutes were unanimously approved.

II. CEO Updates

- Ms. Silvia Quintana provided an update on the funding that the legislature passed statewide for Behavioral Health services, and the network submitted a funding request based on the proviso and on the ongoing needs assessment and enhancement plans. The funding request will prioritize several multi-discipline teams, which will be a part of the 988 responses. The request will include the recent rate increase for the crisis units, SRT beds, residential programs, additional care coordination teams,

and a family crisis team to support children who require more support after being baker-acted, as well as other services.

- Ms. Quintana reviewed the Proviso Implementation Plan which details funding for, (pending approval from the Governor), the Stepping Up Initiative and will expand the Jail Diversion Program. It will also fund medically assisted treatment at the North Broward Hospital, provide wraparound and mental health services for children in Hallandale Beach, and allow funding to be available for other services.
- Ms. Quintana presented the prequalified providers, that are a part of the school system that will be presented to the Board of Directors to be considered to be a part of the Provider Network.
- A recommendation to bid out the FIT Team will be presented at the next Board of Directors meeting.

III. BBHC Operations

• Utilization Management Reports

Ms. Elida Segrera presented the Multidisciplinary Teams Reports. Due to the ;level of referrals The Village South is focusing on filling two teams nd the third will be activated when the referrals justify it..

- **BARC Detox Report, CRS Report & CIT Reports Discussion**
  - Ms. Anika Hamilton reviewed the BARC Detox Report and stated that the staffing shortages are moving in a more positive direction and the numbers have improved.
  - Ms. Elizabeth Gelpi stated that today is her last day and another staff member will be taking over the CRS report. Ms. Gelpi reviewed the CRS report, and there has been an increase of law enforcement participating in the CRS trainings. She has recently visited cities and scheduled trainings with cities that have not participated in a long time.
  - Ms. Aisha McDonald stated that 23 officers are currently in attendance for CIT training. Attendees so far will be from at least six different departments. The number of classes will increase this summer since Broward Schools will be training school resources officers. The CIT Team met with Ms. Elizabeth Gelpi and the CRS team for the Chief of Police's meeting and provided the chiefs of police with the pledge that was signed by the courts' system for the Jail Diversion Program. Folders were made for them, so they know what the pledge declared, what they have to participate in, and provided them with CIT flyers, to increase recruitment within the police department to have higher level officers participate in the Task Force.
  - Mr. David Scharf stated that as the co-responder models for mental health and substance abuse disorder increases there will be more law enforcement involvement as they added a track, solely on the response for substance abuse related calls. The pilot program has been successful and there has been discussion about sharing the program with other cities, as law enforcement divert potential drug overdose cases to the respite or other services. Participants have been asking for more training regarding the syringe exchange program.
- **Forensic Reports**
  - Ms. Elida Segrera reviewed the Forensic Reports detailing the case management referrals, the number of diversions, and competency restoration trainings. House of Hope has low numbers and is working with Fellowship House to address these issues.
  - Dr. Jose Gonzalez stated that admissions doubled since February, the process has gotten easier, and the results are improving. Clients are also coming from the community, as well as the jails, and staff is doing a good job at admitting more clients.
  - Mr. David Scharf convened with a subgroup to discuss the Marchman Act and collected information to identify the next steps to address the issues within the Marchman Act, the disconnect after the court process, and what happens to the individual after the order is written and how it is enforced.

- **Children System of Care Update**
  Ms. Elida Segrera stated that the Stakeholder meeting was held in March, and the first children's crisis was held, and data systems have started in collaborative with CSC. An early intervention prevention group has been collecting data as well. The Systems Workgroup will meet and oversee how to integrate and break barriers between the different systems on how children's crises are handled in Broward County.

IV. Suicide Collaborative

- Mr. Rick Riccardi stated that the Suicide Prevention Coalition received good feedback from the Medical Examiner regarding the Purple Packet Project, as well as working with a graphic designer and a graphic organizer to put the finishing touches on the project. The 26 paged resource docket will be available on the United Way and 211 websites, which will be facilitated by the LOSS Team from Mental Health America.
- The Zero Suicide Academy was completed at the end of March. Fifteen (15) providers, in addition to BSO and the School Board of Broward County, participated in the dialogue and framework of the seven elements that the Zero Suicide Institute discusses. The follow up meeting has shown an increase in the work groups from 4 to -10 providers.
- The Lethal Means Workgroup continues to distribute materials to local gun shops and have created posters, with a QR code that will send you to the 211 website, that will be posted around 20 tri-rail stations. Mr. Paul Jaquith stated two volunteers from the Gun Club will be assisting in a presentation regarding gun deaths.
- During next month's meeting, there will be a brief presentation, reviewing data regarding suicide numbers within the community.

V. Provider Advisory Council

- Mr. Paul Jaquith discussed how providers gave extremely positive feedback regarding the Suicide Academy and generated a lot of conversation on how as a community, ways providers can intervene and provide support.
- Mr. Jaquith discussed work force development, and Ms. Vivian Demille is heading a subcommittee on staff recruitment and staff retention. Ms. Demille has put together a survey to get feedback from providers to assess the concerns regarding staff shortages and recruitment.
- The Behavioral Health Conference is being held on May 9-11th, with the first day focusing on faith-based organizations, and then following more traditional training for providers.
- The Epic Awards will be held on May 25, 2022, and tickets are selling out quickly.

VI. Consumer Advisory Council

- Ms. Susan Nyamora stated that the Consumer Advisory Council had two presenters, Mr. Bobby Crume from the Flite Center, who presented services for youth in the area of human trafficking and Mr. William King facilitated a presentation on housing and provided information for displaced and houseless individuals.

VII. Public Comments

- Mr. David Scharf convened a meeting of discharge planners from various agencies that work in the county jail and identified a disconnect amongst providers and addressing the behavioral health needs of individuals leaving the county jail. Mr. Scharf posed a question about where civic groups can obtain Narcan training and be able to distribute it to their constitutes. Ms. Susan Nyamora shared resources

from DCF about where to obtain naloxone and training. Ms. Celena King will share a pathway of care for individuals leaving jails that she will share with providers.

- Ms. Susan Nyamora acknowledged BBHC for funding pilot programs with BSO and response teams and supporting the needs and gaps within the community.
- Mr. Robert Scardino addressed the announcement from the Department of Health regarding transgender health guidelines and he wanted to make people aware of it as a political stunt and not actual care for transgender individuals.
- Ms. Janine Ribeiro Chow-Quan reminded providers that the Behavioral Health Conference will be held May 10th and 11th.
- Mr. Paul Jaquith introduced Mr. Rafis Nin, the new LOSS Team Director. Dr. Frank Campbell, who developed the most recognized LOSS Team model, along with United Way, will be facilitating a training for LOSS Team to address how to handle the scene of the death, the aftermath, and the steps to be handled with those affected by the loss.
- Next month the meeting will hybrid with a select number of people in person at the BBHC Office..

VIII. Adjournment

- The meeting adjourned at 10:48 a.m.

Next Meeting:

May 18, 2022 via Virtual Meeting - Microsoft Teams

This report, prepared for the Broward Behavioral Health Coalition (BBHC), is a compilation of primary and secondary data that identifies behavioral health needs and available community assets to advance healthcare delivery and improve outcomes for all residents.

Behavioral Health Needs Assessment (BHNA) 2022

Prepared by BRHPC

BBHC Service Area Demographic Profile

POPULATION DEMOGRAPHICS

Population in the service area increased an average of one percent each year from 2015 to 2018 and decreased by one percent from 2018 to 2019. The total population growth for the five-year period at 1.6 percent, added 29,780 residents.

In the service area and the state, females accounted for slightly more than fifty percent of the population when compared to their male counterparts.

The racial composition in the service area and state was predominately White at 60.7 percent and 75.1 percent, respectively. The Black population accounted for 28.6 percent of the service area population and 16.1 percent of the population in Florida. American Indian and Native Hawaiian's represented less than one percent of residents in both population groups. The percentage of Asian residents, at 3.6 percent was higher in the service area when compared to the state at 2.7 percent. The service area was slightly more diverse when compared to the state with 3.4 percent having a race of Other and 3.0 percent of residents belonging to more than one racial group.

Ethnically, the service area had a slightly higher percentage of Hispanic residents, at 29.8 percent, when compared to the state at 25.6 percent.

The BBHC service area population was younger when compared to the age distribution at the state level. Residents, 65 years of age or older, accounted for 16.4 percent of the population while in the state of Florida, 17.8 percent of residents were at least 65 years old.

EDUCATION AND EMPLOYMENT

Data revealed the service area and state populations were very similar regarding education attainment. While slightly more residents in the state completed their education at the high school level (28.6 percent compared to 27.3), residents in the service area had higher percentages of individuals who attended or graduated from college as well as those with Graduate or professional degrees.

On average, 65.8 percent of the service area population participated in the labor force over the past five years. This was higher when compared to those employed in Florida at 58.8 percent. The 5-year unemployment rate estimate for the service area, at 6.1 percent was higher than the state rate at 5.6 percent.

POVERTY STATUS

During 2015-2019, the ratio of income to poverty rates for all categories were very similar for the service area and the state. The rates of those living >400 percent FPL, were 42.4 percent and 41.5 percent, respectively.

BBHC Service Area General Health Status Profile

OVERALL HEALTH STATUS

BRFSS data (2017-2019) estimates revealed 81.2 percent of adults, ages 18-64 years of age, living in the service area said their overall health was "good" to "excellent". For Florida, the rate was 80.3 percent. This knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

MENTAL HEALTH

The average percentage of adults reporting good mental health over the past three years, at 88.6 percent was above the rate for the state at 86.2 percent. The number of unhealthy mental days for the service area population, at 3.7 days in the past 30 days, was just below the rate among all adult residents (ages 18-64 years) in Florida at 4.4 days in the past 30 days.

SUICIDE

The crude suicide death rate decreased from 13.7/100,000 in 2018 to 11.4/100,000 population in 2020. This represents a decrease of 2.3/100,000 suicide deaths. At the state level, the suicide crude death rate decreased 2.5 deaths per 100,000 population during the same time-period but was also higher when compared to the ME service population. Among males, the suicide death rate for the ME service area and state were more than three times the rate among females. The suicide death rate among the White population was more than four times the rate for Black residents in the ME service area. It should be noted that the calculations required for the age-adjusted death rate for the ME service areas was beyond the scope of this project.

VIOLENCE AND ABUSE

The rate of total domestic violence offences decreased in the ME service area and the state from 2017 to 2019. In the ME service area, the rate fell from 297.1/100,000 to 293.5/100,000 over the past three years. This was much lower than the state rate of 496.5/100,000 in 2019.

The rate of children experiencing child abuse over the past three years (2017-2019) has continuously decreased in the ME Service area and state. Among children ages 5-11 years, the rate of child abuse fell from 979.9/100,000 in 2017 to 430.5/100,000 in 2019. This trend was observed in the state rates which decreased from 857.9/100,000 to 662.7/100,000 during the same time-period.

Child sexual abuse rates changed very little from 2017 to 2019 but decreased from 2018 to 2019. In the ME service area, the 2019 sexual abuse rate for children 5-11 years was 26.0/100,000. This was much lower than the state rate at 57.8/100,000.

MENTAL ILLNESS

The estimated number of seriously mentally ill (SMI) adults increased by 2.5 percent over the past three years. The rate of increase at the state level was 3.5 percent. The estimated number of SMI adults in the ME service area was 59,921 in 2020.

Among youth, ages 9-17 years, the estimated number of those emotionally disturbed increased by 1.4 percent from 2018 to 2020. This was lower when compared to the state increase at three percent.

The Florida Department of Education (FLDOE) reported 0.4 percent of children in K-12 grades had an emotional/behavioral disability in the ME service area. In the state, students with an emotional/behavioral disability accounted for 0.5 percent. These rates have been steady over the past three years.

ADULT TOBACCO AND ALCOHOL USE

BRFSS results revealed the percentage of adults living in the ME service area who are current smokers, at 12.6 percent (2017-2019) was lower when compared to the state at 14.8 percent.

Binge drinking is defined as five consecutive drinks for men and four consecutive drinks for women. For 2017-2019, the percentage of binge drinkers in the ME service area was 16.7 percent. The percentage of binge drinkers in the state was slightly higher at 18.0 percent.

HIGH SCHOOL TOBACCO, ALCOHOL AND SUBSTANCE USE

Data from the FYSAS indicated that the percentage of middle and high school students who reported never having smoked cigarettes increased from 90.5 percent in 2016 to 92.3 percent in 2020. For middle and high school students in the state, the percentage of those having never smoked also increased over the past four years.

When students were asked about smoking frequency, 96.3 percent of those living in the ME service area did not smoke at all. The state rate was 98.2 percent.

Vaping questions were included in the 2020 FYSAS for the first time. In the ME service area, 14.2 percent of students reported vaping nicotine on at least one occasion in their lifetime. Two percent of student had vaped on 40 or more occasions. The percentage of students vaping nicotine during the past 30 days was much lower in the state when compared to vaped in lifetime rates. Ninety-six percent of students in the ME and 88.6 percent in the state had not vaped nicotine in the past 30 days.

The percentage of students who did not consume alcoholic beverages on any occasions in their lifetime ranged from 61.9 percent in 2016 to 69.8 percent in 2020. For those who did on 1-2 occasions, the percentage increased by a little over one half of a percent from 2016 to 2020. The percentages of students in 2020 consuming alcohol on more than 2 occasions ranged from 3.8 percent for 3-5 occasions to 1.9 percent for those consuming alcohol on at least 40 occasions. The rates for the state were almost identical to those in the ME service area.

High school students were asked for the number of occasions in their lifetime when they had woken up after a night of drinking alcohol and were unable to remember the things they did or the places they went. The percentage of students reporting this event happening 0 occasions in their lifetime (2020) in the ME service area and the state was 96.8 percent and 86.2 percent, respectively. When looking at previous reported data, this was an increase from the percentages reported in 2016 for the ME service area and the state.

The percentages of students living in the ME service area not consuming alcohol during the past 30 days increased from 81.7 percent in 2016 to 83 percent in 2020. The increase at the state level was greater when comparing percentages from 2016 (81.7 percent) to 2020, at 85.2 percent. The percentages of students who reported consuming alcohol on 1-2 occasions during the past 30 days decreased in the ME Service area and state from 2016-2020.

The overall percentage of those binge drinking, defined as consuming 5 or more alcoholic drinks in a row in the past two weeks, decreased one percent over the past four years. This was a combined decrease for students in the ME service area and state who reported this behavior on one to more ten occasions.

The percentages of students who have not used marijuana in their lifetimes decreased over the past four years in the ME service area (76.9 percent-2020) and state (79.9 percent-2020). For those who did use marijuana on one to more than 40 occasions, the overall percentages increased in the ME service area from 19 percent in 2016 to 20 percent in 2020. The percentages of students not using marijuana in the past 30 days was higher when compared to those who reported not using it in their lifetime. The percentages of students who reported vaping marijuana in their lifetimes on one or more occasions was 0.2 percent lower in the ME service area when compared to the state. This was also true when comparing the two groups of students who had vaped marijuana in the past 30 days. In the ME service area, 6 percent of students had vaped marijuana in the past 30 days compared to 7.3 percent of students in the state.

DISABILITY

In the ME service area, 11.2 percent of the noninstitutionalized population is estimated to have a disability (includes hearing, vision, cognitive, ambulatory, self-care, and independent living). At the state level, 13.7 percent of residents had a disability

HEALTH INSURANCE COVERAGE

82.3 percent of residents, ages 18-64 years, living in the ME service area and state reported having some type of health insurance coverage. The percentage of those with insurance in the state was slightly higher when compared to the ME service area at 84.2 percent.

BBHC Service Area Homeless Population Profile

Homelessness is not limited to the single person living on the street who may be struggling with behavioral health issues, but includes families with children, parenting youth, young adults, couples, single men and women and unaccompanied youth. Homeless individuals can be unsheltered (living in cars or on the street), sheltered (homeless shelters or transitional housing), doubled-up (staying with family or friends), or living in places (motels) that are overcrowded, ill-equipped and not permanent.

The costs of homelessness to residents goes well beyond the expense of operating emergency shelters and providing meals. Homelessness affects local economies by significantly increasing community costs sustained by local and state governments along with taxpayers in terms of emergency response teams, crisis stabilization units, uninsured emergency medical care, and law enforcement involvement. Businesses may be impacted by reduced foot traffic, tourism, development, and property values due to the presence of homeless individuals living on the street. Homeless students have reduced educational attainment when compared to their stably house peers. When homeless people are unable to meet their full potential, it results in lost opportunity costs not only for them but also for those living in the community.

The effects of homelessness on individuals are numerous, complicated, and very costly. In addition to poor physical health, homeless community members are at an increased risk for mental illness, drug dependency, behavioral health issues, assault, and even premature death. The causes for homelessness such as unemployment, lack of affordable housing, domestic violence, or aging out of foster care are complex societal problems. Addressing these requires community engagement dedicated to the long-term financial commitments and proven solutions that can bring an end to homelessness.

In 2019, the Florida Council on Homelessness reported there were 2,803 homeless individuals in Broward County. Of these, 1453 individuals were sheltered, and 1,350 were unsheltered. Chronically homeless, defined as continually homeless for over a year, more than doubled from 444 individuals in 2015 to 914 people in 2019. Homelessness among veterans decreased from 247 in 2015 to 189 in 2018, however, there was in increase to 219 in 2019. Families experiencing homelessness decreased 10.5 percent from 2015 to 2019. The number of homeless students, at 2,323 in 2013-2014 more than doubled to 4,903 in the 2017-2018 school year. Of those students who were homeless in 2017-2018, over 74.2 percent were in a sharing housing arrangement and almost twelve percent were living in motels.

Until recently, the contracts for each homeless funding stream were applied for and awarded individually, creating a burdensome process for already stretched Continuum of Care (CoC). These are stakeholders in a geographical area working together to address homelessness. In 2017, CoCs were able to roll their previously separately awarded contracts into one single contract. As of January 2019, the newly released RFA offered CoCs a nine-week submission deadline, as opposed to historically providing a shorter turn-around time, with three RFAs back-to-back. The new

contract cycle allows the CoCs to plan accordingly and have three full years to spend the dollars. The table below depicts the homeless funding sources and dollars amounts by county for 2019.

Source	District 10
Total Funding Award	$10,741,344.67
HUD CoC	$10,201,816.00
State Total	$539,528.67
State Challenge	$143,385.82
State HUD-ESG	$257,500.00
State Staffing	$107,142.85
State TANF-HP	$31,500.00

SOURCE: Council on Homelessness Annual Report (2019)

BBHC Clients - Demographic Profile

CLIENT POPULATION

BBHC funded organizations that served 16,247 clients in FY2020/21. Over ninety percent of clients resided in Broward County (1534 clients). Clients who reported living in another county accounted for nearly three percent.

Just over sixty percent of adults were enrolled in the Adult Mental Health (AMH) program and 25.2 percent in the Adult Substance Abuse program (ASA). The remaining clients were in the Child Mental Health (CMH) program, at 8.2 percent, and the Child Substance Abuse (CSA) program at 6.1 percent.

GENDER

Males represented more than fifty percent of all clients in the AMH, ASA, CMH and CSA programs ranging from 52.0 percent in the ASA program to 71.0 percent in the CSA program. Females accounted for 45.0 percent of clients in AMH program but only 36.0 percent of those in the ASA program. There were 10.0 percent more women enrolled in mental health programs (45 percent) then in substance abuse programs (35 percent).

RACE

The majority of BBHC clients were White (45.0 percent). Black BBHC clients accounted for 40.0 percent of the total client population. The racial diversity among AMH clients was greater when compared to ASA clients where 57.0 percent of the population was White, and 31.0 percent were Black. Clients in child programs followed the same trend with a more diverse racial distribution among CMH clients when compared the CSA clients.

ETHNICITY

The percentage of Hispanics/Latino in the BBHC client population was 19.7 percent. This was less when compared to the Hispanic population in the service area at 29.8 percent. When comparing the ethnic distribution among programs, clients in the CMP program closely matched the service area where Hispanic/Latino clients accounted for 28.0 percent.

AGE RANGE

Adults, ages 25-44 years of age, accounted for 45.1 percent AMH clients and 59.2 percent of ASA clients. Among these, adults ages 25–34 years, made up the largest proportion of both AMH and ASA clients when comparing age ranges. Children under age 5 years accounted for less than 0.5 percent of CSA clients but 11.0 percent of CMH clients. There was a higher percentage of older teens, ages 15-19 years of age, in the CSA (76.2 percent) program when compared to those in the CMH program (42.8 percent).

RESIDENTIAL STATUS

A higher percentage of AMH clients lived independently alone (18.5 percent) when compared to ASA clients at 12.2 percent. Eighty percent of clients in the CSA program lived dependently with relatives. This was higher when compared to the percentage of clients in the CMH program where 55.5 percent lived dependently with relatives.

EDUCATIONAL ATTAINMENT

Among BBHC adults, 33.3 percent of clients were high school graduates who did not go on to further education. Over forty percent of the total client population had less than a high school education. Among adult programs, 38.7 percent of AMH clients and 36.5 percent of ASA clients did not attain more than a high school education. The percentages of adult BBHC clients who earned an associate degree or bachelor's degree ranged from 13.1 for AMH clients to 10.7 percent for ASA clients.

EMPLOYMENT STATUS

Unemployment ranged from 42.3 percent of AMH clients to 55.6 percent among ASA clients. Full time workers accounted for 10.0 percent of AMH client and 17.4 percent of ASA clients. For all BBHC clients, 8.9 percent were employed part time.

BBHC Homeless Clients Demographic Profile

DEMOGRAPHICS

A total of 2,492 homeless clients were enrolled in adult and child programs in FY 2020-2021. Of these, 59.6 percent were in the AMH program and 40.0 percent in the ASA program. Clients enrolled in child programs accounted for less than one half of one percent. It should be noted that there may be a small percentage of overlap with some clients enrolled in both programs.

The number of homeless male clients (1,708) were more than double the number of homeless women (785). Males accounted for 67.0 percentage of clients in the AMH and 72.0 percent of ASA homeless clients. There was a higher percentage of homeless male clients, at 69.0 percent, when compared to the general client population where males accounted for 58.0 percent of all clients. Among child programs, females accounted for 67.0 percent of CMH and 100.0 percent of CSA clients. It should be noted that the number of homeless clients in the CMH & CSA was very small so results should be interpreted with caution.

Black homeless clients accounted for 45.7 percent of those in the AMH program while White homeless clients accounted for 44.0 percent. White homeless clients represented the majority of ASA clients at 66.6 percent. Black homeless clients accounted for 83.3 percent of CMH participants. The percentage of homeless Hispanic/Latino clients in the AMH program, at 9.8 percent, was lower when compared to the Hispanic/Latino clients in the ASA, at 15.0 percent. This was lower when compared to the general client population where 19.7 percent were Hispanic.

Adults, ages 25-44 years, accounted for 60.4 percent of ASA clients and 47.5 percent of AMH clients. Homeless clients 65 years and older accounted for less than three percent the total homeless client population.

RESIDENTIAL STATUS

All homeless clients reported their residential status as homeless.

EDUCATIONAL ATTAINMENT

Among the homeless clients, close to forty percent did not have a high school education and 33.6 percent completed their education at the high school level.

EMPLOYMENT STATUS

Less than ten percent of homeless clients were employed (part or full time) and 65.3 percent were unemployed.

Stakeholder Survey Results

All respondents for the stakeholder survey were from Broward County. We collected information on awareness, access to care, and barriers to behavioral health resources. The largest respondent service was 11 percent from children substance use treatment services. 9 percent were from Local government, and 8 percent from Adult and Children Serving Agency.

AWARENESS

86 percent of stakeholders either agree, or strongly agree that they were aware of the behavioral health resources available in their county. 70 percent were aware of the ME resources, and 57 percent have accessed them. Of those who accessed the resources, 52 percent felt it was helpful, and 30 percent felt it was only somewhat helpful. The majority (61 percent) of respondents have not been directed to access ME resources by calling or online.

Regarding the 2-1-1 resource, 96 percent of respondents had knowledge of this informational source, but only 43 percent of those had accessed 2-1-1 in the past 6 months. Of those who accessed it, 55 percent found it to be useful, while 27 percent found it to be only somewhat useful. 82 percent of respondents reported that they have directed individuals to access 2-1-1 by calling or online. Overall, only 20 percent of respondents felt community awareness for behavioral health resources was excellent or very good. The majority felt it was Good at 37 percent.

ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

Stakeholders were asked to rate their agreement on statements about the process of accessing

behavioral health services. More than 75 percent of respondents agreed that behavioral health care and peer services were accessible. 61 percent agreed that programs and services are coordinated across systems of care, however 65 percent respondents agreed that the linkages to needed services are coordinated and well established. 62 percent of stakeholders agreed that the referral process was accessible.

BARRIERS

The top 5 barriers for accessing services are no/limited transportation, long wait lines, being unsure about where to go for services, stigma, and being unable to afford the services. Transportation issues were identified as the number one barrier to accessing behavioral health care services at 15 percent. The second highest barriers which affected 12 percent of respondents each are long wait lines and being unsure of where to go. All other barriers affected 10 percent or less of respondents.

According to respondents, the most needed resources and services are for housing (18 percent) and transportation (12 percent) needs. 10 percent of respondents believe there needs to be more education about available resources, and another 10 percent believe there needs to be a wider variety of services available. 9 percent believed there was a greater need for mental health resources and another 9 percent believed staff needed to be better trained and improve waiting times.

Respondents identified Henderson Behavioral Health, South Florida Wellness Network, and 2-1-1 as the top 3 patient centered care resources that have improved individuals' quality of life.

Consumer Survey Results

All survey consumers lived in Broward County. 55 percent of the respondents were enrolled in Adult mental health services and 18 percent were enrolled in adult substance abuse services. This makes sense as 84 percent of consumers were adults receiving services. 14 percent were enrolled in peer support services and 11 percent in prevention services.

KNOWING WHERE TO GO FOR SERVICES

Knowing where to go for services is the first step in accessing healthcare. Among respondents,

83 percent indicated that they knew where to go for services if they needed them. Over half of consumers indicated they learnt about services from family members, friends, or another person using services.

Regarding 2-1-1 awareness, almost two-thirds of respondents knew of this resource, however only 37 percent of those had previously called for assistance. Nearly 75 percent of those that did call 2-1-1 for support, found that it was only helpful sometimes or not at all.

SERVICES THAT WERE NEEDED BUT NOT RECEIVED

36 percent responded that they did not receive the services they needed. 10 percent were not able to get case management, followed by housing assistance 11 percent, and other unidentified services (12 percent). Almost 1/8 of consumers stated that the services they needed we not available, and slightly over 1/5 stated they were placed on a waitlist. 1/3 of respondents stated they were not able to get services between 1-4 times. Overall, 64 percent of consumers received services when they needed them.

ACCESS AND PERCEPTION OF THE HEALTHCARE PROCESS

87 percent of consumers agree that services were focused; 53 percent strongly agreed with this statement. Majority (43 percent) of consumers waited 1-3 days for an appointment. Over 3/5 of consumers were able to get an appointment within a week. Only 4 percent were never able to get an appointment.

Over 80 percent of consumers were able to get to get to their services within 30 minutes. Almost half of the (46 percent) consumers were driven to services by themselves or a relative/friend. A little over 35 percent used the public or private transportation services.

BARRIERS TO NEEDED SERVICES

Long waiting lists ranked as the top barrier prevented consumers from receiving needed services. Not knowing where to go for services, not meeting the eligibility requirements, lack of transportation, stigma, and affordability were also the in the top barriers for consumers. 28 percent of consumers indicated they did not face any barriers when seeking services.

Recovery Community

All respondents live in Broward County. The largest respondent demographic is adults living with co-occurring Mental Health and Substance Use condition (47 percent), followed by Adult with lived with mental health conditions (24 percent), Adult with lived Substance use condition (13 percent) and family member or friend of someone with lived mental health conditions.

EMPLOYMENT

32 percent of respondents worked/volunteered in either Adult mental health services or substance use services. 23 percent of respondents were employed or volunteered with peer support services followed by the Recovery Community Organization (11 percent). All other service agencies employed less than 10 percent of respondents.

40 percent of respondents have been employed/volunteered with the agency for more than 3 years; this was the largest demographic. 29 percent of respondents have been employed for 1-3 years and almost 25 percent have been employed for less than 6 months. Most respondents (74 percent) have work schedules that average 40hrs/week.

Almost a quarter of respondents indicated that personal fulfillment was a reason for maintaining employment with the agency. Commitment to recovery principles and flexible work schedules were among the top responses. Conversely, respondents identified salary (43 percent), unidentified other (26 percent), and the exemption/background screening processes (21 percent) as top barriers in the hiring process.

SERVICE DELIVERY

An overwhelming majority reported that their agency utilizes recovery peer support services within services they provide to the community (96 percent) and adhered to recovery support best practices (91 percent). 85 percent of respondents agreed that the organization they work/volunteer for help to reduce stigma by promoting person centered recovery language. 74 percent also reported that peers are included in program development, promotion, evaluation, and improvement, however, only 57 percent of responded that people were being included in recovery management and board meetings.

The setting of peer recovery report services varied; however, the most frequently reported locations include Outpatient Recovery Community Organization (RCO), Drop-in Centers/Club Houses and Medication Assisted Treatment (MAT).

44 percent of respondents are Certified Recovery Peer Specialists (CRPS), however, the 2nd largest demographic (27 percent) is those who identified as “Not certified.” 22 percent of respondents are in the process of acquiring certification. Respondents recommended trainings to help peers deliver peer support services. Among the top responses for trainings were 40 hour required Peer recovery Specialist training/Helping Others Heal, Wellness recovery Action plan (WRAP),

Documentation Training, Boundaries/Ethics/Professional Responsibility, cultural competencies and Mental Health First Aid.

The majority of respondents were aware that partnerships exist between recovery programs and support groups. Respondents were most aware of the following partnerships: Drop-in Centers, Food Pantries/Meal Programs, Halfway Housing, and RCOs.

Cultural Health Disparities Survey

There were 72 respondents to this survey. Majority of the respondents were female (73 percent). Almost half of the respondents identified themselves as cisgender, 32 percent preferred not to say, and 19 percent were gender fluid. Majority of respondents (66 percent) identified as heterosexual/straight, 11 percent preferred not to answer, and 10 percent are asexual. Gender identity and sexual orientation could be explored to understand impact on behavioral health concerns. Regarding race, 45 percent identified as white, followed by black (34.8 percent) and multiracial was the next largest demographic (10.1 percent). More than ¾ of respondents didn't identify with any of the listed ethnicities; 9 percent were "other Hispanic" and 6 percent identified as "Spanish/Latino". All other ethnicities accounted for 3 percent or less. 71 percent of respondents were evenly distributed between 35-44yrs old, 45-54yrs old, and 55-64yrs old. 13 percent was between 25 and 34, and 10 percent were 65-74years old.

Of the 72, 71 percent responded that they usually feel comfortable seeking behavioral healthcare services. When asked to rate how strongly they believe the behavioral healthcare system will treat them respectfully, the majority stated that they trust (55 percent) the system; 17 percent had distrust for the system and 29 percent chose "Neutral".

When asked about feelings regarding your behavioral health issues, 52 percent were comfortable sharing their challenges with others; 20 percent only liked to share with people like them, 18 percent felt this was a private matter that stays in the family or to themselves. When asked what setting felt most comfortable to discuss behavioral health concerns, 29 percent of respondents felt most comfortable in a private doctor's office; 37 percent felt most comfortable using telehealth services or a hybrid of telehealth services. All other settings received 10 percent or less of the responses. When asked about preference between faith-based healthcare services or traditional physician offices, more than ¾ of respondents preferred the traditional setting. 84 percent of respondents stated that behavioral health services were available in their primary language all the time; 10 percent stated it was only available either some or a little of the time.

Regarding group therapy, note that there were less than a 10-person difference between responses in these categories; responses were almost evenly split between the 3 categories. 39 percent were likely to participate, 35 percent were unlikely to participate, and 26 percent was neutral. This may be a good concept to explore to further understand what factors (stigma, time, need, etc.) affect interest in group therapy. Conversely, 80.5 percent of respondents were either likely or very likely to attend individual therapy.

No Wrong Door Survey

Survey responses are calculated out of 81 respondents. Of the responses, 73 percent of survey participants thought "No wrong door" access works well within their organization; 25 percent were unsure. When asked if their organization had an important role in "No Wrong Door" access, 89 percent responded yes.

Stakeholders were asked to rate their agreement on statements about the delivery of health services of their organizations. Ninety-one percent of respondents either agreed or strongly agreed that their organization has a strong care coordination process that includes warm handoffs to services and seamless care coordination; 87 percent agreed that linkages to crisis intervention and support were occurring. Ninety-three percent agreed or strongly believed that their organization encouraged partnerships with other community partners to ensure care coordination. When asked if their organization has taken action to improve their referral and care coordination process for individuals served, 89 percent agreed or strongly agreed.

Most respondents (89 percent) also either agreed or strongly agreed that their organization promotes its services and resources very well (Q6) and promotes awareness of available options and linkages to needed services (Q7). Most respondents (93 percent) believed their organization provide person-centered care; majority "strongly agreed" to this statement. Additionally, 85 percent believe their agency hires culturally sensitive and culturally competent people for the population they are serving.

The majority of respondents strongly agreed that their organization ensures that services are of high quality and meet the needs of the individuals they serve. When asked if it's easy for individuals to access the services they need quickly and efficiently, 65 percent of respondents agreed or strongly agreed, however, more than 22 percent of respondents disagreed with this statement. This is nearly a quarter of the respondents and worth noting. Slightly more than half of the respondents (57 percent) answered yes when asked to respond whether standard intake and screening process for state agencies and community partners would help individuals get into services more quickly, however, a quarter of respondents chose "no" to this question; 15 percent were "unsure." Sixty-nine percent believed individuals in need of services have equal access to care, however, 24 percent either disagreed or strongly disagree with this statement. 68 percent agreed or strongly agreed that stakeholders help to address and advocate for equal access to care in system entry points; less than 15 percent disagreed. Eighty percent of survey participants believed their organization tracks individuals served, services, performance, and cost to continually evaluate and improve outcomes.

There were 81 respondents in the "No Wrong Door" Survey, however, when asked where respondents work, multiple responses were allowed; the following percentages are based off those 115 responses. Twenty-two percent stated that they worked in Adult Outpatient Programs, followed by Peer Recovery Support (20 percent), Adult Residential Facilities (16 percent) and Adult Detoxification Unit (14 percent).

Executive Summary

This report, prepared for the Broward Behavioral Health Coalition (BBHC), is a compilation of primary and secondary data that identifies behavioral health needs and available community assets to advance healthcare delivery and improve outcomes for all residents.

SERVICE AREA POPULATION

The population in the service area increased almost 30,000 individuals over the past five years to a total of 1,926,205. Racially, the service area is predominantly White (60.7 percent), followed by the Black population accounting for 28.6 percent and Asian residents made up 3.6 percent. Ethnically, almost 30 percent of the service area population is Hispanic. When compared to Florida, our service area is much more racially and ethnically diverse. Females accounted for slightly more than half of the service area with 51.3 percent and 41.1 percent of individuals are between the ages of 25-54 years old. An overwhelming majority's highest educational attainment was a high school diploma. Participation in the labor force remained about the same but was still a higher percentage than the state. However, unemployment decreased between 2015 and 2019.

The effects of homelessness on individuals are numerous, complicated, and very costly. Addressing these requires community engagement dedicated to the long-term financial commitments and proven solutions that can bring an end to homelessness. In 2019, the Florida Council on Homelessness reported there were 2803 homeless individuals in Broward County. Forty-eight percent identified as unsheltered.

Overall, slightly over eighty percent of residents reported good health, and over 88 percent declared good mental health. Concurrently, suicide rates decreased in the service area between 2018 and 2020. In 2019, domestic violence increased from 2018, however, children experiencing child abuse decreased by more than half between 2017 and 2019. Smoking and drug usage had some interesting data as well.

BBHC CLIENT POPULATION

BBHC funded organizations served 16,247 clients in FY2020/21. Nearly all clients resided in Broward County. Most adults in BBHC programs were enrolled in the Adult Mental Health (AMH) program (60.5 percent) and followed by the Adult Substance Abuse program (ASA) (25.2 percent). The remaining 14.3 percent was comprised of children/youth clients in the Child Mental Health (CMH) program at 8.2 percent and the Child Substance Abuse (CSA) program at 6.1 percent.

BBHC clients were more racially and ethnically diverse when compared to the service area population. Clients in child/youth programs were even more racially and ethnically diverse overall when compared to adult clients. The highest percentage of clients were living independently with relatives and the second highest percentage of clients were living dependently with relatives. Among BBHC adult clients, most were unemployed.

A total of 2,492 homeless clients were enrolled in adult and child programs in FY 2020/21. There were more than twice the number of homeless men enrolled than women. Black homeless clients made up the majority in AMH programs while white homeless clients made up the majority in ASA programs. About 19 percent of homeless clients had less than a high school diploma and less than 10 percent of homeless clients were employed.

STAKEHOLDER SURVEY

Stakeholder respondents were asked questions regarding awareness, access to care, and barriers to behavioral health resources. More than 85 percent of stakeholders were aware of the behavioral health resources available in their county and over 95 percent had knowledge of the 2-1-1 informational resource. However, they did not feel that the overall community possessed the same level of awareness; only 57 percent rated awareness as good to excellent. Fortunately, of those who reported having used the 2-1-1 resource, the majority (55 percent) found it to be useful. Like consumers, stakeholders felt that linkages to services were well coordinated and accessible but were less confident in other aspects of the program. Stakeholders cited the lack of reliable transportation as the top barrier for access care. Long wait lines was number two and being unsure of where to go was the third biggest barrier to care. This identifies the need of additional resources to support the flow of consumers across the healthcare system. Respondents reported that housing needs, transportation needs, staff shortages, mental health resources, and more knowledge of available programs are needed resources and services.

CONSUMER SURVEY

Awareness of where to find services when needed was a challenge for about 17 percent of consumers. However, word of mouth was the most prominent method of learning of programs. More than half of the consumers indicated that they learnt of the services they needed from family members, friends, or another person who used the services. Overall, more than 60 percent consumers did identify that they received services when they needed them. Over sixty percent of consumers were aware of the 2-1-1 resource in their community. Most consumers also reported that they believed provided services were focused. According to the responses, long wait lines, not knowing where to go for services, strict eligibility requirements, lack of transportation, stigma, and affordability were all top barriers for receiving necessary resources.

RECOVERY SURVEY

Adults living with co-occurring mental health and substance use conditions was the largest group of respondents in this survey, making up 47 percent of responses. Adults with lived mental health conditions are the second largest respondent group, followed by adults with lived substance use conditions and family member/friend of someone with lived mental health conditions.

Almost one-third of respondents worked/volunteered in either adult mental health services or substance use services; 23 percent were employed/volunteered with peer support services. Forty percent of respondents have been employed/volunteered with the agency for more than 3 years. Personal fulfillment was a main reason for maintaining employment with the agency for over a quarter of respondents. Commitment to recovery principles and flexible work schedules were also among top reasons for maintaining employment. Top barriers in the hiring process included salary, and the exemption/background screening process.

A large majority of responses indicated that agencies utilized peer support services, adhered to recovery support best practices and reduced stigma by promoting person centered recovery language. Most respondents also identified that peers were included in program development stages as well as recovery management and board meetings. However, respondents were most aware of only a select few recovery partnerships.

CULTURAL HEALTH DISPARITIES

A cultural health disparities survey was sent to clients in CDC identified vulnerable areas. They were asked a series of questions related to behavioral health care services and told to choose from responses ranging from strongly agree to strongly disagree. Question types ranged from demographic information to feelings/perception regarding behavioral health care services. There was a total of seventy-two survey respondents; 73 percent of the respondents were female. Most responses portrayed positive attitudes towards behavioral health care services, but there were some questions with varied responses. When asked how they would rate their trust in the behavioral health care system to treat them with respect, 45 percent did not have trust.

NO WRONG DOOR

This assessment conducted among the BBHC providers revealed the mission to make all doors the right doors or even eliminate doors completely. This survey consisted of eighty-one respondents; over 20 percent of respondents worked in adult outpatient programs, followed by recovery support (20 percent) and adult detoxification units (14 percent). A large majority of participants thought the "No wrong door" access and their organization had a successful relationship.

A remarkably high percentage of participants felt their organization had a strong care coordination process, that linkages to crisis intervention and support were occurring, and believed their organization encouraged community partners. The majority also believed their organization provided person-centered and culturally sensitive care. There were lower percentages of agreement when asked if access to services were quick and efficient. Overall, over three-quarters of respondents believed their organization worked well in improving patient outcomes.

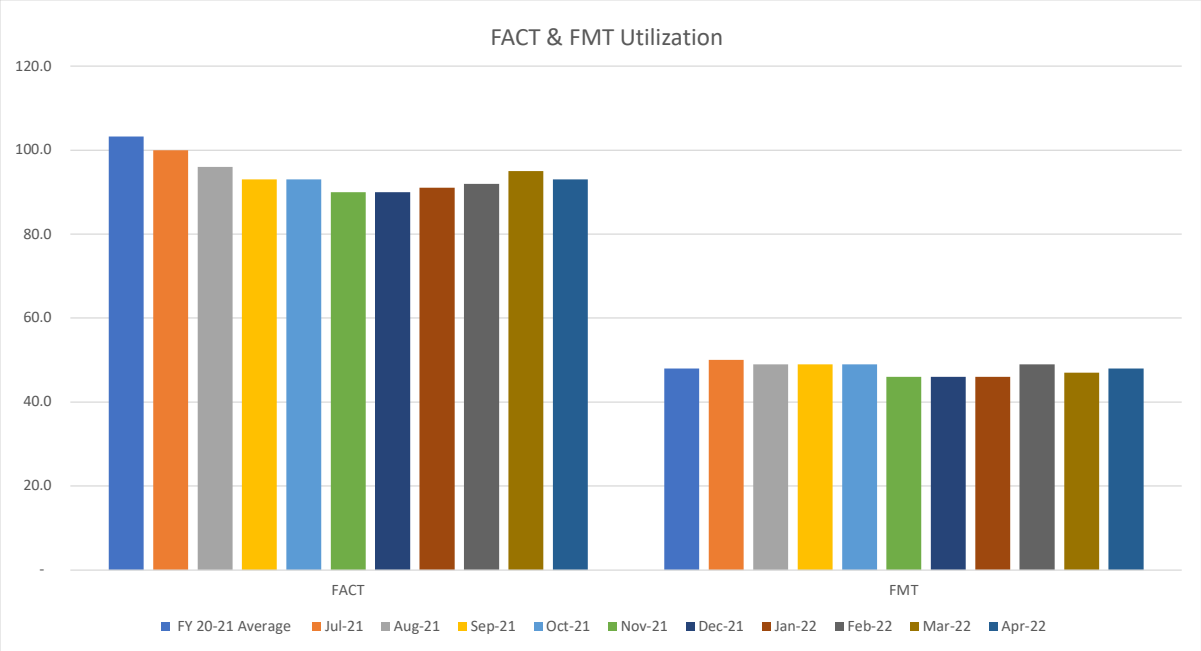
MOVING FROM WHERE WE ARE TO WHERE WE WANT TO BE

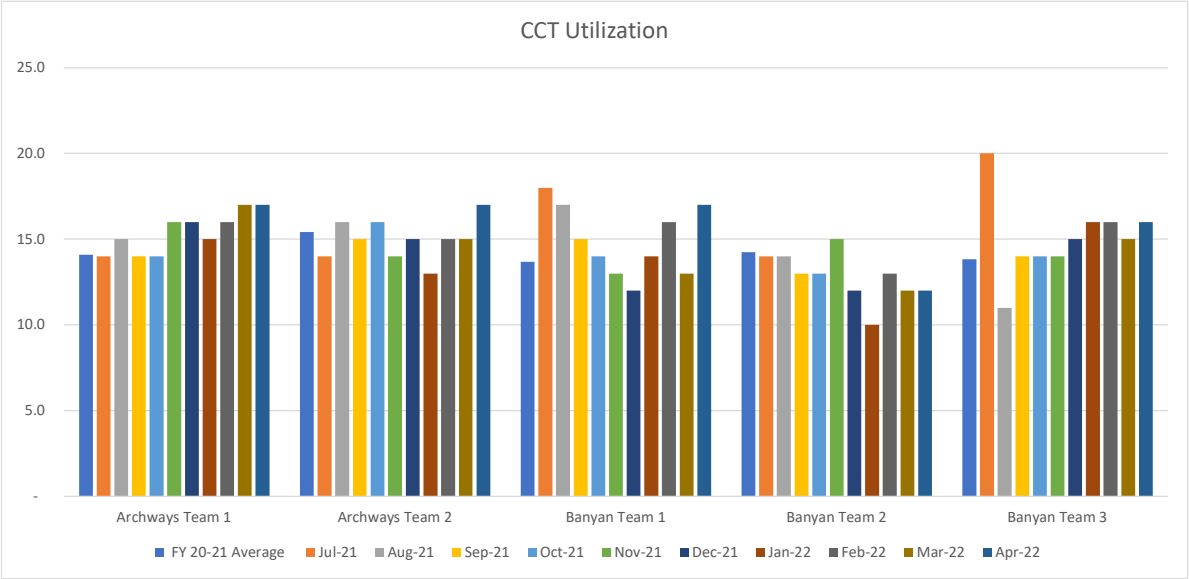
This assessment serves as the foundation for strategically addressing the key behavioral health care needs as defined by consumers, stakeholders, and providers. This needs assessment will help identify pressing needs and challenges in the current system. This information is vital to developing measurable objectives in delivery of community mental health and substance use services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services to better support the needs of our community.

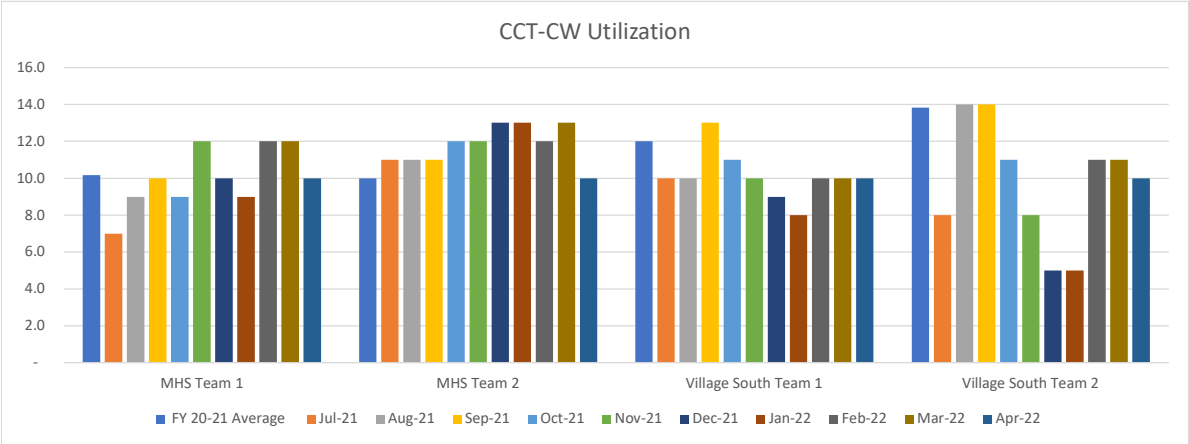
BBHC Multidisciplinary Teams Report

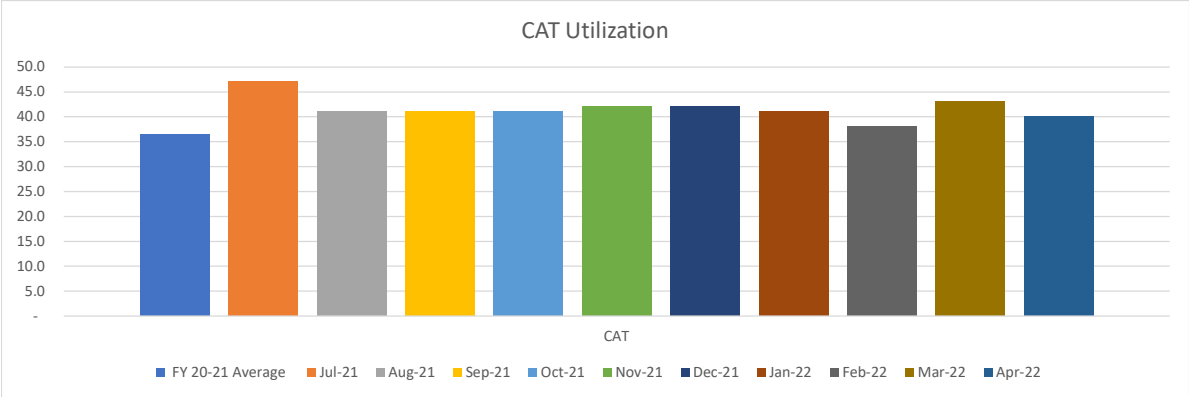
Month Reported: Apr-22

Provider	Total # of Slots	Admissions	Discharges	Total in Care	% Utilized
FACT (FL Assertive Community Treatment) --- **105 unique clients to be seen annually**					
Henderson Behavioral Health	100	1	3	93	93%
FMT (Forensic Multi-disciplinary Team) --- **65 unique clients to be seen annually**					
Henderson Behavioral Health	50	2	1	48	96%
Care Coordination Teams					
CCT Teams					
Archways					
Team 1:	15	1	1	17	113%
Team 2:	15	5	3	17	113%
Banyan:					
Team 1 :	15	4	0	17	113%
Team 2:	15	4	4	12	80%
Team 3:	15	2	1	16	107%
CCT-CW Teams					
Memorial Healthcare System2					
Team 1:	14	2	4	10	71%
Team 2:	14	1	3	10	71%
The Village South *					
Team 1:	14	2	3	10	71%
Team 2:	14	2	4	10	71%
Community Action Treatment Team - CAT Team -- --- 70 unique clients to be seen annually					
Memorial Healthcare System	35	2	3	40	114%




CCT Utilization
25.0
20.0
15.0
10.0
5.0
-
Archways Team 1
Archways Team 2
Banyan Team 1
Banyan Team 2
Banyan Team 3
FY 20-21 Average
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22


CCT-CW Utilization
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
-
MHS Team 1
MHS Team 2
Village South Team 1
Village South Team 2
FY 20-21 Average
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22


CAT Utilization
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
-
CAT
FY 20-21 Average
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22

BARC Detox Report

	July	August	September	October	November	December	January	February	March	April	May	June
Access Data (Detox Only)												
Number of calls for appointments	262	289	278	312	215	231	248	202	265	233		
Appointment within 24 hrs. (%)	28%	18%	27%	18%	16%	13%	21%	16%	30%	29%		
Appointment within 72 hrs. (%)	26%	0%	15%	2%	1%	10%	7%	6%	38%	37%		
Appointment within more than 72 hrs. (%)	32%	70%	48%	70%	75%	65%	67%	67%	26%	26%		
Appointments over 24 hrs. due to client preference(%)	13%	11%	10%	10%	8%	12%	6%	11%	6%	8%		
No shows (%)	21%	32%	26%	30%	34%	35%	30%	27%	22%	27%		
Admission Data												
Clients Evaluated for Detox	183	128	159	183	122	132	173	148	206	169		
Clients met Criteria for Detox	139	107	150	137	108	99	104	98	140	124		
Client admitted to Detox	98	72	75	82	85	86	75	74	85	97		
Clients receiving interim-stabilization services not admitted	74	50	63	69	37	32	34	26	60	31		
Clients sent to 911	0	0	0	2	0	0	2	0	0	0		
Clients referred to alternative facility	16	9	11	3	7	8	3	4	7	2		
Clients admitted to MAT	6	15	11	10	12	6	11	7	10	7		
Clients - Refused Beds	11	6	5	10	8	7	7	3	5	12		
	July	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**
DETOX Discharge Data												
Successful completion of program	78	57	55	56	69	58	53	58	65	63		
Number of client discharged to lower level care within BARC	29	23	31	39	35	31	21	34	29	36		
Number of client discharged with linkage to community	63	48	37	32	51	43	51	41	49	53		
Number of clients not linked to any service	2*	0	0	0	0	0	0	1*	0	0		
Discharged not successfully completed treatment. *(Discharged with guidance & provided NARCAN)*	16	14	13	15	17	16	19	18	14	26		

**Clients declined linkage to any services* **Clients declined linkage to any services*

Report by Month (April)	**Alcohol**	**Opiates**	**Cocaine**	**Methamphetamine**	**Other**		**Alcohol**	**Opiates**	**Cocaine**	**Methamphetamine**	**Other**	
Primary SUD upon admission to DETOX	58	24	2	1	1		50	40	4	1	2	
Secondary SUD Upon Admission *(if applicable)*	3	2	16	0	13		5	5	20	4	8	

Competency Restoration Training Report 2022-23

Competency Restoration Training Report	
Total enrollment	236
Re-evaluation Summary	
Re-evaluations Completed during the month	4
Re-evaluation Reports in progress	6
Completed reports submitted	0
Re-evaluation Completed Reports - Detail	
Re-evaluation Reports - Client Restored to Competency	2
Re-evaluations Reports - Client NOT Restored to Competency	0
Re-evaluation Reports with Validity/Efforts Issues (malingering)	0
Re-evaluation reports - ITP -Potentially Non-Restorable	0
total	2

Court Status For Completed Re-evaluations			
	Cases addressed in Court	Additional Evaluation ordered by the court (case ongoing)	Final Adjudication
July-21			
August-21			
September-21			
October-21	0	0	0
November-21	0	0	0
December-21	0	0	0
January-22	0	0	0
February-22	2	1	0
March-22	2	2	0
April-22	4	3	0
May-22			

Competency Restoration Training						
Providers	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**
Henderson	64	63	74			
Archways	32	36	34			
House of Hope	3	1	3			
STAR	5	7	9			
Fellowship House	13	12	12			
In-Custody	32	28	34			
Broward Elderly		1	1			

Forensic Case Management Report

ITP Referrals

	# of ITP referrals	# referrals made to community providers	# of clients discharged	Total cases in process	Average time to Discharge (from admission)
Jul-21	24	12	5	91	68 days
Aug-21	16	15	4	99	59 days
Sep-21	9	7	10	104	81 days
Oct-21	20	10	5	101	65 days
Nov-21	15	12	6	109	52 days
Dec-21	17	14	5	121	71 days
Jan-22	12	6	12	136	88 days
Feb-22	18	9	14	122	79 days
Mar-22	18	8	11	126	68 days
Apr-22	27	16	8	132	72 days
May-22					
Jun-22					

Diversions

	# of Pre-Commitment Diversions	# of Post-Commitment Diversions	# Placed on CRP	Total # served
Jul-21	21	1	21	22
Aug-21	17	0	17	17
Sep-21	6	1	7	7
Oct-21	11	1	11	12
Nov-21	6	0	6	6
Dec-21	6	0	6	6
Jan-22	14	0	8	8
Feb-22	14	1	9	16
Mar-22	24	2	6	20
Apr-22	12	1	6	16
May-22				
Jun-22				

State Hospital Case Management

	# Committed	# Competent returns	# ITP & discharged on CRP	Non-restorable discharge	Total served
Jul-21	26	4	8	0	8
Aug-21	15	4	5	0	5
Sep-21	12	7	10	1	11
Oct-21	29	2	4	0	4
Nov-21	8	6	9	0	9
Dec-21	13	6	4	0	4
Jan-22	12	5	5	0	6
Feb-22	14	9	2	0	11
Mar-22	6	7	4	0	8
Apr-22	15	3	5	0	14
May-22					
Jun-22					

Post Arrest Jail Diversion Referral Report

Month reported

	# of Referrals	Number of Referrals Returned from PD	Average time for PD Return	Number of Referrals sent to SAO	Number of Referrals Returned from SAO	Average time SAO return
Oct-21	28	43	10	18	16	5
Nov-21	35	35	13	18	6	7
Dec-21	37	27	7	17	18	43
Jan-22	21	33	7	25	29	15
Feb-22	40	40	1	30	32	7
Mar-22	34	33	1	26	23	10
Apr-22	44	43	2	36	32	13
May-22						
Jun-22						
Totals	131	254	9.25		156	17.5

Post Arrest Jail Diversion Referral Census

	# of Referrals	# of admissions	Client not engaged/admitted *	Clients in process **	# of Discharged	Total enrolled	Average time to Discharge (from admission)
Oct-21	3	1	0	2	0	1	n/a
Nov-21	4	2	0	1	0	3	n/a
Dec-21	3	2	1	1	1	5	n/a
Jan-22	10	2	2	7	0	7*	n/a
Feb-22	13	2	2	18	0	9	n/a
Mar-22	13	4	8	18	1	13	n/a
Apr-22	11	9	2	16	0	22	n/a
May-22							
Jun-22							
Totals	57	22	13	18	2	22	

* One approval was later rescinded by SAO

*** Client not engaged/admitted detail**

Category	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Totals
Client Refused	0	0	0	1	0	2	1			
Client not found	0	0	0	0	0	2	0			
Client not appropriate for program	0	0	0	1	1	2	0			
Client did not attend court or not signed SW	0	0	0	0	0	0	0			
Other					1	2	1			

**** Discharged clients detail**

Category	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Totals
Successful	0	0	0	0	0	0	0			
Unsuccessful	0	0	1	0	0	1	0			

HBH Centralized Receiving System Monthly Report

Month: APRIL

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Year
Served at Memorial	163	140	158	160	182	183	196	209	220	183			1,794
Served at BARC	12	12	18	17	9	9	20	10	13	12			132
Served at CSU	8	10	12	15	40	33	43	46	35	40			282
Served at CRC	315	302	344	316	268	340	402	385	340	302			3,314
Percentage referred to any service (CRC)	97%	97%	99%	99%	100%	99%	99%	98%	99%	98%			99%
Declined services (CRC)	8	9	2	3	1	3	3	6	4	7			46
Served at Community Court	2	0	4	0	2	7	3	11	3	1			33
Total Served	498	464	532	508	499	565	661	650	608	537			5,522

Client Triaged	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Year
Number of clients diverted from Baker Act	303	294	337	310	256	335	386	378	331	293			3,223
Number completing Crisis Assessment	229	196	219	236	228	261	260	265	269	247			2,410
Number completing Psychiatric Evaluations	118	116	126	95	53	101	144	128	93	81			1,055
Number referred to higher levels of care (Residential, FACT/FMT, CCT)	1	3	0	0	1	0	0	0	1	0			6
Number connected to Peer Services (CRC)	6	5	9	4	2	11	5	7	4	2			55
Number Referred to Housing Respite	3	3	8	4	1	2	4	3	1	7			36
Number of SOARs completed	14	13	14	12	13	9	10	18	22	18			143
Number of SPDATs	6	7	3	2	2	5	3	3	3	2			36

LEO Breakdown (N = 9)

Referral Sources

Law Enforcement:

Ft. Laud	2	Wilton Manors	0	Coral Springs	0
BSO	3	Hallandale	0	Coconut Creek	0
Margate	2	Hollywood	0	Davie	1
Plantation	1	Sunrise	0	Miramar	0
Lauderhill	0	Pemb. Pines	0	Seminole	0
				Unknown	0

BSO Breakdown:

Airport	0	Laud by Sea	0	Pompano Bch	0
Coop. City	0	L. Lakes	2	Port Everglades	0
Court	0	N. Lauderdale	0	Tamarac	1
Dania	0	Oak Park	0	Unincorp.	0
Deerfield	0	Parkland	0	Weston	0
Jail	0	Pemb. Park	0		

BBHC - United Way CIT Initiative
Monthly Report

Report Month: April, 2022

Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Total # of Trainings	2	0	0	1	1	0	0	0	1	1			6
Total # People in Attendance	39	0	0	16	23	0	0	0	21	22			121
Total # of Cities	5	0	0	3	5	0	0	0	7	6			26

Refresher Courses

Month	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Total # of Trainings	n/a	n/a	1	n/a	n/a	n/a	1	1	0	0	0		3
Total # People in Attendance	n/a	n/a	13	n/a	n/a	n/a	6	7	0	0			26
Total # of Cities	n/a	n/a	3	n/a	n/a	n/a	2	1	0	0			6

	FY 20-21	FY 21-22													
Month	**Jun-21**	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Total Training Live Trainings**	**TOTAL**
BSO	0	2	0	0	7	9	0	0	7	6	8	0		18	31
Davie		10	0	0	7	7	0	2		6	1			24	32
Miramar		4	0	0	0	0	0	4		1				4	9
Sunrise		1	0	0		2	0	0		2	3			3	5
Pembroke Pines		22	0	0	2	3	0	0		2	3			27	29
Plantation	12		0	0			0	0		0				12	12
Coral Springs						2	0	0		0	5			2	2
Wilton Manors										1					1
Hollywood										3					3
Broward County Schools											2				2
City 10															