

# Outcomes Report

2016-2017  
Annual

Charlotte Behavioral Health Care

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



*Welcoming*



*Integrity*



*Respect*

*Innovation*

*Teamwork*



# Charlotte Behavioral Health Care

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



## CHARLOTTE



**Behavioral Health Care**

### Punta Gorda Campus

1700 Education Avenue

Punta Gorda, FL 33950

Telephone: 941-639-8300

Toll Free: 877-703-5267

Fax: 941-639-6831

*Northside  
Psychiatric Services*



### Northside Office

1032 Tamiami Tr, Unit 7

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>



<https://twitter.com/cbhcfi>



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<https://instagram.com/charlottebehavioral/>



<https://www.pinterest.com/charlottebehav/>

# Charlotte Behavioral Health Care

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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

**1700 Education Avenue Punta Gorda, FL 33950**  
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**[www.cbhcfl.org](http://www.cbhcfl.org)**



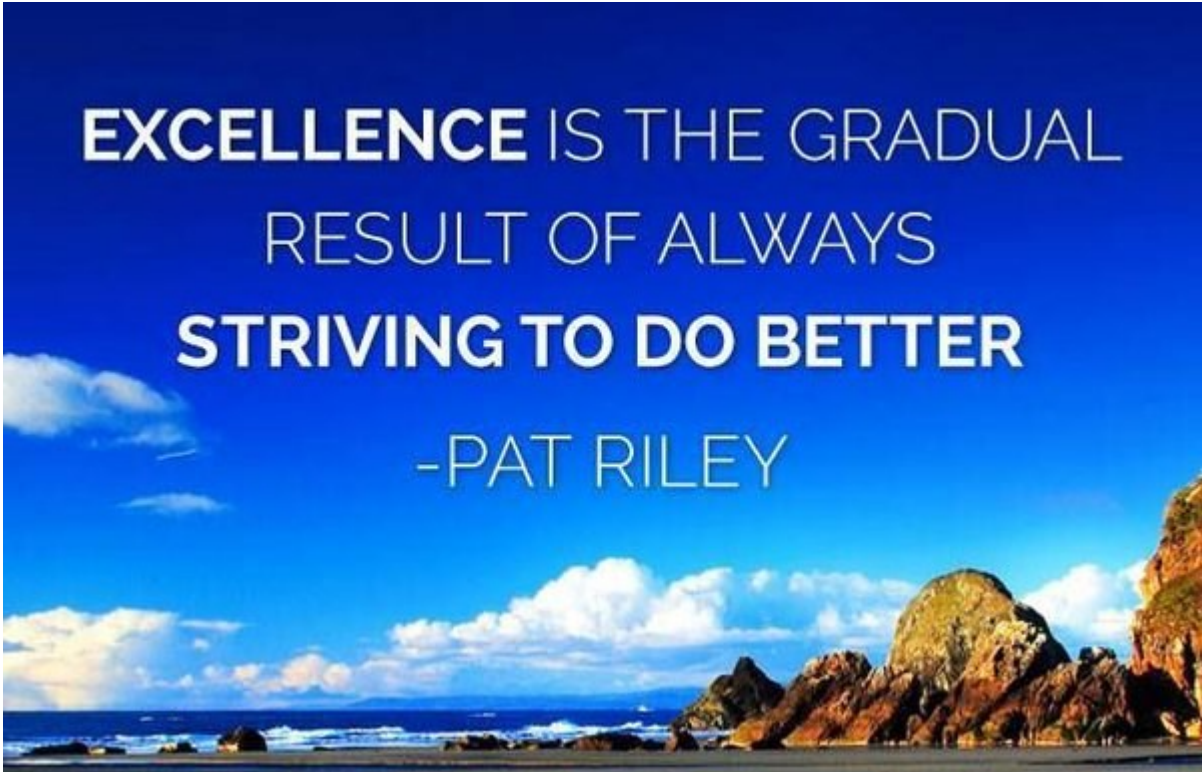
## Core Values

- **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. 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 THE GRADUAL  
RESULT OF ALWAYS  
**STRIVING TO DO BETTER**  
-PAT RILEY

# Charlotte Behavioral Health Care

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## INITIATIVES AND CHANGES Fiscal Year 2016—2017

### 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 2016**—CSU broke ground on a 6,000+ square foot expansion of the Margo Lange Crisis Stabilization Unit. The 2.3 million dollar expansion includes an additional 10 children's beds, an activity room, and administrative space.
- **September 2016**—CHIP/Healthy Charlotte developed the Purple Packet and Kim Sanderson trained First Responders and community providers during five scheduled trainings. The Purple Packet was developed as a post-vention resource for individuals affected by suicide. Kim Sanderson researched resources and created 500 packets in three languages. The Englewood Coalition provided printing services.
- **November 2016**— As a result of Senate Bill 12, CBHC began providing Care Coordination. Care Coordination is the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Care Coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. This includes services and supports that affect a person's overall well-being, such as primary physical health care, housing, and social connectedness. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation and the justice systems. It is time-limited, with a heavy concentration on educating and empowering the person served, and provides a single point of contact until a person is adequately connected to the care that meets their needs.
- **December 2016**— Randy Cisne, LMHC began providing Eye Movement Desensitization and Reprocessing (EMDR) therapy at CBHC. EMDR is considered an "A" level treatment for trauma and is recommended by the World Health Organization for children, adolescents, and adults. EMDR therapy is an integrative psychotherapy approach that assists in reducing distress and strengthening positive cognitions related to a traumatic event.
- **January 2017**—The Northside office moved into a larger space to accommodate continued growth. The Healthy Start program relocated to this office space from Punta Gorda.
- **February 2017**— CBHC began providing medication and therapy services to the youth residing at Crossroads Hope Center.



## Program Initiatives and Changes (cont.)

- **March 2017**—S.H.A.R.E. Spot Peers received Peer Specialist Training. As a result, Cheryl Terry became CBHC's first Certified Recovery Peer Specialist in June 2017.
- **April 2017** — CBHC moved from a vacation/sick time model to a Paid Time Off (PTO) model. This will allow staff to use hours as they feel is best for them and their circumstances. Changes were also made to reward staff that remains with the agency for long periods of time.
- **May 2017** — CBHC began offering walk-in comprehensive assessments for adults and children seeking services. This initiative will reduce barriers to services by allowing patients to engage in services immediately and will also lower the No Show rate as it has been proven that No Show rates increase based on the length of time between the patient requesting services and when the services are scheduled.
- **May 2017** — CBHC was awarded the FITT and FIS contracts for Lee County. We began with seven families that transferred to our team and enrolled another seven families within one month. During this time, new staff was hired and training began as well.
- **May 2017**— After reviewing the overall performance of the Desoto office, it was determined that we needed to cut costs. The full time manager was moved to another position and was replaced with a part time manager. As we continue to move forward in Desoto we will work to lower costs and increase income.



# Charlotte Behavioral Health Care

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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 3% increase between July 2016 and June 2017. This fiscal year CBHC provided services to 12,353 individuals, compared to 11,989 patients served in the previous fiscal year.

CBHC uses four categories of individuals when estimating patients served; primary program, Healthy Start, Screening and Referral, and S.H.A.R.E. Spot. "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 decreased 1.5% from 7,005 in the previous fiscal year to 6,899 this fiscal year. This reduction is believed to be attributed to the increased awareness of patient progress toward treatment goals and timely discharge. 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 5,824 patients this fiscal year, compared to 4,762 in the previous fiscal year; which is a 22% increase. Adult Case Management realized a 32% increase in program admissions. Unduplicated admissions to the crisis stabilization unit decreased 6% this past fiscal year. Collaboration with Crossroads Hope Center allowed 30 youths to receive therapeutic and medication services, provided at their campus in Punta Gorda.

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 1,648 patients in this fiscal year (16-17), compared to 1,742 in the previous year (FY 15-16).

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. Last fiscal year this location served 501 patients. The number of individuals served increased to 545 this fiscal year, which is a 9% increase.

Healthy Start participants are tracked through a separate electronic, state-based system. Healthy start served 1,497 patients this fiscal year; which is a 28% increase from the previous fiscal year in which 1,172 families were served.

Screening and information/Referral services include patients who either received an initial screening for services or who did not qualify for services at CBHC and attended the information and referral assistance sessions held by a case manager. This fiscal year, 3,871 individuals received services; compared to 3,697 in fiscal year 2015-2016.

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 86 members this fiscal year compared to 115 members last fiscal year which is a 25% decrease. Leadership believes this is due to continued standardization of membership and a three day schedule to accommodate space and budget limitations.



## PATIENTS SERVED BY PROGRAM AND LOCATION

Fig. 1

Program by Location	2015-2016	2016-2017
<b>Punta Gorda</b>		
(Patients may participate in more than one program)		
Case Management-Adult	280	369
Case Management-Child	111	92
Crisis Stabilization Unit-Adult	845	779
Crisis Stabilization Unit-Child	324	318
Crossroads	-	30
Drug Court	53	47
FIS	112	79
FIT-Charlotte County	31	27
FIT-Lee County	-	15
Healthy Start	1172	1497
Medication Administration-Adult	2481	2545
Medication Administration-Child	1206	1123
Mental Health Court	45	47
Mobile Crisis-Adult	357	294
Mobile Crisis-Child	98	77
Outpatient-Adult	873	861
Outpatient Child	855	686
Recovery Center-28 Day Residential	65	64
Recovery Center-Detoxification	603	500
Screening, Information and Referral	3697	3871
Substance Abuse-Adult	540	532
Substance Abuse-Child	212	217
TFC	50	47

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## PATIENTS SERVED BY PROGRAM AND LOCATION

Fig. 2

Program by Location	2015-2016	2016-2017
<b>Northside</b>		
Medication Administration-Adult	594	629
Medication Administration-Child	621	596
Outpatient-Adult	325	326
Outpatient Child	468	436

Fig. 3

Program by Location	2015-2016	2016-2017
<b>Desoto</b>		
Case Management-Child	2	-
Medication Administration-Adult	137	113
Medication Administration-Child	196	188
Outpatient-Adult	151	166
Outpatient Child	250	260
Substance Abuse-Child	27	31

Fig. 4

<b>Agency Wide Unduplicated Patients in Primary Programs</b>		
<b>Total Unduplicated</b>	<b>7005</b>	<b>6899</b>

## PATIENTS SERVED

Fig. 5

### Unduplicated Patients (Primary Programs) by Location Fiscal Year 2014-2017

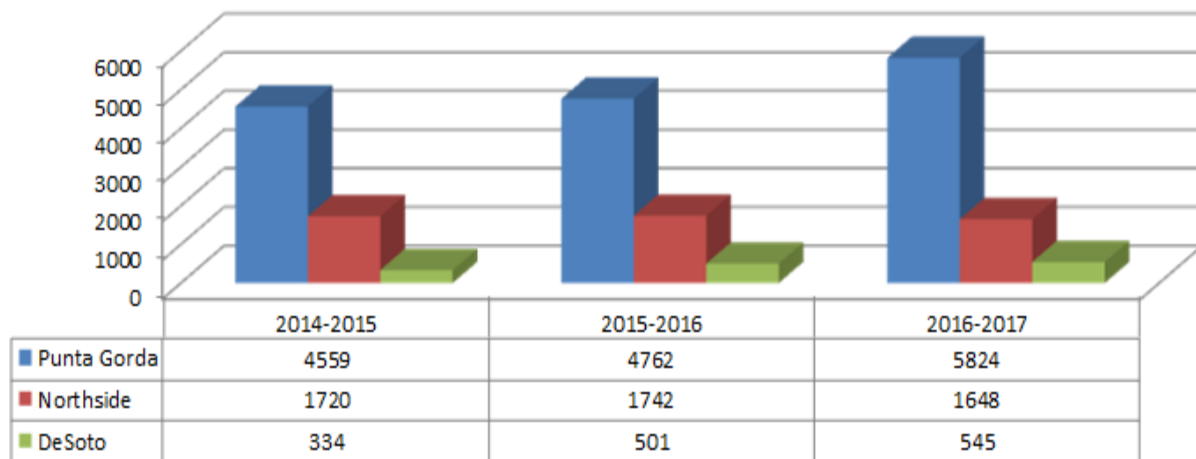
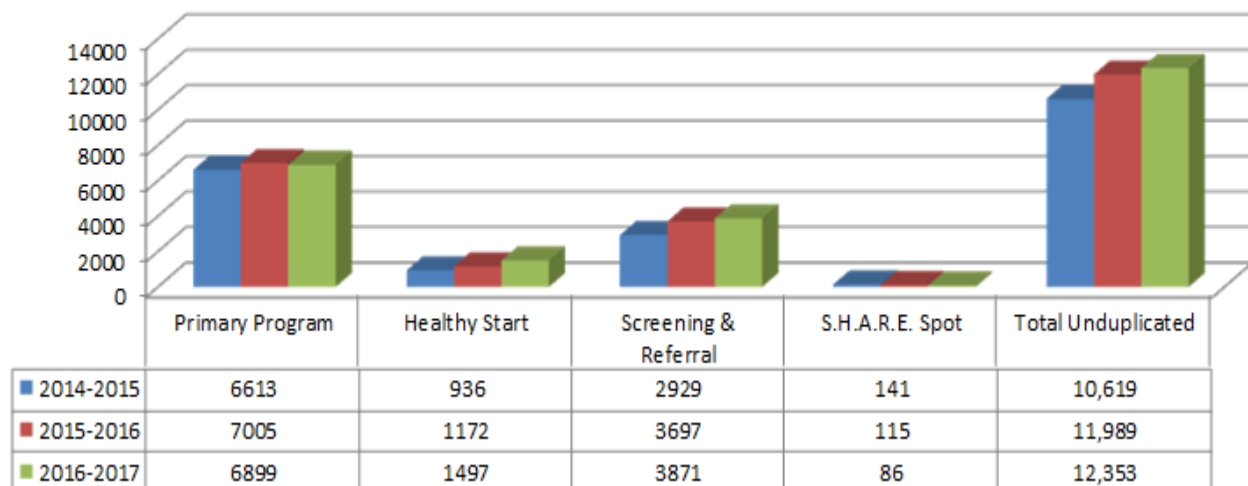


Fig. 6

### Unduplicated Patients Served by Program Type Fiscal Years 2014-2017



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## PATIENT DEMOGRAPHICS

### SUMMARY & ANALYSIS

CBHC serves Charlotte and Desoto Counties, as well as the surrounding counties. According to the 2016 Population Estimates, 178,465 people call Charlotte County home and Desoto County had 35,800 residents. The inhabitants of Charlotte County tend to be primarily Caucasian (90.5%) with a much smaller Hispanic populace (6.9%) than both the state of Florida (24.9%) and the United States (17.8%) as a whole. In comparison, 83.7% of the population in Desoto County is Caucasian, while 31.1% of the residents are Hispanic.

The median income for Charlotte County is \$44,244 per year, which is 15-30% lower than Sarasota and Collier Counties, while significantly higher than Desoto County (\$35,165). In comparison, the majority of patients at CBHC (79%) report an annual salary of less than \$15,000 per year, while only 7% report a salary greater than \$30K.

This fiscal year, the percentage of patients who are considered self-pay (33.5%) and other payer source (23.6%) remained relatively static (33.5%), whereas Medicaid coverage decreased to 41.5% from 46%. Other payer coverage includes private insurance (14.7%) and Medicare (8.9%).

CBHC strives to be as or more diverse than the community it serves. Comparatively, CBHC staff diversity is representative of the patients served racially with 84.4% of patients and 71% of staff being Caucasian (non-Hispanic), 48.5% of the patients being male with 28% male staff and 51.5% female patients with 72% female staff members. While

Fig. 7

### Race Distribution

Race	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	Desoto County*	Florida*	Nation*
White (non-Hispanic)	84.4%	71.0%	93%	90.5%	83.7%	77.6%	76.9%
Black/African-American	6.3%	21.0%	7%	6.0%	12.9%	16.8%	13.3%
Asian	0.1%	1.0%	0%	1.4%	0.8%	2.9%	5.7%
American Indian/Alaskan Native	0.5%	0%	0%	0.3%	1.1%	0.5%	1.3%
Native Hawaiian/Pacific Island	0.1%	0%	0%	0.1%	0.2%	0.1%	0.2%
2 or more	2.6%	1.0%	0%	1.6%	1.3%	2.1%	2.6%
Spanish/Hispanic	5.1%	6.0%	0%	6.9%	31.1%	24.9%	17.8%

Fig. 8

### Gender Distribution

Gender	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County*	Desoto County*	Florida*	Nation*
Male	48.5%	28.0%	64.3%	48.9%	56.7%	48.9%	49.2%
Female	51.5%	72.0%	35.7%	51.1%	43.3%	51.1%	50.8%

Fig. 9

### Age Distribution

Age	CBHC Patients		Charlotte County*	Desoto County*	Florida*	Nation*
0-14	19.5%		11.5%	17.5%	17%	19.3%
15-19	16.0%		4.6%	6.9%	6%	6.7%
20-54	51.2%		32.7%	44.6%	45.4%	47.5%
55-64	10.2%		17.1%	12.1%	12.9%	12.4%
65+	3.1%		34.2%	18.9%	18.5%	14%

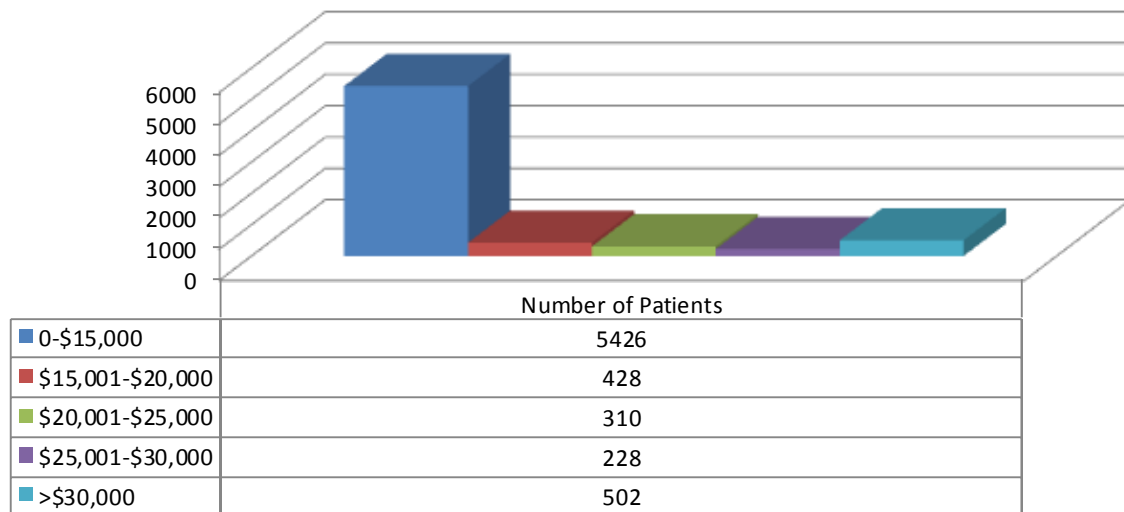
\*Source <http://www.census.gov/>



## PATIENT DEMOGRAPHICS

Fig. 10

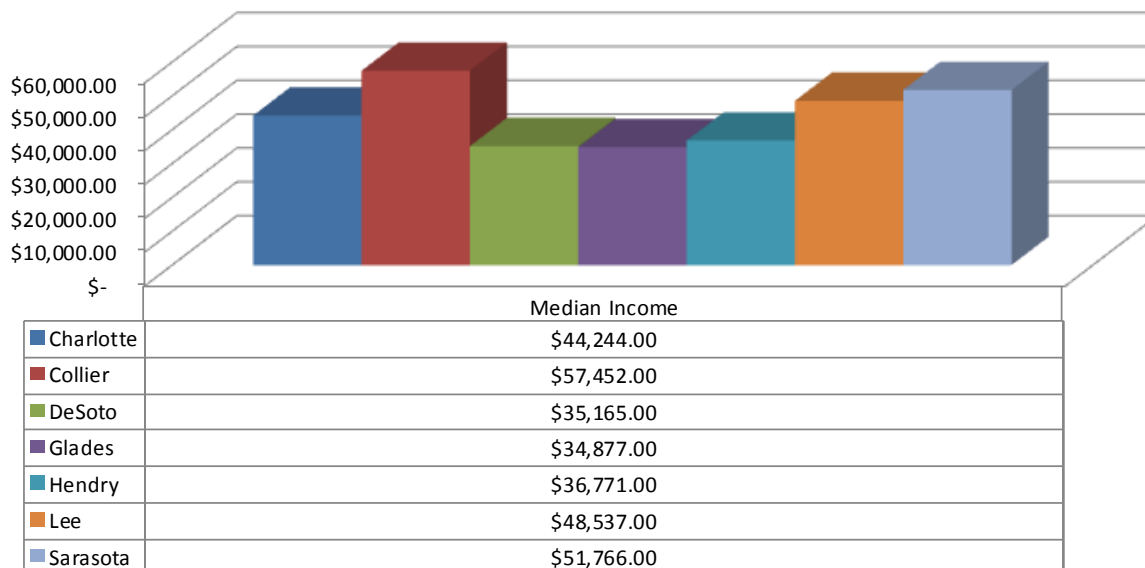
### Salary Range Comparison Fiscal Year 2016-2017



Source: Anasazi Patient Income Report

Fig. 11

### Median Income Levels DCF District 8 & Suncoast Region Fiscal Year 2016-2017



Source: flhealthcharts.com

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## PATIENT DEMOGRAPHICS

Fig. 12

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%	71.2%	71.9%
Spanish	1.6%	0.0%**	0.0%	5.4%	26.8%	20.7%
Other	0.5%	0.0%	0.0%	5.2%	1.8%	7.0%

\*Data taken from the United States Census Bureau

\*\*Nine (9) staff speak Spanish fluently

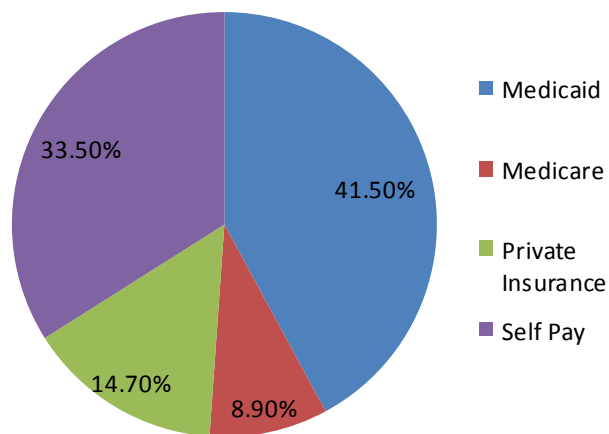
Fig. 13

Patient Disability Distribution

Disability	Number of Patients
Developmental Disabilities	226
Physically Impaired	135
Non-Ambulatory	7
Visually Impaired	199
Hearing Impaired	46
English Limited	48

Fig. 14

Annual Payer Mix  
Fiscal Year 2016-2017



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

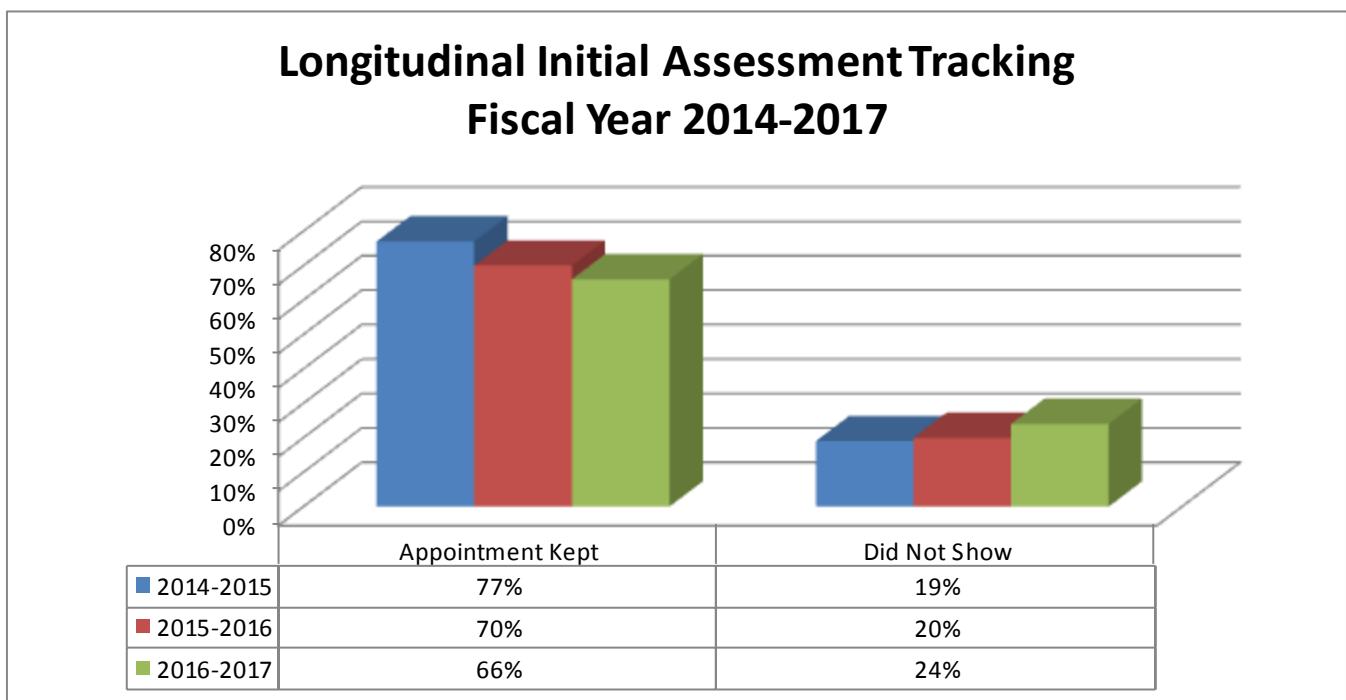


## INITIAL ASSESSMENT TRACKING

CBHC uses the Access to Care log to measure the percentage of Initial Assessment appointments kept. The “did not show” target is currently twenty percent. 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. CBHC also utilizes a text appointment reminder service. This text service, along with the telephone appointment reminder service, notifies patients two days in advance of their scheduled appointments to allow ample time for rescheduling.

CBHC is committed to reducing barriers to service and a quality improvement process that allows for enhanced data collection. With production standards, our therapists proactively inform the scheduling staff about cancellations and offer extended hours such as lunch hours. The agency is working with MTM Services to assess access to care, customer service, organizational culture, patient engagement, comprehensive care, outcome measures, and value of services. Toward the end of the fiscal year, CBHC began offering walk-in comprehensive assessments for adults and children seeking services. This allows patients immediate access to services; instead of a wait time between screening and the initial appointment. CBHC will continue implementing new procedures through the next fiscal year to increase the amount of services provided and decrease barriers to services and no shows.

Fig. 15



\*Cancelled will Not Show and Cancelled by Provider not shown

# Charlotte Behavioral Health Care

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## DIETARY SATISFACTION

### SUMMARY & ANALYSIS

Dietary satisfaction surveys allow CBHC to assess satisfaction from patients and staff regarding dining options. Dietary and Quality Management worked together in the third quarter of 2015-2016 to create a survey that allowed people to rate their satisfaction on topics Dietary has control over.

Our Dietary department works diligently to improve our dietary program while cutting costs and maintaining a high standard of quality. This fiscal year, 205 surveys were collected from patients and staff. Satisfaction with the overall quality of food was 93%; which met the annual target.

Fig. 30

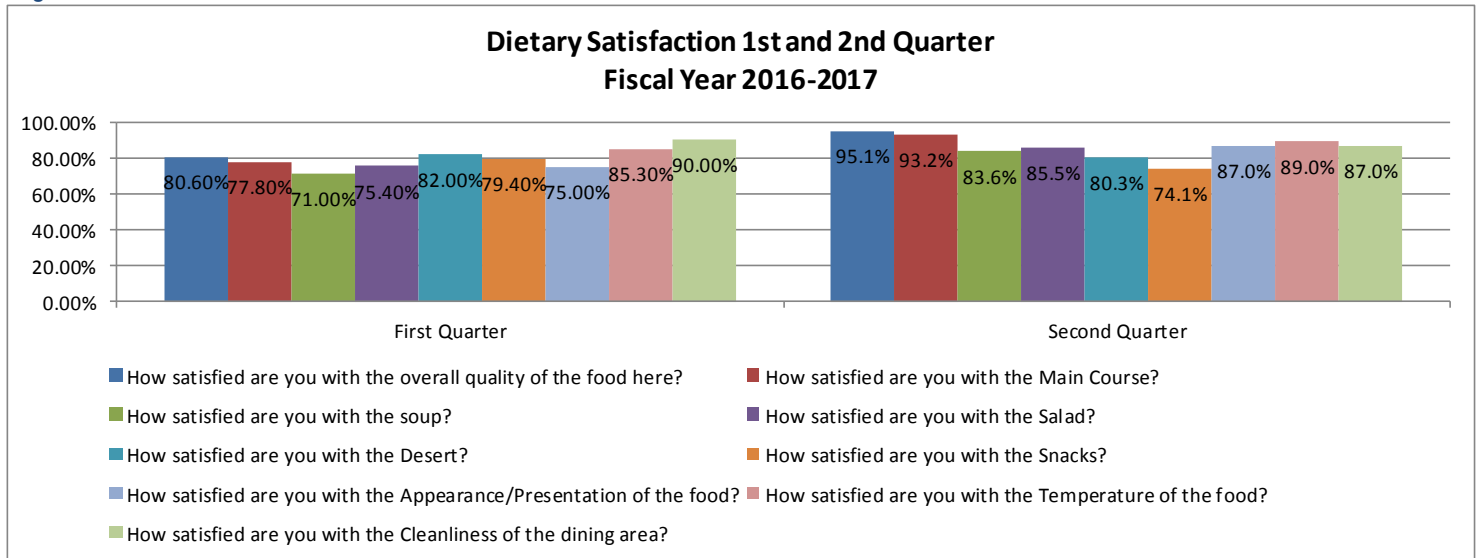
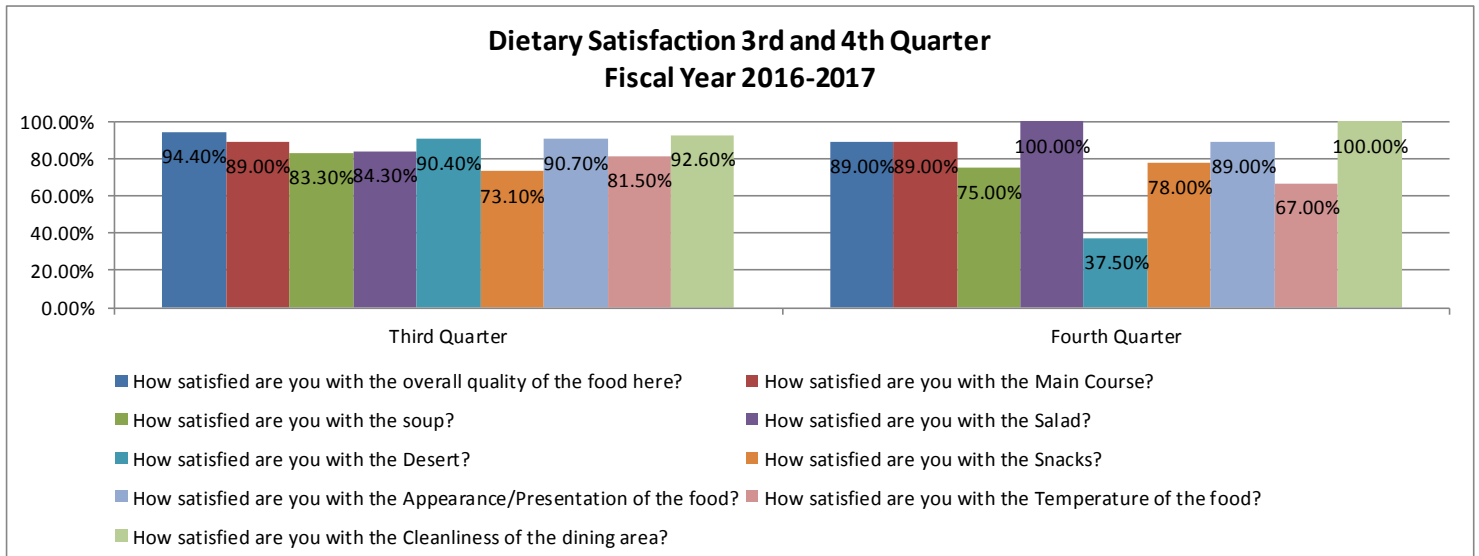


Fig. 31





## 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 to identified stakeholders throughout the year.

In the 2016-2017 fiscal year, 12 stakeholders completed this survey. Feedback remained consistent with last fiscal year, with CBHC scoring above 90% on all but one area: Phone system.

Fig. 32

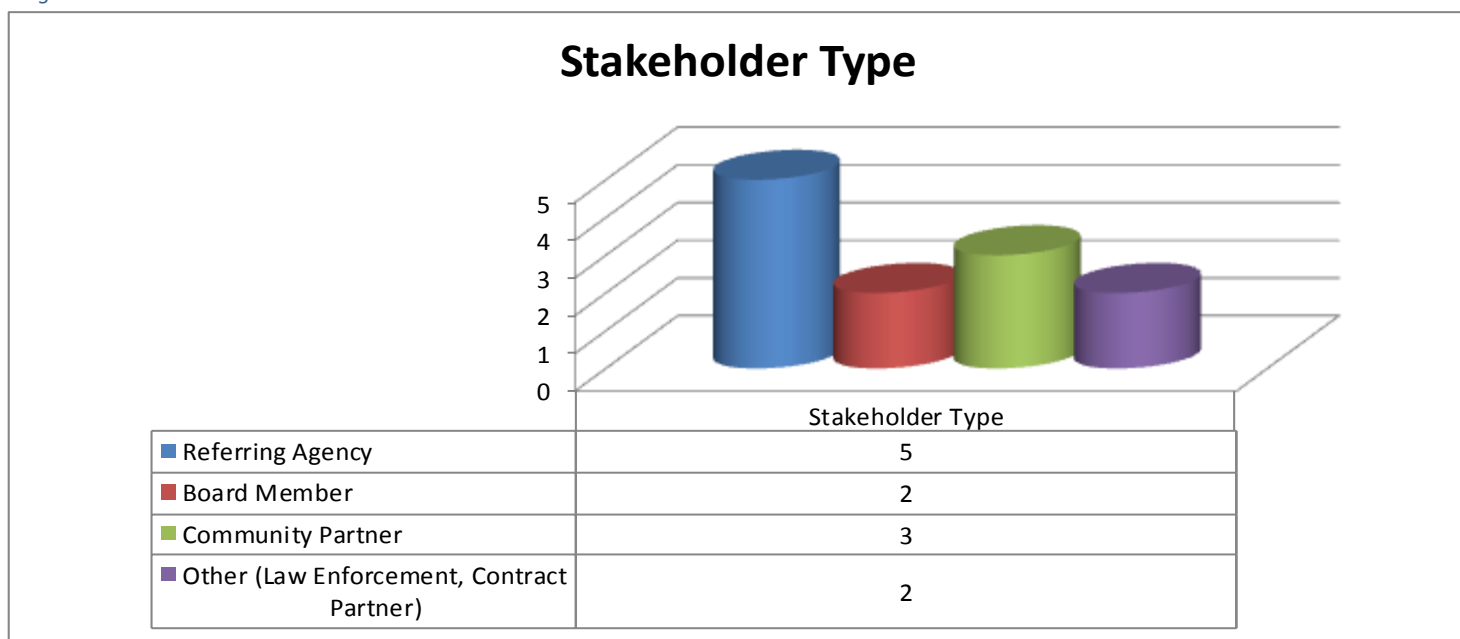
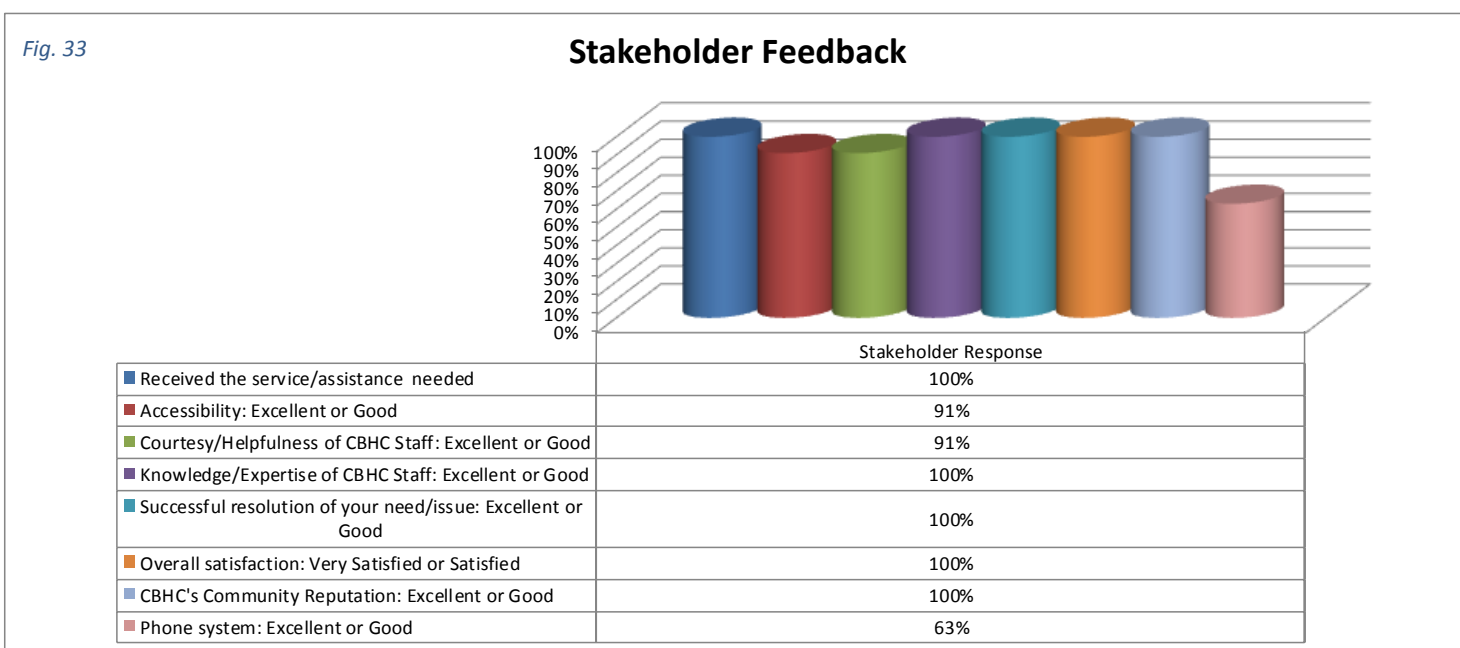


Fig. 33



## 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 1,895 completed surveys this fiscal year, which is a 14% decrease from 2,206 completed in the previous Fiscal Year. Quality Management is working with Management in an effort to obtain a statistically representative sampling size based on the number of patients served in each program; which will provide statistically valid results.

Agency-wide, the overall satisfaction rate for the year was 96.6%, a slight increase from 95.1% the previous year. Of the 16 programs surveyed, we are pleased to note that 94% (15/16) met or exceeded the target. “The staff cares about whether I get better” remains the highest scoring question at 97.1 percent. Ninety-six percent (96.6%) of our patients would recommend CBHC services to other people who need this type of help. These results are consistent with CBHC’s emphasis on compassionate services to the population that we serve.

Fig. 34

### Longitudinal Overall Satisfaction Rate Fiscal Years 2014-2017

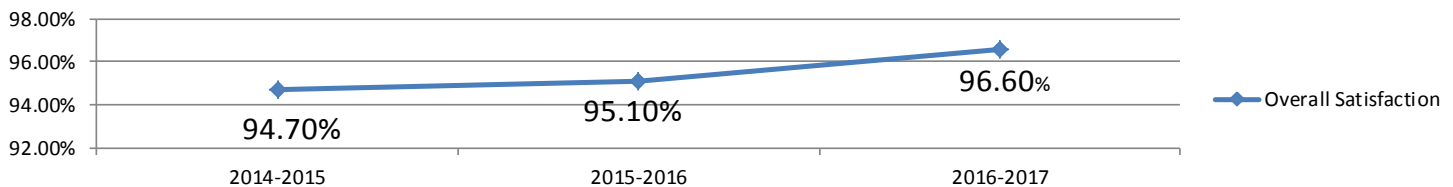
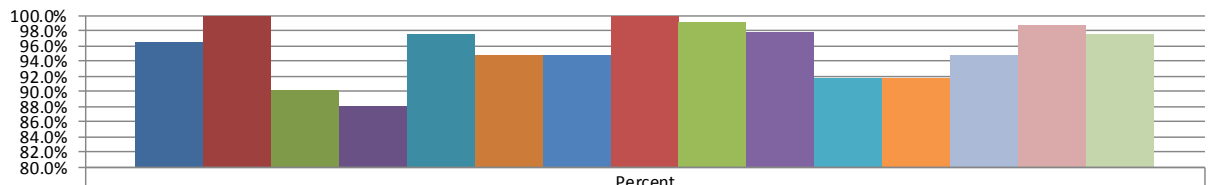


Fig. 35

### Overall Patient Satisfaction by Program-Punta Gorda Campus Fiscal Year 2016-2017



Case Management - Adult	96.4%
Case Management - Child	99.8%
CSU - Adult	90.1%
CSU - Child	88.1%
Drug Court	97.6%
Medication Administration - Adult	94.7%
Medication Administration - Child	94.8%
Mental Health Court	99.9%
Outpatient Mental Health - Adult	99.1%
Outpatient Mental Health - Child	97.8%
Outpatient Substance Abuse	91.7%
Recovery Center	91.7%
TBOS - Mental Health	94.8%
TBOS - Substance Abuse	98.8%
Therapeutic Family Care	97.6%

# Charlotte Behavioral Health Care

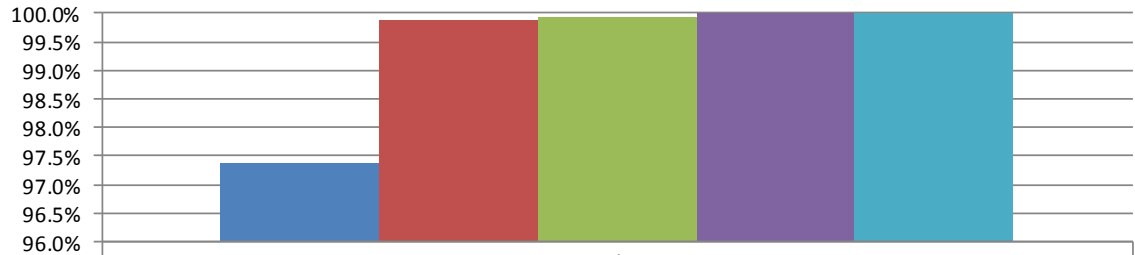
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## PATIENT SATISFACTION

Fig. 36

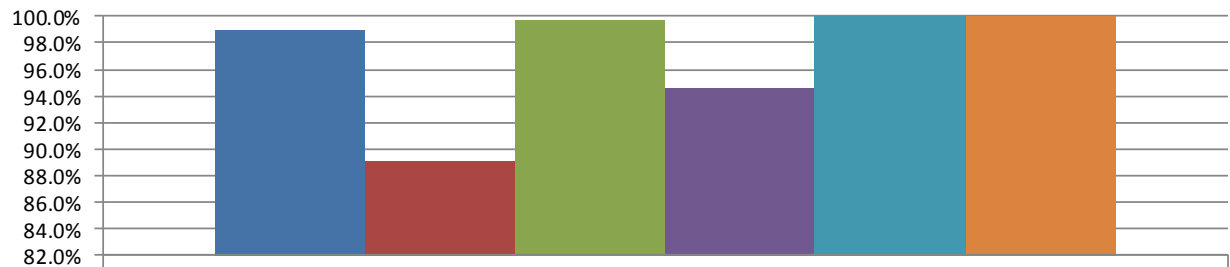
**Overall Patient Satisfaction by Program-DeSoto Campus  
Fiscal Year 2016-2017**



Medication Administration - Adult	97.4%
Medication Administration - Child	99.9%
Outpatient Mental Health - Adult	99.9%
Outpatient Mental Health - Child	100.0%
TBOS - Mental Health	100.0%

Fig. 37

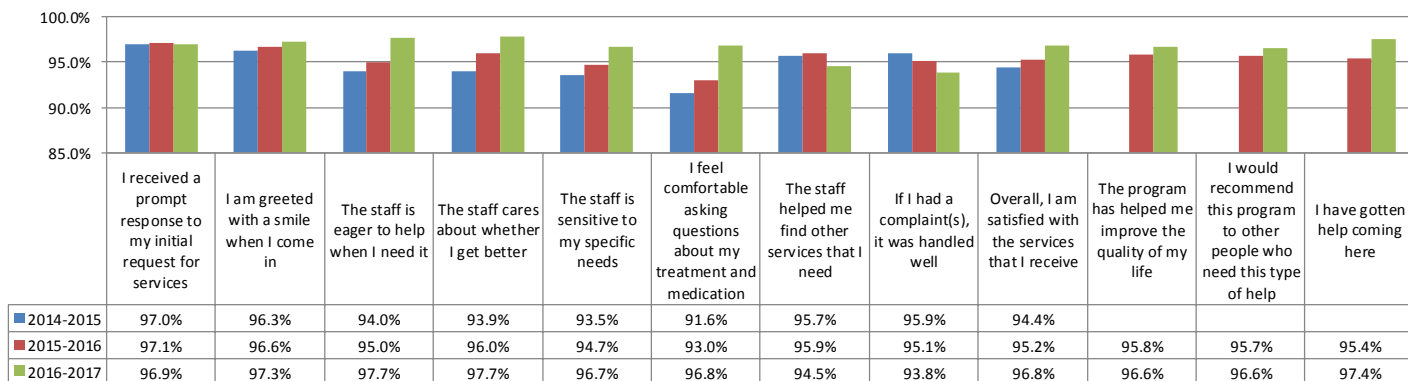
**Overall Patient Satisfaction by Program-Northside Campus  
Fiscal year 2016-2017**



MED ADMIN- Adult	98.9%
MED ADMIN- Child	89.1%
MH OP- Adult	99.7%
MH OP- Child	94.6%
TBOS - Mental Health	100.0%
TBOS - Substance Abuse	100.0%

Fig. 39

**Longitudinal Satisfaction Percentages by Question  
Fiscal Year 2014-2017**



# Charlotte Behavioral Health Care

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