



Recovery Oriented System of Care Committee

Hybrid Meeting via
[Join Microsoft Teams Meeting](#)
[+1 941-263-1518](#) United States, Sarasota (Toll)
Conference ID: 217 857 946#

Agenda October 19, 2022 Chairperson: Commissioner Lois Wexler

Welcome & Introductions – Commissioner Lois Wexler

- I. Review September 21, 2022, Minutes for Approval
- II. CEO Updates – Silvia Quintana
- III. BBHC Operations – Elida Segrera
 - Multidisciplinary Teams Report *Discussion Only if Questions*
 - BARC DETOX Report, CRS Report & CIT Reports Discussion
 - Forensic Reports
- IV. Suicide Collaborative – United Way
 - First Responder Program Presentation
- V. Children System of Care Update – Renzo Torrenga
- VI. Provider Advisory Council – Paul Jaquith
- VII. Consumer Advisory Council Report – Susan Nyamora
- VIII. Public Comments
- IX. Adjournment

Next Meeting: November 16, 2022

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



Recovery Oriented System of Care Minutes

Wednesday, September 21, 2022 | 9:30 a.m. – 11:00 a.m.

Chairperson: Commissioner Lois Wexler

Attendance: Aisha McDonald (United Way), Alexis Noel (Banyan Health), Amy Miller (Fellowship House), Bob Rucco (Henderson), Brooke Sherman (CSC), Chauntea Cummings (Broward Schools), Dave Scharf (Broward Sheriff's Office), Dorma Davis (United Way), Diane Sasser (Henderson), Daniel Rocha (Florida Department of Health), Darline Jean (Broward Partnership), Donnalina Deliazar (House of Hope), Erika Laverde (Broward Partnership for the Homeless), Edward Rafailovitch (BSO), Ellianna Dorvil (Broward Partnership), Gayle Giese (NAMI), Hilary Hoo-You (Banyan Health), Jacob Torner (Taskforce Outreach), Janine Ribeiro Chow-Quan (United Way), Jack Feinberg (BARC), Jennifer Branham (Carisk), Jessica Maza (Broward Partnership for the Homeless), Jose Gonzalez (Fellowship House), Joanne Correia- Kent (Smith Community Mental Health), Justin Cummings (Broward Sheriff's Office), Kathleen Bente (DCF), Kayla Calafiore (South Florida Wellness Network), Lola Jordan, (Our Children Our Future), Lizzie Grant (Fellowship House), Latrice Richards (United Way), Margaret DeCambre (DCF), Michelle Krichbaum (Broward Health), Marie Fairchild (Archways), Marilyn Camerota (Memorial Healthcare Systems), Neil Miransky (Broward Health), Nancy Svoboda (Gulf Coast Jewish Family and Community), Norma Wagner (DCF), Paul Jaquith (Mental Health America), Phil De Veronica (Memorial Healthcare Systems), Rachel Landry (Broward Health), Rick Riccardi (Fellowship Living), Sean Kane (Broward Addiction Recovery Center), Suzette Fleishmann (DCF), Susan Nyamora (South Florida Wellness Network), Stefanie Newman (SAO), Sandra Reyes (South Florida Wellness Network), Shirley Murdock (Carisk), Sarah Cummings (BSO), Thomas Smith (Care Resource), Tom Campbell (Broward Partnership for the Homeless), Vivian Demille (Henderson), William Card (Banyan Health)

BBHC Staff: Amy Yazmer (Care Coordination Team Manager), Areeba Johnson (System of Care Clinical Integration Coordinator), Ashley Ballard (Care Coordinator), Caren Longsworth (Quality Improvement Manager), Celena King (System of Care Manager), Danica Mamby (Director of Administration), Elida Segrera (Director of Operations), Eleanor Weekes (Project Director), Jacinth Johnson (Data Contract Manager), Marsha Brown (Care Coordination Team Manager), Lorena Mejía (Adult Care Coordination Team Manager), Lucia Garcia (CQI Coordinator), Luiselena Leon Nunez (Children's Crisis Coordinator), Stefania Pace (Executive Assistant), Shana Pollitt-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 August 10, 2022 Minutes for Approval

Without corrections, Mr. Paul Jaquith made a motion to approve the meeting minutes, and the motion was seconded by Mr. Jose Gonzalez. The August 10, 2022 meeting minutes were unanimously approved.

II. CEO Updates

- Ms. Elida Segrera announced that the Central Receiving Center, at Henderson Behavioral Health, will be open 24 hours a day, 7 days a week starting October 1st.
- The children's beds that were at the Covenant House are no longer available due to licensing regulations which stipulate adults and children cannot be housed in the same building. BBHC, ChildNet, and the provider network are currently looking for solutions to accommodate the children.
- Ms. Elida Segrera stated that a stakeholder meeting was held to identify the factors that are impacting the problem with adult acute care beds accessibility. BBHC is focusing on factors within the network's

control, and meeting with all residential facilities regarding clients with long lengths of stay. A facility has been secured with 15 beds (as a transitional kind of housing), to assist clients with transitional housing before they can secure their own housing. Other factors that may impact longer acute care length of stays include: those waiting for state hospitals and forensic clients taking priority for available beds. A discussion was held by the providers regarding solutions and addressing licensing concerns with DCF.

III. BBHC Operations

• Utilization Management Reports

Ms. Elida Segrera presented the multidisciplinary teams reports. There are fluctuations in admissions among the various teams this month. The teams with the lowest numbers of admission will be met with to discuss improvement measures.

• BARC Detox Report, CRS Report & CIT Reports Discussion

- Mr. Jack Feinberg discussed the BARC detox report. He expressed concern about volatile clients, the need for a system to track walk-ins, training staff and addressing staffing needs. Mr. Feinberg suggested collecting data on clients seeking services to better manage if clients qualify for behavioral or mental health services. If the client is ineligible, they will be referred to services that better suit their needs.
- The Central Receiving Center will return to 24 hours a day, 7 days a week availability on October 1st. Brochures that provide an overview about the facility will be distributed to law enforcement.
- September is Suicide Prevention Awareness Month. A suicide prevention focused event will be held for officers. Several organizations and speakers will share information about the high risk of suicide in their field and provide applicable skills needed to address this ongoing issue.
- The Mobile Response Team is reflecting low utilization due to school being out (for the summer). Utilization is expected to increase due to students returning to school.

• Forensic Reports

- Forensic case management has had issues with staff shortage. As a result, case managers have had to stay with clients longer during the referral process and while placing them in treatment. The network provided additional staff to assist.
- Mr. Jose Gonzalez stated that 41 clients are currently in progress and 49 clients are enrolled in the Post Arrest Diversion Program. Additional staff will be hired as the program expands. Ms. Stefanie Newman stated that the Post Adjudication Program will require more staff to monitor clients. Efforts are being made to implement Miami Dade's model since it is approach is more hands-on approach with probation and treatment.

IV. BBHC CQI Report

- Ms. Caren Longsworth and Ms. Danica Mamby presented the CQI report. The secret shopper calls are currently being diverted due to staff shortages. Ms. Longsworth addressed the mortality rate and the unrecorded deaths. Ms. Mamby and Ms. Longsworth met with the medical examiner to determine causes of death. A reminder will be sent to providers to obtain copies of death reports. In the event they are not able to retrieve the report, BBHC will also attempt to obtain outstanding death reports.

V. Suicide Collaborative

- Ms. Latrice Richards stated that the Suicide Collaborative is providing many trainings and events in recognition of Suicide Awareness Month. Question, Persuade, and Refer (QPR) Gatekeeper Training will take place through the partnership with the One Community Partnership 3 (OCP 3). The Connect Suicide Prevention program training will also be available.
- A strategic planning session was held to get additional data from the medical examiner and other sources to get a more well-rounded view of what is taking place regarding suicide prevention. Commissioner Lois Wexler suggested connecting with the LOSS prevention team. Mr. Paul Jaquith mentioned the work and local outreach the LOSS team does in the community.

VI. Children System of Care Plan Update

- Mr. Renzo Torrenga presented the children system of care plan report and discussed House Bill 945, and implementation updates, such as the expansion of the CAT Team, along with moving forward with the behavioral health services program in schools. A discussion took place regarding the new licensing change for Covenant House and how barriers in the system cause challenges for children.

VII. Provider Advisory Council

- Mr. Paul Jaquith provided an update on the Workforce Subcommittee. Four (4) significant recommendations were provided: 1) the increase of wages to help with recruitment and retention of staff, 2) the reduction of administrative burden, 3) the reduction of levels of professional certification with an emphasis on peer support and services and 4) working with local universities to recruit interns and students to work.
- A discussion about the housing issue and finding out a strategic plan for homelessness in the community took place.
- Mr. Jaquith discussed the “*No Wrong Door*” policy and the administrative burden that comes with having to renew licensing as a mental health and substance abuse provider.
- Mr. Jaquith spoke about the closure of crisis beds, which is happening statewide. Approximately 12 to 14 organizations across the state of Florida are closing site beds due to financial challenges.

VIII. Consumer Advisory Council

- Ms. Susan Nyamora stated that Ms. Silvia Quintana will give a presentation on the expectations of the Consumer Advisory Council during next meeting in October.

IX. Public Comments

- Mr. Joel Smith announced the performance of *This is My Brave*, which is about anti-stigma across Broward County, will be held at the Coral Springs Theater on September 22nd.
- Ms. Susan Nyamora announced the 8th Annual Peer Celebration Luncheon will be held on October 20th from 12 p.m. to 2 p.m. The event is being sponsored by South Florida Wellness Network to recognize peer specialists working in Broward County.
- Ms. Nyamora announced the success of the event held at Young Circle, in Hollywood, which addressed the challenges of the community with recovery. Senator Rosalind Osgood and Senator Darryl Ervin Rouson shared their recovery stories.

X. Adjournment

- The meeting adjourned at 11:03 a.m.

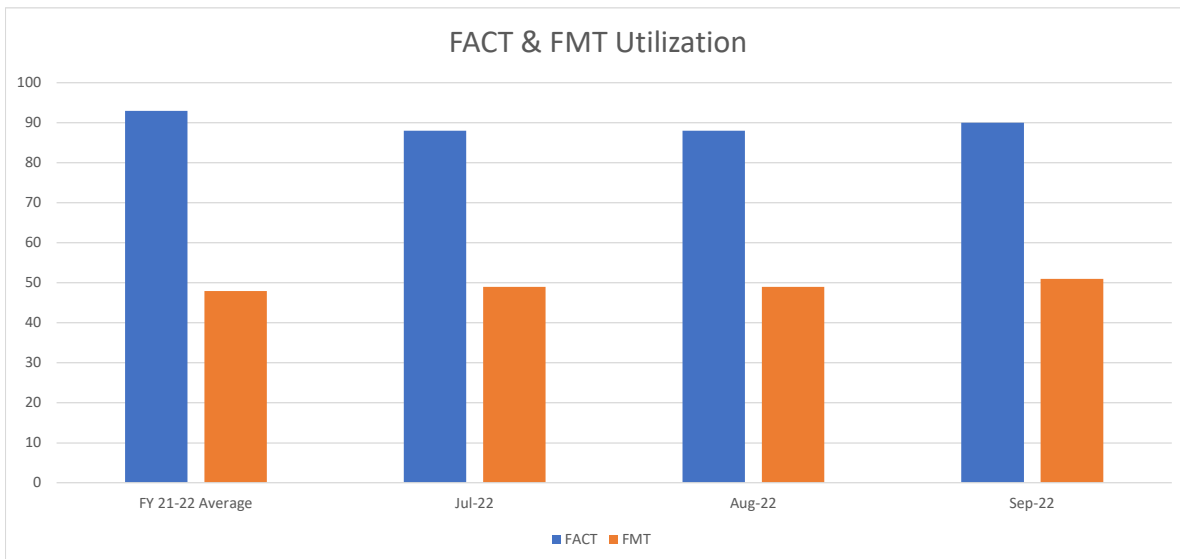
Next Meeting:

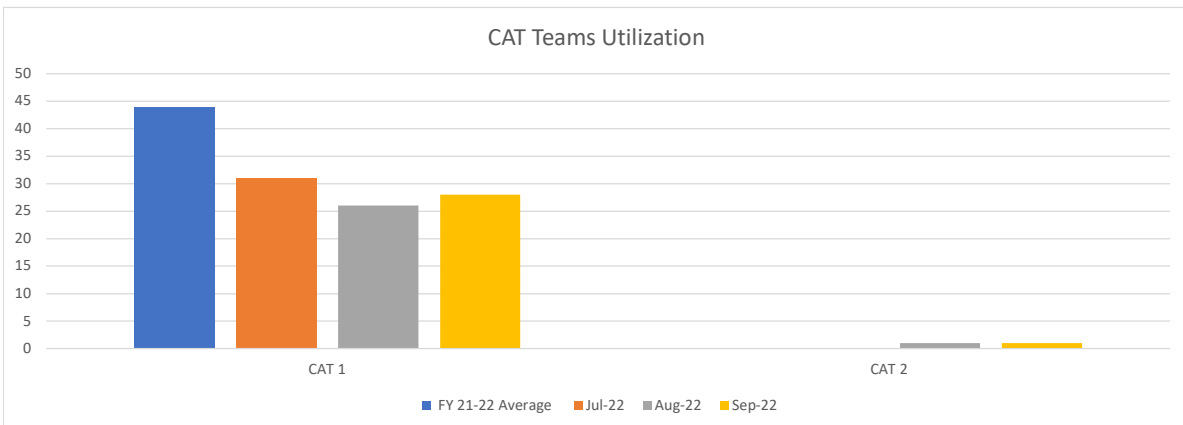
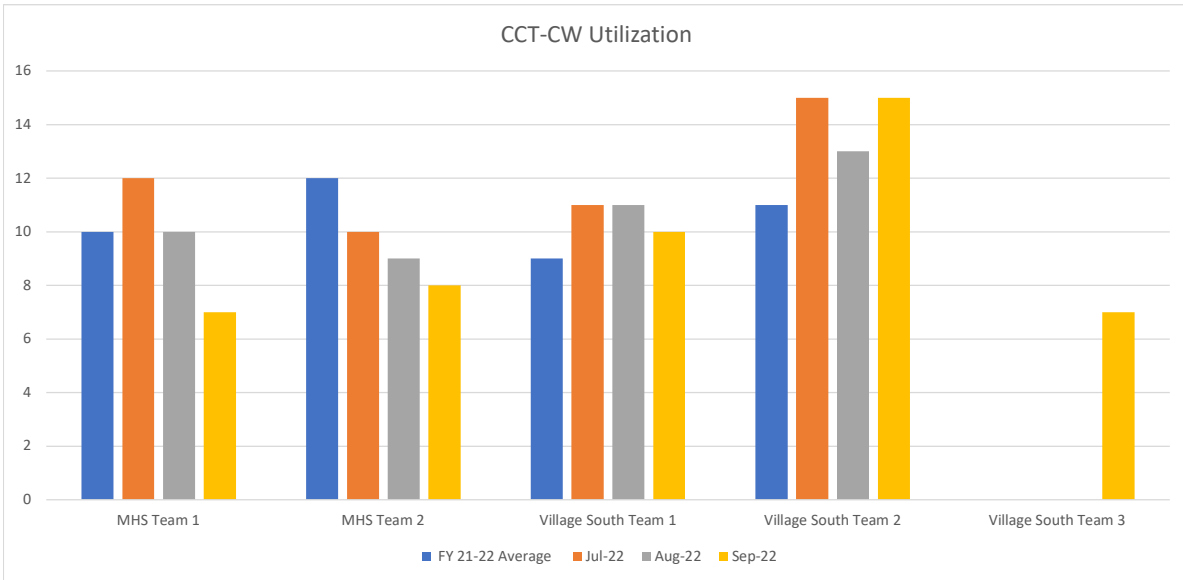
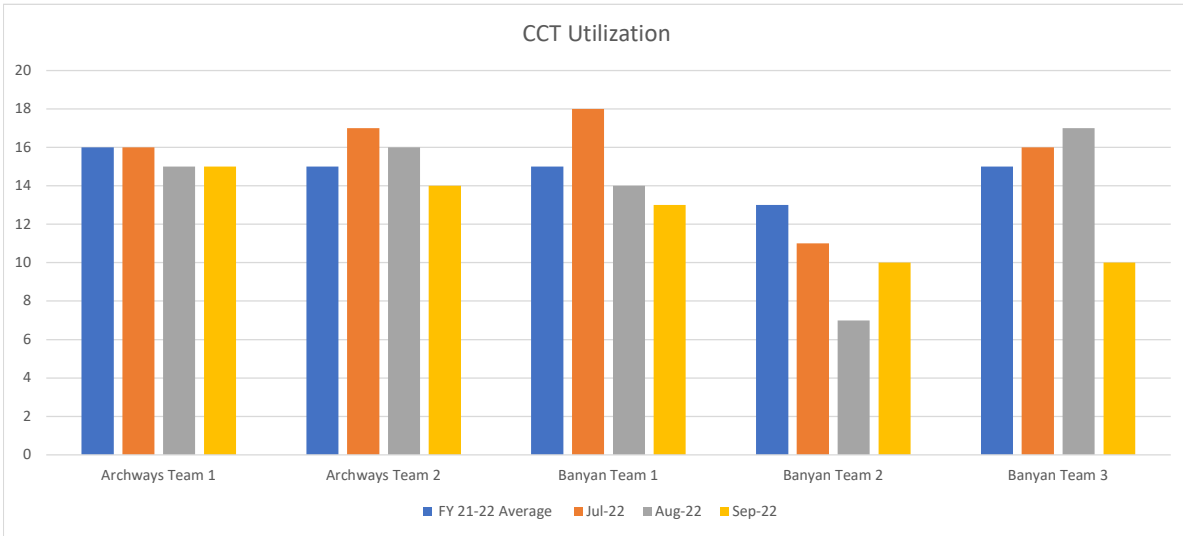
October 19, 2022 via Virtual Meeting - Microsoft Teams

BBHC Multidisciplinary Teams Report

Month Reported: Sep-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	4	2	90	90%
FMT (Forensic Multi-disciplinary Team) --- 65 unique clients to be seen annually					
Henderson Behavioral Health	50	4	2	51	102%
Care Coordination Teams					
CCT Teams					
Archways					
Team 1:	15	3	1	15	100%
Team 2:	15	0	2	14	93%
Banyan:					
Team 1 :	15	0	1	13	87%
Team 2:	15	4	1	10	67%
Team 3:	15	1	8	10	67%
CCT-CW Teams					
Memorial Healthcare System2					
Team 1:	14	1	4	7	50%
Team 2:	14	1	2	8	57%
The Village South *					
Team 1:	14	1	3	10	71%
Team 2:	14	1	0	15	107%
Team 3:	14	7	0	7	50%
Community Action Treatment Team - CAT Team -- --- 70 unique clients to be seen annually					
Memorial Healthcare System	35	3	1	28	80%

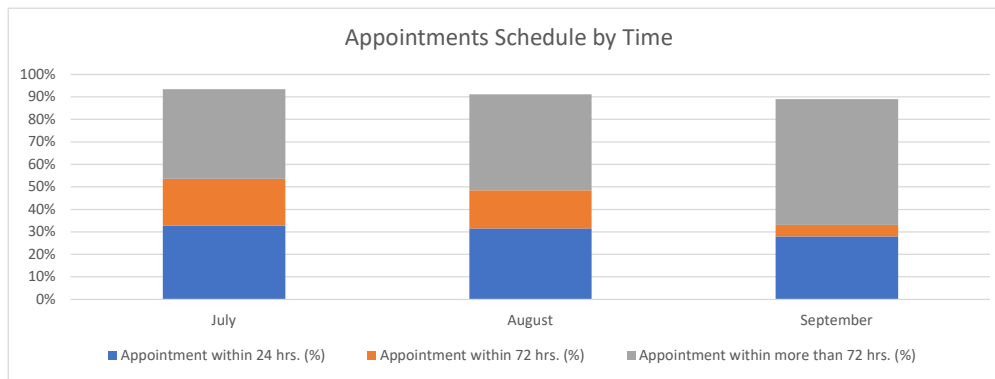
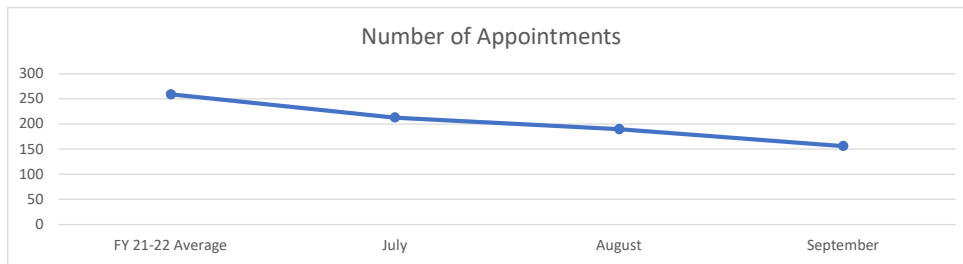




BARC Detox Report

Sep-22

	July	August	September	October	November	December
Access Data (Detox Only)						
Number of calls for appointments	213	190	156			
Appointment within 24 hrs. (%)	33%	32%	28%			
Appointment within 72 hrs. (%)	21%	17%	5%			
Appointment within more than 72 hrs. (%)	40%	43%	56%			
Appointments over 24 hrs. due to client preference(%)	7%	9%	11%			
No shows (%)	26%	33%	26%			



Admission Data						
Clients Evaluated for Detox	156	126	115			
Clients met Criteria for Detox	120	99	89			
Client admitted to Detox	82	10	77			
Clients receiving interim-stabilization services not admitted	35	15	10			
Clients sent to 911	2	2	2			
Clients referred to alternative facility	6	5	4			
Clients admitted to MAT	18	24	17			
Clients - Refused Beds	5	4	4			
	July	August	September	October	November	December
DETOX Discharge Data						
Successful completion of program	50	68	62			
Number of client discharged to lower level care within BARC	25	29	33			
Number of client discharged with linkage to community	40	52	47			
Number of clients not linked to any service	3*	4*	0			
Discharged not successfully completed treatment. (Discharged with guidance & provided NARCAN)	15	13	18			

*Clients left before linkages could be made

Report by Month (August)	Alcohol	Opiates	Cocaine	Methamphetamine	Other	
Primary SUD upon admission to DETOX	39	34	2	1	1	
Secondary SUD Upon Admission (if applicable)	2	4	14	1	16	

LEO Breakdown (N = 10)

Referral Sources

Law Enforcement:

Ft. Laud	1	Wilton Manors	0	Coral Springs	0
BSO	6	Hallandale	0	Coconut Creek	0
Margate	1	Hollywood	0	Davie	0
Plantation	1	Sunrise	1	Miramar	0
Lauderhill	0	Pemb. Pines	0	Seminole	0
				Unknown	0

BSO Breakdown:

Airport	0	Laud by Sea	0	Pompano Bch	2
Coop. City	0	L. Lakes	3	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		

CRS Quarterly Report Q1 JULY-SEPT 2022

Data/Outcome Measures

⊗ All data is specific to the Centralized Receiving Center, except for Total # served, which includes the Drop-Off Sites ⊗

*Total # served:	1747	# Memorial Referred:	668	# Referred by BARC :	28	# Referred by CSU:	67
# served at CRC:	986	Hosp. Diversion Rate:	98%	% of clients linked to Community Resources:	99%	% of LEO processed in < 10 mins :	89%
# of SOAR Apps:	45	# of MOU (FY):	0	# of SPDAT:	5	Estimated savings to the Legal System**:	~\$269,000
Estimated savings to the BH System***:	~\$1.2 Mil						

** Estimated savings to the legal system (info provided by Melinda Blostein via Darren Seiger): average bed day cost is \$197.81/day: 28 X \$197.81 = \$5,538.68. ALOS is 48.52days for general inmate population; it tends to be longer for mental health so this is a very conservative estimate: \$5,538.68 X 48.52 days = **\$268,736.75**

*** Estimated savings to the BH System(YTD): \$10,000 average cost per psych hosp. stay. 126 X \$10,000= **\$ 1,260,000**

Referral Sources

Law Enforcement:	28	Hospital:	126	Walk-In:	634	BARC:	12	Other:	186
-------------------------	-----------	------------------	------------	-----------------	------------	--------------	-----------	---------------	------------

Data/Outcome Measures**Performance Measure #1**

Reduce drop off processing time by law enforcement officers for admission to crisis services.

Goal: There will be less than a 10 minute turnaround time for at least 85% of transports to the CRC.

Outcome: **89%, exceeding the goal of 85%.**

Performance Measure #2

Increase participant access to community-based behavioral health services after referral.

Goal: 75% of persons presenting to CRC will be linked to community-based behavioral health services.

Outcome: **99%, far exceeding the goal of 75%.**

Performance Measure #3

Reduce numbers of individuals admitted to a state mental health treatment facility through improved services and care coordination.

Goal: Broward County will experience a minimum 5% reduction in the number of residents being admitted to a state mental health treatment facility.

Outcome: TBD at the end of the year; Most current data: During FY 21-22, individuals were admitted to South Florida State Hospital. Down from _ last FY. This is a decrease _, which far exceeds the 5% goal.

Performance Measure #4

Increase the number of partnerships formed as demonstrated by formal Memoranda of Understanding/Letters of Commitment, including partnerships about the exchange of information and data related to the target population.

Goal: Two (2) additional partnerships will be formed annually to benefit program participants, as measured by Memoranda of Understanding/Letters of Commitment.

Outcome: **0** partnerships have been completed for this quarter. For this FY, we have 0 partnership completed so far. Due to the COVID pandemic, outreach and coordination with community resources has been extremely limited.

Performance Measure #5

Increase the number of benefit applications submitted by the CRS Benefit Specialists.

Goal: One hundred (100) Benefit applications will be submitted annually to the SSA utilizing the SOAR process.

Outcome: **45** SOAR applications were submitted this Quarter.

Forensic Case Management Report

ITP Referrals

Sep-22

	# of ITP referrals	# referrals made to community providers	# of clients discharged	Total cases in process	Average time to Discharge (from admission)
Average for previous Fiscal Year	13	12	9	120	73 Days
Jul-22	11	23	9	148	105 days
Aug-22	7	9	7	152	92 days
Sep-22	24	15	8	162	98 days
Oct-22					
Nov-22					
Dec-22					
Jan-23					
Feb-23					
Mar-23					
Apr-23					
May-23					
Jun-23					

Diversions

	# of Pre-Commitment Diversions	# of Post-Commitment Diversions	# Placed on CRP	Total # served
Average for previous Fiscal Year	13	1	10	14
Jul-22	11	1	8	22
Aug-22	7	1	7	17
Sep-22	8	0	8	19
Oct-22				
Nov-22				
Dec-22				
Jan-23				
Feb-23				
Mar-23				
Apr-23				
May-23				

State Hospital Case Management

	# Committed	# Competent returns	# ITP & discharged on CRP	Non-restorable discharge	Total served
Average for previous Fiscal Year	15	5	5	n/a	9
Jul-22	19	6	2	0	22
Aug-22	13	5	4	0	28
Sep-22	27	7	6	0	31
Oct-22					
Nov-22					
Dec-22					
Jan-23					
Feb-23					
Mar-23					
Apr-23					
May-23					
Jun-23					



**Continuous Quality Improvement (CQI)
1st Quarter Report - FY 22-23**

Report Date	October 18, 2022
Review Period	July - September 2022
BBHC CQI Staff	Caren Longsworth, LCSW – Quality Improvement Manager Lucia Garcia, MS – Continuous Quality Improvement Coordinator Zakiya Drummond, MSW – Program/Contract Monitor Amelia Benson, MS – Program/Contract Monitor TaKisha DuPree, MS – Program/Contract Monitor
Report Reviewed & Approved by	Danica Mamby – Director of Administration

Scope/Purpose:
<p>The 1st Quarter Continuous Quality Improvement (CQI) Report is a summary of all CQI activities and reporting in the Quarter being reported. During the 1st Quarter of Fiscal Year (FY) 2022-2023, BBHC’s CQI Department has conducted the following functions:</p> <ol style="list-style-type: none"> 1. Processed electronic submission of Community Person Served Satisfaction Surveys for the 1st Quarter 2. Updated for FY 2022-2023 the Cultural Competency and Diversity Initiative (formerly the Cultural and Linguistic Competency Initiative) 3. Investigated the Complaints & Grievances received by BBHC 4. Updated for FY 2022-2023 the Recovery Oriented System of Care (ROSC) Action Plan 5. Provided oversight of the Secret Shopper Initiative 6. Reviewed Performance Measures for accuracy 7. Managed the tracking and follow-up of Incident Reports (IR) 8. Conducted Contract Accountability Review Monitoring 9. Provided technical assistance to Network Providers 10. Policies and Procedures were reviewed and updated 11. Updated for FY 2022-2023 the CQI Workplan
Documents Reviewed:
<p>During the preparation of this report, the following documents were reviewed:</p> <ol style="list-style-type: none"> 1. Department of Children and Families (DCF) Community Person Served Satisfaction Surveys (CPSSS) 2. Cultural Competency and Diversity Plan for FY 2022-2023 3. ROSC Plan for FY 2022-2023 4. 1st Quarter Complaint & Grievance Log 5. Secret Shopper calls reviewed 6. Performance Measures 7. 1st Quarter Incident Reporting Report Tracking Log 8. Contract Monitoring Schedule 9. CAR Monitoring Reports

Summary:

DCF Consumer Person Served Satisfaction Surveys

During the 1st Quarter of FY 2022-2023, BBHC received a total of 1,079 surveys. In July of 2022, DCF released a revised satisfaction survey. For adults, the questions were increased from eleven (11) to fourteen (14), and for children they were increased from seven (7) to eight (8). The questions were simplified to help ensure they are easily understood by persons served. Surveys are being collected on the DCF survey platform then survey results are disseminated to the Managing Entities.

For the 1st quarter of FY 2022-2023, the satisfaction rate for adult services was 86%, which is 1% less than the overall satisfaction rate for FY 2021-2022. The satisfaction rate for children was 85%, which is 3% less than the overall satisfaction rate for FY 2021-2022.

Table 1 (Adult Domains) below shows the overall satisfaction rates separated into the survey domains for adults. Table 2 (Child Domains) shows the overall satisfaction rates separated into the survey domains for children. Most respondents agreed or strongly agreed that the services they received were helpful. For adults who are receiving substance abuse and/or mental health services, social connectedness had the lowest satisfaction percentage. For children receiving substance abuse and/or mental health services, social connectedness and functional satisfaction had the lowest satisfaction percentages.

The low percentages were discussed at the CQI meeting held on October 18, 2022. Providers indicated that possible reasons for the decrease in social connectedness might be attributed to:

- 1. Service delivery being affected by the pandemic
- 2. Telehealth
- 3. People feeling disconnected

Four of the recommendations were:

- 1. Connecting individuals to the Recovery Community Organizations (RCOs)
- 2. Connecting individuals to Drop-in Centers
- 3. Overview of programs offered by Network Service Providers
- 4. Connect Families and youths to wellness centers and organizations like Youth MOVE and Federation of Families

Table 1 – Adult Domains

Adult Mental Health: Total Surveys – 518 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.32	4.38	4.40	4.40	4.32	4.10	4.29
86.4%	87.6%	88%	88%	86.4%	82%	85.8%

Adult Substance Abuse: Total Surveys – 285 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.32	4.38	4.40	4.40	4.33	4.11	4.3
86.4%	87.6%	88%	88%	86.6%	82%	86%

Table 2 – Child Domains

Child Mental Health: Total Surveys – 181 = 86%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.33	4.4	4.6	4.3	4.34	4.04	4.13
87%	88%	92%	86%	87%	81%	83%

Child Substance Abuse: Total Surveys – 95 = 84%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.22	4.25	4.52	4.24	4.33	3.98	3.96
84%	85%	90%	85%	86.6%	79.6%	79.2%

Cultural Competency and Diversity Initiative

Broward Behavioral Health Coalition (BBHC) is committed to maintaining the value of cultural competency at the forefront of our daily interactions with children, youth, 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.

BBHC staff updated the Cultural Competency and Diversity Initiative Plan for FY 2022-2023 and will continue to provide and/or sponsor culturally diverse trainings and initiatives to sustain the plan. BBHC will ensure that the CLAS standards are maintained. During Contract Accountability Review monitoring, BBHC reviews Cultural Competency and Diversity Plans for network providers and ensure that the plans have been implemented and maintained.

Complaints and Grievances

During the 1st Quarter of FY 2022-2023, BBHC received three (3) complaints. BBHC staff investigated all complaints.

Complaint #1 – BBHC received a complaint alleging that internal fraud occurred at a network provider’s agency which disrupted the operations of their services. This allegation was unsubstantiated; however, recommendations were made for incident reporting training, staff training for the submission of invoices, and policy updates.

Complaint #2 – BBHC received a complaint alleging that a staff employed by a network service provider was unprofessional to a person served and a community provider. The allegation unsubstantiated. The network provider volunteered to provide customer engagement training as well as de-escalation training for all staff.

Complaint #3 – BBHC received a complaint alleging unsafe conditions and the presence of illicit drugs at a network provider facility. All persons served were drug tested and drug detection dogs were deployed at the facility. BBHC staff conducted in-person interviews with individuals receiving services at the facility. The allegations were unsubstantiated; however, BBHC made some recommendations to the provider.

ROSC

ROSC is a value-driven framework to guide systems transformation. This involves a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery, and structuring behavioral health systems. The network of services both formal and informal are developed and mobilized to sustain long-term recovery for individuals and families impacted by behavioral health disorders.

BBHC staff work closely with the DCF Recovery Oriented Quality Improvement (ROQI) Specialist and the DCF Statewide Recovery Integration Specialist) to improve recovery services offered in Circuit 17. During this 1st Quarter, one network service provider was monitored for ROSC implementation by the ROQI. BBHC staff attended various ROSC meetings, including a strategic planning meeting which was focused on improving peer services as well as training and support to recovery organizations throughout the state. In addition, BBHC network service providers were requested to complete the annual ROSC Self-Assessment Provider Tool (SAPT). The results are pending at the time of this report.

Secret Shopper Initiative

BBHC continues to manage the Secret Shopper Initiative, which was created to identify opportunities for system of care improvement. This initiative is focused on ensuring that front line staff, receptionists, and those who answer phone calls of individuals seeking services and information about services are knowledgeable about what services are available, provide a welcoming and encouraging environment, and do not discourage services based on ability to pay or other factors. Additionally, this initiative is to ensure the BBHC network providers have implemented a “No Wrong Door” policy. The No Wrong Door policy is the model for service delivery to persons served who have mental health or substance use disorders, or both, regardless of the point of entry to the behavioral health care system, as referenced in the Florida Statutes (FS 394.4573(1)(d)).

During the 1st Quarter of FY 2022-2023, thirty-seven (37) network providers received secret shopper calls. Ninety-five percent (95%) of the calls made to network providers were pleasant and informative for the secret shopper. All network providers are encouraged to become more knowledgeable about community resources and alternate providers in the community that could assist individuals with additional services.

Performance Outcomes Measures (POM) Activities

BBHC staff reviews all data submitted to the Provider Portal to identify potential coding and/or data errors, along with programmatic/clinical reviews. Technical assistance has been provided to network service providers as need. As of October 11, 2022, the BBHC network was attaining and/or surpassing all performance measures, for which data was calculated. Table 3 shows the most current BBHC Network performance measures:

Table 3 – Performance Measures

Measure	Description - BBHC Network 10.11.22	Program	Program Type	Score	Target	Result
M0003	Average annual days worked for pay for adults with severe and persistent mental illness	Adult	Mental Health	63.88	40	pass
M0703	Percent of adults with serious mental illness who are competitively employed	Adult	Mental Health	38.00%	24.00%	pass
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	Adult	Mental Health	98.00%	90.00%	pass

M0743	Percent of adults in forensic involvement who live in stable housing environment	Adult	Mental Health	90.00%	67.00%	pass
M0744	Percent of adults in mental health crisis who live in stable housing environment	Adult	Mental Health	97.00%	86.00%	pass
M0753	Percentage change in clients who are employed from admission to discharge	Adult	Substance Abuse	10.00%	10.00%	pass
M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	Adult	Substance Abuse	-100.00%	15.00%	pass
M0755	Percent of adults who successfully complete substance abuse treatment services	Adult	Substance Abuse	66.00%	51.00%	pass
M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	Adult	Substance Abuse	97.00%	94.00%	pass
M0012	Percent of school days seriously emotionally disturbed (SED) children attended	Children	Mental Health	95.00%	86.00%	pass
M0377	Percent of children with emotional disturbances (ED) who improve their level of functioning	Children	Mental Health	N/A	64.00%	no data
M0378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	Children	Mental Health	N/A	65.00%	no data
M0778	Percent of children with emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	100.00%	95.00%	pass
M0779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	Children	Mental Health	100.00%	93.00%	pass
M0780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	N/A	96.00%	no data
M0725	Percent of children who successfully complete substance abuse treatment services	Children	Substance Abuse	N/A	48.00%	no data
M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	Children	Substance Abuse	N/A	20.00%	no data
M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	Children	Substance Abuse	N/A	93.00%	no data

Incident Reporting

BBHC's CQI staff meet weekly to review new and pending incident reports. The CQI Coordinator contacts providers to obtain information about incidents reported to the IRAS system. During the 1st quarter of FY 2022-2023, BBHC's CQI staff followed up on all incident reports and received detailed information from network Providers. There were seventy-five (75) reported incidents during the 1st Quarter. There were thirty-six (36) Elopements reported in this quarter. Deaths (15) were the next highest category of incident reported. Table 4 provides the list and number of reported incidents. A detailed report of deaths is included in the mortality section of this report.

Regarding elopements, four (4) of the thirty-six (36) persons served returned to treatment. BBHC staff contacted the four providers who had the most elopements to obtain an analysis of the elopements and what efforts are being made to decrease them. Each provider provided a summary of their findings.

Provider 1 – this provider reported 13 elopements. The provider reported that they track, trend, and analyze a variety of data elements pertaining to risk, safety, and security. Treatment program outcomes are a significant measure, and the provider strives to be as proactive as possible in their approaches, to not only mitigating negative outcomes but also in identifying positive practices to build on. The provider continuously tracks negative outcomes such as clients leaving against medical advice (AMA) or elopements. The provider is providing additional training to staff

(Substance Abuse Case Workers, Peers, Mental Health Specialists, Drivers, etc.) in the form of a 2-hour program specifically geared to topics that can reduce the likelihood of AMAs and elopements, as well as other potential negative outcomes. While this provider's services are voluntary and do not include secure transport, they have identified the fact that some clients have been transported to appointments and left at the appointment location without staff presence, for the duration of their appointment, until pick up to return to the center. This was done only for clients that didn't present an immediate risk that would require constant staff presence. They have changed that process to identify clients who are participating in services under a civil, criminal, drug offender or child welfare case plan or court order/mandate, to now have constant staff presence and monitoring for the entirety of their appointments. The provider's staff received additional training in incident classification and an additional classification (Elopement-Court Ordered) was added to their incident report form. The provider will be adding Care Coordination Services to their continuum.

Provider 2 – this provider reported 10 elopements. The provider reported that they provide a welcoming environment upon admission; staff are making a concerted effort to spend more individualized time with new clients. Connecting them with a meaningful daytime activity as soon as possible to minimize down time and get them engaged in treatment as soon as possible. There are weekly community meetings between staff and residents. Immediate case management and primary counselor assignment. They have an onsite activity schedule that has been developed with input from residents. The provider is currently advertising to hire a Peer just for their residential programs. In the interim, the Provider uses Henderson Behavioral Health (HBH) and South Florida Wellness Peers, as available, and if residents are interested. Staff attended recent meetings at all programs to express their concerns regarding the number of recent elopements, and what their thoughts were about why this was happening and how to reduce the number. Staff reported that persons served say "I'm only here because the judge said I had to be, I don't need to be in a program, I can take care of myself, and I said what I needed to, to get out of jail." Most clients are eloping due to substance use issues.

Provider 3 – this provider reported 6 elopements. The provider reported that clinicians are now meeting with new persons served within 24 hours to engage them. The case manager is meeting with new admission to assess their needs within 5 days. Medical and care coordinators are meeting with new admission to assess any medical and/or medications issues within 72 hours. The provider currently does not have peer specialists as part of their staff; however, if persons served were working with a peer specialist before admission, they encourage them to continue to do so. Persons served are assigned a "mentor" if they are reluctant or struggling. The provider plans to implement the following steps:

1. Persons served will be assigned a peer within the community to provide supportive orientation to new persons served.
2. Behavioral Health Technician will engage any person served who appears withdrawn or isolating.
3. Staff will accompany any person served who is identified as at risk of elopement to medical appointments to continue engagement.
4. Provider is updating the client handbook to clarify expectations and to more efficiently orient person served to programming.
5. Provider will continue to address person served's concerns when presented.
6. Provider will identify supportive individuals in the person served life that can be contacted in the event of apparent withdrawal or lack of engagement with programming.

Provider 4 – this provider reported 3 elopements. The provider reported that their residential peer will go to the client's room while they are in the initial phase, introduce themselves, and begin to establish rapport. Moving forward the therapists will also go to the client's room to introduce themselves and assist them with whatever they may need prior to beginning their treatment process. If clients want to leave prior to completion, the provider will engage all parties involved on their case and hold a multidisciplinary meeting with the client involved and see what can be done to help ease the desire to leave treatment. The Provider will be instituting more training for BHT staff to help them

better understand and improve their interventions. Moving forward the Provider will ensure that the clinical team, including the peer, will be alerted immediately if a client wants to leave treatment. The peer will speak with them and see if they can convince the client to stay. If they cannot convince them, they will discuss them enrolling in outpatient treatment and how to go about that process.

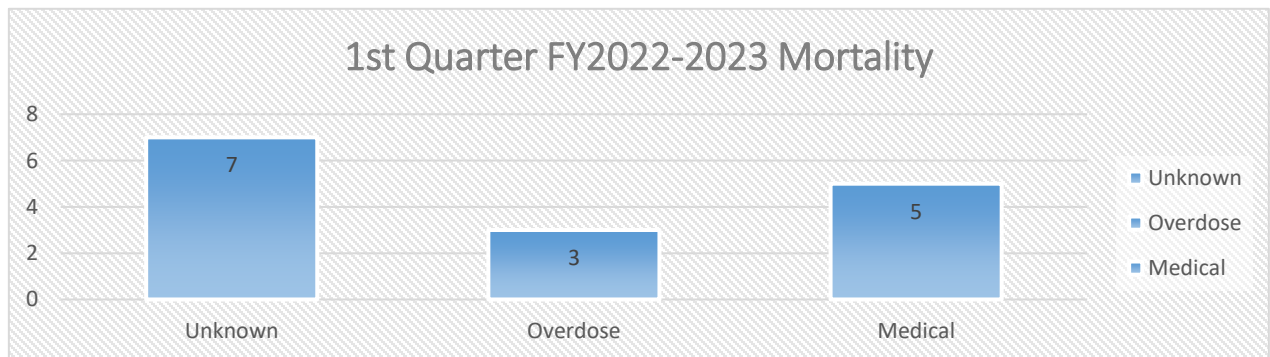
Table 4 – Incident Reports

Type	Count of Incidents Reported to IRAS
Child-on-Child Sexual Abuse	1
Death-Adult (Medical)	5
Death-Adult (Overdose)	1
Death-Adult (Undetermined)	9
Elopement	36
Employee Misconduct (Billing)	1
Other (Contraband)	1
Other (Court Ordered Discharge)	1
Other (Fraud)	1
Other (ER Medical Services)	2
Other (Medication Error)	1
Other (Left Treatment AMA)	1
Other (Physical aggression)	5
Other (Sexual Abuse)	1
Other (Verbal aggression)	1
Significant Injury to Clients	7
Significant Injury to Staff	1
Grand Total	75

Mortality Review

During the 1st quarter of FY 2022-2023, there were fifteen (15) deaths reported by BBHC Network Providers, as illustrated in Table 5. Five (5) deaths were related to pre-existing medical conditions. Three (3) deaths were due to drug overdose. Seven (7) deaths were unknown at the time of this report. BBHC has requested reports from the Medical Examiner’s Office.

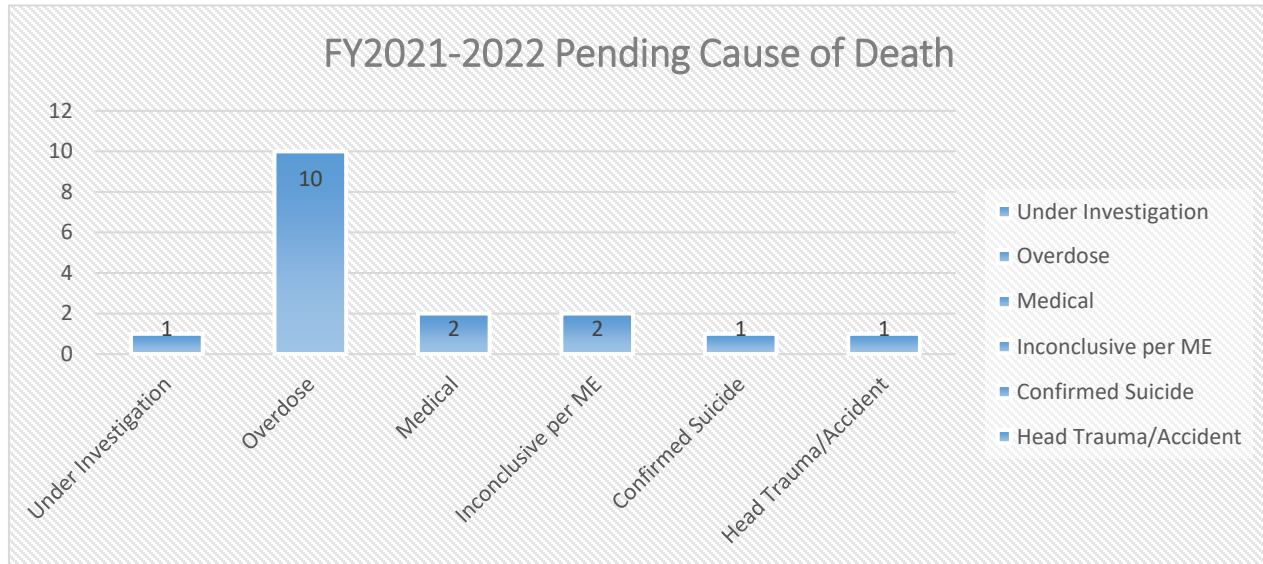
Table 5 – Mortality Reports



Update as to Mortality Reports for Unknown Deaths in FY 2021-2022

During the 4th Quarter of FY 2021-2022, there were seventeen (17) deaths reported in which the cause of death was unknown. BBHC staff contacted the providers as well as the Medical Examiner's office and was able to obtain information as to the cause of death for sixteen (16) of the persons served. The cause of death for the seventeenth person served was still under investigation at the time of this report. Table 6 shows the causes of the death for the sixteen persons served. Most of the persons served died following drug use and/or drug overdoses.

Table 6 – FY 2021-2022 Mortality Review for Unknown Deaths



Drug overdoses and prevention efforts have been discussed during CQI meetings. BBHC will present the results from the Medical Examiner's reports at the next CQI meetings and will continue working with network providers to reduce the number of overdoses in Broward County. Network providers should continue to make efforts to link persons served to support services and provide relapse prevention tools and support to prevent substance use relapse and overdoses.

Contract Monitoring

Contract Monitoring is a tool utilized to ensure contract compliance on an annual and an as needed basis in accordance with the established procedures and standards for all programs and services within the BBHC Provider Network. Reviews are conducted at least annually to ensure Providers are adhering to uniform procedures, delivering services in accordance with applicable federal and state laws, rules, and regulations; pursuant to the terms and conditions of the Provider's contract with BBHC; and are following the policies and procedures established by BBHC and DCF.

During the 1st quarter of FY 2022-2023, one (1) virtual on-site monitoring was completed. Common themes found in the CAR monitoring were low service validation rates, staff not completing required training, expired background screening, and late I9 forms. BBHC provided technical assistance to remedy the deficiencies.

CQI-related Technical Assistance, Training & Other Quality Activities

BBHC CQI staff continues to provide technical assistance and trainings to the provider network and BBHC staff. In July, BBHC did not facilitate a CQI Committee meeting. During the August CQI Committee meeting, a representative from 211 provided a presentation on the services offered as well as the new 988 suicide crisis line. During the September CQI Committee meeting, a

presentation on ROSC and the updated ROSC Guidance Document 35 was provided by the DCF ROQI. In addition, a community provider gave a Crisis/De-escalation overview.

Prepared By:	Caren Longworth, DSW, LCSW
Title:	Quality Improvement Manager
Final Date:	10/18/2022

FACE TO FACE REFERRAL SOURCES = 25

Broward Charter School	# of contacts Unduplicated # of contacts	2 2
Broward Schools	# of contacts Unduplicated # of contacts	14 14
BSO	# of contacts Unduplicated # of contacts	2 2
Child Net	# of contacts Unduplicated # of contacts	2 2
Family	# of contacts Unduplicated # of contacts	1 1
Other	# of contacts Unduplicated # of contacts	2 2
Parent/Guardian	# of contacts Unduplicated # of contacts	1 1
Youth FIT	# of contacts Unduplicated # of contacts	1 1

NON-FACE TO FACE REFERRAL SOURCES (Telephonic Interventions) = 22

Family= 8, LEO = 2, PCP= 1

School= 11

School
Apollo MS = 1
Sawgrass Springs MS = 1
Millennium Collegiate Academy = 1
Broward Math & Science School = 1
Dillard School = 1
Atlantic Technical School = 1
Flanagan HS = 1
Sheridan Technical HS = 1
Undisclosed = 1
Tequesta Trace MS = 1
Hunt Elementary = 1

Competency Restoration Training Report 2021	
Total enrollment	244
Re-evaluation Summary	
Re-evaluations Completed during the month	15
Re-evaluation Reports in progress	8
Completed reports submitted	15
Re-evaluation Completed Reports - Detail	
Re-evaluation Reports - Client Restored to Competency	11
Re-evaluations Reports - Client NOT Restored to Competency	4
Re-evaluation Reports with Validity/Efforts Issues (malingering)	0
Re-evaluation reports - ITP -Potentially Non Restorable	0
total	15

Court Status For Completed Re-evaluations			
	Cases addressed in Court	Additional Evaluation ordered by the court (case ongoing)	Final Adjudication
July-22	2	2	0
August-22	5	2	0
September-22	15	13	5
October-22			
November-22			
December-22			
January-23			
February-23			
March-23			
April-23			
May-22			
June-23			

Competency Restoration Training			
Providers	Jul-22	Aug-22	Sep-22
Henderson	84	65	48
Archways	35	50	43
House of Hope	2	1	2
STAR	7	11	10
Fellowship House	14	17	16
In-Custody	29	31	38
Broward Elderly	1	2	1



Broward Behavioral Health Coalition
HB 945 – Broward Children’s System of Care
October 12th, 2022 | 12:00 pm – 1:00 pm
Virtual Meeting

- **HB 945 Children’s System of Care Implementation Updates**
 - Recruitment and Hiring are still the biggest challenges to providers as they try to implement the new Care Coordination Teams.
 - Children’s Harbor Respite Program is up and running
 - OCP3 met enrollment numbers and Broward County throughout the nation is one of the grantees with the highest reassessment rate of about 80 to 90%. (most grantees around the nation are about 30%)
 - School Behavioral Health Services – BBHC will begin receiving referrals this week.
- **Broward Providers Supervisors’ Collaborative Meeting**
 - DCF presented to providers on process for Local Review Teams
- **Housing of Minors’ Crisis**
 - Cassandra Evans led a discussion with Judge Williams and other major stake holders on how to solve housing of delinquent children
 - DCF is reviewing their initial licensing decision
 - DCF, DJJ, and BBHC looking at funding resources regarding procuring contractual agreement with another provider
 - DCF and DJJ are researching the barriers to acquiring another respite facility
- **Open Discussion**
 - Open discussion on initiatives that are addressing all other aspects of a family structure to tackle future baker acts.
- **Adjournment – Next meeting November 9th at 12:00 pm**

Post Arrest Jail Diversion Referral Report

Month reported Sep-22

	# 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
Average for Previous Fiscal Year	36	37	5	26	24	13
Jul-22	39	39	2	23	24	9
Aug-22	56	47	3	52	32	11
Sep-22	27	19	2	16	34	17
Oct-22						
Nov-22						
Dec-22						
Jan-23						
Feb-23						
Mar-23						
Apr-23						
May-23						
Jun-23						
Totals	122	105	2	91	90	12

Post Arrest Jail Diversion Referral Census

	# of Referrals	# of admissions	Client not engaged/admitted *	Clients in process **	# of Discharged	Total enrolled
Totals for Previous Fiscal Year	78	34	17	19	5	34
Jul-22	7	5	2	27	2	37
Aug-22	28	12	2	41	0	49
Sep-22	13	10	5	36	0	59
Oct-22						
Nov-22						
Dec-22						
Jan-23						
Feb-23						
Mar-23						
Apr-23						
May-23						
Jun-23						
Totals FY 22-23	48	27	9	41	2	59
Totals Since Inception	126	61	n/a	n/a	7	59



Template 28 - Mobile Response Team Monthly Log														
Henderson Behavioral Health														
Provider Name														
Response Team														
Month / Year	Number of calls that were received	Number of unduplicated persons served	Number of calls that involved children under the age of 18 that are currently involved with Child Welfare	Number of calls that originated from a school **	Number of calls involving children under the age of 18 that parental/guardian consent was obtained	Number of calls involving children under the age of 18 that parent/guardian refused to provide consent for services	Number of calls involving children under the age of 18 that parent or guardian was unable to be reached to obtain consent for services	Total number of calls that required an acute response ***	Of the calls that required an acute response, how many were for those under the age of 18?	Of the calls requiring an acute response, how many resulted in an involuntary examination? ****	Number of calls received from schools that resulted in an involuntary examination	Of the calls requiring an acute response, how many were diverted from an involuntary examination? ****	Average response time, in minutes, for acute response	List sources of other referrals, such as parents, law enforcement, residential treatment settings, etc.
Jul-22	29	27	3	2	20	2	7	29	29	6	1	23	33	10
Aug-22	44	42	2	9	25	1	2	33	33	10	5	23	36	8
Sep-22	47	25	0	21	20	2	0	25	25	5	5	20	30.8	See auxiliary Report

* Providers with more than one team should complete one sheet for each team and specify each team by county(ies) served
 ** Schools include K-12 educational settings, colleges, universities, etc. Calls received from any school personnel, including the School Resource Officer, would be captured.
 *** An acute response is defined as an emergent or urgent situation wherein a face-to-face, telehealth, or telecommunication intervention is required.
 **** These two cells, when added together, should equal the number in the cell of "How many calls required a response."

Submit data by the 18th of the following month to TWILA JOWERS AT Twila.Jowers@myffamilies.com
 EX: August data to be submitted by September 18

		Total	Diversion	Baker Acted
Elementary	Beachside Montessori Village	1 4.00%	1 4.00%	0 0.00%
	Nova, Blanche Forman	1 4.00%	1 4.00%	0 0.00%
	Total	2 8.00%	2 8.00%	0 0.00%
Middle	Lauderdale Lakes	2 8.00%	2 8.00%	0 0.00%
	Olsen	1 4.00%	1 4.00%	0 0.00%
	Seminole	1 4.00%	1 4.00%	0 0.00%
	Total	4 16.00%	4 16.00%	0 0.00%
High	Anderson, Boyd	2 8.00%	0 0.00%	2 8.00%
	Atlantic Technical	1 4.00%	1 4.00%	0 0.00%
	Dillard	1 4.00%	0 0.00%	1 4.00%
	Ely, Blanche	1 4.00%	0 0.00%	1 4.00%
	Hallandale	3 12.00%	2 8.00%	1 4.00%
	Total	8 32.00%	3 12.00%	5 20.00%
Non-School Referral	Non-School Referral	11 44.00%	11 44.00%	0 0.00%
	Total	11 44.00%	11 44.00%	0 0.00%
Total		25 100.00%	20 80.00%	5 20.00%