

Outcomes Report

2015-2016
Annual

Charlotte Behavioral Health Care

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



Welcoming



Integrity



Respect

Innovation

Teamwork



Charlotte Behavioral Health Care

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CHARLOTTE



Behavioral Health Care

Punta Gorda Campus

1700 Education Avenue

Punta Gorda, FL 33950

Telephone: 941-639-8300

Toll Free: 877-703-5267

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*Northside
Psychiatric Services*



Northside Office

1032 Tamiami Tr, Unit 1

Port Charlotte, FL 33953

Telephone: 941-764-7988

Fax: 941-764-8114



S.H.A.R.E. Spot

21450 Gibraltar Dr

Port Charlotte, FL 33952

Telephone: 941-764-6890

DeSoto
PSYCHIATRIC SERVICES



DeSoto County Office

201 E Gibson Street

Arcadia, FL 34266

Telephone: 863-494-4200

Fax: 863-494-4203



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

<https://www.facebook.com/pages/DeSoto-Psychiatric-Services/580259745433301?ref=hl>

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



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https://www.linkedin.com/company/charlotte-behavioral-health-care?trk=nav_account_sub_nav_company_admin



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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

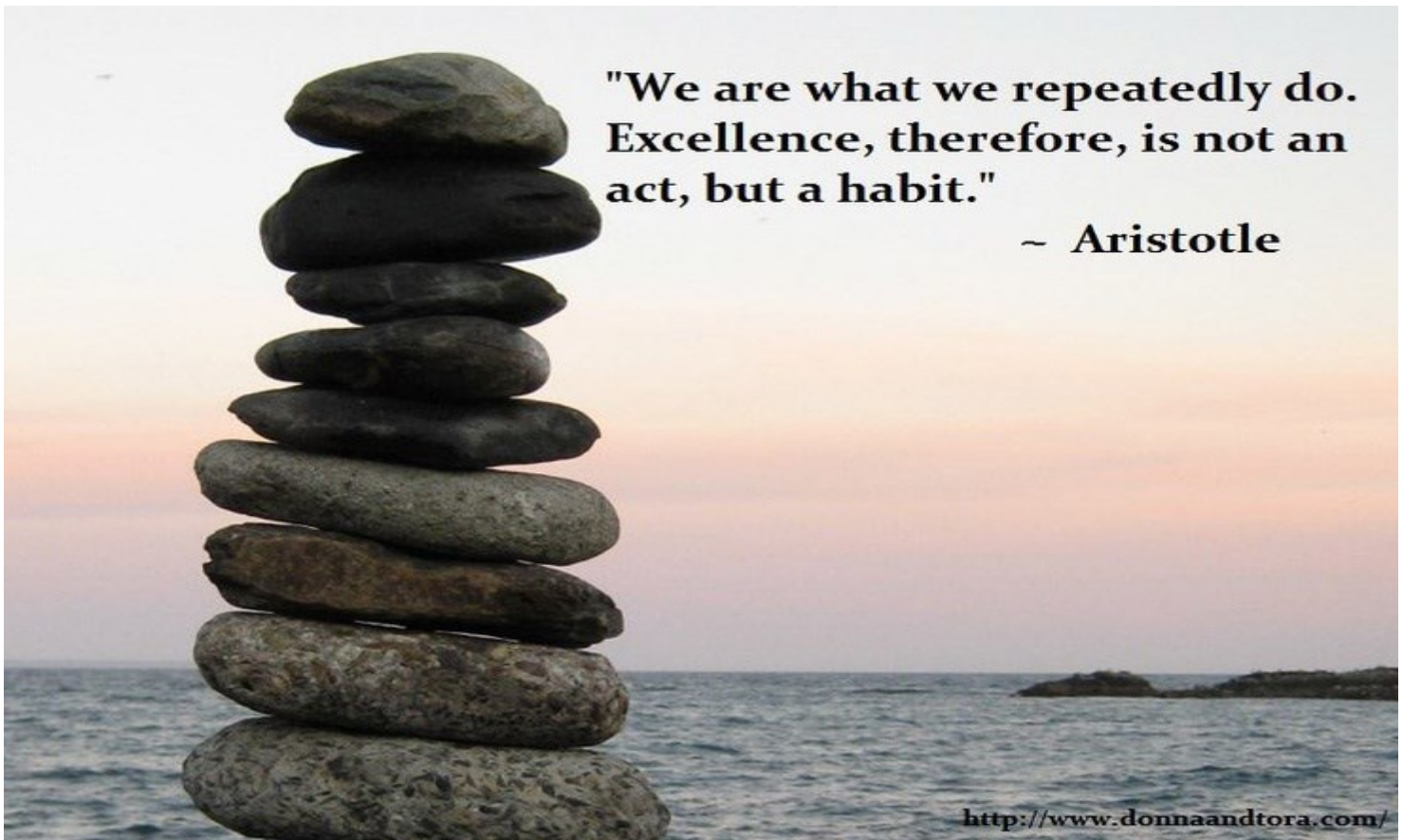
- **Welcoming:** We believe that service to individuals is the reason we exist. Accordingly, we will create an environment that is comfortable, friendly, and welcoming.
- **Integrity:** We, in the spirit of honesty and integrity, resolve to do the right things for the right reasons, for patients, for 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.





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.



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INITIATIVES AND CHANGES Fiscal Year 2015—2016

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

- **September 2015**—Implemented the Vivitrol program. Vivitrol is a new medication to assist patients struggling with addiction and cravings. CBHC is finding success using this treatment method with court services patients only and hope to expand this program in the future.
- **October 2015**—Desoto Psychiatric Services has found a higher prevalence of patients walking in to establish routine services and during times of crisis. As a result crisis support & emergency and engagement services were implemented at the DeSoto Psychiatric Services office. We have found having a crisis support person available at the office has allowed the DeSoto community to access care and find support during times of crisis.
- **November 2015**—DCF has changed the way they look at families and their support systems with the development of the Family Functional Assessment. Prior to the development of the Behavioral Health Liaisons, workers would need to make clinical decisions on their own about the need for mental health treatment. The Behavioral Health Liaisons work with Child Protective Investigators and provide guidance via consultation or home visits. During a home visit, the Liaison will assess the stability of the parents or children in the home. This program provides additional resources to the CPI's in the field as they come into contact with families.
- **January 2016**—Dr. Suresh Sarma, Crisis Services Medical Director joined the CBHC team. The decision to hire a full-time psychiatrist for the Crisis Services programs was based upon increasing census and acuity and the upcoming expansion of the Crisis Stabilization Unit.
- **January 2016**—Charlotte County Sheriff's Office implemented the Addiction Recovery Initiative which allows individuals with addiction to turn to law enforcement and be brought to treatment versus jail. At this time CBHC has served two (2) individuals but anticipates this number to increase as the community becomes aware of this movement.
- **January 2016**—Guest wireless access was rolled out to most waiting rooms allowing patients access to free Wi-Fi.

"Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable."

- William G. Pollard (1911 - 1989), American Physicist

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Program Initiatives and Changes (cont.)

- **January 2016**—In January 2016 CBHC had its three (3) year CARF survey. This was a long process to ensure that Charlotte Behavioral Health Care met CARF's over 1,500 internationally recognized standards of excellence. CARF accreditation demonstrates CBHC's commitment to continuously improve service quality and to focus on the satisfaction of the individuals we serve. The survey is a three day intense process with three surveyors. Charlotte Behavioral Health Care came through the survey with two, yes that is two out of over 1,500 standards receiving recommendations for improvement. The CARF surveyors said they had a hard time finding anything that CBHC wasn't doing to meet their standards. CBHC received Exemplary Standing which only 1% of the over 50,000 agencies who are accredited with CARF receive. This is attributed to the high quality dedicated work our staff provide on a daily basis to the individuals we serve. We are so proud of them!
- **April 2016** – DeSoto Psychiatric Services began TBOS services for adolescents, who are affected by substance use; who may also be involved in the legal system. TBOS services uniquely allow for more intense treatment within the community, such as in the home or school.
- **June 2016** – A Transitional Case Management position was added to serve patients who discharge from the CSU presenting with a higher level of needs and tend to be high utilizers of services. Unlike traditional case management, this position offers the flexibility to engage more frequently with the individual to bridge the gap between inpatient crisis services and outpatient treatment to reduce CSU recidivism rates.

Quotes and Feedback from CARF Surveyors

- "You guys do extraordinary, great work here."
- "There was a family oriented feeling from the front desk to the janitor who emptied the garbage."
- "We are very impress with Guest Services."
- "You guys rock—for real!"
- "Very excited, rambunctious, active Board Members."
- Patients consistently stated they were "very pleased" with CBHC.
- Obvious sense of unity and camaraderie in the organization.
- The Board of Directors is exited, active, involved, and educated.
- Outstanding company meeting needs and providing superior services.
- It is evident that staff is motivated and caring about the welfare and safety of the patients.



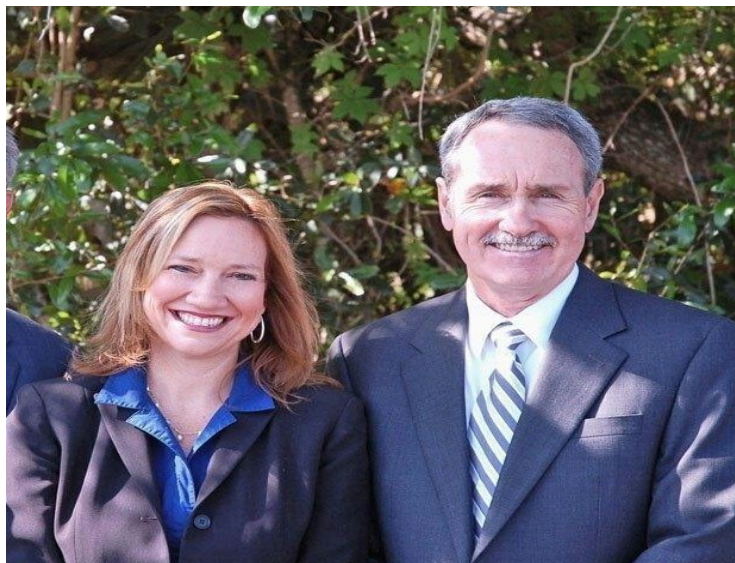
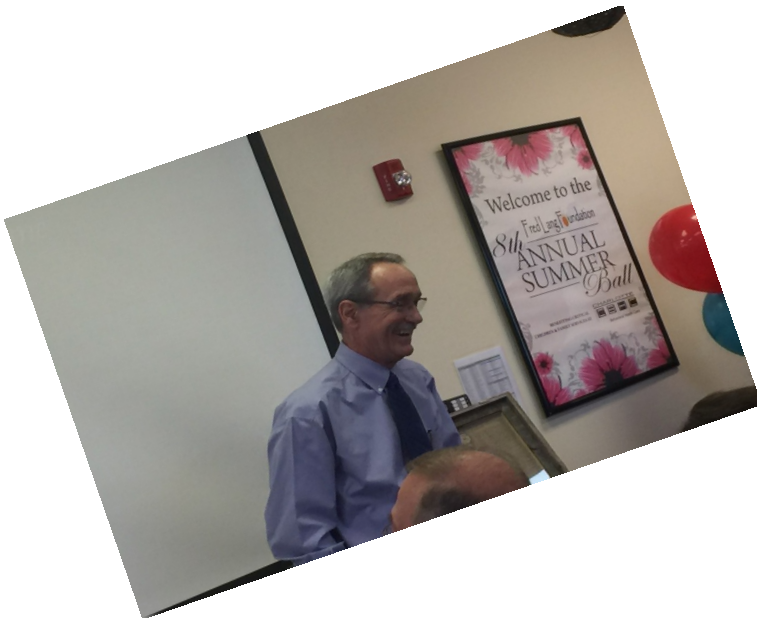
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Jay Glynn

On May 26th, we officially bid our fondest farewells & heartfelt best wishes to a man that's changed the face of CBHC forever... Jay Glynn. Jay has a brilliant business mind & a true heart of kindness. He spent nearly 36 years with CBHC, changing lives and creating profound friendships during his journey with us. Many of you may not be aware that Jay began his employment with CBHC back in 1980 as an Outpatient Counselor and from there moved onto the Director of Emergency Services, Director of Outpatient Services, COO and then our fearless CEO in which he was looked up to by many.

It was incredibly hard for Jay to leave his CBHC family behind, but we know that when the fish are jumping, Jay is a happy man. We thank you Jay for leaving us in good hands! Happiest Retirement and may the road always lead you back to us!



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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 6% increase between July 2015 and June 2016. While measuring the unduplicated number of patients served remains challenging, CBHC continues to improve data tracking systems. This fiscal year CBHC provided services to 11,989 individuals, yet served 10,619 patients in the previous fiscal year. This number increased approximately by 1,370 individuals (13%) 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 6% from 6,613 in the previous fiscal year to 7,005 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 can be 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. The Punta Gorda campus served 4,762 patients this fiscal year, compared to 4,559 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. This location is convenient for residents of Englewood and North Port. Services were provided to 2,200 patients in this fiscal year (15-16), compared to 1,720 in the previous year (FY 14-15) and 1,333 in fiscal year 2013-2014. CBHC is pleased there has been a 94% increase in patients served since 2013 and is in pursuit of a larger location to accommodate these numbers.

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. The number of individuals served increased to 501 this fiscal year, which is a 50% increase.

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. There were 115 members this fiscal year compared to 141 members last fiscal year which is a 18% decrease. In the initial year of the S.H.A.R.E. Spot there was a push for new clients. Over time, some clients found the S.H.A.R.E. Spot did not suit their needs. There was a location and hour change as well during the second year to focus on providing appropriate services to the members. The second year proved to standardize the membership.

Healthy Start participants are tracked through a separate electronic, state-based system. In 2014-2015 this program experienced a decrease in individuals served (936). However, in 2015-2016 the program served 1,172 individuals, which is a 25% increase.

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 by a case manager.

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PATIENTS SERVED

Fig. 1

Patients Served by Program and Location (Patients may participate in more than one program)		
Program by Location	2014-2015	2015-2016
Punta Gorda		
Case Management - Adult	255	280
Case Management - Child	95	111
Crisis Stabilization Unit - Adult	840	845
Crisis Stabilization Unit - Child	305	324
Drug Court	52	53
FIS	47	112
FIT	30	31
Healthy Start	936	1172
Medication Administration - Adult	2225	2481
Medication Administration - Child	1045	1206
Mental Health Court	37	45
Mobile Crisis - Adult	369	357
Mobile Crisis - Child	144	98
Outpatient - Adult	889	873
Outpatient - Child	841	855
Recovery Center – 28 Day Residential	49	65
Recovery Center – Detoxification	626	603
Screen, Information, and Referral	2929	3697
Substance Abuse - Adult	581	540
Substance Abuse - Child	251	212
TFC	48	50
Northside		
Medication Administration - Adult	345	594
Medication Administration - Child	510	621
Outpatient - Adult	225	325
Outpatient - Child	511	468
Substance Abuse - Child	129	192
DeSoto		
Case Management - Child	1	2
Medication Administration - Adult	67	137
Medication Administration - Child	99	196
Outpatient - Adult	64	151
Outpatient - Child	99	250
Substance Abuse - Child	4	27
S.H.A.R.E. Spot		
S.H.A.R.E. Spot	141	115
Agency Wide Unduplicated Patients in Primary Programs		
Total Unduplicated	6613	7005

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PATIENTS SERVED

Fig. 2

**Unduplicated Patients (Primary Programs) by Location
Fiscal Years 2013-2016**

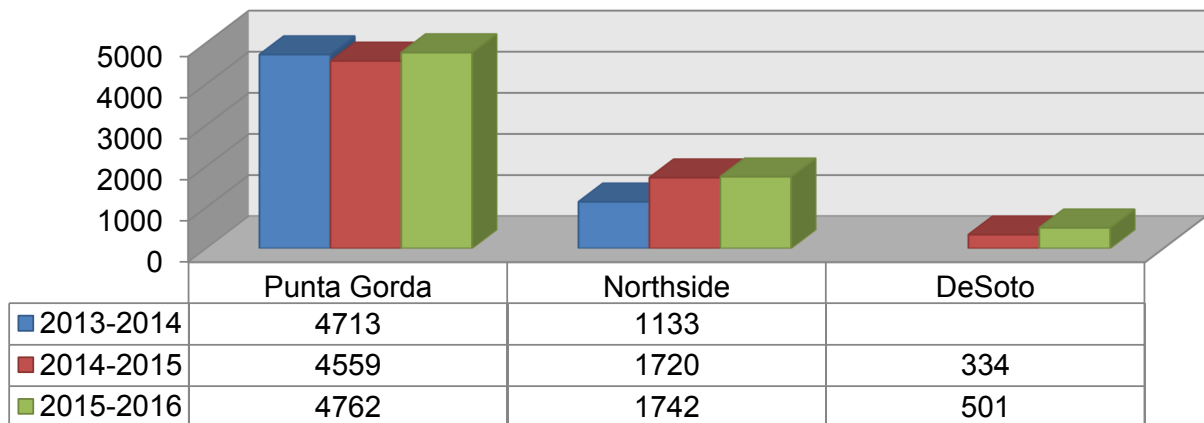
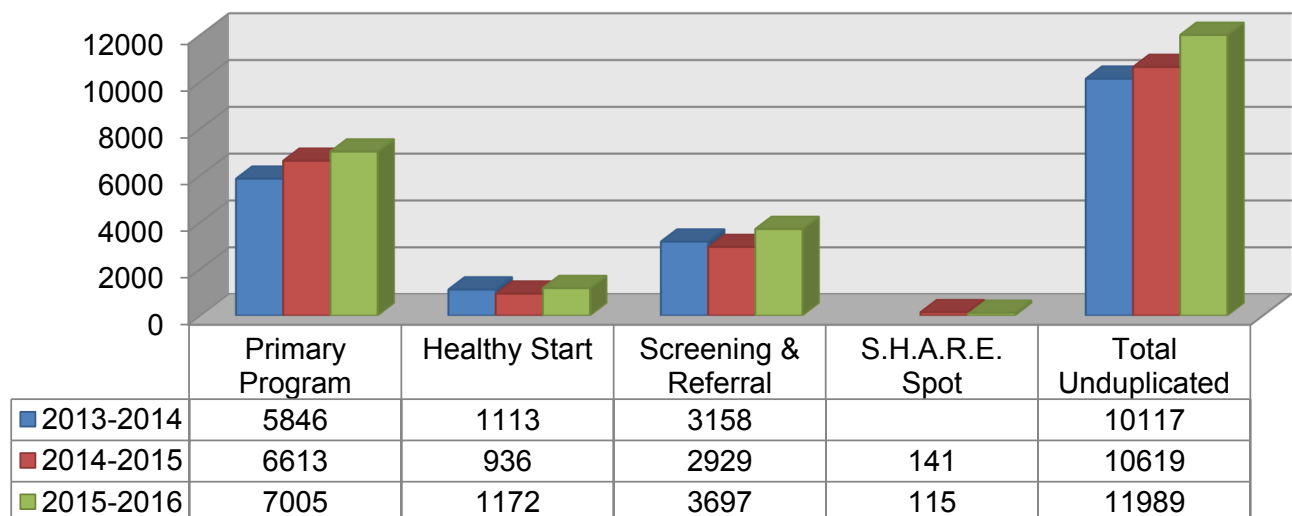


Fig. 3

**Unduplicated Patients Served by Program Type
Fiscal Years 2013 - 2016**





PATIENT DEMOGRAPHICS

SUMMARY & ANALYSIS

CBHC serves Charlotte and DeSoto Counties, as well as the surrounding counties. According to the July 2015 census, 173,115 people call Charlotte County home and DeSoto County had 35,458 residents. The inhabitants of Charlotte County tend to be primarily Caucasian (84%) with a much smaller Hispanic populace (5%) 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 31% of the residents are Hispanic.

The median income for Charlotte County is \$52,400 per year, which is 15-20% lower than Sarasota and Collier Counties, while significantly higher than DeSoto County (\$39,600). In comparison, the majority of patients at CBHC (76%) report an annual salary of less than \$15K per year, while only 8% report a salary greater than \$30K.

In this fiscal year's report, tracking of payer source has changed to include all Medicaid payer sources. Traditionally, only full Medicaid was identified as a payer source, which does not accurately reflect the number of patients who had Medicaid coverage. This fiscal year, there was a 16% increase in patients who are considered "Self-pay" (34%), whereas Medicaid (46%) and other payer (20%) coverage saw very little, if any, change. Other payer coverage includes private insurance (11%) and Medicare (8%).

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 83% of patients and 72% of staff being Caucasian (non-Hispanic), 48% of the patients being male with 30% male staff and 51% female patients with 70% female staff members.

Fig. 4

Race Distribution

Race	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	DeSoto County*	Florida*	Nation*
White (non-Hispanic)	83.2%	72.0%	100%	84.7%	55.2%	55.8%	73.8%
Black/African-American	6.7%	21.0%	0%	6.2%	13.2%	16.8%	12.6%
Asian	0.2%	1.0%	0%	1.4%	0.8%	2.8%	5.0%
American Indian/Alaskan Native	0.3%	0%	0%	0.3%	0.4%	0.4%	0.8%
Native Hawaiian/Pacific Island	0.1%	0%	0%	0.1%	0.2%	0.1%	0.2%
2 or more	2.6%	1.0%	0%	1.5%	1.2%	2.0%	2.9%
Spanish/Hispanic	5.3%	5.0%	0%	6.7%	30.5%	24.1%	16.9%

Fig. 5

Gender Distribution

Gender	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	DeSoto County*	Florida*	Nation*
Male	48.5%	30.0%	58.3%	48.7%	56.3%	48.9%	49.2%
Female	51.5%	70.0%	41.7%	51.3%	43.7%	51.1%	50.8%

Fig. 6

Age Distribution

Age	CBHC Patients		Charlotte County*	DeSoto County*	Florida*	Nation*
0-14	20.9%		10.9%	17.9%	17.1%	19.5%
15-19	15.2%		4.2%	6.6%	6.2%	6.8%
20-54	51.5%		32.0%	45%	45.8%	47.7%
55-64	9.4%		16.9%	11.8%	12.7%	12.3%
65+	3.0%		36.0%	18.7%	18.2%	13.7%

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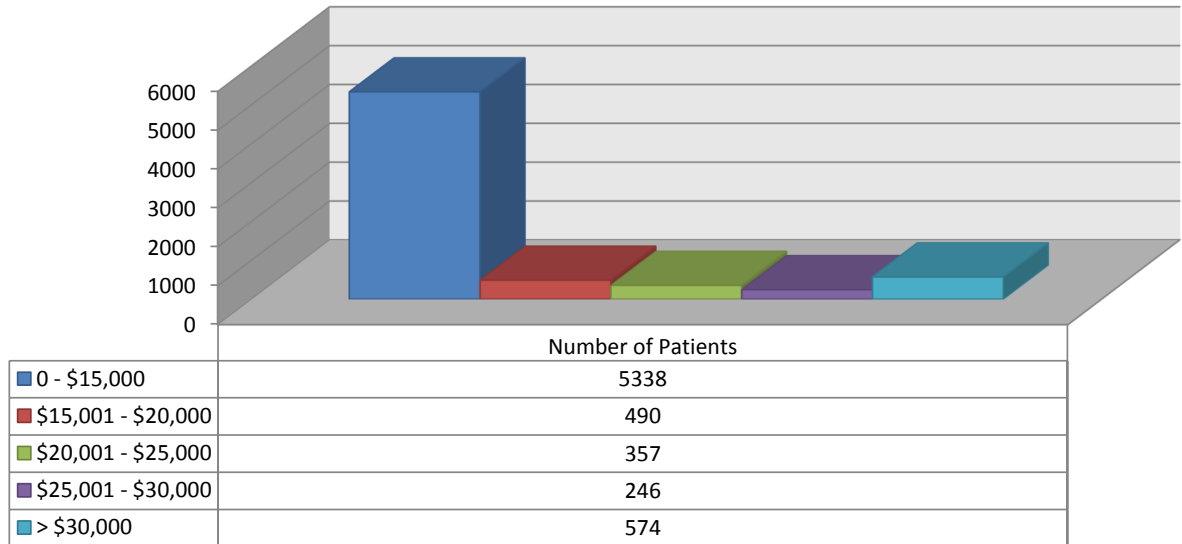
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PATIENT DEMOGRAPHICS

Fig. 7

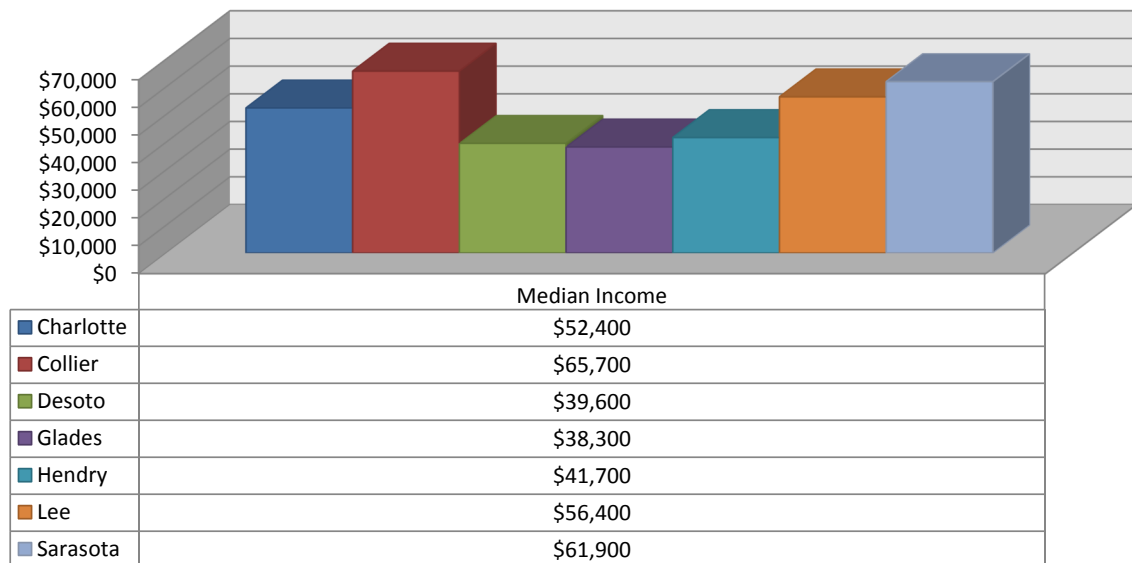
Salary Range Comparison Fiscal Year 2015-2016



Source: Anasazi Patient Income Report

Fig. 8

Median Income Levels DCF District 8 & Suncoast Region Fiscal Year 2015-2016



Source: huduser.org



PATIENT DEMOGRAPHICS

Fig. 9

Patient's Primary Language Spoken

Category	CBHC Patients	CBHC Staff	CBHC Board	*Charlotte County	*DeSoto County	*Florida
English	98%	100.0%	100.0%	89.2%	79.1%	72.60%
Spanish	1.2%	0.0%	0.0%	5.6%	13.0%	20.20%
Other	0.8%	0.0%	0.0%	5.2%	7.9%	7.20%

*United States Census Bureau

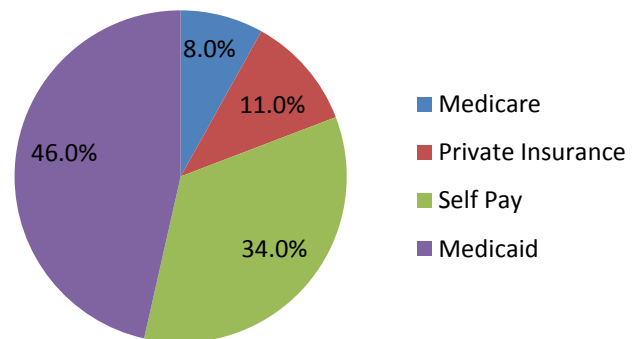
Fig. 10

Patient Disability Distribution

Disability	Number of Patients
Developmental Disabilities	373
Physically Impaired	266
Non-Ambulatory	15
Visually Impaired	231
Hearing Impaired	81
English Limited	79

Fig. 11

Annual Payer Mix Fiscal Year 2015-2016



*Data taken from Access to Care Log. Not inclusive of all payer sources.

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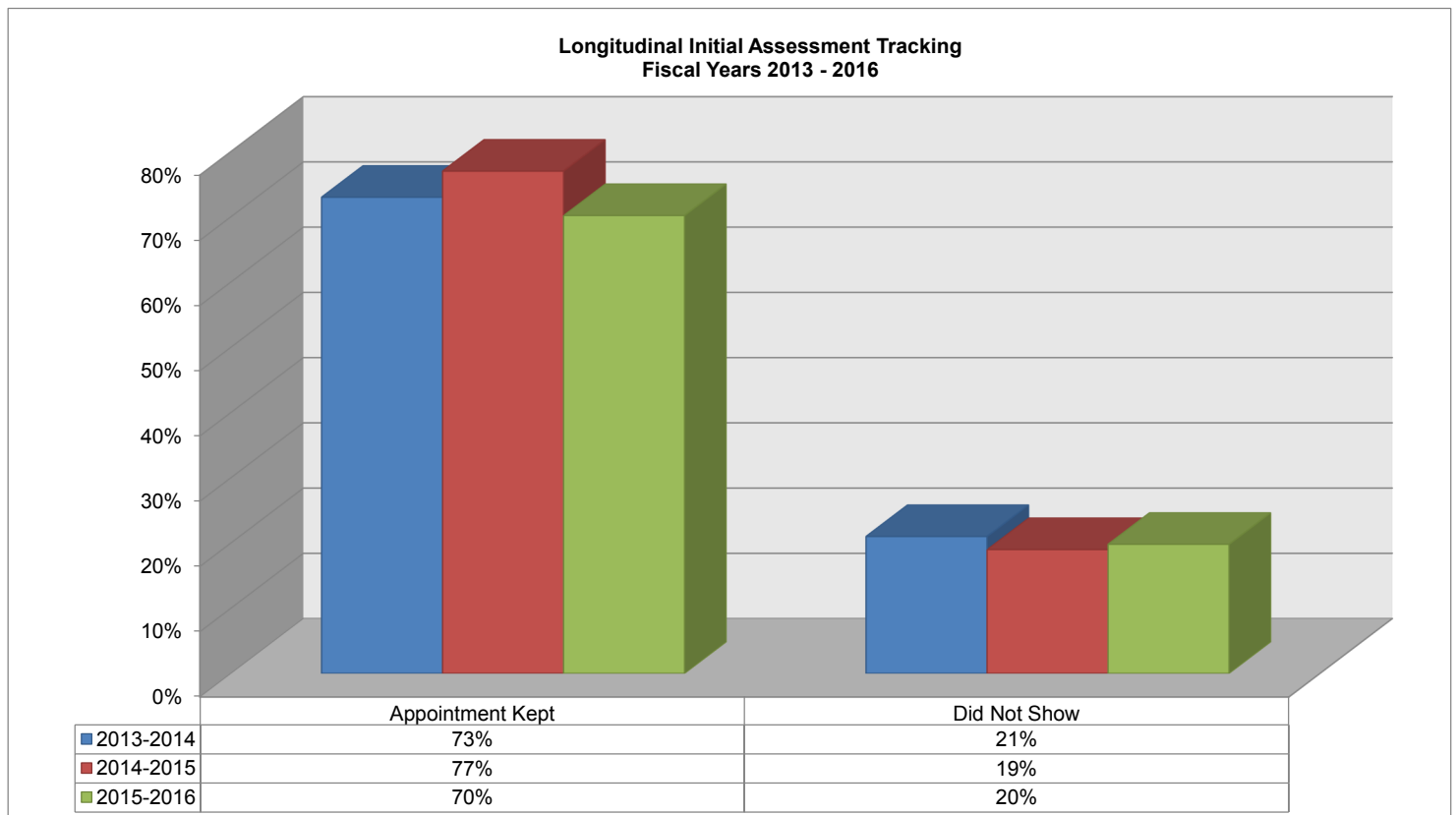


INITIAL ASSESSMENT TRACKING

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. 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 two business days in advance of their scheduled appointments 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. According to the National Counsel for Behavioral Health (2013), the standard for patient initial no show rate is 25% or less. There has been a 9% decrease in appointments kept and a 5% increase in no shows for initial appointments. Over the next fiscal year, CBHC leadership will research national standards for no show rates along with scheduling and what is working for other agencies to decrease the no show rate and increase productivity for staff. It is assumed a lack of more easily accessible public transportation services has an effect on no show rates.

Source: <http://www.thenationalcouncil.org/mtm-services/wp-content/blogs.dir/8/files/2014/11/Performance-Standard-Samples-for-Clinical-and-Non-Clinical-5-11.pdf>

Fig. 12



*Cancelled will Not Show and Cancelled by Provider not shown



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DIETARY SATISFACTION

SUMMARY & ANALYSIS

Dietary satisfaction surveys have been distributed since July 2009, allowing us to assess satisfaction from patients and staff regarding our dining options. Dietary and Quality Management worked together this year to create a survey that allowed people to rate their satisfaction on topics Dietary has control over. The change was made in the third quarter.

Our Dietary department works diligently to improve our dietary program while cutting costs and maintaining a high standard of quality. This fiscal year, 715 surveys were collected from patients, staff, and Board members.

Fig. 27

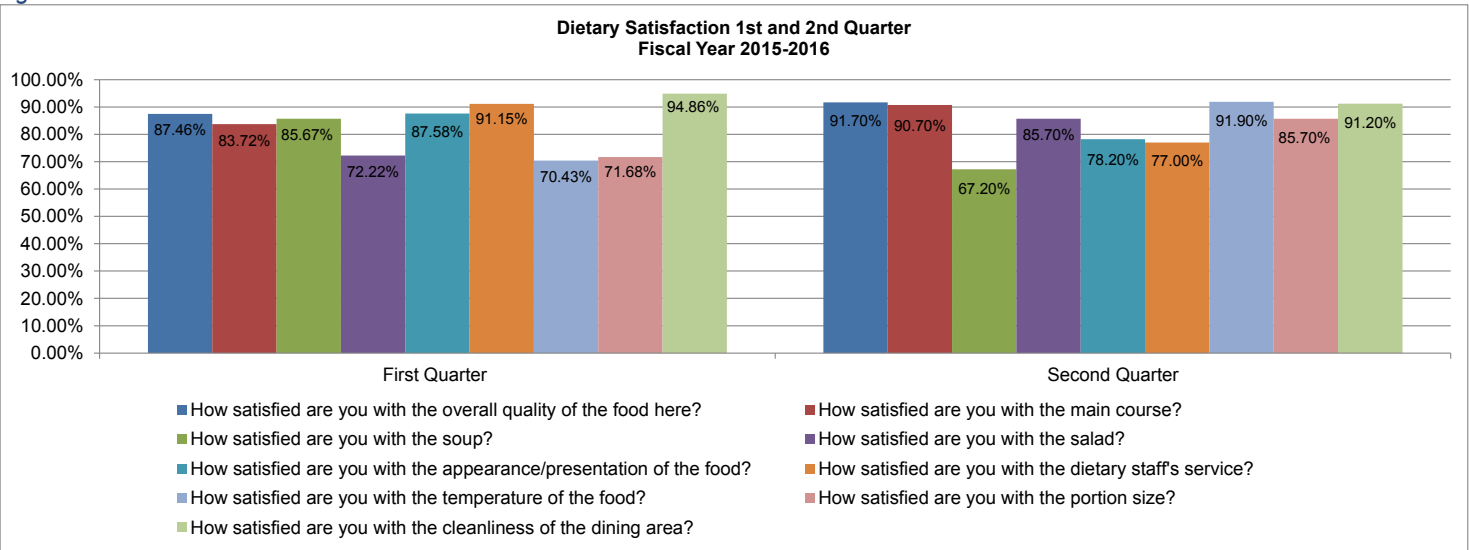
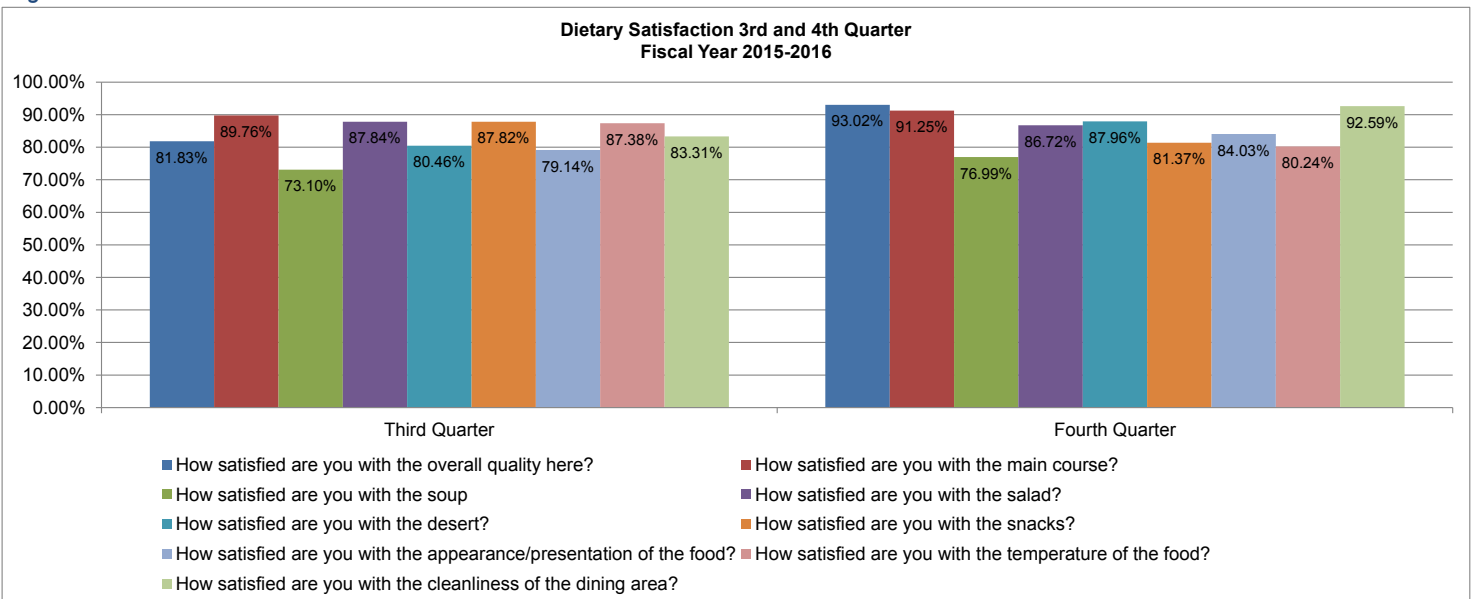


Fig. 28





STAKEHOLDER SATISFACTION

SUMMARY & ANALYSIS

CBHC encourages stakeholders to complete a survey to let us know how we are doing. The link to this survey is on the website and is emailed identified stakeholders throughout the year.

In the 2015-2016 fiscal year, 29 stakeholders completed this survey. Of those, 27 had contact with the agency. CBHC scored above 90% on all but one area: Phone system.

Fig. 29

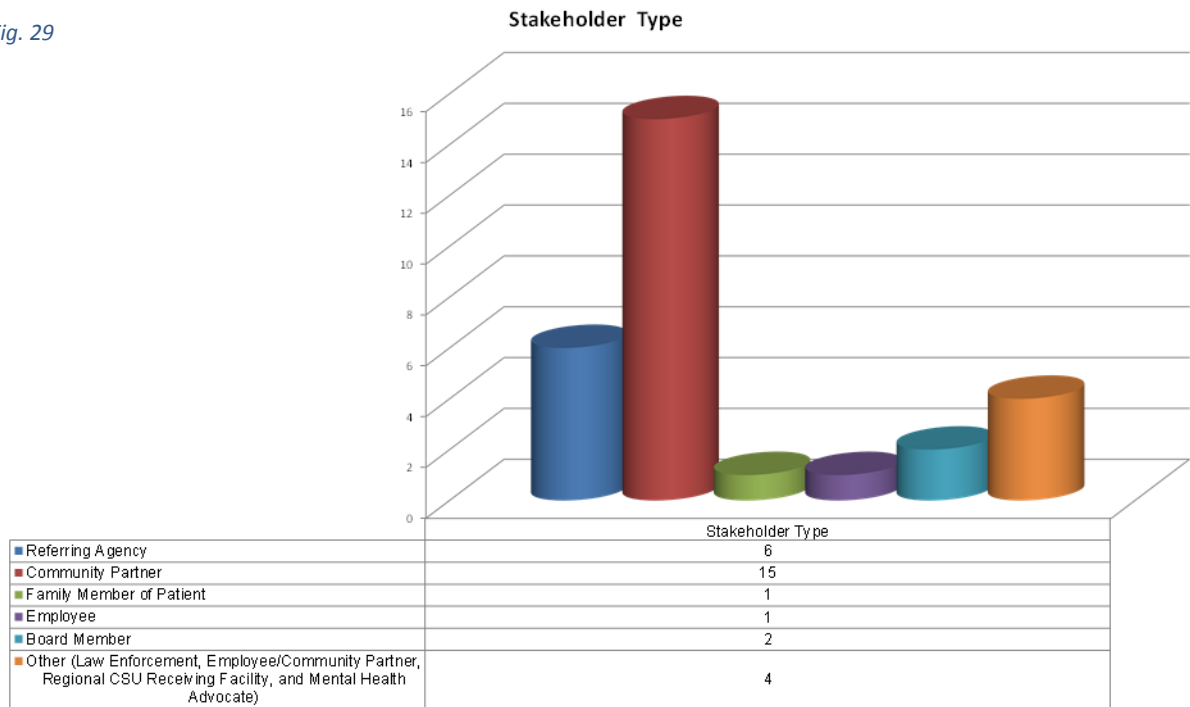
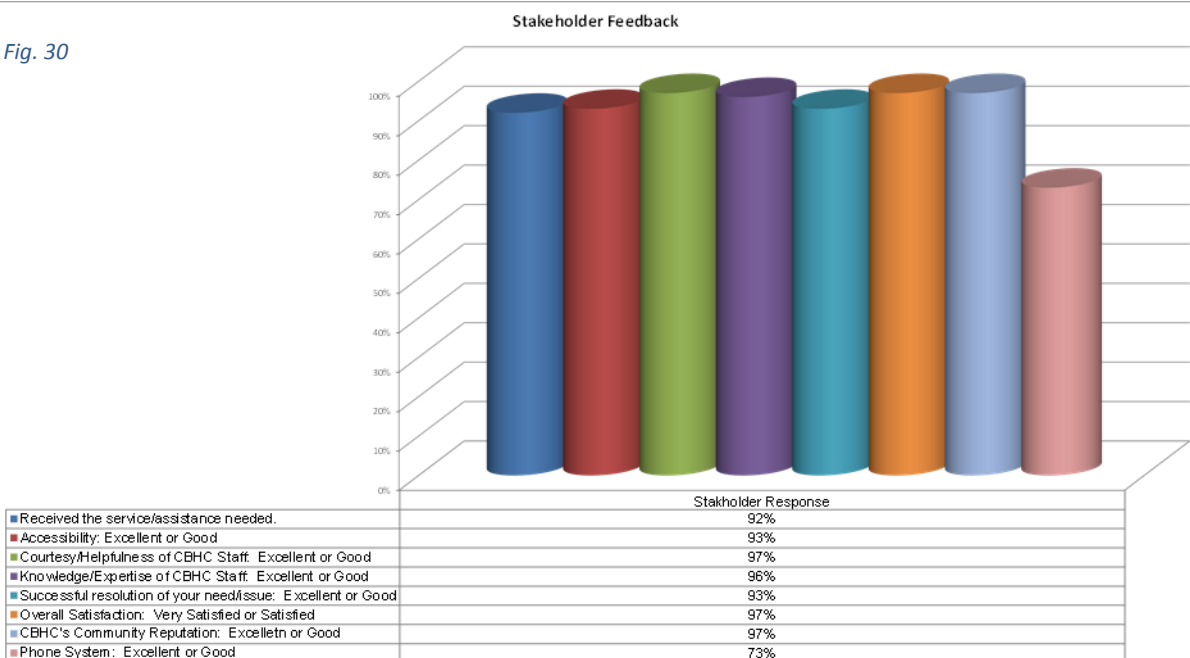


Fig. 30



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PATIENT SATISFACTION

SUMMARY & ANALYSIS

We believe it is important to involve our patients in the services they receive, which is why CBHC obtains regular feedback from them. This is an effective means of evaluating the services we provide. Surveys are conducted regularly but a patient can request one at any time. Satisfaction rates are calculated by counting incidents of “Strongly Agree” and “Agree” in the overall sample.

Staff was able to collect 2,339 surveys this fiscal year, which is a 71.4% increase from 1,365 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 95.1%, a slight increase from 94.7% 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 to note an increase in satisfaction in the areas with no change. “The staff cares about whether I get better (97.1%)” remains the highest scoring question at 97.1%. Ninety-six percent (96%) of our patients would recommend CBHC services to other people who need this type of help. All but two programs were at or above target. These results are consistent with CBHC’s emphasis on compassionate services to the population that we serve.

Fig. 31

**Longitudinal Overall Satisfaction Rate
Fiscal Years -2013-2016**

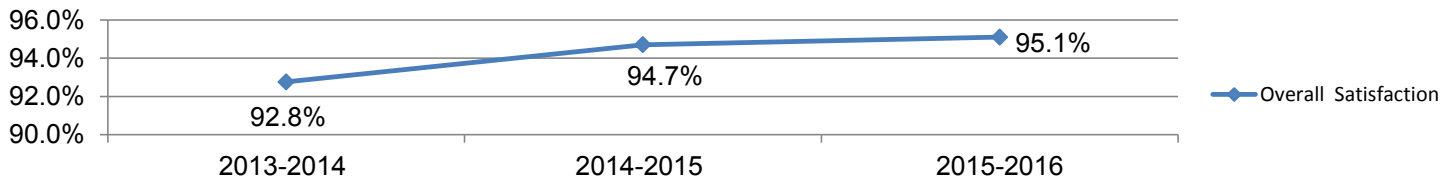
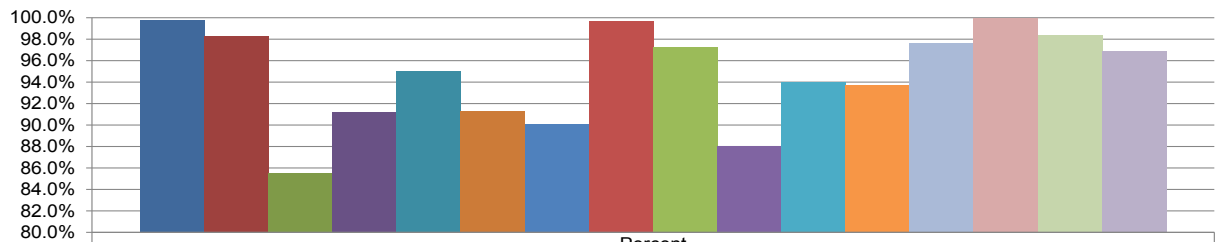


Fig. 32

**Overall Patient Satisfaction by Program - Punta Gorda Campus
Fiscal Year 2015 - 2016**



PATIENT SATISFACTION

Fig. 33

Overall Patient Satisfaction by Program - DeSoto Campus
Fiscal Year 2015 - 2016

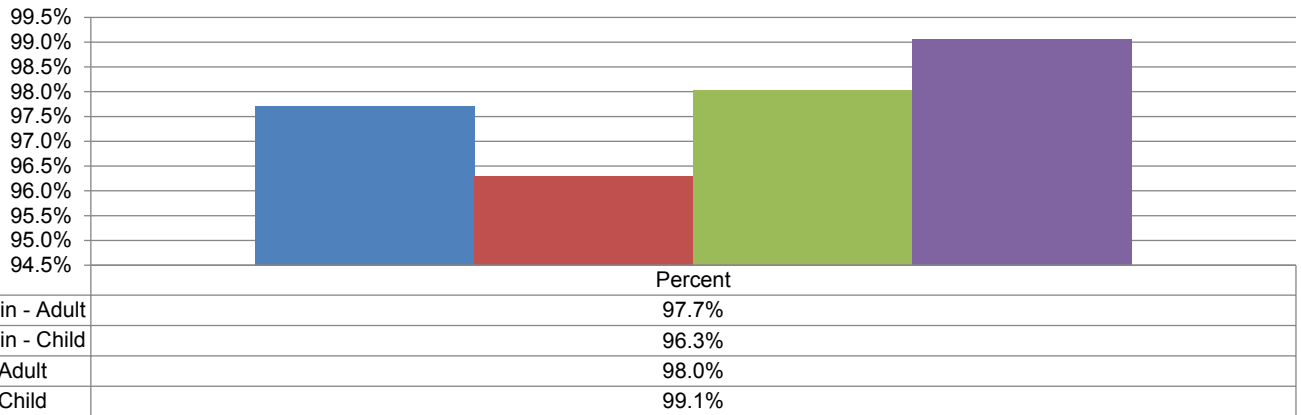


Fig. 34

Overall Patient Satisfaction by Program - Northside Campus
Fiscal Year 2015 - 2016

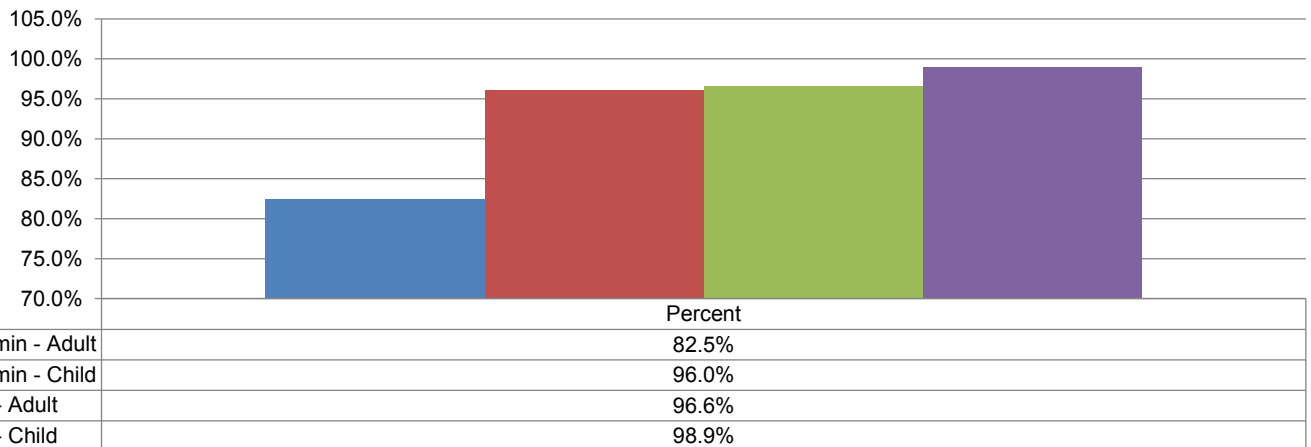
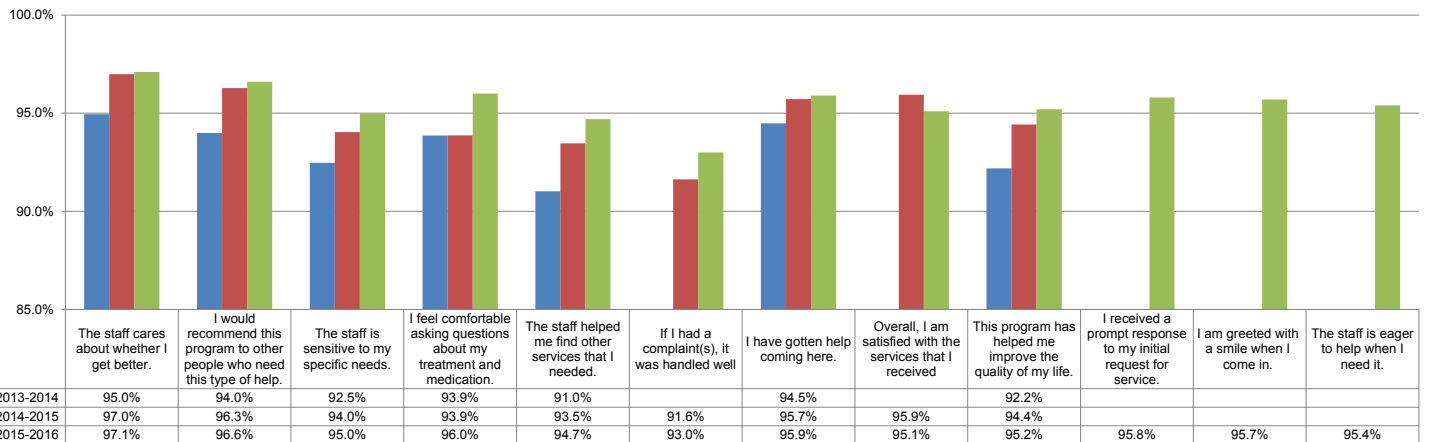


Fig. 35

Longitudinal Satisfaction Percentages by Question
Fiscal Years 2013 - 2016



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