



Clinical / Continuous Quality Improvement (CCQI) Committee

April 20, 2021 | 9:30 am – 11:00 am

BBHC- MS Teams

[Join Microsoft Teams Meeting](#)

https://teams.microsoft.com/l/meetupjoin/19%3ameeting_YTk4ZThlNjltODg0NC00NmQ1LWJmODctZWJmNWQ2ODRjOGQ2%40thread.v2/0?context=%7b%22Tid%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22Oid%22%3a%22f319c377-5d75-4795-90f5-ac3faf934d56%22%7d

(941)263-1518

Access Code:620255202#

AGENDA

1. Welcome & Introductions
2. Approval of Minutes from March 16, 2021
3. Activity/Icebreaker
4. COVID-19 Impact on Broward - Jennifer Holtz
5. Updates/New Action Items:
 - Suicide Screening and Assessment Policy Review
 - CQI 3rd Quarter Report
 - ROSC update
 - IRAS Critical Incident Reporting Line: 954-312-0404
Email: Incidentreporting@bbhcflorida.org
6. Performance Measures
7. Next Meeting Agenda Suggestions
8. Announcements

Next Meeting: Tuesday, May 18, 2021 from 9:30 am -11:00 am



Clinical / Continuous Quality Improvement (CCQI) Committee

March 16, 2021 | 9:30 a.m. – 11:00 a.m.

Virtual Meeting via Microsoft Teams

MINUTES

Attendance: Aileen Turner- Nestor (Archways), Andrea Jacques (Chrysalis Health), Constance Watson (BARC), Claudia Paez (Harmony Development Center), Doris Rivas (Broward County), Donnalina Deliazar (House of Hope), Ellianna Dorvil (BPHI), Eva Santiago-Reed (Smith Community Mental Health), Gabriela Raurell (Harmony Development Center), Gillian Cross (Broward House), Hugo Rocchia (Care Resource), Illene Greenberg (Silver Impact), Jamie Powers (Broward House), Jasmine Bascombe (BARC), Janine Ribeiro Chow-Quan (United Way), Jennifer Branham (Carisk), Jennifer Williams (DCF), Jevhky Mocombe (Kids In Distress), Jo-Ann Bliss (BARC), Justin Cummings (BSO), Kathleen Bente (DCF/SAMH), Kristen Guerrise (Broward Housing Solutions), Laura Turk (BPHI), Lee Greenstein (Henderson), Luz Ospina (BPHI), Lynette Pyles (BCEVS), Marcus Strong (House of Hope), Margaret DeCambre (DCF), Maria Pilar Dominguez (Memorial), Marie Fairchild (Archways), Mary Carmody (KIDS), Megan Betancourt (Banyan), Melody Kaye (NAMI), Melina Visser (Citrus Health Network), Natasha Villard (Memorial), Nicole Lavinier (BCEVS), Norma Wagner (DCF/SAMH), Patricia Jones (Covenant), Paul Jaquith (Mental Health Association), Pilar Dominguez (Memorial), Rachel Landry (DCF), Rory Levine (The Village South), Sandy Rhett (TaskForce), Sarah Gillespie Cummings (BSO), Sara Barkley (Fellowship RCO & Respite), Sherly Constant (Care Resource), Shirley Murdock (Carisk), Stephanie Rivillas (Broward Housing Solutions), Susan Nyamora (SFWN), Tamika McBride (BEVSD), Thomas Centinaro (Camelot), Tom Campbell (BPHI), Tonyetta Fice and Tania Hamilton (Gulf Coast Jewish Family & Community Services), Tori Bertran (SunServe), Valoria Thomas (Broward House), Vanessa Major (BARC), Veronica James (Our Children Our Future)

BBHC Staff: Areeba Johnson (Clinical Quality Improvement Coordinator), Amelia Benson (Program/Contract Monitor), Caren Longworth (Quality Improvement Manager), Tiffany Lawrence (OCP3 Project Director), Jacinth Johnson (Data Contract Manager), O'Shaun Sasso (MAT Coordinator), Celena King (System of Care Manager), Zakiya Drummond (Program/Contract Monitor), Stefania Pace, (Executive Administrative Assistant)

Welcome & Introductions

Ms. Areeba Johnson called the meeting to order at 9:34 a.m. Attendance was taken via Microsoft Teams (electronically).

Approval of Minutes from February 16, 2021

Ms. Patricia Jones made a motion to approve the minutes for the February 16, 2021 meeting. The motion was seconded by Ms. Sandy Rhett and the minutes were unanimously approved.

Activity/Ice Breaker

Ms. Areeba Johnson presented a video by Ms. Brene Brown discussing blame and accountability of one's actions.

Updates/New Actions Items:

- **Suicide Screening and Assessment Policy Draft Review**

Ms. Caren Longworth discussed the Suicide Screening and Assessment policy with providers and responded to their feedback. It was explained that providers are not obligated to adopt the policy; however, providers without a policy can use this policy as a guide to develop their own version. Any suggested changes to the policy should be submitted to Ms. Areeba Johnson to be taken into consideration, as efforts are being made to finalize the policy.

- **Consumer Satisfaction Surveys**

Ms. Areeba Johnson stated that the Consumer Satisfaction Surveys will be an on-going process to move away from the paper versions to electronic only. Ms. Johnson also mentioned that the surveys should be completed in its entirety with accurate information.

- **Common Monitoring tools**

Ms. Longworth notified providers that the four most common monitoring tools will be uploaded to the BBHC website to assist with the challenges voiced by providers during monitorings.

- **IRAS Critical Incident Reporting Line: 954-312-0404**

Ms. Johnson reminded providers to use the Critical Incident Reporting line for reporting incidents pertaining to death, child death, sexual abuse, child abuse or an event with media involvement. Incidents must be reported within two hours of the occurrence.

Performance Measures

Through the Carisk portal, Ms. Caren Longworth showed providers how and where to check their agency's performance. Providers were encouraged to check their performance measures weekly to stay on top of their outcomes.

Next Meeting Agenda Suggestions

A suggestion was made to add how DCF identifies SPMI (Severe and Persistent Mental Illness) versus mental health impairment as an agenda item under the performance measures section.

Announcements

None.

Next Meeting: Tuesday, April 20, 2021 from 9:30 a.m. - 11:00 a.m.



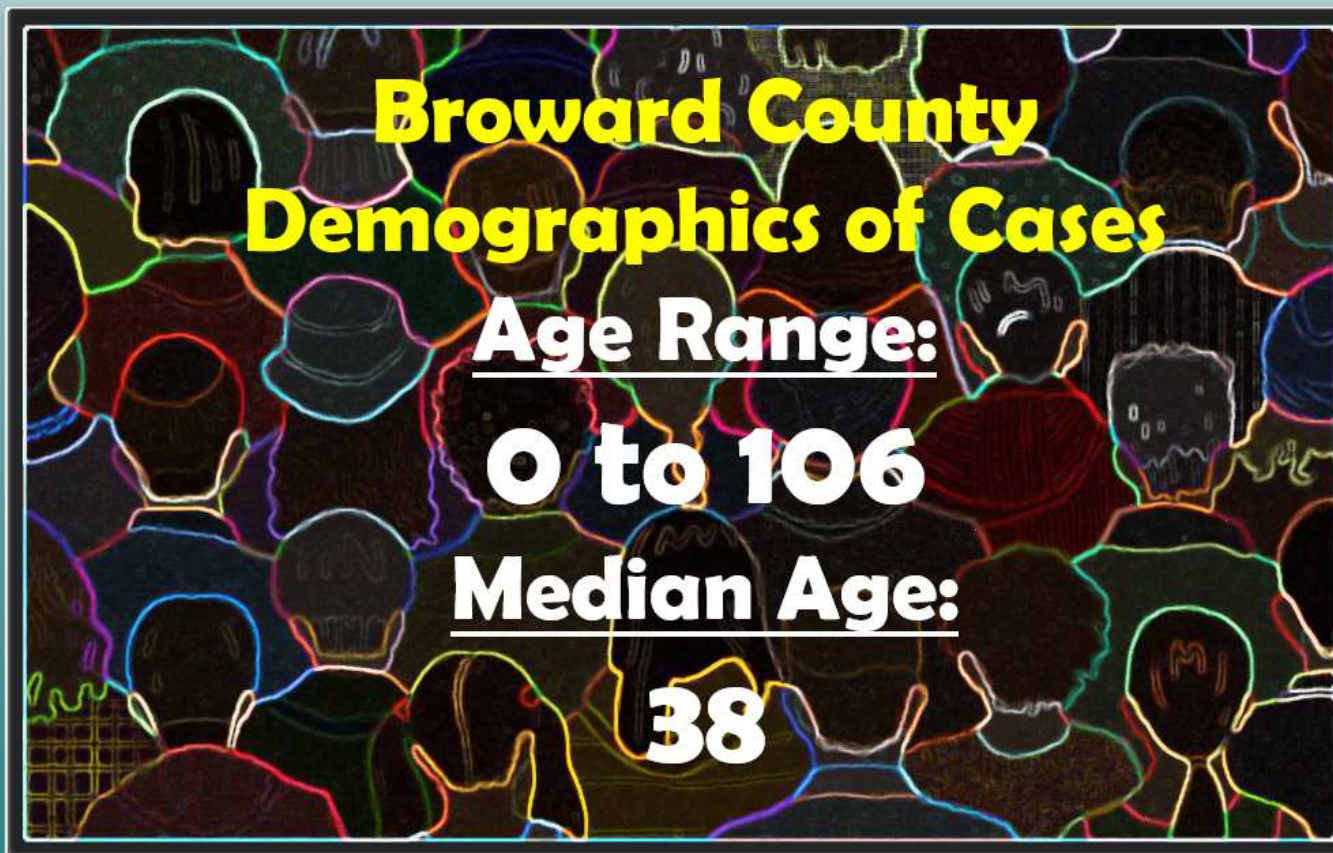
**COVID-19 Impact
on Broward County, FL
March 2020 - March 2021**



On March 8, 2020, Broward County reported its first positive case of COVID-19. During the pandemic, the lead evaluator began compiling data representing the impact of the pandemic on the community. The data compiled in this report provides the context for the community environment that OCP3 has been implemented in the last 12 months of the pandemic. Data was prioritized by county, then by region/state, and national data when local data was not available. The data was categorized based on the primary social determinants of health and healthcare.



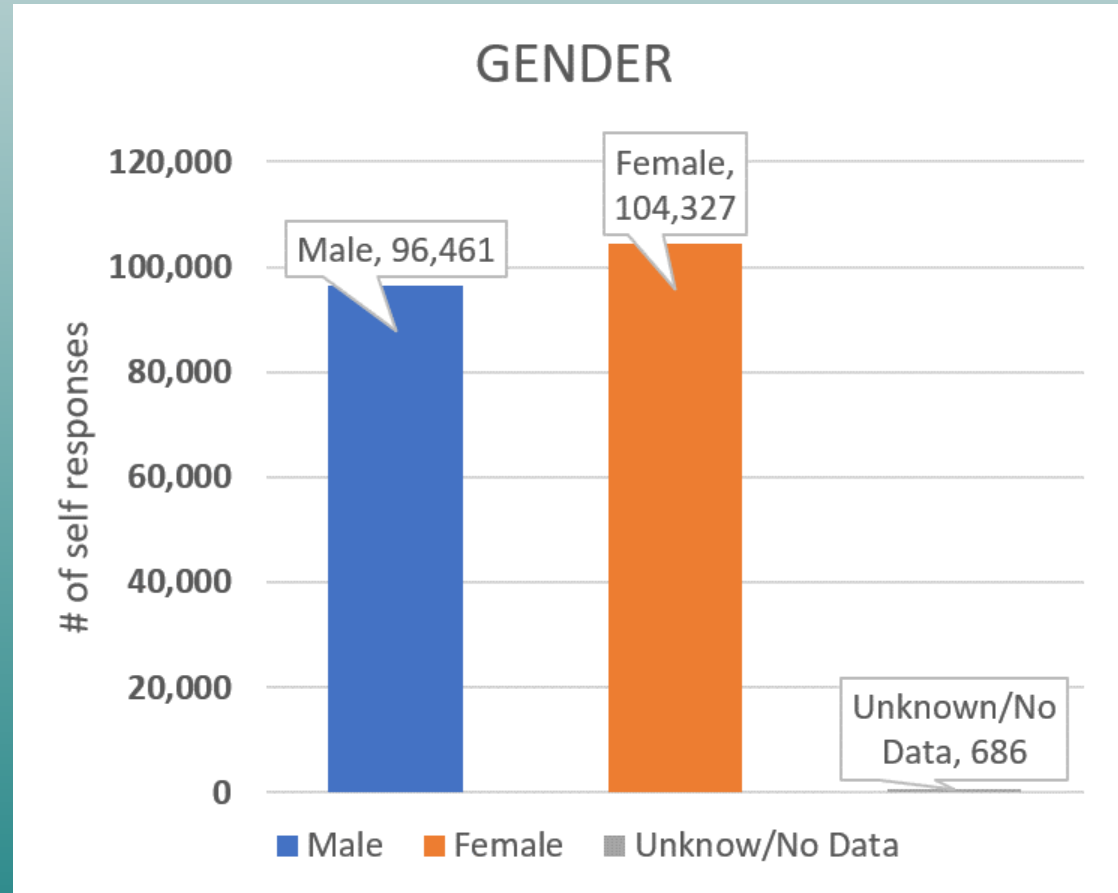
Broward County COVID-19 Impact 2020 - 2021 **DEMOGRAPHICS : Age**





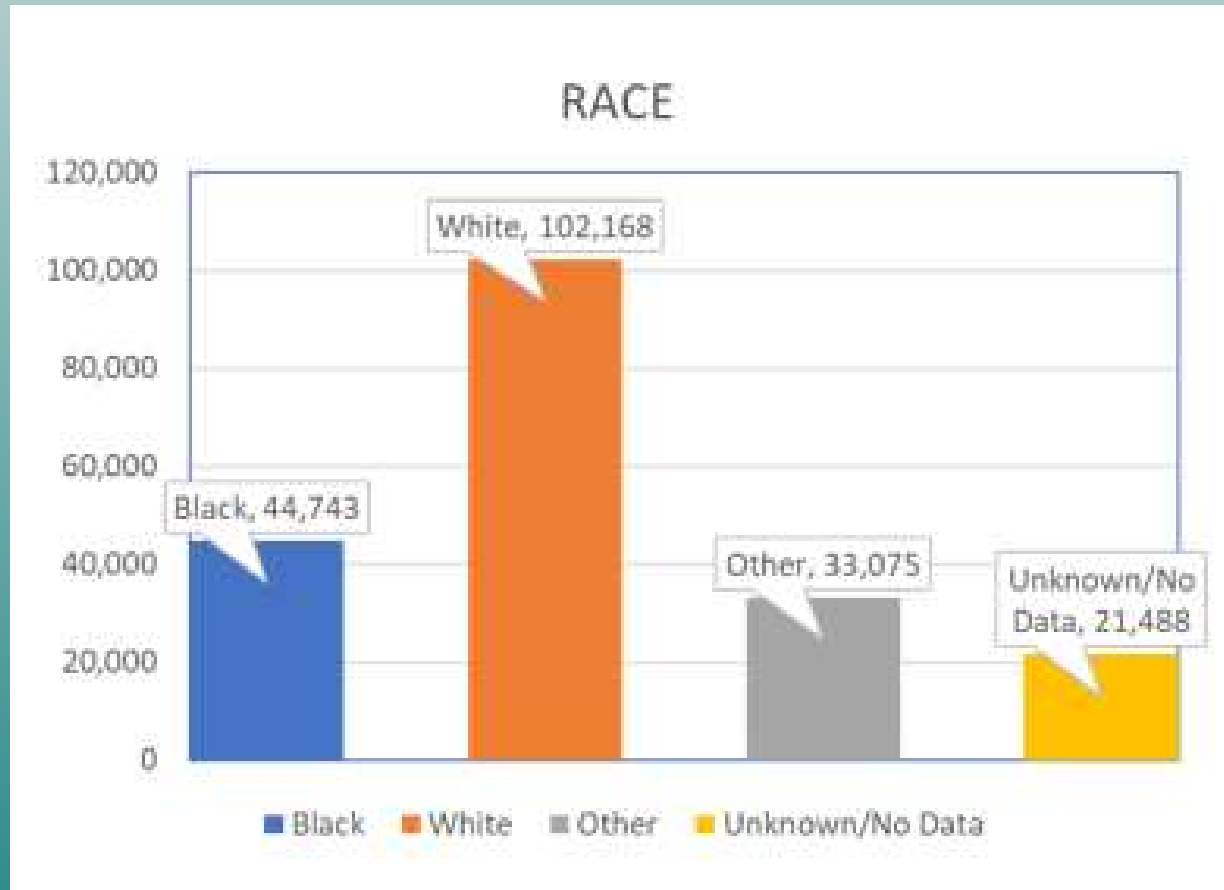
Broward County COVID-19 Impact 2020 - 2021

DEMOGRAPHICS : Gender





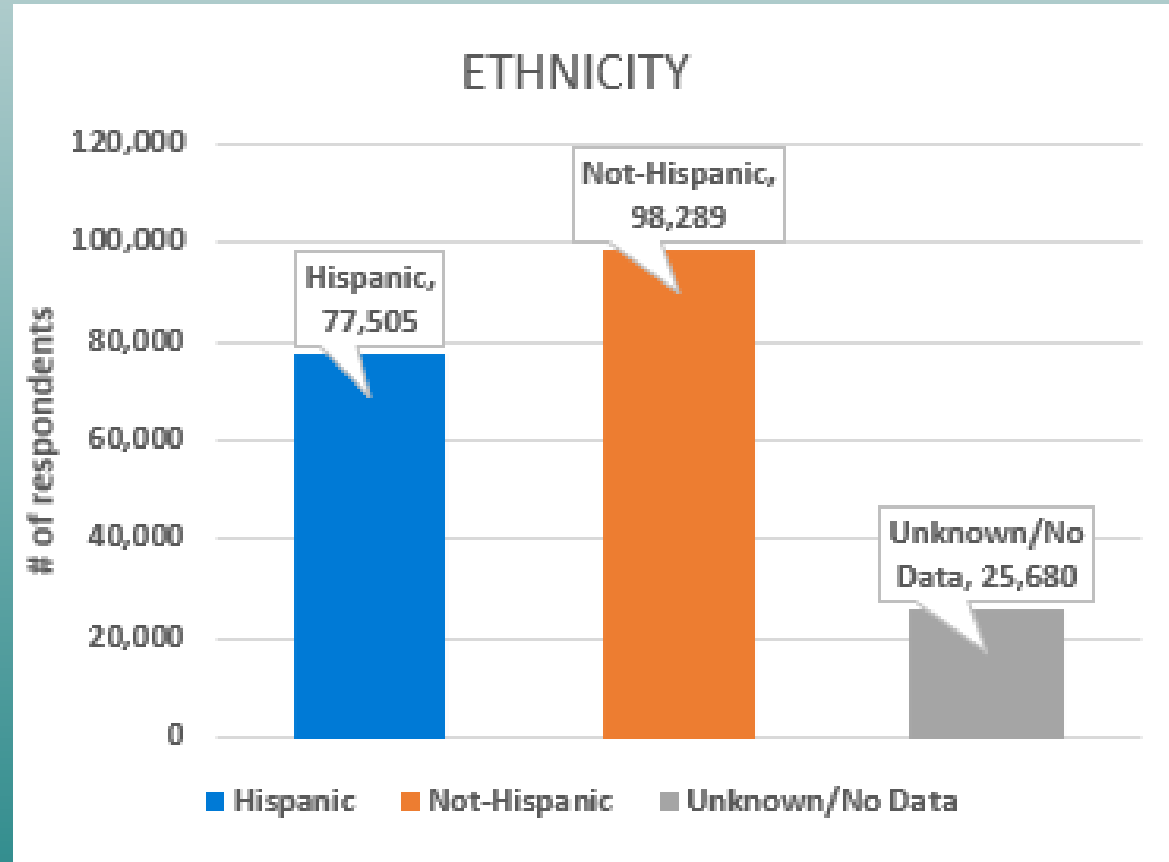
Broward County COVID-19 Impact 2020 - 2021 DEMOGRAPHICS : Race





Broward County COVID-19 Impact 2020 - 2021

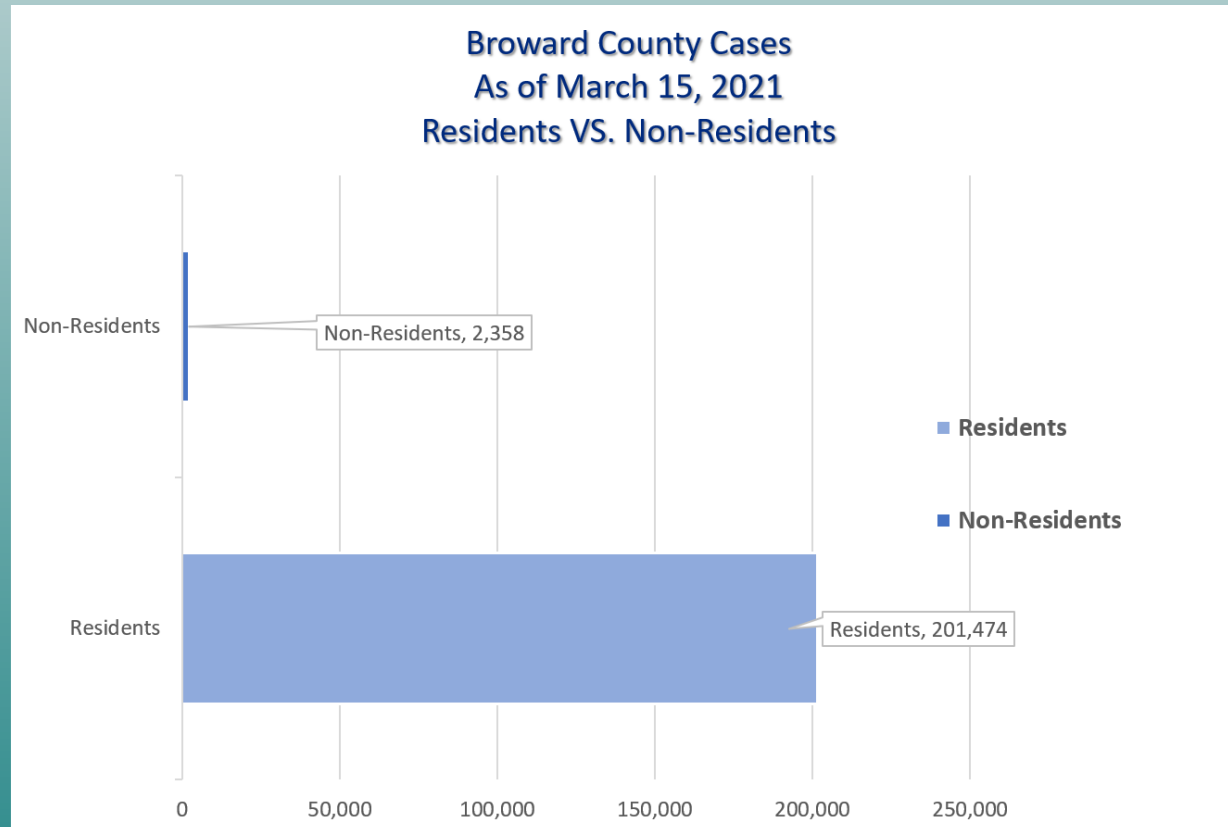
DEMOGRAPHICS : Ethnicity





Broward County COVID-19 Impact 2020 - 2021

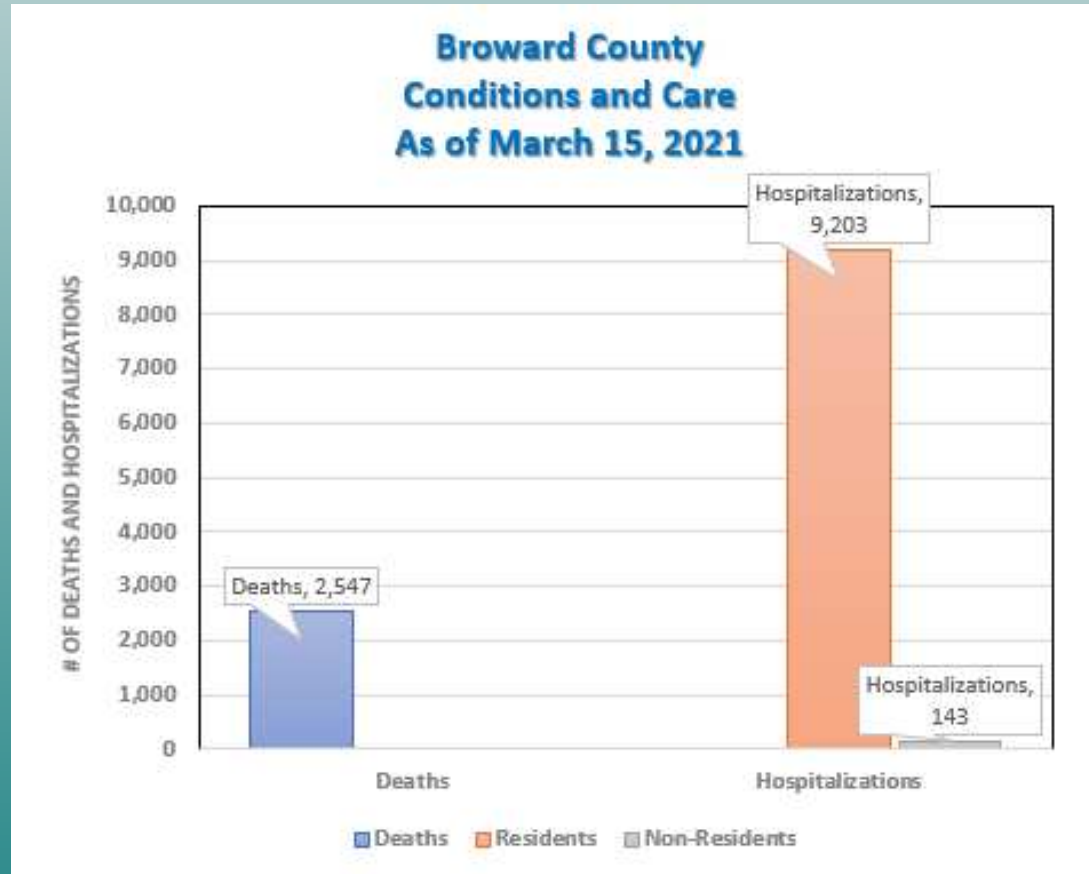
DEMOGRAPHICS : Residents vs. Non-Residents





Broward County COVID-19 Impact 2020 - 2021

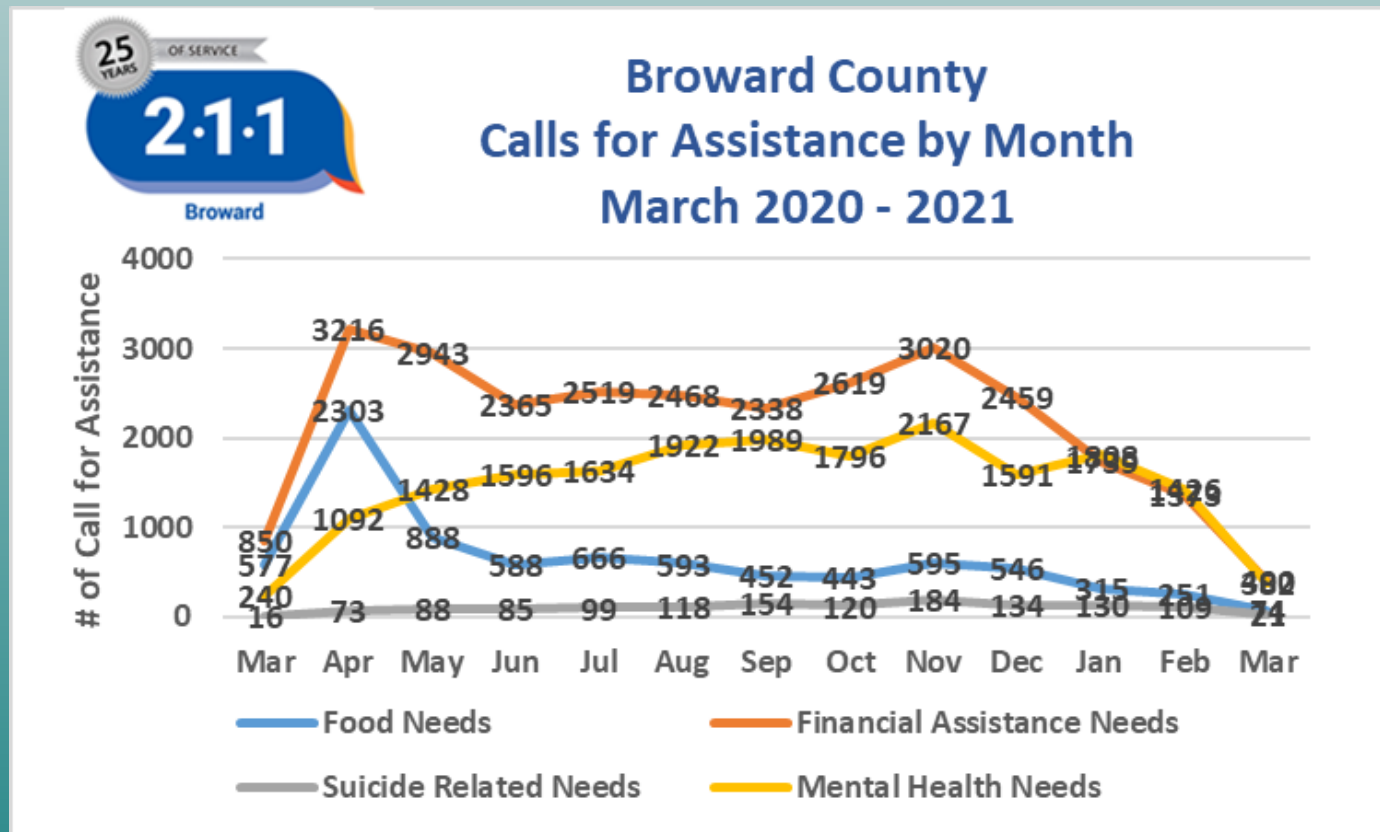
DEMOGRAPHICS : Deaths and Hospitalizations





Broward County COVID-19 Impact 2020 - 2021

SOCIAL SUPPORT: Calls for Assistance



Broward County

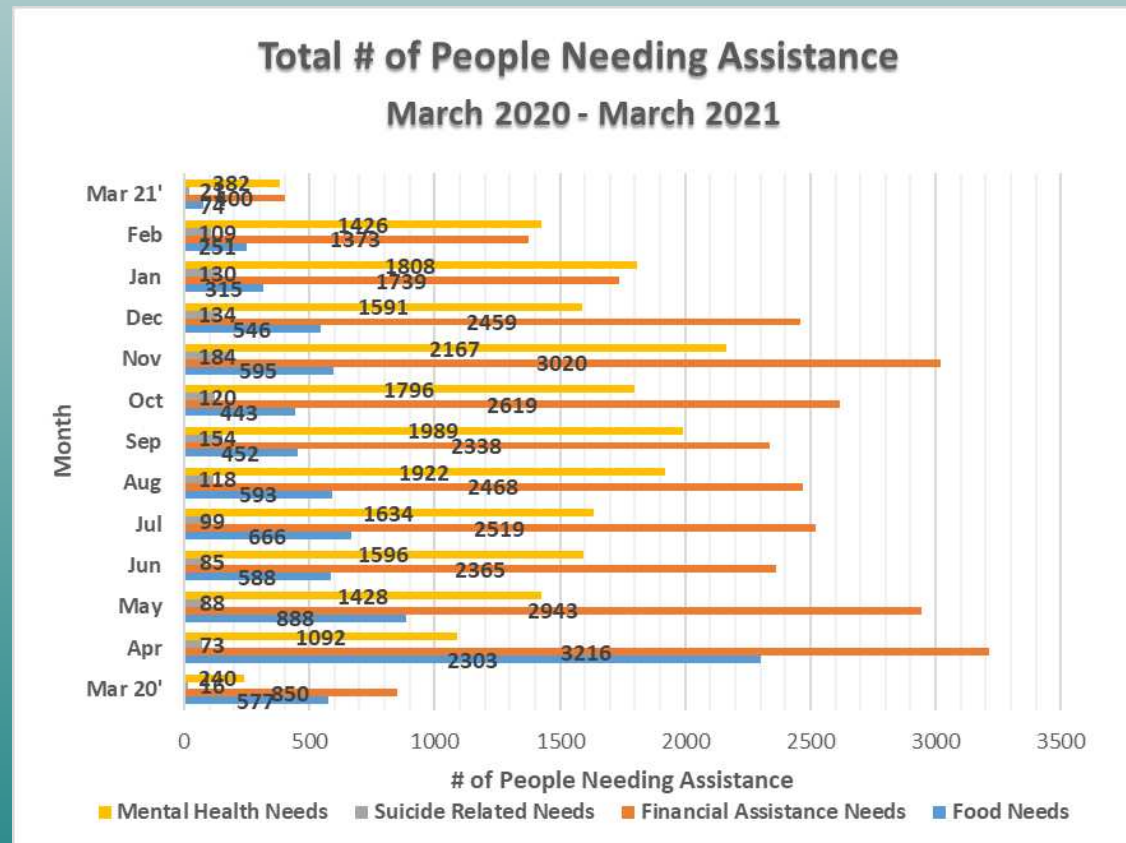
211 Calls for Assistance

<https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429>



Broward County COVID-19 Impact 2020 - 2021

SOCIAL SUPPORT: Calls for Assistance by Month



Broward County

211 Calls for Assistance

<https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429>



Broward County COVID-19 Impact 2020 - 2021 Broward County Public Schools

Broward County Public Schools (Feb 2021)

Students returned to in-person school

BCPS

Miami-Dade

35%

50%

BCPS youth returned to school

50% of elementary school students

16% of high school students

Broward County

Broward County Public Schools

<https://d3n9y02raazwpg.cloudfront.net/browardschools/339d2020-7b82-11eb-96cb-0050569183fa-63aa63db-254e-4225-a5ca-ccef6a4e1570-1615587306.pdf>



Broward County
COVID-19 Impact 2020 - 2021
Broward County Public Schools

Broward County Public Schools (Feb 2021)

BCPS Superintendent Runci estimates that:

Nearly 60,000 students “are struggling academically, socially and emotionally”

84% of those children are Black or Hispanic

69% come from low-income households

34% are English-language learners

25% have disabilities

Broward County

Broward County Public Schools

<https://d3n9y02raazwpg.cloudfront.net/browardschools/339d2020-7b82-11eb-96cb-0050569183fa-63aa63db-254e-4225-a5ca-ccef6a4e1570-1615587306.pdf>



Broward County COVID-19 Impact 2020 - 2021

Health Story by Broward Health Regional Planning Council: Zip Codes with High COVID-19 Cases

Broward County Public Schools (Feb 2021)

BCPS Superintendent Runci estimates that (cont.):

Number of habitually truant students increased

last year

from **1,700**

this year

to **8,200**

a nearly **400%** increase

% of students receiving one or more F's
by end of first grading period

tripled to 11 percent

Enrollment fell by 8,700, four X normal annual decrease typically
attributed to students' movement to charter schools

Broward County

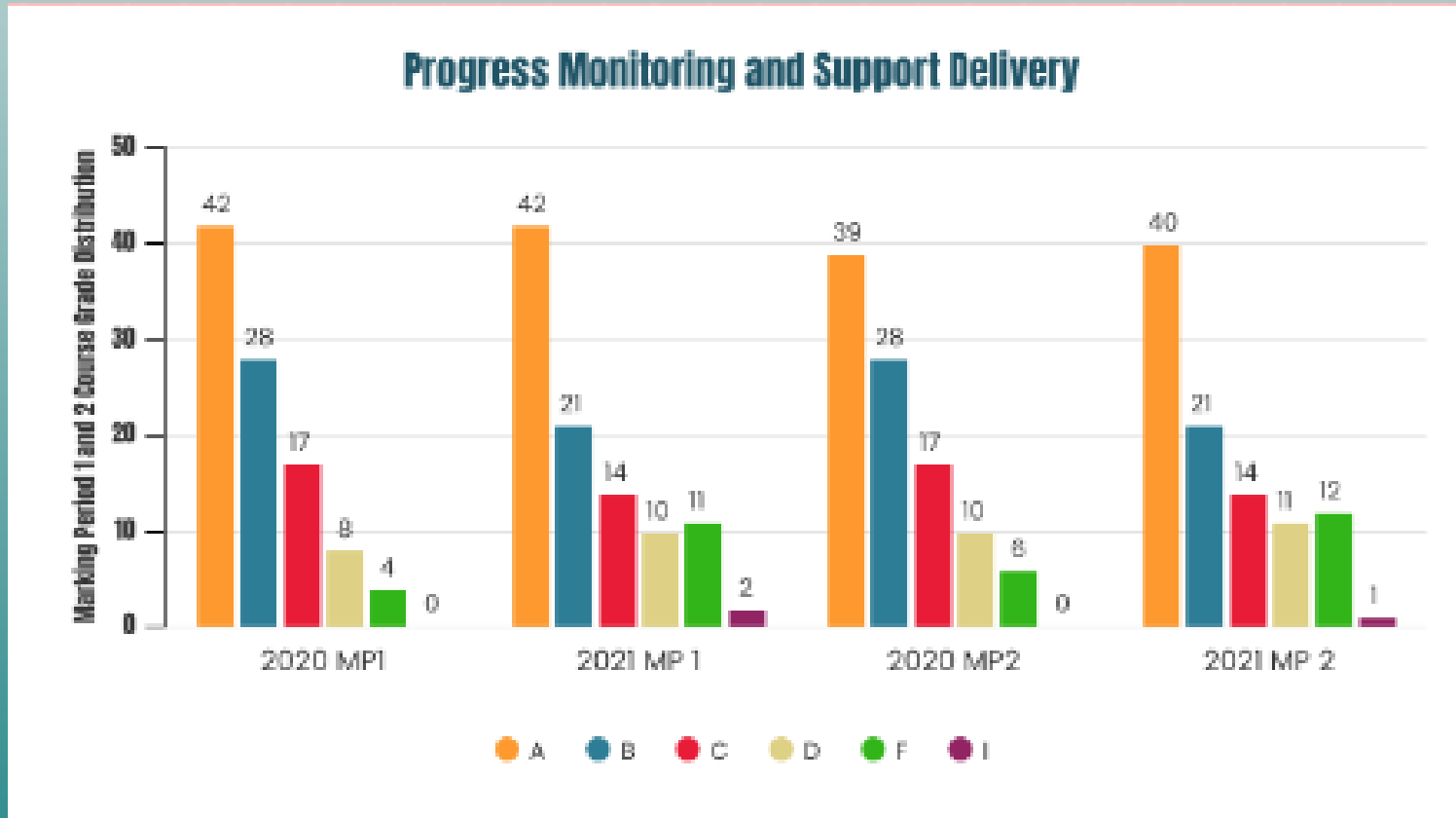
Broward County Public Schools

<https://d3n9y02raazwpg.cloudfront.net/browardschools/339d2020-7b82-11eb-96cb-0050569183fa-63aa63db-254e-4225-a5ca-ccef6a4e1570-1615587306.pdf>



Broward County COVID-19 Impact 2020 - 2021

BCPS: Progress Monitoring and Support Delivery



Broward County

BROWARD COUNTY PUBLIC SCHOOLS

<https://legistarweb->

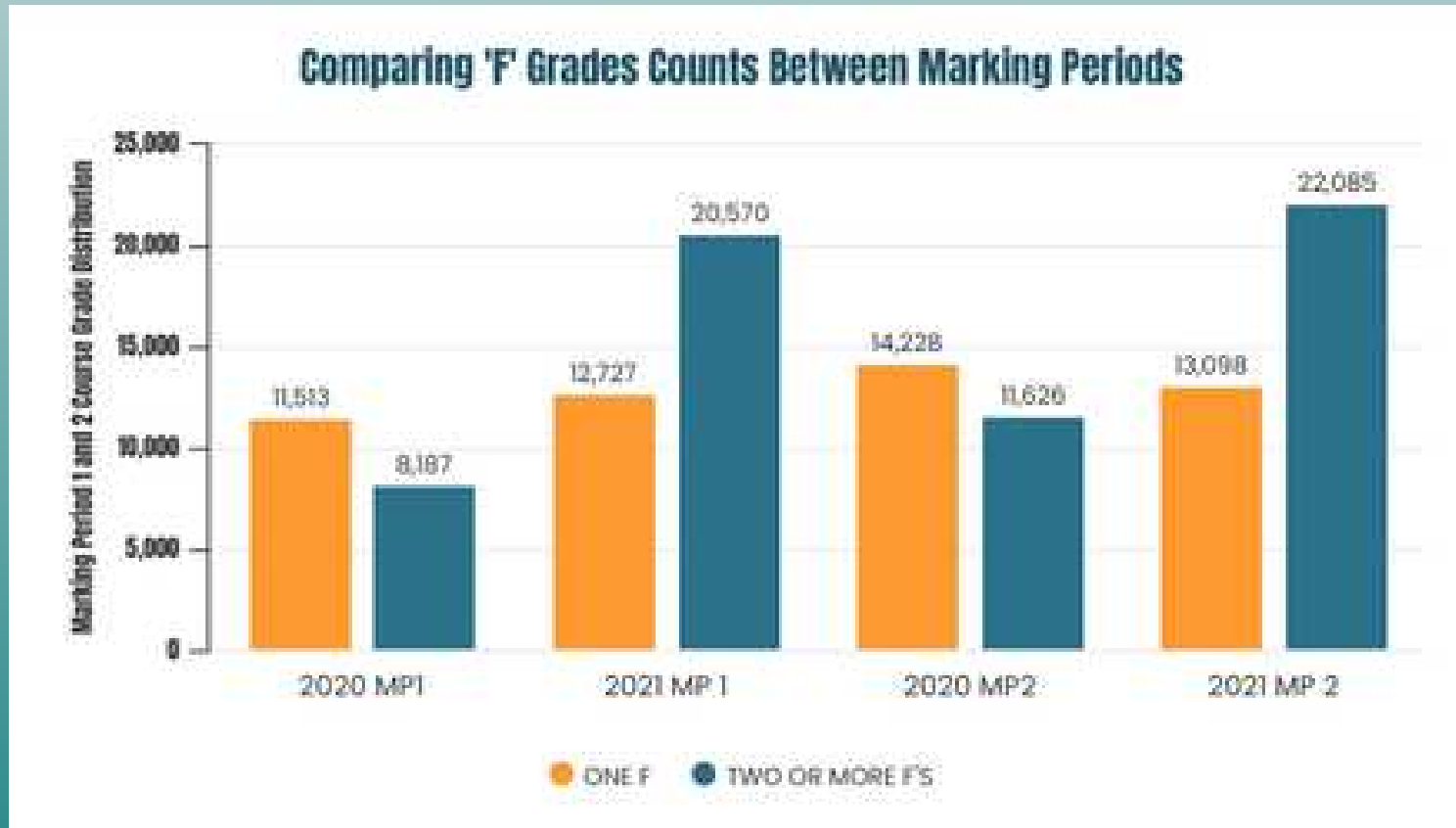
[production.s3.amazonaws.com/uploads/attachment/pdf/828772/Progress_Monitoring_Support](https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/828772/Progress_Monitoring_Support)

Services.pdf



Broward County COVID-19 Impact 2020 - 2021

BCPS: Comparing 'F' Grade Counts Between Marking Periods



Broward County

BROWARD COUNTY PUBLIC SCHOOLS

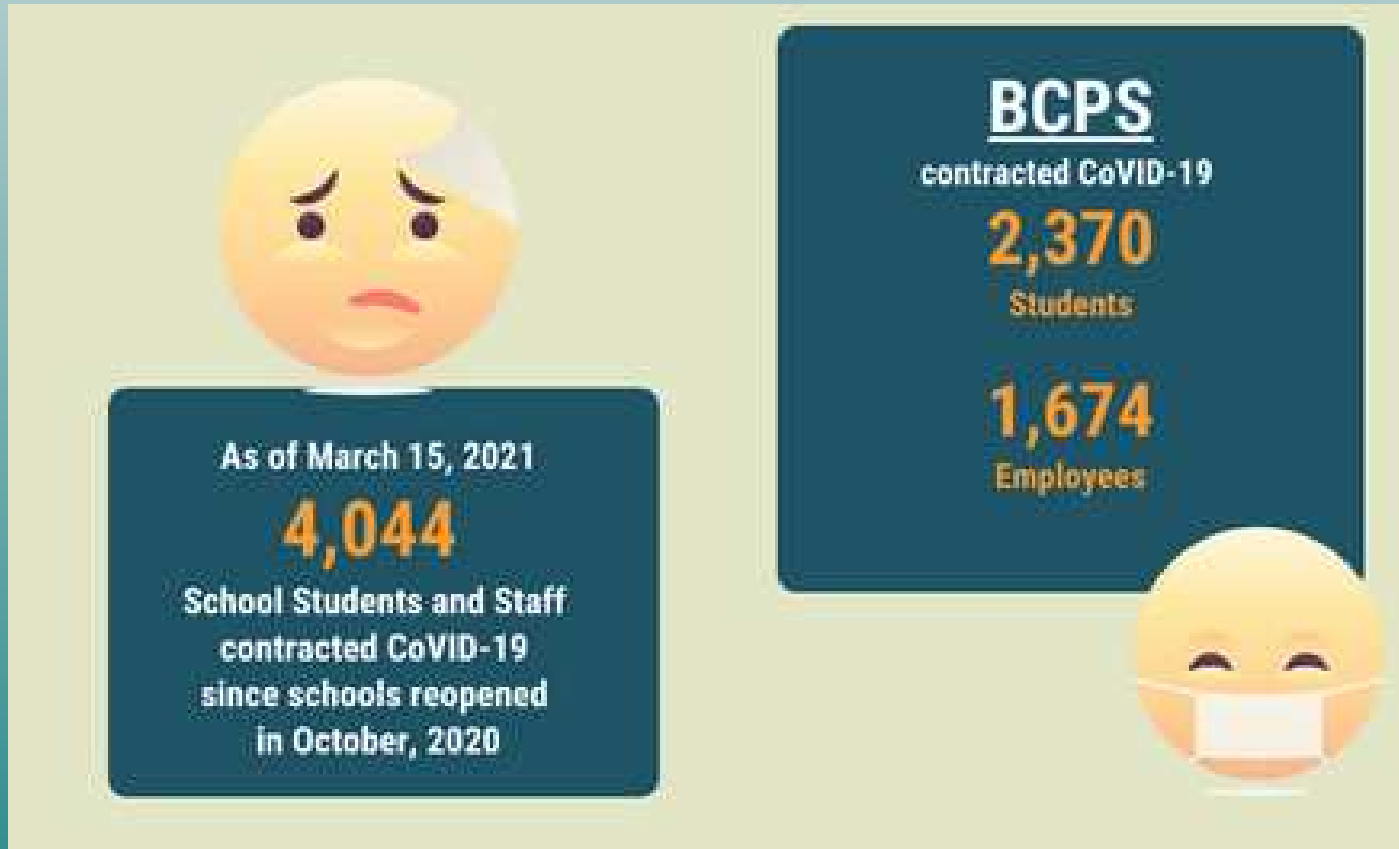
<https://legistarweb->

[production.s3.amazonaws.com/uploads/attachment/pdf/828772/Progress_Monitoring_Support](https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/828772/Progress_Monitoring_Support)

Services.pdf



Broward County COVID-19 Impact 2020 - 2021 BCPS: COVID-19 Cases





Broward County
COVID-19 Impact 2020 - 2021
Broward County Public Schools

Broward County Public Schools (Feb 2021)

Students returning to school in person or virtually
2020-2021 school year

9,000 fewer students returned
2021/2022 school year

School open
100% in-person teaching
Fall 2021 school year

Broward County

Broward County Public Schools

<https://d3n9y02raazwpg.cloudfront.net/browardschools/339d2020-7b82-11eb-96cb-0050569183fa-63aa63db-254e-4225-a5ca-ccef6a4e1570-1615587306.pdf>



Broward County COVID-19 Impact 2020 - 2021

Broward County: **UNEMPLOYMENT**

BROWARD REGION	<u>JAN 2021</u> 5.3%	↑	1.9%	JAN 2021 3.4%
LABOR FORCE	1,006,591	↓	-4.3	44,819
UNEMPLOYED RESIDENTS IN REGION				53,023



Broward County
COVID-19 Impact 2020 - 2021

Broward County: UNEMPLOYMENT

NON-AGRICULTURAL EMPLOYMENT

JAN 2021

808,500

-7.2%

↓ 62,700 JOBS



Broward County COVID-19 Impact 2020 - 2021

Broward County: Job Loss Over Year

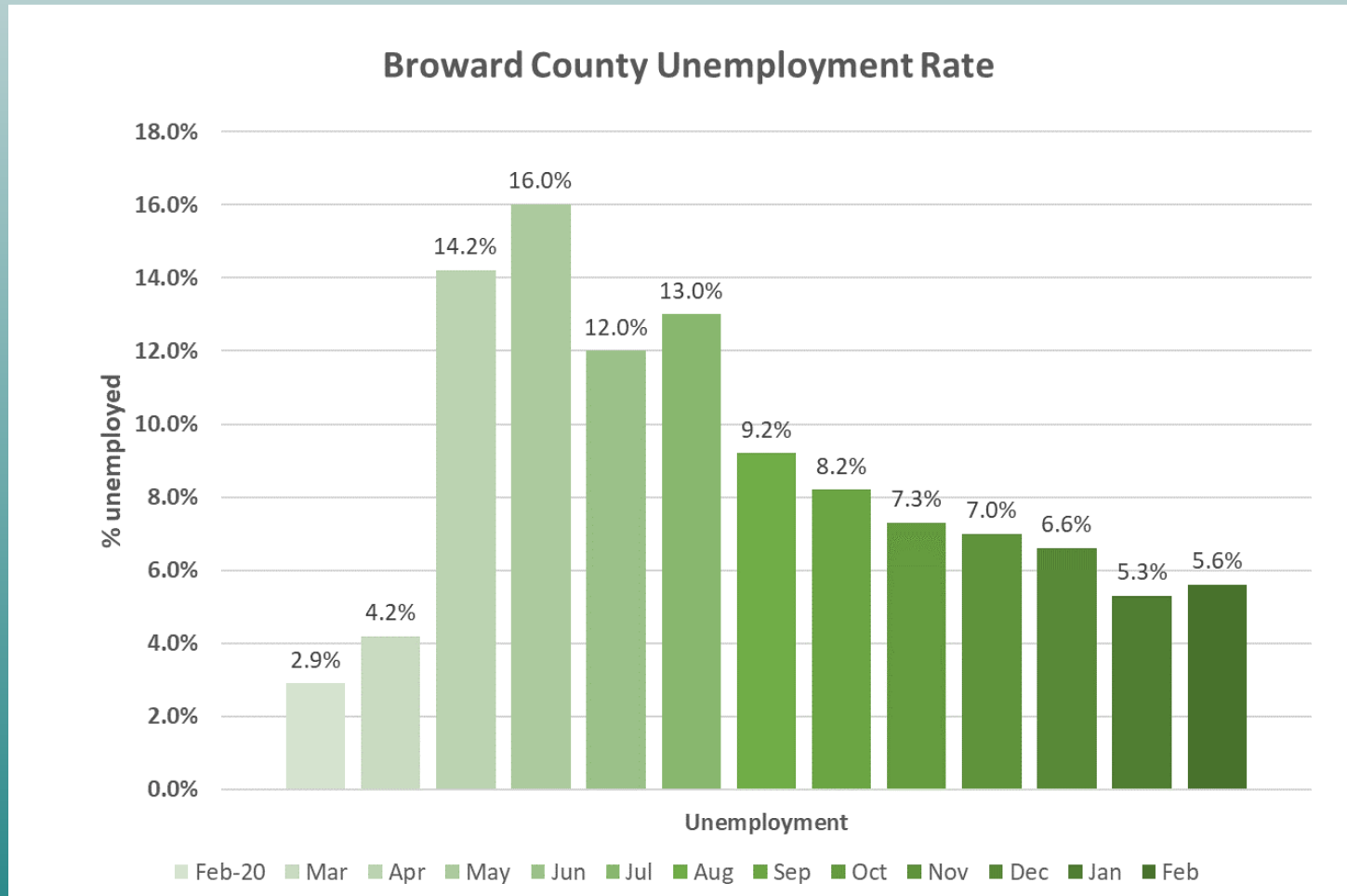
2020 JOB LOSS

Leisure and hospitality	-18,400 JOBS
Trade, transportation, and utilities	-10,400 JOBS
Professional and business services	-10,200 JOBS
Education and health services	-6,600 JOBS
Other services	-5,200 JOBS
Government	-4,600 JOBS
Manufacturing	-2,200 JOBS
Financial activities	-2,000 JOBS
Construction	-1,900 JOBS
Information	-1,200 JOBS



Broward County COVID-19 Impact 2020 - 2021

BROWARD: Unemployment Rate



Broward County

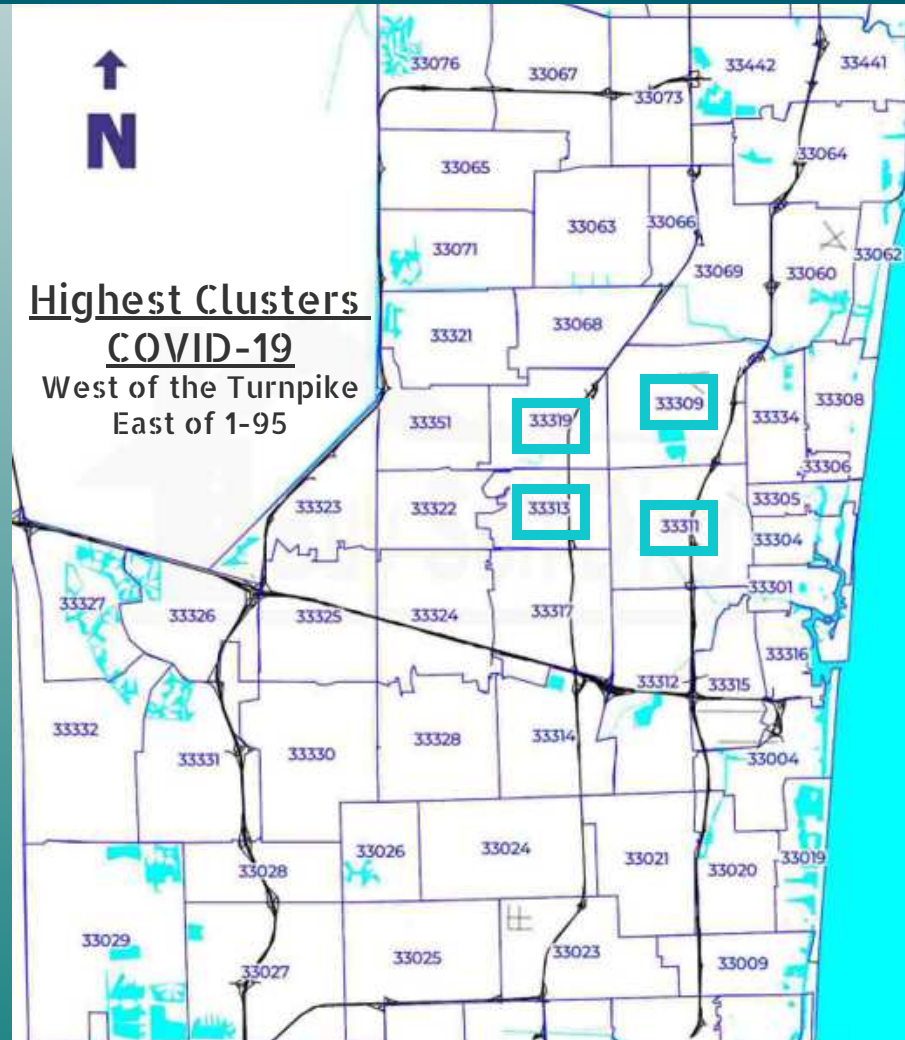
UNEMPLOYMENT RATE

https://ycharts.com/indicators/broward_county_fl_unemployment_rate



Broward County COVID-19 Impact 2020 - 2021

Health Story produced by Broward Health Regional Planning Council



Broward County

Source: https://experience.arcgis.com/experience/9f72fc8d62204e8db95a5b2cff84666e/page/page_0/

Broward County COVID-19 Health Story produced by Broward Health Regional Planning Council



Broward County COVID-19 Impact 2020 - 2021

Health Story by Broward Health Regional Planning Council: Zip Codes with High COVID-19 Cases

are 53% white population

non-white group

- black population is the predominant
- represent 37% of the population (significant 171% ▲ vs non-high zip codes)
- Hispanic population practically same across different zip codes
- are **significantly poorer**
- median income is \$55,988, which is **24% less** than non-high zip codes
- have **highest poverty rate (16%)** nearly **60% higher** than non-high zip codes
- **50% or more high rates** of Sickle Cell Disease, Asthma, AIDS & Diabetes
- Regardless of chronic medical condition, rate/100K population is significantly high in zip codes with high Black vs White populations
- **28% greater** in zip codes with high poverty

High

COVID-19
zip codes

Broward County

Source: https://experience.arcgis.com/experience/9f72fc8d62204e8db95a5b2cff84666e/page/page_0/

Broward County COVID-19 Health Story produced by Broward Health Regional Planning Council



FLORIDA

COVID-19 Impact 2020 - 2021

OVERDOSE DEATHS



Overdoses

From February 2019 - February 2020

7,098

From February 2020 - February 2021

5,127

Florida

Source: CDC Vital Statistics March 1 2021

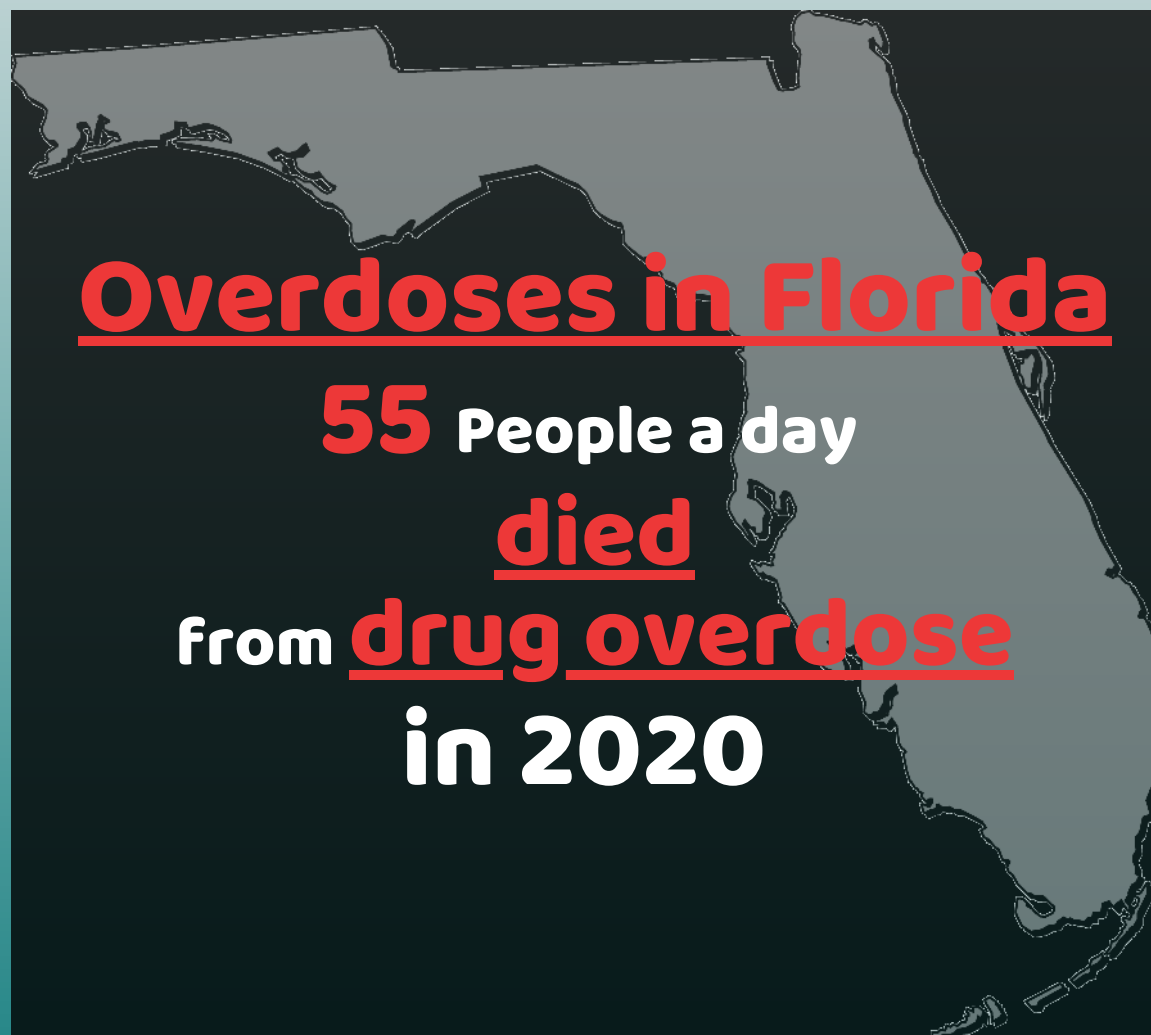
<https://www.cdc.gov/nchs/nvss/deaths.htm>



FLORIDA

COVID-19 Impact 2020 - 2021

OVERDOSE DEATHS



Florida

Source: CDC Vital Statistics March 1 2021

<https://www.gflalliance.org/news/2021/02/24/in-the-news/project-opioid-partners-with-florida-blue-foundation-to-build-statewide-collaboration-to-address-opioid-crisis/>



FLORIDA

COVID-19 Impact 2020 - 2021

OVERDOSE DEATHS

Younger generations hit hard
53% of all drug overdoses
in the state
the ages of 25 and 44

***even though this segment only represents 25% of the population statewide**

Florida

Source: CDC Vital Statistics March 1 2021

<https://www.gflalliance.org/news/2021/02/24/in-the-news/project-opioid-partners-with-florida-blue-foundation-to-build-statewide-collaboration-to-address-opioid-crisis/>



Broward County COVID-19 Impact 2020 - 2021

High COVID-19 in Non-White Zip Codes

**High COVID-19
ZIP CODES**



47%

**Non-High COVID-19
ZIP CODES**



23%



Broward County
Cases by Zip Code

<https://www.gflalliance.org/news/2021/02/24/in-the-news/project-opioid-partners-with-florida-blue-foundation-to-build-statewide-collaboration-to-address-opioid-crisis/>

CENSUS HOUSEHOLD PULSE SURVEY: South Florida Adults



1. Loss in Employment Income

22% expect someone in household to lose employment income in next 4 weeks, as compared to 20% of adults in the U.S.



2. Substituted In-Person Work

41% report at least one adult in the household has substituted some or all in-person work for tele-work because of the coronavirus pandemic, as compared to 38% of adults in the U.S.



3. Not Enough to Eat

13% report there was either sometimes or often not enough to eat in the last 7 days, as compared to 10% of households in the U.S.



4. Unable to Pay Housing

6% are not current on rent or mortgage payments and have slight/no confidence that their household can pay next month's rent or mortgage on time, as compared to 9% of household in U.S.



5. Eviction or Foreclosure Likely

25% live in households not current on rent or mortgage where eviction or foreclosure in the next two months is either very likely or somewhat likely, as compare to 35% of the U.S. households



6. Difficult to Pay Household Expenses

37% live in households where it has been somewhat or very difficult to pay for usual household expenses during the coronavirus pandemic, as compared to 35% of U.S. households



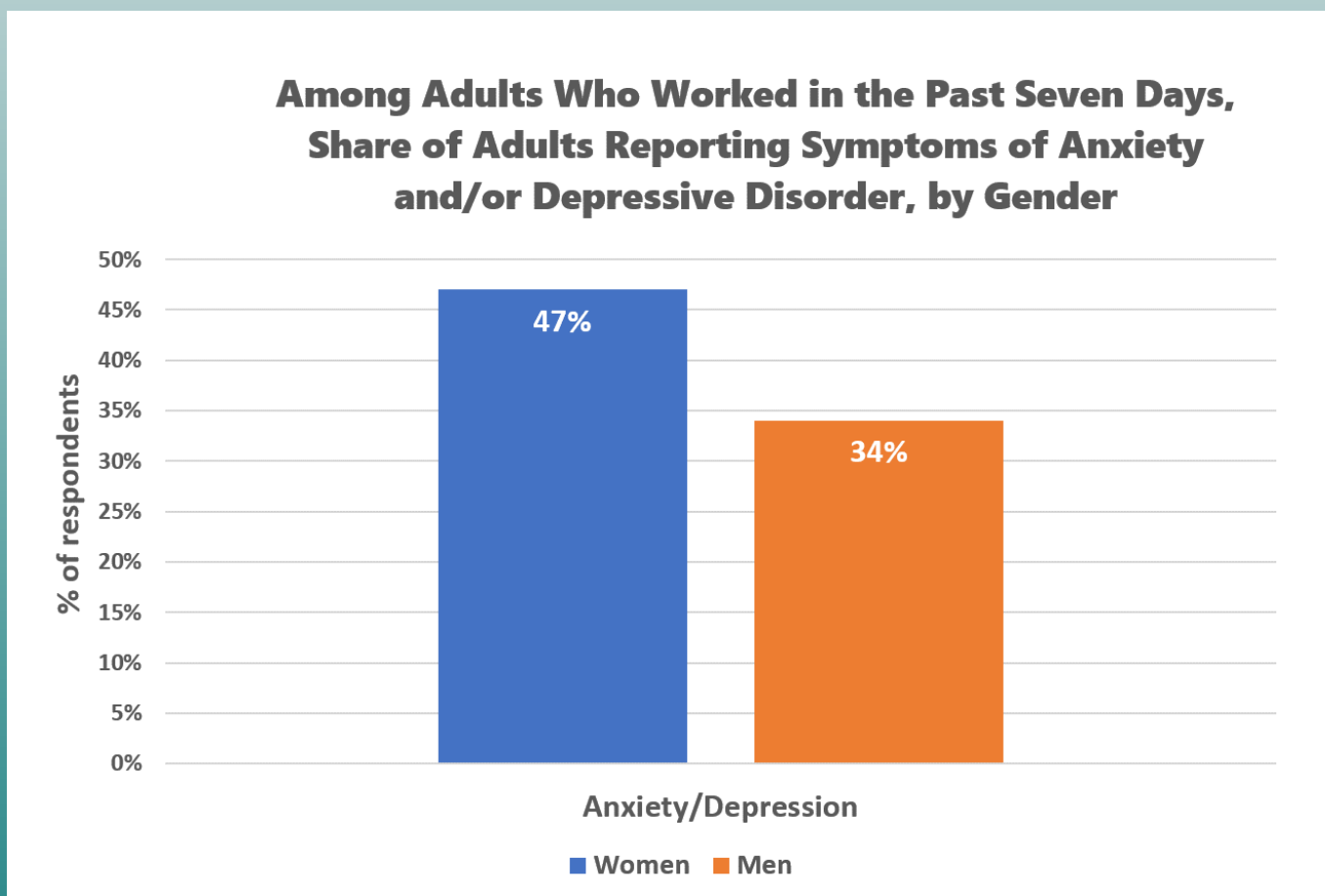
7. Plans Cancelled or Changed

79% at least one adult was planning on taking post-secondary classes this fall, but those plans have either been cancelled or changed in significant way, as compared to 77% of U.S. households



National COVID-19 Impact 2020 - 2021

ANXIETY & DEPRESSION BY GENDER



National

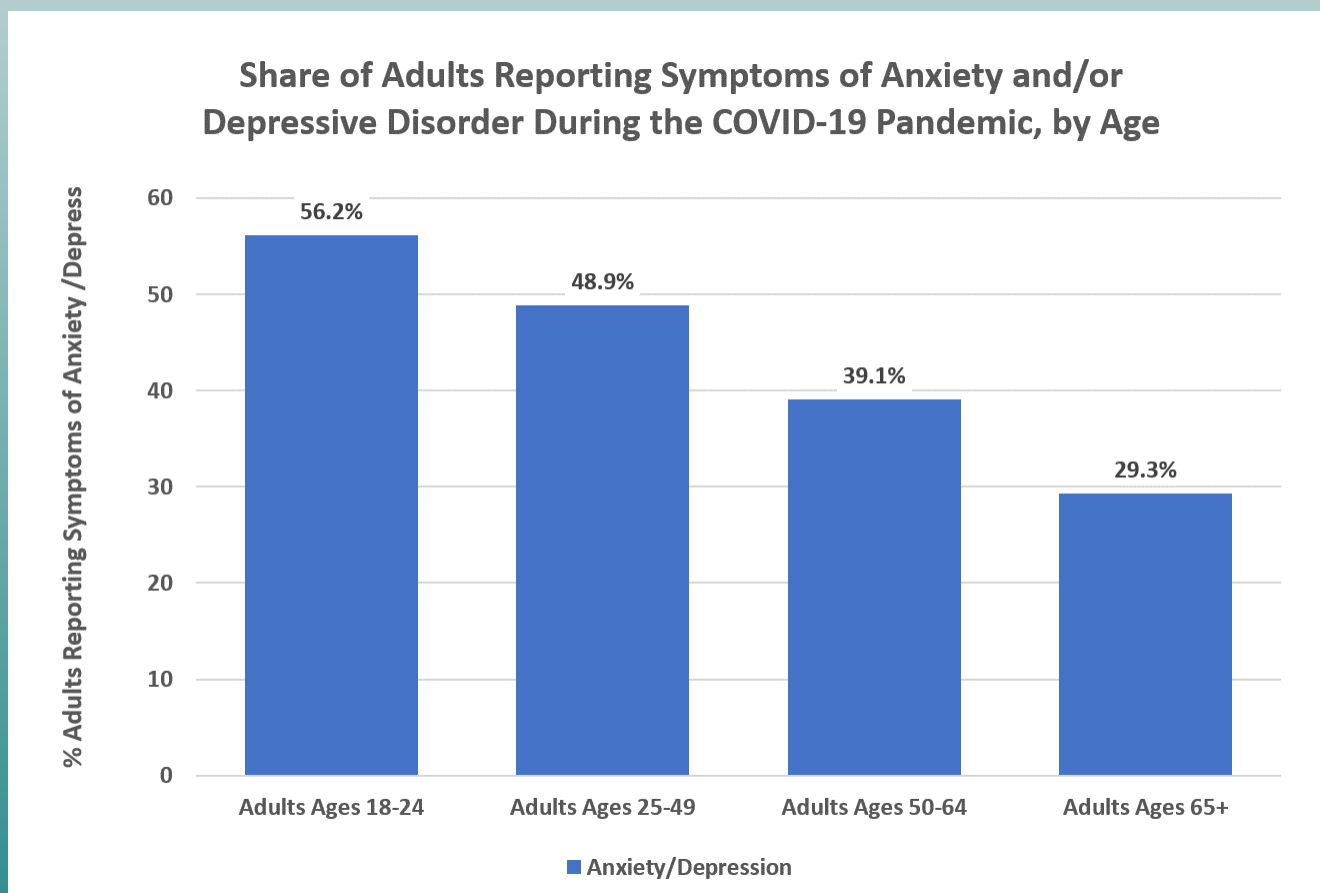
Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

ANXIETY & DEPRESSION BY AGE



National

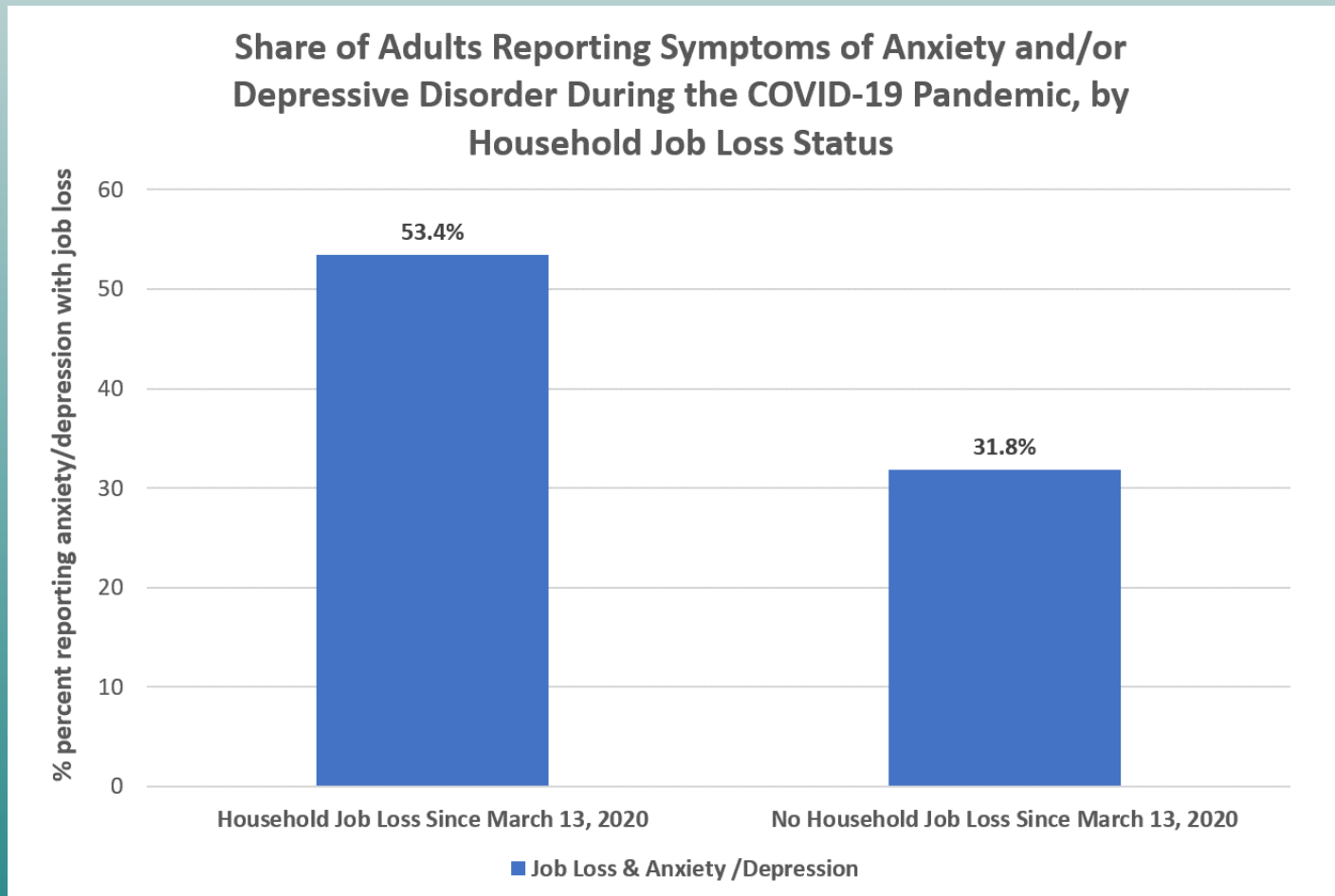
Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

ANXIETY & DEPRESSION: HOUSEHOLD JOB LOSS STATUS



National

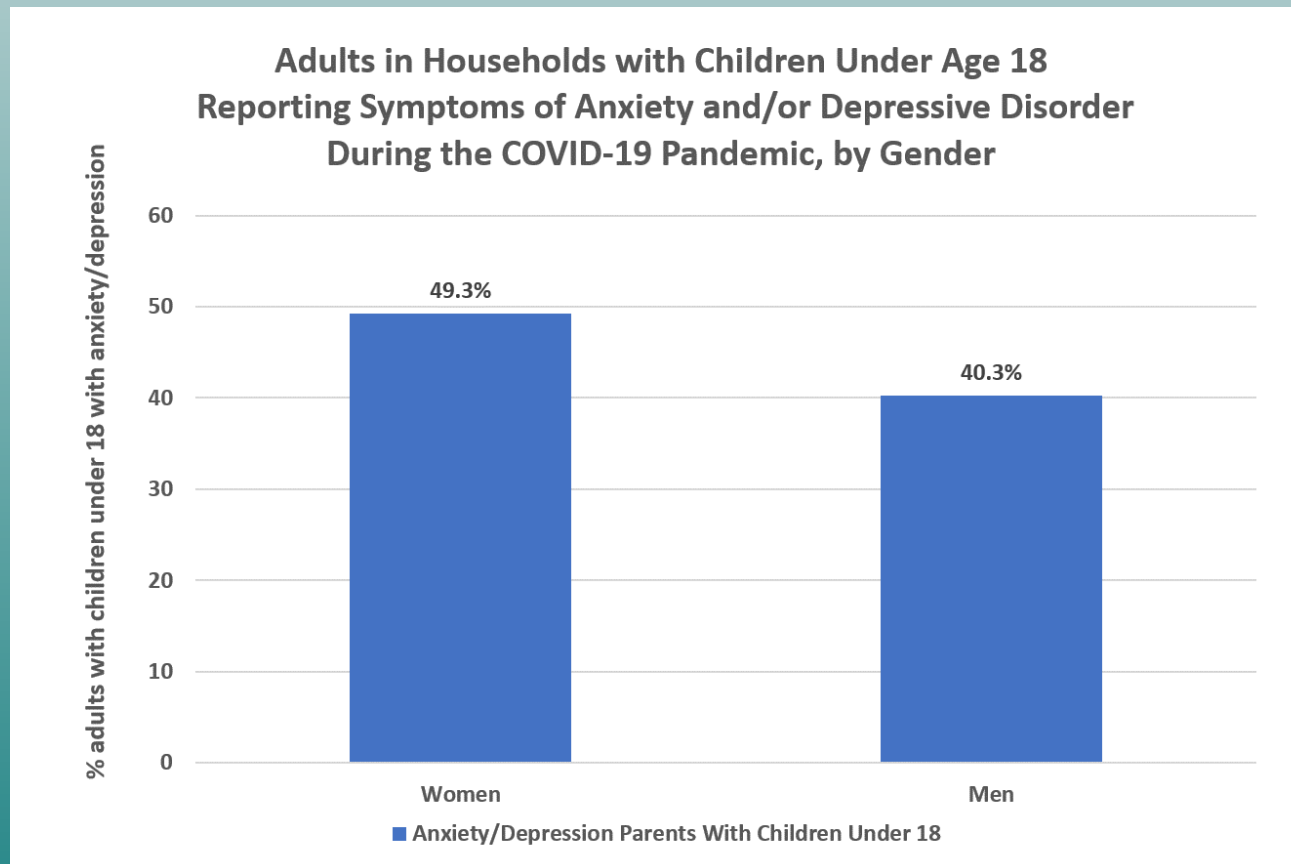
Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

ADULTS w/Anxiety & Depression: w/Children Under Age 18



National

Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

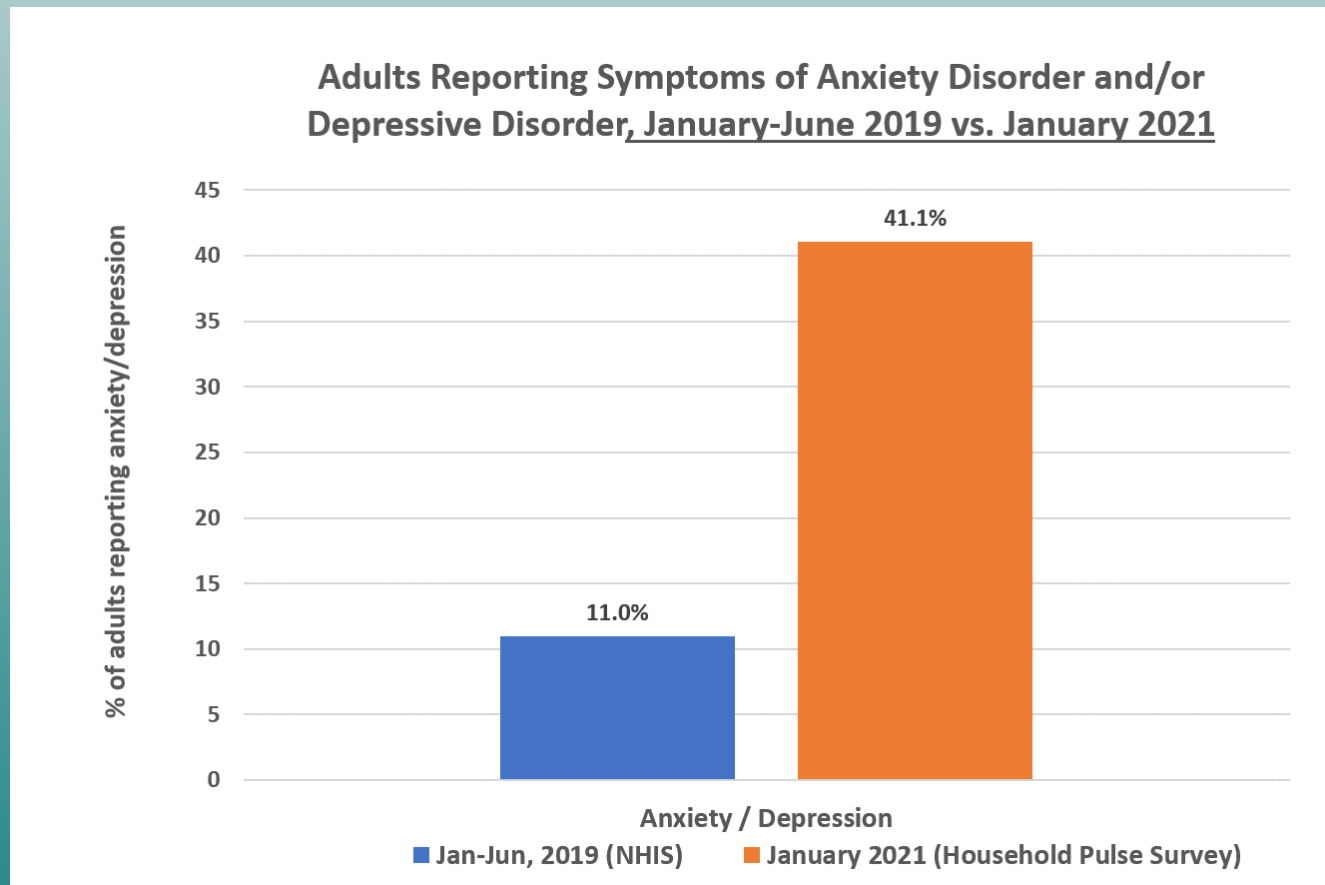
<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

ADULTS W/ANXIETY & DEPRESSION

January - June 2019 vs. January 2021



National

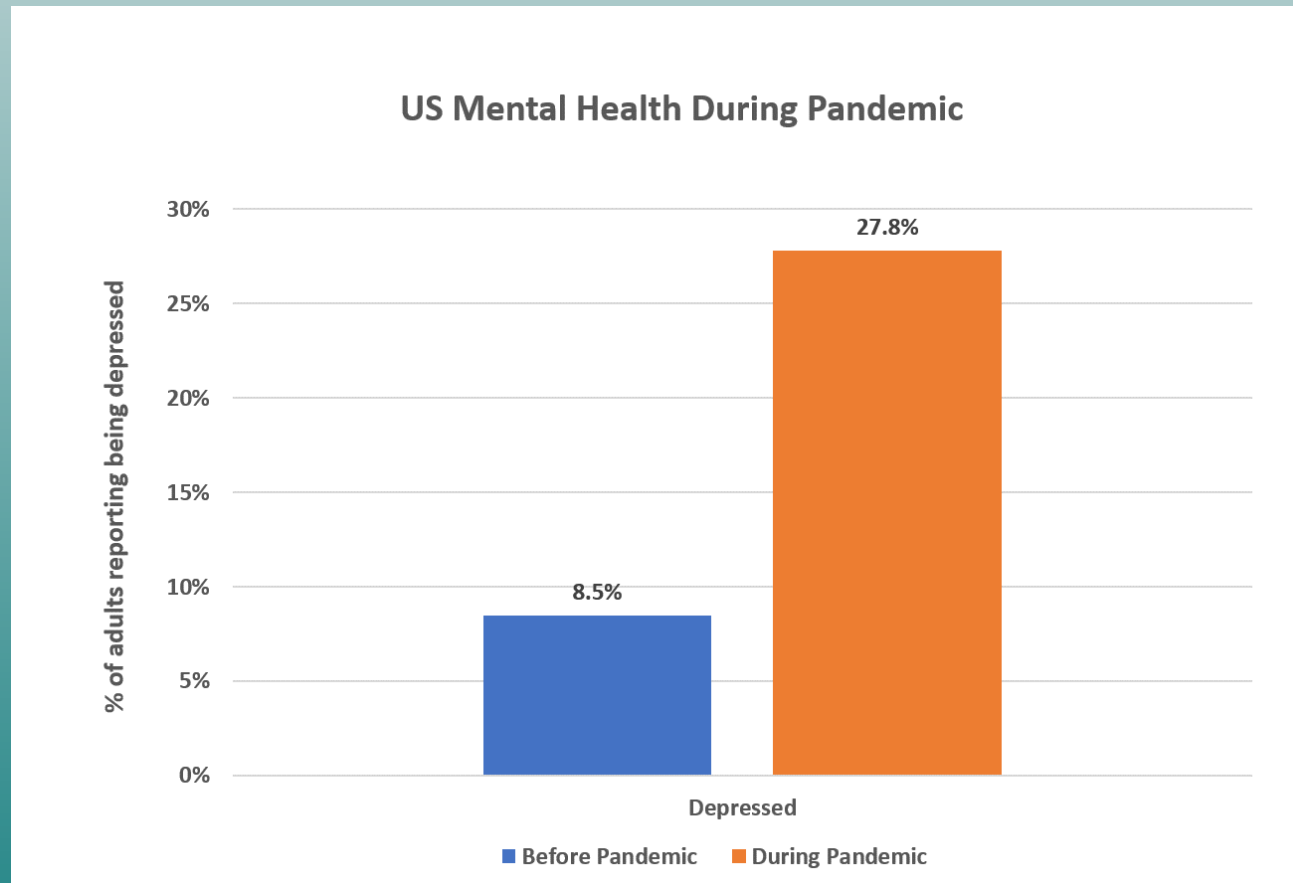
Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

US Mental Health During the Pandemic Before and During Pandemic



National

US Cases of Depression Have Tripled During Pandemic

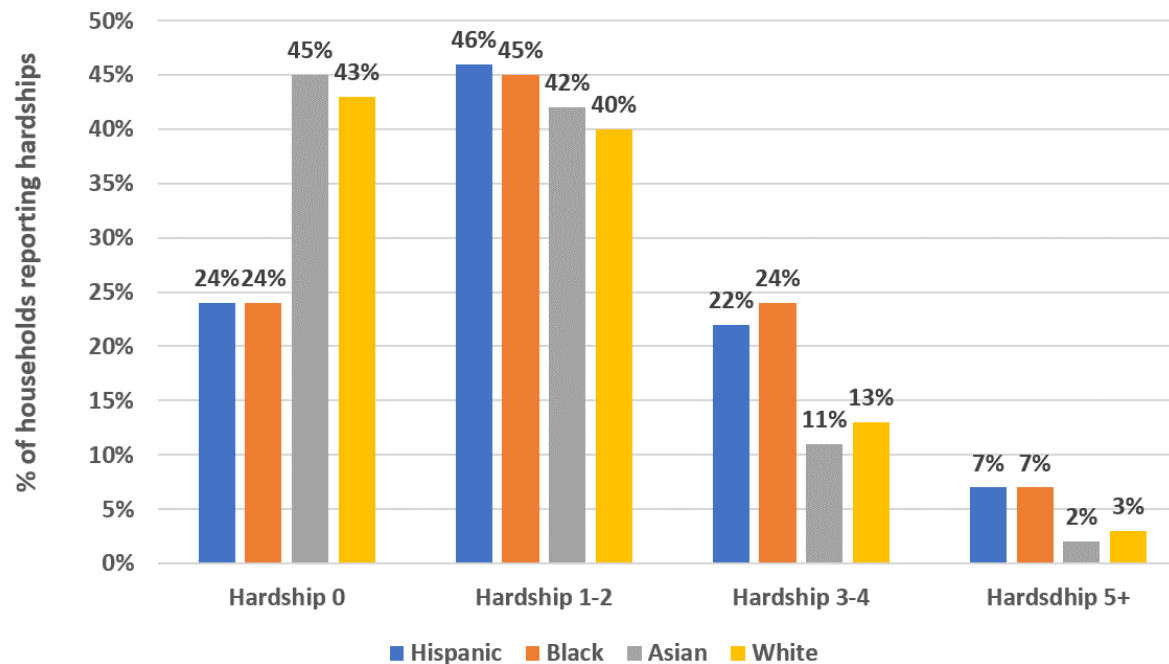
<https://www.medicalnewstoday.com/articles/us-cases-of-depression-have-tripled-during-the-covid-19-pandemic>



National COVID-19 Impact 2020 - 2021

US Mental Health During the Pandemic Hardships by Ethnicity in Households with Children

During COVID-19, Hispanic and Black households with children experienced three or more hardships at greater rates than Asian and White child households



National

During Pandemic, Hispanic and Black households with children experienced three or more hardships at greater rates than Asian and White child households

Source: The Census Bureau Household Pulse Survey, Weeks 13-20 (August 19-December 7, 2020).

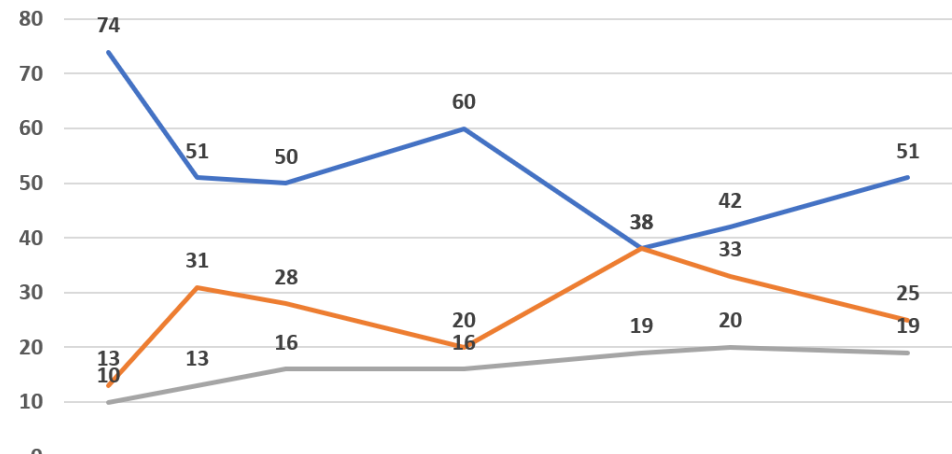


National COVID-19 Impact 2020 - 2021

HALF OF ADULTS SAY WORST OF VIRUS YET TO COME

**Half Of Adults Say The Worst Of
The Coronavirus Outbreak Is Yet To Come**

Percent who say each of the following best describes their feelings about the coronavirus outbreak in U.S.



	Early Apr-20	Apr-20	Feb-00	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
— The worst is behind us	74	51	50		60		38	42		51
— The worst is yet to come	13	31	28		20		38	33		25
— The coronavirus is not/will not be a major problem	10	13	16		16		19	20		19

— The worst is behind us — The worst is yet to come — The coronavirus is not/will not be a major problem

National

Both Remote and On-Site Workers are Grappling with Mental Health Consequences of COVID-19

<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>



National COVID-19 Impact 2020 - 2021

NIDA: People with SUD Have Increased Risk for COVID-19 and Worse Outcomes (January 2021)

People w/ substance use disorder (SUD)
at any time in their lives than w/o an SUD

1.5 times more likely
to contract COVID-19

Those w/recent substance use disorder SUD

more than 8X more likely

People w/ opioid use disorder (OUD)
and African Americans

particularly high risk for COVID-19

COVID-19 patients w/ SUD

more likely to require
hospitalization and die

Patients w/ OUD and
African American

patients at greatest risk

National

NIDA Notes: People with SUD Have Increased Risk for COVID-19 and Worse Outcomes (January 2021)

National Institute Drug Abuse



**National
COVID-19 Impact 2020 - 2021**

JAMA: PTSD

**1/3 of patients seeking emergency department
treatment for COVID-19**

diagnosed with **post-traumatic stress disorder (PTSD)
at a post-recovery health check
between 1 and 4 months after acute infection**

**National
JAMA: PTSD**

https://www.psychcongress.com/article/third-patients-severe-covid-19-diagnosed-ptsd-after-recovery?hmpid=cmhvbmRhQHNVY3BhcnRuZXJzLm5ldA==&utm_medium=email&utm_source=newsletter&utm_content=1239309903



**National
COVID-19 Impact 2020 - 2021**

JAMA: Patients Diagnosed w/PTSD

PATIENTS DIAGNOSED WITH PTSD

55.7% - were women

34.8% - reported a history of psychiatric disorders

16.5% - reported delirium or agitation during acute illness

62.6% - presented with more than 3 persistent medical symptoms in the post-illness stage

National

JAMA: PTSD

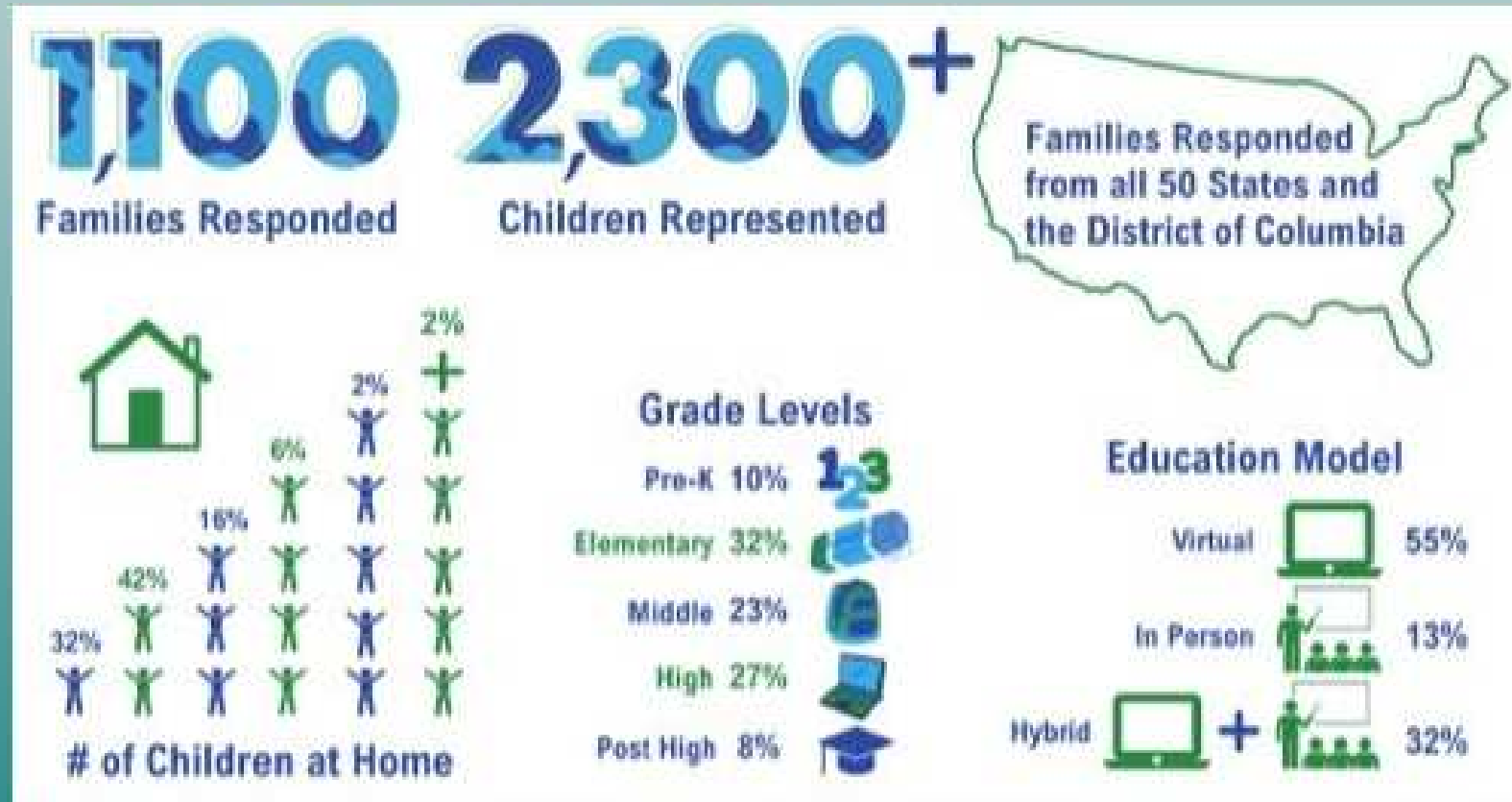
[https://www.psychcongress.com/article/third-patients-severe-covid-19-diagnosed-ptsd-after-recovery?](https://www.psychcongress.com/article/third-patients-severe-covid-19-diagnosed-ptsd-after-recovery?hmpid=cmhvbmRhQHNVY3BhcnRuZXJzLm5ldA==&utm_medium=email&utm_source=newsletter&utm_content=1239309903)

[hmpid=cmhvbmRhQHNVY3BhcnRuZXJzLm5ldA==&utm_medium=email&utm_source=newsletter&utm_content=1239309903](https://www.psychcongress.com/article/third-patients-severe-covid-19-diagnosed-ptsd-after-recovery?hmpid=cmhvbmRhQHNVY3BhcnRuZXJzLm5ldA==&utm_medium=email&utm_source=newsletter&utm_content=1239309903)



National Federation of Families COVID-19 Impact 2020 - 2021

How are Children and Caregivers Doing, Really?



National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

How Do Caregivers Feel School is Going for Their Children?



“

I am a working mother and feel constantly like I am being asked to choose between my child and my career. There is no choice because without my income we lose our home. I am a strong person, but I am begging for help. (West Virginia)

Students receiving special education services are being left behind. (New Jersey)

The teachers are and have been amazing. I just wish there were two of me. (Massachusetts)

”

National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

What Do Caregivers Say is Most Challenging?

#1



**Balancing School
and Work (Time)**

One of my kids is fine academically, but is extremely challenged by the lack of social interaction. Another one of my kids is requiring all of my time during the day to stay on task. And a third child is suffering because she has nothing to do because school hasn't started for her, so she is watching way too much TV because I can't do everything. (Oregon)



#2



**Meeting Special
Education Needs**

My son is nonverbal and this has not been taken into consideration at all and he is not receiving his speech and occupational therapy. (Texas)

There is no substitute for in-person instruction when it comes to special education. (New Jersey)

National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

How Do Caregivers Say is Most Challenging?

#3



Navigating Platforms

I have to take pictures of school work on my phone, send it to a school email, upload the images and then send them to the teacher. I waste lots of time waiting on the computer to load videos. I just don't feel like my child is learning much despite the best efforts of teachers. She learns better in person with a variety of teachers for motivation.
(West Virginia)



#4



Support from School/Teachers

The teachers and supports are stretched so thin between virtual and in-person classrooms. I don't see the same level of support and communication as pre-covid. (Texas)

National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

Hours Caregivers Spend Managing School at Home Daily



National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

Are Your Child's I.E.P./ 504 Plans Being Met?

Are Your Child's I.E.P. / 504 Plans Being Met?



Of the 1,100 caregivers who responded, 649 have a child(ren) with an I.E.P. or 504 Plan. Only 9% feel their child's needs are being met well.

“ Our special needs child needs access to services and to socialization. She has regressed by years over the last few months. (Massachusetts)

I have 2 children with severe autism and 4 in total. This has been a horrific experience for my family. (Illinois) ”

National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



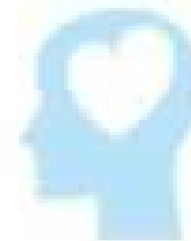
National Federation of Families COVID-19 Impact 2020 - 2021

Impact on Caregiver and Child Mental Health

Impact on Caregiver and Child Mental Health



Increased Behavioral Health Symptoms



Accessing Mental Health Services

National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

Impact on Caregiver and Child Mental Health

Caregivers report that both they and their children are experiencing an increase in behavioral health symptoms (anxiety, depression, substance use, negative thoughts) at equivalent rates (~70%). However, adults are accessing mental health services and supports more frequently than their children (56% vs. 39%).

This may be due to the limited number of mental health professionals serving children and youth. Engaging in telehealth services may also be more difficult for youth.



My grandson now has a negative self image due to his low grade in math. He says he's dumb because he doesn't understand the concepts. He has always been a very good student. At home, his mother is unable to help because she doesn't understand the math, struggles with substance abuse and is depressed. (West Virginia)

I have become depressed and anxious. I can't manage my work on top of helping my 6-year-old manage his school schedule and learn new material. It's absolutely exhausting. (Indiana)



National

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

FAMILY VOICES: Education and Mental Health during COVID-19

"We really need a voice."

It would help if teachers and staff understood the impact these changes have on families, especially in my situation. I have more than one child - one with an I.E.P. and each with multiple classes. Balancing and ensuring the stability of my household and managing virtual learning is extremely challenging. My mental health takes a hit. Instead of judgment and mistreatment, work with parents to find help and be versatile and creative to ensure the support and success of every student. (D.C.)



Working parents really need help. I cannot bear the weight of this pandemic much longer. I'm sick with worry every day because I can't even plan for tomorrow. I don't know if my child will be at school, daycare, or back up daycare. If my children have school, I have to report to work. Although I am fortunate my place of employment extended EFMLA, the twelve weeks are almost gone. My mental health is greatly affected. My son has asthma and if he isn't in school, he will be at an overcrowded daycare soon. Please help the working mother. We really need a voice. (West Virginia)

NATIONAL

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National Federation of Families COVID-19 Impact 2020 - 2021

FAMILY VOICES: Education and Mental Health during COVID-19

"It has been extremely stressful and emotionally draining."

Not having consistent learning in-person and last-minute cancellations of school have been extremely stressful and emotionally draining for both my children and myself. Having to juggle my job as well as the needs of my nonverbal son who requires care at all times is impossible. My son learns best when he is in his school program with structure and is interacting with staff. Virtual learning is not meeting his needs on the days that it is necessary. (New York)



My teenage daughters have both started on antidepressants in the last month. I was able to take 12 weeks of leave beginning in August via the CARES Act, but now that leave is up and I am having to balance full-time work from home and 2 students with special needs. It is really taxing on me. (North Carolina)

NATIONAL

EDUCATION AND MENTAL HEALTH DURING COVID - 19

A 2021 survey conducted by the National Federation of Families | www.ffcmh.org



National COVID-19 Impact 2020 - 2021 Healthcare Workers at Risk for Mental Health Problems

More than half of **doctors, nurses,** and **emergency responders** involved in COVID-19 care **could be at risk for one or more mental health problems.**

Including **acute traumatic stress, depression, anxiety, problematic alcohol use,** and **insomnia.**

~University of Utah Health scientists

National

More than Half of COVID-19 Healthcare Workers at Risk for Mental Health Problems (Jan 2021)

<https://healthcare.utah.edu/publicaffairs/news/2021/01/covid-mental-health.php>



National COVID-19 Impact 2020 - 2021

Healthcare Workers at Risk for Mental Health Problems

RISK OF MENTAL HEALTH CONDITIONS

Comparable to rates natural disasters:

**9/11 and
Hurricane Katrina**

National

More than Half of COVID-19 Healthcare Workers at Risk for Mental Health Problems (Jan 2021)

<https://healthcare.utah.edu/publicaffairs/news/2021/01/covid-mental-health.php>



National COVID-19 Impact 2020 - 2021

Impact of COVID-19 on Pediatric Mental Health

Overall
Mental
Health

Pediatric Mental Health

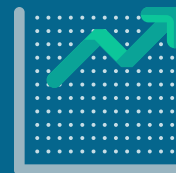


ages 13-18



March & April 2020

claim lines **DOUBLED** over
same months in previous yr



↑ mental health claims
& **medical ↓ claims**
continued thru November 2020

ages 19-22
mental health trends **less pronounced** than
ages 13-18

***as a % of medical claim lines from their levels in the corresponding months of 2019

National
Pediatric Mental Health

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The Impact of COVID-19 on Pediatric Mental Health - A Study of Private Healthcare Claims - A FAIR Health White Paper.pdf>



National COVID-19 Impact 2020 - 2021

Impact of COVID-19 on Pediatric Mental Health



Intentional
Self-Harm

Intentional Self-Harm

↪ ages 13-18 ↩

↑ March 2020 vs. March 2019
90.71 %

↑ April 2020 vs. April 2019
99.83 %

***% of all medical claim lines for as a % of all medical claim lines



National

Pediatric Mental Health

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The Impact of COVID-19 on Pediatric Mental Health - A Study of Private Healthcare Claims - A FAIR Health White Paper.pdf>



National COVID-19 Impact 2020 - 2021

Impact of COVID-19 on Pediatric Mental Health



Overdoses & Substance Use Disorders

Overdoses

ages 13-18

March 2020 94.91%
April 2020 119.31%

(% of all medical claim lines in over the same months the year before)

Substance Use Disorders

March 64.64 %
April 62.69 %

2020 as compared to their corresponding months in 2019

***as a % of medical claim lines from their levels in the corresponding months of 2019

National

Pediatric Mental Health

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The Impact of COVID-19 on Pediatric Mental Health - A Study of Private Healthcare Claims - A FAIR Health White Paper.pdf>



National COVID-19 Impact 2020 - 2021

Impact of COVID-19 on Pediatric Mental Health



Mental Health
Diagnoses

Obsessive-Compulsive Disorder
& Tic Disorders

ages 6-12



Spring - November 2020
April 2020

Generalized Anxiety Disorder

93.6 %

ages 13-18



April 2019

Major Depressive Disorder

83.9 %



Adjustment Disorder

89.7 %



***as a % of medical claim lines from their levels in the corresponding months of 2019

National
Pediatric Mental Health

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The Impact of COVID-19 on Pediatric Mental Health - A Study of Private Healthcare Claims - A FAIR Health White Paper.pdf>



**Continuous Quality Improvement (CQI)
3rd Quarter Report - FY 20/21**

Report Date	April 19, 2021
Review Period	January 2021 to March 2021
BBHC CQI Staff	Caren Longsworth, LCSW – Quality Improvement Manager Areeba Johnson, MSW – Continuous Quality Improvement Coordinator Zakiya Drummond, MSW – Program/Contract Monitor Amelia Benson, MSW – Program/Contract Monitor
Report Reviewed & Approved by	Danica Mamby – Director of Administration

Scope/Purpose:

The 3rd Quarter Continuous Quality Improvement (CQI) Report is a summary of all CQI activities and reporting in the quarter being reported. During the 3rd Quarter of Fiscal Year (FY) 20-21, BBHC's CQI Department has conducted the following functions:

1. Processed electronic submission of Consumer Satisfaction Surveys for the 3rd quarter
2. Cultural Linguistic Competency (CLC) Initiative review
3. Investigated the Complaints & Grievances received by BBHC
4. Provided oversight of the Statewide DCF Recovery Oriented System of Care (ROSC) Initiative
5. Provided oversight of the Secret Shopper Initiative
6. Reviewed Performance Measures for accuracy
7. Managed the tracking and follow-up of Incident Reporting (IR)
8. Conducted Contract Accountability Review Monitoring
9. Provided technical assistance and training to Network Providers

Documents Reviewed:

During the preparation of this report, the following documents were reviewed:

1. Department of Children and Families (DCF) Consumer Satisfaction Surveys (CSS)
2. CLC Plan for FY 20-21
3. 3rd Quarter Complaint & Grievance Log
4. Secret Shopper Correspondence
5. Performance Measures
6. Quarter 3 Incident Reporting Report Tracking Log
7. Contract Monitoring Schedule
8. CAR Monitoring Reports

Summary:

DCF Consumer Satisfaction Surveys

During the 3rd quarter of FY 20/21, BBHC received a total of 522 Consumer Satisfaction Surveys. 406 were completed by adults and 116 were completed by children. The overall satisfaction rate was 88% for the BBHC Network of Providers.

Program	Percent Completed	Number of Surveys
Children Mental Health	69.84%	92
Children Substance Abuse	30.16%	24
Adult Mental Health	50.36%	229
Adult Substance Abuse	49.64%	177

Cultural Linguistic Competency (CLC) Initiative

BBHC CQI Staff reviewed and updated the FY 20/21 CLC plan to reflect completed action items which are as follows...

- BBHC will have a list of competent and/or certified interpreters and translators.
- BBHC will conduct a survey or a focus group of community assets using community members as information sources.

Complaints and Grievances

During the 3rd quarter of FY 20/21, BBHC received three (3) complaints.

- Complaint 1 was received on 1/6/21 and alleged a HIPAA breach. The complaint alleged that a tracking device was implemented by the Provider that could potentially violate the privacy of persons served and staff. Detailed information about the device and the process of obtaining the tracking system was provided. The tracking device, which has yet to be implemented by the Provider does not have the potential to video or audio records persons served or staff and will not protected health information or the rights of persons served or staff at the facility. BBHC recommended that the Provider update their privacy consent and employee handbook to include information about the tracking device.
- Complaint 2 was received on 1/7/21 and contained three allegations. One allegation pertained to inappropriate sexualized behavior of a staff member towards persons served at the residential facility. The second allegation alleged that groups at this facility were not being provided as scheduled. The third allegation was regarding staff inappropriately addressing persons served during groups. The Provider cooperated throughout the investigation and provided documentation which refuted the allegations. In addition, persons served were interviewed and it was determined that the allegations were unfounded. Furthermore, the staff member referenced in the third allegation resigned from the agency several months prior to this complaint being made. BBHC recommended the Provider retrain staff who facilitate groups in customer service and positive engagement of persons served.
- Complaint 3 was received on 3/15/21 and alleged that a staff member from a collaborating agency was undermining the Provider's efforts to discharge a person served. BBHC facilitated a meeting between the two Providers to discuss the staff members actions and resolutions to the complaint. It was determined that the staff member will receive additional training, support, and supervision to collaborate effectively with partnering agencies.

ROSC

ROSC is a value-driven framework to guide systems transformation. This involves a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery, and structuring behavioral health systems. The network of services both formal and informal are developed and mobilized to sustain long-term recovery for individuals and families impacted by behavioral health disorders.

CQI staff continue to attend ROSC statewide and regional calls. BBHC collaborated with the DCF ROQI to conduct the first Medication Assisted Treatment (MAT) monitoring of a Provider to determine their implementation of ROSC principles.

Secret Shopper Initiative

BBHC continues to manage the Secret Shopper Initiative, which was created to identify opportunities for system of care improvement. This initiative is focused on ensuring that front door staff, receptionists, and generally those who answer phone calls of individuals seeking services and information about services are knowledgeable about what services are available, provide a welcoming and encouraging environment, and do not discourage services based on ability to pay or other factors. Additionally, this initiative is to ensure the BBHC network providers have implemented a “No Wrong Door” policy.

During the 3rd Quarter, all providers received secret shopper calls. During one call, the staff who answered the phone transferred the secret shopper call. The secret shopper had to leave a message requesting service and did not receive a call back from the Provider. During other calls, the secret shoppers felt they were being rushed to end the call. Feedback will be given to the Providers about the secret shopper’s experiences during these calls.

Performance Outcomes Measures (POM) Activities

BBHC continues to engage in data quality validation. The process includes review of all data submitted to the Provider Portal to identify potential coding and/or data errors, along with programmatic/clinical reviews. At the close of the 3rd quarter of FY 20/21, the BBHC network was meeting and/or surpassing all performance measures in which data was entered.

Incident Reporting

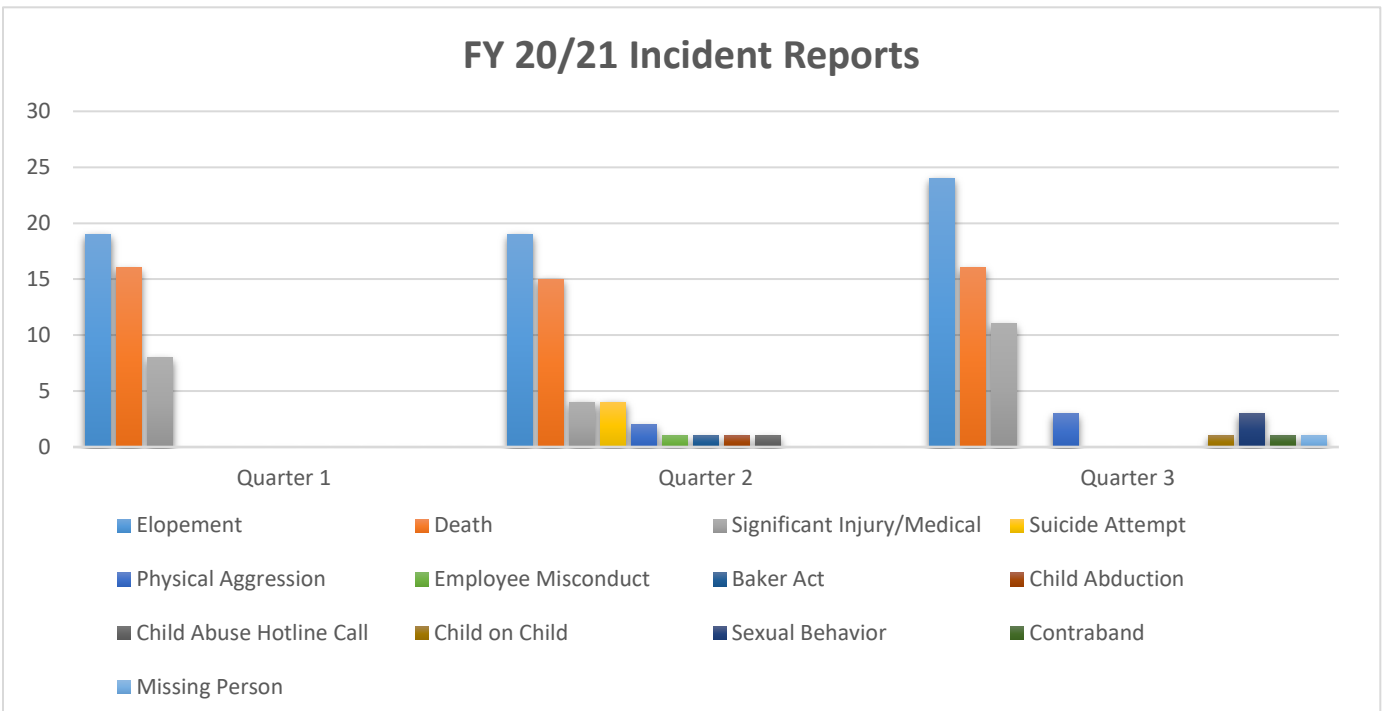
BBHC’s CQI staff continue to meet weekly to review new and pending incident reports. The CQI Coordinator contacts providers to obtain information about incidents reported to the IRAS system. During the 3rd Quarter, BBHC CQI staff investigated all the incident reports and received detailed information from network Providers. A rise in elopements and significant injuries was noted during this quarter. The IRAS reports reflected a decrease in drug overdoses and there were no suicides reported to IRAS.

The below **3rd Quarter Incident Reporting table** includes data analysis for January 2021 – March 2021, by provider, number, and type of incident. There were sixty (60) reported incidents during the 3rd Quarter:

- *Elopement (24)*
- *Death (16)* *Please see the Mortality Review section for details.
- *Significant Injury (7)*
- *Child on Child Sexual Abuse (1)*
- *Sexual Battery (2)*
- *Other (10)*

Table 1 provides an overview of the number of deaths in each category.

Table 1 - 3rd Quarter Incident Reporting by Category



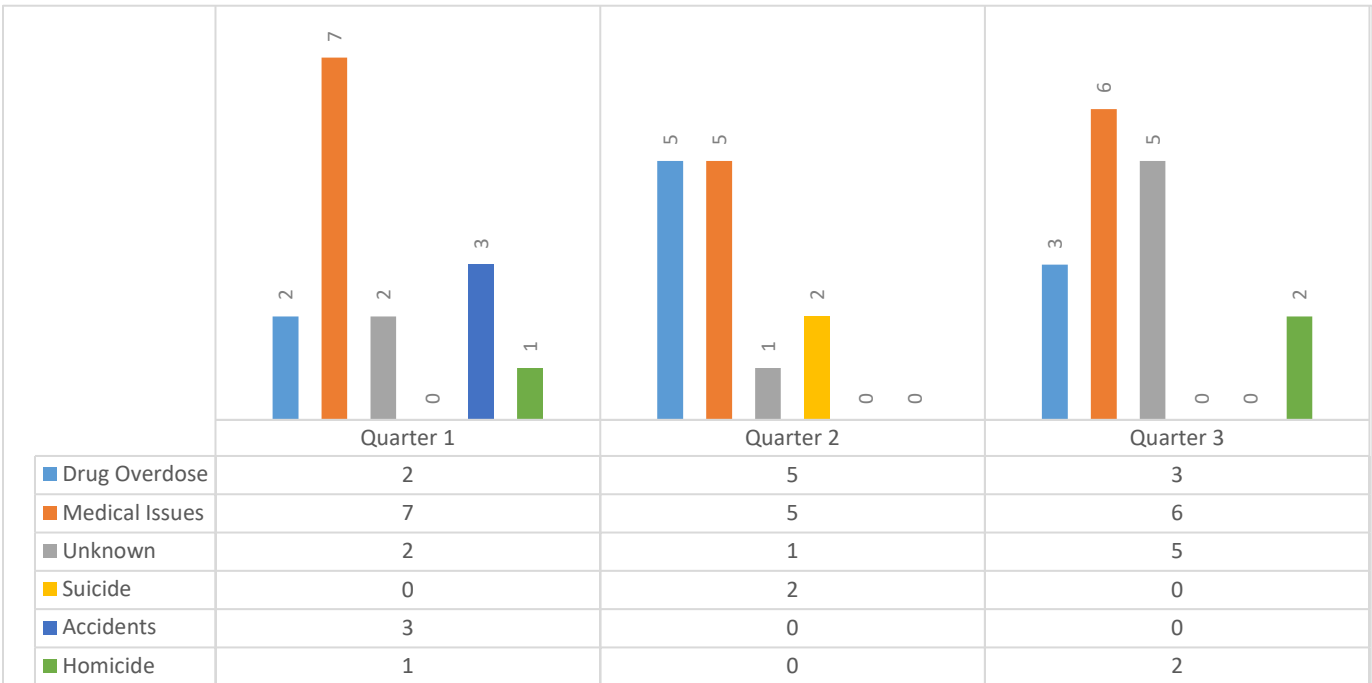
As displayed in the Incident Report table, BBHC Providers reported 24 elopements in the 3rd quarter, which is an increase of 5 from the 1st and 2nd quarter. In the second quarter, there were 16 deaths reported to IRAS, which increased by 1 from the second quarter. Significant Injuries/Medical reports increased 4 in the last quarter to 11 the 3rd quarter. IRAS reports regarding physical aggression increased from 2 last quarter to 3 this quarter. New incidents reported to IRAS this quarter pertained to sexual behavior problems, missing youth, and contraband. This information was presented at the April CQI Committee meeting.

Mortality Review

During the third quarter, there were sixteen (16) deaths reported by BBHC network providers, which was up by three deaths from the previous quarter. Six (6) deaths were medically related. Two (2) were related to homicides which occurred outside of Provider facilities. Three (3) deaths were related to drug overdoses, and the cause of five (5) deaths was unknown at the time of this report. The following chart shows the number for each incident report category and provides a comparison between the first three quarters of FY 20-21. Drug overdoses decreased during this period and there were no suicides reported this quarter. The mortality review was discussed during the April CQI meeting.

Table 2 below provides an overview of the number of deaths in each category.

Table 2 - 3rd Quarter Mortality Review



Contract Monitoring

During the 3rd Quarter, five (5) CAR virtual on-site monitoring’s were conducted, along with nineteen (19) desk reviews. This brings the total amount of monitoring’s to thirty-one (31) for the first three quarters of this fiscal year. Corrective Action Plans (CAPs) resulting from the findings will be monitored by BBHC. The CQI team will work with Providers to close their CAPs before the end of this fiscal year.

CQI-related Technical Assistance, Training & Other Quality Activities

During this quarter, BBHC hired an additional Contract/Program Monitor to conduct Contract Accountability Reviews and provide support to network Providers before, during, and after monitoring. BBHC CQI staff continues to provide technical assistance to the provider network as well as training for BBHC and Provider staff. BBHC staff receive weekly training regarding policies and procedures. During this quarter, two Providers received IRAS training from CQI staff. Additionally, two Providers received training regarding reviewing their performance measures. CQI staff attended two ROSC trainings during this period, which focused on supporting Providers and peers to maintain the ROSC initiatives.

Prepared By:	Caren Longworth, LCSW
Title:	Quality Improvement Manager
Date:	4/19/2021



Broward Behavioral Health Coalition, Inc.	
Policy Title: Suicide Screening and Assessment Policy	
Policy Number: BBHC. 0095	Contract Section (s):
Effective Date:	Revision Date:
Responsible Department: Quality Improvement (QI)	
Signature Block (all necessary Managing Entity (ME) signatures are placed in this section)	
Approved by: Tiffany Lawrence, OCP3 Project Director	
Signature: _____	Date: _____
Approved by: Silvia Quintana, Chief Executive Officer	
Signature: _____	Date: _____
Approved by the Board of Directors	
	Date: _____
Legal Review completed	
	Date: _____

Policy: It is the policy of Broward Behavioral Health Coalition (BBHC) and One Community Partnership 3 (OCP3) to assist network providers in delivering equitable and culturally competent best practices and evidence-based suicide care to all individuals served.

Purpose: To ensure the active and ongoing screening, assessment, and engagement in the treatment of suicidal ideation using evidence-based practices and facilitate the transition to after-care and supportive contact through warm-handoffs for all individuals served.

Procedure: All staff who provide care to individuals within BBHC's network will actively participate in suicide screening and assessment. Providers shall adhere to the following procedure:

Screening

All persons served must be screened for suicidal ideation and behavior verbally or through evidence-based tools at intake, throughout services, and before discharge. Providers should consider equity and cultural competence regarding age, background, and other cultural considerations. Below are some examples of recommended evidence-based screening tools:

- Ask Suicide-Screening Questions (ASQ)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Patient Health Questionnaire – Adolescent (PHQ-A)
- Patient Health Questionnaire (PHQ-2, PHQ-3, PHQ-9)

BBHC's QI Department must approve evidence-based screening tools not listed above.

Assessment

In cases where the screening identifies an individual is at risk for suicide, providers must immediately take action to initiate a suicide assessment conducted by a clinician to confirm the suspected suicide risk, estimate the immediate danger to the person served, and decide on a course of treatment. Staff should follow their agency's protocol to ensure the individual's safety until an assessment can be completed. Below are some examples of recommended evidence-based assessment tools:

- Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment version
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Beck Scale for Suicide Ideation (BSI)

BBHC's QI Department must approve evidence-based screening tools not listed above.

Engagement in Suicide Care

1. Providers should closely follow individuals who have engaged in a suicide attempt, experienced suicidal ideation, or are otherwise determined to be at risk of suicide through a suicide care management plan or a pathway to care. It is essential to assess risk continuously, engage persons served in a collaborative safety plan (e.g., Brown-Stanley Safety Plan Template), treatment plan, and suicide care management plan, and re-engage them at every encounter.
2. Providers should assist any individual at risk of suicide and actively in crisis by engaging them in strategies to reduce their access to lethal means. The *Counseling on Access to Lethal Means (CALM)* online training, offered free of charge by the Suicide Prevention Resource Center, is one available resource.

Treatment Using Evidence-Based Practices

Treatment for those at risk for suicide must specifically target suicidal ideation and behaviors and directly utilize evidence-based treatments carried out in the least restrictive setting.

Research shows that the use of Cognitive Behavioral Therapy for Suicidal Prevention (CBT-SP), Dialectical Behavior Therapy (DBT), and Collaborative Assessment and Management of Suicidality (CAMS) are more effective than treatment as usual in reducing suicidal thoughts and behaviors.

Transitioned Care and Supportive Contacts

Transitioned Care and Supportive Contacts

The emerging standard in suicide care requires innovative approaches to creating smooth and uninterrupted care transitions from one setting to another with support and ongoing contact provided by the behavioral health provider, physician, or other designated staff from the organization.

Follow-up “caring contacts” with at-risk individuals, such as postcards or letters expressing support, phone calls, or in-person visits, have been shown in randomized control trials to reduce suicide mortality.

REFERENCES:

- Brown G.K. & Jager-Hyman S. (2014) Evidence-Based Psychotherapies for Suicide Prevention: Future Directions. *American Journal of Preventative Medicine*, 47 (3S2): S186-S194
- Knesper, D.J., American Association of Suicidology, Suicide Prevention Resource Center. (2010). Continuity of care for suicide prevention and research: suicide attempts and suicide deaths subsequent to discharge from an emergency department or an inpatient psychiatry unit. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/library_resources/items/continuity-care-suicide-pre...
- Luxton, D., June, J., & Comtois, K. (2013). Can post discharge follow-up contacts prevent suicide and suicidal behavior? *Crisis*, 34(1), 32-41. Retrieved from <http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000158>
- National Suicide Prevention Lifeline (NSPL). Recommendations for an Approach to Asking Lifeline Callers about Suicidality. <https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Suicide-Risk-Assessment-Standards-1.pdf>
- Suicide Prevention Resource Center. Counseling on Access to Lethal Means (CALM). Retrieved from <https://go.edc.org/CALMonline>

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE

The OCP3 *Project Director* and BBHC Chief Executive Officer, Silvia Quintana, are responsible for all content in this policy.

DRAFT