

# CHARLOTTE BEHAVIORAL HEALTH CARE

*2020-2021 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



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/pg/DeSotoPsych/about/?entry_point=page_nav_about_item&ref=page_internal)  
<https://www.facebook.com/NorthsidePsych/?ref=nl>



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



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



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



<https://twitter.com/cbhcfi>



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## Mission Statement & Core Values

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### 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.



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## **Initiatives and Changes: FY 2020 - 2021**

### **Agency Strategic Initiatives**

1. CBHC will positively define organizational presence and operations post-COVID, utilizing lessons learned from the pandemic.
2. CBHC will ensure quality teleservices are delivered that are comparable to, or better than, in-person services.

### **Board Activities**

1. The Board will evaluate meeting effectiveness and preference for in-person versus virtual.

### **Program Initiatives & Changes**

#### **July 2020**

- Acquired tablets for patients to use onsite (or to lend to take home) if they did not have access to technology or devices for Telehealth.

#### **August 2020**

- Began working with Intrado to integrate into SmartCare for appointment reminders. Also, discovery about other features that are available, to include sending links to surveys.
- Community programs implemented a hybrid office/community/home model, including the use of staff temperature checks and patient COVID screening questionnaire.

#### **October 2020**

- CBHC went live with the new EMR, SmartCare
- Genoa Pharmacy officially opened at the Punta Gorda Campus

#### **January 2021**

- Front Desk was able to go live with sending appointment reminders through Intrado

#### **March 2021**

- Implemented Handle with Care training. Handle with Care is designed to impact on the thinking and behavior of direct care staff by teaching how to work as a team in “real time, real speed” interventions. Those who complete this training will have the verbal and physical tools to effectively de-escalate a crisis before it begins.

#### **April 2021**

- CBHC awarded funds for FITT expansion in Charlotte & Lee Counties; expansion began immediately.

#### **May 2021**

- Two CRF Clinicians received Seeking Safety training to enhance clinical services on the unit.

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## June 2021

- CBHC awarded DeSoto Drop-in Services through subcontract with CASL. Donation of Selby House, the drop-in site, and subsequent renovation begins.
- Northside Psychiatric Services location in Port Charlotte closes, as CBHC prepares to co-locate in the Charlotte County Family Services Center in Port Charlotte.
- IT began implementation of dual authentication to harden security centered on remote connections by staff via VPN; due to be completed in December 2021.
- IT implemented Microsoft Surface tablets wirelessly for CRF staff to enter Q15 data

## Throughout the Year

- IT upgraded and expanded security camera coverage agency wide
- Moved away from “wet” signatures to electronic signatures, due to the implementation of SmartCare
- Implemented Zoom as a backup means of teleservices connection with our patients and their families
- Joined with other community stakeholders and the county to plan the development of the Family Services Center, to give easy access to community services for Charlotte county residents.

## Implementation of SmartCare EMR

The implementation team continued development of end user training for SmartCare during the first quarter of this fiscal year. Go Live occurred on October 1, 2020 and was not as smooth as anticipated, from both an operational and billing perspective. These challenges are mostly attributed to all trainings and assistance being conducted remotely due to COVID. However, our staff persevered and developed creative and effective ways to accomplish required tasks while waiting for updates to the system.

The implementation team continues to work with Streamline to develop required documents, learn how the reporting works, identify new workflows, and support end users. Lack of programming staff and access to and/or knowledge of the reports in SmartCare have made the completion of the annual report more challenging. For this reason, an amendment will be provided at a later date. CBHC is currently contracting with programmers to complete some of the more challenging report formats and operational forms.



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## COVID-19

The COVID-19 pandemic did not dissipate in this past year and continued to bring change, uncertainty and stress in our work and personal lives. CBHC staff and patients continued to demonstrate resiliency, persistence, and resolve throughout the ever-changing environment and requirements.

According to [Kaiser Family Foundation](#), the pandemic has not only had a significant negative impact on many people's mental health and substance use, the barriers to services have also increased. "During the COVID-19 pandemic, concerns about mental health and substance use have grown, including concerns about suicidal ideation" (Kaiser Family Foundation, Feb. 10, 2021). CBHC continues to see this in reports of overdoses in our community, admissions to the Central Receiving Facility, and in interactions with our patients throughout the spectrum of services offered. The Kaiser Family Foundation reported that the impacts felt in behavioral health will outlast the physical impact; including the psychological toll this pandemic has taken on essential workers.

As with the majority of employers in multiple business sectors, CBHC has also found it difficult to recruit and/or maintain employees throughout the pandemic. Turnover challenges created more burdens among existing staff, at a time when workloads were changing and increasing due to the pandemic and the demands of the new electronic record. CBHC continues to analyze turnover, adjust pay rates, conduct quick employee surveys to gain insight into what is important to staff, and encourage staff to practice self-care to minimize burnout.



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## Patients Served

Due to the implementation of SmartCare in October 2020, the patient served data is broken down between Anasazi (July 2020 – September 2020) and SmartCare (October 2020 – June 2021). For this reason, CBHC is unable to track unduplicated served for the entire year as one number. During the first quarter, CBHC provided services to 3,640 individuals who were enrolled in a primary program in our legacy medical record. From October 2020 through June 2021 CBHC provided services to 5,873 individuals who were enrolled in a primary program in our new medical record.

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. The implementation of SmartCare allowed us to begin tracking additional programs as primary programs; which will allow us to better evaluate trends and needs for specific services over the coming years. Programs added to SmartCare include Anger Management, BNET, Substance Use Care Coordination, Charlotte County Sheriff’s Office, Substance Use Medication Services, TBOS services for mental health and Substance Use.

Behavioral Health Consult (BHC) (Lee and Charlotte Counties), FIS (Lee and Charlotte Counties), Connect, Healthy Start, S.H.A.R.E. Spot, and Screening/Information and Referral served 7,260 individuals in 2020 – 2021. There is always the possibility for duplication in these services as they are not tracked through the medical record. FIS services increased 37% in Charlotte County (218/298) and 92% in Lee County (321/615) this fiscal year. BHC services increased 118% in Lee County (599/1305)

CBHC offers evidenced-based therapeutic inpatient and outpatient treatment of mental health and substance use disorders for adults and children, including community-based services. 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



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## Patients Served by Program and Location

<b>Punta Gorda</b> (Patients may participate in more than one program)			
<b>Program</b>	<b>2019-2020</b>	<b>2020-2021 July - September</b>	<b>2020-2021 October - June</b>
Anger Management	-	2	55
Behavioral Health Consult	617	-	649
BNet	-	-	10
Care Coordination – AMH	49	24	19
Care Coordination - ASA	-	-	28
Case Management – Adult	440	359	300
Case Management – Child	41	35	32
CAT	80	35	44
CCSO	-	-	505
CRF – Baker Act – Adult	1293	286	764
CRF – Baker Act – Child	506	107	336
CRF – Marchman Act – Adult	192	105	277
CRF – Marchman Act – Child	6	0	9
Connect (Connect and Healthy Start were combined 19/20)	1969	-	1591
Drug Court	38	20	27
FACT	109	102	104
FIS	218	-	298
FIT	38	19	24
Healthy Start (Connect and Healthy Start were combined 19/20)	-	-	391
Medication Administration – Adult	2428	1384	2128
Medication Administration – Child	837	235	578
Medication Administration - ASA	-	-	107
Mental Health Court	41	22	33
Outpatient – Adult	1431	627	787
Outpatient – Child	688	188	342
Recovery Center – 28 Day Residential	105	N/A	N/A
Recovery Center – Detoxification	265	N/A	N/A
Screening, Information, and Referral (poss. duplication)	3273 (apt. scheduled)	-	2321
S.H.A.R.E. Spot	125	-	90
SOAR	32	25	26
Substance Use – Adult	556	214	305
Substance Use - Child	163	22	7
TBOS - CMH	-	-	43
TBOS - CSA	-	-	63
TFC	48	44	34

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<b>Northside</b> (Patients may participate in more than one program)			
<b>Program</b>	<b>2019-2020</b>	<b>2020-2021 July - September</b>	<b>2020-2021 October - June</b>
Medication Administration – Adult	353	217	500
Medication Administration – Child	407	209	380
Outpatient – Adult	268	187	266
Outpatient – Child	412	177	165
Substance Use – Adult	-	-	25
Substance Use – Child	-	5	2

<b>DeSoto</b> (Patients may participate in more than one program)			
<b>Program</b>	<b>2019-2020</b>	<b>2020-2021 July - September</b>	<b>2020-2021 October - June</b>
Case Management – Adult	31	20	21
Case Management – Child	10	7	8
Medication Administration – Adult	107	89	278
Medication Administration – Child	152	106	203
Outpatient – Adult	48	49	65
Outpatient – Child	177	85	79
Substance Use – Adult	-	1	2
Substance Use – Child	35	12	1
TBOS - CMH	-	-	19
TBOS - CSA	-	-	24

<b>Lee County</b> (Patient may participate in more than one program)			
<b>Program</b>	<b>2019-2020</b>	<b>2020-2021 July - September</b>	<b>2020-2021 October - June</b>
Behavioral Health Consult	599	-	1305
FIS	321	-	615
FIT	94	40	66

<b>Agency Wide Unduplicated Patients in Primary Programs</b>			
<b>Program</b>	<b>2019-2020</b>	<b>2020-2021 July - September</b>	<b>2020-2021 October - June</b>
Total Unduplicated Served in Primary Programs	7285	3640	5873

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## Patient Demographics

CBHC serves Charlotte, DeSoto, and Lee Counties, as well as surrounding counties. According to the 2020 Population Estimates, 186,847 people call Charlotte County home, DeSoto County had 33,976 residents, and Lee County had 760,822 residents (census.gov). 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%). 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 85% of staff being Caucasian (non-Hispanic).

The median income for Charlotte County 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 (86%) report an annual salary of less than \$30,000 per year, while only 14% report a salary greater than \$30,000.

Race	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County	Desoto County	Lee County	Florida
White (Non-Hispanic)	85.00%	67.0%	100.0%	90.6%	84.2%	86.8%	74.5%
Black/African-American	7.00%	26.0%	0.0%	5.9%	12.7%	9.1%	16.0%
Asian	0.39%	2.0%	0.0%	1.4%	0.5%	1.8%	2.8%
American Indian/Alaskan Native	0.20%	0.0%	0.0%	0.4%	1.1%	0.5%	0.3%
Native Hawaiian/Pacific Island	0.13%	0.0%	0.0%	0.1%	0.2%	0.1%	0.1%
2 or More	3.68%	1.0%	0.0%	1.6%	1.3%	1.7%	2.9%
Other	3.73%	4.0%	0.0%	7.7%	32.1%	22.5%	3.4%

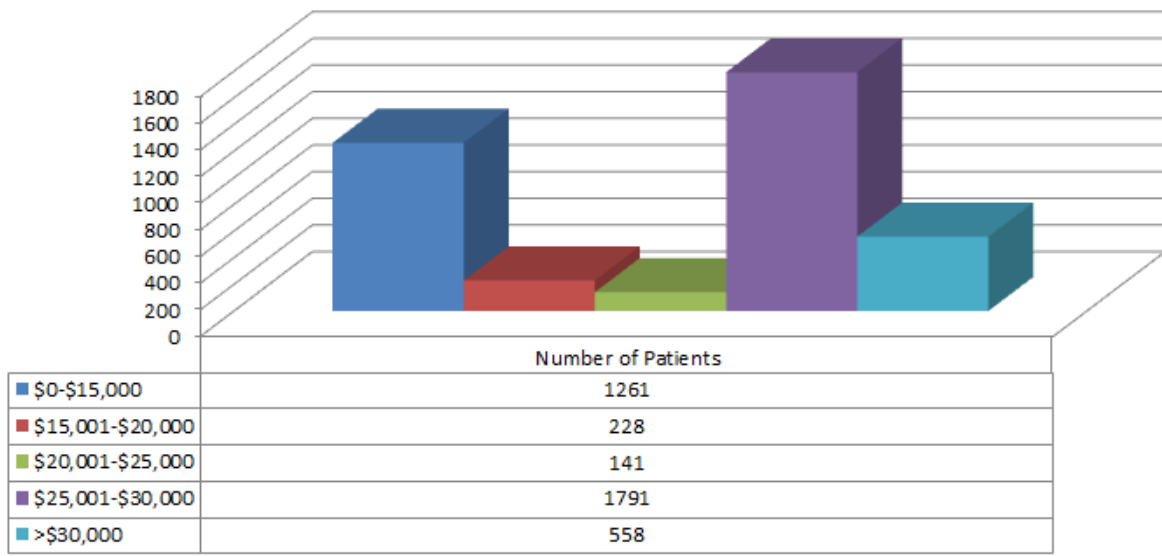
Gender	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County	Desoto County	Lee County	Florida
Male	47.0%	24.0%	60.0%	48.7%	56.3%	49.0%	48.9%
Female	53.0%	76.0%	40.0%	51.3%	43.7%	51.0%	51.1%

Primary Language	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County	Desoto County	Lee County	Florida
English	98.630%	100%	100%	89.8%	70.6%	71.3%	70.0%
Spanish	1.120%	0%*	0%	5.0%	27.5%	21.3%	23.0%
Other	0.002%	0%	0%	5.3%	1.9%	7.5%	1.0%

Age	CBHC Patients	CBHC Staff	CBHC Board	Charlotte County	Desoto County	Lee County	Florida
0-9	19.8%			11.8%	18.0%	9.0%	11.0%
10-19	15.3%			2.9%	4.9%	10.0%	12.0%
20-59	51.0%			27.4%	42.5%	44.4%	50.0%
60-69	10.0%			17.1%	12.1%	16.0%	13.0%
70+	3.7%			40.8%	22.5%	21.0%	14.0%

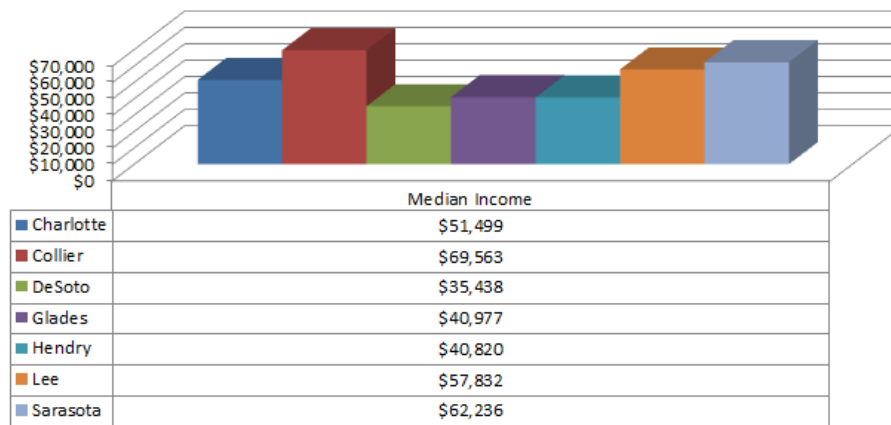
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## Salary Range Comparison Fiscal Year 2020-2021



Source: SmartCare Patient Income Report

## Median Income Levels DCF District 8 & Suncoast Region Fiscal Year 2020-2021



Source: <https://www.census.gov/quickfacts/fact/table/leecountyflorida,desotocountyflorida,charlottecountyflorida,FL#>

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## State Performance Measures Summary and Analysis

Central Florida Behavioral Health Network, Inc. (CFBHN) tracks performance measures based on the funds CBHC receives. These are contractual targets set by the Department of Children and Families (DCF) and monitored by CFBHN. The information is tracked cumulatively throughout the year. CBHC met 97% (29/30) critical measures and 79% (42/53) non-critical measures in 2020/2021, as noted in the following pages.

Adult Community Mental Health		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>M0003</b> – Average annual number of days worked for pay – SPMI	≥40	101
<b>M0703</b> - % Competitively Employed – SPMI Adults	≥24%	47.94%
<b>M0742</b> - % living in stable housing – SPMI Adults	≥90%	96.61%
<b>M0743</b> - % living in stable housing – Forensic	≥67%	100.00%
<b>M0744</b> - % living in stable housing – MH Crisis	≥86%	97.44%
<b>DC001</b> - % of members who received a referral for services based on Quality of Life Self-Assessment – S.H.A.R.E. Spot	≥95%	100%
<b>DC002</b> - % of members who rate their overall quality of life as fair or greater on the Quality of Life-Self-Assessment – S.H.A.R.E. Spot	≥60%	93.80%
<b>Notes:</b>		
<b>Action Plan: No Action Plan Required.</b>		

Adult Substance Abuse		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>M0753</b> - % change in clients employed from admission to discharge	≥10%	41.71%
<b>M0754</b> - % change arrested 30 days prior to admission vs. 30 days prior to discharge	≤15%	-16.67%
<b>M0755</b> - % successfully completing SA program	≥51%	55.97%
<b>M0756</b> - % living in stable housing at discharge	≥94%	95.19%
<b>Notes:</b>		
<b>Action Plan: Staff continues to work with patients and community partners for suitable housing.</b>		

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Behavioral Health Consultant (BHC)		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>BHC01</b> – Information supplied to CPI within one business day	≥95%	100%
<b>BHC01B</b> – Information supplied to CPI within one business day	≥95%	100%
<b>BHC02</b> – Assist CPI in FFA completion	≥95%	100%
<b>BHC02B</b> – Assist CPI in FFA completion	≥95%	100%
<b>BHC03</b> - Provide training/information in community about BHC position	0.0	1.00
<b>BHC03B</b> - Provide training/information in community about BHC position	0.0	6.00
<b>Notes:</b> These numbers are for Charlotte and Lee Counties.		
<b>Action Plan:</b> No Action Plan Required.		

Children's Mental Health		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>M0012</b> - % of school days attended – SED	≥86%	80.44%
<b>M0377</b> - % with improved level of functioning – ED	≥64%	92.86%
<b>M0378</b> - % with improved level of functioning – SED	≥64%	78.87%
<b>M0778</b> - % living in stable housing – ED	≥95%	100.00%
<b>M0779</b> - % living in stable housing – SED	≥93%	98.40%
<b>M0780</b> - % living in stable housing – At Risk	≥96%	Pending
<b>Notes:</b> ED = Emotionally Disturbed and SED = Seriously Emotionally Disturbed		
<b>Action Plan:</b> M0012: Staff will continue to provide appropriate services to improve level of functioning which should improve school attendance. It is also understood that COVID-19 may have impacted school attendance in 19/20 due to required quarantines and remote learning difficulties.		

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Children's Substance Abuse		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>M0725</b> - % successfully completing treatment	≥48%	57.14%
<b>M0751</b> - % change arrested 30 days prior to admission vs. 30 days prior to discharge	≤20%	-100.0%
<b>M0752</b> - % living in stable housing at discharge	≥93%	100.00%
<b>Notes:</b>		
<b>Action Plan:</b> No Action Plan Required.		

Data Submission		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>MHD95</b> - % MH consumers discharged within 210 days of last service	≥95%	39.31
<b>MSD95</b> - % SA consumers discharged within 120 days of last service	≥95%	66.37%
<b>Notes:</b> The state is holding all agencies harmless if not met.		
<b>Action Plan:</b> CBHC Program leaders will continue to learn the best way to manage discharges in the new Electronic Medical Record. Once identified, staff will be trained on the process to ensure timely discharge.		

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Community Action Team (CAT)		
<b>EFFECTIVENESS</b> <b>Measure:</b> Assigned by Central Florida Behavioral Health Network <b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>CAT01</b> - Number of persons served on CAT per month	35	36
<b>CAT02</b> - Individuals receiving services shall attend an average of 80% of school days each month	≥80%	97%
<b>CAT03</b> - % improve their level of functioning between admission to discharge	≥80%	100%
<b>CAT04</b> –Minimum of 90% of days living in a community setting each month	≥90%	94%
<b>CAT06</b> - % will improve family functioning as demonstrated by an improvement determined by NCFAS	≥65%	94%
<b>Notes:</b>		
<b>Action Plan: No Action Plan Required.</b>		

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Florida Assertive Community Treatment (FACT)		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>FACT01</b> - % with severe and persistent mental illnesses who live in stable housing environment	≥90%	90.72%
<b>FACT02</b> - Average annual days worked for pay for adults with severe and persistent mental illness	≥40%	37
<b>FACT03</b> - % enrolled will maintain or show improvement in their level of functioning	≥75%	77.36%
<b>FACT04</b> - % of staffing requirements will be maintained monthly	≥90%	89.58%
<b>FACT05</b> % or less will be admitted to a state mental health treatment facility within 30 days of discharge	≤5%	1.50%
<b>FACT06</b> -% have completed psychiatric/social functioning history time line within 120 days of enrollment	≥90%	100%
<b>FACT07</b> -% will receive work-related services toward a goal of obtaining employment within 1 year of enrollment	≥50%	100%
<b>FACT08</b> -% will receive housing services	≥90%	100%
<b>FACT09</b> -% of initial assessments will be completed on the day of the person's enrollment	≥90%	100%
<b>FACT10</b> -% of comprehensive assessment completed within 60 days	≥90%	100%
<b>FACT11</b> -% comprehensive recovery plan within 90days	≥90%	100%
<b>Notes:</b>		
<p><b>Action Plan: FACT02:</b> The current patient roster is limited in the amount of patients that are able/eligible/want to work for paid employment. We are challenged with a roster of folks who are unable to work due to illness or are on social security benefits. Our patients are assessed for service needs related to employment annually and are referred to FACT vocational services as indicated.</p> <p><b>FACT04:</b> Staffing requirements have been a challenge this year. With a variety of reasons for staff turnover and the current COVID-19 crisis has affected the ability to find and new staff. There has been an overall lack of applicants that are qualified and eligible to work, very few applicants applying for positions that are currently open. We had two staff resign within 30 days of hire. Due to FACT being a home visiting model it has been difficult to find new staff willing to work with patients face-to-face, many applicants are looking for strictly remote working. Job postings are still running for open positions.</p>		

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Family Intensive Treatment (FIT)		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>MSA91A</b> – % of parents served living in stable housing at time of discharge	≥95%	100%
<b>MSA91A2</b> – % of parents served living in stable housing at time of discharge	≥90%	100%
<b>MSA91H</b> - Minimum number of clients to be served	25	25
<b>MSA91H2</b> - Minimum number of clients to be served	75	75
<b>MSA91I</b> - % of parents will improve their level of functioning as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment	≥90%	100.00%
<b>MSA91I2</b> - % of parents will improve their level of functioning as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment	≥80%	100.00%
<b>MSA91K</b> - % of eligible parents served will have stable employment upon treatment completion.	≥95%	100.00%
<b>MSA91K2</b> - % of eligible parents served will have stable employment upon treatment completion.	≥95%	95.00%
<b>MSA91L</b> - % of eligible parents served will improve their Caregiver Protective Capacities as rated by the FIT Team Provider upon treatment completion.	≥90%	100.00%
<b>MSA91L2</b> - % of eligible parents served will improve their Caregiver Protective Capacities as rated by the FIT Team Provider upon treatment completion.	≥90%	100.00%
<b>MSA91M</b> – CARES Act Funds. Number of new individuals served per team by December 31, 2021.	10	3
<b>MSA91M2</b> – CARES Act Funds. Number of new individuals served per team by December 31, 2021.	10	6
<b>Notes:</b> The outcomes with 2 at the end are for Lee County and the other is for Charlotte County.		
<b>Action Plan:</b> Staff continues to work with patients and community resources for stable housing. Agencies were held harmless for numbers served due to COVID-19. Staff continues to work with patients to improve parenting functioning between admission and discharge.		

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Family Intensive Services (FIS)		
<b>EFFECTIVENESS</b>		
<b>Measure:</b> Assigned by Central Florida Behavioral Health Network		
<b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
<b>FIS07</b> - % of referrals received will have successful contact made within two calendar days.	≥60%	79.00%
<b>FIS07A</b> - % of referrals received will have successful contact made within two calendar days.	≥60%	81.00%
<b>FIS08</b> - % of referrals received will have successful contact made within five calendar days.	≥70%	93.00%
<b>FIS08A</b> - % of referrals received will have successful contact made within five calendar days.	≥70%	88.00%
<b>FIS09</b> - % of referrals received will have an assessment completed within ten calendar days.	≥35%	31.00%
<b>FIS09A</b> - % of referrals received will have an assessment completed within ten calendar days.	≥35%	66.00%
<b>FIS10</b> - % of referrals received will have an assessment completed within thirty calendar days.	≥50%	61.00%
<b>FIS10A</b> - % of referrals received will have an assessment completed within thirty calendar days.	≥50%	71.00%
<b>FIS11</b> – For clients completing assessment and recommended for treatment, first treatment appointment is attended within thirty calendar days of receipt of referral.	≥50%	56.00%
<b>FIS11A</b> – For clients completing assessment and recommended for treatment, first treatment appointment is attended within thirty calendar days of receipt of referral.	≥50%	65.00%
<b>Notes:</b> This data is for Charlotte and Lee County FIS.		
<b>Action Plan:</b> The ability to complete the assessment within 10 days of receiving a referral is contingent upon ability to contact the individual to schedule the assessment. The FIS team has internally identified a provider who is able to focus on completing assessments which will assist in meeting this target.		

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Persons Served		
<b>EFFECTIVENESS</b> <b>Measure:</b> Assigned by Central Florida Behavioral Health Network <b>Source:</b> Central Florida Behavioral Health Network Scorecard		
Measure	Target	YTD
AMH01 – MH Residential Care – Adult	43	45
AMH02 – MH Outpatient Care – Adult	1950	1823
AMH03 – MH Crisis Care – Adult	392	596
AMH05 - MH Peer Support Number Served	10	22
ASA01 – SA Residential Care – Adult	65	Pending
ASA02 – SA Outpatient Care – Adult	500	466
ASA03 – SA Detox – Adult	321	249
ASA04 - SA Women’s Services	6	23
ASA05 – SA Injecting Drug Users – Adult	294	202
ASA07 - SA Peer Support Number Served	30	81
CMH02 – MH Outpatient – Child	380	471
CMH03 – MH Crisis Care - Child	72	47
CSA02 – SA Outpatient – Child	150	59
NCS104 - Crisis Support/Emergency	602	414
NCS107 - Drop-In/Self-Help	3245	2994
NCS115 – Outreach	178	283
NCS204 – Crisis Support/Emergency	245	1613
NCS215 – Outreach	248	11,097
<b>Notes:</b> These numbers are based on billing submitted to CFBHN each month. The Department of Children and Families (DCF) provides CFBHN with a target number of individuals to be served throughout the service area and CFBHN annualizes the data submitted by all agencies to determine the numbers served in each contract. CFBHN can request a reduction in these numbers but the decision is up to DCF. Due to COVID-19 DCF is holding agencies harmless for not meeting these targets.		
<b>Action Plan:</b> No Action Plan Required.		

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