



**Board of Directors Meeting**  
**Virtual Meeting via Microsoft Teams**

**February 16, 2023 - 4:30 p.m.**

**Dial in #: 754-900-7480, Conference ID: 436 731 131#**

**Link to join meeting on the computer:** *(copy and paste the link below)*

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NTdiMzU1NDgtM2FjYS00ZTFmLWlxMmltNjc5MmZIMTA1YzM1%40thread.v2/0?context=%7b%22Tid%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22Oid%22%3a%2284103832-9a45-46d3-a945-76ea1c188b08%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTdiMzU1NDgtM2FjYS00ZTFmLWlxMmltNjc5MmZIMTA1YzM1%40thread.v2/0?context=%7b%22Tid%22%3a%227bbca740-f271-4428-aeec-f0585b3625b3%22%2c%22Oid%22%3a%2284103832-9a45-46d3-a945-76ea1c188b08%22%7d)

1. Introductions / Roll Call Chair
  
2. Approval of January 19, 2023 Minutes Chair
  
3. Board Chair Report Chair
  - Legislative Update
  - Review of Bylaws
    - Appoint a Committee
  
4. CEO Report CEO
  - Approval of 990
  - Approval of Amendment #59
  - Approval of Proposed Reallocation of Funds
  - Carisk Update
  
5. BBHC Committees' Reports CEO Reports
  - Finance Committee Larry Rein
    - Approval of Financial Statements – December 2022
  - Nominating Committee Larry Davis
    - New Board Members
  - Recovery Oriented System of Care Commissioner Lois Wexler
  - Consumer Advisory Council Susan Nyamora
  - Provider Advisory Council Paul Jaquith
  
6. Public Comments
  
7. Adjournment

**Next Meeting Date: March 16, 2023**



**Board of Directors Meeting**  
**Government Center West**  
**1 North University Drive Plantation, FL 33324**  
**2nd Floor, Hearing Room**  
**January 19, 2023– 4:00 p.m.**  
**MINUTES**

The meeting was called to order by Board Chair, Commissioner Nan Rich at 4:06 p.m.

Board of Directors	Present	Excused	Absent	Board of Directors	Present	Excused	Absent
Pamela Africk	X			Larry Rein <i>Treasurer</i>	X		
Kimm Campbell	X			Commissioner Nan Rich <i>Board Chair</i>	X		
Larry Davis	X			Mayor Michael Ryan			X
Senator Gary Farmer			X	Steve Ronik	X		
Representative Michael Gottlieb	X			Jackie Rosen			X
Debra Hixon	X			David Scharf			X
Paul Jaquith	X			Nancy Gregoire Stamper	X		
Robin Martin	X			Tammy Tucker	X		
Neal McGarry <i>Vice-Chair</i>	X			Ana Valladares <i>Secretary</i>	X		
Susan Nyamora	X			Commissioner Lois Wexler	X		
Senator Rosalind Osgood			X	Julie Klahr, BBHC Attorney	X		
Marta Prado			X	Silvia Quintana, BBHC CEO	X		

**BBHC Staff:** Danica Mamby, Steve Zuckerman, Kerline Robinson, Stefania Pace

**Carisk Staff:** Jennifer Braham, Shirley Murdock

**DCF Staff:** Suzette Fleischmann, Margaret DeCambre

**Guests:** Eugenia Nikitina, Jennifer Holtz, Rhonda Bohs, Harrison Grandwilliams, Kayla Calfore

**1. Introductions/Roll Call**

Roll call was taken as noted above. Board Chair, Commissioner Nan Rich, ascertained that there was a quorum.

**2. Approval of November 17, 2022 Minutes**

**Without any corrections to the minutes, a motion was made by Mr. Larry Davis and seconded by Mr. Paul Jaquith. The Board unanimously approved the November 17, 2022 meeting minutes.**



**3. Approval of Financial Statements – October 2022 and November 2022**

Consulting Chief Financial Officer, Mr. Steve Zuckerman, presented the October 2022 and November 2022 Financial Statements. Mr. Zuckerman stated that the paycheck protection program (PPP) loan was forgiven and converted into a grant. **On a motion made by Mr. Larry Rein and seconded by Mr. Paul Jaquith, the Board unanimously approved the October and November 2022 Financial Statements.**

**4. CEO Evaluation**

The Executive Committee met on January 17, 2023 to finalize the CEO's performance evaluation. Positive feedback was provided, and after reviewing the budget, a recommendation was made to award Ms. Silvia Quintana with a 10% increase. **On a motion made by Mr. Robin Martin and seconded by Mr. Larry Davis, the Board unanimously approved the CEO evaluation.**

**5. Strategic Planning Focus Group**

Ms. Rhonda Bohs presented BBHC's achievements over the last ten (10) years. Ms. Bohs led a discussion about the strengths, weaknesses, opportunities, threats (SWOT) assessment completed by various focus groups. The Board was encouraged to create goals with the assistance of consumers, providers, and advocates to develop the five (5) year strategic plan.

**6. Adjournment**

The meeting adjourned at 5:58 p.m.

Minutes approved by: \_\_\_\_\_  
**Ana Valladares, BBHC Secretary**



**CEO REPORT**  
**February 16, 2023**

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**1. ITEMS FOR APPROVAL**

1. Approval of Form 990
2. Approval of Amendment #0059
3. Approval of Proposed Reallocation

**2. CURRENT SIGNIFICANT ISSUES**

- A. 10<sup>th</sup> Year Anniversary Celebration** – BBHC has continued to work with KIP Marketing in the celebration of the 10<sup>th</sup> Year Anniversary by providing promotional billboards of our services. We are working with the United Way of Broward County in preparing the closing of our 10<sup>th</sup> year anniversary celebration at the Prevention Behavioral Health Conference in May. Additional educational opportunities are being worked on with other partners.
- B. Telehealth Services** – Broward Behavioral Health Coalition, Inc. (BBHC) has completed the initial roll out phase of the *Let's Talk Interactive* (LTI) platform, BBHC Portal Online, that will provide Care Coordination for Broward County Public Schools (BCPS) program, most multidisciplinary programs and Residential I & II. The following programs are now operational in the BBC Online Portal:
- Broward County Public School Programs
  - One Community Partnership 3 (OCP3)
  - Residential I & II for Mental Health and Substance Abuse
  - Florida Assertive Community Treatment (FACT)
  - Forensic Multidisciplinary Teams (FMT)
  - Care Coordination Teams (CCT)
  - Broward Youth Re-entry Program 2 (BYRP2)
  - Community Action Treatment (CAT) Team
- C. School Board of Broward County Contract** - The amendment is in process. The program continues successfully as evidenced by the increase in referral month to month. At this time, there are over two hundred and fifty (250) participants referred. They are in the process of receiving assessments and/or treatment.
- D. Staff** – BBHC is advertising and interviewing for vacant positions.
- E. Effect Work Force shortage on the BBHC Provider Network** – Difficulty hiring and retaining staff continues to be an ongoing issue. However, at the last Provider Advisory Council meeting, the Workforce workgroup reported on a provider agreement with Nova Southeastern University and other universities to hire paid interns to provide services. Henderson's COO, Ms. Vivian Demille, led this effort and shared it with the provider network.
- F. BBHC Strategic Plan**- BBHC's Consultant conducted two (2) focus groups and a survey to gather input for the development of BBHC's Strategic Plan. One focus group was scheduled with the BBHC Board of Directors, where a SWOT analysis was presented. The survey was released to the Recovery Oriented System of Care (ROSC) Committee. The collected data informed the SWOT information presented to the BBHC Board of Directors.

The data from the SWOT analysis will be presented at the February ROSC meeting for further input. The second focused group was conducted with the Consumer Advisory Council. Staff was directed by the Board to review the recommended goals presented at the January Board meeting and to create objectives to be presented at a future Board meeting.

**G. DCF Secretary Harris Meeting** – The Quarterly Behavioral Health meeting was held in December of 2022. BBHC and the other Managing Entities were recognized for their support to the victims of Hurricane Ian.

**H. Child Abuse Death Review Committee (CADRC)** - The last meeting was on January 26, 2023. At the meeting in November 2022, the Statewide Committee focused on how to improve the death reviews rate throughout the state. Also there was a discussion regarding the data gathering for ‘distracted death’ and the lack of completion of the reports.

**I. Florida Commission on Mental Health and Substance Abuse** – The Data subcommittee met in January 2023, to review the final recommendation of the interim report submitted to DCF in December. Data sharing among all state agencies was an agreed priority.

### **3. UPDATES – CARISK RELATED**

BBHC and Carisk – Ongoing weekly meetings are held to address issues, concerns, and policies.

### **4. UPDATES – DCF RELATED**

**A. Bi-Monthly Partnership Meetings** - These meetings between DCF and BBHC are designed to facilitate collaboration, to address priority issues, and identify opportunities for improvement. Our next meeting will be on March 15, 2023.

**B. Network Provider Contract** – Provider contracts have been amended to realign with the DCF funding. BBHC and Carisk are conducting the mid-year lapse analysis to determine provider needs and the re-allocation of funds. This will be presented at the February Board meeting.

### **5. UPDATES – GRANTS RELATED**

#### **A. Family CPR Sustainability Project**

- a. Peer Pilot Program – South Florida Wellness Network (SFWN) continues to have a challenge obtaining their Medicaid number. BBHC is funding SFWN’s Peer positions to support the sustainability project until these barriers are addressed.
- b. There are currently seventeen (17) families receiving services from SFWN peer support services.
- c. The joint monthly staffing is now being held in person at ChildNet. The first thirty minutes of the staffing are dedicated to Substance Use and Recovery Oriented System of Care brief trainings being provided by SFWN Peer Partners.

#### **B. One Community Partnership 3 (OCP3)**

- a. The year four enrollment goal is to consent fifty-nine (59) young people in the evaluation. As of January 30, 2023, OCP3 has enrolled twenty (20) young people in the evaluation and is on track with meeting the enrollment goal.

#### **C. Criminal Justice Mental Health Substance Abuse Reinvestment Planning Grant**

- a. To date, the Broward Youth Reentry Program 2 (BYRP2) has enrolled thirty two (32) youth. The enrollment goal for year 1 is fifty (50) youth by June 30, 2023.

- b. In January 2023, The Project Director and Care Coordinator met with newly hired Juvenile Probation Officers at DJJ for a “Meet and Greet”, to present program information, and answer questions.

#### **D. Healthy Connections for Moms and Babies Regional Partnership Grant**

- a. Administration of Children and Families awarded BBHC a Regional Partnership Grant (RPG) for a total of \$2,650,000 for 5 years.
- b. The first year is a planning grant for \$250,000 and the following four (4) years is an implementation grant targeting pregnant women with substance use disorders to engage them in treatment with recovery supports promoting the delivery of drug free babies. The first Orientation meeting with the RPG took place on November 7, 2022. General information about the grant was shared and introductions with the Federal Project Officer, Grants Manager, Evaluation team, Federal Consultant and the BBHC staff, Healthy Start Coalition Staff, and System of Care Partners, our Evaluators, took place.

#### **E. Children Service Council of Broward County (CSC) Funded Services**

Cohorts three and four of the HEAL initiative are currently attending reflective learning meetings where they are able to share and discuss their experiences in the community. The next training class will begin on 2/9/2023.

### **6. UPDATES – OPERATIONS RELATED**

#### **A. Care Coordination Teams**

##### **a. Adults:**

- i. BBHC participated in a county wide stakeholder meeting requested by the judiciary to discuss issues related to the placement of jail inmates with behavioral health disorders to the community into higher levels of care. Several barriers were discussed.
- ii. Memorial Health and BARC are in the final stages of implementing two (2) new Care Coordination teams (Mental Health - MH and Substance Abuse - SA). BBHC continues discussion with Banyan regarding them returning the three (3) CCT teams they are currently funded (2 for SA and 1 for MH). All active clients are being staffed for proper transition while contact have been made to identify potential providers to continue these teams.
- iii. BBHC met with the South Florida State Hospital administrative and clinical teams to discuss barriers to clients’ discharges. Systemic challenges were discussed and plans were made to proceed collaboratively as these challenges are being addressed.

##### **b. Children:**

- i. Additional Children’s Care Coordination teams with a focus on working with the Mobile Response Team are up and running. Their focus is to continue to fill gaps identified and ensure that interventions can be in place as soon as possible, to prevent psychiatric hospitalizations.
- ii. SIPP Care Coordination continues to provide coordination of care for youth coming back to Broward County from SIPP Placements. Since the addition of SIPP Care Coordination to our Children’s System of Care, families have been connected to services in a more effective manner.

#### **B. Child Welfare Integration Initiatives**

- a. Motivational Interviewing Trainings continue being offered regularly, the last ones were held virtually on 2/6/23 & 2/7/23 for CCT-CW and FIT. There were approximately 25 individuals in attendance.

- b. As a part of a continued effort to capture the maximum amount of provider updates via the Progress Exchange Form, BBHC will be cross referencing referrals made by DCM's to various community providers with PEF submissions BBHC is an active participant and supporter of the new DCF initiative that will add 3 Behavioral health Consultant to the county. This initiative will bring a standardized and consistent process for the complete process.

### **C. Housing Initiative**

- a. Since opening the Homes United Bridge Transitional beds program, ten (10) individuals have been stepped down from residential placement and into a Bridge Transitional bed and additional individuals are in the process of being placed.
- b. Carrfour has begun construction on SW Hammocks the affordable housing development on the Howard C. Foreman Campus. If development stays on schedule, the project should be completed and ready for leasing in January/February 2024.
- c. BBHC's Director of Housing and SOAR Entitlements is the new Chair of Broward County's Housing Action Committee, he is also serving on the Council on Homelessness (Ending Homelessness Workgroup), which reports directly to Governor DeSantis.
- d. Since January 2022, TaskForce Fore Ending Homelessness' Residential Support Coordinators have worked with forty six (46) unduplicated homeless or at risk of homelessness individuals and families. Of the forty six (46), twenty eight (28) were placed in safe, stable housing. They continue working with the remaining person to find appropriate placement and continue to intake new people enrolled in their program.

**D. SSI/SSDI Outreach, Access, and Recovery (SOAR) Statewide Initiative** - The new SOAR Benefits Acquisition Specialist at HomesUnited is actively working with eight (8) individuals that are in various stages of the Social Security application process. She continues to assess those stages and has made contact with the Social Security Administration and the Department of Disability Determination to provide them with any items missing from their applications.

### **E. Supportive Employment**

- a. BBHC is exploring the expansion of Individual Placement and Support (IPS) Supported Employment to the Early Treatment Program and the Florida Assertive Community Treatment (FACT) team located at Henderson Behavioral Health. BBHC met with Vocational Rehabilitation, Early Treatment, and FACT team staff to discuss the possibility of providing IPS services to fidelity to enhance the supported employment components on those teams.
- b. BBHC's Employment/Education Coordinator (SEEC) is working to expand IPS's educational component to younger youth. BBHC's SEEC met with the FLITE Center's Education Coordinator to discuss various programs offered through Broward College, and free tutoring programs which are provided by Broward County for youth under 17.

### **F. Children System of Care Plan**

- a. BBHC continues efforts to implement the Children System of Care Plan, as mandated by HB945. It included all the progress attained for the first year and was submitted to DCF as mandated. *Please see attached summary.*
- b. Family Support Teams (CAT Team Tier 4) contracts have been executed. Currently, all three teams are up and running.
- c. Broward Supervisor's Collaborative meetings are well attended and providers have been contacting BBHC in order to be invited as word of the meeting is spreading throughout the community.

## 7. UPDATES – QUALITY RELATED

- A. **Complaints and Grievances** - No new complaints received.
- B. **Cultural Competency and Diversity Initiative** – No new updates.
- C. **Recovery-Oriented System of Care (ROSC) Statewide Initiative** – BBHC network completed the Self-Assessment/Planning Tool for Implementing Recovery-Oriented Services (SAPT). The scores for each domain provided a network baseline of strengths and weaknesses for implementing recovery-oriented services. The BBHC network obtained a score of three (3) on forty-seven (47) of the fifty (50) questions on the survey, which indicates areas of strength that can be improved with staff training to support the four dimensions for sustaining a life in recovery; health, home, purpose, and community.
- D. **Contract/Program Monitoring** – BBHC completed six (6) CAR monitorings through December. Monitorings are completed virtually as BBHC continues to adhere to health and safety precautions due to the COVID-19 pandemic. On-site facility tours were given by two providers.
- E. **Performance Measures** – As of January 30, 2023, the BBHC network is passing all measures for which data has been calculated to obtain a score. Three (3) children’s measures do not have scores because quarterly data entered in the system do not capture the algorithms used to obtain a score for these measures. BBHC is reviewing the records to determine if information is missing and providing technical support to providers as needed.
- F. **Incident Reports** - There were twenty-seven (27) incidents reported during the month of November. There were thirty-three (33) incidents reported during the month of December.
- G. **Consumer Person Served Satisfaction Surveys (CPSSS)** - During the 2<sup>nd</sup> Quarter of FY 2022-2023, BBHC received a total of 1,297 surveys. For the 2<sup>nd</sup> quarter of FY 2022-2023, the satisfaction rate for adult services was 86%, which is the same as the rate of overall satisfaction rate from last quarter. The satisfaction rate for children was 91%, which is 6% higher than the overall satisfaction rate from last quarter.

## 8. RISK AND COMPLIANCE UPDATE

No updates.

## 9. COMMUNITY RELATIONS

### A. Coordinating Council of Broward (CCB)

- a. On December 2, 2022, and January 4, 2023 the Council met. The Chair recognized and congratulated BBHC’s CEO on her Hero award by the FLITE Center for supporting behavioral health intervention services for transition aged youths in our community.
- b. Ralph Stone, Executive Director of the Broward County Housing Finance Authority, and Dr. Ned Murray, Associate Director of the FIU Metropolitan Center, presented the Housing Broward Master Plan Informational Session.
- c. Youth Shelter update was provided; however, no solution has been identified. BBHC’s CEO suggesting Foster home or group home setting as an interim option. Suggested was a shelter setting of 6 to 8 youth with a foster parent and additional staff supports.
- d. Senator Rich conducted a meeting with the hospitals and stakeholders related to the increase in hospitalizations resulting in the United Way proposing to conduct a study in three phases. The first phase will explore already existing data related to child hospitalizations and mental health. Based on the data gathered in phase one, United Way will develop a plan on how to do a focus group. Phase three will be creating an action plan from the community-based



findings based on the data from phases one and two. There was an update by the Health Department on immunization. ChildNet discuss Youth trafficking article explaining how ChildNet is helping these children.

**B. Florida Association for Managing Entities (FAME)**

- a. BBHC participates in weekly conference calls.
- b. Tallahassee's legislative staff has proposed to release the \$21 million of the appropriation impacting the funding of Care Coordination at the ME level as well as the provider level and some prevention intervention programs. BBHC and the ME's statewide were able to adjust the funding to categories that DCF was prioritizing. These include crisis support and prevention of crisis and supported services.

**C. Funders Forum**

- a. Funders Forum met in February 2023.
- b. There was discussion as to community knowledge pertaining to access of care.

**D. Broward Suicide Prevention Coalition (BSPC) - There are no updates.**

**E. BBHC Marketing and Educational Initiative**

- a. BBHC continues to work with KIP to identify other community events to celebrate BBHC's 10<sup>th</sup> year anniversary.
- b. BBHC will be culminating the celebration at the Annual Behavioral Health Conference, hosted by the United Way of Broward County in May 2023.

**F. Stepping up Initiative Jail Diversion Project**

The contract amendment was executed, and the provider has started efforts to hire and staff the programs. A Project Director has been identified and an offer has been made.

**10. MATTERS FOR NOTING**

**A. BBHC's CEO AWARD**

BBHC CEO was selected from many applicants to receive the Inspiring Women of Health Award from the Health Foundation of South Florida for her contribution to behavioral health. The award luncheon will take place on March 23rd at the InterContinental Miami. This award is presented to women from various counties who have made exceptional contributions to the health of our community and have demonstrated leadership, commitment, vision, and passion in their efforts to improve the health and well-being of all residents of South Florida.

**B. FASAMS - Please see Carisk Partners' Report.**

**C. Susan B. Anthony Recovery Center (SBA) - The agreement pertaining to the storage of SBA's records is still pending legal finalizing it. We have identified a vendor that will store the records. The contract is being finalized.**

The final dissolution of SBA has taken place. BBHC's attorney has been working with the creditor's attorney to make final payment, based on their last invoice.



# House Bill 9455 Managing Entity (ME) Plan Update

Region/Circuit(s): Southeast

Region/Circuit 17

Due Date: January 1, 2023

Plan Originally Submitted: December 31, 2021

The Broward County community has collaborated to ensure that the children's system of care includes a "no wrong door" approach with a plethora of services and supports available for children and families. While the current children's system of care is functioning successfully overall, there are significant areas in which children and their families struggle with navigating. The difficulty of navigating the system of care results from the system's inherent complexity and critical gaps in the continuum of care.

**APPENDIX 9.1 CHILDREN'S SYSTEM OF CARE OVERVIEW DIAGRAM** *(including integrated service delivery systems)*

The diagram on the following page represents an overview of Broward County's current levels of care by intensity and number of services for the children's system of care. Included in red highlight are some of the identified unavailable or limited levels of care

Levels of Intensity/Amount of Services

Levels of Intensity/Amount of Services						Phase
Community & Natural Supports	Information & Referral	Community-based Resources including Housing, employment, etc.	Caregiver and Youth Support Groups such as Peer or Family Support	Respite	Mentors	
Prevention & Intervention	Prevention- Environmental and School-based	Intervention programs - School, home, and community-based	Mobile Response Teams	Navigate (First Episode Psychosis)		
Community Based Services	Outpatient Services: i.e., Evaluation and therapy, addiction counseling, medication assisted treatment, psychiatric care; office-based , IOP, PHP	In-Home On-Site or Therapeutical Behavioral On-Site – home, school, or community-based (Telehealth options also available)	Behavior Analysis Parenting Programs	(Targeted) Case management / family support partners – High Fidelity Wraparound and Transition to Independence Process (TIP)	Navigate (First Episode Psychosis)	Community Action Teams (CAT)
Out of Home Services	Therapeutic Foster care (TFC) <i>(typically for children in child welfare; this is also needed for community children )</i>	Therapeutic Group Care Services (TGCS)	Substance Misuse/ MH Residential Treatment	Locked Residential Treatment Centers / Statewide Inpatient Psychiatric Program (SIPP)		
Emergency Services	Children Care Coordination	Children's Crisis Sabilization Units (CCSU) / Children Inpatient Units/Children SRT	Crisis Respite	Mobile Response Teams		



Broward County's provider network has continuously provided superior services however improving the integration of behavioral health with primary care, child welfare and education as part of the prevention strategy is a must. This integration could not only improve quality and continuity of care but has the potential to address cost shifting and duplication of services and cost.

Access to care for children and adolescents with mental health and substance use will require the engagement of all major funders. The majority of children in Broward County are insured, primarily through Medicaid. Due to this, Medicaid health plans carry the heaviest burden and are fundamental in any collaboration effort. As the Managing Entity is the payer of last resort, providers need to be fully aware of the health plan's requirements to manage cost shifting and meet service needs of the community. In order for this to occur efficiently and effectively, system efforts need to ensure that all network providers are fully trained on Medicaid's products and covered services as well as the processes for claims, authorizations, denials and appeals.

Additionally, data sharing is paramount to ensure success on any efforts to coordinate a system of care. Broward County has a project actively pursuing this, the Broward Data Collaborative. This collaborative needs to continue working on developing the necessary legal agreements to holistically integrate data from all systems. A best practice model of an enterprise data collaborative agreement, IDS terms and conditions and a data use license to implement across systems has been drafted and the next step is to ensure it is vetted and approved by all systems. Another support to helping the children and families we serve is expansion of access to care. We believe the fastest and best way to meaningfully improve access is to expand Medicaid. As almost one million Floridians remain uninsured, an expansion of Medicaid could immediately cover the majority of these families. Since Broward is so highly populated, the expansion of Medicaid would create an immediate and very significant expansion of services and smoother access to care. Access to care is our "true north," as we aim to create systems of care that are easy to access and easy to use.

Due to the above, community stakeholders strongly recommend that the legislature approves the expansion on Medicaid to 138% of the Federal Poverty level. This will allow a larger number of low-income youth, young adults and their families to be insured which results in facilitating their engagement in services earlier in the development of their problems. In addition to providing health insurance and strengthening access to affordable health care, the additional federal support would create job growth. These jobs will not only occur in the healthcare sector but also in retail, construction, and other industries, benefiting employers, workers, and communities overall.

The Broward County community has developed the following coordinated plan to address some of the previously identified barriers and present some enhancements in development for the system, based on integration across each system within the community. The Managing Entity will collaborate with community partners to develop a workplan to address the implementation of the coordinated plans listed below for each system.

As part of this effort, BBHC has made an effort at establishing a communication system based on several community meeting with focus on children's issues. Currently BBHC lead a stakeholder, high level administrators meeting on a monthly basis, the HB945- Broward Children System of Care Meeting . This meeting reports to the Recovery Oriented System of Care Committee of the Board. This meeting is fed information from several other meetings, such as the Data

Collaborative Meeting led by CSC and the Broward Provider Supervisor's Collaborative Meeting, which is attended by case managers and program supervisors; closer to the field and have different take of the system's needs.

BBHC also is an active participant of clinical staffings at different levels, such a Local review teams (LRT) and other community staffings.

## **COORDINATED PLAN: EARLY INTERVENTION**

The Children's System of Care must focus on perinatal, neonatal, and infants. With purpose, BBHC has initiated and has expanded the following strategies.

The collaborative between the Healthy Start Coalition to train OBGYN physicians to identify mental health and substance use disorders of the pregnant women under their care. Provide the women with care coordination, peer support, treatment, and other supportive services as needed. The goal of these interventions will support a healthy pregnancy and delivery of a healthy, drug-free infant. These services will continue to be provided after birth up to children age 5.

BBHC has secured a five-year federal Regional Partnership Grant from the Children's Bureau that will significantly expand this effort in close collaboration with the Healthy Start Coalition. The grant is called Healthy Connections for Moms and Babies. This first year will be a planning year to include all partners for a successful transformation and coordination of the system of care.

BBHC will also expand the Collaborative with the Early Learning Coalition. Staff and directors from the Early Learning Coalition and Child Care Centers will be trained to identify infant mental health issues that may benefit from Infant Mental Health therapy to support parent-child bonding and address trauma, therefore supporting a healthy relationship between parent and child. This preventive intervention will help reduce further deterioration of children's behavior, leading to other mental health disorders.

## **COORDINATED PLAN: BROWARD SCHOOL SYSTEM**

### **School Behavioral Health Services Program**

In following innovative initiatives to fill gaps of service where identified, BBHC has launched a collaboration with Broward County Public Schools to establish a School Behavioral Health Services program.

The School Behavioral Health Services program will be a coordinated effort to strengthen the communication and coordination for students identified by school staff who need behavioral health services. In the past, school staff has directly made referrals for students to community behavioral health providers. For various reasons, the families did not engage in services and the schools were not aware. The low level of follow-up communication between the schools and community behavioral health providers at times has led to difficulty ensuring that students receive the services and support they need to succeed with educational and behavioral health life domains.

BCPS will contract directly with BBHC for the coordination and service provision oversight of the School Behavioral Health Services program. The School Behavioral Health Services program will comprise of professionals who understand the need for additional support to students and their families and link them to the community for behavioral health services. BBHC will utilize a HIPAA

and FERPA approved care coordination electronic system that will allow school, BBHC and community behavioral health staff to upload and share information regarding students' behavioral health services. It will also allow the Managing Entity to facilitate the referral process to strengthen timely connection and enrollment into community behavioral health services and provide continued service oversight.

### **Mobile Response Team**

Based on the Best Practices Response Protocol for Schools to use Mobile Response Teams (MRT), BBHC and the Mobile Response Team will work with BCPS to strengthen school and community crisis intervention coordination. This increased coordination will improve successful de-escalation so that students can return to class after a crisis. This strengthened collaboration will include exploring the possibility of guardians providing advance consent for the Mobile Response Team to speak with students for de-escalation. The advanced permission provided before a crisis occurs will be similar to guardians' advance consent for other school support like medical services. This advanced consent will save time for the approval to be given in the moment of the crisis. When consent has not been provided in advance, the electronic care coordination system will be utilized so that the Mobile Response Team can receive consent from parents via telehealth. The Mobile Response Team will be able to utilize the electronic care coordination system to view past information for students in crisis who have received services and support from a BBHC network provider.

In addition, to further strengthen the Mobile Response Team and BCPS collaboration process, the protocol will ensure training is provided to schools and staff to ensure the timely notification of guardians when an initiation for a Baker Act is needed. BBHC, the Mobile Response Team, and BCPS will work collaboratively to train school personnel and the community on the protocol for the Mobile Response Team as it relates to schools, emphasizing that when consent is not provided by parents, the Mobile Response Team can still support school staff who will then directly work to de-escalate and manage the crisis situation with support from the MRT. Information dissemination will be translated into multiple languages.

## **COORDINATED PLAN: CHILD WELFARE SYSTEM**

### **Family Connections Through Peer Recovery (Family CPR)**

As the Family CPR grant has completed its fifth and final year, the program will continue to focus on sustainability and infrastructure changes. In order to sustain peers throughout the Child Welfare process as an integrated partner, the project is advocating for a higher rate of pay for peer work through Medicaid. This enhanced rate would allow for Child Welfare to have dedicated peers working directly with families and Child Welfare Staff.

Broward Behavioral Health Coalition, in partnership with ChildNet, has hired, and trained a Family CPR Behavioral Health Consultant (BHC) to sustain the Family CPR model. This BHC will be trained in the Family CPR model (with the enhancement of Motivational Interviewing) and will be responsible for providing training across ChildNet. Additionally, we will be advocating to have the Broward Dependency Courts review the progress of these families more often, minimally once a month to accelerate the process of case resolution to permanency.

## **COORDINATED PLAN: DEPARTMENT OF JUVENILE JUSTICE**

### **Broward Youth Reentry Program 2 (BYRP2)**

Broward County currently has services in place for juveniles with mental health, substance Misuse, and co-occurring disorders involved in the criminal justice system and has repeatedly demonstrated its commitment to adopting or devising ways to divert those individuals from arrest and incarceration. Despite these ongoing efforts, Broward County continues to face the need to provide services for juveniles and young adults transitioning to adulthood (up to age 21) with mental illnesses, substance Misuse, and co-occurring disorders. While an array of services exists, there continues to be a need for better identification and coordination of the services that build on strengths to enable young people to pursue their goals across relevant transition domains.

BBHC will continue collaborating with DJJ through the Broward Youth Reentry Program 2 (BYRP2), commenced in July 2022. BYRP2 that has expanded the services to high-risk youth by including youth with a mental health or substance use disorder who have a history of serious and violent chronic offenses with a prolific arrest history leading to repeated detainment or commitment. These youth are sometimes challenging to engage and are often "recycled" through the juvenile system with multiple detainments and often obtain adult charges. BYRP2 will offer services to caregivers and siblings of youth enrolled in the program to curtail their involvement in the juvenile justice system.

## **COORDINATED PLAN: OUT OF HOME PLACEMENT PROGRAMS**

### **Weekend Respite**

A gap in service identified was the lack of respite available for youth in Broward County. The Weekend Respite program serves to provide weary parents and caretakers with short-term (weekend) care for youth ages 12-17. The Weekend Respite program offers 24/7 wake staff, daily meals and fun weekend activities for the youth.

BBHC is still in the process of developing a similar program for children under 12 years old with the collaboration of Childnet.

### **Statewide Inpatient Psychiatric Program (SIPP)**

A gap in service identified in Broward County is the lack of a "*Transition to Statewide Inpatient Psychiatric Program Placement Facility.*" There are many instances in which a youth who is Baker Acted stabilized and no longer meets the criteria for hospitalization. However, going back home presents a complex and dangerous situation for various reasons that pose the risk of active danger in the home. In these scenarios, a psychiatrist may recommend Statewide Inpatient Psychiatric Program placement for the youth to properly process and work through their issues. Unfortunately, there are long Statewide Inpatient Psychiatric Program waitlists which means a youth has about a 4-5 week wait until admittance to a Statewide Inpatient Psychiatric Program.

There is no current solution for the youth during this 4-5 week wait. There is a high likelihood that the youth may become a danger to themselves or others and therefore be Baker Acted again if released to the home. The youth cannot stay at the hospital because they are stabilized and no longer present an active threat to themselves or others. Keeping youth in the hospital at this time would violate their rights. Based on the current shortage of SIPP beds, the solution would be to



have a short-term (one to three months) placement in a therapeutic facility where the youth could thrive and not be subjected to triggers for another episode until a SIPP bed becomes available.

## **COORDINATED PLAN: Children's Care Coordination**

### **Children's Care Coordination Teams**

Care Coordination serves to assist children and their families in the process of transitioning from Children Crisis Stabilization Units (CCSU) and Statewide Inpatient Psychiatric Programs (SIPP) until they are effectively connected with services and supports needed to thrive in their home environment. The Children Care Coordination Teams (CCT) will ensure that the children are effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. It will also assist the families of these children to support and guide them through the process. This includes services and supports that affect both the children and families' well-being, such as primary physical health care, housing, and social connectedness. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. It is time-limited, with a heavy concentration on educating and empowering the family served and provides a single point of contact until a youth is adequately connected to the care that meets their needs.

### **Receiving Facilities' Care Coordination Team**

BBHC has established Children's Care Coordination Teams to work with the four children's receiving facilities and provide care coordination services outlined above to youth that are high utilizers (having 3 or more admissions in the last 108 days). Children Care Coordination teams are made up of a clinical care coordinator and a family peer specialist. The care coordinator functions as the case manager for the family as the family peer specialist is a support for the parents/guardians as well as the youth. The family peer specialist assists in encouraging the family to follow through with recommendations when they are ambivalent towards follow up care by utilizing their "lived in" experience to help the family see the benefit of timely follow-up care from a stabilization episode of care.

### **SIPP Care Coordination Team**

The Children's Care Coordination initiative has expanded with additional teams to address the discharges from the Statewide Inpatient Psychiatric Programs and assist the youth and family by connecting them to the appropriate resources and services as it has been identified as a barrier. The children are discharged from the Statewide Inpatient Psychiatric Programs into the community and at times the transition is not supported enough as to secure the stability and wellbeing in the community. These teams are identical to the Receiving Facility teams in compositions, but work in collaboration with all the SIPPs in the state in supporting all Broward children on their discharges through the care coordination model outlined previously

### **MRT Care Coordination Teams**

The Children's Care Coordination initiative has continued expanding with additional teams to work with the Mobile Response Team (MRT) as it was identified that youth who are successfully diverted from a Baker Act by the MRT often times do not follow through with the MRT team's referrals for follow up care, which results in continued MRT calls and/or an admission to a

receiving facility. MRT Care Coordination Teams are identical to the receiving facility teams in composition.

### **Family Support Teams**

A gap in service delivery identified in Broward County outlined in the SIPP section above, is that at times there is a waitlist for higher level of care services. The Family Support Teams were created in order to stabilize the home environment until placement was available for the youth. This would allow for the youth to have less reoccurring hospitalizations while waiting for placement. The composition of the Family Support Teams includes a therapeutic component by means of a clinician which actively identifies short term goals that can help the family minimize further hospitalizations until a placement becomes available at a higher level of care.

### **Specialized Therapeutic Group Home (STGH)**

The AHCA 65E.9 Rule for Specialized Therapeutic Group Home STGH, which established the licensing requirements, has become too stringent to implement in the community when combined with the corresponding reimbursement rate. This reimbursement is too low as these facilities are held to extremely high standards. The result has been that providers have been forced to close down these programs as they are not sustainable. The Broward County community providers plan to organize to brainstorm solutions to the lack of Specialized Therapeutic Group Home s. The community will explore alternative solutions to Specialized Therapeutic Group Home s and explore funding mechanisms to implement creative programs. In addition, the community will work together to advocate for increased rates for Specialized Therapeutic Group Home s and explore ways to ensure that Specialized Therapeutic Group Home s meet licensure requirements while also meeting the needs of youth served with the hope that Specialized Therapeutic Group Home s that have closed can re-open.

### **Inpatient Substance Use Treatment Services**

Another significant service gap in Broward County's system of care is that there are no inpatient substance use treatment centers for youth and young adults. While BBHC executes single-case agreements with a provider in a closely neighboring County for inpatient substance use treatment services for males, there is no agreement in place for female youth and young adults. BBHC will explore residential substance use treatment options for female youth and young adults to ensure that those needing inpatient substance use treatment receives the necessary care.

## **COORDINATED PLAN: HOUSING**

### **Southwest Hammocks**

To address the need for more housing for individuals living with severe and persistent mental illness, Carrfour Supportive Housing, an affordable housing developer, in collaboration with BBHC, applied for and was awarded RFA 2021-106 from the Florida Housing Finance Corporation. Southwest Hammocks will be a 100-unit affordable housing apartment complex built on a vacant lot within the Howard C. Foreman Campus in Pembroke Pines. Southwest Hammocks will accommodate many individuals served within BBHC's provider network, including young adults unstably housed and transitioning into adulthood. BBHC will fill an essential role in helping

to identify the qualifying individuals and families that will call Southwest Hammocks homes. The partners aim to complete Southwest Hammocks by the end of the year 2023.

Southwest Hammocks, a recovery-oriented, supportive community for young adults and adults living with severe and persistent mental illness, is proposed as a timely, first-of-its-kind model for the State of Florida. The community will become a prototype example for residential stability, self-sufficiency, and wellness for those most impacted by severe and persistent mental illness. The overarching goal of Southwest Hammocks is to provide residents with voluntary, self-directed, and recovery-based services within a supportive community that promotes residential stability, self-sufficiency, wellness, and independence. Other partners in the collaboration include NAMI of Broward (which is an advocacy organization that provides support groups to adults living with mental illness), Foot Print to Success Clubhouse (which provides an evidence-based employment program for adults living with mental illness using the Clubhouse model), and South Florida Wellness Network (a peer-run organization committed to behavioral health and holistic wellness for those living with mental illness). All partners will provide services on-site- making Southwest Hammocks a full-service wellness community where young adults and adults living with severe and persistent mental illness can live in a supportive community and access all necessary services on-site. BBHC will serve as the coordinated entry point and screen and prioritize all referrals using priorities developed by their Housing Initiatives Workgroup to ensure that Southwest Hammocks houses the most vulnerable.

### **COORDINATED PLAN: EVIDENCED-BASED SUPPORTED EMPLOYMENT**

Broward County was the first county in Florida to implement the Individual Placement and Support (IPS) Supported Employment evidence-based model for individuals living with serious mental illness who want to work. While we have made excellent progress with implementing Individual Placement and Support within the community, BBHC will work with Medicaid and the Department of Vocational Rehabilitation to braid funding for Individual Placement and Support employment services. Braiding Individual Placement and Support funding will allow for services and supports to be integrated and connect across all three payers. The goal is for Medicaid to be billed for employment services tied to medical necessity for persons served, for Vocational Rehabilitation to pay for milestones and employment supports and for BBHC to fill in any gaps necessary to successfully complete the employment search and job retention efforts.

In addition, BBHC aims to advocate with DCF for funding for the Supported Employment position at the Managing Entity level. Like with housing, having a dedicated employment oversight position at the Managing Entity level will allow for training, technical assistance and fidelity reviews in employment to take place as a priority focus. Currently, the employment position at BBHC is federally funded.

### **COORDINATED PLAN: WRAPAROUND**

BBHC aims to work with community providers and funders of behavioral health services to build coaching capacity in the community. Broward County funders will discuss the requirements for certification and coaching in the Wraparound process. BBHC will develop a process for monitoring Wraparound principles and facilitate a discussion around what contract requirements should look like in terms of Wraparound. In addition, BBHC will participate in the Statewide Wraparound Learning Community and encourage other funders to become members.

Effective the latter of February 1, 2023, or the last date of the signatories, this amends the above referenced Contract as follows:

1. The following items were last addressed in the corresponding Amendments:

Amendment #0043: 7

Amendment #0044: 6

Amendment #0050: 3

Amendment #0056: 4-5

Amendment #0058: 2, 8-10

2. In 1.1, \$719,863,553.07 is replaced by \$722,833,317.07.

3. A-1.1.2 is amended to add:

Guidance 36 – Linking, Advocating, Treating, Transitioning, Empowering and Recovery Support (LATTERS); Florida Assertive Community Treatment (FACT) Tier 2 Variation

Guidance 37 – Family First Prevention Services Act (FFPSA) Teams, Community Action Treatment (CAT) Tier 2 Variation

Guidance 38 – Community Action Treatment (CAT) Team for Ages 0-10, (CAT Tier 3 Variation)

Guidance 39 – Multidisciplinary Child Welfare Teams, Family Intensive Treatment (FIT) Tier 2 Variation

4. C-1.2.3 is amended to add:

**C-1.2.3.23 Guidance 32 – Community Action Treatment (CAT) Team**

**C-1.2.3.24** If Exhibit C2 Table 1a contains funds allocated for the team models below the Managing Entity shall implement subcontracts in compliance with the following guidance documents. The Managing Entity may elect to implement additional teams under these models, on condition those subcontracts are in compliance with the appropriate guidance.

**C-1.2.3.24.1 Guidance 36 – Linking, Advocating, Treating, Transitioning, Empowering and Recovery Support (LATTERS), Florida Assertive Community Treatment (FACT), Tier 2 Variation**

**C-1.2.3.24.2 Guidance 37 – Family First Prevention Services Act (FFPSA) Teams - Community Action Treatment (CAT), Tier 2 Variation**

**C-1.2.3.24.3 Guidance 38 – Community Action Treatment (CAT) Team for Ages 0-10 (CAT Tier 3 Variation)**

**C-1.2.3.24.4 Guidance 39 – Multidisciplinary Child Welfare Teams - Family Intensive Treatment (FIT), Tier 2 Variation**

5. The yellow highlighted portion of the table below amends C2, Table 1a. The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Table 1a – Department-Specified Special Projects			
Project	Provider	Amount	Recurring?
PPG Solicitation RFA LHZ03	Hanley Center Foundation, Inc	\$147,256.00	Yes FY15-16 through FY17-18
PPG Solicitation RFA 0H17GN1	Hanley Center Foundation, Inc	\$147,256.00	Yes FY18-19 through FY20-21
PPG Solicitation RFA11L2GN1	1. Hanley Center Foundation, Inc. dba Hanley Foundation 2. South Broward Hospital District dba Memorial Healthcare System 3. Gang Alternative, Inc.	1. \$150,000.00 2. \$147,256.00 3. \$150,000.00	Yes FY21-22 through FY23-24
CRS Solicitation RFA 07H16GS2	Henderson Behavioral Health, Inc. Effective 1/1/17 through 12/31/22	FY16-17	\$2,086,415.00
		FY17-18	\$2,606,185.00
		FY18-19 to FY20-21	\$4,305,021.00
		FY21-22	\$2,272,642.00
FEMA DR 4337 FL	Hurricane Irma Disaster Behavioral Health Response FEMA CCP Immediate Response Program	\$161,671.40	No

Table 1a – Department-Specified Special Projects			
Project	Provider	Amount	Recurring?
Ch. 2018-03, Laws of Florida, Section 48	Mobile Crisis Teams	\$1,342,236.00	Yes
CARES Act Allocation Plan	CAT Expansion – Memorial Behavioral Health – Broward	\$250,000.00	No
	NAS/SEN Team – 3.0 FTE at provider TBD by ME – Priority Location: Circuit 17	\$300,000.00	
	Adult Care Coordination – 1.0 FTE ME direct staffing	\$100,000.00	
	Child Care Coordination – 1.0 FTE ME direct staffing	\$100,000.00	
	Child Care Coordination – 3.0 FTE provider staffing TBD by ME	\$300,000.00	
	Wraparound Training Expansion – ME operational cost	\$10,000.00	
	211 Expansion – First Call for Help of Broward, Inc. dba 2-1-1 Broward	\$83,334.00	
FL 2-1-1 Network	First Call for Help of Broward, Inc. dba 2-1-1 Broward	\$250,000.00	Yes
FEMA DR 4673 FL	Hurricane Ian Disaster Behavioral Health Response - FEMA CCP Immediate Services Program - cost reimbursement invoicing	\$75,000.00	No
FY22-23 Recurring Lump Sum Allocation	High Acuity Team, also referred to as a FACT Tier 4 variation, implemented according to a program description on file with the contract manager	\$923,000.00	Yes

6. The yellow highlighted portion of the table below amends **Exhibit C3, Table 2, Section C3-6**. The non-yellow highlighted parts are for illustrative purposes only and are unaffected by this amendment.

C3-6	Network Service Provider Supplemental Reports		
FACT Quarterly Report – <i>Template 29</i>	Guidance 16	Quarterly	20th of month following each fiscal year quarter
CAT Program Persons Served and Performance Measure Report – <i>Appendix 1</i>	Guidance 32	Monthly	18th of month following service delivery
CAT Program Quarterly Supplemental Data Report – <i>Appendix 2</i>	Guidance 32	Quarterly	18th of month following each fiscal year quarter
CAT Program Return On Investment Report – <i>Appendix 3</i>	Guidance 32	Quarterly	18th of month following each fiscal year quarter
Mobile Response Team Report – <i>Template 28</i>	Guidance 34	Monthly	18th of month following service delivery
Return on Investment Reports – <i>Template 30</i>	Section C-2.2.2.2 and Exhibit C2	Quarterly	15th of the month following each fiscal year quarter
LATTERS Tracking Worksheet, Census Worksheet, and Vacant Position Report	Guidance 36	Monthly	18th of month following service delivery
CAT Tier 3 Persons Served and Performance Measure Report – <i>Appendix 1</i>	Guidance 38	Monthly	18th of month following service delivery
CAT Tier 3 Quarterly Supplemental Data Report – <i>Appendix 2</i>	Guidance 38	Quarterly	18th of month following each fiscal year quarter

7. The yellow highlighted portion of the table below amends **E-6, Table 6**. The non-yellow highlighted parts are for contextual purposes only and are unaffected by this amendment.

Table 6 – Network Service Provider Subcontracted Performance Measures			
Service	Required by	Subcontracted Performance Measure	Target
Prevention Services	Guidance 10, Section B.12.	Data shall be submitted no later than the 15th of every month	90%
		Department-identified errors in data submitted shall be corrected within thirty (30) days of notification	90%
Prevention Partnership Grants (PPG)	Guidance 14, Section 3	Improvements in these state priorities for consumption reductions: Underage Drinking; Marijuana Use; and Non-Medical Prescription Drug Use	As Negotiated

**Table 6 – Network Service Provider Subcontracted Performance Measures**

Service	Required by	Subcontracted Performance Measure	Target
	Guidance 14, Section 4	Quantify the activities of a program or strategy to evaluate the extent to which a program is implemented	As Negotiated
Florida Assertive Community Treatment (FACT) Handbook	Guidance 16, Section II.I.	Stable Housing	90% or most current guidance
		Days Worked	40 days or most current guidance
		Initial Assessments	90% on day of enrollment
		Comprehensive Assessments	90% within 60 days of enrollment
		Individualized Comprehensive Recovery Plan	90% within 90 days of enrollment
		Completed psychiatric/social functioning history time line	90% within 120 days of enrollment
		Work Related Services	50%
		Housing Services	90%
		Staffing Requirements	90%
		Admissions to SMHTF	30 days of discharge
		Improved Level of Functioning	75%
Family Intensive Treatment (FIT) Model Guidelines and Requirements	Guidance 18	Monthly and Yearly Service Targets	As Negotiated
		Stable Housing	95%
		Stable Employment	95%
		Parenting Functioning	90%
		Caregiver Protective Capacities	90%
Central Receiving Systems Grant Revised	Guidance 27, Section F	Reduce Drop-Off Processing Time	As Negotiated
		Increase Participant Access to Community-based Behavioral Health Services	As Negotiated
		Reduce number of individuals Admitted to SMHTF	As Negotiated
		Two Additional Specific Measures	As Negotiated
Children’s Mental Health System of Care (CMHSOC) Expansion and Sustainability Project	Guidance 31, Template 20	Number in workforce trained consistent with the goals of the grant	As Negotiated
		Number people providing Mental Health Services	As Negotiated
		Number inter-agency agreements	As Negotiated
Community Action Treatment (CAT) Team	Guidance 32, Section XV	School Attendance	80%
		Improved Level of Functioning based upon CFARS or FARS	80%
		Living in a Community Setting	90%
		Improved Family Functioning, based on Child Well-being Domain, NCFAS-G+R	65%
(LATTERS) Florida Assertive Community Treatment (FACT), Tier 2 Variation	Guidance 36, Section VI.	Stable Housing	90%
		Days Worked	40 days
		Baker Act Admission While Enrolled	< 15%
		Baker Act Admission Post Discharge	< 10%
		Functional Improvement	75%
		Stable Housing	65%
		Daily Living Activities	90%

Table 6 – Network Service Provider Subcontracted Performance Measures			
Service	Required by	Subcontracted Performance Measure	Target
		Timely Assessments and Recovery Plans	90%
Family First Prevention Services Act (FFPSA) Teams Community Action Treatment (CAT), Tier 2 Variation	Guidance 37, Section IV.	Successful completion of treatment or satisfactory progress in recovery	As Negotiated
		Improvement in caregiver protective capacities	As Negotiated
		Stable housing environment	As Negotiated
		School attendance, gainful employment or other significant community involvement.	As Negotiated
Community Action Treatment (CAT) Team for Ages 0-10 (CAT Tier 3 Variation)	Guidance 38, Section N	School, preschool, and daycare attendance	80%
		Level of Functioning (CFRAS and FARS)	80%
		Living in a Community Setting	90%
		Family Functioning (NCFAS-G+R)	65%
Multidisciplinary Child Welfare Teams, Family Intensive Treatment (FIT), Tier 2 Variation	Guidance 39, Section IV.	Successful completion of treatment or satisfactory progress in recovery	As Negotiated
		Improvement in caregiver protective capacities	As Negotiated
		Stable housing environment	As Negotiated
		School attendance, gainful employment or other significant community involvement.	As Negotiated

8. The yellow highlighted portion of the table below amends F-1.2, Table 7. The non-yellow highlighted parts are for contextual purposes only and are unaffected by this amendment.

Table 7 – Contract Funding				
State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2012-2013	\$ 1,642,303.68	\$ 28,436,518.39		\$ 30,078,822.07
2013-2014	\$ 2,285,924.00	\$ 43,857,573.00		\$ 46,143,497.00
2014-2015	\$ 2,304,258.26	\$ 44,246,413.74		\$ 46,550,672.00
2015-2016	\$ 2,298,027.15	\$ 48,769,242.85		\$ 51,067,270.00
2016-2017	\$ 2,657,237.00	\$ 51,122,907.00		\$ 53,780,144.00
2017-2018	\$ 2,676,785.00	\$ 55,137,143.00	\$161,671.00	\$ 57,975,599.00
2018-2019	\$ 2,646,718.00	\$ 60,107,395.00		\$ 62,754,113.00
2019-2020	\$ 2,985,875.00	\$ 63,477,652.00		\$ 66,463,527.00
2020-2021	\$ 3,164,208.00	\$ 64,849,438.00		\$ 68,013,646.00
2021-2022	\$ 3,522,816.00	\$ 74,816,100.00		\$ 78,338,916.00
2022-2023	\$ 4,025,909.00	\$ 88,309,190.00	\$75,000.00	\$92,410,099.00
2023-2024	\$ 2,540,387.00	\$ 66,716,625.00		\$ 69,257,012.00
<b>Total</b>	<b>\$ 32,750,448.09</b>	<b>\$ 689,846,197.98</b>	<b>\$236,671.00</b>	<b>\$ 722,833,317.07</b>

9. Exhibit F1 is replaced by the attached Exhibit F1.

10. The yellow highlighted portion of the table below amends **F2-2, Table 8**. The non-yellow highlighted parts are for contextual purposes only and are unaffected by this amendment.

**Table 8 - Schedule of Payments for Fiscal Year 2022-2023**

Month of Services	FY Contract Balance Prior to Payment	Fixed Payment Amount	Invoice Packet Due Date	Progress and Expenditure Report Period	Funding Amendments
Annual Advance	\$84,603,680.00	\$9,527,585.66	7/1/22	N/A	
Jul-22	\$75,076,094.34	\$8,542,855.04	8/20/22	July	
Aug-22	\$66,533,239.30	\$6,048,476.30	9/20/22	August	
Sep-22	\$60,484,763.00	\$6,048,476.30	10/20/22	September	
Oct-22	\$55,399,310.70	\$6,155,478.97	11/20/22	October	+\$963,024.00
Nov-22	\$53,117,462.73	\$6,639,682.84	12/20/22	November	+3,873,631.00
Dec-22	\$46,477,779.89	\$6,639,682.84	1/20/23	December	
Jan-23	\$39,838,097.05	\$6,639,682.84	2/20/23	January	
Feb-23	\$36,093,178.21	\$7,218,635.64	3/20/23	February	+\$2,894,764.00
Mar-23	\$28,874,542.57	\$7,218,635.64	4/20/23	March	
Apr-23	\$21,655,906.93	\$7,218,635.64	5/20/23	April	
May-23	\$14,437,271.29	\$7,218,635.64	6/20/23	May	
Jun-23	\$7,218,635.65	\$7,218,635.65	8/15/23	June	
<b>Total FY Payments</b>		<b>\$92,335,099.00</b>			
<b>Supplemental Disaster Behavioral Health Funding</b>		<b>\$75,000.00</b>			
<b>Total Contract Funding</b>		<b>\$92,410,099.00</b>			

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11. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to confirm with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

PROVIDER: Broward Behavioral Health Coalition, Inc.

DEPARTMENT: Florida Department of Children and Families

SIGNED BY:

SIGNED BY:

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

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Exhibit F1 - ME Schedule of Funds							
Broward Behavioral Health - Contract# JH343							
FY 2022-23 Use Designation - As of 1/24/2023							
Other Cost Accumulators Title	Line #	GAA Category	Other Cost Accumulators (OCA)	Federal	State	Total	The Amount of Non-Recurring Funds included in Total Amount
<b>Managing Entity Operational Cost</b>							
ME Administrative Cost	380/364B	106220	MHS00	148,993	2,391,394	2,540,387	
ME MH Broward Stepping Up Jail Diversion Operational	372	100778	MHBJO	-	100,000	100,000	100,000
ME Care Coordination MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHCM2	450,000	-	450,000	450,000
ME Care Coordination MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHCM3	150,000	-	150,000	150,000
ME FL Hurricane Michael Response-ME Operational	372	100778	MHHMA	-	-	-	
ME MH Individual Placement & Support Train-BG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHIPS	-	-	-	
ME MH Individual Placement & Support Train-BG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHIP2	-	-	-	
ME FL System of Care - Admin - Year 1	372	100778	MHSCA	-	-	-	
ME FL System of Care - Admin - Year 2	372	100778	MHSCB	-	-	-	
ME Emergency Covid-19 Supp Grant-Administration	377	100778	MHSCS	-	-	-	
ME Operational MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHSM1	44,852	-	44,852	44,852
ME Operational MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHSM2	14,951	-	14,951	14,951
ME Operational SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHSS1	75,596	-	75,596	75,596
ME Operational SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHSS2	25,199	-	25,199	25,199
ME SA McKinsey Settlement - ME Care Coordination	364A	102400	MS923	-	394,277	394,277	394,277
ME State Opioid Response Disc Grant Admin - Year 4	380	106220	MSSA4	185,061	-	185,061	185,061
ME State Opioid Response Disc Grant Admin - Year 5	380	106220	MSSA5	45,586	-	45,586	45,586
<b>Total Operational Cost</b>				<b>1,140,238</b>	<b>2,885,671</b>	<b>4,025,909</b>	<b>1,485,522</b>
<b>Direct Services Cost</b>							
<b>Mental Health Core Services Funding</b>							
	364B/367 /368/371/	100610/100611/ 100777/100778	MH000	2,840,397	21,454,746	24,295,143	
ME Mental Health Services & Support							
ME MH Services MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHCOM	501,729	-	501,729	501,729
ME MH Services MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHARP	1,925,120	-	1,925,120	1,925,120
ME Early Intervention Services-Psychotic Disorders	367	100610	MH026	750,000	-	750,000	
ME MH Citrus Health Network	367	100610	MH094	-	-	-	
ME MH Forensic Transitional Beds	367	100610	MHFMH	-	1,401,600	1,401,600	
ME MH State Funded Federal Excluded Services	367/368	100610/100611	MHFP	-	3,987,608	3,987,608	
ME MH Transitional Beds for MH Institution	367	100610	MHTMH	-	-	-	
<b>Total Mental Health Core Services Funding</b>				<b>6,017,246</b>	<b>26,843,954</b>	<b>32,861,200</b>	<b>2,426,849</b>
<b>Mental Health Discretionary Grants Funding</b>							
ME MH 988 Implementation Fed Discretionary Grant	367	100610	MH98G	237,649	-	237,649	237,649
ME Emergency COVID-19 Supplemental Grant	377	100610	MHCOS	125,000	-	125,000	125,000
ME FL Hurricane Michael Disaster Response	367	100610	MHMD	-	-	-	
ME FL SOC Expansion & Sustain Project -Year 1	367	100610	MHSC1	-	-	-	
ME FL SOC Expansion & Sustain Project -Year 2	367	100610	MHSC2	-	-	-	
ME Transform Transfer Initiative-Peer Spec Jails	367	100610	MHTTI	-	-	-	
<b>Total Mental Health Discretionary Grants Funding</b>				<b>362,649</b>	<b>-</b>	<b>362,649</b>	<b>362,649</b>
<b>Mental Health Proviso Projects Funding</b>							
ME Stewart-Marchman Behavioral Healthcare	381	108850	MH011	-	-	-	
ME MH Personal Enrichment MH CSU	372	100778	MH016	-	-	-	
ME SFBN Involuntary Outpatient Services Pilot Project	372	100778	MH021	-	-	-	
ME Directions for Living	372	100778	MH027	-	-	-	
ME David Lawrence Center	372	100778	MH031	-	-	-	
ME Veterans and Families Pilot Program	372	100778	MH032	-	-	-	
ME MH UF Health Center for Psychiatry	372	100778	MH034	-	-	-	
ME MH LifeStream Central Receiving System-Citrus County	372	100778	MH035	-	-	-	
ME MH FL Recovery Schools-YTH BH Wraparound Services	372	100778	MH036	-	-	-	
ME Fort Myers Salvation Army	372	100778	MH037	-	-	-	
ME MH Okaloosa/Walton MH & SA Pretrial Diversion Project	372	100778	MH051	-	-	-	
ME Veterans Alternative Retreat Program	372	100778	MH060	-	-	-	
ME MH Starting Point Behavioral Health Care Project Talks	372	100778	MH063	-	-	-	
ME Peace River Center Sheriffs Outreach Program	372	100778	MH066	-	-	-	
ME MH Indian River-MHA-Walk in Counseling Center	372	100778	MH068	-	-	-	
ME MH Faulk Center Behind the Mask MH Services	372	100778	MH070	-	-	-	
ME MH Community Rehabilitation Center-Project Alive	372	100778	MH078	-	-	-	
ME Clay Behavioral Health-Crisis Prevention	372	100778	MH089	-	-	-	
ME Hillsborough CSU	372	100778	MH819	-	-	-	
Aspire Health Partners Veterans National Guard MH Services	372	100778	MHASP	-	-	-	
ME MH Broward Stepping Up Jail Diversion	372	100778	MHBJD	-	410,400	410,400	410,400
ME MH Brooks Rehabilitation MH Services	372	100778	MHBRK	-	-	-	
ME MH Flagler Brave Program	372	100778	MHBRV	-	-	-	
ME MH Collier Central Receiving Center	372	100778	MHCCR	-	-	-	
ME MH Connect Familias MH Youth Screen	372	100778	MHCFY	-	-	-	
ME MH Eagles Haven Wellness Center	372	100778	MHEHW	-	600,000	600,000	600,000
ME MH Flagler Health Center Receiving System--St. John	372	100778	MHFHR	-	-	-	
ME MH FL Recovery Schools Tampa Bay	372	100778	MHFRS	-	-	-	
ME MH Alpert Jewish Family Support Line	372	100778	MHFSL	-	-	-	
ME MH First Step Sarasota CSU & Detox Center	372	100778	MHFSS	-	-	-	
ME MH Here Tomorrow Outpatient MH Services	372	100778	MHHTO	-	-	-	
ME MH Transition House Homeless Veterans Services	350	100778	MHHVS	-	-	-	
ME MH JCS Miami Dade Monroe Crisis Line	372	100778	MHJCL	-	-	-	
ME MH Jewish Family Services Collaboration	372	100778	MHJFS	-	-	-	
ME MH LMC Forensic Multidisciplinary Team	372	100778	MHLFH	-	-	-	
ME MH Life Management Center Functional Family Therapy Team	372	100778	MHLFT	-	-	-	
ME Renaissance Manor	372	100778	MHRM5	-	-	-	
ME LifeStream Center	372	100778	MHS50	-	-	-	
ME Circles of Care-Crisis Stabilization	372	100778	MHS52	-	-	-	
ME MH Jewish Community Services Surfside	372	100778	MHSUR	-	-	-	
ME MH Senior MH Wellness \$ Crisis Response Line	372	100778	MHSWL	-	-	-	
ME MH Subbacher Duval MH Offenders Program	372	100778	MHSZB	-	-	-	
ME MH Centerstone Trauma Recovery Center	372	100778	MHTRM	-	-	-	
ME MH Valeris House Child Grief Services	372	100778	MHVHG	-	-	-	
<b>Total Mental Health Proviso Projects Funding</b>				<b>-</b>	<b>1,010,400</b>	<b>1,010,400</b>	<b>1,010,400</b>
<b>Mental Health Targeted Services Funding</b>							

ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	375	102780	MH071	-	150,762	150,762	
ME MH Community Forensic Beds	367	100610	MH072	-	653,466	653,466	
ME MH Indigent Psychiatric Medication Program	374	101350	MH076	-	74,817	74,817	
ME MH BNET (Behavioral Health Network)	367	100610	MH08N	474,218	182,707	658,925	
ME MH Care Coordination Direct Client Services	367/364B	100610	MH0CN	108,450	245,006	354,056	
ME Community Forensic Multidisciplinary Teams	367/364B	100610	MH0FH	-	652,000	652,000	
ME FACT Medicaid Ineligible	381/364B	108850	MH0FT	113,166	770,235	883,401	
ME MH PATH Grant	367	100610	MH0PG	417,337	-	417,337	
ME MH Temporary Assistance for Needy Families (TANF)	367	100610	MH0TB	769,532	-	769,532	
ME Expanding 211 Call Vol & Coordination Initiative	367	100610	MH211	-	250,000	250,000	250,000
ME MH Early Intervention Services MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MH26S	93,750	-	93,750	93,750
ME MH Early Intervention Services MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MH262	656,250	-	656,250	656,250
ME MH 988 Implementation Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MH988	682,837	-	682,837	682,837
ME MH Alpert Family Services - Mental Health First Aid Coalition	372	100778	MHAJF	-	-	-	
ME MH Community Action Treatment (CAT) Teams	367/364B	100425/100610	MHCAT	-	1,500,000	1,500,000	
ME Core Crisis Set Aside MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHCCS	164,295	-	164,295	164,295
ME Core Crisis Set Aside MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHCC2	54,765	-	54,765	54,765
ME Forensic Services Expansion - MHBG	367	100610	MHCJ2	-	-	-	
ME MH Forensic Community Diversion MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHCJ3	-	-	-	
ME MH Forensic Community Diversion MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHCJ4	-	-	-	
ME Short Term Residential - MHBG	367	100610	MHCR2	-	-	-	
ME Disability Rights Florida Mental Health	367	100610	MHDRF	-	144,000	144,000	
ME MH Evidence Based Practice Team	364B	100610	MHEBP	-	-	-	
ME MH Early Diversion of Forensic Individuals	367	100610	MHEDT	-	-	-	
ME MH Supported Employment Services	367/364B	100610	MHEMP	81,745	68,255	150,000	15,385
ME MH Mobile Crisis Teams	367/364B	100610	MHMCCT	14,123	1,328,113	1,342,236	
MH ME Other Multidisciplinary Team	364B	100610	MHMDT	-	1,640,420	1,640,420	
ME MH Residential Stability Coordination MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHRES	77,813	-	77,813	77,813
ME MH Residential Stability Coordination MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHRE2	55,937	-	55,937	55,937
ME Centralized Receiving Systems	370/364B	100621	MHSCR	-	4,305,021	4,305,021	
ME Suicide Prevention MHBG Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MHSPV	225,000	-	225,000	225,000
ME Suicide Prevention MHBG Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MHPV2	75,000	-	75,000	75,000
ME Sunrise / Sunset Beds Pilot	367	100610	MHSUN	-	-	-	
ME MH Telehealth Behavioral Health Services	372	100778	MHTLH	-	-	-	
ME Transitions Vouchers Mental Health	367	100610	MHTRV	66,859	81,074	147,933	
<b>Total Mental Health Targeted Services Funding</b>				<b>4,131,077</b>	<b>12,046,476</b>	<b>16,177,553</b>	<b>2,351,032</b>
<b>Subtotal Mental Health</b>				<b>10,510,972</b>	<b>39,900,830</b>	<b>50,411,802</b>	<b>6,150,930</b>
<b>Substance Abuse Core Services</b>							
ME Substance Abuse Services and Support	364B/369						
ME SA Services SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MS000	5,497,832	8,316,366	13,814,198	
ME SA Services SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MSCOM	2,077,901	-	2,077,901	2,077,901
ME SA HIV Services	369	100618	MSARP	987,920	-	987,920	987,920
ME SA Prevention Services	369	100618	MS023	447,027	-	447,027	
ME SA Drug Abuse Comprehensive Coordinating Treatment (DACC0)	369	100618	MS025	1,788,109	-	1,788,109	
ME Here's Help	369	100618	MS095	-	-	-	
ME SA St. Johns County Sheriff's Office-Detox Program	369	100618	MS903	-	-	-	
ME SA State Funded Federal Excluded Services	369	100618	MS907	-	-	-	
<b>Total Core Services Funding</b>				<b>10,798,789</b>	<b>10,512,560</b>	<b>21,311,349</b>	<b>3,065,821</b>
<b>Substance Abuse Discretionary Grants</b>							
ME SA Prevention Partnership Program	369	100618	MSOPP	147,256	-	147,256	
ME State Opioid Response Disc - Rec Comm Org - Year 4	369	100618	MSRC4	366,604	-	366,604	366,604
ME State Opioid Response Disc - Rec Comm Org - Year 5	369	100618	MSRC5	87,500	-	87,500	87,500
ME State Opioid Response Disc Grant-GPRA - Year 4	369	100618	MSSG4	-	-	-	
ME State Opioid Response SVCS-MAT - Year 4	369	100618	MSSM4	4,726,923	-	4,726,923	4,726,923
ME State Opioid Response SVCS-MAT - Year 5	369	100618	MSSM5	1,473,928	-	1,473,928	1,473,928
ME State Opioid Response Disc Grant SVCS-Prevention - Year 4	369	100618	MSSP4	289,699	-	289,699	289,699
ME State Opioid Response Disc Grant SVCS-Prevention - Year 5	369	100618	MSSP5	87,500	-	87,500	87,500
<b>Total Discretionary Grants Funding</b>				<b>7,179,410</b>	<b>-</b>	<b>7,179,410</b>	<b>7,032,154</b>
<b>Substance Abuse Proviso Projects</b>							
ME Memorial Healthcare-Medication Assisted Treatment Program	372	100778	MS912	-	1,000,000	1,000,000	1,000,000
ME SA Gateway Community Services-Saving Lives Project	372	100778	MS916	-	-	-	
ME Specialized Treatment, Education and Prevention Services-Women's Residential Treatment	372	100778	MS917	-	-	-	
ME SA St. Johns Epic Recovery Center-Women's Residential Bed	372	100778	MS918	-	-	-	
ME SA Here's Help-Juvenile Resident Treatment Expansion	372	100778	MS921	-	-	-	
ME MS Broward Health-Integrated Medication Assisted Treatment	372	100778	MS922	-	999,238	999,238	999,238
ME SA Seminole County Sheriff Opioid ARC Partnership	372	100778	MSCS0	-	-	-	
ME SA House of Hope Healing & Recovery Center	372	100778	MSSH0	-	-	-	
ME SA Phoenix House Womens Recovery Services	372	100778	MSPHR	-	-	-	
<b>Total Proviso Projects Funding</b>				<b>-</b>	<b>1,999,238</b>	<b>1,999,238</b>	<b>1,999,238</b>
<b>Substance Abuse Targeted Services</b>							
ME Expanded SA Services for Pregnant Women, Mothers and Their Families	369	100618	MS081	-	1,043,188	1,043,188	
ME SA Family Intensive Treatment (FIT)	369/364B	100618	MS091	400,000	400,000	800,000	
ME SA Care Coordination Direct Client Services	369	100618	MS0CN	75,869	75,869	151,738	
ME SA Temporary Assistance for Needy Families (TANF)	369	100618	MS0TB	739,371	-	739,371	195,000
ME Primary Prevention SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MS25S	626,785	-	626,785	626,785
ME Primary Prevention SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MS252	461,974	-	461,974	461,974
ME McKinsey Settlement-SA Services	364A	102400	MS925	-	510,663	510,663	510,663
ME SA Community Based Services	369	100618	MSCBS	-	1,428,616	1,428,616	
ME NES/SEN Care Coordination SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MSCS2	450,000	-	450,000	450,000
ME NES/SEN Care Coordination SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MSCS3	150,000	-	150,000	150,000
ME SA Prevention Partnership Program SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MSPPS	225,000	-	225,000	225,000
ME SA Prevention Partnership Program SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MSPP2	75,000	-	75,000	75,000
ME Suicide Prevention SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MSSPV	150,000	-	150,000	150,000
ME Suicide Prevention SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MSPV2	50,000	-	50,000	50,000
ME Transitions Vouchers Substance Abuse	369	100618	MSTRV	-	96,056	96,056	
ME Transitional Vouchers SAPT Supplemental 1 Federal Budget Period: 3/15/2021 - 3/14/2023	377	105153	MSTVS	337,500	-	337,500	337,500
ME Transitional Vouchers SAPT Supplemental 2 Federal Budget Period: 9/1/2021 - 9/30/2025	377	105153	MSTV2	112,500	-	112,500	112,500
<b>Total Targeted Services Funding</b>				<b>3,852,999</b>	<b>3,654,392</b>	<b>7,407,391</b>	<b>3,344,422</b>
<b>Subtotal Substance Abuse</b>				<b>21,831,188</b>	<b>16,066,190</b>	<b>37,897,388</b>	<b>15,441,836</b>
<b>Total All Fund Sources</b>				<b>33,482,408</b>	<b>58,852,691</b>	<b>92,335,099</b>	<b>23,078,087</b>
<b>Supplemental Disaster Behavioral Health (DBH) Response Funds</b>							
ME Hurricane Ian Crisis Counseling ISP	367	100610	MH-II	75,000	-	75,000	75,000
<b>Total DBH Response Funds</b>				<b>75,000</b>	<b>-</b>	<b>75,000</b>	<b>75,000</b>
<b>Total FY Contract Amount</b>				<b>33,557,408</b>	<b>58,852,691</b>	<b>92,410,099</b>	<b>23,153,087</b>
<b>Total FY Contract Amount</b>				<b>33,557,408</b>	<b>58,852,691</b>	<b>92,410,099</b>	<b>23,153,087</b>

**BBHC  
Board of Directors Update  
January 2023**



**Network Management**

- All contracts (40) were executed prior to the start of this fiscal year, July 1, 2022. This includes three (3) new providers this fiscal year. School Board contracts started submitting invoices for served in November 2022.
- All Risk Assessments were completed and finalized.
- All 4 quarterly meeting have been schedule and sent to the Providers for FY 22-23. First quarterly meeting was held on August 26, 2022 and second quarterly meeting was held on December 8, 2022.
- Carisk has enhanced the Contract Module to better support the ME in the contract negotiation process and reduce time-consuming tasks.
- Carisk is currently working finalized the December invoices to assist in preparing for Amendments to align with BBHC's SOF.

**Network Management Statistics FY 22-23**

	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22-23 YTD	Comments
Risk Assessments	36	--	--	--	--	--	--	--	--	--	--	--	36	
Executed Contracts	40	--	--	--	--	--	--						40	
Amendments	--	--	--	9	16	2	--						27	16 are pending as of 11.1.2022

**Technical Assistance and Training YTD FY 22-23**

Topic	Number of Trainings	Providers Represented
LOCUS/CALOCUS	2	15

**Financial Management / Invoice Processing**

- Carisk continues to process Subcontractors invoices in a timely manner (completed within 5 business days).
- Carisk continues sending weekly Bed Census and Daily Submission Status Reports to Crisis and Acute Care Services Providers.
- Carisk is now getting a direct feed for DCF TANF updating the authorization every evening.
- Carisk continues to work with the Providers needing additional training and technical assistance.

**BBHC**  
**Board of Directors Update**  
**January 2023**



FY 22-23 Financial Management Statistics		July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22-23 YTD
# TANF Approval		28	6	10	11	5	4	8					72	
Number of invoices submitted	(A)	54	56	57	60	63	62	54					406	9 invoice pending

\*\* Currently under review.

**Data Management and Reporting**

- New features to the Required Reports were added.
- Released the Staff Module and supported providers with technical assistance and training related to this new feature.
- Added notification by email when password is changed or an account is re-activated.
- Added improvement to the Financial Reports (e.g., ability to generate reports by Carry Forward or Regular OCA's, Added SRI to Denied Service Report, etc.)
- LOCUS integration within the Carisk Portal has been released, and our team is working on a new user role for LOCUS/CALOCUS users for limiting their access to other portions of the application.
- The Authorization Module to support Utilization Management tasks that will be integrated with the Electronic Invoice started February 1, 2023.
- Carisk continues participating in the JAD (Joint Application Design) meetings with DCF and Fei Systems in order to provide input in future changes of FASAMS.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning <u>7/1/2021</u> , and ending <u>6/30/2022</u>																							
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>BROWARD BEHAVIORAL HEALTH COALITION INC</u></td> <td><b>D</b> Employer identification number <u>45-3675836</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <u>(954) 622-8121</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>3521 West Broward Boulevard</u></td> <td>Room/suite <u>206</u></td> <td rowspan="3"><b>G</b> Gross receipts \$ <u>79,396,300</u></td> </tr> <tr> <td>City or town <u>Lauderhill</u></td> <td>State <u>FL</u></td> </tr> <tr> <td>ZIP code <u>33312</u></td> <td>Foreign postal code</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <u>STEPHEN ZUCKERMAN 3521 West Broward Boulevard, Lauderhill, FL</u></td> <td> <b>H(a)</b> Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number ▶                 </td> </tr> <tr> <td><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>J</b> Website: ▶ <u>WWW.BBHCFLORIDA.ORG</u></td> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <u>2011</u></td> <td><b>M</b> State of legal domicile: <u>FL</u></td> </tr> </table>	<b>C</b> Name of organization <u>BROWARD BEHAVIORAL HEALTH COALITION INC</u>		<b>D</b> Employer identification number <u>45-3675836</u>	Doing business as		<b>E</b> Telephone number <u>(954) 622-8121</u>	Number and street (or P.O. box if mail is not delivered to street address) <u>3521 West Broward Boulevard</u>	Room/suite <u>206</u>	<b>G</b> Gross receipts \$ <u>79,396,300</u>	City or town <u>Lauderhill</u>	State <u>FL</u>	ZIP code <u>33312</u>	Foreign postal code	<b>F</b> Name and address of principal officer: <u>STEPHEN ZUCKERMAN 3521 West Broward Boulevard, Lauderhill, FL</u>		<b>H(a)</b> Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <u>WWW.BBHCFLORIDA.ORG</u>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>2011</u>		<b>M</b> State of legal domicile: <u>FL</u>
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ZIP code <u>33312</u>	Foreign postal code																						
<b>F</b> Name and address of principal officer: <u>STEPHEN ZUCKERMAN 3521 West Broward Boulevard, Lauderhill, FL</u>		<b>H(a)</b> Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶																					
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <u>WWW.BBHCFLORIDA.ORG</u>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																					
<b>L</b> Year of formation: <u>2011</u>		<b>M</b> State of legal domicile: <u>FL</u>																					

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES IN THE ORGANIZATION'S SERVICE AREA.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22	
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	37	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b>	Program service revenue (Part VIII, line 2g)	66,632,515	79,316,491
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,819	79,809	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,710,334	79,396,300	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,535,572	0
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,333,378	2,650,011
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,841,386	76,745,178	
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	66,710,336	79,395,189		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2	1,111		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	13,557,480	18,186,572	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	13,530,779	18,158,760	
			26,701	27,812	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>STEPHEN ZUCKERMAN</u>	Date	
	Type or print name and title <u>president</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>JOSE THOMAS CPA</u>	Preparer's signature <u>JOSE THOMAS CPA</u>	Date <u>2/14/2023</u>
	Firm's name ▶ <u>THOMAS &amp; COMPANY CPA PA</u>	Firm's EIN ▶ <u>75-3125446</u>	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ <u>9710 STIRLING RD, STE 101, COOPER CITY, FL 33024</u>	Phone no. <u>(954) 435-7272</u>	PTIN <u>P01203673</u>

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES IN THE ORGANIZATION'S SERVICE AREA AND TO SUBCONTRACT WITH QUALIFIED, DIRECT SERVICE, COMMUNITY BASED ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

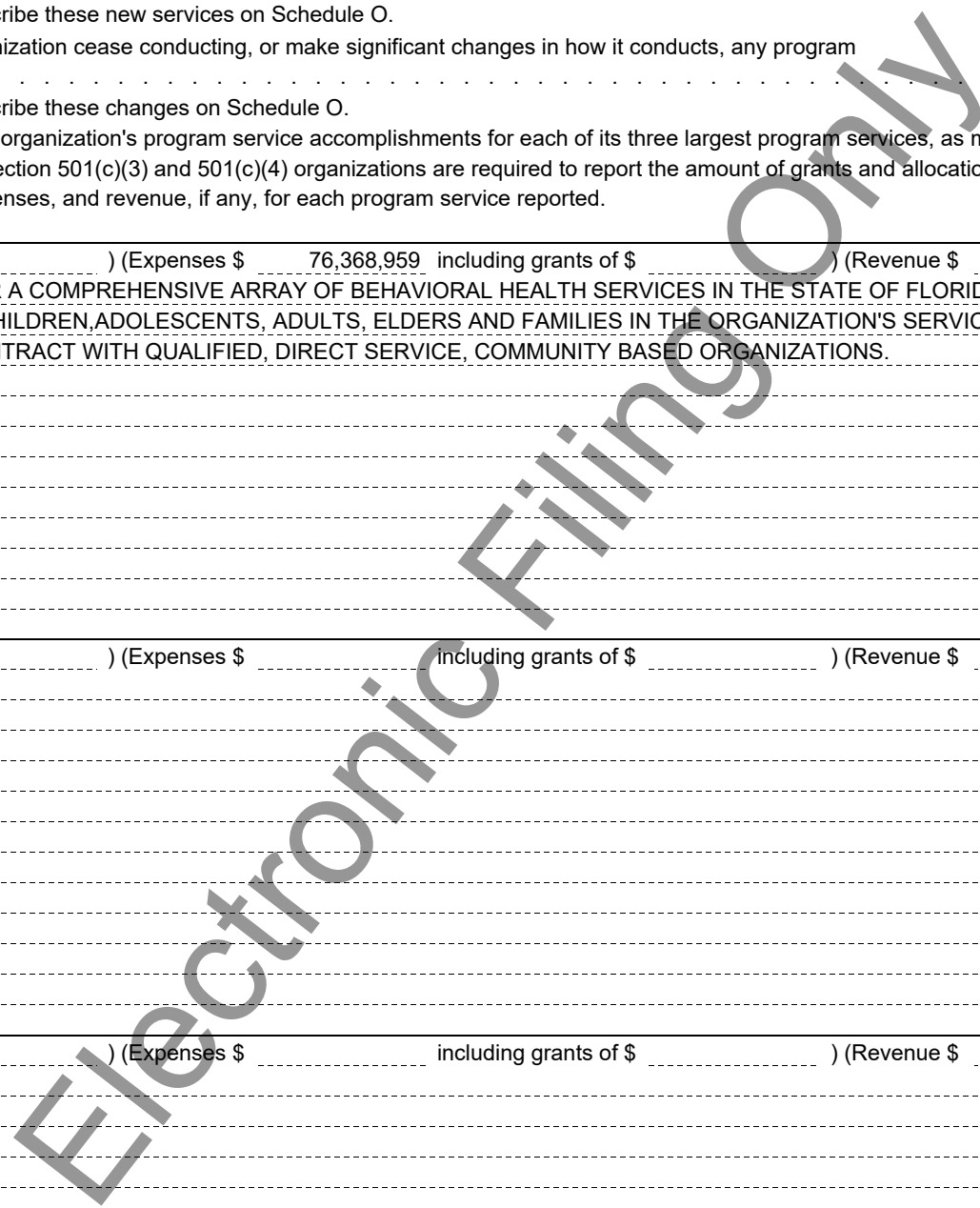
4a (Code: ) (Expenses \$ 76,368,959 including grants of \$ ) (Revenue \$ ) TO DELIVER A COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES IN THE STATE OF FLORIDA TO ELIGIBLE CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES IN THE ORGANIZATION'S SERVICE AREA AND TO SUBCONTRACT WITH QUALIFIED, DIRECT SERVICE, COMMUNITY BASED ORGANIZATIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 76,368,959



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	37		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>11a</b>			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization . . . . .		X
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶	
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
<b>19</b>	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BROWARD BEHAVIORAL HEALTH (954) 622-8121 3521 WEST BROWARD BLVD, STE 206, LAUDERHILL, FL 33312	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SILVIA QUINTANA ----- CEO	40.00 0.00			X	X	X	243,969			
(2) LARRY REIN ----- TREASURER	4.00 0.00	X		X						
(3) COMMISSIONER NAN RICH ----- BOARD CHAIR	4.00 0.00	X		X						
(4) NEAL MCGARRY ----- VICE CHAIR	4.00 0.00	X		X						
(5) ANA VALLADARES ----- SECRETARY	4.00 0.00	X		X						
(6) COMMISSIONER LOIS WEXLER ----- DIRECTOR	4.00 0.00	X								
(7) PAMELA AFRICK ----- DIRECTOR	4.00 0.00	X								
(8) LARRY DAVIS ----- DIRECTOR	4.00 0.00	X								
(9) DEBRA HIXON ----- DIRECTOR	4.00 0.00	X								
(10) KIMM CAMPBELL ----- DIRECTOR	4.00 0.00	X								
(11) PAUL JAQUITH ----- DIRECTOR	4.00 0.00	X								
(12) SUSAN NYAMORA ----- DIRECTOR	4.00 0.00	X								
(13) ROSALIND OSGOOD ----- DIRECTOR	4.00 0.00	X								
(14) JACKIE ROSEN ----- DIRECTOR	4.00 0.00	X								

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBIN MARTIN DIRECTOR	4.00 0.00	X								
(16) MAYOR MICHAEL RYAN DIRECTOR	4.00 0.00	X								
(17) REPRESENTATIVE MICHAEL GOTTLIEB DIRECTOR	4.00 0.00	X								
(18) SENATOR GARY FARMER DIRECTOR	4.00 0.00	X								
(19) STEPHEN RONIK DIRECTOR	4.00 0.00	X								
(20) DAVID SCHARF DIRECTOR	4.00 0.00	X								
(21) TAMMY TUCKER DIRECTOR	4.00 0.00	X								
(22) MARTA PRADO DIRECTOR	4.00 0.00	X								
(23) NANCY GREGOIRE-STAMPER DIRECTOR	4.00 0.00	X								
(24)										
(25)										
<b>1b Subtotal</b>							243,969	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							243,969	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	0				
	b	Membership dues . . . . .	0				
	c	Fundraising events . . . . .	0				
	d	Related organizations . . . . .	0				
	e	Government grants (contributions) . . . . .	79,316,491				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	0				
	g	Noncash contributions included in lines 1a-1f . . . . .	\$ 0				
	h	<b>Total.</b> Add lines 1a-1f . . . . .	79,316,491				
	Program Service Revenue	Business Code					
		2a	OTHER CONTRIBUTIONS ----- 624100	79,809			
b		-----	0				
c		-----	0				
d		-----	0				
e		-----	0				
g		<b>Total.</b> Add lines 2a-2f . . . . .	79,809				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	0				
	4	Income from investment of tax-exempt bond proceeds . . . . .	0				
	5	Royalties . . . . .	0				
	6a	(i) Real					
		(ii) Personal					
		6a	Gross rents . . . . .				
	6b	Less: rental expenses . . . . .					
	6c	Rental income or (loss) . . . . .	0	0			
	d	Net rental income or (loss) . . . . .	0				
	7a	(i) Securities					
		(ii) Other					
		7a	Gross amount from sales of assets other than inventory . . . . .	0	0		
	7b	Less: cost or other basis and sales expenses . . . . .	0	0			
	7c	Gain or (loss) . . . . .	0	0			
	d	Net gain or (loss) . . . . .	0				
	8a						
		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .		0			
		8a	Less: direct expenses . . . . .	0			
	8b	Less: direct expenses . . . . .	0				
	c	Net income or (loss) from fundraising events . . . . .	0				
9a							
	Gross income from gaming activities. See Part IV, line 19 . . . . .		0				
	9a	Less: direct expenses . . . . .	0				
9b	Less: direct expenses . . . . .	0					
c	Net income or (loss) from gaming activities . . . . .	0					
10a							
	Gross sales of inventory, less returns and allowances . . . . .		0				
	10a	Less: cost of goods sold . . . . .	0				
10b	Less: cost of goods sold . . . . .	0					
c	Net income or (loss) from sales of inventory . . . . .	0					
Miscellaneous Revenue	Business Code						
	11a	-----	0				
	b	-----	0				
	c	-----	0				
	d	All other revenue . . . . .	0				
e	<b>Total.</b> Add lines 11a-11d . . . . .	0					
12	<b>Total revenue.</b> See instructions . . . . .		79,396,300	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	2,186,241	736,487	1,449,754	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	463,770	157,753	306,017	
10	Payroll taxes . . . . .	0			
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0		0	
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	956,570	734,337	222,233	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	105,971	20,558	85,413	
17	Travel . . . . .	23,302	22,184	1,118	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	50,146		50,146	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	SUBCONTRACTORS	1,692,306	989,145	703,161	
b	TRAINING	367,417	356,037	11,380	
c	PROFESSIONAL FEE	240,008	43,000	197,008	
d	SUBCONTRACTED GRANTS	73,309,458	73,309,458		
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	79,395,189	76,368,959	3,026,230	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,386,500	<b>1</b>	11,478,503
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	11,071,297	<b>3</b>	6,547,121
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	91,937	<b>9</b>	153,202
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 34,980		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 34,980	0	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,746	<b>15</b>	7,746
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	13,557,480	<b>16</b>	18,186,572	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	257,899	<b>17</b>	288,069
	<b>18</b> Grants payable . . . . .	8,468,535	<b>18</b>	13,012,550
	<b>19</b> Deferred revenue . . . . .	4,499,297	<b>19</b>	4,553,093
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	305,048	<b>23</b>	305,048
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	13,530,779	<b>26</b>	18,158,760
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	26,701	<b>27</b>	27,812
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	26,701	<b>32</b>	27,812	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	13,557,480	<b>33</b>	18,186,572	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	79,396,300
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,395,189
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,111
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,701
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	27,812

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> BROWARD BEHAVIORAL HEALTH COALITION INC	<b>Employer identification number</b> 45-3675836
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 0.00%; 16 Public support percentage from 2020 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 0.00%; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 0.00%.

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . . 0		
b	From 2017 . . . . . 0		
c	From 2018 . . . . . 0		
d	From 2019 . . . . . 0		
e	From 2020 . . . . . 0		
f	<b>Total</b> of lines 3a through 3e	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2017 . . . . . 0		
b	Excess from 2018 . . . . . 0		
c	Excess from 2019 . . . . . 0		
d	Excess from 2020 . . . . . 0		
e	Excess from 2021 . . . . . 0		



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization: BROWARD BEHAVIORAL HEALTH COALITION INC
Employer identification number: 45-3675836

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2, 2a, 2b) regarding art and historical treasures, including dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             | 0      |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                | 0      |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0	0	0	0	0
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> Unrelated organizations |     |    |
| <b>(ii)</b> Related organizations  |     |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	26,128	26,128	0
<b>e</b> Other	0	8,852	8,852	0

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . .



**Part XIII** Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

BROWARD BEHAVIORAL HEALTH COALITION INC

45-3675836

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARCHWAY INC 919 NE 13TH ST FORT LAUDERDAL	59-2341993		3,451,561				
(2) BANYAN COMMUNITY 3850 W FLAGLER ST MIAMI, FL 3313	27-3164934		4,407,896				
(3) BECK INSTITUTE 1 BELMONT AVE SUITE 503 BALA C	23-2051226		9,450				
(4) BROWARD COUNTY COMMUNIT 115 S ANDREWS AVE SUITE A680 F	65-0407370		655,357				
(5) BROWARD COUNTY-BARC 325 SW 28TH ST FORT LAUDERDAL	59-6000531		4,922,949				
(6) BROWARD COUNTY-BEVS 10580 STIRLING RD HOLLYWOOD, F	59-6000536		265,278				
(7) BROWARD HEALTHY START CO 4620 N STATE RD 7 SUITE 102 LAUD	65-0316363		600,000				
(8) BROWARD HOUSE 2800 N ANDREWS AVE WILTON MA	59-2913416		267,470				
(9) BROWARD PARTNERSHIP FOR 920 NW 7TH AVE FORT LAUDERDAL	65-0777033		183,465				
(10) BROWARD SHERIFF OFFICE 4300 NW 36TH ST LAUDERDALE LA	59-6000534		981,980				
(11) CAMELOT COMMUNITY CARE 1925 S PERIMETER RD STE 120 FO	31-1659302		208,383				
(12) CARE RESOURCE 871 W OAKLAND PARK BLVD FORT	59-2564197		1,886,237				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021





## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC</b>	Employer identification number <b>45-3675836</b>
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) CARE RESOURCE 872 W OAKLAND PARK BLVD FORT LAUDE	59-2564198		180,219				
(14) CENTER FOR COMMUNITY LEARNING 15 PRIMARY SCHOOL RD COLLINSVILLE, V	12-5555557		3,900				
(15) CHILDNET 1100 W MCNAB RD FORT LAUDERDALE, FL	56-1149351		100,000				
(16) CITRUS HEALTH NETWORK INC. 4175 W 20TH AVE HIALEAH, FL 33012	59-1865751		1,244,987				
(17) COVENANT HOUSE FLORIDA 733 BREAKERS AVE #4100 FORT LAUDERD	59-2323607		80,326				
(18) DEVEREUX FLORIDA 5850 T G LEE BLVD #400 ORLANDO, FL 328	59-3593023		31,155				
(19) FELLOWSHIP HOUSE 5711 S DIXIE HWY SOUTH MIAMI, FL 33143	59-1466709		1,022,610				
(20) FELLOWSHIP RECOVERY COMMUNIT 5400 W ATLANTIC BLVD MARGATE, FL 330	03-0566838		531,809				
(21) FLITE CENTER 5201 NW 33RD AVE FORT LAUDERDALE, F	26-4155794		33,333				
(22) FOOT PRINT TO SUCCESS 3521 W BROWARD BLVD suite101 FORT LA	01-0961623		759,242				
(23) FORT LAUDERDALE BEHAVIORAL HE 5757 N DIXIE HWY OAKLAND PARK, FL 333	20-1021229		248,088				
(24) GULF COAST JEWISH FAMILY AND CO 221 NE 40TH CT OAKLAND PARK, FL 33334	59-1229354		1,586,737				
(25) HARMONY DEVELOPMENT CENTER 12233 SW 55TH ST #801 COOPER CITY, FL	80-0004598		57,519				
(26) HENDERSON BEHAVIORAL HEALTH 3347 N UNIVERSITY DR DAVIE, FL 33024	59-0711167		23,545,694				
(27) HERE'S HELP 15100 NW 27TH AVE OPA-LOCKA, FL 33054	59-1298067		70,346				
(28) HOUSE OF HOPE 908 ARPEIKA ST FORT LAUDERDALE, FL 3	23-7014595		2,223,468				
(29) KIDS IN DISTRESS 819 NE 26TH ST WILTON MANORS, FL 3330	59-1927289		134,878				

## Continuation Sheet for Schedule I (Form 990)

Name of the organization BROWARD BEHAVIORAL HEALTH COALITION INC	Employer identification number 45-3675836
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

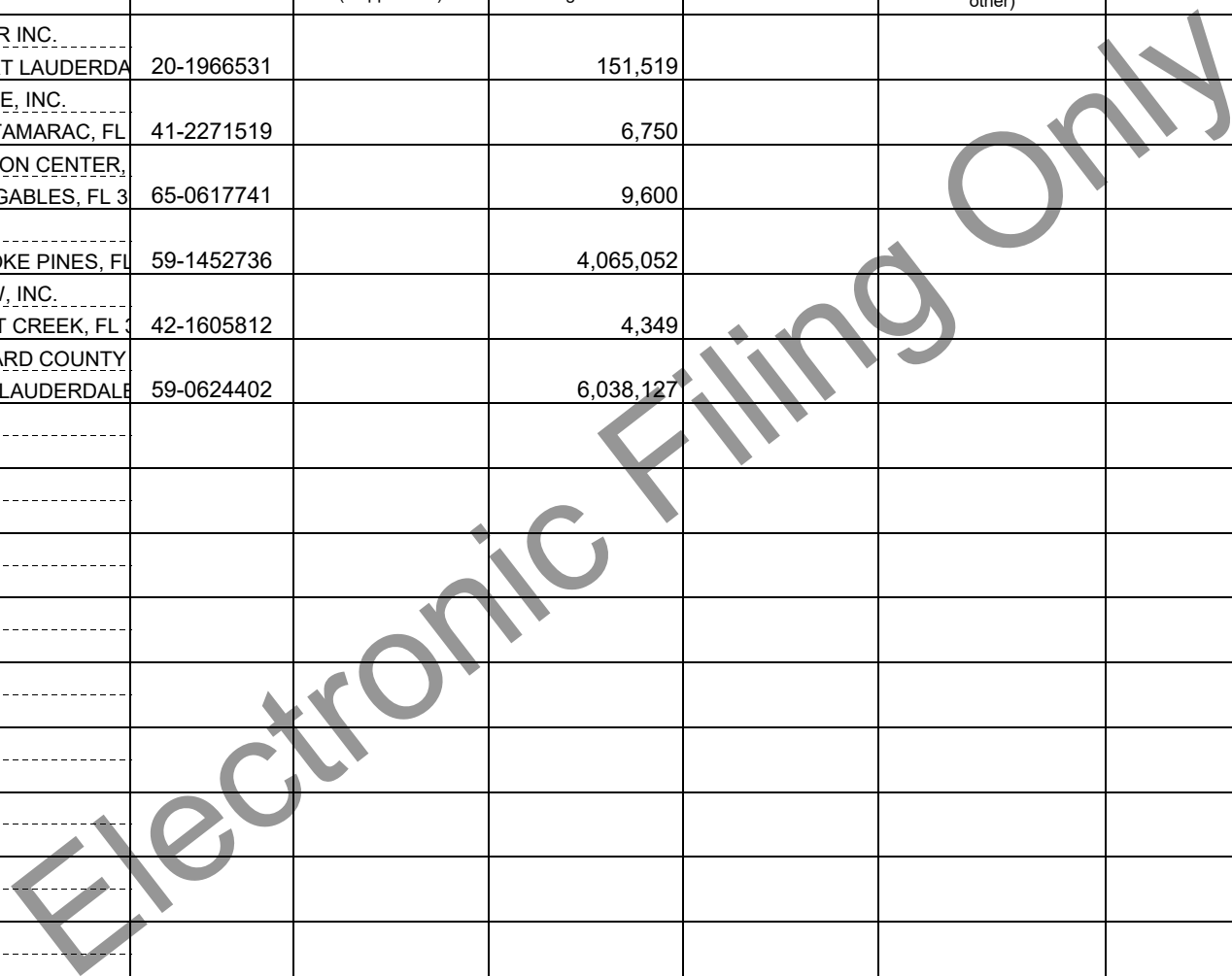
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) JOSIAS AND GOREN, P.A. 3099 E COMMERCIAL BLVD #200 FORT LAUDERDALE, FL 33308	59-2506263		7,278				
(31) LET'S TALK INTERACTIVE INC 6000 FAIRVIEW RD SUITE 1225 CHARLOTTE, NC 28212	56-2250410		163,342				
(32) MENTAL HEALTH AMERICA OF SOUTH FLORIDA 7145 W OAKLAND PARK BLVD LAUDERHILL, FL 33409	59-0816448		830,844				
(33) MISSIONEXEC 5555 N FEDERAL HWY FORT LAUDERDALE, FL 33309	84-2140204		233,857				
(34) NAMI BROWARD COUNTY 4161 NW 5TH ST #203 PLANTATION, FL 33307	93-1223495		145,749				
(35) NORTH BROWARD HOSPITAL DISTRICT 303 SE 17TH ST FORT LAUDERDALE, FL 33301	59-6012065		1,705,939				
(36) OFFICE OF JUSTICE SERVICES 201 W BROWARD BLVD STE 208 FORT LAUDERDALE, FL 33301	59-6000540		16,667				
(37) OUR CHILDREN OUR FUTURE 450 N PARK RD STE 600 HOLLYWOOD, FL 33024	65-0469870		296,569				
(38) PASSAGEWAY 2255 NW 10TH AVE MIAMI, FL 33127	01-8745466		45,185				
(39) PROJECT SOAR INC. 1235 NE 15TH AVE FORT LAUDERDALE, FL 33304	81-3255209		61,579				
(40) RAISING DONAVIN, LLC 6100 HAYES ST HOLLYWOOD, FL 33024	84-2158946		15,600				
(41) SILVER IMPACT INC 7155 W OAKLAND PARK BLVD LAUDERHILL, FL 33409	65-0438571		238,487				
(42) SMITH MENTAL HEALTH 601 S STATE RD 7 PLANTATION, FL 33317	65-0929557		466,182				
(43) SOUTH BROWARD HOSPITAL DISTRICT 10926 PEMBROKE RD MIRAMAR, FL 33025	59-6014973		5,342,265				
(44) SOUTH FLORIDA WELLNESS NETWORK 5225 NW 33RD AVE OAKLAND PARK, FL 33409	47-1087192		3,081,850				
(45) SUNSERVE 2312 WILTON DR WILTON MANORS, FL 33311	01-0582371		163,225				
(46) TASK FORCE FOR ENDING HOMELESSNESS 730 N ANDREWS AVE FORT LAUDERDALE, FL 33304	41-2110971		520,255				

## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC</b>	Employer identification number <b>45-3675836</b>
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) THE CHRYSALIS CENTER INC. 3521 W BROWARD BLVD FORT LAUDERDA	20-1966531		151,519				
(48) THE JOURNEY INSTITUTE, INC. 6635 W COMMERCIAL BLVD TAMARAC, FL	41-2271519		6,750				
(49) THE TRAUMA RESOLUTION CENTER, 4343 W FLAGLER ST CORAL GABLES, FL 3	65-0617741		9,600				
(50) THE VILLAGE SOUTH 1633 POINCIANA DR PEMBROKE PINES, FL	59-1452736		4,065,052				
(51) TOMORROW'S RAINBOW, INC. 4341 NW 39TH AVE COCONUT CREEK, FL 3	42-1605812		4,349				
(52) UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE	59-0624402		6,038,127				
(53) .....							
(54) .....							
(55) .....							
(56) .....							
(57) .....							
(58) .....							
(59) .....							
(60) .....							
(61) .....							
(62) .....							
(63) .....							



## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>BROWARD BEHAVIORAL HEALTH COALITION INC</b>	Employer identification number <b>45-3675836</b>
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**Part III** Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Electronic Filing Only

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2021**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

BROWARD BEHAVIORAL HEALTH COALITION INC

45-3675836

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SILVIA QUINTANA	(i)	217,969		26,000	243,969		
	CEO	(ii)				0		
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

BROWARD BEHAVIORAL HEALTH COALITION INC

Employer identification number

45-3675836

Form 990, Part VI, Section B, Line 11 A B: THE FORM 990 INCLUDING ALL SCHEDULES ARE REVIEWED

BY THE BOARD OF DIRECTORS , BEFORE FILING WITH IRS.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST.

Form 990, Part VI, Section B, Line 12 A B C: THE ORGANIZATION HAS A WRITTEN CONFLICT OF

INTEREST POLICY . THIS IS REVIEWED ON AN ANNUAL BASIS .

Electronic Filing Only



Name of the organization

Employer identification number

BROWARD BEHAVIORAL HEALTH COALITION INC

45-3675836

Electronic Filing Only



## Continuous Quality Improvement 2<sup>nd</sup> Quarter Report – Fiscal Year 2022-2023

<b>Report Date</b>	January 10, 2023
<b>Review Period</b>	October 2022 to December 2022
<b>BBHC CQI Staff</b>	Caren Longsworth, DSW, LCSW – Director of Quality Improvement Lucia Garcia, MS – Continuous Quality Improvement Coordinator Zakiya Drummond, MSW – Program/Contract Monitor Amelia Benson, MS – Program/Contract Monitor TaKisha DuPree, MS – Program/Contract Monitor
<b>Report Reviewed &amp; Approved by</b>	Danica Mamby, MPA, CHC – Managing Director of Administration

### Scope/Purpose:

The 2<sup>nd</sup> Quarter Continuous Quality Improvement (CQI) Report is a summary of all CQI activities and reporting in the Quarter being reported. During the 2<sup>nd</sup> Quarter of Fiscal Year (FY) 2022-2023, BBHC's CQI Department has conducted the following functions:

1. Processed electronic submission of Community Person Served Satisfaction Surveys for the 2<sup>nd</sup> Quarter
2. Investigated the Complaints & Grievances received by BBHC
3. Provided oversight of the Secret Shopper Initiative
4. Reviewed Performance Measures for accuracy
5. Managed the tracking and follow-up of Incident Reports
6. Conducted Contract Accountability Review Monitoring
7. Provided technical assistance to Network Providers
8. Disseminated the SAPT assessment to Network Providers
9. Provided IRAS training to Network Providers

### Documents Reviewed:

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

1. Department of Children and Families (DCF) Community Person Served Satisfaction Surveys (CPSSS)
2. Cultural Competency and Diversity Plan for FY 2022-2023
3. ROSC Plan for FY 2022-2023
4. 2<sup>nd</sup> Quarter Complaint & Grievance Log
5. 2<sup>nd</sup> Quarter Secret Shopper calls reviewed
6. BBHC and Network Provider Performance Measures
7. 2<sup>nd</sup> Quarter Incident Reporting Report Tracking Log
8. Contract Monitoring Schedule
9. CAR Monitoring Reports

**Summary:**

**DCF Consumer Person Served Satisfaction Surveys**

During the 2<sup>nd</sup> Quarter of FY 2022-2023, BBHC received a total of 1297 surveys. Surveys are being collected on the DCF survey platform and then DCF disseminates the results to the Managing Entities. For the 2<sup>nd</sup> quarter of FY 2022-2023, the satisfaction rate for adult services was 86%, which is the same as the rate of overall satisfaction rate from last quarter. The satisfaction rate for children was 91%, which is 6% higher than the overall satisfaction rate from last quarter.

Table 1 (Adult Domains) shows the overall satisfaction rates separated into the survey domains for adults. Table 2 (Child Domains) shows the overall satisfaction rates separated into the survey domains for children. Most respondents agreed or strongly agreed that the services they received were helpful. For adults who are receiving substance abuse and/or mental health services, social connectedness had the lowest satisfaction percentage. For children receiving mental health services, social connectedness had the lowest satisfaction percentage. For children receiving substance abuse services, functional satisfaction had the lowest satisfaction percentage.

Social connectedness and functional satisfaction for adults and children had the lowest rates reported last quarter. Network providers are encouraged to coordinate additional supportive services during and after treatment to enable persons served to increase social connectedness and improve functional satisfaction.

**Table 1 – Adult Domains**

Adult Mental Health: Total Surveys – 630 = 85%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.27	4.28	4.32	4.32	4.27	4.07	4.27
85.6%	85.6%	86.4%	86.4%	85.4%	81.4%	85.4%

Adult Substance Abuse: Total Surveys – 476 = 87%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.30	4.36	4.40	4.40	4.38	4.15	4.34
86%	87.2%	88%	88%	87.6%	83%	86.8%

**Table 2 – Child Domains**

Child Mental Health: Total Surveys – 149 = 94%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.71	4.72	4.85	4.66	4.72	4.53	4.61
94.2%	94.4%	97%	93.2%	94.4%	90.6%	92.2%

Child Substance Abuse: Total Surveys – 42 = 87%

General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
4.36	4.39	4.62	4.36	4.36	4.31	4.21
87.2%	87.8%	92.4%	87.2%	87%	86.2%	84.2%

## **Cultural Competency and Diversity Initiative**

Broward Behavioral Health Coalition (BBHC) is committed to maintaining the value of cultural competency at the forefront of our daily interactions with children, youth, adults, and families, as well as with system partners and service providers. We are committed to action from all System of Care partners that is directed and focused.

BBHC collects data during OCP3 evaluations, which identified racial, ethnic, religious, spiritual, linguistic, sexual orientation, gender, gender identity, education, income, health beliefs and practices, discrimination, and historical barriers for persons served.

During Contract Accountability Review monitoring, BBHC reviews Cultural Competency and Diversity Plans for network providers and ensures that the plans have been maintained. When facility tours are conducted, BBHC staff ensure that network providers have information printed or have access to information in English and other languages.

## **Complaints and Grievances**

During the 2<sup>nd</sup> Quarter of FY 2022-2023, BBHC did not receive any formal complaints.

## **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.

BBHC staff work closely with the DCF Recovery Oriented Quality Improvement (ROQI) Specialist and the DCF Statewide Recovery Integration Specialist to improve recovery services offered in Circuit 17. During the 2<sup>nd</sup> Quarter, one network service provider was monitored for ROSC implementation by the ROQI. Care Coordination and linkage to support services was an area identified as an opportunity for improvement. Providers must ensure that persons served are being referred to outside and aftercare supportive services to maintain recovery efforts, and that the referrals are documented in the persons served files.

BBHC network service providers completed the annual ROSC Self-Assessment Provider Tool (SAPT). The results were analyzed and will be presented at the CQI meeting in February. Providers who had more than five staff complete the SAPT will be provided with an individualized report.

## **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 line staff, receptionists, and 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. The No Wrong Door policy is the model for service delivery to persons served who have mental health or substance use disorders, or both, regardless of the point of entry to the behavioral health care system, as referenced in the Florida Statutes (FS 394.4573(1)(d)).

During the 2<sup>nd</sup> Quarter of FY 2022-2023, thirty-seven (37) network providers received secret shopper calls. Ninety-five percent (95%) of the calls made to network providers were productive and informative for the secret shopper, which is the same percentage reported during the 1<sup>st</sup> Quarter.

However, there was an increase in front desk staff providing their names, as well an increase in linkage to alternative services if the provider did not provide the service requested.

### Performance Outcomes Measures (POM) Activities

BBHC staff reviews all data submitted to the Provider Portal to identify potential coding and/or data errors, along with programmatic/clinical reviews. All network providers with performance outcome measures received a POM report during this quarter. Technical assistance was provided to network service providers when needed.

As of January 9, 2023, the BBHC network was attaining and/or surpassing fifteen (15) of the eighteen (18) performance measures. There were three (3) children’s measures in which a score could not be calculated. BBHC staff will continue to work with network providers and Carisk to determine why certain measures are not generating scores. Table 3 shows the most current BBHC Network performance measures:

**Table 3 – Performance Measures**

Measure	Description - BBHC Network 1.9.2023	Program	Program Type	Score	Target	Result
M0003	Average annual days worked for pay for adults with severe and persistent mental illness	Adult	Mental Health	58.69	40	Pass
M0703	Percent of adults with serious mental illness who are competitively employed	Adult	Mental Health	60.00%	24.00%	Pass
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	Adult	Mental Health	92.00%	90.00%	Pass
M0743	Percent of adults in forensic involvement who live in stable housing environment	Adult	Mental Health	90.00%	67.00%	Pass
M0744	Percent of adults in mental health crisis who live in stable housing environment	Adult	Mental Health	94.00%	86.00%	Pass
M0753	Percentage change in clients who are employed from admission to discharge	Adult	Substance Abuse	20.00%	10.00%	Pass
M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	Adult	Substance Abuse	-92.00%	15.00%	Pass
M0755	Percent of adults who successfully complete substance abuse treatment services	Adult	Substance Abuse	69.00%	51.00%	Pass
M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	Adult	Substance Abuse	94.00%	94.00%	Pass
M0012	Percent of school days seriously emotionally disturbed (SED) children attended	Children	Mental Health	95.00%	86.00%	Pass

M0377	Percent of children with emotional disturbances (ED) who improve their level of functioning	Children	Mental Health	N/A	64.00%	No Score
M0378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	Children	Mental Health	N/A	65.00%	No Score
M0778	Percent of children with emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	100.00%	95.00%	Pass
M0779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	Children	Mental Health	100.00%	93.00%	Pass
M0780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	Children	Mental Health	N/A	96.00%	No Score
M0725	Percent of children who successfully complete substance abuse treatment services	Children	Substance Abuse	67.00%	48.00%	Pass
M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	Children	Substance Abuse	0.00%	20.00%	Pass
M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	Children	Substance Abuse	100.00%	93.00%	Pass

## Incident Reporting

BBHC's CQI staff 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 2<sup>nd</sup> Quarter of FY 2022-2023, BBHC's CQI staff followed up on all incident reports and received detailed information from network Providers.

There were eighty-seven (87) reported incidents during the 2<sup>nd</sup> Quarter. Table 4 provides the list and number of reported incidents.

Please note:

1. Deaths (19) were the next highest category of incidents reported. A detailed report of deaths is included in the Mortality Review section of this report.
2. There were forty-one (41) Elopements reported in this Quarter by nine different providers. Of those 41 persons served who eloped, ten (10) returned to treatment.
3. There were two (2) bomb threats reported this quarter. One provider received a call that an individual threatened to blow up the facility. The other threat was made anonymously via email. Both facilities were evacuated and searched for bombs by law enforcement. The first report was deemed non-credible, and the second report was still under investigation at the time of this report.
4. There were two (2) missing children reported this quarter. Both of the children were found, and services were resumed when they were located.
5. There was one (1) suicide reported this quarter. The provider was encouraged to refer the surviving family to the LOSS team.

A discussion about elopements and prevention implementation was held with the providers during the October CQI meeting. Providers discussed prevention efforts, and suggested program tours for persons served when they are stepping down to lower levels of care, and referrals to Care Coordination Teams (CCT).

In the 1<sup>st</sup> Quarter, there were four providers who reported the most elopements. Three of the four providers had a decrease in elopements reported in the 2<sup>nd</sup> Quarter. One provider had an increase in elopements, with seventeen persons served eloping. However, eight of those persons served returned to treatment. This provider discussed continued engagement efforts, which contributed to persons served returning to treatment.

Another provider who had a significant number of elopements this quarter discussed efforts being made to decrease elopements. They identified conducting a review of their orientation process to enable persons served to acclimate to treatment better. They also discussed improving family engagement to help support the person served staying in treatment. This provider is considering expanding their peer services to provide more one on one support to persons served. Lastly, the provider mentioned that they will conduct debriefing following elopements to determine the cause of the elopement as well as prevention.

**Table 4 – Incident Reports**

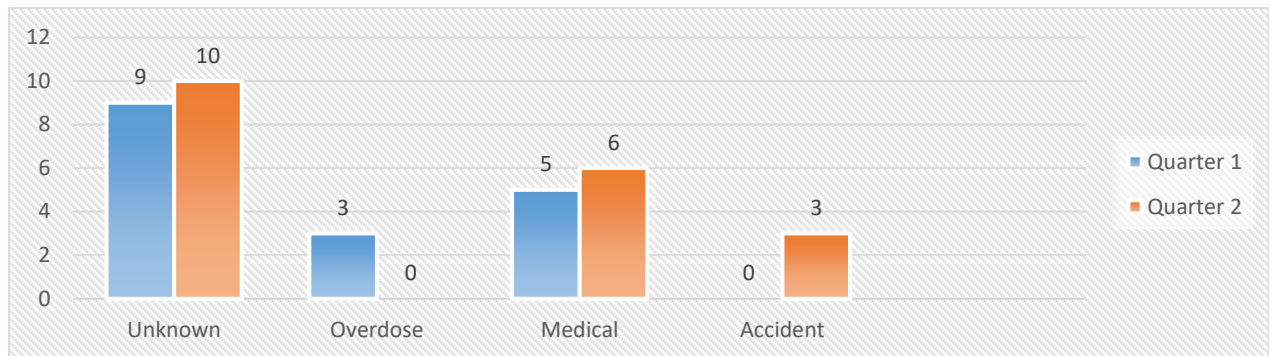
Type	Quarter 1 Incidents Reported to IRAS	Quarter 2 Incidents Reported to IRAS
Baker Act	0	2
Child-on-Child Sexual Abuse	1	1
Child Abuse Hotline Call	0	2
Client Arrest	0	2
Death-Adult (Medical)	5	6
Death-Adult (Overdose)	1	0
Death-Adult (Undetermined)	9	10
Death-Adult (Accident)	0	3
Elopement	36	41
Employee Misconduct	1	2
Other (Contraband)	1	0
Other (Bomb Threat)	0	2
Other (Car Accident)	0	2
Other (Court Ordered Discharge)	1	0
Other (False Fire Alarm)	0	1
Other (Fraud)	1	0
Other (ER Medical Services)	2	0
Other (Medication Error)	1	0
Other (Missing Child)	0	2
Other (Left Treatment AMA)	1	0
Other (Physical aggression)	5	1
Other (Sexual Abuse)	1	0
Other (Staff Robbed)	0	1
Other (Verbal aggression)	1	2
Significant Injury to Clients	7	7
Significant Injury to Staff	1	0
Suicide	0	1
<b>Grand Total</b>	<b>75</b>	<b>87</b>

## Mortality Review

During the 2<sup>nd</sup> Quarter of FY 2022-2023, there were nineteen (19) deaths reported by BBHC Network Providers, as illustrated in Table 5.

- Six (6) deaths were related to pre-existing medical conditions
- Three (3) deaths were due to accidents (2 car accidents, 1 choking)
- The causes of ten (10) deaths were unknown at the time of this report. BBHC has requested information from the reporting providers and the Medical Examiner's Office.

**Table 5 – Mortality Reports**



\*Correction: The table on the 1<sup>st</sup> Quarter report indicated that there were seven (7) deaths reported as Unknown, which was incorrect. There were nine (9) deaths reported as Unknown in the 1<sup>st</sup> Quarter.

## Update as to Mortality Review for Unknown Deaths reported during the 1<sup>st</sup> Quarter of FY 2022-2023

During the 1<sup>st</sup> Quarter of FY 2022-2023, there were nine (9) deaths reported in which the cause of death was Unknown. BBHC staff contacted the providers as well as the Medical Examiner's Office and was able to obtain information as to the cause of death for all of those individuals.

- The cause of death for four (4) of the individuals was drug overdose.
- The cause of death for four (4) of the individuals was pre-existing medical conditions.
- One (1) individual was from Palm Beach and funded by the Palm Beach Managing Entity and mistakenly reported to BBHC.

## Contract Monitoring

Contract Monitoring is a tool utilized to ensure contract compliance on an annual and on as needed basis in accordance with the established procedures and standards for all programs and services within the BBHC Provider Network. Reviews are conducted at least annually to ensure Providers are adhering to uniform procedures, delivering services in accordance with applicable federal and state laws, rules, and regulations; pursuant to the terms and conditions of the Provider's contract with BBHC; and are following the policies and procedures established by BBHC and DCF.

During the 2<sup>nd</sup> Quarter of FY 2022-2023, four (4) virtual monitoring were completed. Two providers had on-site facility tours. Common themes found in the CAR monitoring were documentation errors which affected service validation, invoice errors, performance outcome measures, staff training, and human resources documentation. BBHC provided technical assistance to remedy the deficiencies. We also requested Correction Action Plans and Quality Improvement Plans from the respective providers.



**CQI-related Technical Assistance, Training & Other Quality Activities**

BBHC CQI staff provides technical assistance and training to the provider network and BBHC staff. During the October CQI Committee meeting, an overview of the Outpatient MAT Program offered at Broward Health Medical Center was presented by Broward Health staff. The presentation provided information regarding who the program serves, and the Medication Assisted Treatment (MAT) services provided.

During the November CQI Committee meeting, a brief overview of the Local Outreach to Suicide Survivors (LOSS) Team was presented. Attendees were educated about how the LOSS Team supports suicide survivors, the services offered, and LOSS Team contact information. There was a presentation by Faces and Voices of Recovery which identified the mission, history, and services offered at Faces and Voices of Recovery.

In December, BBHC did not facilitate a CQI Committee meeting.

Prepared By:	Caren Longworth, DSW, LCSW
Title:	Director of Quality Improvement
Final Date:	1/17/2023

**BROWARD BEHAVIORAL HEALTH COALITION, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**December 31, 2022**

	<b>DEC 2022</b>	<b>NOV 2022</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalent	\$ 10,176,563	\$ 10,940,018
Grant Contract Receivable, net of Allowance for Doubtful Accounts of \$-0-	\$ 13,626,214	\$ 13,238,489
Prepaid Expenses	<u>\$ 91,363</u>	<u>\$ 105,868</u>
TOTAL CURRENT ASSETS	\$ 23,894,140	\$ 24,284,374
<b>FIXED ASSETS</b>		
Computer Hardware	\$ 26,128	\$ 26,128
Furniture, Fixtures and Equipment	<u>\$ 8,852</u>	<u>\$ 8,852</u>
	\$ 34,980	\$ 34,980
Less: Accumulated Depreciation	<u>\$ 34,980</u>	<u>\$ 34,980</u>
Net Book Value	\$ 0	\$ 0
<b>OTHER ASSETS</b>		
Security Deposits	<u>\$ 7,746</u>	<u>\$ 7,746</u>
TOTAL ASSETS	<u>\$ 23,901,887</u>	<u>\$ 24,292,120</u>
<b>LIABILITIES and NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts Payable - Subcontracted Services	\$ 5,283,732	\$ 4,710,483
Accrued Expenses Payable	\$ 240,547	\$ 202,889
Deferred Revenue	<u>\$ 18,349,795</u>	<u>\$ 19,350,937</u>
TOTAL CURRENT LIABILITIES	\$ 23,874,075	\$ 24,264,308
<b>NET ASSETS</b>		
Beginning of Year	\$ 27,812	\$ 27,812
Change in Net Assets	<u>\$ -</u>	<u>\$ -</u>
TOTAL NET ASSETS - END OF PERIOD	\$ 27,812	\$ 27,812
TOTAL LIABILITIES and NET ASSETS	<u>\$ 23,901,887</u>	<u>\$ 24,292,120</u>

*BROWARD BEHAVIORAL HEALTH COALITION, INC.*

EXPLANATION OF BUDGET VARIANCES

December 2022

**Revenue**

- Managing Entity Contract – Services – (\$8,372,695) – Below budget for reporting period including Carry Forward Funds from FY 21-22.
- Managing Entity Contract – Operations – (\$852,371) – Below Budget for reporting period including Carry Forward Operational Funds from FY 21-22.
- Other Income –\$14,862– Above budget for reporting period due to Farris Foundation and contributions to support BBHC 10<sup>th</sup> Anniversary.
- OCP3 Grant –\$50,674 – Above budget for reporting period.
- Family – CPR Grant –\$82,222 – Above budget for reporting period.
- CSC – Trauma Services – (\$91,716) – Below Budget for reporting period.
- Mom’s and Babies – (\$59,828) Below budget for reporting period.
- Wellpath – \$2,881 – Above budget for reporting period.
- Broward County School Board – (\$2,701,477) Below budget reporting period. A budget reduction is anticipated.
- PPP Grant – Loan satisfied converted to Grant.
- BYRC Grant – (\$8,753) – Below budget for reporting period .

**Expenses**

- Provider Services – See Revenue explanation above
- Salaries – Below budget for reporting period.
- Fringe Benefits – Below budget for reporting period.
- Building Occupancy –Below budget for reporting period
- Professional Services – Below budget for reporting period.
- Travel – Above budget for reporting period, due to increased participation and attendance at Behavioral Health Conference and DCF Family Summit.
- Equipment Costs –Below budget for reporting period.
- Subcontracted Provider Services – Breakeven for reporting period.
- Insurance Expense – Breakeven for reporting period.
- Telephone Expense – Below budget for reporting period.
- Operating Supplies – Above budget for reporting period primarily due to 10<sup>th</sup> Anniversary event.

- **Other Expenses/Community Events – Above budget for reporting period. This is the offset for Trauma Services and Care Coordination Services from Wellpath.**

**BROWARD BEHAVIORAL HEALTH COALITION, INC.**  
**Managing Entity for Substance Abuse and Mental Health Services**  
**Income Statement**

For the six months ended December 31, 2022

	December 2022	YTD Actual	YTD Budget	Variance Favorable (Unfavorable)	Approved FY 2022-2023 Budget
<b>Revenues:</b>					
DCF Revenue for Services	\$ 7,149,706	\$ 33,932,623	\$ 40,853,304	\$ (6,920,781)	\$ 81,706,607
DCF Carry Forward for Services	\$ 189,751	\$ 293,288	\$ 1,745,202	\$ (1,451,914)	\$ 3,490,404
DCF Revenue for Operations	\$ (7,107,990)	\$ 566,098	\$ 1,930,049	\$ (1,363,951)	\$ 3,860,097
DCF Carry Forward Revenue for Operations	\$ 1,023,160	\$ 1,023,160	\$ 511,580	\$ 511,580	\$ 1,023,160
Other Income	\$ 470	\$ 14,862	\$ -	\$ 14,862	\$ -
OCP3 Grant	\$ 58,943	\$ 516,084	\$ 465,410	\$ 50,674	\$ 930,820
Family - CPR Grant	\$ (6,031)	\$ 157,222	\$ 75,000	\$ 82,222	\$ 150,000
CSC - Trauma Services	\$ 17,698	\$ 158,284	\$ 250,000	\$ (91,716)	\$ 500,000
Mom's and Babies	\$ 18,390	\$ 47,985	\$ 107,813	\$ (59,828)	\$ 215,625
Wellpath	\$ 6,363	\$ 37,881	\$ 35,000	\$ 2,881	\$ 70,000
Broward County School Board	\$ 36,249	\$ 48,523	\$ 2,750,000	\$ (2,701,477)	\$ 5,500,000
PPP Grant	\$ -	\$ 305,048	\$ 152,524	\$ 152,524	\$ 305,048
BYRP II Grant	\$ 30,691	\$ 191,247	\$ 200,000	\$ (8,753)	\$ 400,000
	\$ 7,815,600	\$ 37,292,205	\$ 49,075,881	\$ (11,783,676)	\$ 98,151,761
<b>Expenses from Provider Services</b>	\$ 7,339,457	\$ 34,225,811	\$ 45,725,412	\$ 11,499,601	\$ 91,460,824
<b>Expenses from Operations:</b>					
Total Salary and Wages	\$ 236,227	\$ 1,384,070	\$ 1,570,562	\$ 186,492	\$ 3,141,123
Total Fringe Benefits	\$ 49,042	\$ 296,118	\$ 297,945	\$ 1,827	\$ 595,889
Total Building Occupancy	\$ 8,598	\$ 53,150	\$ 55,022	\$ 1,872	\$ 110,044
Total Professional Services	\$ 82,987	\$ 578,366	\$ 725,588	\$ 147,222	\$ 1,461,175
Total Travel	\$ 1,302	\$ 52,176	\$ 43,338	\$ (8,838)	\$ 86,676
Total Equipment Costs	\$ 7,747	\$ 42,713	\$ 80,683	\$ 37,970	\$ 161,365
Total Subcontracted Services - Carerisk	\$ 56,417	\$ 338,500	\$ 338,500	\$ -	\$ 677,000
Total Insurance	\$ 6,111	\$ 36,669	\$ 37,500	\$ 831	\$ 75,000
Total Telephone Expense	\$ 2,230	\$ 14,113	\$ 16,500	\$ 2,387	\$ 33,000
Total Operating Supplies	\$ 765	\$ 25,220	\$ 21,089	\$ (4,131)	\$ 42,178
Total Other Expenses	\$ 24,717	\$ 245,299	\$ 163,744	\$ (81,556)	\$ 327,487
Total Expenditures Before Depreciation	\$ 7,815,600	\$ 37,292,205	\$ 49,075,881	\$ 11,783,676	\$ 98,151,761
Total Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditure After Depreciation	\$ 7,815,600	\$ 37,292,205	\$ 49,075,881	\$ 11,783,676	\$ 98,151,761
Adjusted Change in Net Assets	\$ -	\$ -	\$ -	\$ -	\$ -



**TO:** Broward Behavioral Health Coalition Inc. (BBHC) Recovery Oriented System of Care Committee, Finance Committee, and Board of Directors

**FROM:** Silvia Quintana, CEO

**SUBJECT:** Proposed Lapse Reallocation

**DATE:** February 13, 2023

### **BACKGROUND**

On January 25, 2023, BBHC sent e-mails to the network providers that showed lapses, and requested they respond with their plans to either utilize all their funds or indicate the amount they will not spend by June 30, 2023. Based on the funding utilization for July - December 2022, the ideal utilization was fifty percent (50%).

On January 27, 2023, BBHC notified the provider network that if they were not lapsing in specific Other Cost Accumulators (OCAs), and were able to utilize additional funds, they should notify BBHC staff in writing.

### **SUMMARY**

Below are the providers that have indicated they are unable to utilize their funds in specific OCAs, by June 30, 2023:

1. Archways, Inc
2. Banyan Health Systems
3. Broward County Elderly and Veterans Services Division
4. Broward House, Inc.
5. Broward Housing Solutions
6. Broward Partnership for the Homeless, Inc.
7. Camelot Community Care, Inc.
8. Citrus Health Network, Inc.
9. Covenant House Florida, Inc.
10. Fellowship House
11. Ft. Lauderdale Hospital
12. Gulf Coast Jewish Family and Community Services, Inc.
13. Henderson Behavioral Health, Inc.
14. House of Hope, Inc.
15. Our Children, Our Future, Inc.
16. SunServe
17. The Village South

The total lapse across the network including returned funds, recent DCF amendment, and funding available for allocation is **\$4,475,345.13**.

The attached **Table (FY 22-23 Proposed Reallocation of Funds)** shows the proposed distribution of funds to the network providers.

The majority of the requests from the providers were honored, based on funding availability in specific OCAs.

The uncommitted funds will be held at BBHC to provide for incidentals, request from providers related to housing, and for other supportive services. Any unspent funds will be reallocated at the end of the fiscal year.

### **RECOMMENDATION**

It is being recommended that the Board approves the proposed distribution of the lapse funds based on the information mentioned in the **Table (FY 22-23 Proposed Reallocation of Funds)**. These providers are not lapsing in these program areas and have indicated that they have the capacity to utilize the funds by June 30, 2023.

**Broward Behavioral Health Coalition Inc. (BBHC)**

**FY 22-23 Proposed Reallocation of Funds**

Providers	Program Areas		Total	Reason for Proposed Reallocation
	Mental Health	Substance Abuse		
Archways, Inc.	\$ 250,000		\$ 250,000	Switch funds from Substance Abuse to Mental Health
Broward County Addiction Recovery Center		\$ 175,000	\$ 175,000	Purchase and administration of Long-action Injectable Buprenorphine (Sublocade)
Care Resource	\$ 100,000	\$ 1,005,468	\$ 1,105,468	MAT and HIV Services
Citrus Health Network, Inc.	\$ 85,867		\$ 85,867	Care Coordination Team
Fellowship Recovery Community Organization, Inc.		\$ 119,000	\$ 119,000	Peer Support Services, Transitional Housing and Support Services
FootPrint to Success	\$ 14,512		\$ 14,512	Clubhouse Services
Ft. Lauderdale Hospital	\$ 7,500		\$ 7,500	Crisis Stabilization Services
Henderson Behavioral Health, Inc.	\$ 210,489		\$ 210,489	Short Term Residential Treatment (4 beds)
House of Hope		\$ 330,000	\$ 330,000	Residential Services
Memorial Healthcare System	\$ 185,000		\$ 185,000	Care Coordination at the Emergency Department
NAMI Broward County, Inc.	\$ 26,819	\$ 25,000	\$ 51,819	Training to help families and community leaders engage in healthy conversations about mental health and wellness
Silver Impact, Inc.	\$ 13,000		\$ 13,000	Peer Support Services
SunServe		\$ 130,000	\$ 130,000	Substance Abuse and HIV Services
Susan B. Anthony Recovery Center (SBA) (Former BBHC Provider)		\$ 104,483.31	\$ 104,483.31	Final payment to SBA Creditors and Record Retention Management Vendor
Taskforce Fore Ending Homelessness, Inc.	\$ 30,000	\$ 255,082	\$ 285,082	Funding for Outreach Services
The Village South	\$ 55,000	\$ 316,988	\$ 371,988	Care Coordination Teams and Drug Court Care Coordination
Held at BBHC	\$ 70,046	\$ 966,091	\$ 1,036,137	Incidentals, Housing, Respite and for other supportive services
<b>TOTAL</b>	<b>\$ 1,048,233</b>	<b>\$ 3,427,112.31</b>	<b>\$ 4,475,345.31</b>	