



Tri-County Human Services, Inc.

Management Report

1/1/15 – 12/31/15

PROGRAM LOCATIONS

Administrative Offices
1815 Crystal Lake Dr
Lakeland, FL 33801
(863) 709-9392

JASA (In-Jail) Program
2390 Bob Phillips Road
Bartow, FL 33830
(863) 534-0014

AGAPE Halfway House
759 Carroll Avenue
Winter Haven, FL 33880
(863) 299-7003

Detoxification Unit
2725 Hwy 60 East
Bartow, FL 33830
(863) 533-4139

JASA (In-Jail) Frostproof
1103 Hwy 98 West
Frostproof, FL 33843
(863)635-6920 x 2730

Prevention Services
501 Lemon Ave.
Sebring, FL 33870
(863) 327-2834

Winter Haven Outpatient Clinic
650 Ave K, NW
Winter Haven, FL 33880
(863) 294-7900
DUI – (863) 299-9631

JASA (In-Jail) Highlands County
434 Fernleaf
Sebring, FL 33870
(863) 402-7200 x 5265

Lakeland Outpatient Clinic
5421 US Hwy 98 S
Highland City, FL 33846
(863) 701-7373
DUI - (863) 701-7373

**Florida Center for Addictions
and Dual Disorders**
100 West College Drive
Avon Park, FL 33825
(863) 452-3858

DUI/DATE/BDI/ADI
1811 Crystal Lake Dr.
Lakeland, FL 33801
(863) 701-1919

Highlands Co. Outpatient Clinic
100 West College Drive
Avon Park, FL 33825
(863) 452-0106
DUI – (863) 452-2685

Wauchula Outpatient Clinic
106 KD Revel Rd
Wauchula, FL 33873
(863) 773-2226

Transition Living
1638-1644 Crystal Park Circle
Lakeland, FL. 33801
(863) 299-7003

Food Services
301 Moose Lodge Rd
Bartow, FL 33630
(863) 533-1340

RASUW Center for Women
2725 Hwy 60 East
Bartow, FL 33830
(863) 533-5860

AFFILIATIONS

Department of Children and Families



United Way



Central Florida Behavioral Health Network



The Greater Lakeland Community Foundation



Florida Alcohol Drug Abuse Association



Polk County Sheriff

Grady Judd, Sheriff



Highlands County Sheriff

Susan Benton, Sheriff



Hardee County Sheriff

Arnold Lanier, Sheriff



Polk County Board of County Commissioners



Highlands County Board of County Commissioners



Hardee County Board of County Commissioners



Commission on Accreditation of Rehabilitation Facilities



TRI-COUNTY HUMAN SERVICES INC. ANNUAL MANAGEMENT REPORT SUMMARY

Website: www.tchsonline.org

TCHS Mission Statement

Tri County Human Services provides help and hope to all persons affected by behavioral health, substance abuse, and other life challenges.

TCHS Core Values Statement

In keeping with our integrated mission statement, TCHS hereby declares their essential core value that drives all decisions regarding the direction, program development for our people served, and staffing of the agency. These values have been identified as the basis for the agency through continual education, applied experience, and recognizing where change further improves the quality of our agency. Our core values are:

To promote the right for all to be treated with dignity and respect.

To promote the right to exercise informed choice for all persons.

To allow expedient access to needed services that have been designed and provided in a manner to achieve optimum outcomes.

To use outcomes to continually improve the quality, elevate professional management, and services of all its programs.

To embrace the cultural diversity of the community and utilize its strengths to relevant services of the agency.

To respect its governance, leadership, associates, and partnerships that allows the agency to continually function.

To promote a “No Wrong Door,” welcoming service process to all who request and enter services.

To meet all persons at a level of their ability: regardless of their physical, mental, substance, or co-occurring challenge.

To support the people we serve and the community by developing affordable, stable housing opportunities.

TCHS Slogan

“Positive Support for Positive Change”

Through revenues generated by contracts with DCF/ADM, CFBHN, the Counties of Polk, Highland, and Hardee, and Federal grants, Tri-County Human Services is able to serve its clients with the best available Behavioral Health programs including substance abuse, mental health and co-occurring disorders. Our dedicated staff consistently strives to meet our Core Values and Mission Statement to achieve “Positive Support for Positive Change” for each and every client we serve throughout the year.

This annual management report is designed to capture information relative to activities and achievements during calendar year 2015. This review includes the agency operations and program plans, specific fiscal year related goals and objectives, review of data obtained from the Agency Outcomes Measurement System, State of Florida objectives and outcomes related to state/agency contracts, safety and health report and analysis and review of a variety of inputs from agency, community and client stakeholders.

A variety of instruments were used in the gathering of this information; including a yearly Community Needs Assessment Questionnaire, a Client Needs Assessment Questionnaire, State of Florida performance Audits, Internal Utilization Audits, Annual CPA financial audit, Quality Assurance Indicators from the QAI Committee Minutes, Safety Committee Minutes, Training Committee Minutes, Retention and Recruitment Committee Minutes, Client Satisfaction Surveys, 90-Day Post Discharge Treatment Surveys, MIS Data Reports, Management QAI meeting minutes, Administrative Directors meeting minutes and the Annual Operational Program Plan.

Services reviewed include all agency programs to include Prevention, Detoxification, Residential, Outpatient (including the mental health program in Highlands County) treatment services, Medical Services and DUI/DATE program services located in Polk-Highlands-Hardee Counties.

Strategic and Annual Program Plan:

This Strategic Plan originated in 2013 and replaces the plan originated in 2007 fiscal year due to the many changes anticipated for the agency in the future. The Board of Directors are provided quarterly updates regarding its progress, changes and management requested changes due to changes in the business and clinical environment. The Strategic Plan is approved each fiscal year by the Board of Directors.

The Board of Directors support the efforts contained within this report. The Strategic and Annual Management Report provides the agency with the groundwork for the progression of the agency throughout the upcoming year and planning into the foreseeable future. The Plan incorporates information from many agency resources such as performance goals of individual employees, program goals based upon stakeholder’s interest and accepted clinical treatment modalities, capital and operational plans, risk plans, cultural diversity plans, and support services plans that need to be initially developed to provide for the foundation for the future of the agency in terms of growth and development.

The Strategic Plan is available, upon request.

2015 - Highlights and Accomplishments:

- Tri-County received its fifth consecutive 3-year accreditations from CARF after its last facility survey by the CARF review team. Tri-County has only one recommendation on this survey. The agency still ranks as one of the top 2% of all behavioral health agencies accredited by CARF in 2015.
- Tri-County Board of Directors adopt new Mission Statement. To better reflect what Tri-County is performing within the community, the Board adopted a new mission statement for the agency.
- Tri-County Board of Directors adopt new agency logo to better represent the catchment areas in which the agency serves.
- Tri-County moved two outpatient facilities to newer locations. Winter Haven Outpatient was moved to property owned by St. Paul's Episcopal Church in Winter Haven. Wauchula Outpatient moved to facilities owned by the Polk Health Department.
- Tri-County receives more than \$90,000 in recognition of being a 5-Star performer by CFBHN. Tri-County achieved a major milestone in again ranking as a 5-star performer with regard to services, persons served, reporting of data, achieving required outcomes, and achieving 100% on its scorecard from CFBHN. This was a total team effort from everyone involved.
- Okeechobee jail asks Tri-County to increase medical presence. The Okeechobee jail has asked us to increase the medical staff at the jail to have medical available through 11:00 PM each day. Tri-County has hired two more medical staff to accomplish that request.
- New Insurance department initiated for the agency. In order to better coordinate third party billing and recovery of submitted claims to third party insurers, Tri-County has now dedicated a department to monitoring all third party billing for the agency. This department will monitor all claims submitted, review for billing compliance, and appeal denied claims so that we can recover all possible revenue from these companies.

Whom we serve by funding sources

All Funding Adult - Residential/Outpatient/Intervention SA and MH Services

AMH –	Adult Mental Health
ASA –	Adult Substance Abuse
ATCM –	Adult Targeted Case Management
CSA –	Child Substance Abuse
CTCM –	Child Targeted Case Management
FL –	Florida
HOP –	Highlands Outpatient
JAG –	Jail Alternative Grant
JASA –	Jail Alternative to Substance Abuse
LOP –	Lakeland Outpatient
MH –	Mental Health
MSS –	Motivational Support Specialist
PPWDC –	Pregnant/Post-partum Women with Dependent Children
PTP –	Private Testing Program (HIV)
SA -	Substance Abuse
SCR AC –	Suncoast Region Aftercare
TL –	Transitional Living
WHOP –	Winter Haven Outpatient
WOP –	Wauchula Outpatient

All Funding Adult Residential/Outpatient/Intervention SA and MH Services

Program Residential SA	Total	Male	%	Female	%
FL Center	173	101	58.00%	72	42.00%
FC 5 Bed	19	16	84.00%	3	16.00%
FL Center Drug Court	3	3	100.00%	0	0.00%
FL Center Level III	0	0	0.00%	0	0.00%
FL Center Aftercare	155	105	68.00%	50	32.00%
FL Center SCR AC	74	35	47.00%	39	53.00%
RASUW	117	0	0.00%	117	100.00%
RASUW Aftercare	26	0	0.00%	26	100.00%
RASUW Drug Court	5	0	0.00%	5	100.00%
RASUW Level III	2	0	0.00%	2	100.00%
AGAPE	52	0	0.00%	52	100.00%
TL Adult	9	0	0.00%	9	100.00%
Total	635	260	41.00%	375	59.00%

Program Detox	Total	Male	%	Female	%
Detox	826	518	63.00%	308	37.00%
Detox Drug Court	4	3	75.00%	1	25.00%
Detox III	118	58	49.00%	60	51.00%
Total	948	579	61.00%	369	39.00%

Program Outpatient	Total	Male	%	Female	%
HOP Outpatient	556	316	56.83%	240	43.17%
LOP Outpatient	588	260	44.22%	328	55.78%
Integrated SA	0	0	0.00%	0	0.00%
MSS Services	310	69	22.26%	241	77.74%
PTP ASA (HIV Services)	605	257	42.48%	348	57.52%
WHOP Outpatient	485	240	49.48%	245	50.52%
WOP Outpatient	193	121	62.69%	72	37.31%

Total	2737	1263	46.15%	1474	53.85%
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Program Mental Health	Total	Male	%	Female	%
ATCM	74	25	33.78%	49	66.22%
HOP AMH	1286	485	37.71%	801	62.29%
Integrated AMH	356	92	25.84%	264	74.16%
PATH MH Services	176	107	60.80%	69	39.20%
RASUW MH	3	0	0.00%	3	100.00%
Total	1895	709	37.41%	1186	62.59%

Program Jail	Total	Male	%	Female	%
JASA Frostproof	34	34	100.00%	0	0.00%
JASA HC	141	86	60.99%	55	39.01%
JASA HC MH	27	24	88.89%	3	11.11%
JASA JAG	47	47	100.00%	0	0.00%
JASA Male	103	103	100.00%	0	0.00%
JASA Female	1	0	0.00%	1	100.00%
Total	353	294	83.29%	59	16.71%

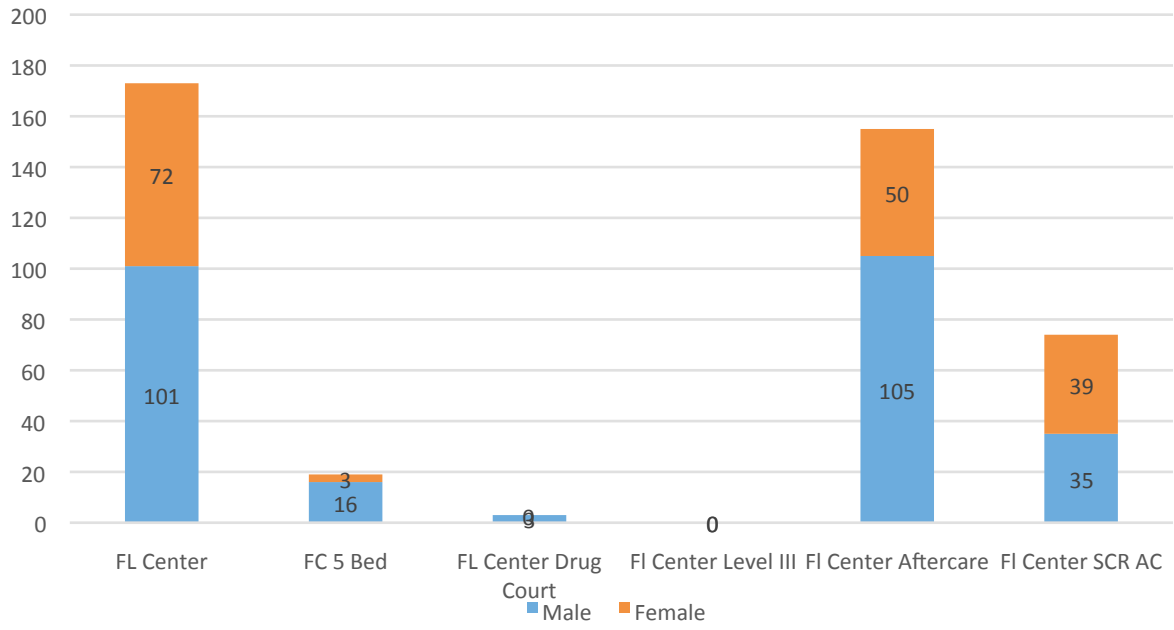
Total Adult	6568	3105	47.27%	3463	52.73%
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All Funding Adolescent Residential/Outpatient/Intervention SA and MH Services

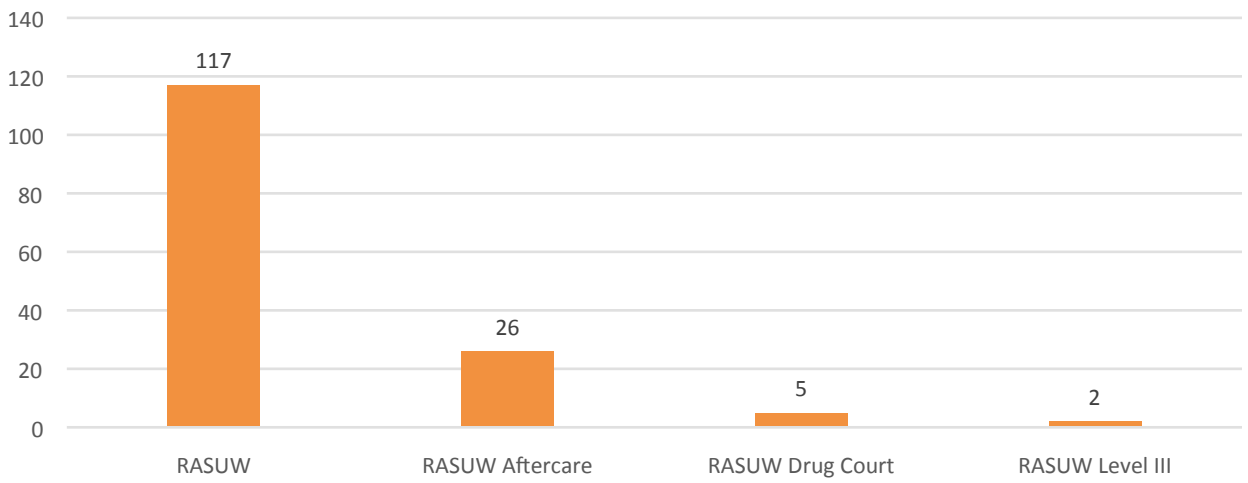
Program	Total	Male	%	Female	%
TL Child	9	3	33.33%	6	66.67%
HOP Outpatient CSA	41	27	65.85%	14	34.15%
Integrated CSA	0	0	0.00%	0	0.00%
IFCC	12	4	0.00%	8	0.00%
LOP Outpatient CSA	139	109	78.42%	30	21.58%
PTP CSA	80	67	83.75%	13	16.25%
WHOP Outpatient CSA	174	136	78.16%	38	21.84%
WOP Outpatient CSA	48	42	87.50%	6	12.50%
Total	503	388	77.14%	115	22.86%

CTCM	Total	Male	%	Female	%
Integrated CMH	182	110	60.44%	72	39.56%
Total	25	14	56.00%	11	44.00%
Total Adolescent	17	6	35.29%	11	64.71%
	224	130	58.04%	94	41.96%
	727	518	71.25%	209	28.75%

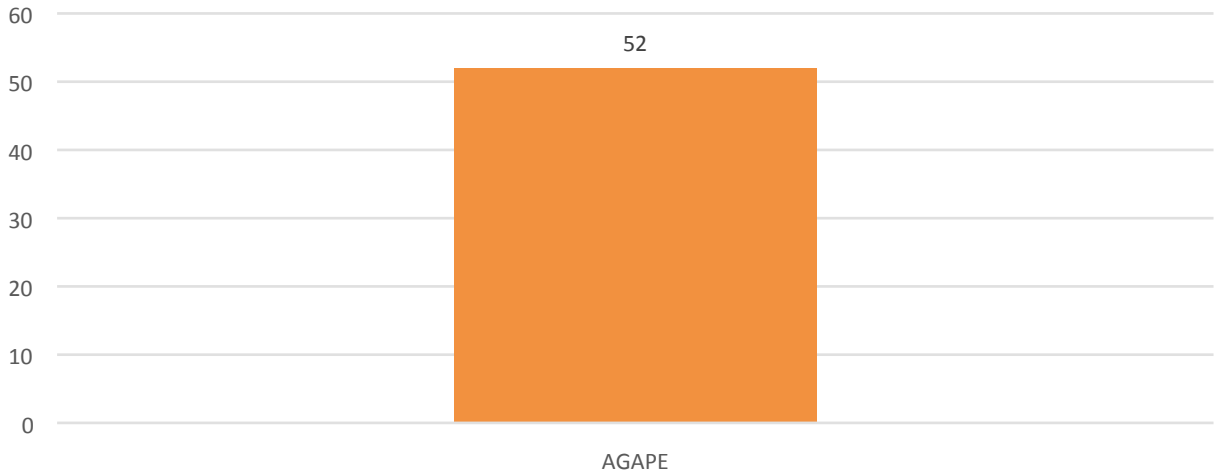
2015 Florida Center Admissions



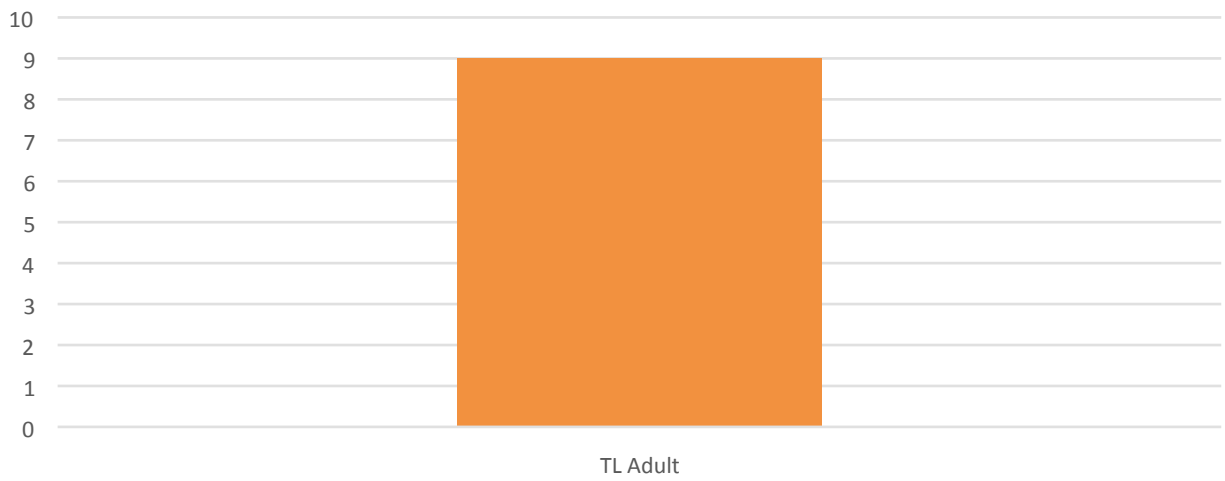
2015 RASUW Center for Women Admissions



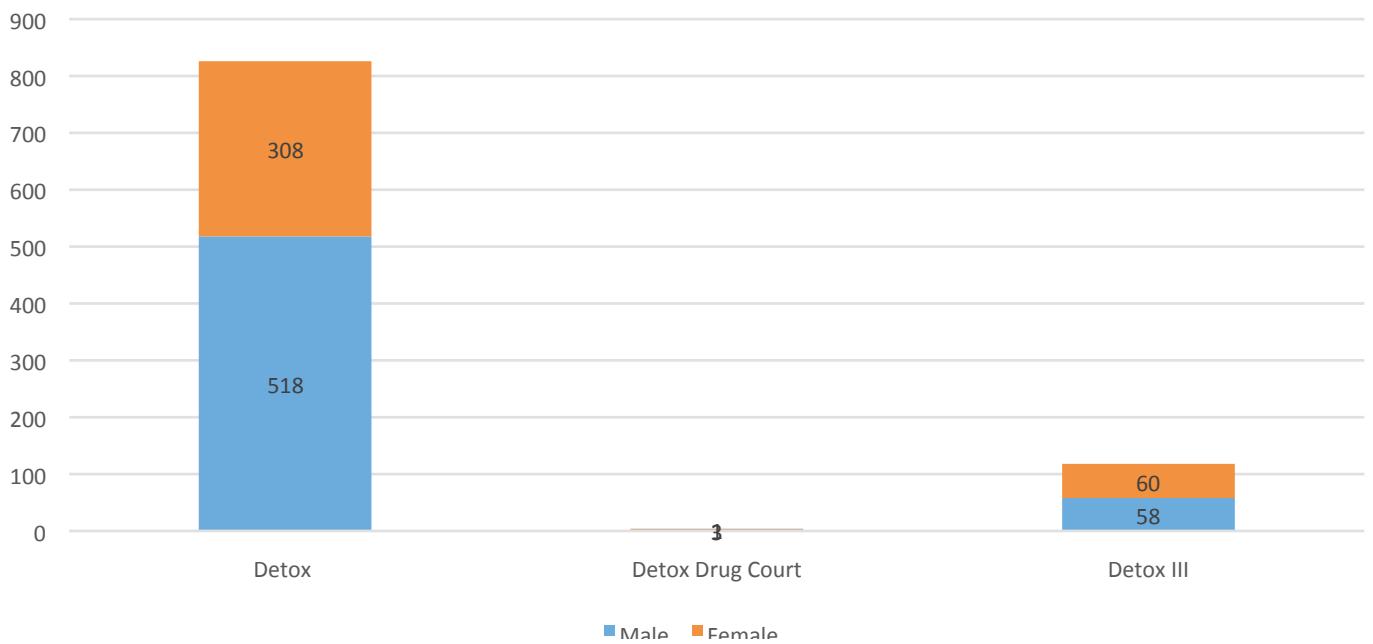
2015 Agape Admissions



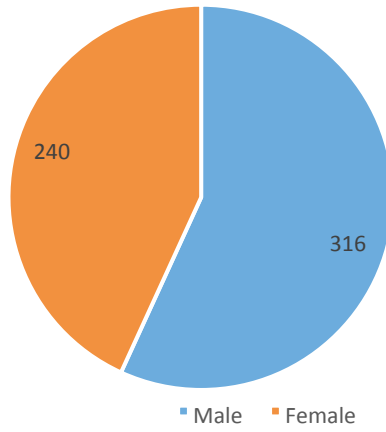
2015 TL Adult Admissions



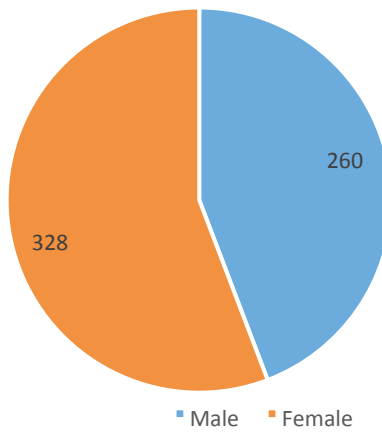
2015 Detox Admissions



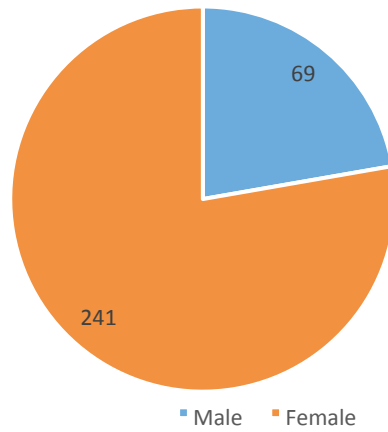
2015 HOP Adult Admissions



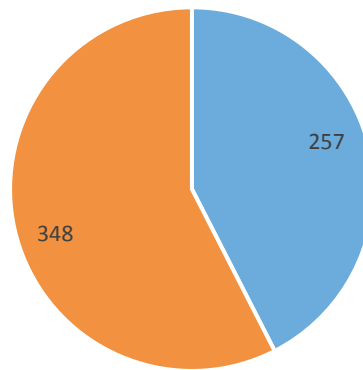
2015 LOP Adult Admissions



2015 MSS Admissions

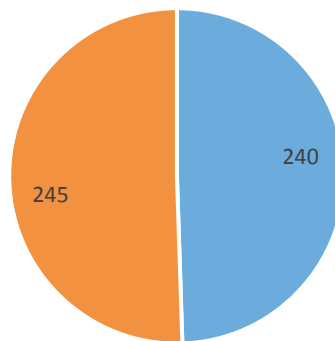


2015 HIV Services



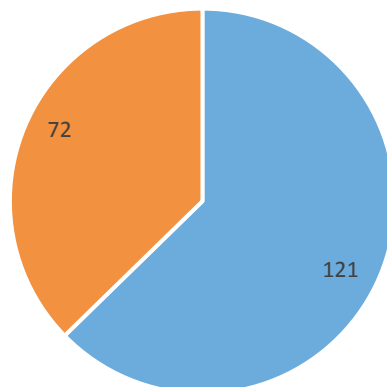
■ Male ■ Female

2015 WHOP Adult Admissions



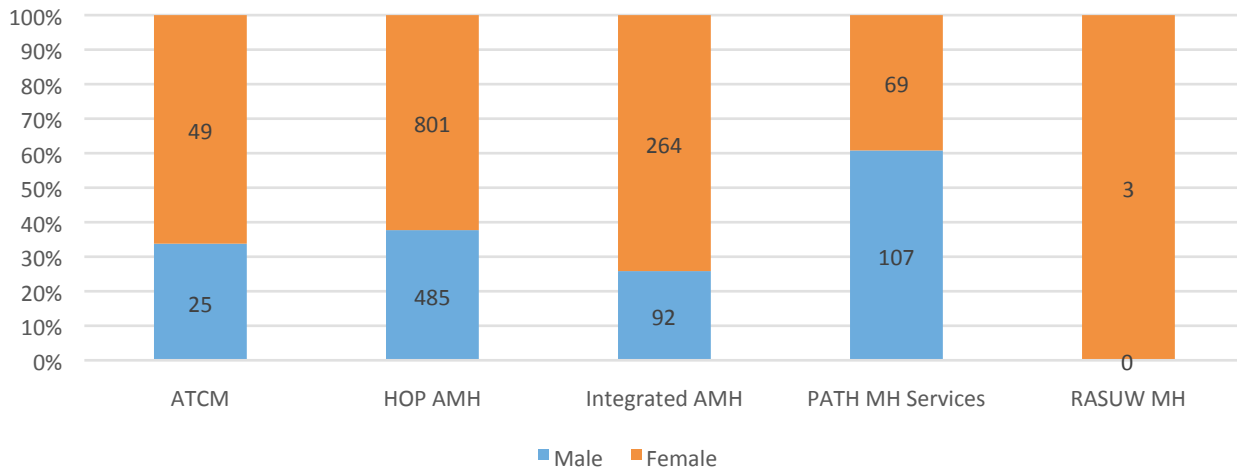
■ Male ■ Female

2015 WOP Adult Admissions

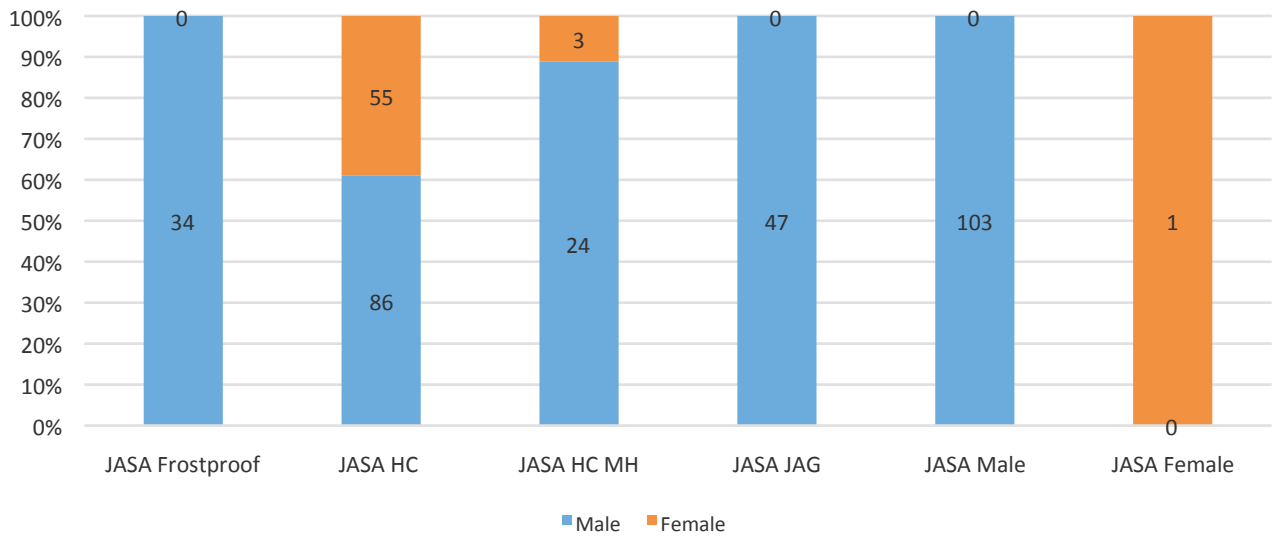


■ Male ■ Female

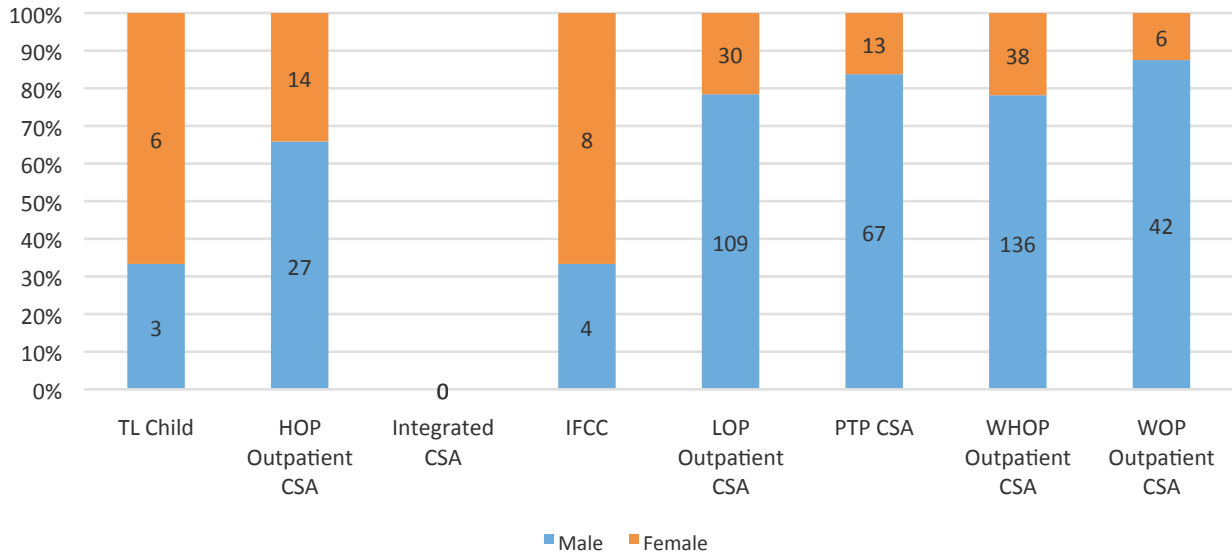
2015 Mental Health Admissions by Program



2015 JASA Admissions

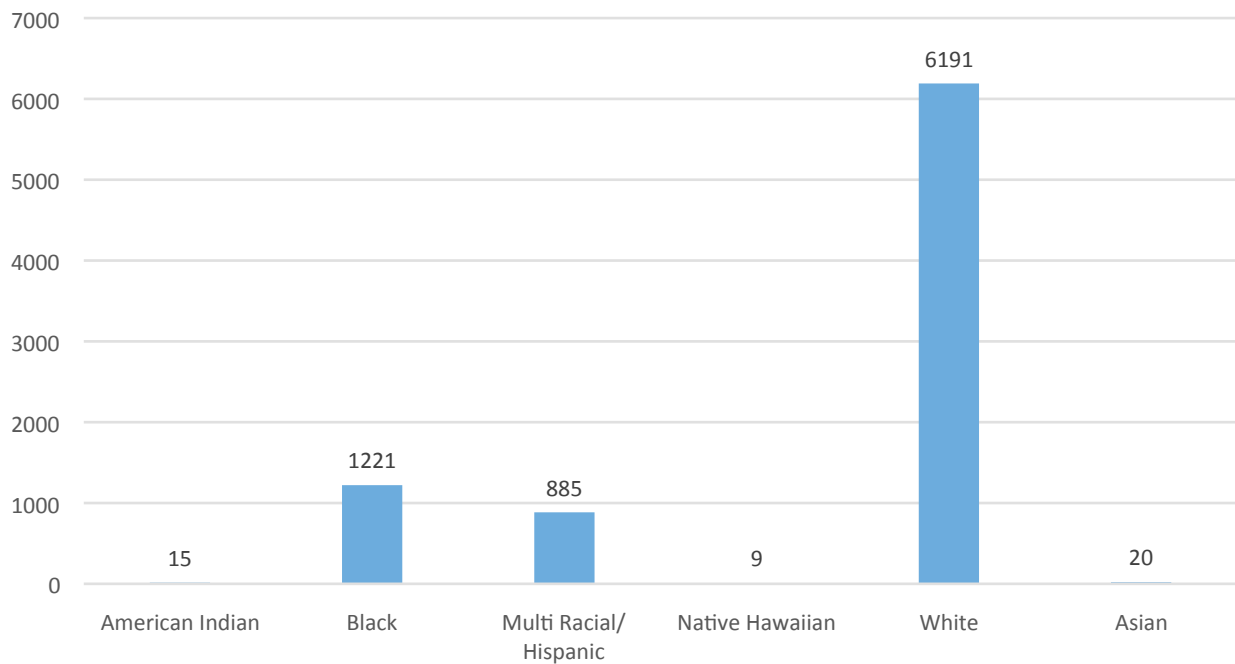


2015 Adolescent Admissions by Location



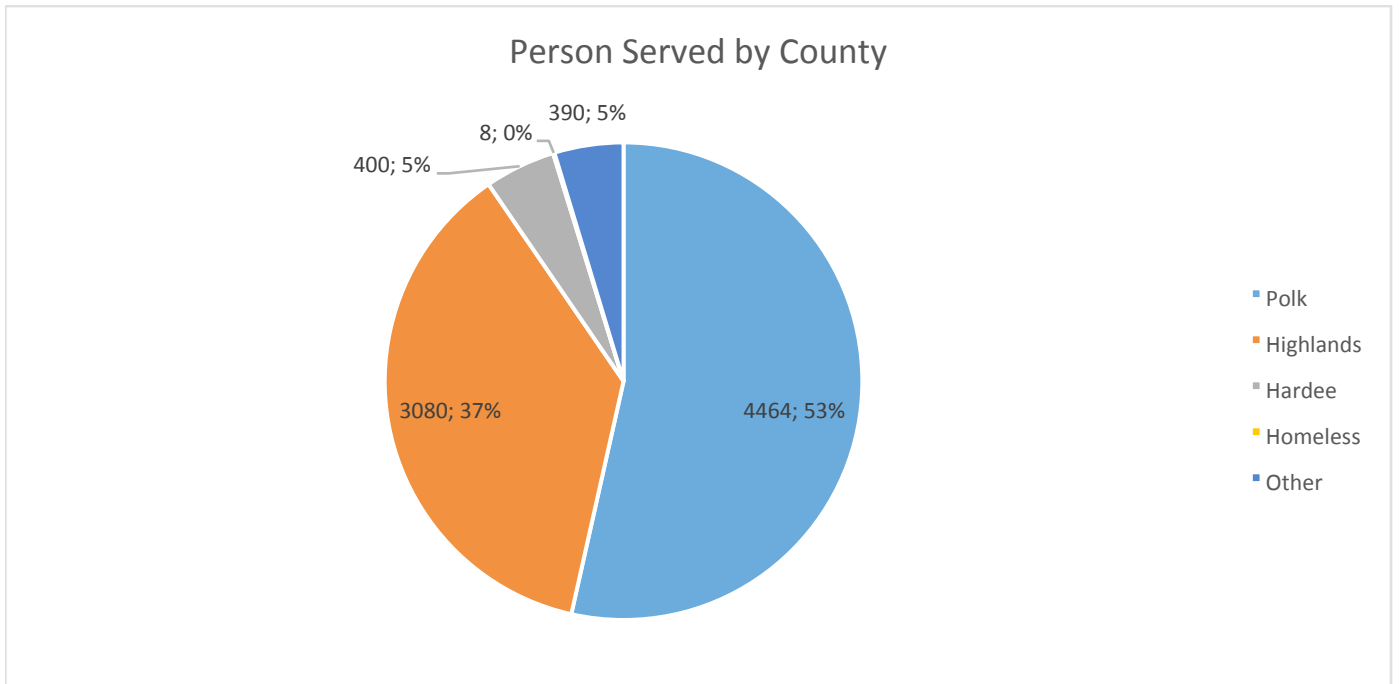
Distribution by Race/Ethnicity

2015 Admissions by Race



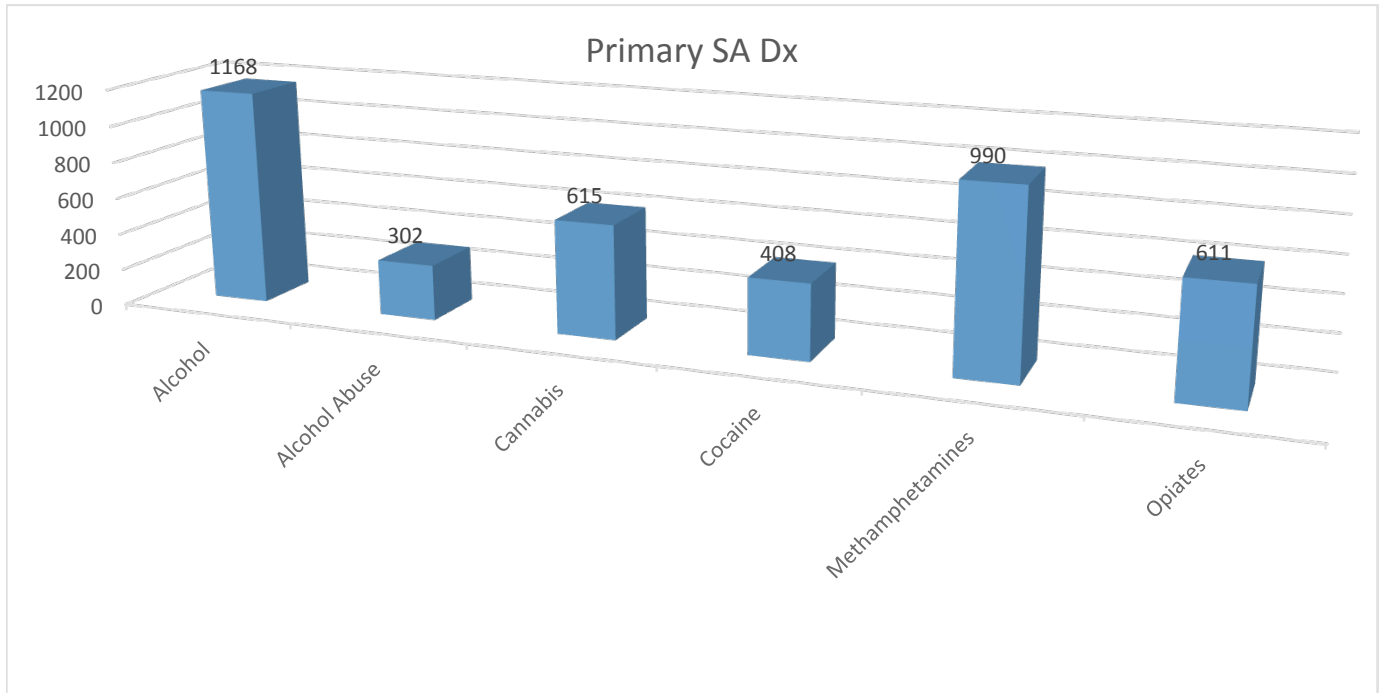
Distribution by County

<i>Polk</i>	4464
<i>Highlands</i>	3080
<i>Hardee</i>	400
<i>Homeless</i>	8
<i>Other</i>	390



Distribution by Admission Diagnosis (Substance Abuse)

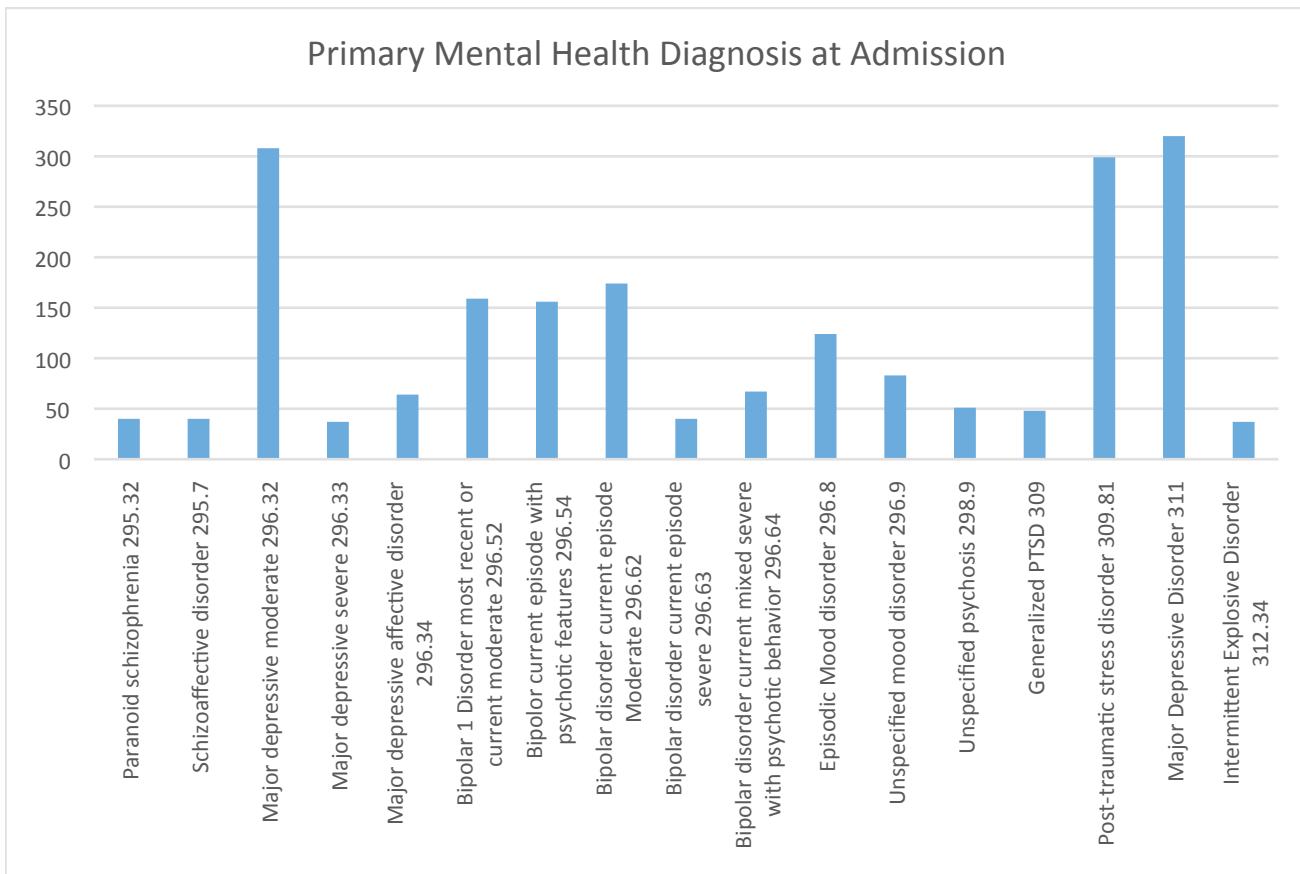
Alcohol	1168	29%
Alcohol Abuse	302	7%
Cannabis	615	15%
Cocaine	408	10%
Methamphetamines	990	24%
Opiates	611	15%
	4094	



Primary Diagnosis – Mental Health Admissions

Primary Mental Health Diagnosis at Admission

Paranoid schizophrenia 295.32	40	1.95%
Schizoaffective disorder 295.7	40	1.95%
Major depressive moderate 296.32	308	15.05%
Major depressive severe 296.33	37	1.81%
Major depressive affective disorder 296.34	64	3.13%
Bipolar 1 Disorder most recent or current moderate 296.52	159	7.77%
Bipolar current episode with psychotic features 296.54	156	7.62%
Bipolar disorder current episode Moderate 296.62	174	8.50%
Bipolar disorder current episode severe 296.63	40	1.95%
Bipolar disorder current mixed severe with psychotic behavior 296.64	67	3.27%
Episodic Mood disorder 296.8	124	6.06%
Unspecified mood disorder 296.9	83	4.05%
Unspecified psychosis 298.9	51	2.49%
Generalized PTSD 309	48	2.34%
Post-traumatic stress disorder 309.81	299	14.61%



Service Demographic Analysis:

In reviewing 2015 data about person served by gender, person served by income, person served by county location and person served by primary diagnosis (substance abuse and mental health) upon admission, we note the following:

- Except for programs that focus primarily on one gender, females are almost equal to or slightly greater than males who are receiving services at the same location. It has been noted in prior reports that there was a trend in females edging closer, in numbers, to admitted males in the same programs. We now are validating that trend in almost every program. The Detox program is noting an increase in females admitted into the program; however, the numbers are not quite approaching the 50-50 level as of this report.
- The admission population by county is very interesting in that the overall population in Highlands County is smaller and the make-up of the county is mostly individuals over the age of 50. However, in comparing admission, Highlands County is only 15 percentage points and less than 1500 individuals under, equaling the Polk County admissions. One identified reason is the influence of mental health individuals seen from Highlands County where there are significantly fewer mental health individuals seen in Polk County. One other significant number is that Hardee County and “Other admissions from outside our catchment areas are almost equal.” Other is 10 individuals higher than in Hardee.
- In reviewing the primary diagnosis at admission for substance abuse, it remains consistent that alcohol and alcohol abuse remains the number one admission diagnosis however, methamphetamine usage continues to climb in admission numbers. This fact has been documented in previous reports as well. We are following, with interest, the increase in Heroin and other newer substances that have come on to the scene in recent months.

- Mental health initial diagnosis upon admission continues to be depression with post-traumatic stress disorder a distant third. With the change in 2016 of the DSM from 4 to 5, the diagnosis criteria may change and affect this graph.

The population that is serviced by Tri-County is proportional to the general population for our catchment area. In 2015, Tri-County served fifteen (15%) African American and eleven (11%) Hispanic population as compared to the population as a whole. Because of the diversity of our catchment area, Tri-County also served American Indian and Native Hawaiian persons. Although not a significant population as compared to our overall persons served numbers, these individuals are now seeking treatment that heretofore would not have been served by the agency.

Tri-County's program areas continue to document that our outpatient programs are our highest utilized programs within the agency. The QAI committee continues to review data from the person served (satisfaction surveys and from high-end utilizers) to determine if the program needs more linkage services into outpatient services or referrals from other resources to reach potential persons in need of Detox services. In 2015, there was an increased focus to move persons served into detox that then will be placed in a more intensive rehabilitative service (such as residential and IOP) to allow for better utilization of the Detox program. Drugs of choice continue to be Alcohol, Marijuana, and Methamphetamines. Abuse of prescription drugs now tops the list, after alcohol as the number one killer of people when they are abusing drugs. More people than ever before are using prescription drugs and the trend is not decreasing over time. The effects of new legislation action which placed some restraints on the amount of medication prescribed by a physician and the amount of medication distributed has not been documented very well and therefore no real decreases in detox admissions could be attributed to the new legislation. . With the introduction of K-2 and other synthetic drugs on the open market, Tri-County is having a difficult time identifying some drugs as we identify marijuana, oxycodone, and amphetamines.

Persons Served and Community Assessment Surveys of the Agency:

Outpatient Services: - Community Assessment and Client Assessment indicate the following:

Individual Therapy/Counseling continues to be the single most treatment modality offered. Outpatient services continue to be the majority of services offered the person served when compared to all services offered. The mental health contract at Highlands Outpatient (HOP), adds to the outpatient services in Highlands County. Persons served are overall satisfied (see chart and reported numbers further in this report) with services they receive as indicated by the client satisfaction survey report.

Our programs are considered by referral sources and stakeholders as model programs for substance abuse and mental health within our community. Polk County Sheriff Grady Judd continues his support of TCHS. Polk County BoCC funded JASA at \$108,500. The BoCC decision to not fund "outside of the county budgeted programs" that do not provide direct services to the county as a political sub-division, is being implemented. The end result will be that JASA will not be funded by the Polk County BoCC over time.

State of Florida Department of Children and Families (DCF) and other Community resources have long recognized the high level of credible professionalism of the TCHS staff and the agency. The TCHS "no wrong door" entry philosophy clearly enhances service access to Tri County co-occurring programs.

In 2015, Tri-County continued with previously identified issues of the integration of mental health and substance abuse with the medical community. Working with the Polk Health Care Plan and Central Florida Health Care, the agency is attempting to utilize the strengths of all agencies for the overall well-being of its persons served.

Detoxification Unit: - Community Assessment and Client Assessment indicate the following:

In 2015, there was a slight increase in utilization of the detox program over the previous year. Out-of-catchment area and out-of-state individuals are being admitted into Detox. There was a slight increase in those individuals in 2105 vs 2014; however, the change was only 10 individuals. In 2015, Tri-County expanded the use of level three beds as a means to maintain the person served in beds after the initial detox program was completed and before a level two bed was available. This decision allowed the agency to continue to provide substance abuse services too many persons served that may have been discharged prematurely from Detox and needed more treatment. This process allowed the person served to maintain a quality of service and stay within the agency rather than being discharged early from Detox.

Residential Services - Community Assessment and Client Assessments indicate the following:

RASUW Center for Women:

The RASUW Center for Women is a 15-bed program that gives priority to pregnant and postpartum individuals with substance abuse issues. The agency continued to experience a decrease of the Medicaid eligible women in the RASUW program. This activity has placed a strain on Central Florida Behavioral Health Network (CFBHN) dollars and the ability to admit appropriate women into treatment. Tri-County, in 2015, received more TANF Mental Health monies from CFBHN as a result in increased federal dollars available to pregnant females. The agency is now admitting more Temporary Assistance to Needy Families (TANF) eligible persons served into the program. In 2015, the agency continued to receive \$85,000.00 in funds for mental health person served admitted into the RASUW program. There will be a continuation of that money for 2016 funding. RASUW Center for Women continues to receive high marks, from United Way of Central Florida and Client Satisfaction Surveys, for the success of persons served graduating from the program. Staff recognition from the person served is remarkable for this program.

AGAPE Half-way Program:

The Agape program, a Level 3 female only half-way house has been recognized by the local United Way as a remarkable program serving the community. The United Way recommended, in 2015, funding for the agency to be able to assist these individuals in the program as well as in medical issues they might have while in treatment. Ten residents are in this program at any one time seeking to become active members of the community and restore their parental right to again unite with their children. Agape under took a major revitalization program with upgrades to the interior and furnishings of each of the buildings in the Agape program. The person served also participated in the planning of the improvement, decoration of the buildings and final placement of all furniture and accoutrements.

Assessments/satisfaction surveys for this program have been high from the community (United Way) and the person served.

THE REZ:

Located adjacent to Agape in Winter Haven, The Rez is not a treatment program but rather a resident run facility with general oversight by TCHS staff. Single women having completed treatment are the focus of this program.

Florida Center: Florida Center for Addictions and Dual Diagnosis:

The Florida Center, being a unique co-occurring program serving the entire State of Florida, continues to remain a valuable asset to the local community and the state as a whole. Many counties now have integrated programs, which enhances the return of individuals served to their home from The Florida Center. The Florida Center not only serves primary substance abuse individuals, but also serves severely and persistently Mentally Ill (SPMI) individuals as well as the forensic individuals who have been determined to be incompetent to stand trial. Florida Center is treating all of these individuals and is experiencing success within the program. Coupled with an aggressive aftercare program that follows Florida Center graduates after discharge, TCHS can provide data to funding sources on the graduate status, continuing treatment/half-way house living, and recidivism, if any.

Local utilization and impression of the Florida Center is positive. Out of area, assessments from community referral agencies and other resources suggest that a lack of understanding of what the Florida Center offers in terms of treatment and aftercare suggests a lack of clear knowledge of the program. These counties now have the ability to offer integrated treatment with local treatment providers, which in past years was not an option. Assessment/satisfaction surveys from the person served is generally high. However, common expressions of interest include limitations on physically aggressive sports and some individuals, primarily those with “junk food” preference, request food taste, and food of higher carbohydrates. These issues are noted on the satisfaction surveys. The agency has addressed these issues with our dietician for the food issues to come as close as possible to existing food preference but meeting dietary requirements of the program. Because of insurance coverage concerns and safety issues with physical aggressive sports programs, we have not been able to reinstate those programs. The agency is also continuing the food stamp program for all persons served in residential settings to include Florida Center in 2015.

The Highlands County Sherriff is a strong advocate of Tri-County programs and is trying to assist with local funding issues. The Sherriff and TCHS personnel continue to work together to find additional funding to offer more specialized programs at the Florida Center and within the community.

Overall persons served express satisfaction with the program as it is currently configured. No other trends were noted in this area.

Housing and Urban Development (HUD) Program

HUD supported housing is available in a voucher program for women and families in need of housing. This staffed site approval facilitates individual’s use of outpatient services and/or aftercare services to maintain stability. In 2015, Tri-County retained all four of its HUD programs in coordination with the Polk Homeless Coalition.

Prevention Services:

In 2015, the prevention program continued in its pure science based approach. Tri-County continues to work in all schools in Highlands and Hardee Counties and expanded selected schools in Polk County. Changes in the Prevention program did not allow Tri-County to continue to utilize the local flea markets as a viable source for referrals as we did in 2014. There was a new database that CFBHN incorporated into the program and new ways to defining services into direct and non-direct case of services was being refined and changed throughout the year. Most services in 2015 were in Highlands and Hardee

Each year the prevention team must obtain pre and posttests. Based on over four (400) hundred test results, all showed improvement in value, self-awareness of the influence of drugs, and self-worth in making decisions about alcohol and drugs. The prevention program provides positive value and knowledge to the students they are targeting.

KEY OUTCOMES:

TCHS programs are meeting all of the outcome levels established by contracting sources. Recognition by funding sources like DCF, Polk and Highlands County’s, and CFBHN are indicative of the quality programs being offered to persons served on a daily basis. During contract negotiations, outcomes are discussed and modified due to funding, economy, and State regulation. Tri-County continues to keep all funding sources aware of problematic issues so they can be addressed timely.

As in past years, adult clients who successfully completed treatment service were documented in our electronic health record at 75%, exceeding the State of Florida target. Data available indicates the following information regarding outcomes at the end of 90 days following treatment.

1. The person served employment was documented at 79%, employed. This number continues to be of concern, as Polk County is one of the highest unemployment counties in the state.
2. The agency had thirty-three (33) persons served that had a new legal charge pending at the time of the follow-up. Five hundred twenty-five (525) individuals did not have new charges at the time of the survey.
3. About 88% of TCHS served clients remained free of new charges and are now contributing to the community and not requiring additional resources because of any new arrest charges.
4. The agency is recording increases in the number of person served who are leaving the residential treatment against medical advice. Follow-up with staff report that individuals in treatment are under increased pressure from families to leave because of legal issues, child issues, or other family related issues.

A 2015 goal was to try to assign staff to work with the person served families to minimize negative influences regarding leaving treatment early and to examine aftercare interventions that will increase length of involvement of the person served. The HUD and aftercare program assigned staff to monitor and assist the person served to involve families and reduce individuals leaving treatment early. The 90-day follow-up survey indicates that this strategy is working.

Outcomes for 2014

**FY 14/15 Ending June 30, 2015 Performance Measures Achieved
Central Florida Behavioral Health Network Contract**

Target Population and Performance Measure Description		Target	TOTAL
Adults Community Mental Health			
a.	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	93	98.33
b.	Average annual days worked for pay for adults with severe and persistent mental illness	30	189
c.	Percent of adults in mental health crisis who live in stable housing environment	90	98.25
d.	Percent of adults with serious mental illness who are competitively employed	15	40.00
e.	Percent of adults in forensic involvement who live in stable housing environment	70	100
Children’s Mental Health			
a.	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	95	100
b.	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65	100
c.	Percent of school days seriously emotionally disturbed (SED) children attended	86	88.25
d.	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95	100
e.	Percent of children with emotional disturbances (ED) who improve their level of functioning	64	87.15

Adult Substance Abuse			
a.	Percent of adults who successfully complete substance abuse treatment services	50	62.05
b.	Percentage change in clients who are employed from admission to discharge	20	33.25
c.	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	80	98.10
d.	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	35	-35.1
Children's Substance Abuse			
a.	Percent of children who successfully complete substance abuse treatment services	55	56.22
b.	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20	-18.65
c.	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	85	99.01

These numbers indicated that Tri-County is meeting and exceeding performance measures in 2015.

FY 14/15 Ending June 30, 2015 Targets and Numbers Served Central Florida Behavioral Health Network Contract

Target Population and Numbers Served		Target	TOTAL
Adults Community Mental Health			
a.	Number of Adults with Forensic Involvement Served	11	22
b.	Number of Adults with Severe and Persistent Mental Illness Served	360	422
c.	Number of Adults with Mental Health Problems Served	225	245
Children's Mental Health			
a.	Number of Children with Serious Emotional Disturbances (SED) Served	13	10
b.	Number of Children with Emotional Disturbances (ED) Served	25	26
Adults with Substance Abuse Problems Served		2,420	2451
Children with Substance Abuse Problems Served		501	455
Regular Prevention Services			
a.	Number of Children Participating in Prevention Services	7,000	14,037
b.	Number of Children Participating in Level 1 Prevention Programs	700	801
c.	Number of Children Participating in Level 2 Prevention Programs	185	185
Prevention Partnership Grant Services			
a.	Number of Children Participating in Prevention Services	2,260	9,245
b.	Number of Children Participating in Level 2 Prevention Programs	176	165
The Florida Center – Adults with Substance Abuse and Co-Occurring Problems Served		132	211

Analysis of the performance measures in the above data indicated that Tri-County performed at or above standards in all but two (2) outcomes out of forty-four (44) indicators, or achieved 95.65% of all contracted indicators. Because some categories have low census, a difference of new negative outcome will greatly affect the overall percentage and final score. This was the case in several outcomes not meeting established goals for the year.

90-Day Follow-up Surveys

Each year TCHS surveys all available persons served for follow-up after they have been discharged for 90 days. This survey is part of the contract requirement of DCF and an indicator of the success of the person served after they leave the agency.

Historically, TCHS has had difficulty in contacting these individuals as they have left the area, moved to another location; do not want to correspond with us after discharge, or other reasons known only to them. As discussed in the two sections above, we continue a contact rate goal of 15% of all discharged persons served.

Last year (2014) we attempted to contact at least 15% of all discharged persons served participating in the survey. In 2015, TCHS made 711 attempted contacts with the person served who were at the 90-day follow up benchmark. This number of attempts was an increase of 225 contacts vs. last year. This represents an attempt to contact success rate of 15.02% of all discharged persons served in 2015 compared to 13.65% of all discharged persons served in 2014. 598 individuals responded for a completed percentage of 14.95% of contacted persons served in 2015 vs. 13.55% of contacted persons served in 2014. Tri-County will continue to try to obtain more individuals for the 90-day survey in 2016 as we did in 2015.

Data expressed below in graphic form identifies the key questions asked in the 90-day follow up survey.

The graphs tell a story of individuals who are trying to succeed and some who need to come back for services to continue the recovery process. For the most part negative responses are within the statistical margin of error and not out of line with expected results. TCHS continues to strive to improve indicated negative scores where the agency can have a direct impact on certain criteria. The charts below reflect post treatment inquiries as related to person served responses.



Quality Assessment and Improvement

The Quality Assessment and Improvement Committee (QAIC) is charged with monitoring the quality of both service provision and clinical documentation. This committee meets monthly and selects/reviews critical indicators of care. Indicators are noted for quality improvement to established policy/procedures, or to improve clinical/health quality in particular areas of concern.

Detoxification Unit:

Although CFBHN put into place stiffer qualifications for admittance into residential programs, utilization criteria (days allowed into the program before another authorization was required for continuation in the program) and reporting data on high utilizers of the Detox program, the overall 2015 quality indicators remained constant from 2014. This means that despite tighter restraints on admission into residential programs, TCHS was able to admit the person served into treatment, complete timely assessments for referral into treatment (residential or outpatient), maintain appropriate education of the person served on the addiction process, referral into medication management (if appropriate), and assistance with any Marchment Act persons served at the Detox facility among other indicators. A new policy on the processing of insurance that covered the person served was finalized and incorporated in the admission of new patients in the Detox program. Though limited in its effect, this did allow the Detox program a tool to add additional funding for the program.

CFBHN requirements for utilization review placed the program in the position of getting approvals for admission before the person served presented at the program. The TCHS developed Level III program for Detox helped gain admission for a significant portion of the daily census at Detox. In 2015 new “real time,” reporting to the managing entity will be instituted by CFBHN to be able to report admissions and discharges at the facility.

Florida Center:

In 2015, the Florida Center was funded by substance abuse and county monies. A decision was made to try to incorporate level 3 beds at the Florida Center. Due to high person served utilization in 2014 that continues into 2015, Level 3 beds were not proportionally utilized. Placement of Florida Center graduates into half-way housing had become more difficult due to person served income requirements. As most Florida Center graduates are either homeless or not employed, placement into the half-way house is limited because of paying residents already at the half-way house.

Assessments for admission to treatment to the Florida Center are being conducted at the Detox facility, when appropriate, to assist in wait list criteria.

RASUW Center for Women:

Changes in DCF requirements that mandate the person served to be face to face when interviewed before being placed on a wait list is now in effect. RASUW is working with Detox to assess potential persons served for admission not only to RASUW but to the Florida Center as well. A decision (that if appropriate) was made to utilize Detox Level III beds in order to protect potential admissions into RASUW from relapsing before being admitted. This process is accomplishing several goals in referrals to appropriate treatment until a vacancy opens at the facility and to better utilize all programs as space becomes available.

CFBHN requirements for utilization review placed the program in the position of getting approvals for admission before the person served presented at the program. In 2015 utilization, review at CFBHN was changed to “real time” reporting; however, the time involved in documenting admission to CFBHN is not being changed significantly. TCHS gained mental health monies late in 2015 that assisted other females, not otherwise qualified to be admitted into RASUW, to receive treatment. These monies have continued into 2016

Agape Halfway House:

This program continues to be recognized by the United Way of Central Florida as an outstanding program of choice to fund as outcomes are above contracted goals and persons served are becoming productive members of society. TCHS continues to collaborate with several agencies to find suitable housing after discharge from the program. The Agape wait list continues to increase because of funding issues. Quality Assurance meetings continue to focus on interim services or referral to other half-way housing in the area. Satisfaction surveys indicate overall acceptance with the program. Successful outcomes in initiating reunification with the person served and their children is one goal that the program asks their persons served to initiate and complete with the Department of Children and Families (DCF) before discharge from the program.

Outpatient:

In 2015, issues related to proper documentation of the person served file, timely and accurately reflecting all presenting issues continues from 2014 due to staff turnover and related Credible training. Subsequent issues identified include proper verification of the treatment by the physician, and initializing the computer use for progress notes and the treatment plan. Contracts with DCF and Medicaid also require aftercare and discharge planning, which makes the file more comprehensive. Peer review and appropriate follow through in files were increased in 2015 as a way to assist in identifying mistakes or issues that are correctable into the record. External audits results remained at exceptional ratings from outside auditing sources like DCF and CFBHN. Internal tweaking of files will remain within the QAI agenda.

Agency Wide:

Tri-County continues to be negatively impacted by funding issues that limit serving all possible individuals. Identifying internal controls to better utilize the resources available in the agency and reporting on progress towards these goals will help in better utilizing the limited funds available. Integration of medical health programs along with behavioral health programs will be a continuing emphasis, as well as exploring new opportunities as they present themselves in the future.

CFBHN requirements for utilization review placed the program in the position of obtaining approval for admissions before the person served presented at the program. This required extreme attention to detail that took time in gaining approvals for admission. In 2015 utilization, review at CFBHN was monitored as close to real time as possible. Expectations of the clinical staff will include being productive at least 65% of their work time and reviewing the drawdown of billing units by month, per contract guidelines.

Overall, the agency is being received in the community as a viable and positive force in the treatment of behavioral health issues. Staffing is changing to reflect these demands as we see needs for licensed and masters level counselors. The addition of medical staff also requires medical peer-to-peer review that will continue to be addressed in FY 2015/16. The ability to hire and better utilize interns will build a solid core of employees for the future.

Driving Under the Influence (DUI) Program Demographics

Driving Under the Influence (DUI) Program Demographics January 1 – December 31, 2015

DUI Enrollments Polk County

DUI Enrollments Hardee & Highlands

Program	Male	Female	Total						Program	Male	Female	Total
Level 1	448	152	600						Level 1	59	33	92
Level 2	235	52	287						Level 2	39	7	46
All DUI's	683	204	887						All DUI's	98	40	138

All DUI Enrollments

Program	Male	Female	Total
Level 1	507	185	683
Level 2	274	59	333
All DUI's	784	244	1116

Special Supervision Services (SSS) - A hardship license reinstatement program for DUI offenders.
Ignition Interlock Device (IID) - A monitoring program for IID violations by DUI offenders

Year	SSS New	SSS Updates	IID New	IID Updates
2014	40	1116	108	282
2015	50	1127	102	282

DUI Program Summary

In 2015, the DUI enrollment percentages for the agency were consistent with 2014 percentages. It appears from meetings with Polk, Hardee, and Highlands Community Traffic Safety Teams that the number of arrests in our catchment area has continued to lessen over the past three (3) years. The courts are still processing approximately the same amount of DUI cases and convictions. We can only assume from our summaries of the number of people enrolled that the economy continues to affect our program numbers. Many DUI offenders appear to continue to drive without a valid driver's license until they go through our program. Any DUI offenders with higher Blood Alcohol Content, a Refusal, or a Level 2 offender status at the time of their arrest/conviction will have the added cost and driving restrictions of IID.

DUI providers throughout the state are experiencing the same issues as we are with respect to numbers enrolling in their respective programs.

The TCHS DUI program received its written audit report from the Florida DHSMV for their Site Visit. We had no noted deficiencies.

Accessibility

TCHS continues to be totally accessible in all facilities for persons with disability. The DCF contract for 2015 requires all agencies to pay particular attention to deaf and hard of hearing persons served. Tri-County is now reporting monthly any person served who is in need of a deaf interpreter or hearing aids in order to comprehend the program and successfully complete the program along with language barriers and other accommodations that assist the person served in accessing treatment.

The Civil Rights Division of the Department of Children and Families (Deaf Hard of Hearing requirements) audited TCHS. We were found to comply with all standards of the regulations.

Cultural Diversity

The Recruitment and Retention (R&R) Committee is responsible for addressing cultural diversity for the agency. The committee has been identifying barriers (attitudinal, physical facility, and cultural) within the agency that may affect our recruitment and retention of potential minority employees. One of the identified issues are building accessibility at our Lakeland outpatient facility and a ramp located within the building that hinders persons with certain disabilities to access from one floor to another. Costs in correcting this issue have not been identified to date so disabled persons served must access the first floor by an entrance at the rear of the building and not the front. Another issue identified is one of new counselors who are new graduates of academic programs lack a sensitivity for addictions and mental health issues. The committee recommended that program supervision take time at staffing meetings to review with staff what the person served was presenting, conduct appropriate assessments by utilizing evidence based assessment tools and diagnose based upon those factors and not allow individual preferences infer with treatment of the person served.

Utilization Review

Throughout the year, TCHS reviews data that reflects utilization of all programs (contracting for beds in residential, utilization of all available contract monies, and compliance to all outcome and performance standards outlined in the contracts. This information is reviewed annually by the QAI committee and management. They determine if the agency is progressing successfully through the contracts, identify any program changes or modification, to better serve the person served, and report to the community. Utilization efforts seek to make the program viable and compliant to the contract language. Changes (through amendments) in the contracts are required regularly due to utilization and/or outcome fluctuations caused by many variables. All records of amendments are kept with the contract for a period of seven (7) years. TCHS services provided were within the Rules and Standards promulgated for care. All services were appropriately invoiced and reported to oversight and contractual monitors, based on internal and external utilization review activities. A sampling method and a statistical review of specific charts comprise utilization review of client services. Because of our CARF accreditation, State of Florida licensure monitoring is reviewed annually but closely monitored every three years. One utilization criteria that has been identified in 2015 is a report on the person's length of stay in residential versus early release, leaving against medical advice, and administrative discharge. CFBHN has placed utilization review requirements on the agency for residential programs. These requirements are timely, detailed, and depend upon a third party to grant access of the person served into treatment resulting in some slow admissions at different program locations. CFBHN modified the utilization requirements in 2015; however, early information indicated that residential admissions are under significant review due to the expense of monies in residential treatment vs. outpatient treatment of the same person served. QAI has determined that the agency has the data available but it is not easily obtained and therefore, not reported as frequently as Quarterly in the QAI meetings.

Peer Reviews

Peer reviews are conducted monthly through our QAI committee. A critical analysis of our peer review structure revealed that this process needs to be improved through the reporting and documentation of the review and contained within the QAI minutes to ascertain if the process was lacking depth and consistency of the review. A critical analysis of the process does indicate that the peer review is acceptable, but reporting is not definitive enough to properly document the process. In FY 2014/15, we initiated peer reviews to include medical peer review. Due to the mental health program in Highlands County, it is now necessary.

In 2015, it was anticipated that some changes to the peer review process would be required due to new requirements from CFBHN to detail and document admissions in emergent, urgent and routine admissions. Peer review will then require a review of emergent admission and comment on proper referrals, referral follow up, and proper document of the chart to reflect what was done in the best interest of the person served. Changes initiates the inclusion of more documented detail on the Peer to Peer form, as well as increasing the amount of reviews done each month at the QAI meeting.

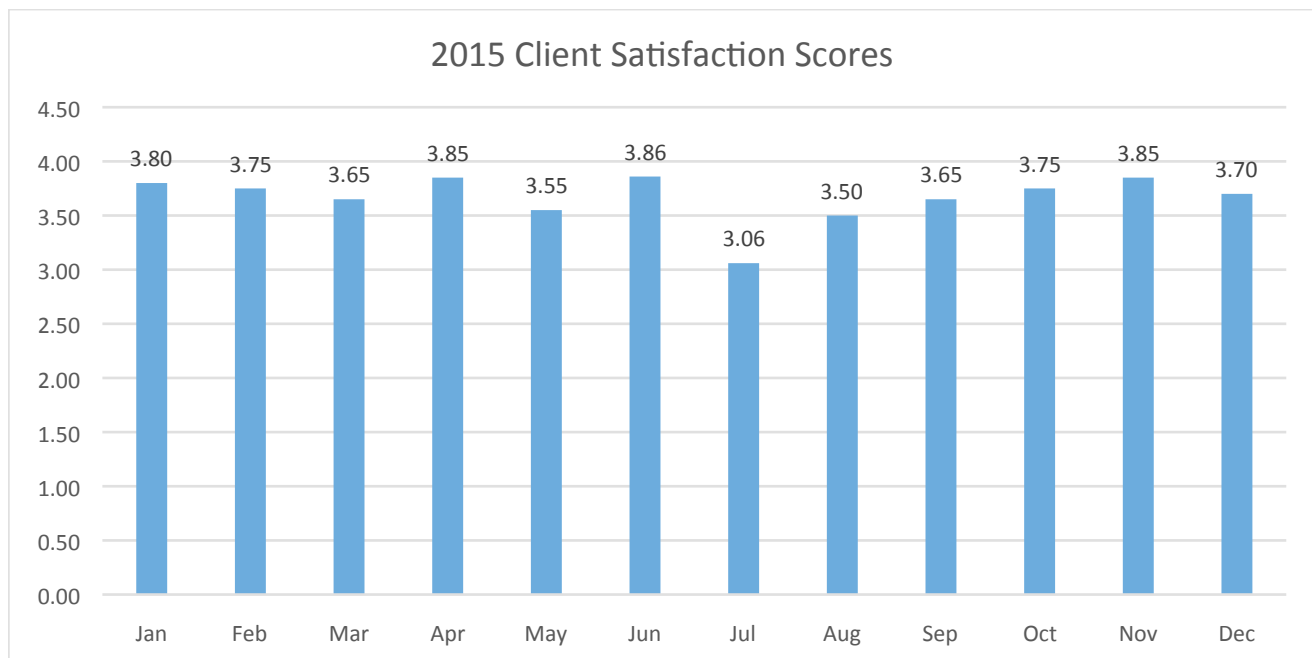
Ineligible for Services Logs

These logs were reviewed monthly at the QAI Committee. Because of changes in the DCF contract, residential programs will no longer have ineligible for services. A proper referral will be made to accommodate these individuals. TCHS will continue to review those individuals who are referred to make sure that services provided at an alternative source are inclusive of the needs of the person served.

Client Satisfaction Surveys

Each year, every person served within the agency is requested to complete a survey that indicates his or her attitude towards the agency, the counselor, treatment received, and overall satisfaction of the services of the agency. These results are reviewed monthly in our Quality Assessment and Indication Committee. Noteworthy employees who were identified in these surveys are identified and recognized by management for their exemplary service to our persons served.

The agency goal is to average 3.5 on this 4.0 scale. Noted below are the overall agency averages for the FY 2014/15



Safety

The agency continued in improving the safety results with regard to injury (employee and persons served) and in facility safety improvements. With recommendations from our fire inspections (outside fire marshal and internal reports) as well as outside building inspections, Tri-County continues to place safety paramount in all aspects of our facility programs. Our Workers' Compensation insurance company inspected the agency again this year. Based on these recommendations; new sidewalks were installed at Florida Center and Agape to eliminate trip/fall hazards, electrical cords were relocated in LOP. Overall, the agency's safety record is improving with training, observation/elimination of safety issues, and critical analysis of reported incidents.

Incident Reporting

In 2015, there were 235 incidents reported to the agency through the unusual incident reporting system. This was an increase over 2014 by ten reports. Employee reported incidents decreased again in 2015. Because of the nature of injuries requiring medical attention, Tri-County is experiencing increases in workers' compensation expenses over the previous year because of increase in medical treatment costs per employee, if injured.

Tri-County is now looking at injuries and medical only reports as well as abuse, medical errors (medications given or not given in error), and other incidents such as serving warrants on a residential campus, elopement of a person served, or other incidents not covered above. This will assist the agency in better identifying incidents that have direct person served application and other incidents that only have indirect effect on the person served.

Analysis of the reports indicate that the residential programs reported the highest number of incidents for both the person served and the employee.

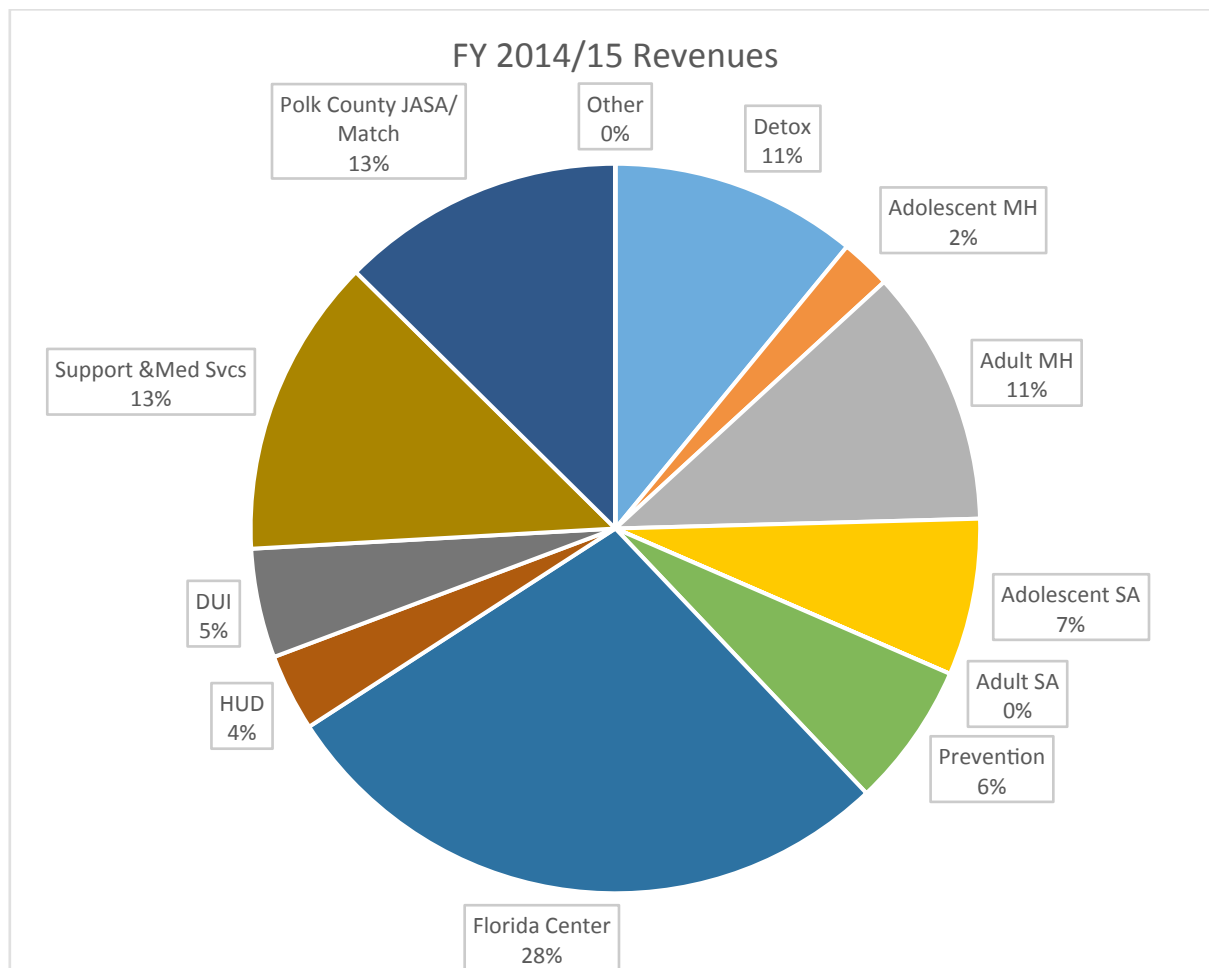
CFBHN data details the reported deaths for person served within 6-months of discharge. Deaths did not occur on the premises of any TCHS facility. TCHS reported eight (8) as compared to ten (10) in 2014 person served deaths. These deaths were either mental health persons served who either took their own life through suicide or overdosing on prescribed medication.

Based on the individual incident reports by program. The category classified as "Other" is the single largest category reported. This is because they do not fall into a category identified in our policy and procedure. Examples of "Other" incidents include reportable law enforcement activity on premises, theft, etc. Tri-County initiated a new safety committee investigation of each program location for safety and health hazards. Based on input from employees and the person served we expanded these inspections/investigations to include housekeeping and cleanliness issues in 2015.

2015 Fiscal Report

Service dollars for fiscal year 2014/2015, ending fiscal year June 30, 2015 Funding from DCF, Polk, Hardee, and Highlands County's, CFBHN, Greater Lakeland Community Foundation and HUD

Program	Revenue
Detox	\$906,129
Adolescent MH	\$185,528
Adult MH	\$942,852
Adolescent SA	\$575,843
Adult SA	\$4,343,195
Prevention	\$529,842
Florida Center	\$2,313,307
HUD	\$282,814
DUI	\$401,078
Support & Med Svcs	\$1,100,511
Polk County JASA/Match	\$1,042,333
Other	\$455
Total	\$11,056,676

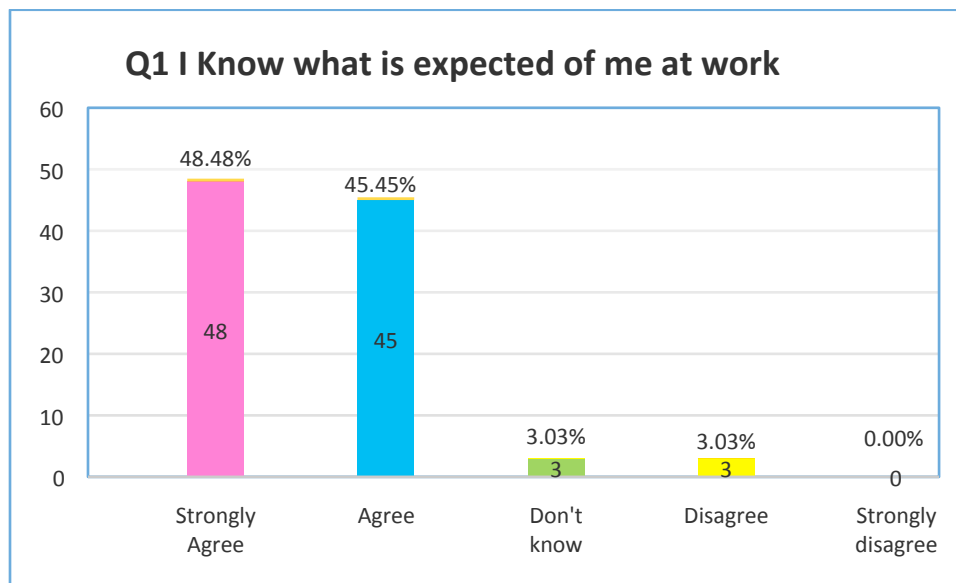


2015 Fiscal Report - Continued

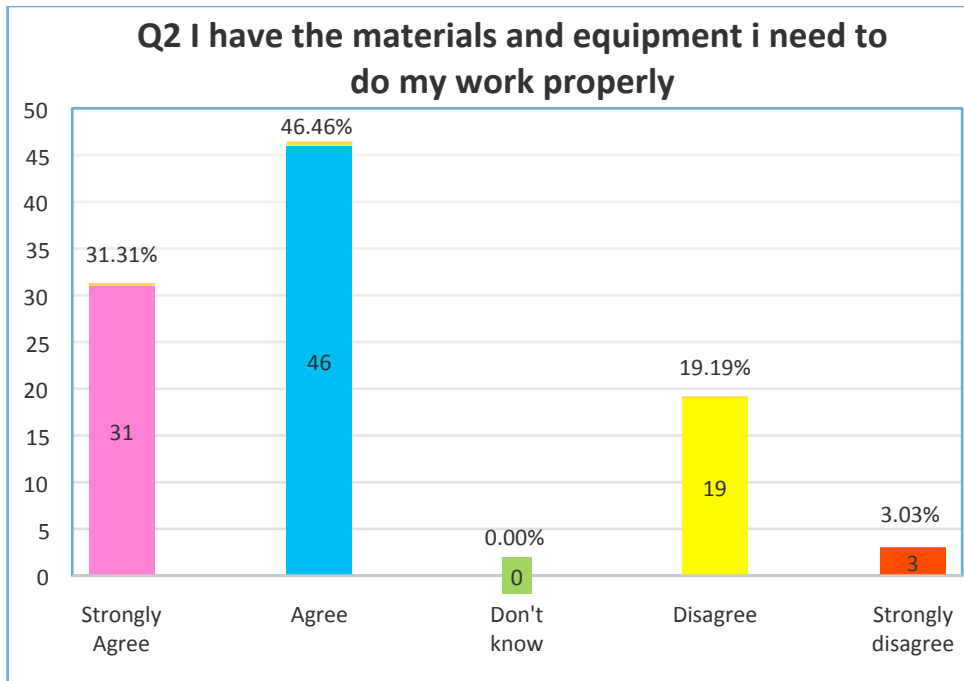
Agency financial support continues to be primarily from the Department of Children and Families (Central Florida Behavioral Health Network being the assigned Managing Entity) with additional support revenue made available via the Counties of Polk/Highlands/Hardee, DUI DATE programs, United Way, and client fees. Revenues from TCHS Food Service, In-jail Medical Services, Psychiatric Medical Services, HUD renewals and Path grant also added to our revenue base. Tri-County continues to gain knowledge in billing third party insurers as well as Medicaid/Medicare where the person served has such coverage. In 2015, the agency from all expanded its insurance department to reflect the need to submit “clean” bills to third party insurers as well as appeal and fight denied claims in order to recover all revenues that we bill for services rendered.

Employee Relations

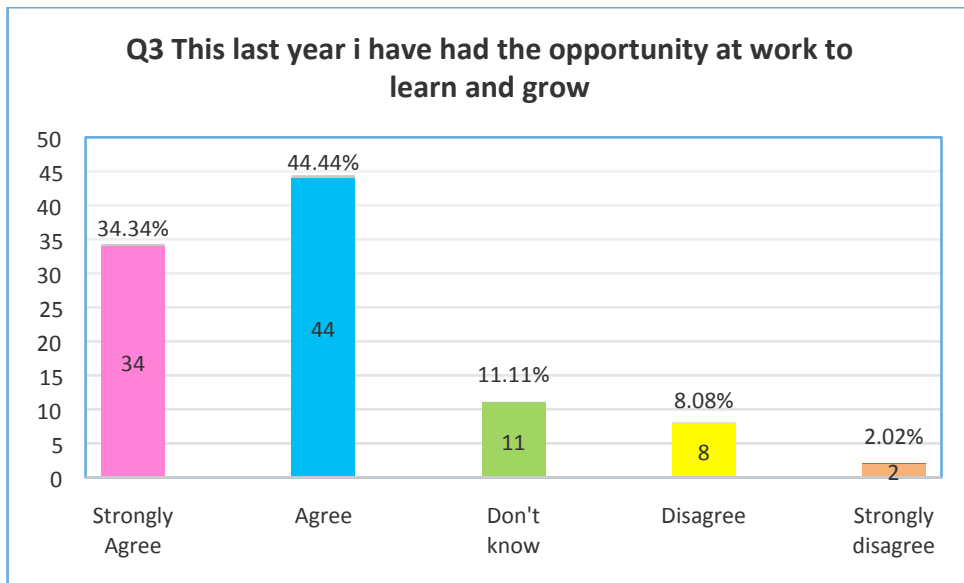
In 2015, the agency again solicited opinions for employees regarding their view of the agency. The results indicates that employees continue to support the mission of the agency and the work we do with our persons served.



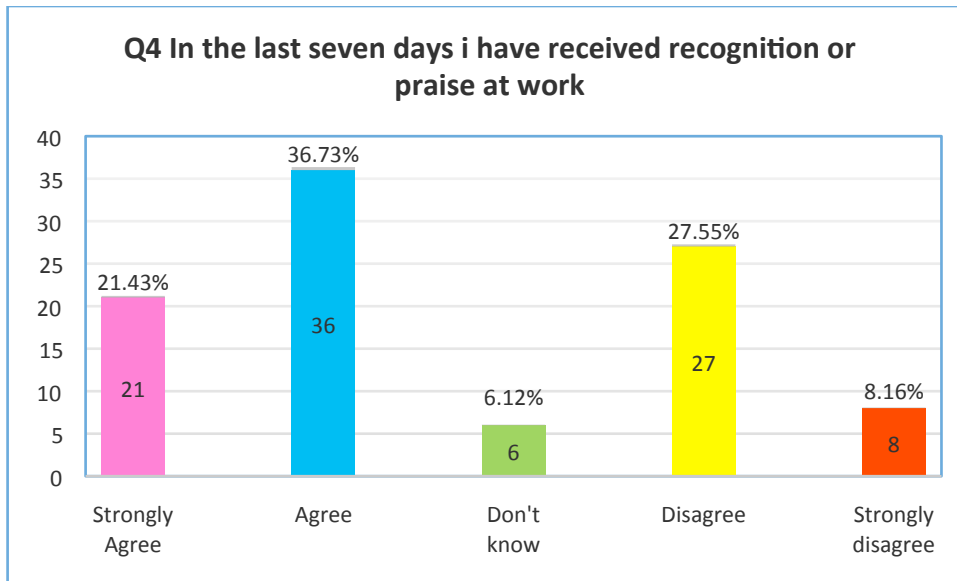
Q1. It appears that most every person knows what is expected of them while at work performing their individual assignments.



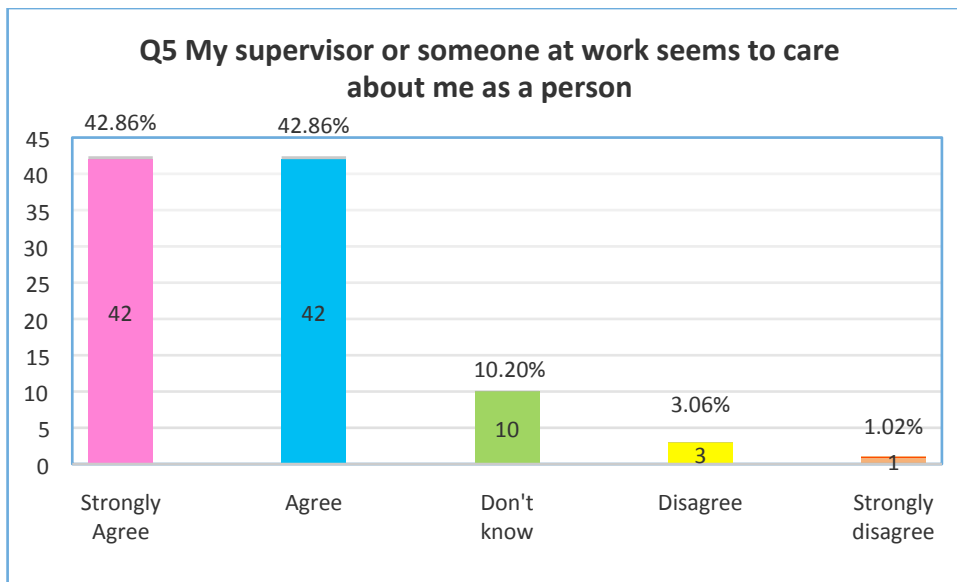
Q2. We are not sure why 19% of you disagreed that you have the tools necessary to perform your job. As a result we will add a comment box below this question for clarification.



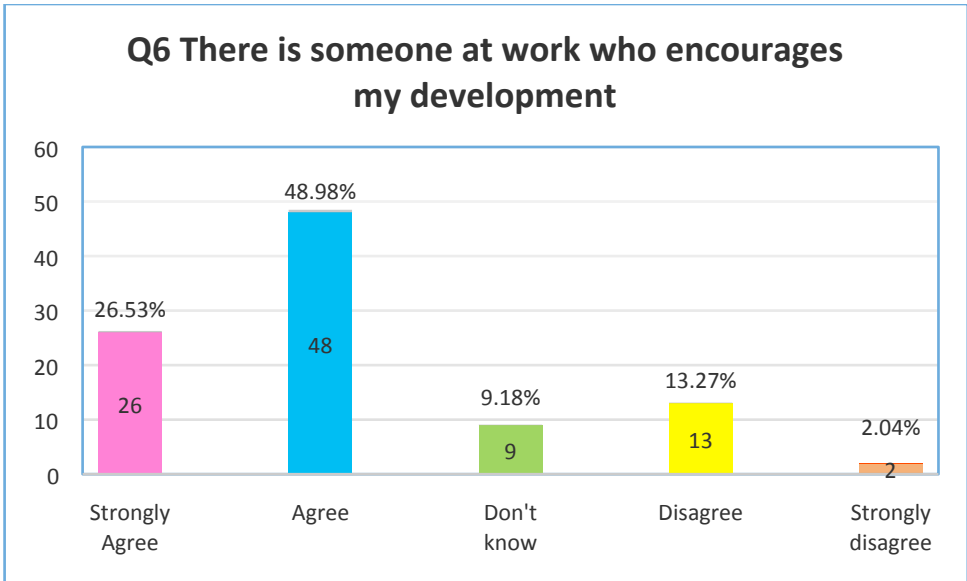
Q3. The results indicate that most of you do learn new things and expand your experience in your position.



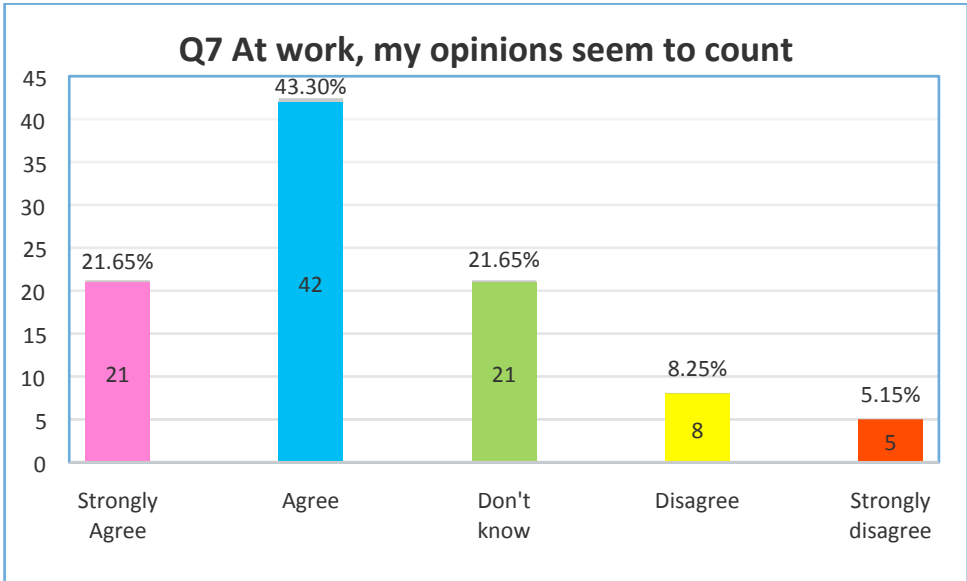
Q4. Based on the question, we feel that a 7-day window is a bit small for recognition of things done at work. Therefore, we are going to change this question from 7-days to 30-days to see if this reflects improved recognition of the job you do for the agency.



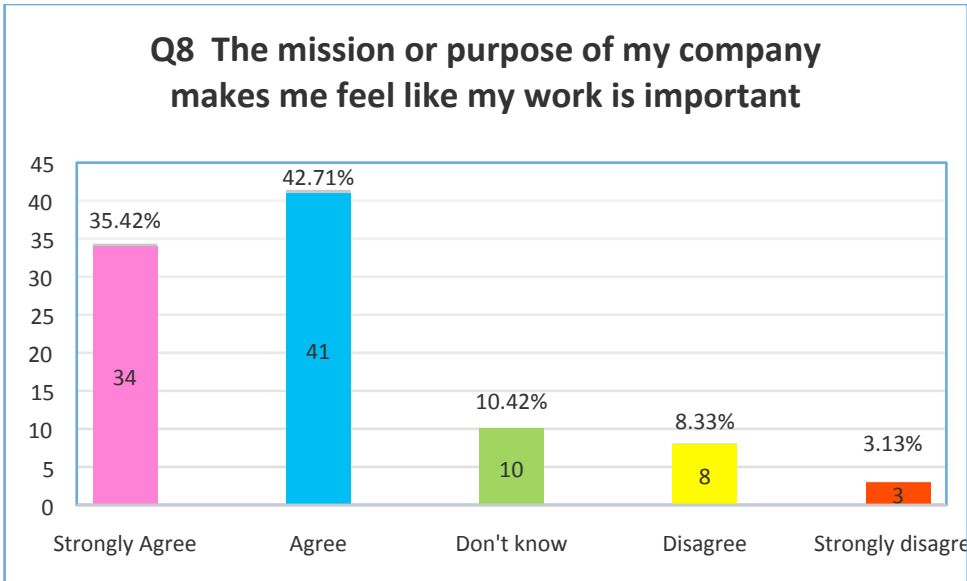
Q5. Feedback for this question shows that overall, most acknowledge that someone cares about what they do while at work.



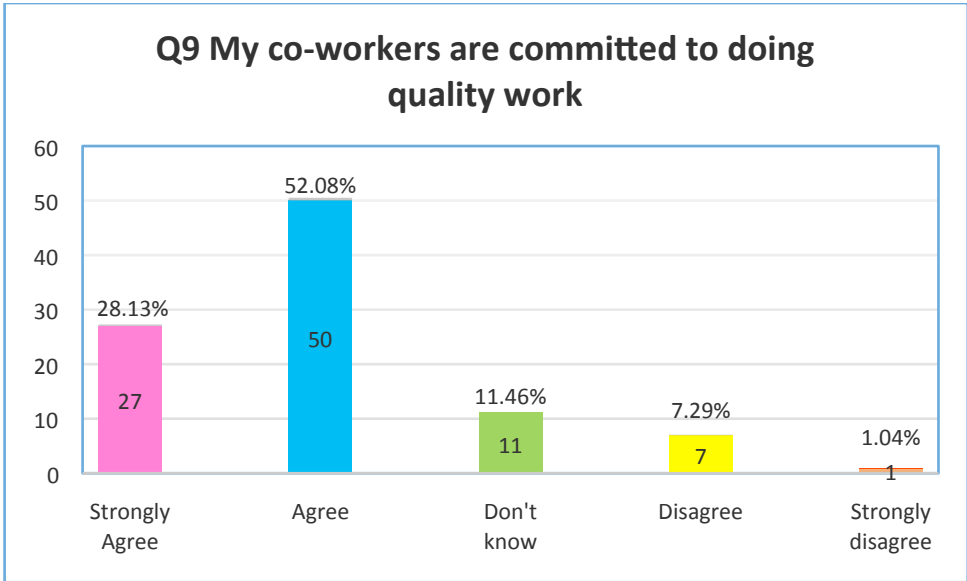
Q6. The directors think that this response directly related to the response in Q4. We want supervision and others to encourage all individuals to continue their development and progress within the agency.



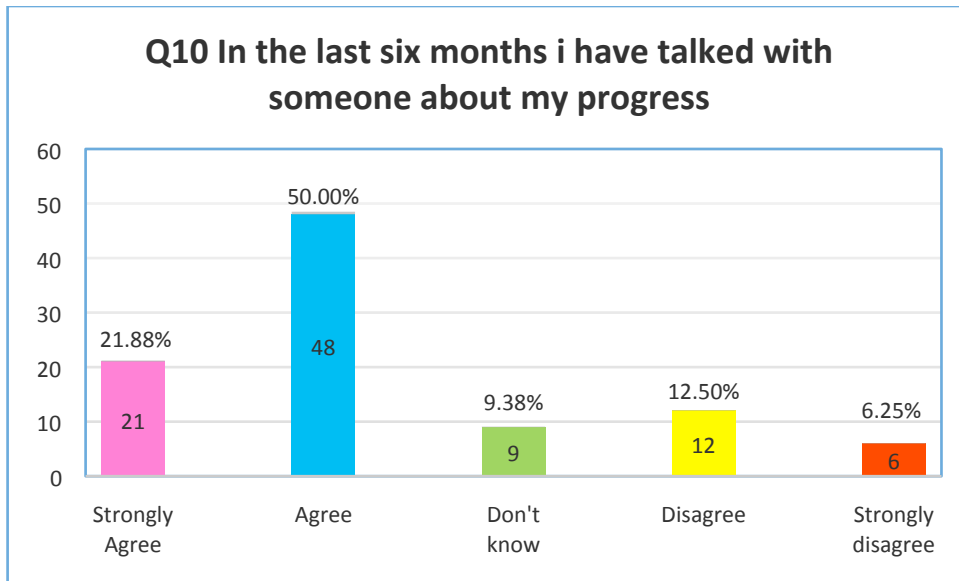
Q7. About 35% of you indicate that your opinions may not get the attention of supervision as you think they should. The directors will continue to remind supervisors that the best ideas come from those who actually perform the jobs. This is where the best ideas originate.



Q8. Even though 78% of those responding stated that they feel their work is important, the remainder were either neutral or disagreed. The directors would like more information on this question, so we will add a comment box at the bottom of the questions for those who would like to add their thoughts.



Q9. The directors are adding a comment box to this question as our reviews from outside sources indicate that most all employees are performing at above expectations. We would like more input on this question.



Q10. Over one-quarter of you have not talked to someone (supervision or not) about your progress in the agency. This could include current job learning and performance, new job opportunities, or learning new skills and more education. The directors would like to see better communication between you and others (supervision/managers and directors) to address your progress and your positive impact on the agency.

In 2015, Tri-County was able to give out merit increase to all Tri-County employees. Based on an average 2% increase, all employees were allocated increases that were not available to employees for about four years. One glaring issue is the clinical staff pay. TCHS is having difficulty filling vacant positions partly due to low starting wages and the rural nature of our facilities.

Respectfully submitted,

Robert C. Rihn, LCSW
Chief Executive Officer

Compiled and edited by,

Donn VanStee
Director of Agency Operation/Compliance