

Outcomes Report

2014-2015
Annual

Charlotte Behavioral Health Care

...committed to restoring hope and changing lives...



Welcoming



Integrity



Respect

Innovation

Teamwork



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CHARLOTTE



Behavioral Health Care

Punta Gorda Campus

1700 Education Avenue

Punta Gorda, FL 33950

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Toll Free: 877-703-5267

Fax: 941-639-6831

*Northside
Psychiatric Services*



Northside Office

1032 Tamiami Tr, Unit 1

Port Charlotte, FL 33953

Telephone: 941-764-7988

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S.H.A.R.E. Spot

21450 Gibraltar Dr

Port Charlotte, FL 33952

Telephone: 941-764-6890

Fax: 863-494-4203



DeSoto County Office

201 E Gibson Street

Arcadia, FL 34266

Telephone: 863-494-4200

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<https://www.facebook.com/charlottebehavioralhealthcare>

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<https://www.facebook.com/northsidepsychiatricservices?fref=ts>



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Mission Statement

Charlotte Behavioral Health Care's mission is to provide high quality, compassionate, cost effective health care services to the individuals and families we serve.



Fiscal Year

Quarter 1: July—September

Quarter 2: October—December

Quarter 3: January—March

Quarter 4: April—June

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Core Values

- **Welcoming:** We believe that service to individuals is the reason we exist. Accordingly, we will create an environment that is comfortable, friendly, and welcoming.
- **Integrity:** We, in the spirit of honesty and integrity, resolve to do the right things for the right reasons, for patients, for staff, and for the community.
- **Respect:** To be treated with dignity, respect, and privacy is an inherent right; we will treat all staff and patients accordingly.
- **Innovation:** We strive to use best practices that promote the best outcomes for persons served. We believe “striving” means that improvement must be continuous, and that it is rooted in creativity and constant sharpening of existing skills.
- **Teamwork:** We assert that a committed group of individuals working together can produce significant change and that collective knowledge, skills and experiences will achieve better results than individual efforts.





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INTRODUCTION

At Charlotte Behavioral Healthcare, Inc. (CBHC) we are dedicated to restoring hope and committed to enhancing the quality of life for the members of the community that we serve. We are the leader in providing high quality and compassionate services. Our goal is to deliver the highest quality mental health and substance abuse services. To ensure we provide the highest quality of services, we measure and evaluate performance data from a variety of sources, ranging from patients, families of patients, to staff and external stakeholders. Data is analyzed to identify areas of strength, areas for improvement, longitudinal changes, and other trends that may influence performance. This report includes performance data gathered over the past fiscal year and summaries from all relevant sources, including any performance improvement plans identified as necessary along with suggestions for growth and improvement.



“Excellence is not a destination; it is a continuous journey that never ends.” - Brian Tracy

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INITIATIVES AND CHANGES

Fiscal Year 2014—2015

Agency Strategic Initiatives

1. CBHC will have very attractive, safe facilities for patients and staff.
2. Create an exceptional customer service experience beginning with the first phone call.
3. CBHC will be considered one of the most innovative providers in the state of Florida.
4. Create career pathways and training processes that promote growth and satisfaction of all employees.

Program Initiatives and Changes

- July 2014 - CBHC initiated a peer-run drop-in center called the Self-Help and Recovery Exchange Spot, or S.H.A.R.E. Spot.
- September 2014—Mental Health Court received a two-year Bureau of Justice Assistance Grant; expanding capacity from 15 to 25-27 participants.
- September 2014—CBHC started the first Family Intervention Specialist (FIS) program in Charlotte County. FIS works with families in the DCF system to help expedite treatment services for those involved in the child welfare system.
- October 2014—Recovery Center—The cost of a Suboxone detoxification protocol was significantly more costly compared to a Clonidine protocol. Therefore, the routine detoxification protocol was changed to a Clonidine protocol, and Suboxone was provided per patient request.
- October 2014—The Family Intensive Treatment Team (FITT) focuses on providing in-home services to parents with substance abuse problems with child welfare involvement.



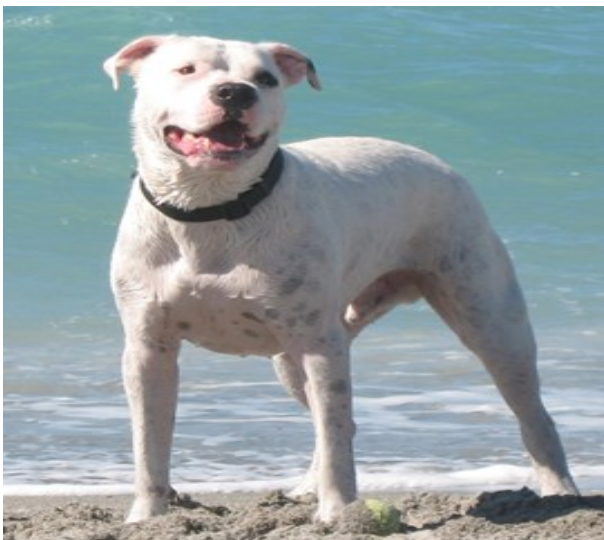


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INITIATIVES AND CHANGES (cont.)

- October 2014—Colonel (a therapy dog), belongs to Kimberly Sanderson's and began volunteering at the CSU, Recovery Center, S.H.A.R.E. Spot and during individual treatment sessions.
- December 2014 — Due to the census decreasing after the introductions of the routine Clonidine detoxification at the Recovery Center, a Suboxone detox was reintroduced. The census increased as a result.
- January 2015—S.H.A.R.E. Spot moved to a central location within the community.
- February 2015— DeSoto Psychiatric Services opened and offers adult and children's outpatient mental health and substance abuse therapy, psychiatric and case management services. CBHC is excited to move into DeSoto County. This location is on a bus line.
- May 2015—Zero Suicide quality initiative kicked-off with an overview of the Zero Suicide philosophy and CALM training.
- June 2015—CBHC began using text message reminders for upcoming appointments.



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PATIENTS SERVED

SUMMARY & ANALYSIS

Each year CBHC strives to increase the number of patients served and was pleased to see a 5% increase between July 2014 and July 2015. While measuring the unduplicated number of patients served remains challenging, CBHC continues to improve data tracking systems. This fiscal year CBHC provided services to 10,619 individuals, yet served 10,117 patients in the previous fiscal year. This number increased approximately by 502 individuals (5%) who were screened for services, in addition to those participating in ongoing services such as case management or medication management.

CBHC uses four categories of individuals when estimating patients served. "Primary Program Patients" are those that receive services, either inpatient or outpatient, in Mental Health and/or Substance Abuse services, that have an electronic medical record, which allows accurate identification of unique individuals served each year. This number has increased 13% from 5,846 in the previous fiscal year to 6,613 this fiscal year. Reporting and billing requirements dictate what program a patient is enrolled in, which means individuals cannot show as enrolled in both programs simultaneously. Despite this forced dichotomy, many patients require treatment for co-occurring disorders. As a result, the number of patients reported to be receiving substance abuse services is misleading. In reality, many of the patients served at CBHC are receiving integrated treatment.

CBHC's Punta Gorda campus offers evidenced-based therapeutic inpatient and outpatient treatment of mental health and substance abuse disorders for adults and children, including community-based services. As we have added additional treatment facilities, the number of unduplicated patients in primary programs has decreased over the last three fiscal years. This trend is a result of the additional locations. The Punta Gorda campus served 4,559 patients this fiscal year, compared to 4,713 in the previous fiscal year.

Northside Psychiatric Services offers evidenced-based therapeutic outpatient treatment of mental health disorders for adults and children and substance abuse counseling for children. Northside Psychiatric Services offers a convenient location for residents of Englewood and North

Port. Northside Psychiatric Services provided services to 1,720 patients in the fiscal year 2014-2015, compared to 1,133 in the previous year, which is an increase of 51% in patients served.

DeSoto Psychiatric Services, located in Arcadia, serves DeSoto and its surrounding counties. CBHC offers evidenced-based therapeutic outpatient treatment of mental health disorders for adults and children and substance abuse counseling and case management for children. DeSoto Psychiatric Services opened in February 2015 and provided services to 334 patients.

A peer-run drop-in center called Self-Help and Recovery Exchange Spot, or S.H.A.R.E. Spot, was initiated at the beginning of the fiscal year (July 2014). S.H.A.R.E. Spot offers a wholesome place for socialization, advocacy, and self-help for those with severe and persistent mental illness. S.H.A.R.E. Spot uses peers to help participants focus on their personal journey to recovery. Studies of drop-in centers throughout the United States have shown members who attend have a decrease in suicide rates, substance abuse, and hospitalization. Members also experience an increase in social contacts, quality of life, problem-solving and the ability to carry out activities of daily living. Through peer support, members gain self-esteem, self-advocacy skills and are empowered to strive for recovery.

Healthy Start participants are tracked through a separate electronic, state-based system. This program experienced a 16% decrease in individuals served (1,113 to 936) due to lower referrals and high employee turnover.

Screening and Referral services include patients who do not qualify for services at CBHC and are referred to other providers, groups and people who attend the information and referral assistance sessions held each Monday.



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Fig. 1

PATIENTS SERVED

Patients Served by Program and Location (Patients may participate in more than one program)		
Program by Location	2013-2014	2014-2015
Punta Gorda		
Case Management - Adult	314	255
Case Management - Child	91	95
Crisis Stabilization Unit - Adult	860	840
Crisis Stabilization Unit - Child	287	305
Drug Court	54	52
Healthy Start	1113	936
Medical Services - Adult	954	2225
Medical Services - Child	405	1045
Mental Health Court	33	37
Mobile Crisis - Adult	428	369
Mobile Crisis - Child	114	144
Outpatient - Adult	1080	889
Outpatient - Child	923	841
Recovery Center – 28 Day Residential	50	49
Recovery Center – Detoxification	644	626
Screen, Information, and Referral	3158	2929
Substance Abuse - Adult	534	581
Substance Abuse - Child	225	251
TFC	51	48
Northside		
Medical Services - Adult	141	345
Medical Services - Child	378	510
Outpatient - Adult	115	225
Outpatient - Child	197	511
Substance Abuse - Child	20	129
DeSoto		
Case Management - Child	-	1
Medical Services - Adult	-	67
Medical Services - Child	-	99
Outpatient - Adult	-	64
Outpatient - Child	-	99
Substance Abuse - Child	-	4
S.H.A.R.E. Spot		
S.H.A.R.E. Spot	-	141
Agency Wide Unduplicated Patients in Primary Programs		
Total Unduplicated	5846	6613

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PATIENTS SERVED

Fig. 2

**Unduplicated Patients (Primary Programs) by Location
Fiscal Years 2012-2015**

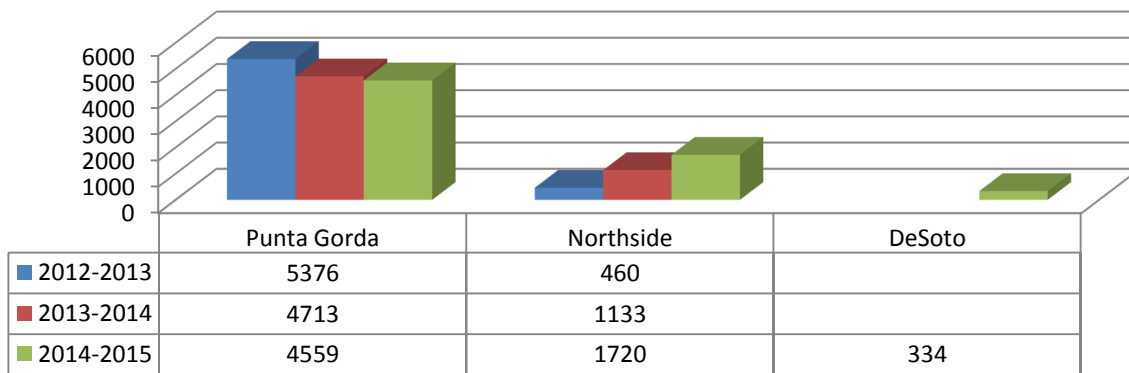
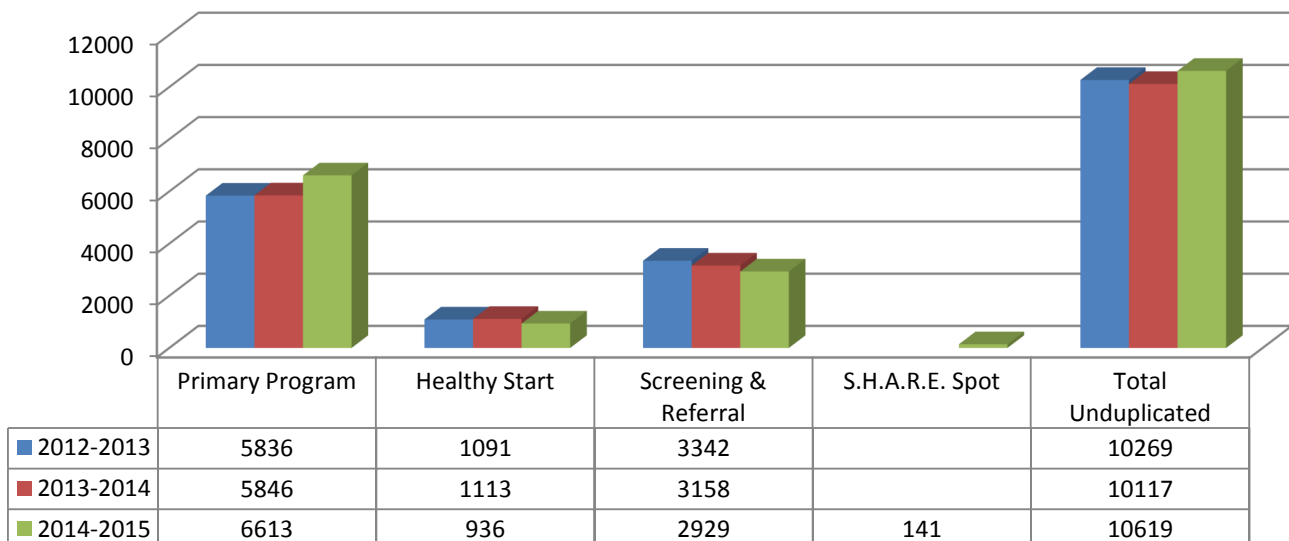


Fig. 3

**Unduplicated Patients Served by Program Type
Fiscal Years 2012 - 2015**



PATIENT DEMOGRAPHICS

SUMMARY & ANALYSIS

CBHC primarily serves Charlotte and DeSoto Counties as well as the surrounding counties. While Charlotte County contains approximately 168,000 individuals, which is a population increase of 2% from 2013-2014, DeSoto County contains approximately 35,000 which is a 1% increase from 2013-2014. The population in Charlotte County tends to be primarily Caucasian (85%) with a much smaller Hispanic population (7%) than both the state of Florida (24%) and the United States (17%) as a whole. In comparison, 55% of the population in DeSoto County is Caucasian, while 30% of the population is Hispanic. The median income for Charlotte County is \$58,400 per year, which is substantially lower than surrounding counties of Sarasota and Collier, while significantly higher than DeSoto County (\$41,200).

In comparison, the majority of patients at CBHC (79%) report an annual salary of less than \$15K per year, while only 7% report a salary greater than \$30K. There was a 33% decrease in our patients who are considered "Self-pay (32%)." We have seen a 33% increase in those who utilize Medicaid (8%), and an 85% increase in those who utilize other insurance providers such as private insurances (13%) and an increase from 3% to 9% for those who utilized Medicare.

CBHC continues to strive to be as or more diverse than the community it serves. Comparatively, CBHC staff diversity is representative of the patients served racially with 85% of patients and 75% of staff being White (non-Hispanic), 48% of the patients being male with 29% male staff and 51% female patients with 71% female staff members.

Fig. 4

Race Distribution

Race	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	DeSoto County*	Florida*	Nation*
White (non-Hispanic)	84.94%	74.63%	100.00%	85.00%	55.40%	56.40%	62.60%
Black/African-American	6.31%	18.54%	0.00%	6.10%	13.30%	16.70%	13.20%
Asian	0.15%	0.96%	0.00%	1.30%	0.80%	2.70%	5.30%
American Indian/Alaskan Native	0.27%	0.00%	0.00%	0.30%	1.10%	0.50%	1.20%
Native Hawaiian/Pacific Island	0.11%	0.00%	0.00%	0.10%	0.20%	0.10%	0.20%
2 or more	2.78%	0.50%	0.00%	1.50%	1.20%	1.90%	2.40%
Spanish/Hispanic	5.44%	5.37%	0.00%	6.60%	30.20%	23.60%	17.10%

Fig. 5

Gender Distribution

Gender	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	DeSoto County*	Florida*	Nation*
Male	48.81%	28.78%	54.55%	48.60%	56.30%	48.90%	49.20%
Female	51.19%	71.22%	45.45%	51.40%	43.70%	51.10%	50.80%

Fig. 6

Age Distribution

Age	CBHC Patients		Charlotte County*	DeSoto County*	Florida*	Nation*
0-14	20.00%		10.50%	17.10%	16.83%	19.15%
15-19	15.47%		4.01%	6.25%	5.89%	6.61%
20-54	52.60%		31.05%	45.27%	45.28%	47.17%
55-64	9.13%		16.73%	11.65%	12.94%	12.57%
65+	2.80%		37.71%	19.73%	19.06%	14.50%

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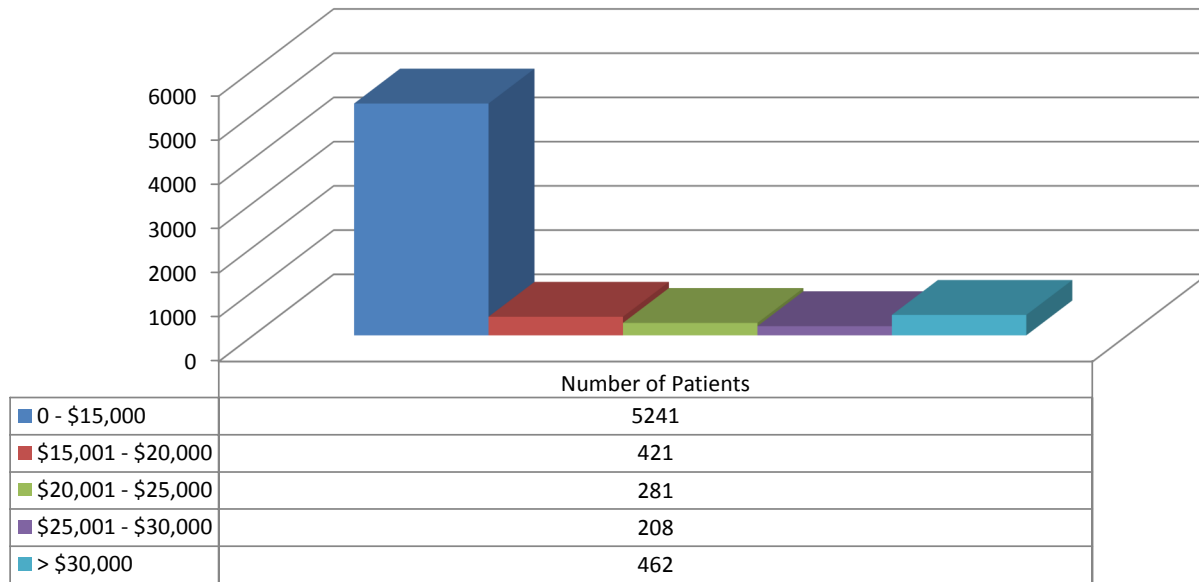
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PATIENT DEMOGRAPHICS

Fig. 7

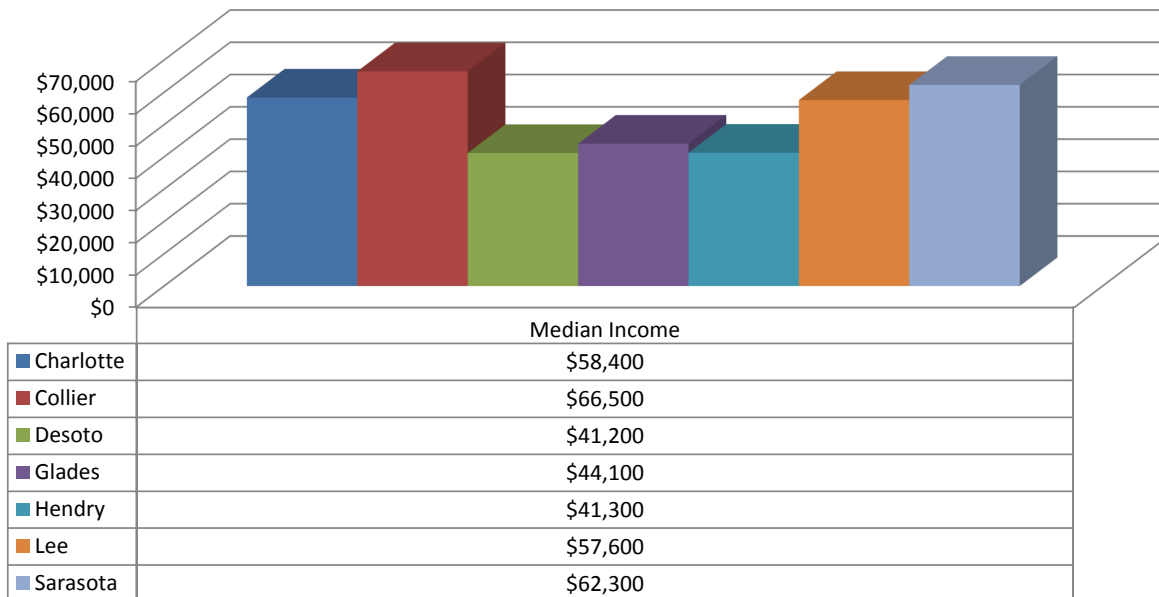
**Salary Range Comparison
Fiscal Year 2014-2015**



Source: Anasazi Patient Income Report

Fig. 8

**Median Income Levels DCF District 8 & Suncoast Region
Fiscal Year 2014-2015**



Source: huduser.org



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PATIENT DEMOGRAPHICS

FISCAL YEAR 2014-2015

Fig. 9

Patient's Primary Language Spoken

Category	CBHC Patients	CBHC Staff	CBHC Board	*Charlotte County	*DeSoto County	*Florida
English	98.22%	100.00%	100.00%	88.40%	70.80%	72.60%
Spanish	1.33%	0.00%	0.00%	6.10%	26.70%	20.20%
Other	0.45%	0.00%	0.00%	5.50%	2.50%	7.20%

*United States Census Bureau

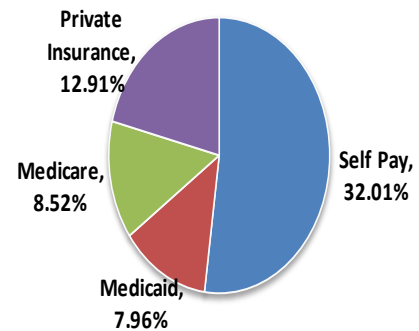
Fig. 10

Client Disability Distribution

Disability	Number of Patients
Developmental Disabilities	358
Physically Impaired	283
Non-Ambulatory	15
Visually Impaired	203
Hearing Impaired	70
English Limited	85

Fig. 11

Average Annual Payer Mix Fiscal Year 2014-2015



*Source: Mental Health & Substance Abuse Outcomes

*Not inclusive of all payer sources.

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INITIAL ASSESSMENT TRACKING

Fiscal Year 2014—2015

Measure: Percent of Initial Assessment Appointments kept.

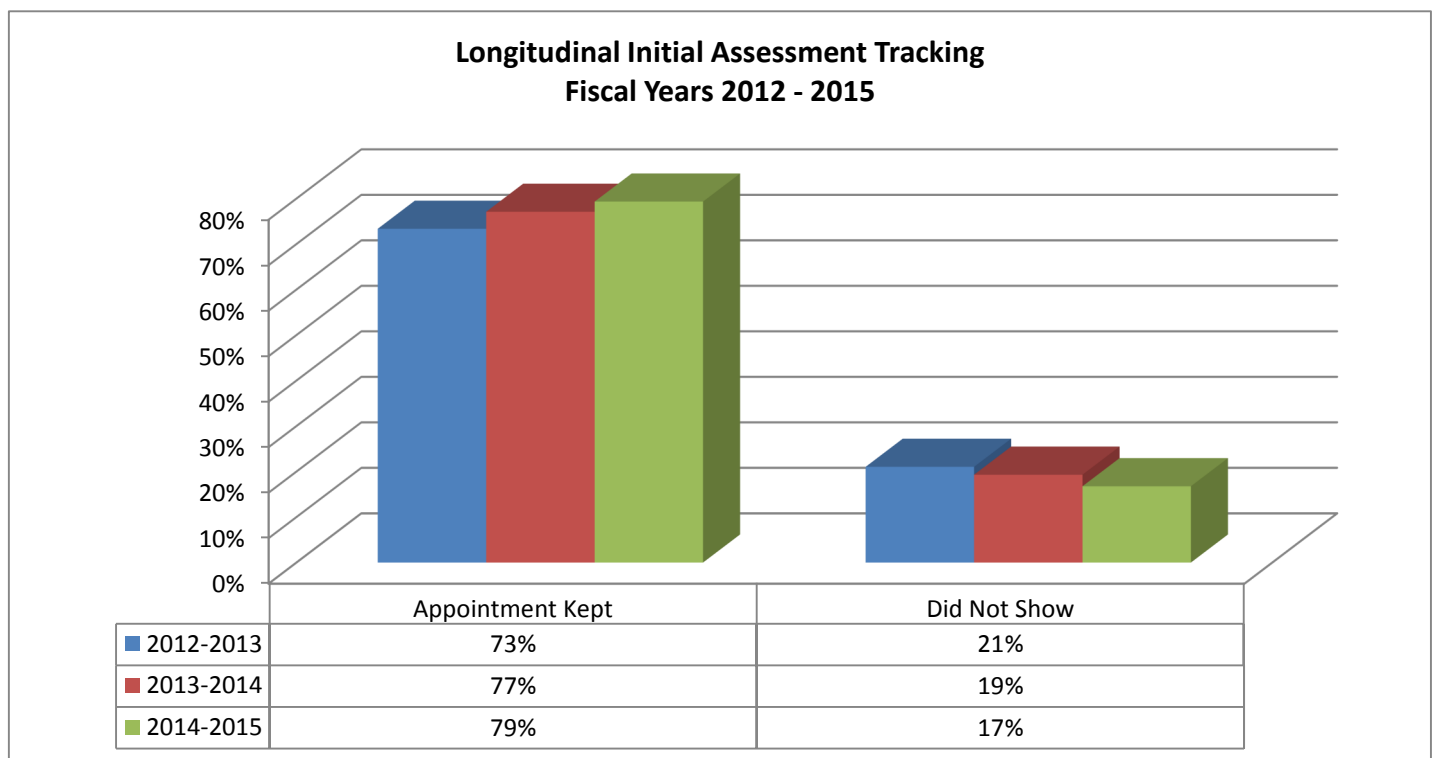
Source: Access to Care Log

Notes: These graphs display the rate of attendance for initial outpatient assessments, which are the first face-to-face contact with the patient at this agency. The National Target for Initial Assessment No Show rate is 20% or less (see figure 12).

Action Plan: No Action Plan

CBHC uses the Access to Care log to measure the percentage of Initial Assessment appointments kept. At an agency-wide level, there continues to be a collaborative effort to increase access to services for initial assessments for new or returning patients and to minimize patient no-show rates. The Strategic Plan's Access to Care Committee initiated many changes in our access to care processes for initial assessments. On a daily basis, the front desk and screening departments manage the scheduler, filling appointment slots which have opened as a result of cancellations or no-shows, offering same day appointments and utilizing an open-access model for medication services. CBHC has initiated a text appointment reminder service. This text service along with the telephone appointment reminder service notifies patients 48 hours in advance and also on Sundays of their scheduled appointments and to allow ample time for rescheduling. With production standards, our therapists proactively inform the scheduling staff about cancellations and offer extended hours such as lunch hours or late appointments. The national target for this measure is 20% or less. Although there was a 9% increase in Initial Appointments that were kept for Adult Mental Health services, the target was not met.

Fig. 12



*Cancelled with No Show and Cancelled by Provider not shown



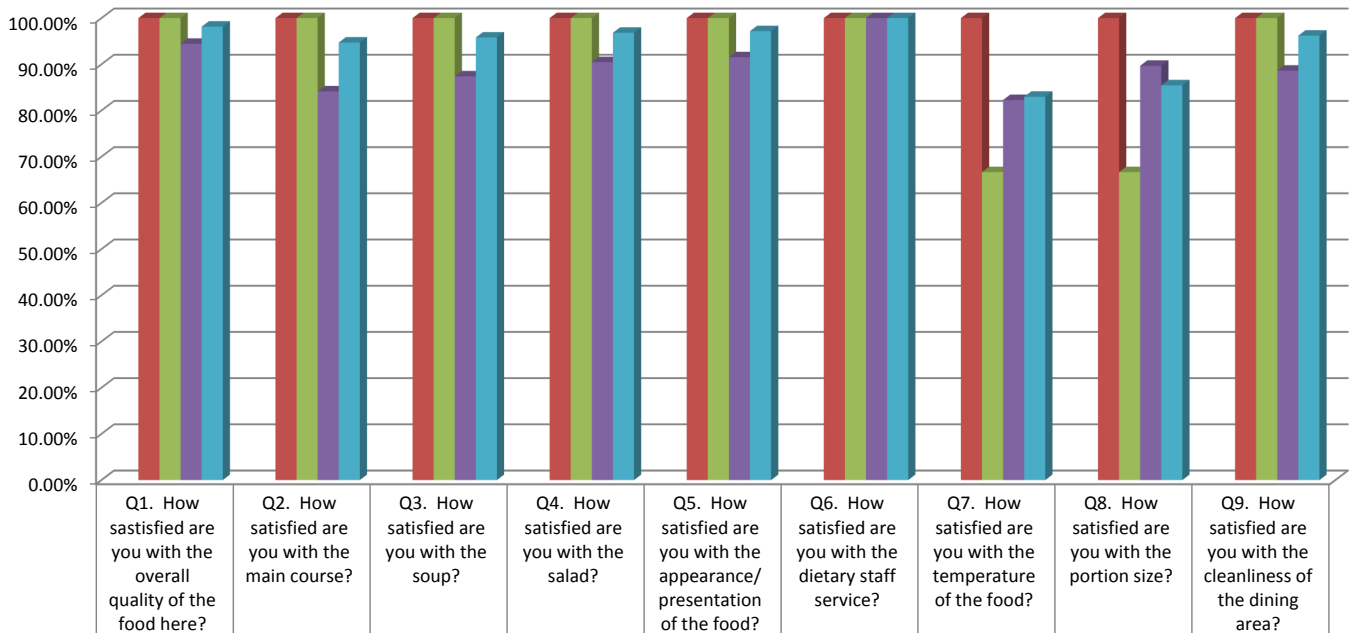
DIETARY SATISFACTION

Dietary satisfaction surveys have been distributed since July 2009, allowing us to assess satisfaction from patients and staff regarding our dining options.

Our Dietary department works diligently to improve our dietary program while cutting costs and maintaining a high standard of quality. Overall, satisfaction with our dietary department has been very high showing improvement.

Fig. 25

**Dietary Satisfaction
Fiscal Year 2014-2015**



Quarter 1									
Quarter 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Quarter 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.66%	66.66%	100.00%
Quarter 4	94.44%	84.13%	87.39%	90.47%	91.53%	100.00%	82.27%	89.68%	88.62%
Average	98.15%	94.71%	95.80%	96.82%	97.18%	100.00%	82.98%	85.45%	96.21%



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PATIENT SATISFACTION

SUMMARY & ANALYSIS

Measure: Percent of Patients satisfied with services received at Charlotte Behavioral Health Care.

Source: Patient Satisfaction Surveys

Notes: Target is a 90% Satisfaction Rate.

Action Plan: No Action Plan Required

We believe it is important for to involve our patients in the services they receive, so we obtain regular feedback from them, which is an effective means of evaluating the services we provide. Surveys are conducted regularly, at least biannually, but a patient can turn in satisfaction surveys at any time. Satisfaction rates are calculated by counting incidents of “Strongly Agree” and “Agree” in the overall sample.

Although we received 1,365 total surveys this fiscal year, this is a 32% decrease from 2,003 in the previous Fiscal Year. Management staff has tried different methods for distribution and collection of surveys and continue to work on offering and collecting a representative sample from of patient’s satisfaction. Agency-wide, the overall satisfaction rate for the year was 94.70%, a slight increase from 92.76% the previous year.

While most survey questions remained the same, there were some changes or additional questions that will change longitudinal tracking. We are pleased that for all questions that remained the same, there was an increase in patient satisfaction. For the last three fiscal years in a row, the highest scoring question was “The staff cares about whether I get better (97%).” Ninety-six (96%) of our patients would recommend this program to other people who need this type of help. Most of our programs were at or above target.

Fig. 26

**Longitudinal Overall Satisfaction Rate
Fiscal Years -2012-2015**

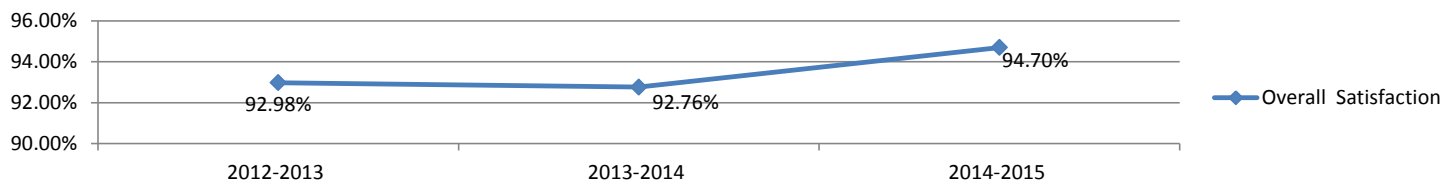
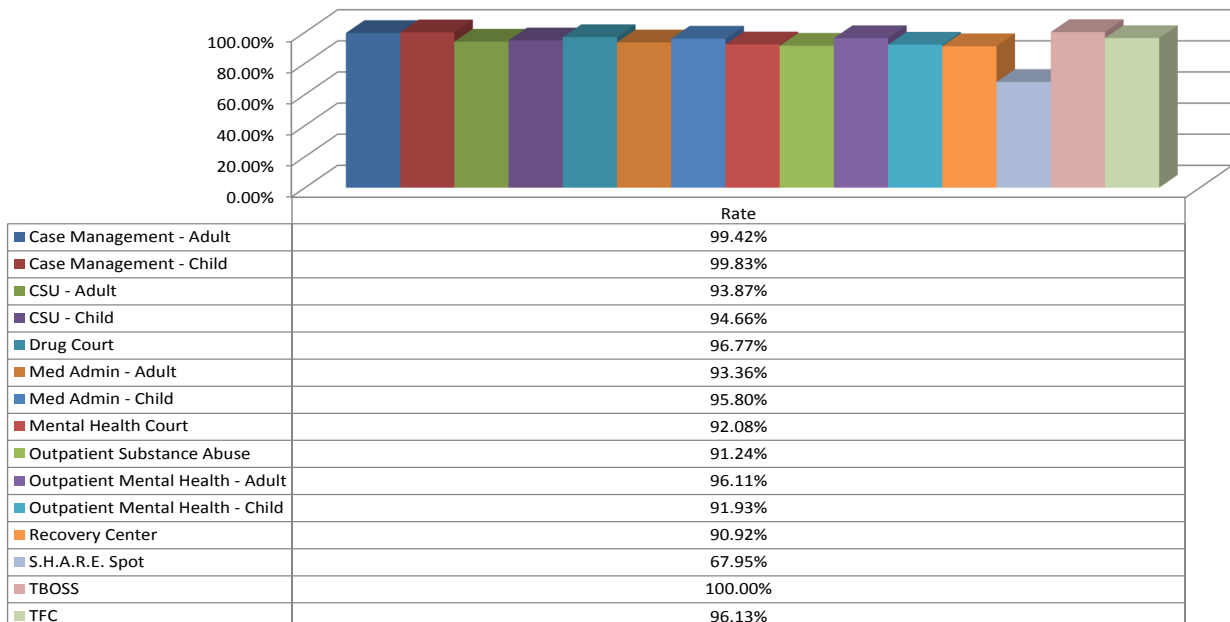


Fig. 27

**Overall Patient Satisfaction by Program - Punta Gorda Campus
Fiscal Year 2014-2015**





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PATIENT SATISFACTION

Fig. 28

Overall Patient Satisfaction by Program - DeSoto Campus Fiscal Year 2014-2015

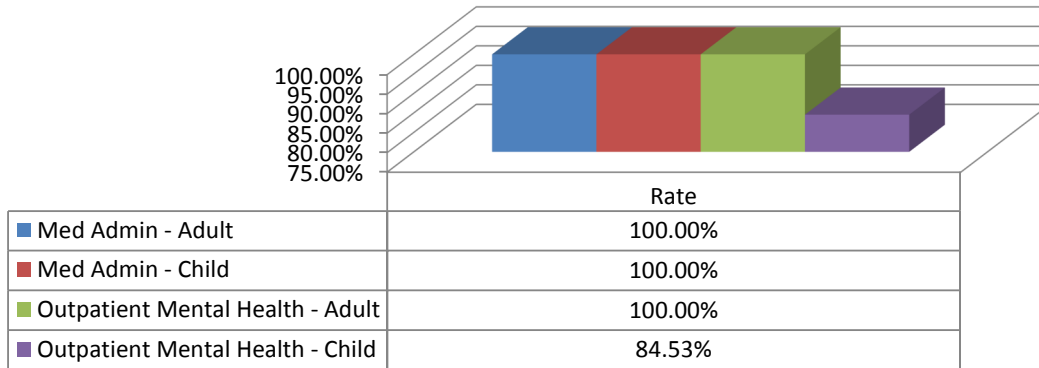


Fig. 29

Overall Patient Satisfaction by Program - Northside Campus Fiscal Year 2014-2015

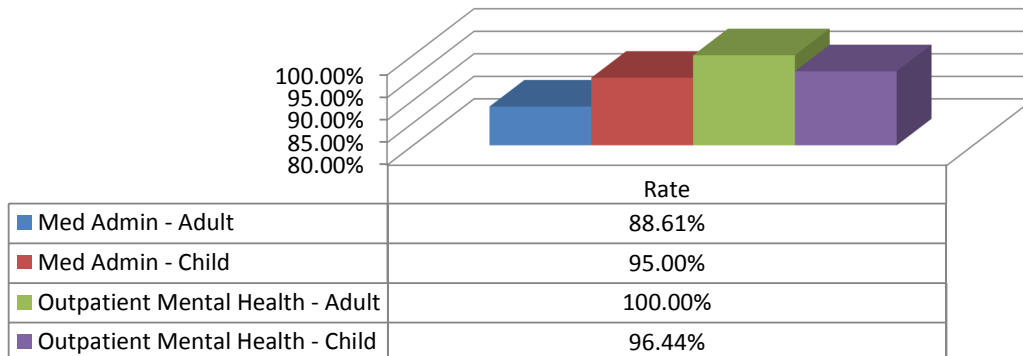
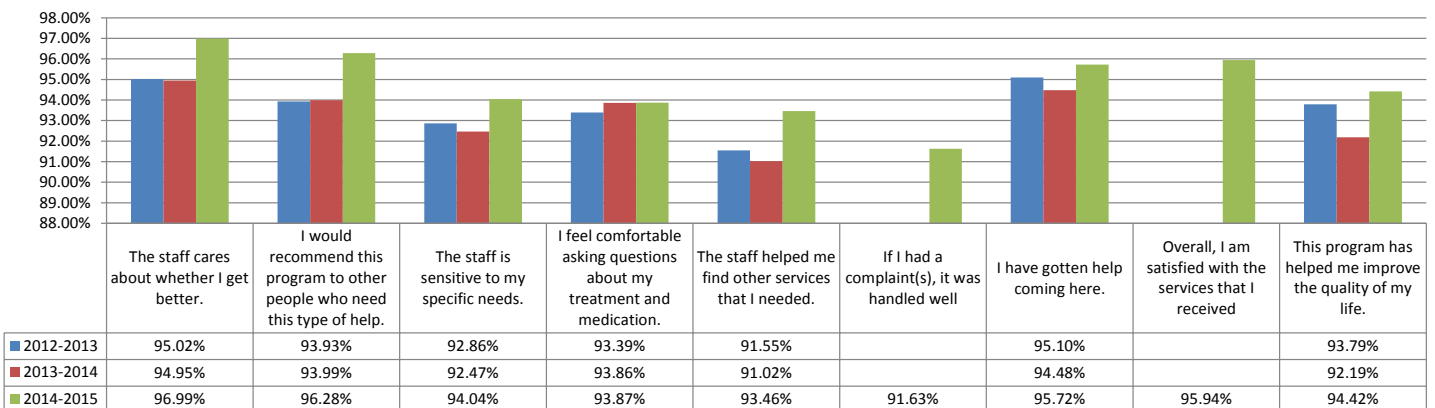


Fig. 30

Longitudinal Satisfaction Rates by Question Fiscal Years 2012-2015



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CUSTOMER
FRIENDLY
SUPPORT
INNOVATIVE
POSITIVE
PRECISE
TIMELY

