# CHARLOTTE BEHAVIORAL HEALTH CARE

2019-2020 Annual Report

#### Locations

Charlotte Behavioral Health Care's main campus is located in Punta Gorda, Florida. We also have a number of satellite offices and locations to better serve our patients.



Punta Gorda Campus 1700 Education Avenue Punta Gorda, FL 33950

Phone: 941-639-8300 Toll Free: 877-703-5267 Fax: 941-639-6831



Northside Office 1032 Tamiami Trail, Unit 7 Port Charlotte, FL 33953

Phone: 941-764-7988 Fax: 941-764-8114



DeSoto County Office 201 N. Mills Avenue Arcadia, FL 34266

Phone: 863-494-4200 Fax: 863-494-4203



S.H.A.R.E. Spot Drop-In Center 1700 Education Avenue Building B Punta Gorda, FL 33950

Phone: 941-347-6411

#### Social Media



https://www.facebook.com/charlottebehavioralhealthcare/ https://www.facebook.com/pg/DeSotoPsych/about/?entry\_point=page\_nav\_ about\_item&ref=page\_internal https://www.facebook.com/NorthsidePsych/?ref=nf



https://www.youtube.com/channel/UC-t1eGh0SeR7Nifj20OKyUg



https://www.linkedin.com/company/charlotte-behavioral-health-care



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



https://twitter.com/cbhcfl



https://instagram.com/charlottebehavioral/

#### Mission Statement & Core Values

# Partnering to instill hope, inspire growth, and embrace life.

#### **Core Values**

Welcoming: We create an environment that is comfortable, inviting, and friendly.

Integrity: We do the right things for the right reasons.

Respect: We treat others as we want to be treated-with dignity, compassion, and optimism.

Innovation: We are forward thinking-embracing change and state-of-the-art methods to promote recovery and resiliency.

Teamwork: We work together to produce meaningful change



### Fiscal Year

Quarter 1: July—September Quarter 2: October-December Quarter 3: January-March Quarter 4: April-June

# 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 strive to be the leader in providing high quality and compassionate services in Charlotte County and surrounding areas. 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.



# Initiatives and Changes: FY 2019 – 2020

#### **Agency Strategic Initiatives**

- 1. CBHC will improve recruiting, cross training, and staff retention.
- 2. CBHC will enhance marketing efforts and strategically survey the competition.
- 3. CBHC will improve delivery of specialty or "Boutique" services.
- 4. CBHC will expand the use of telehealth and use of technology to deliver care.

#### **Board Activities**

1. The Board would like to continue to improve meeting structure and Board education.

#### **Program Initiatives & Changes**

October 2019: Began the process of implementing SmartCare Electronic Medical Record

January 2020: Partnered with Genoa to open an on-campus pharmacy

March 2020: In response to the COVID-19 Pandemic, CBHC moved all possible services to a telehealth model in within one week. Health and Safety assessments were conducted and changes implemented to mitigate the risk to staff and patients at the Central Receiving Facility (CRF). The decision was made to close the Recovery Center and to allow people requesting voluntary detoxification to admit to the CRF voluntarily through the Marchman Act.

**April 2020:** Began evaluating different telehealth platforms for possible move.

June 2020: Began the implementation process of moving from VSee to Doxy Telehealth platform.

#### Development and Implementation of a New EMR: SmartCare

After evaluation of multiple Electronic Medical Records (EMR) CBHC has chosen to work with Streamline Health Solutions and implement SmartCare as our new EMR. Successfully implementing an EMR system involves more than just selecting a vendor. An implementation team identified work flows, specific features and needs for each program/service, built the system to meet the needs of our funders, staff, and patients, and trained staff. The majority of the development took place as COVID -19 swept the nation which prompted CBHC to push the Go Live date from July 1, 2020 to October 1, 2020 and instead of in-person training with the Streamline Team our Super Users had to learn this system in a remote fashion and then train all 200+ staff in the same manner.



# COVID-19 – Navigating a New Normal

When looking back at 2020, it will be remembered as constant shifting winds of change, uncertainty and stress in our work and personal lives as we faced down the COVID-19 pandemic. We will all be amazed by our resilience, persistence, and resolve to not only survive the pandemic, but by how we seized the moment to transform, create, connect, and reinforce that behavioral health is essential health.

The unprecedented and unpredicted upheaval of responding to the global pandemic amid the overdose death and suicide epidemic disrupted every aspect of life as we knew it. Staying safe, staying healthy, and staying connected became the new normal. Telehealth became the primary method for offering services and checking-in with loved ones.

CBHC made a monumental shift to virtual services seemingly overnight as the country, and world, began to shelter in place. Our staff was able to support patients and their families in doing the same. Staff and patients overcame technology and equipment barriers, Facilities staff tirelessly sanitized buildings and our 24 hour units while tracking down essential PPE and cleaning supplies. Finance and Executives searched for every type of financial and economic opportunity to preserve our workforce and help sustain the essential services our staff provides to the community. Everyone, including our Board, came together to share ideas, exchange strategies, and forge new best practices. We worked with Central Florida Behavioral Health Network (CFBHN), Department of Children and Families (DCF), Agency for Health Care Administration (AHCA), the Department of Health (DOH), and so many of our sister agencies to prepare for the coming surges in demand for care as our communities felt the continued impact of isolation, stress, anxiety, and substance use exacerbated by the pandemic. CBHC's resiliency endured through the seemingly constant chaos and threats, while sustaining services, protecting patients and staff, and saving lives.

CBHC Leadership continually worked toward sharing timely and accurate information, policy analysis and advocacy efforts that our staff relied on to respond to the ever-changing environment and make business and clinical decisions.



#### **Patients Served**

CBHC served 12,527 individuals in 2019 – 2020. CBHC uses four categories when estimating patients served: primary program, CONNECT/Healthy Start, Screening and Referral, and S.H.A.R.E. Spot. "Primary Program" patients are those that receive mental health and/or substance use services – either inpatient or outpatient – and have an electronic medical record, which allows accurate identification of individuals served each year.

CBHC offers evidenced-based therapeutic inpatient and outpatient treatment of mental health and substance use disorders for adults and children, including community-based services. The patient served number has increased 5% from 6,913 the previous fiscal year to 7,285 this fiscal year. In reality, many of the patients served at CBHC are receiving an integrated treatment program. CBHC is committed to identifying and reducing treatment barriers for both current and new patients in order to provide services to anyone seeking or needing treatment. CBHC leadership has begun to identify ways to allow easier access to services for next fiscal year in hopes to continue to reach anyone who needs or reaches out for services. Program specific numbers for CONNECT/Healthy Start, Screening and Referral, and S.H.A.R.E. Spot will be discussed later in this report.



# **Patients Served by Program and Location**

Program by Location	617 49 440 41 80 1293 506 192 6 1969 38 109 218 38 2428 837 41 1431 688 105 265
Patients may participate in more than one program	49 440 41 80 1293 506 192 6 1969 38 109 218 38 2428 837 41 1431 688 105
Behavioral Health Consult	49 440 41 80 1293 506 192 6 1969 38 109 218 38 2428 837 41 1431 688 105
Care Coordination – Adult         31           Case Management – Adult         267           Case Management – Child         52           CAT         72           CRF – Baker Act – Adult         1168           CRF – Baker Act – Child         500           CRF – Marchman Act – Adult         63           CRF – Marchman Act – Child         2           Connect/Healthy Start         1867           Drug Court         40           FACT         106           FIS         313           FIT         24           Medication Administration – Adult         2185           Medication Administration – Child         939           Mental Health Court         42           Outpatient – Adult         1070           Outpatient – Child         591           Recovery Center – 28 Day Residential         88           Recovery Center – Detoxification         413           Screening, Information, and Referral         3267           S.H.A.R.E. Spot         88           SOAR         35           Substance Use – Adult         501           Substance Use – Child         152           TFC         44           Medication Administra	49 440 41 80 1293 506 192 6 1969 38 109 218 38 2428 837 41 1431 688 105
Case Management – Adult         267           Case Management – Child         52           CAT         72           CRF – Baker Act – Adult         1168           CRF – Baker Act – Child         500           CRF – Marchman Act – Adult         63           CRF – Marchman Act – Child         2           Connect/Healthy Start         1867           Drug Court         40           FACT         106           FIS         313           FIT         24           Medication Administration – Adult         2185           Medication Administration – Child         939           Mental Health Court         42           Outpatient – Adult         1070           Outpatient – Child         591           Recovery Center – 28 Day Residential         88           Recovery Center – 28 Day Residential         88           Recovery Center – Detoxification         413           Screening, Information, and Referral         3267           S.H.A.R.E. Spot         88           SOAR         35           Substance Use – Adult         501           Substance Use – Child         152           TFC         44	

# **Patient Demographics**

CBHC serves Charlotte, DeSoto, and Lee Counties, as well as surrounding counties. According to the 2019 Population Estimates, 188,910 people call Charlotte County home, DeSoto County had 38,001 residents, and Lee County had 770,577 residents. The inhabitants of all three counties tend to be primarily Caucasian (90.6%, 84.2%, and 86.8%) with a much smaller African American population (5.9%, 12.7%, and 9.1%) than both the state of Florida (16.9%) and the United States (13.4%).

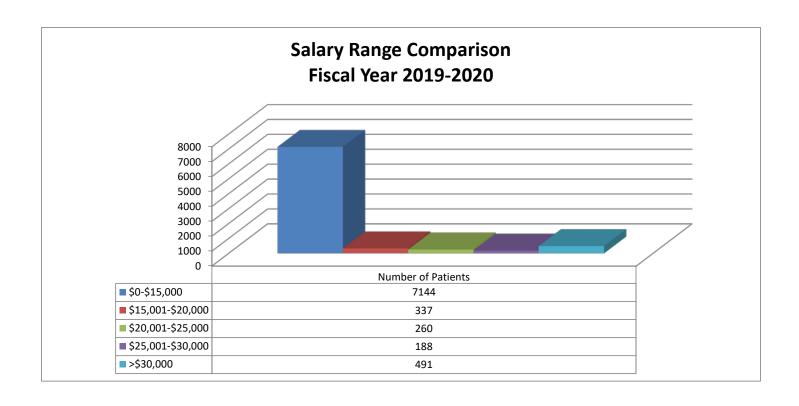
The median income for Charlotte County in 2019 was \$51,499 per year, which is 17-26% lower than Sarasota and Collier Counties, while significantly higher than DeSoto County (\$35,438). The majority of patients at CBHC (85%) report an annual salary of less than \$15,000 per year, while only 6% report a salary greater than \$30,000.

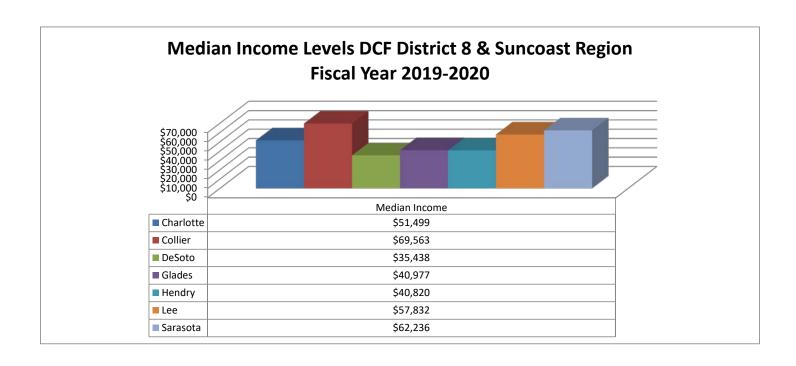
This fiscal year, 41% of new or returning patients are considered self-pay, 34% have Medicaid coverage, 19% have private insurance and 6% have Medicare.

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 78% of patients and 68% of staff being Caucasian (non-Hispanic). 48% of the patients being male with 25% male staff and 52% female patients with 75% female staff members. While none of the staff members identify Spanish as their primary language, five (5) speak it fluently.

Race	CBHC Patients	CBHC Staff	CBHC Board	Charlotte	Desoto	Lee County
				County	County	
White (Non-Hispanic)	78%	68%	100%	84%	54%	66%
Black/African-American	7%	25%	0%	6%	13%	9%
Asian	1%	2%	0%	1%	1%	2%
American Indian/Alaskan Native	2%	0%	0%	0%	1%	1%
Native Hawaiian/Pacific Island	1%	0%	0%	0%	0%	0%
2 or More	5%	2%	0%	<b>2</b> %	1%	2%
Spanish/Hispanic	6%	3%	0%	8%	32%	23%

Gender	<b>CBHC Patients</b>	CBHC Staff	CBHC Board	Charlotte County	Desoto County	Florida
Male	48.0%	25.0%	62.0%	49.0%	56.0%	49.0%
Female	52.0%	75.0%	38.0%	51.0%	44.0%	51.0%





# Stakeholder Satisfaction **Summary and Analysis**

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

In the 2019-2020 fiscal year, 31 stakeholders completed the survey. Four areas met the target of 90%; which is an improvement over the two from the previous year. Without a statistically representative sampling from our stakeholders, it is difficult to determine if the scores are accurate and true of our stakeholders. Quality Management and the Executive team continue to explore creative ways to encourage stakeholder participation.

