



Tri-County Human Services, Inc.

Management Report

1/1/17 – 12/31/17

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

New Beginning Men
1255 Gunn Highway
Bartow, FL 33831
(863) 519-8486

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

Lakeland Integrated Services
1129 N. Missouri Ave.
Lakeland, FL 3385
(863) 413-8600 ext5035

Winter Haven Outpatient II
1201 S. First St.
Winter Haven, FL 33880

Winter Haven Integrated Services
1514 First St. N
Winter Haven, FL 33881
(863) 413-8600

New Beginning Women
2725 Hwy 60 East
Bartow, FL 33830
(863) 533-4139

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
Paul Blackman, 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



Publix Charities



Commission on Accreditation of Rehabilitation Facilities



Executive Summary 2017

Tri-County's annual review of services rendered, population served, contracts, client feedback, and employee satisfaction provides an overview of all the great work this agency provided during 2017. This report provides a roadmap for the following year. Below is a summary of information that will be found in this comprehensive report:

1. Tri-County had several accomplishments to include being awarded additional funding for services, being named a 5-star agency for another year, establishment of additional collaborations with community partners, and successful outcomes to various audits.
2. Based off of 2017 data, there were an equal number of females and males served in residential services where as there was a higher number of females served in outpatient programs; in the detox facility, there was a significant higher number of males than females admitted.
3. The data showed that there were an increase in Multi-racial/Hispanic individuals served compared to 2016, but the largest racial/ethnic population served continues to be caucasian among all facilities.
4. It was found based off of admission diagnosis data that the most reported used substances were cannabis, alcohol, and methamphetamines. The most common mental health diagnoses given at admission included Major Depressive Disorder, various anxiety disorders, and Post-traumatic Stress Disorder. This is consistent to the 2016 findings.
5. Upon review of the results from the community assessment survey, it was found in 2017 that there is a slight increase of community awareness of the agency and services offered compared to the 2016 community surveys. This is a result of the beginning efforts of marketing that the TCHS board and staff are involved in.
6. The results from the 90-day follow-up survey of individuals served showed a high percentage of former clients have not been re-arrested, are currently abstaining from alcohol and other drugs, and are employed. The results also showed the majority of those surveyed had a positive opinion of their counselor and the services received as well as acknowledgement that positive changes have occurred in their life.
7. The report from the DUI department indicates stable enrollment numbers overall for DUI services and are in line with other DUI providers throughout the State of Florida.
8. The various quality assurance reports and audits, which include peer reviews, administrative/clinical reviews, and utilization management indicate that high quality services overall are being rendered across the agency programs.
9. According to the results of the client satisfaction survey, the overall average score on a 4.0 scale was 3.72. Tri-County's minimum goal is 3.5 on a 4.0 scale.
10. This management report contains a breakdown of the actual revenue for fiscal year 2016-2017; the total revenue was \$13,640,654.
11. It was found through the 2017 employee survey that the staff overall are satisfied with their working environments, the feedback they receive, and the work done throughout the agency supports the mission and values of Tri-County. It was noted that there is a need to further improve communication and positive feedback to employees, which is a focus in 2018.

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/SAMH, 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 2017. 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, 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, Client Satisfaction Surveys, 90-Day Post Discharge Treatment Surveys, 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), 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 is 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. There are plans to develop a new strategic plan in early 2018, which will include input from the Board of Directors as well as the TCHS executive management team.

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 stakeholders’ interests 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.

2017 - Highlights and Accomplishments:

- Tri-County achieved over 95% on the Central Florida Behavioral Health Network's scorecard. This was a major success to again achieve the ranking as a 5-star performer with regard to services, persons served, reporting of data, and achieving required outcomes. This was a complete team effort from everyone involved.
- Tri-County was awarded the contract with Polk County to begin the New Beginning Women's Program, which began 10/1/17.
- Tri-County was awarded the contract for Forensic Intensive Case Management (FICM) services in conjunction with another local behavioral health agency and county oversight. This program utilizes case managers to work with high risk individuals coming out of the jail system to help link them to needed treatment services and lower recidivism in the correctional system.
- Tri-County successfully passed two sites visits from AHCA and was assigned a Medicaid site number for our integrated services locations in Lakeland and Winter Haven. This opened the door for additional insurance billing to occur for the integrated program.
- Tri-County was awarded additional mental health TANF funding that is being utilized for residential services.
- Tri-County programs successfully passed the Polk County annual review as well as the annual monitoring conducted by Central Florida Behavioral Health Network.
- Tri-County continued addressing the opioid epidemic by expanding Medication Assisted Treatment (M.A.T.) services to include Suboxone along with the existing Vivitrol options. Additional funds for MAT services were released in the amount of \$233,000.
- Tri-County was awarded additional funds to the existing Integrated Behavioral Health program on 10/1/17. These funds are being used to add two additional co-locations with Central Florida Healthcare – Lake Wales and Mulberry.
- Tri-County expanded the Strengthening Families program into Highlands and Hardee counties. This is a parenting enrichment program that encompasses the entire family unit.
- Tri-County incorporated a new web-based payroll system and continues to move towards implementing additional human resources and credentialing modules in this system.
- Tri-County purchased the Business Intelligence (BI) module, which is part of the agency's electronic health record (E.H.R.). The E.H.R. team continues to incorporate this new module into daily agency functions, which includes building of business reports and training of staff.
- Tri-County continues to expand psychiatric and counseling services at the Meadowbrook location, which includes incorporating services for children and Spanish-speaking individuals.

Whom we serve by funding sources

Key is noted below to note abbreviations for different funding streams as well as Tri-County program names:

AMH – Adult Mental Health
ASA – Adult Substance Abuse
ATCM – Adult Targeted Case Management
CFBHN – Central Florida Behavioral Health Network
CMH – Children’s Mental Health
CSA – Child Substance Abuse
CTCM – Child Targeted Case Management
DD – Dual Diagnosis
FICM – Forensic Intensive Case Management
FL – Florida
HOP – Highlands Outpatient
JAG – Jail Alternative Grant
JASA – Jail Alternative to Substance Abuse
LOP – Lakeland Outpatient
Marchman – court-ordered substance abuse services under Marchman Act
MH – Mental Health
MSS – Motivational Support Specialist
PPWDC – Pregnant/Post-partum Women with Dependent Children
PTP – Private Testing Program (HIV)
RASUW – Residential Assessment and Stabilization Unit for Women
SA -Substance Abuse
SCR AC – Suncoast Region Aftercare
TL – Transitional Living
WHOP – Winter Haven Outpatient
WHOP II - Co-located outpatient services at Winter Haven Hospital’s Center for Behavioral Health
WOP – Wauchula Outpatient

Numbers Served for all Programs (Incorporating all funding sources)

Program Residential SA	Total	Male	%	Female	%
FL Center (DD)	176	103	58.52%	73	41.48%
FL 5 Bed (SA)	32	27	84.38%	5	15.63%
FL Center Drug Court	1	0	0.00%	1	100.00%
FL Center Level III	0	0	0.00%	0	0.00%
New Beginning Men	81	81	100.00%	0	0.00%
New Beginning Men CF	3	3	100.00%	0	0.00%
New Beginning Men Level III	2	2	100.00%	0	0.00%
New Beginning Women	10	0	0.00%	10	100.00%
RASUW	74	0	0.00%	74	100.00%
RASUW Drug Court	5	0	0.00%	5	0.00%
RASUW Level III	0	0	0.00%	0	0.00%
AGAPE	38	0	0.00%	38	100.00%
TL Adult	8	0	0.00%	8	100.00%
Total	430	216	50.23%	214	49.77%

Program Detox	Total	Male	%	Female	%
Detox	821	470	57.25%	351	42.75%
Detox Drug Court	15	8	53.33%	7	46.67%
Detox Level III	56	20	35.71%	36	64.29%
Total	892	498	55.83%	394	44.17%

Program SA Outpatient	Total	Male	%	Female	%
BayCare Outpatient	118	45	38.14%	73	61.86%
FICM	15	7	46.67%	8	53.33%
FL Center Aftercare	62	38	61.29%	24	38.71%
FL Center SCR AC	66	34	51.52%	32	48.48%
FL Baptist	1	0	0.00%	1	100.00%
HOP Outpatient	386	210	54.40%	176	45.60%
LOP Outpatient	696	291	41.81%	405	58.19%
Marchman	271	167	61.62%	104	38.38%
MSS Services	348	85	24.43%	263	75.57%
PTP ASA (HIV Services)	1045	505	48.33%	540	51.67%
RASUW Aftercare	20	0	0.00%	20	100.00%
RASUW Outpatient	35	0	0.00%	35	100.00%
WHOP Outpatient	383	179	46.74%	204	53.26%
WOP Outpatient	148	84	56.76%	64	43.24%
Total	3461	1593	46.03%	1868	53.97%

Numbers Served for all Programs (Incorporating all funding sources) Cont.

Program Mental Health	Total	Male	%	Female	%
ATCM	39	12	30.77%	27	69.23%
HOP AMH	911	318	34.91%	593	65.09%
Integrated AMH	404	97	24.01%	307	75.99%
PATH MH Services	135	59	43.70%	76	56.30%
RASUW MH	11	0	0.00%	11	100.00%
WOP AMH	10	2	20.00%	8	80.00%
Total	1510	488	32.32%	1022	67.68%

Program Jail	Total	Male	%	Female	%
JASA HC	69	49	71.01%	20	28.99%
JASA HC MH	12	11	91.67%	1	8.33%
JASA JAG	50	48	96.00%	2	4.00%
JASA Male	96	96	100.00%	0	0.00%
JASA HARDEE	20	19	95.00%	1	5.00%
Total	227	223	98.24%	24	10.57%

Total Adult 6520 3018 46.29% 3522 54.02%

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

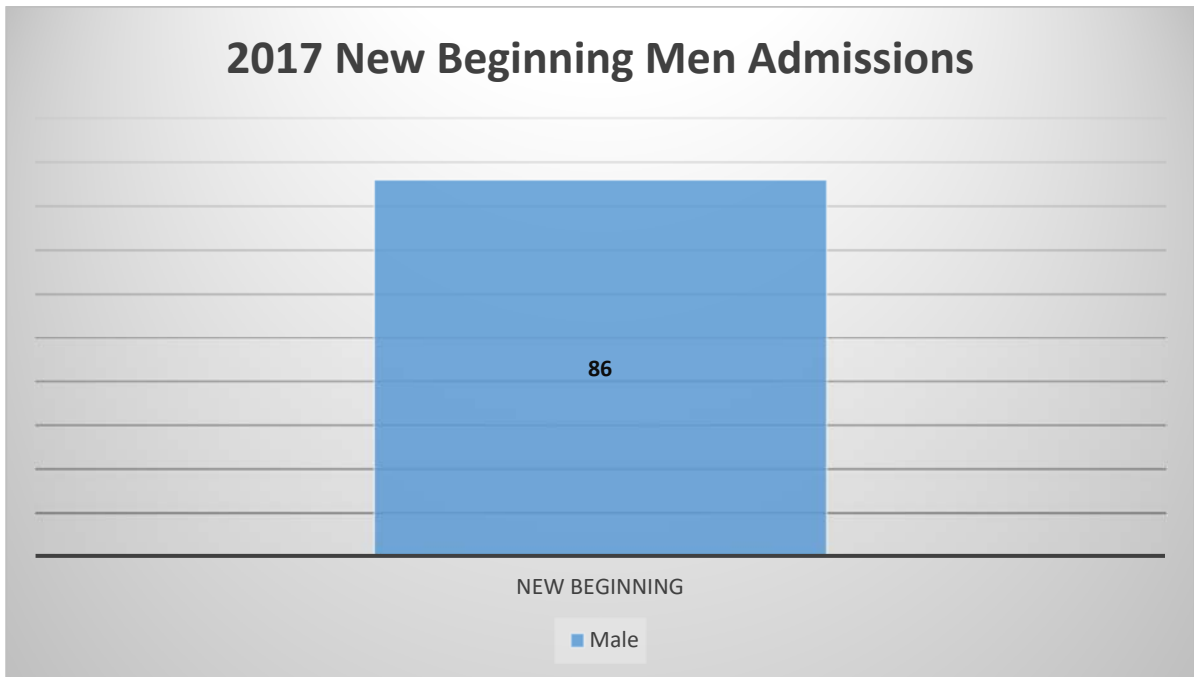
Program	Total	Male	%	Female	%
BayCare CSA	16	11	68.75%	5	31.25%
TL Child	9	4	44.44%	5	55.56%
HOP Outpatient CSA	52	38	73.08%	14	26.92%
LOP Outpatient CSA	106	78	73.58%	28	26.42%
PTP CSA	88	69	78.41%	19	21.59%
WHOP Outpatient CSA	107	73	68.22%	34	31.78%
WOP Outpatient CSA	26	18	69.23%	8	30.77%
Total	388	280	72.16%	108	27.84%

Program	Total	Male	%	Female	%
HOP CMH	254	107	42.13%	147	57.87%
CTCM	30	12	40.00%	18	60.00%
Integrated CMH	8	2	25.00%	6	75.00%
LOP CMH	4	1	25.00%	3	75.00%
WOP CMH	9	3	33.33%	6	66.67%
Total	305	125	40.98%	180	59.02%

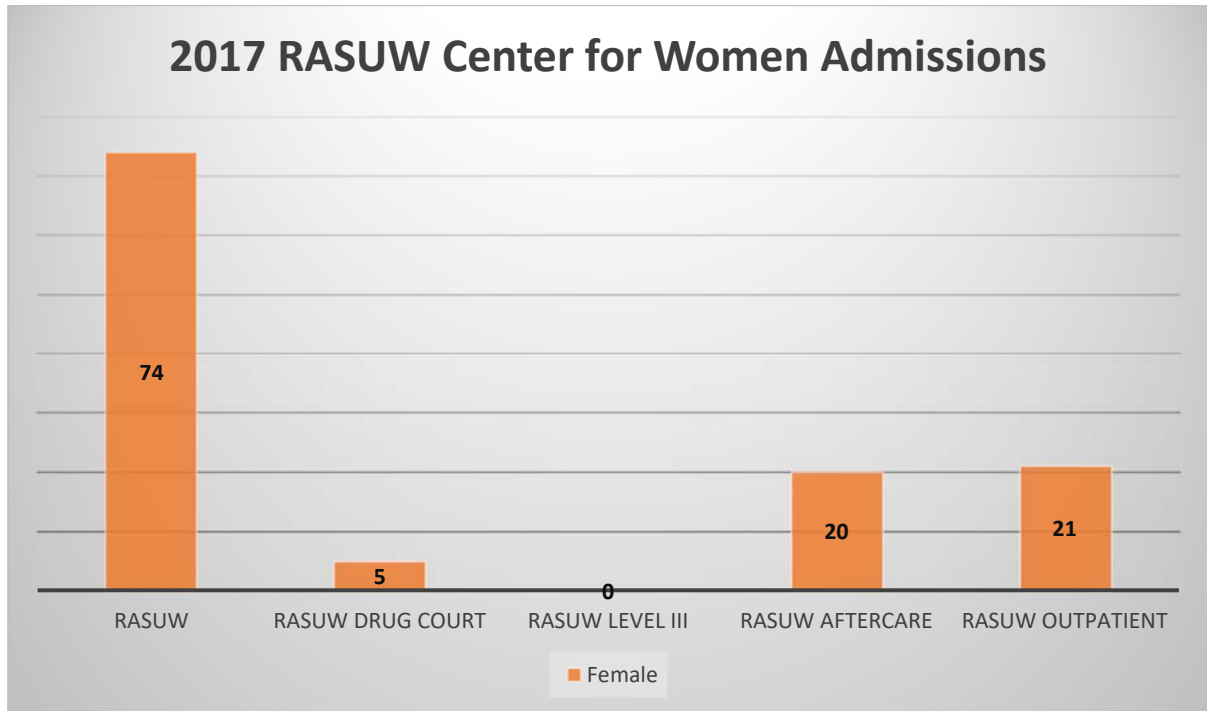
Total Adolescent 693 405 58.44% 288 41.56%

Total Numbers Served: 7213

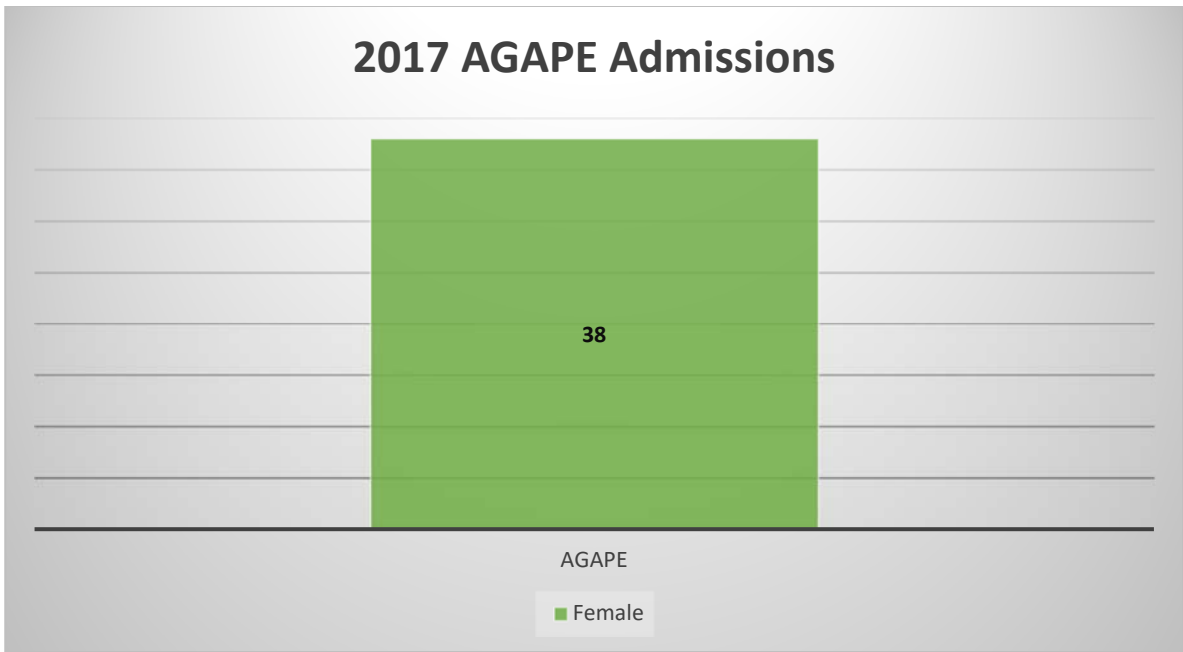
***Total includes admissions, transfers, and re-admissions**



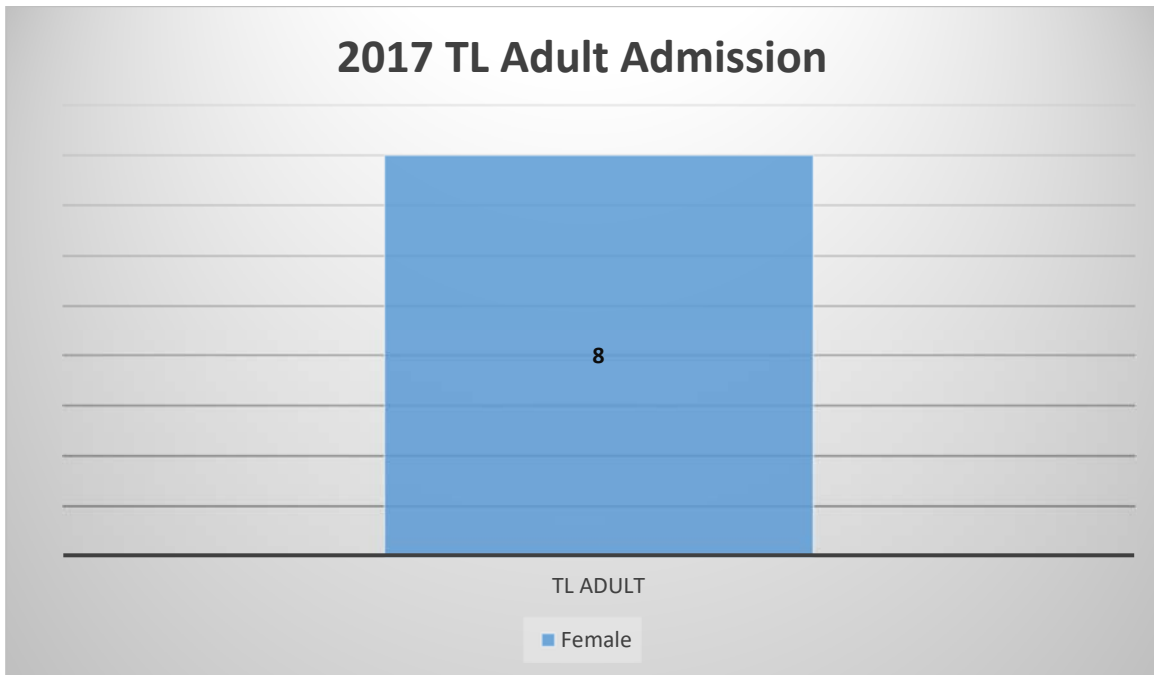
The New Beginning Men residential program served 86 men over the course of 2017.



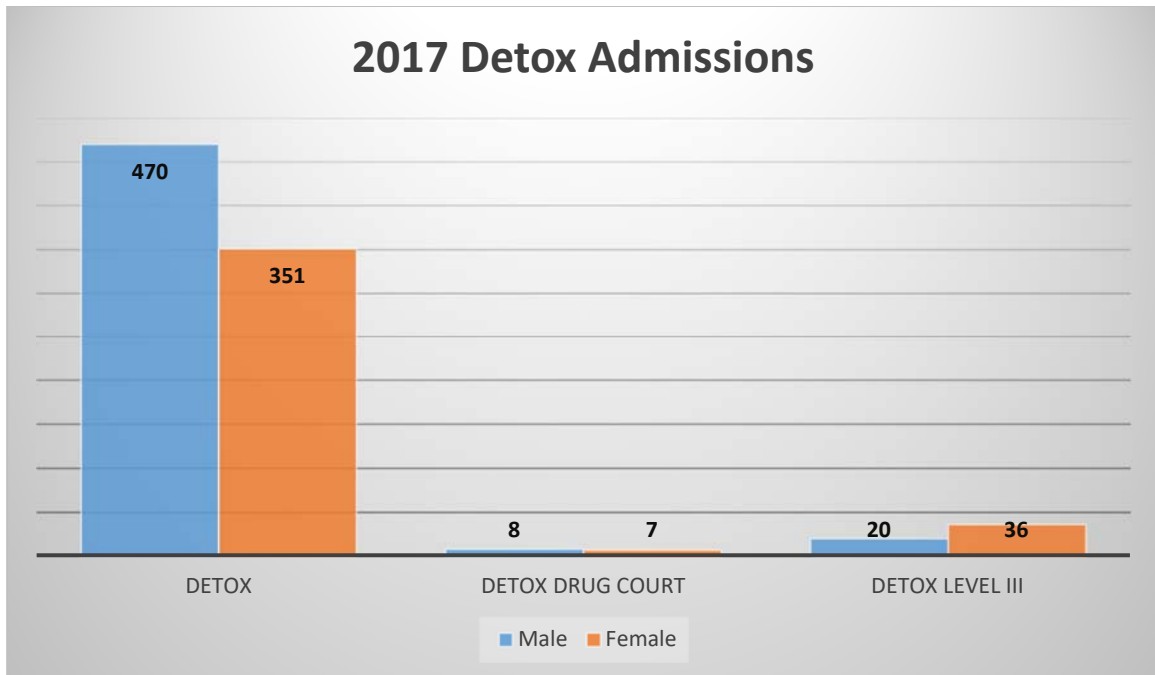
As evidenced by the data collected, a total of 120 females were served in all RASUW programs.



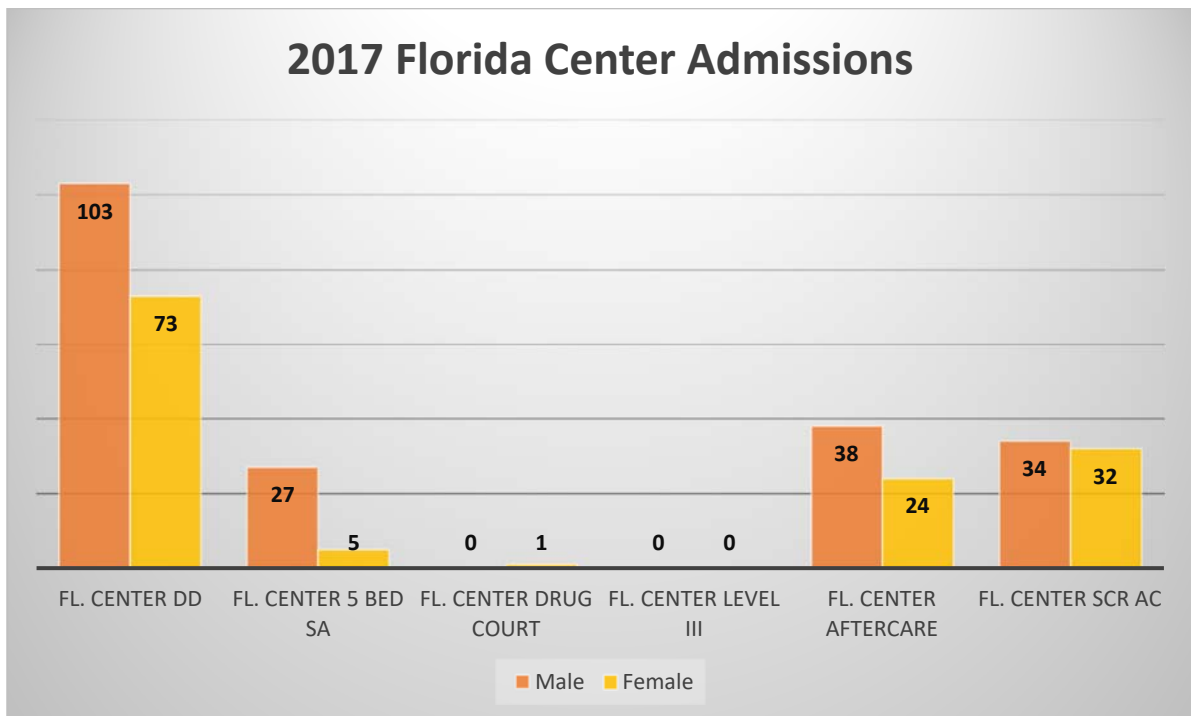
According to records, a total of 38 females were admitted to Level III residential services at AGAPE in 2017.



In 2017, there were a total of 8 females admitted to Tri-County's Level IV transitional living program. These women reside at TL with their children that they have been reunited with.

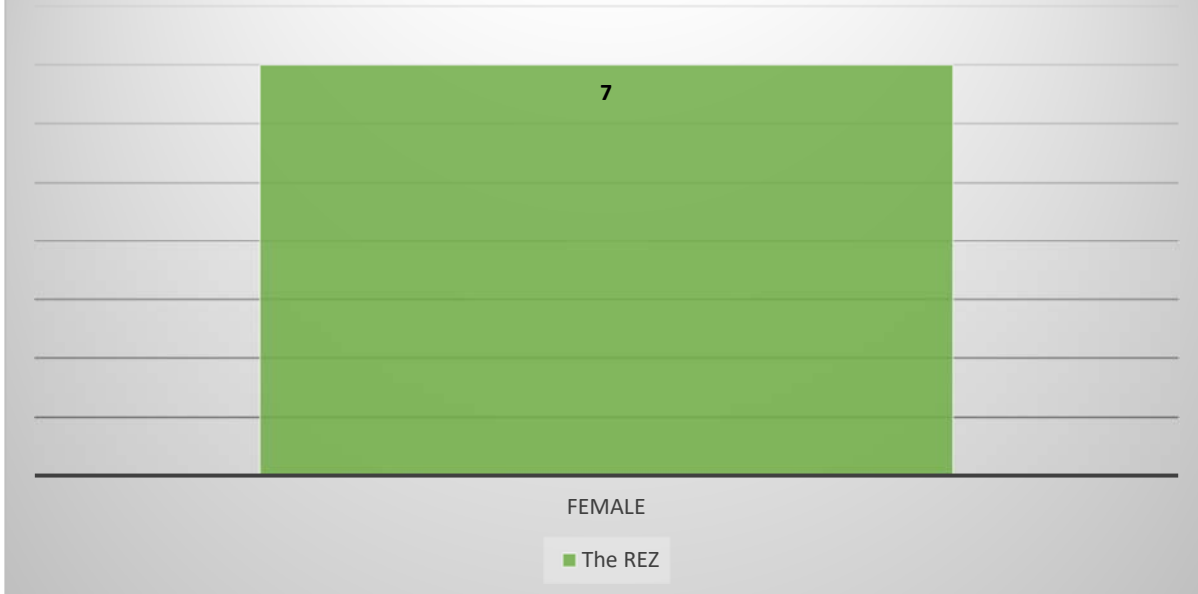


Based on 2017 admission records, there was a total of 498 males and 394 females admitted to all detox programs.



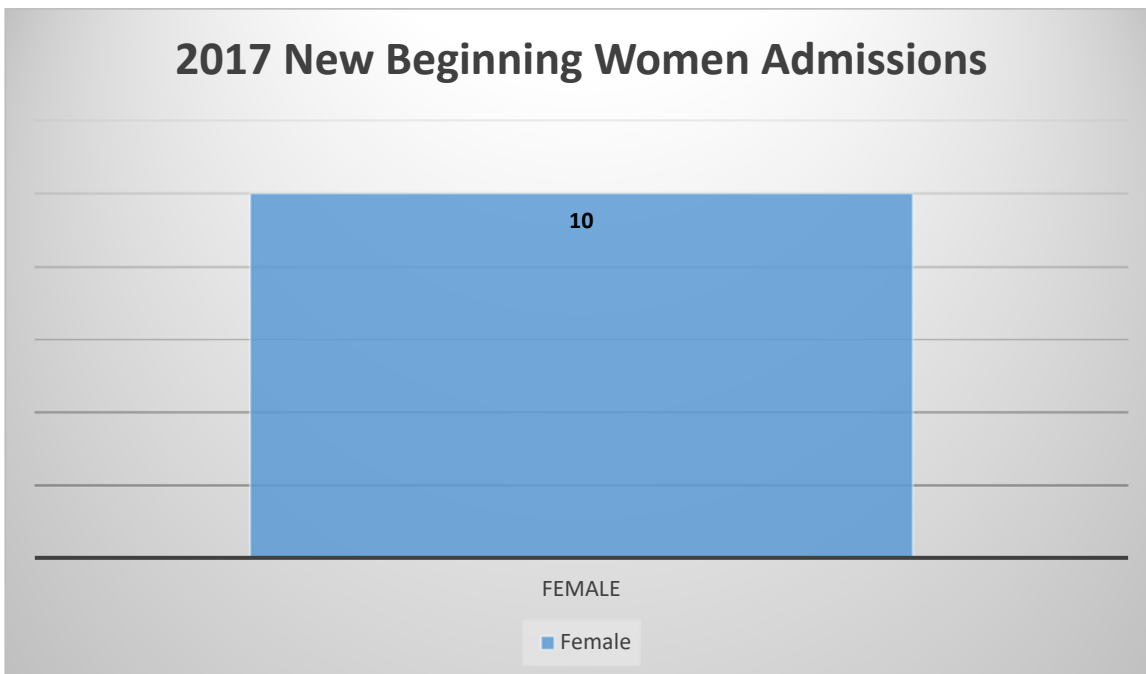
As shown in above graph, admission data reflects a total of 202 males and 133 females entered Florida Center’s residential and aftercare services in 2017.

The REZ

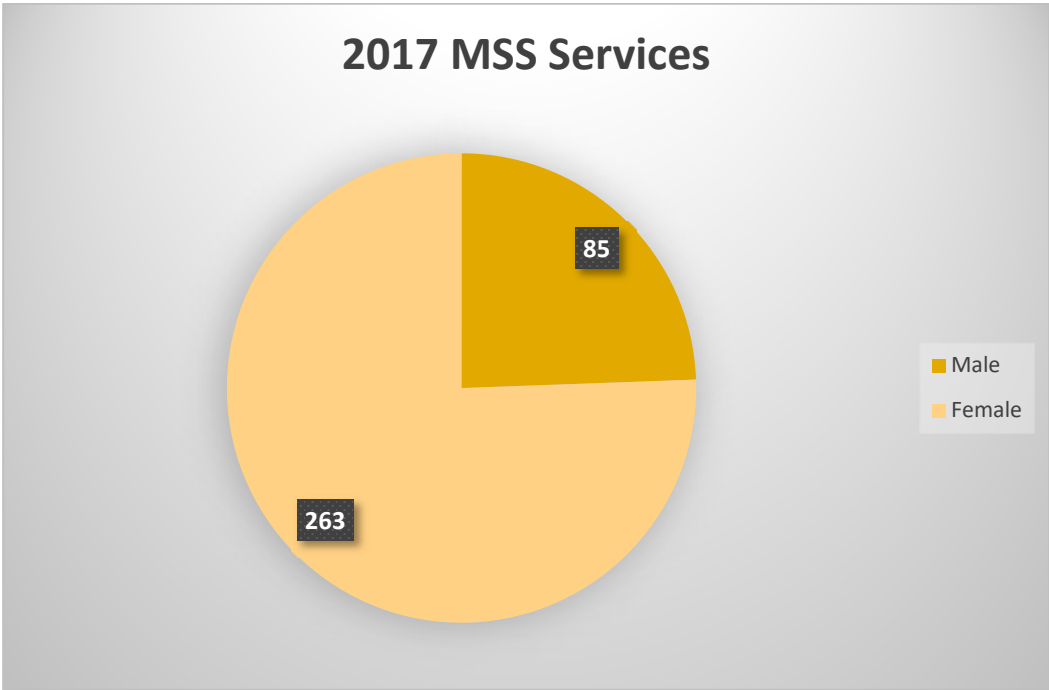


In 2017, there were 7 females that resided at The REZ. This is a 5-bed recovery house for homeless, single women in recovery; this program is fully paid for by the residents.

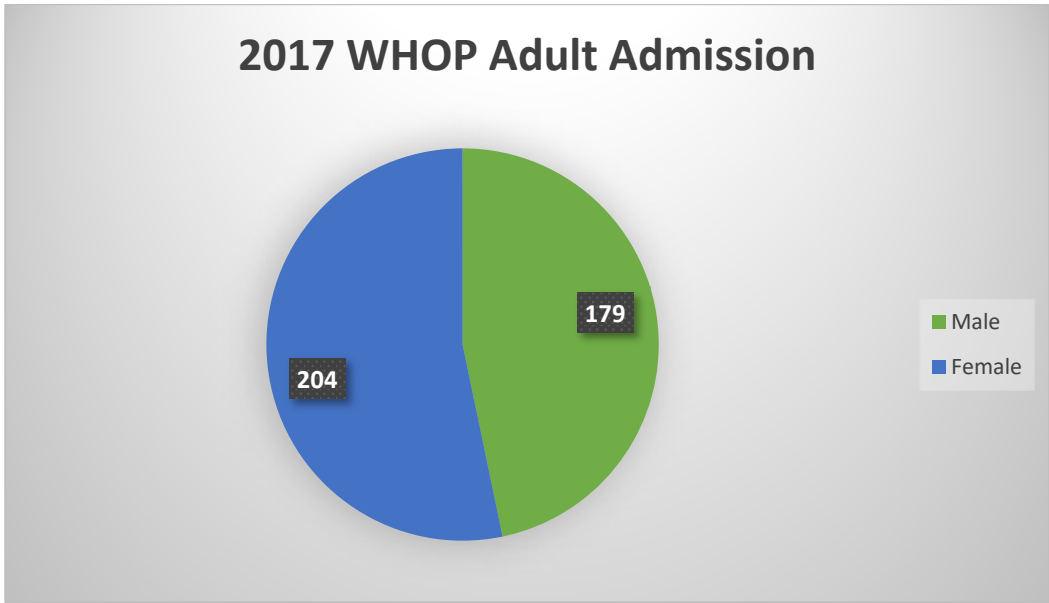
2017 New Beginning Women Admissions



Since the start of the New Beginning Women residential program began on 10/1/17, 10 women were served during the remainder of 2017.

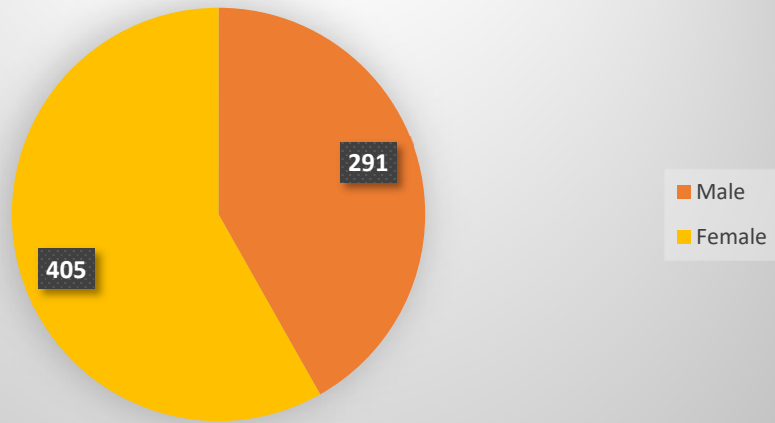


Admission data reflected that there was a significant higher number of females (263) admitted to MSS services compared to male admissions (85).



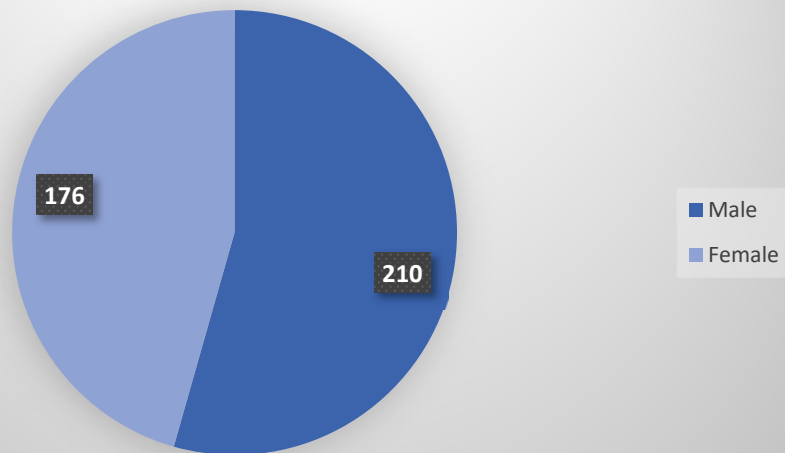
As noted in graph above, there were 179 males and 204 females admitted to outpatient services at the Winter Haven facility.

2017 LOP Adult Admission



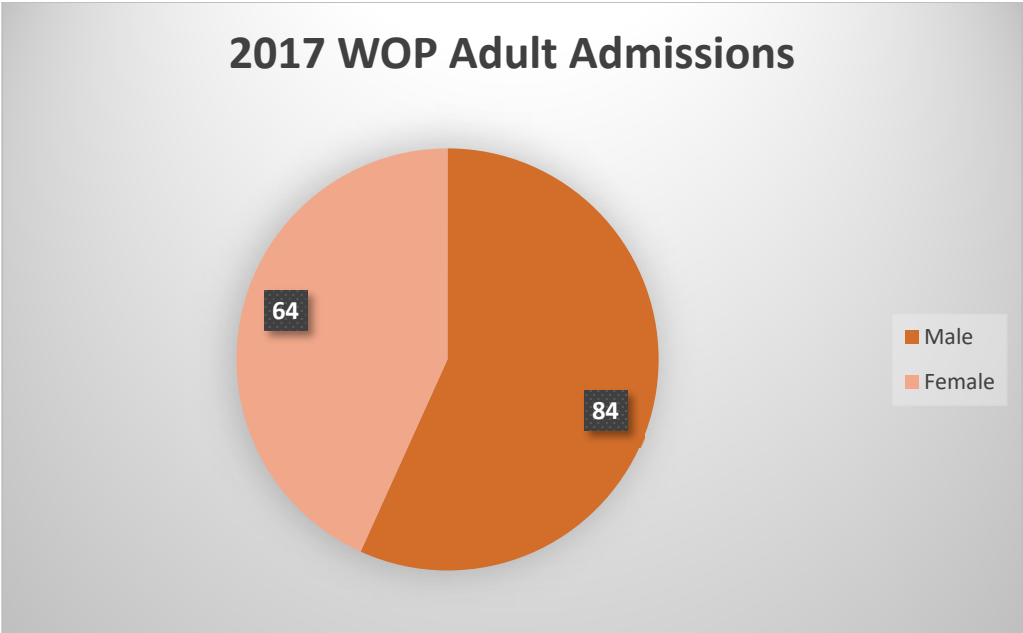
2017 admission data noted that there were more females (405) admitted to outpatient services at the Lakeland facility compared to males (291).

2017 HOP SA Adult Admissions



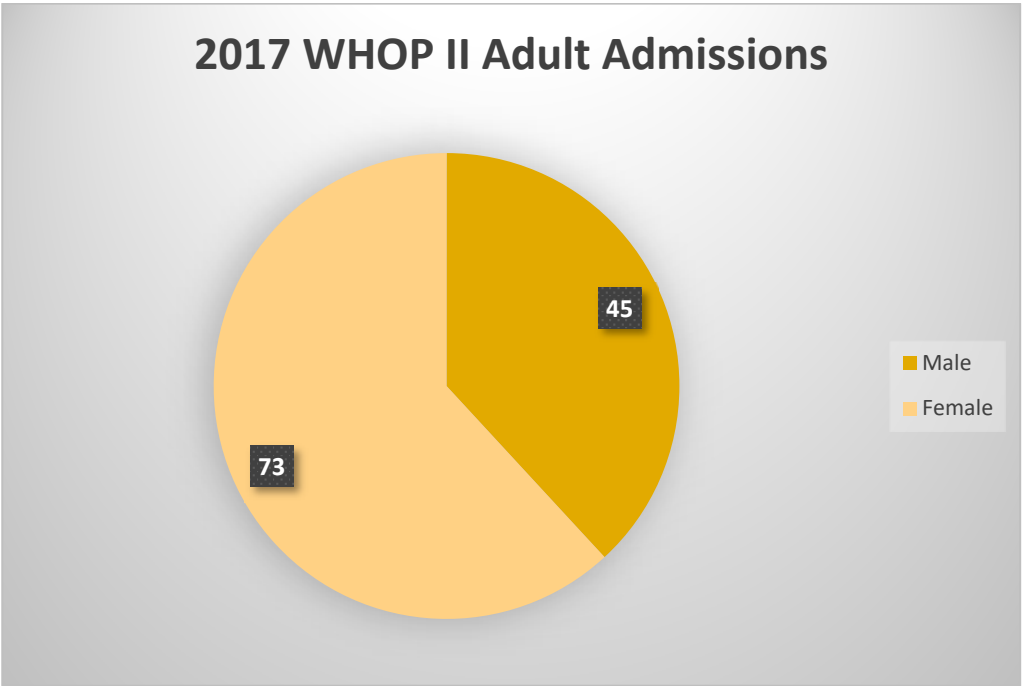
The graph above reflects that there was a slightly higher number of males (210) admitted to outpatient services in Highlands County compared to female (176) admissions.

2017 WOP Adult Admissions



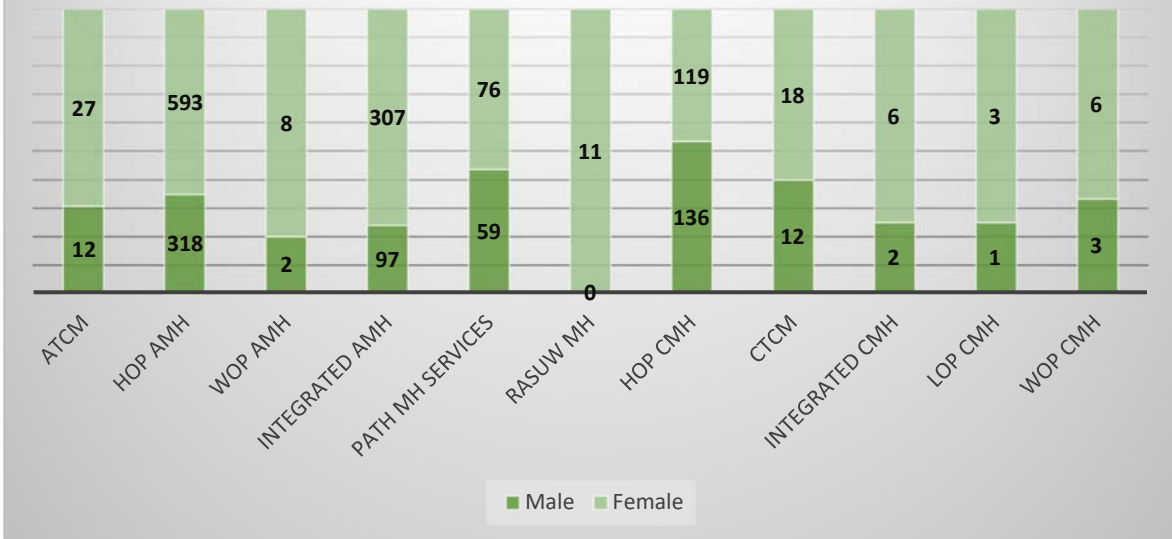
2017 admission data noted that 84 males and 64 females entered outpatient services in Hardee County at the Wauchula facility.

2017 WHOP II Adult Admissions



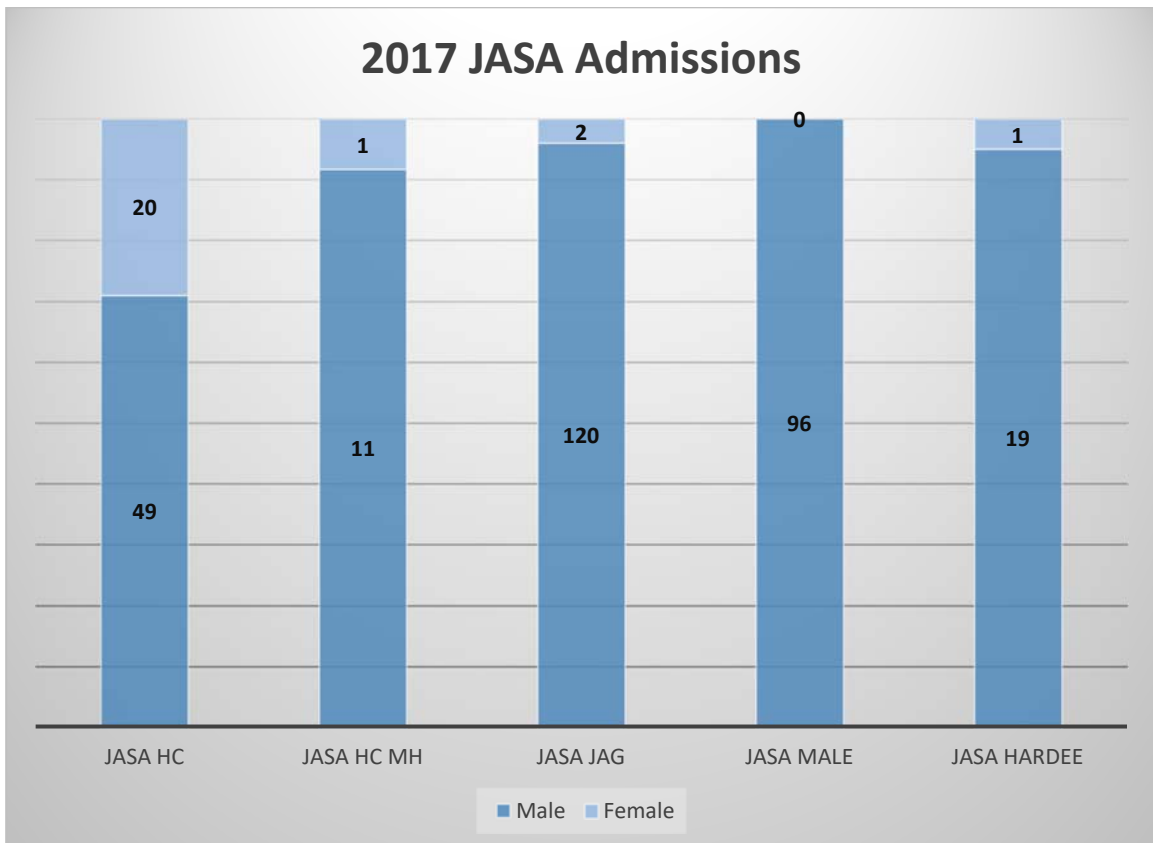
The integrated outpatient services co-located at Winter Haven Hospital’s Center for Behavioral Health served 73 females and 45 males during the course of 2017.

2017 Adult and Child MH Admissions by Program



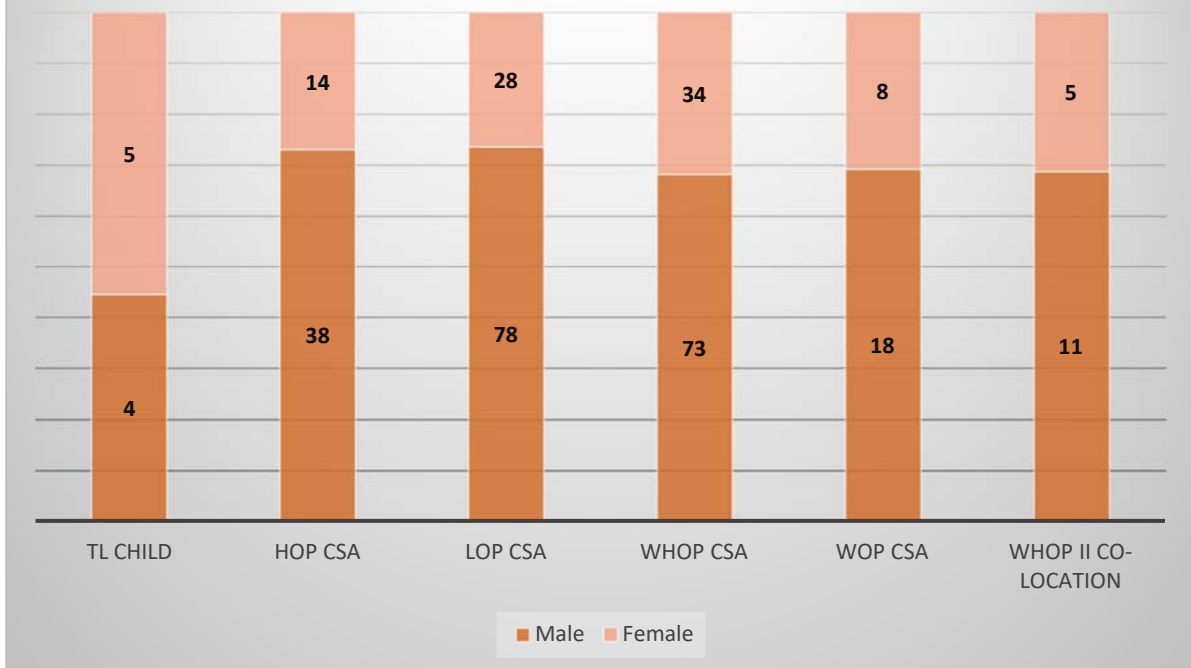
2017 admission data noted that there were a total of 1174 females and 642 males entered mental health services throughout the agency.

2017 JASA Admissions



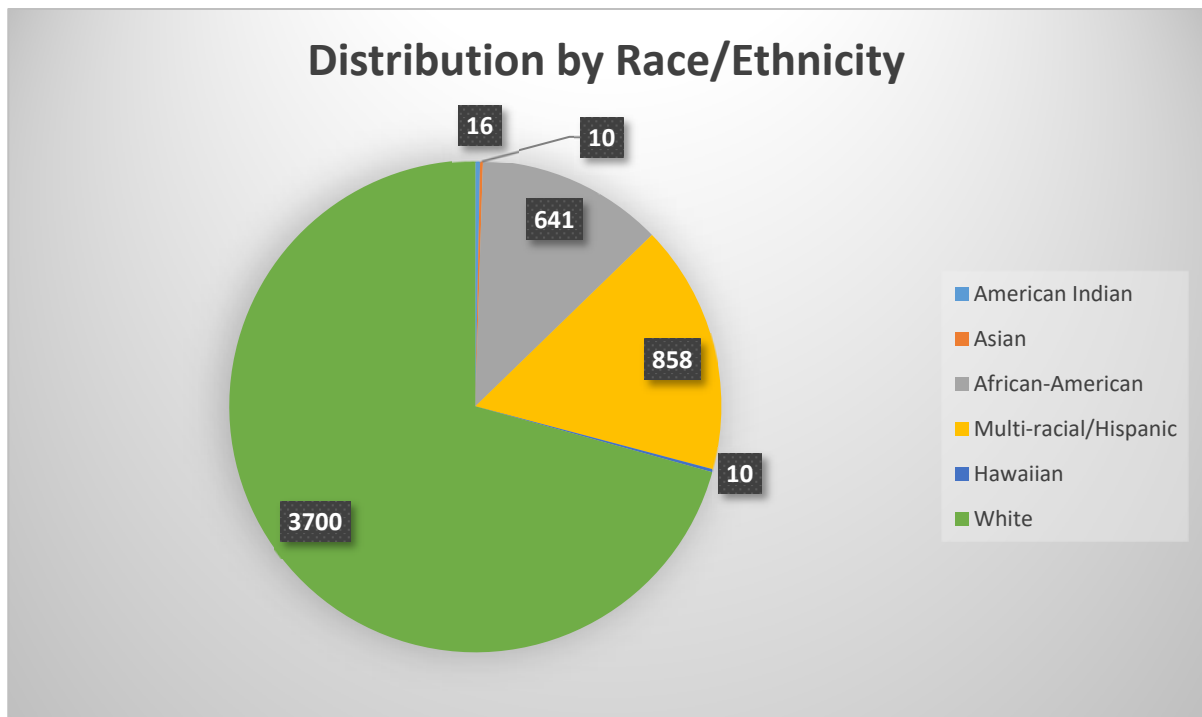
JASA admission records noted that a total of 295 males and 24 females entered services among all the JASA programs across Tri-County.

2017 Adolsecent SA Admissions by Location



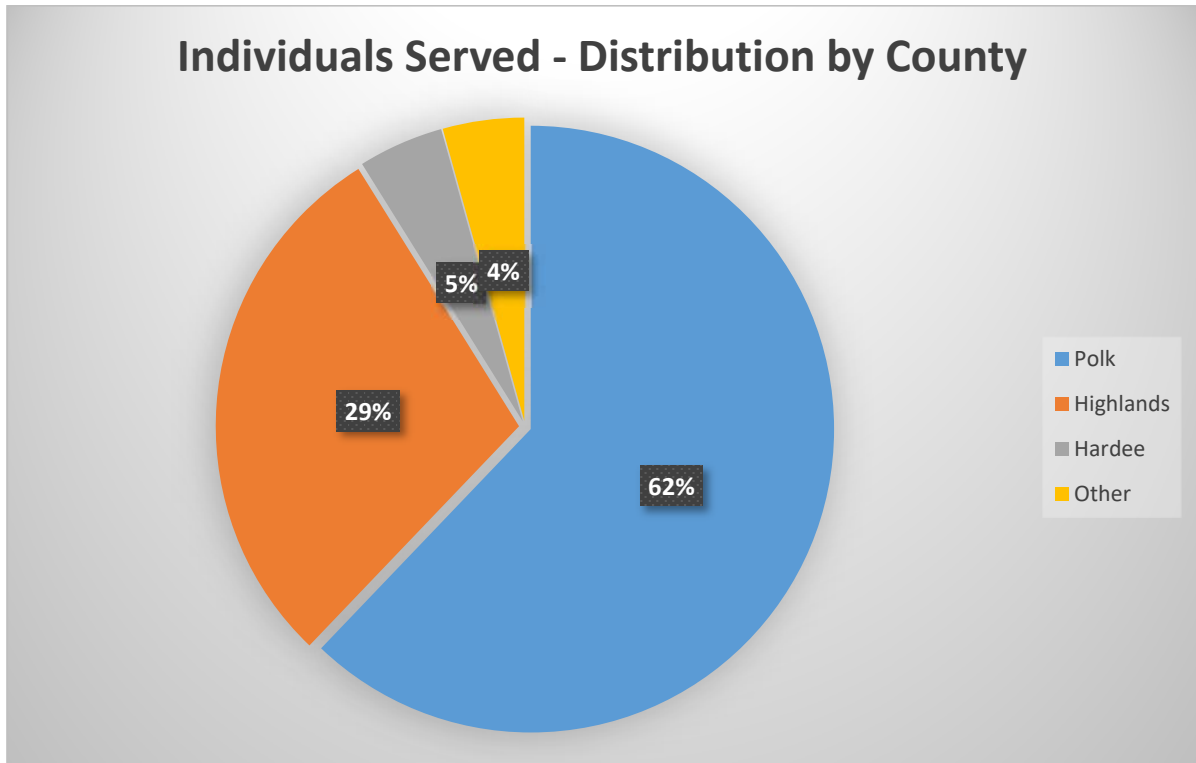
As noted in bar graph above, there was a total of 222 male and 94 female adolescents who entered treatment services throughout the agency.

Distribution by Race/Ethnicity



Based on 2017 data, 3700 white, 858 multi-racial/Hispanic, 641 African-American, 10 Asian, 16 American Indian, and 10 Hawaiian individuals were served among all Tri-County programs.

Individuals Served - Distribution by County

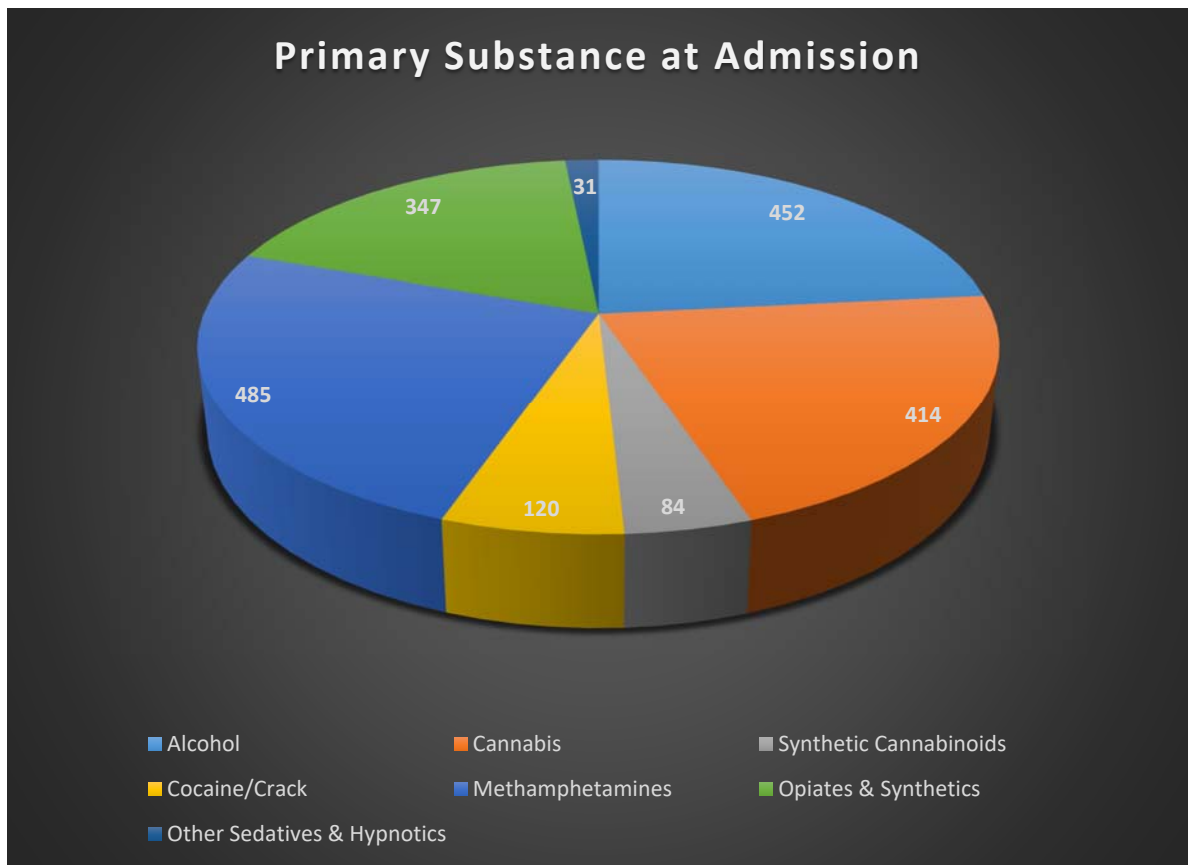


Polk County: 3253 served
Highlands County: 1517 served
Hardee County: 238 served
Other Counties: 227 served

As noted in pie chart graph above, there was a significant higher number of individuals served in Polk County (3253) compared to Highlands (1517), Hardee (238), and other counties (227) for treatment services.

Primary Diagnosis – Substance Abuse Admissions

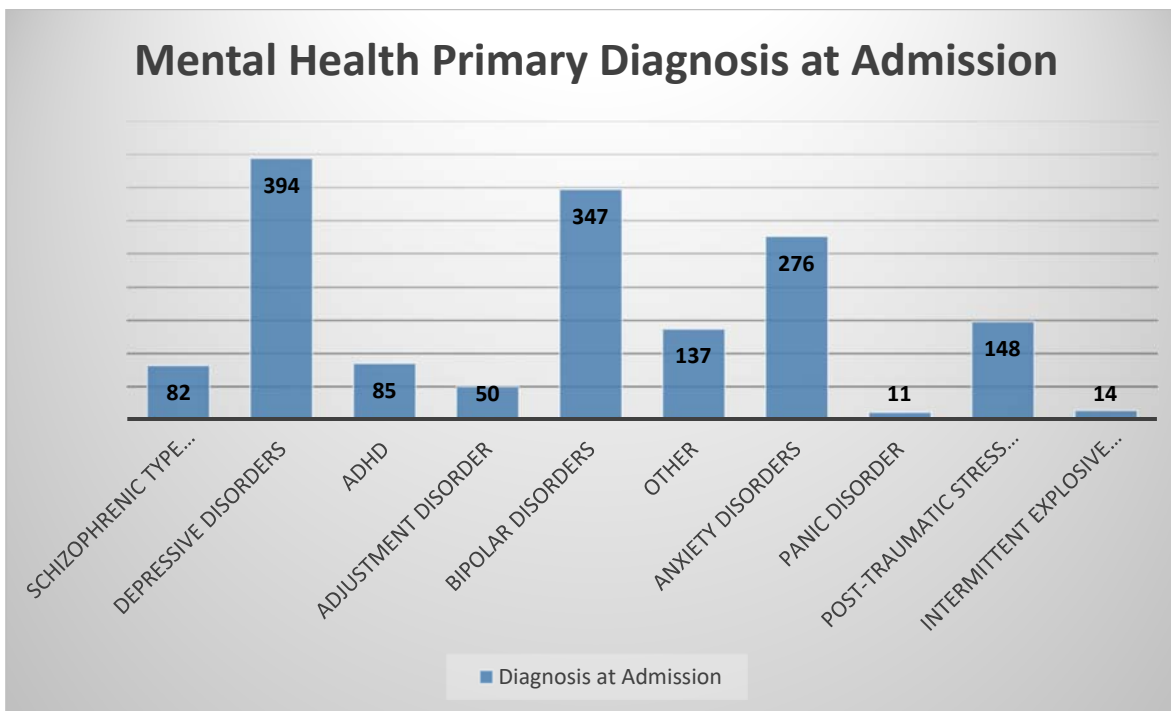
Alcohol	452
Cannabis	414
Synthetic Cannabinoids	84
Cocaine/Crack	120
Methamphetamines	485
Opiates & Synthetics (including Oxycodone & Heroin)	347
Other Sedatives & Hypnotics	31



As reflected in the data above regarding substance use at admission, the highest three substances reportedly being used at admission were Methamphetamines (485 individuals), Alcohol (452), and Cannabis (414).

Primary Diagnosis – Mental Health Admissions

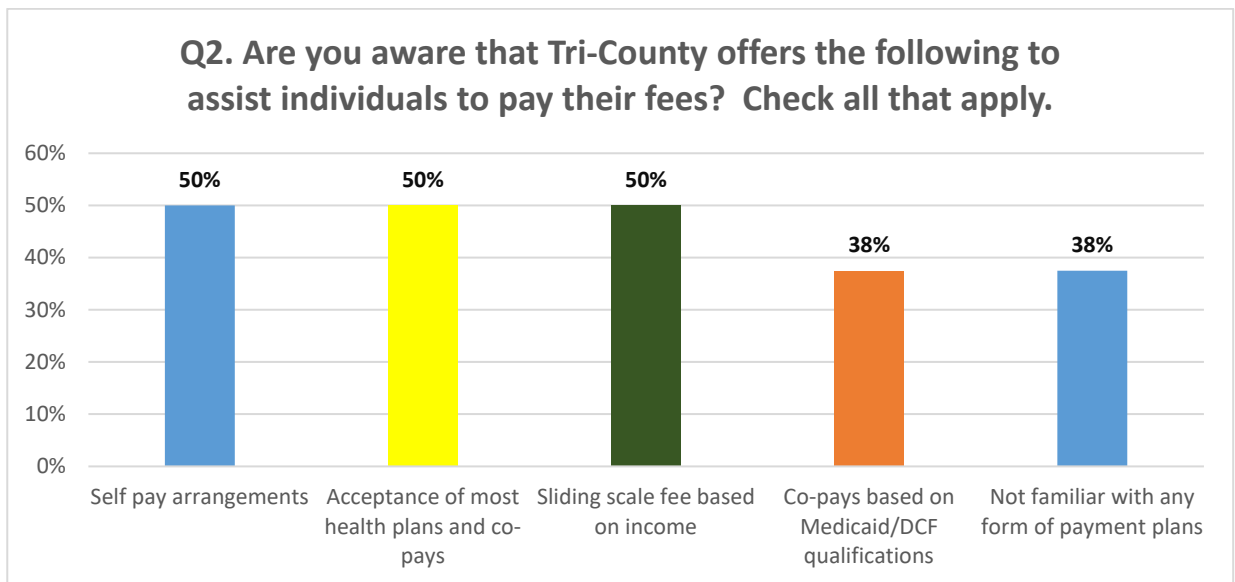
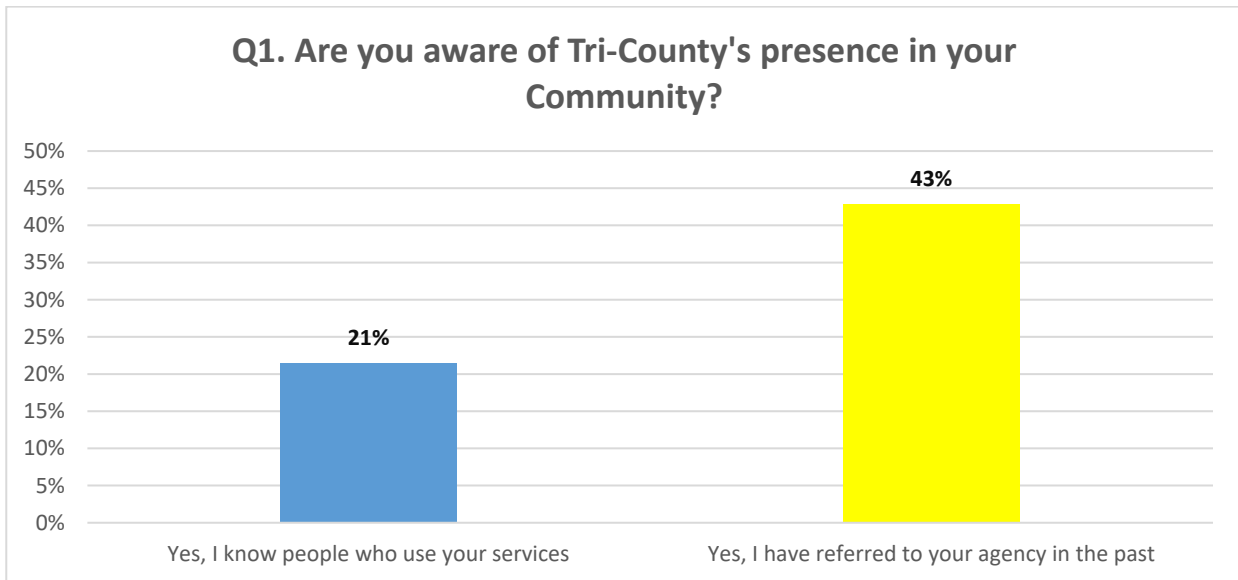
Schizophrenic Type Disorders	82
Depressive Disorders	394
ADHD	85
Adjustment Disorder	50
Bipolar Disorders	347
Other	137
Anxiety Disorders	276
Panic Disorder	11
Post-Traumatic Stress Disorder	148
Intermittent Explosive Disorder	14



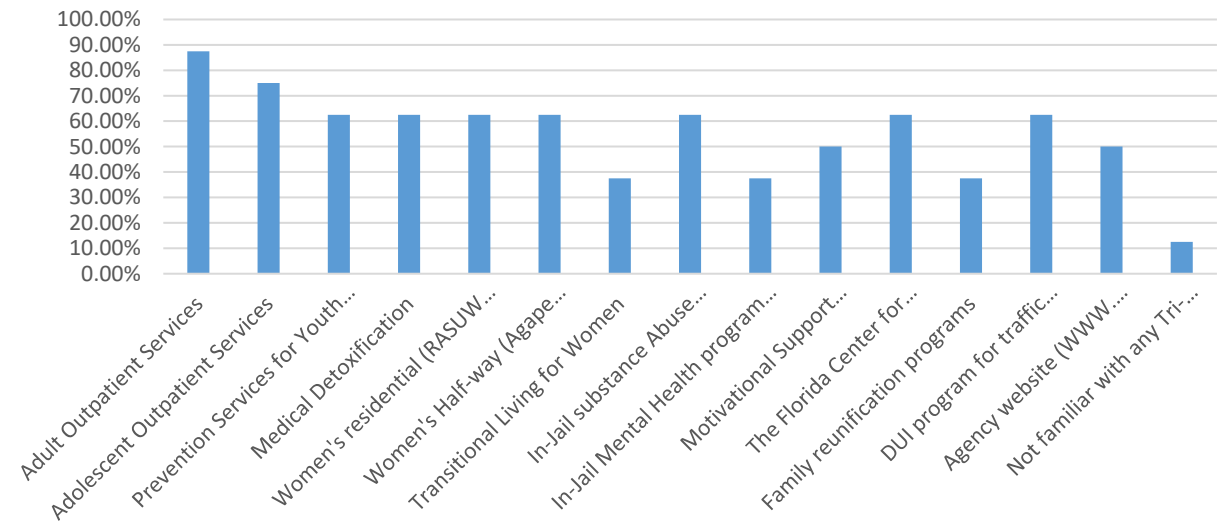
According to 2017 data noted above, the top presenting mental health diagnosis categories at admission were Depressive Disorders (394), various Bipolar Disorders (347), various Anxiety Disorders (276), and Post-traumatic Stress Disorder (148).

Community Assessment Surveys of the Agency:

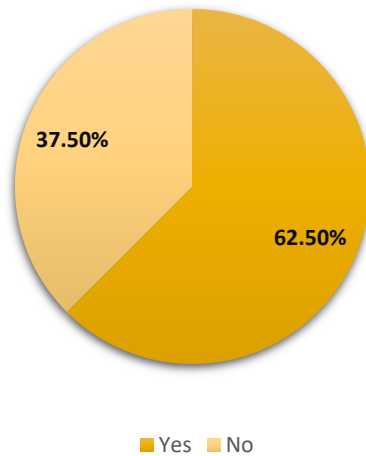
The information in this section over the next 7 graphs below reflects information received from Tri-County's annual community assessment that was completed recently. Survey responses were received from a variety of individuals and entities among the communities in Polk, Hardee, and Highlands Counties.



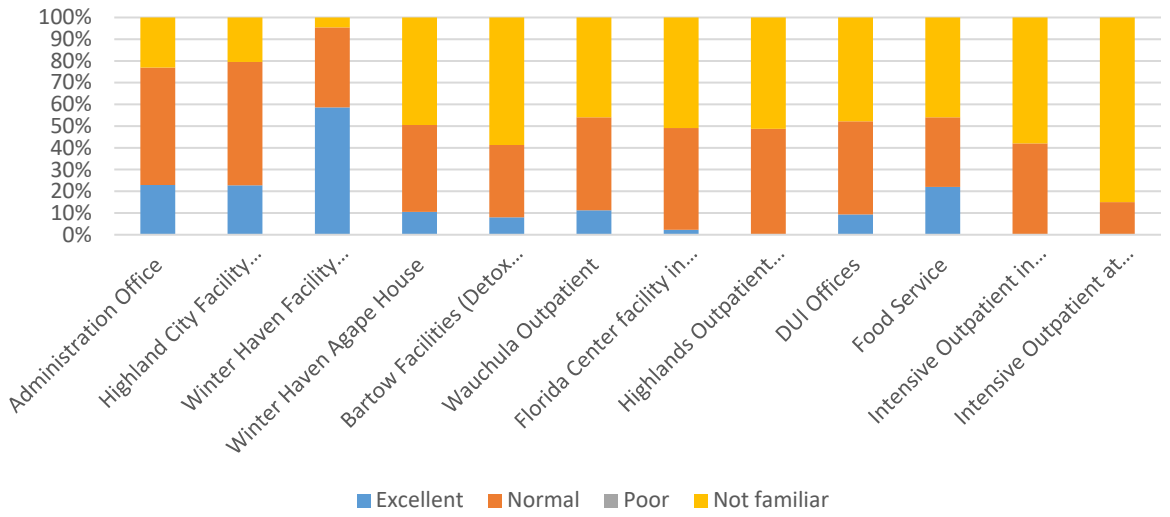
Q3. Please indicate all the available programs that you are aware that Tri-County offers to individuals in the community.



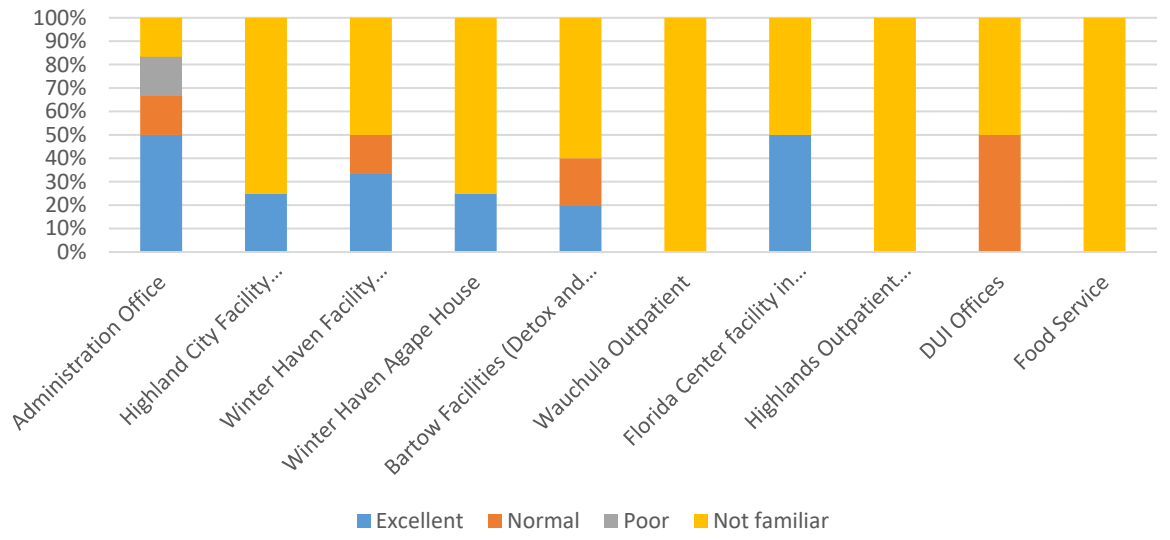
Q4. Are you aware that Tri-County partners with faith based and other community partners for program enhancement?



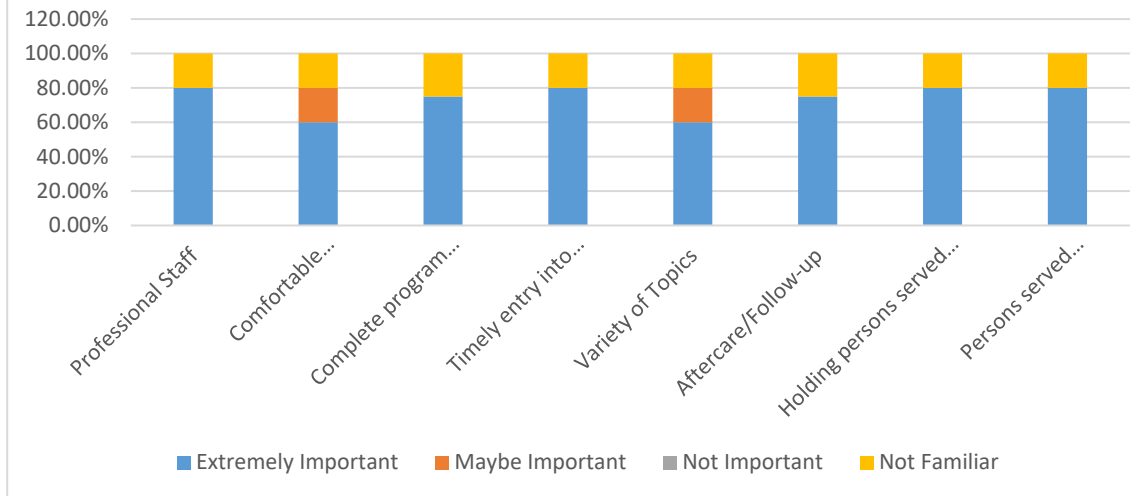
Q5. Comments on the physical appearance of each facility of Tri-County



Q6. Comments on the professionalism of staff and ease of admission at each Tri-County location



Q7. Please grade what you feel are important in offering a complete program in combating the stigma of substance abuse or mental health



Performance Outcomes for 2017

**FY 16/17 Ending June 30, 2017 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	90%	94.25%
b.	Average annual days worked for pay for adults with severe and persistent mental illness	40	122
c.	Percent of adults in mental health crisis who live in stable housing environment	86%	100%
d.	Percent of adults with serious mental illness who are competitively employed	24%	58.39%
e.	Percent of adults in forensic involvement who live in stable housing environment	67%	88%
Children's Mental Health			
a.	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	100%
b.	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	80.49%
c.	Percent of school days seriously emotionally disturbed (SED) children attended	86%	91.47%
d.	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	98.44%
e.	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	81.37%
Adult Substance Abuse			
a.	Percent of adults who successfully complete substance abuse treatment services	51%	56.23%
b.	Percentage change in clients who are employed from admission to discharge	10%	38.55%
c.	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	98.34%

d.	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. *Negative total number meets/exceeds the target percentage.	15%	-60.96%
Children's Substance Abuse			
a.	Percent of children who successfully complete substance abuse treatment services	48%	63.36%
b.	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. *Negative total number meets/exceeds the target percentage.	20%	-62.96%
c.	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	93%	100%

These numbers indicated that Tri-County is meeting and exceeding performance measures in 2017.

FY 16/17 Ending June 30, 2017 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 Served in Residential Care	5	13
b.	Number of Adults Served in Outpatient Care	878	946
c.	Number of Adults Served in Outreach, Crisis Support/Emergency, and Information & Referral	12,900	14,615
Children's Mental Health			
a.	Number of Children Served in Outpatient Care	131	230
Adult Substance Abuse			
a.	Number of Adults Served in all Substance Abuse Treatment Programs	3,522	3,984
b.	Number of Adults Served in Crisis/Support Emergency	75	715
c.	Number of Adults Served in Outreach	19,162	18,200
Children's Substance Abuse			
a.	Number of Children Served in Residential Care	7	7
b.	Number of Children Served in Outpatient Care	355	311

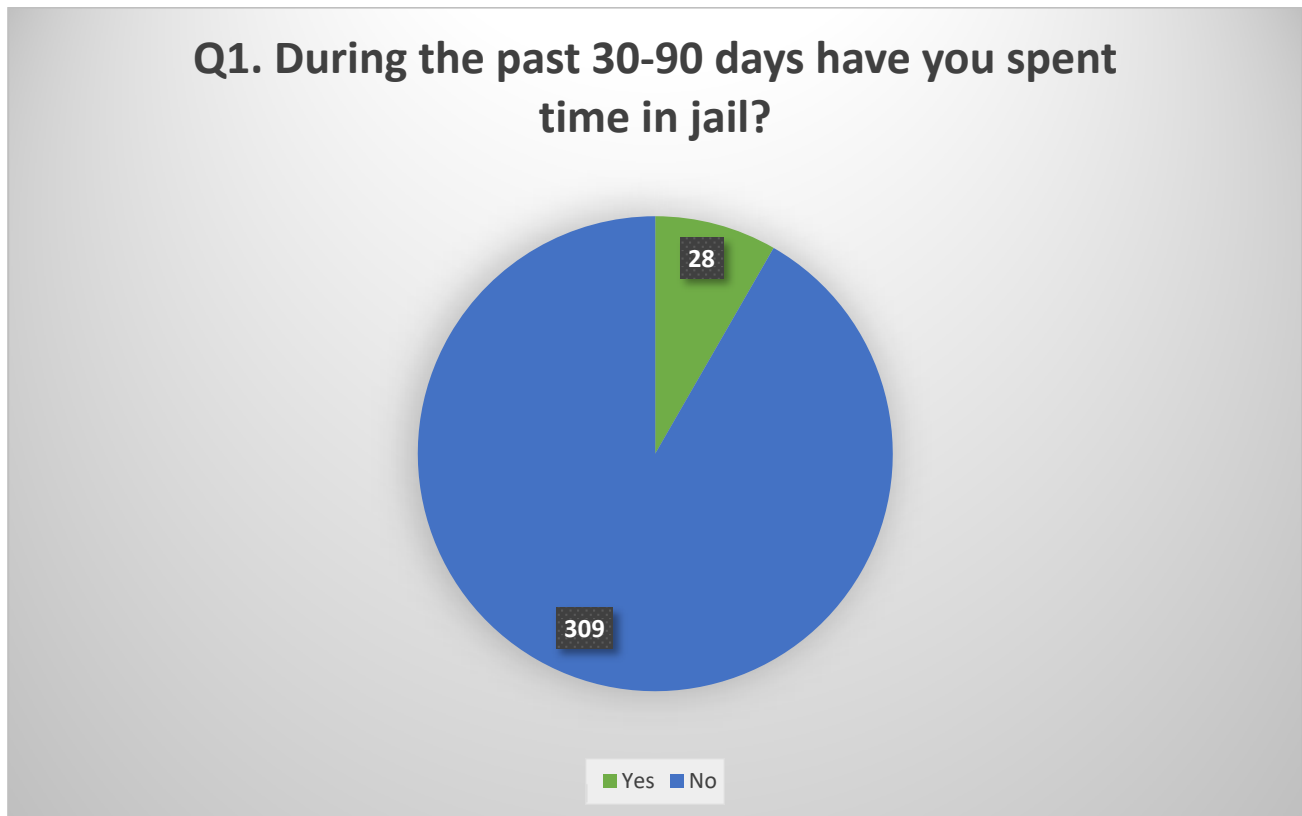
The numbers served noted above account for not only individuals served in direct treatment services, but also numbers of individuals seen for crisis mental health walk-in's as well as various outreach services throughout the agency. These are unduplicated numbers in each category for the fiscal year 2016-2017.

90-Day Follow-up Surveys

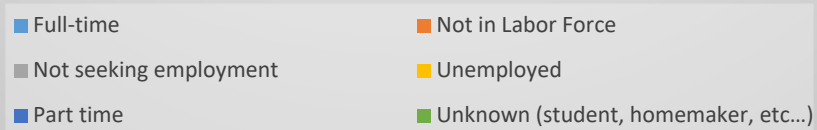
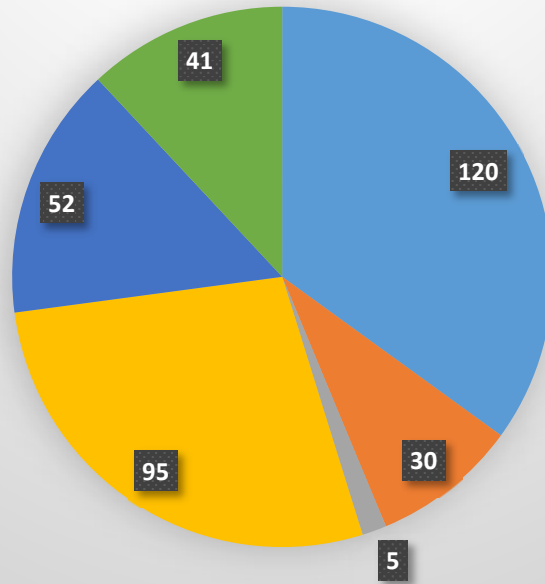
Each year TCHS surveys all available persons served for follow-up after they have been discharged for 90 days. This survey is part of the contract requirement of DCF and an indicator of the success of the person served after they leave the agency.

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. In 2017, TCHS made between 600-700 attempted contacts with the person served who were at the 90-day follow up benchmark. Also, during 2017, we moved the data collection of these surveys to a more automated system in order for the survey data to be extracted more efficiently.

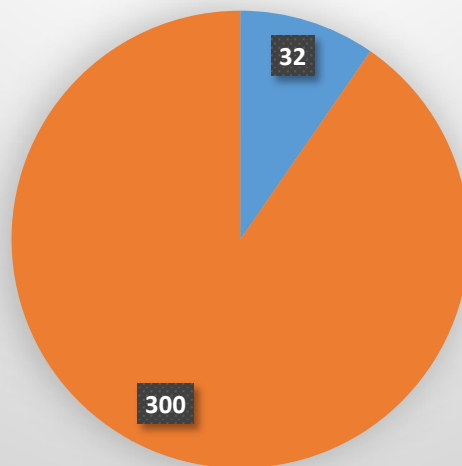
Data expressed below in graphic form identifies some key information (employment status, re-incarceration rates, substance relapse, and feedback on services received) as well as feedback we received as a result from the contacts made during survey calls.



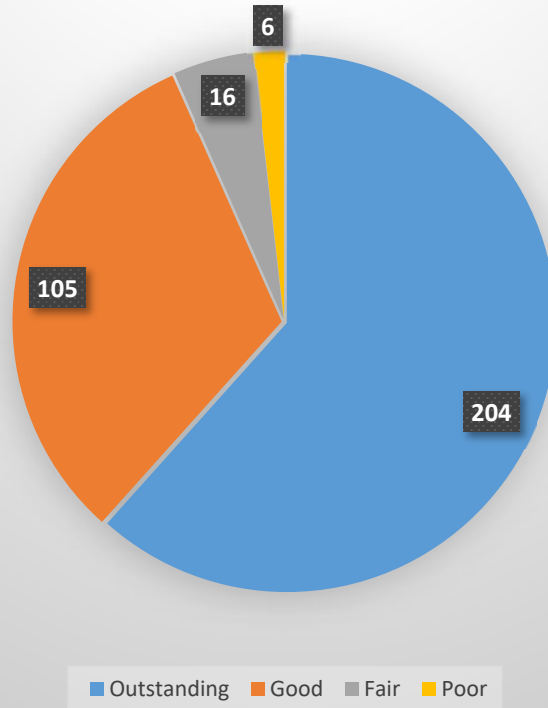
Q2. Current employment status at time of survey



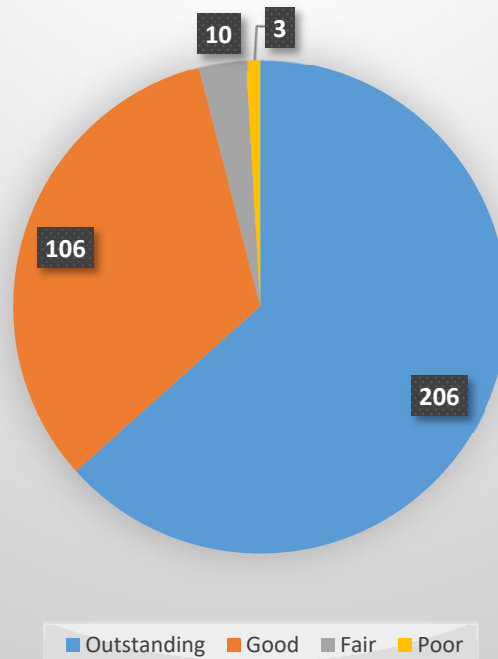
Q3. Have you used alcohol or drugs during the last 30 days?



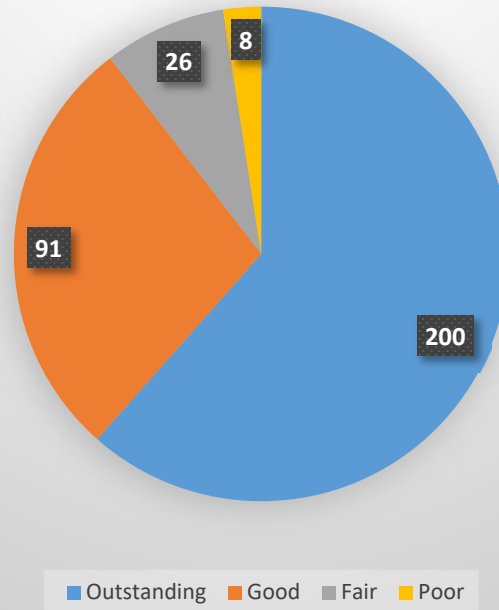
Q4. I felt comfortable with my counselor



Q5. I was treated by all staff in a considerate manner



Q6. There has been a positive change in my life



Driving Under the Influence (DUI) Program Demographics January 1 – December 31, 2017

DUI Enrollments Polk County

Program	Male	Female	Total
Level 1	474	171	645
Level 2	250	53	303
All DUI's	724	224	948

DUI Enrollments Hardee & Highlands

Program	Male	Female	Total
Level 1	54	19	73
Level 2	36	9	45
All DUI's	90	28	118

All DUI Enrollments

Program	Male	Female	Total
Level 1	528	190	718
Level 2	286	62	348
All DUI's	814	252	1066

1. 65% of the male DUI offenders were Level 1 and 35% were Level 2 or repeat offenders.
2. 75% of the female DUI offenders were Level 1 and 25% were Level 2 or repeat offenders.
3. 67% of all DUI offenders enrolled were Level 1 and 33% were Level 2 or repeat offenders.
4. Of all Level 1 DUI offenders enrolled 74% were male and 26% were female.
5. Of all Level 2 DUI offenders enrolled 82% were male and 18% were female.

2012 - 2017 Comparison of:
 Driving Under the Influence (DUI) - Special Supervision Services (SSS) - Ignition Interlock Device (IID)
 New Enrollments and Monitoring Appointments

Driving Under The Influence (DUI) – Registration, Assessment, and classes for the DUI Offender.
 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	DUI New	SSS New	SSS Updates	IID New	IID Updates	Total New
2012	1,409	67	958	92	198	1,568
2013	1,369	50	1127	102	282	1,521
2014	1,008	40	1,116	108	282	1,156
2015	1,023	52	1,095	117	359	1192
2016	1,051	49	1,107	99	332	1,199
2017	1,066	31	1,178	90	350	1,187

DUI Program Summary

DUI/SSS/IID enrollment numbers continues to remain fairly stable for the past 4 years. DUI enrollments have increased slightly in 2015, 2016 and 2017. SSS and IID enrollments increased in 2015 and then decreased in the past two years. However, there has been a significant decrease from 2012 and 2013 which has not been regained.

We can only assume from our summaries that the decreases in the number of people enrolled in our DUI, SSS and IID programs are due in part to the success of our programs, the current economy and a decrease of arrests in our catchment area. In addition, many DUI offenders appear to continue to drive without a valid driver’s license and fail to attend or complete our programs. Any DUI offenders with higher Blood Alcohol Content or a Refusal or Level 2 offenders at the time of their arrest/conviction will have the added cost and driving restrictions of the Ignition Interlock Device (IID).

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

The re-organization of the Department of Highway Safety and Motor Vehicles (DHSMV) in 2013, and their continued efforts throughout the past 4 years have been very productive, regarding their support of DUI Programs.

Accessibility

TCHS continues to be totally accessible in all facilities for persons with disability. The DCF contract for 2017 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.

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.

Peer Reviews/Administrative Case Reviews

Peer reviews are conducted monthly through our QAI committee. Through additional training and review with staff, the content and quality of peer reviews continues to improve. The QAI committee reviewed completed peer reviews and found them to be individualized and thorough in acknowledging the strengths and any deficits in the clinical documentation. Also, the peer reviews include a review of the urgent, emergent, and routine status of the admissions and assurance that staff properly responded according to contractual obligations. In addition to peer reviews, the clinical supervisors conduct quarterly case reviews for open and closed cases. These reviews look in depth at the clinical services rendered to the individual, appropriateness of treatment recommendations, clinical documentation, and discharge planning. The supervisors provided quarterly reports to QAI committee, which overall acknowledged sound and appropriate clinical services being conducted throughout the agency. In 2018, the committee is looking into incorporating additional data elements into the QAI process. This will be a mechanism to utilize valuable data to analyze clinical and administrative components as a means to identify trends and enhance agency-wide quality improvement.

Ineligible for Services Logs

These logs were reviewed monthly at the QAI Committee. A proper referral is made to accommodate these individuals who are deemed ineligible for services. 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.

The agency's overall average for 2017 was 3.72 on this 4.0 scale.



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. Overall, the agency's safety record is enhanced thru continued safety walk-thru's as well as the units completing monthly safety drills/walk-thru's. The monthly unit reports are submitted to compliance officer for review. The safety committee will be looking into ways to further improve the agency's safety drills and mainstream the monthly reports into an electronic system in 2018.

Incident Reporting

In 2017, there were 198 incidents reported to the agency through the unusual incident reporting system. Incident reports are completed due to injuries and medical only reports as well as suspected abuse/neglect, 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.

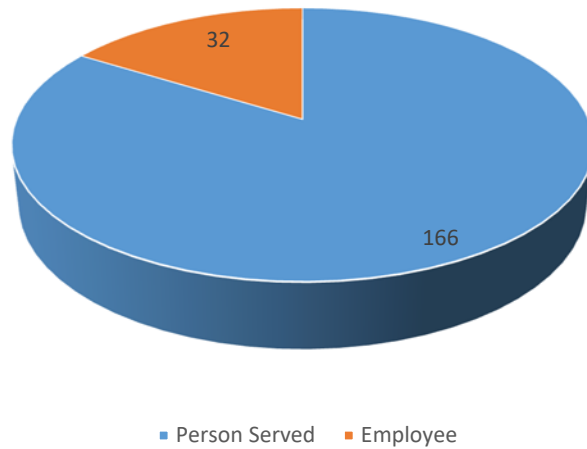
Analysis of the reports indicate that the residential programs reported the highest number of incidents for both the person served and the employee, with the largest categories of incidents in residential being illness and "other". This relates to the nature of a 24-7 presence of individuals at the residential units. Based on the individual incident reports by program, the category classified as "Other" is the single largest category reported. Examples of "Other" incidents include reportable law enforcement activity on premises, calling in suspected abuse and neglect to abuse hotline, theft, etc. The continued analysis of incident reports will occur during the

quarterly safety committee meetings. These reviews will be able to address any identified trends either by category of incident or location so proper follow-up and training can occur.

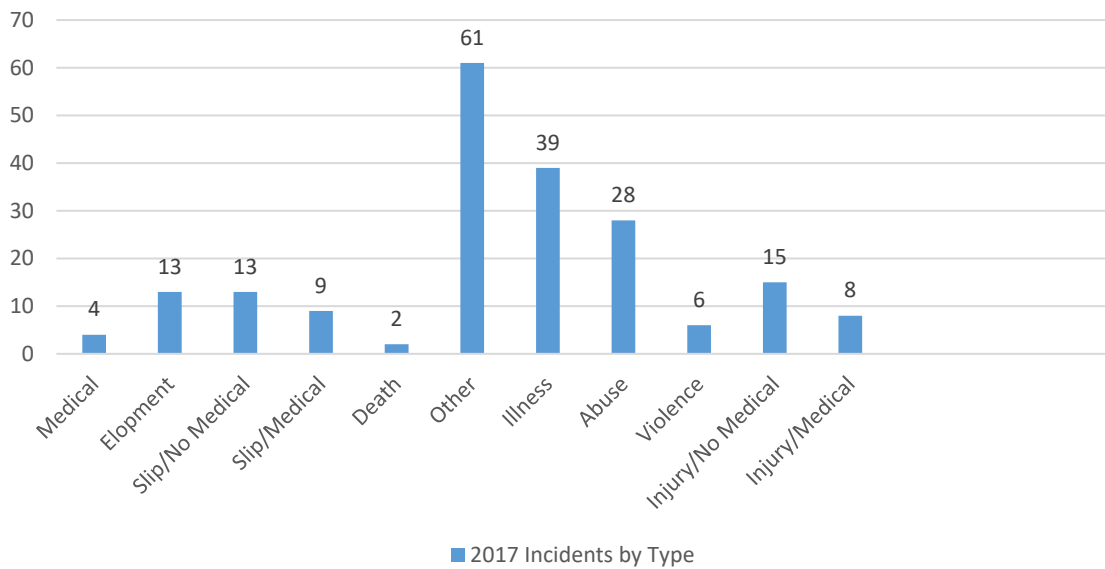
CFBHN data details the reported deaths for person served within 6-months of discharge. Deaths did not occur on the premises of any TCHS facility. TCHS has reported three (2) person served deaths in 2017.

We have continued quarterly safety walk-thru's of all TCHS facilities in addition to the monthly safety reviews each unit completes. These processes help identify any potential risk factors and have immediate attention to any issues.

2017 Total Incidents by Employee and Person Served



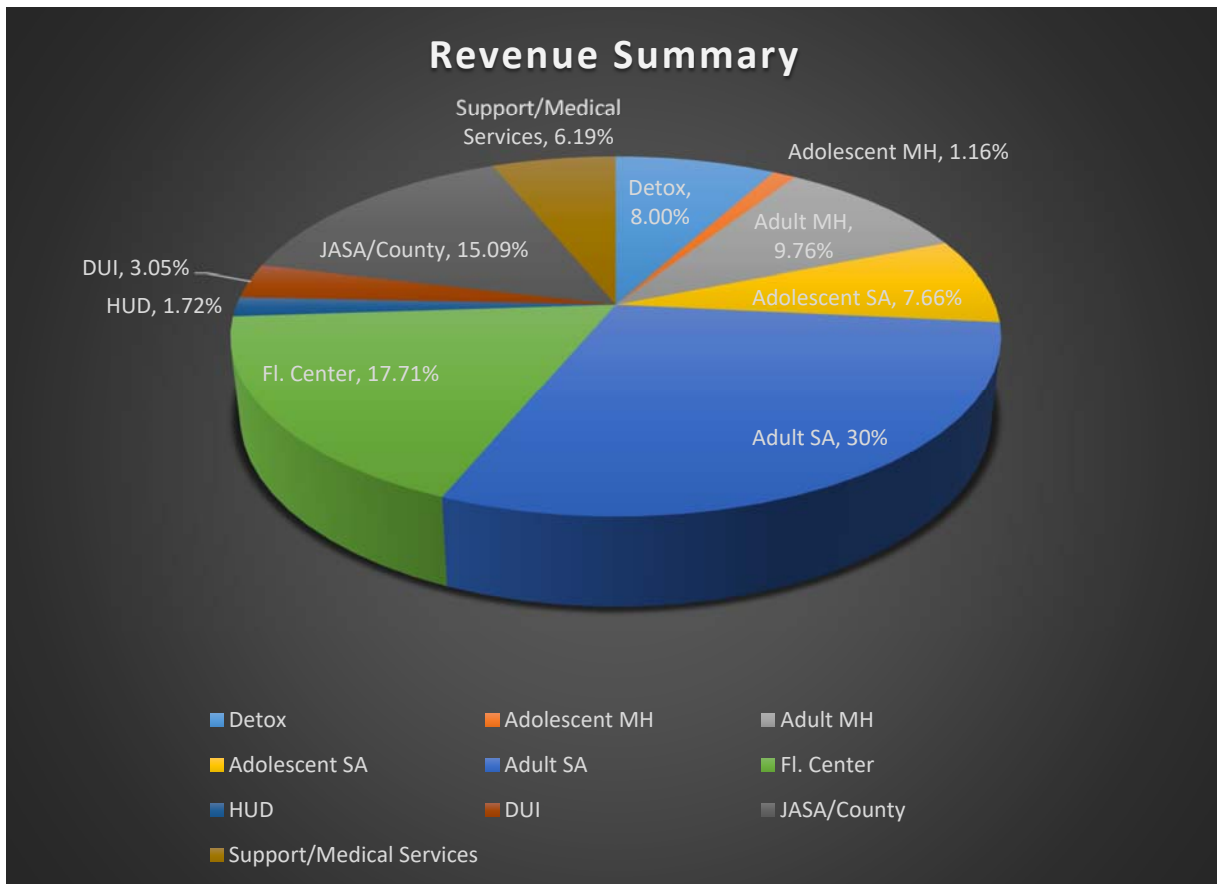
2017 Incidents by Type



2017 Fiscal Report

Actual revenue for fiscal year 2016/2017, ending fiscal year June 30, 2016. Funding from DCF, Polk, Hardee, and Highlands County's, CFBHN, United Way, Greater Lakeland Community Foundation and HUD

Program	Revenue
Detox	\$1,092,080
Florida Center	\$2,416,181
Adolescent MH	\$157,778
Adult MH	\$1,331,256
Adolescent SA	\$1,044,506
Adult SA	\$4,045,375
HUD	\$234,619
DUI	\$415,553
JASA and other county funded programs	\$2,058,581
Medical/support services	\$844,725
Total	\$13,640,654

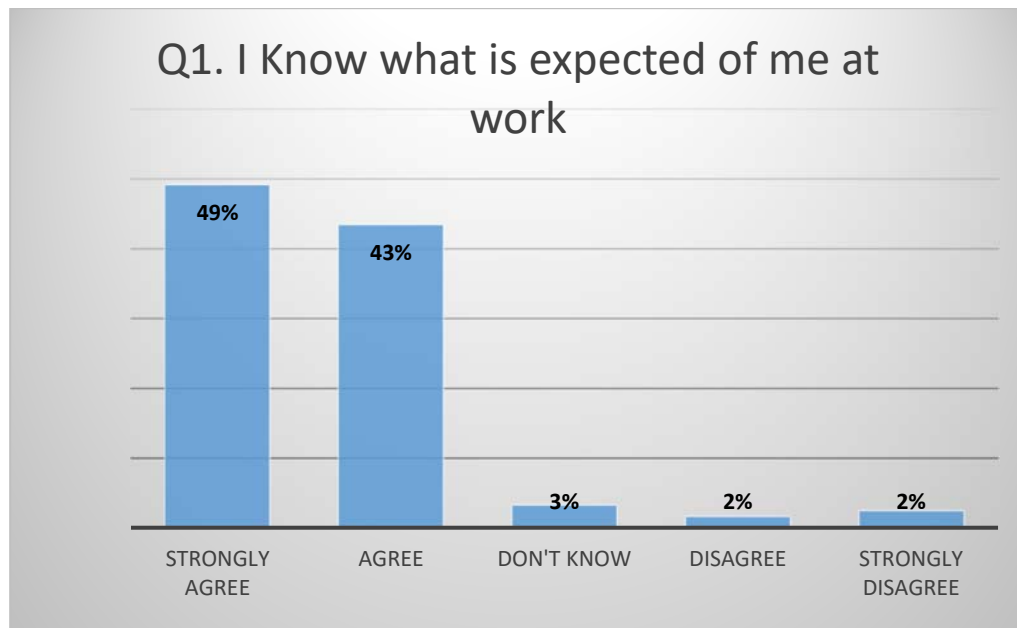


2016 Fiscal Report - Continued

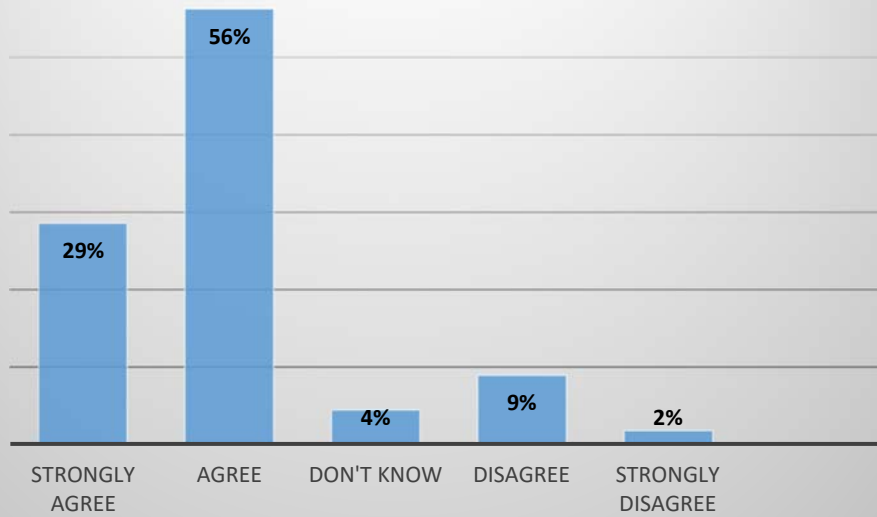
Agency financial support continues to be primarily from the Department of Children and Families (Central Florida Behavioral Health Network as the assigned Managing Entity) with additional support revenue made available via the Counties of Polk/Highlands/Hardee, DUI/DATE programs, United Way, and client fees. Revenues from TCHS Food Service, In-jail Medical Services, Psychiatric Medical Services, HUD renewals 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. The annual TCHS Audit completed by Baylis and Company PA, for FY 2016-17 provided notation of full conformance and compliance with no exceptions noted. Audit is available upon request.

Employee Relations

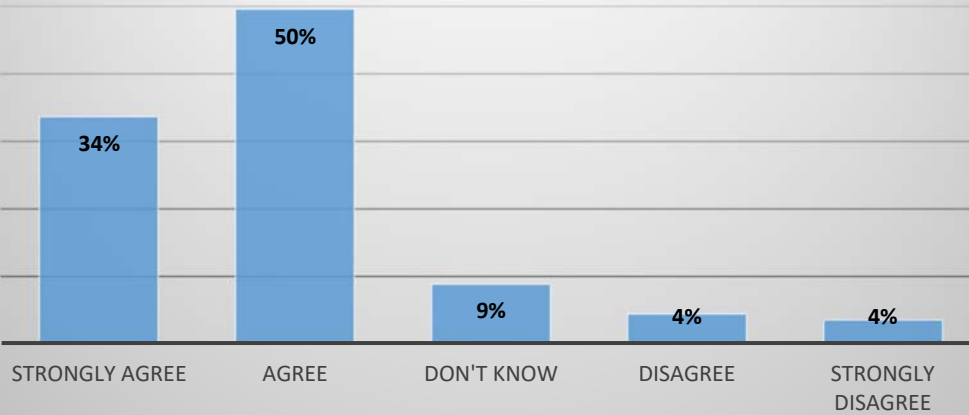
Below are the results of the most recent anonymous employee survey. These results indicate that employees continue to support the mission of the agency and the work we do with our persons served. The survey feedback is noted below in the following graphs:



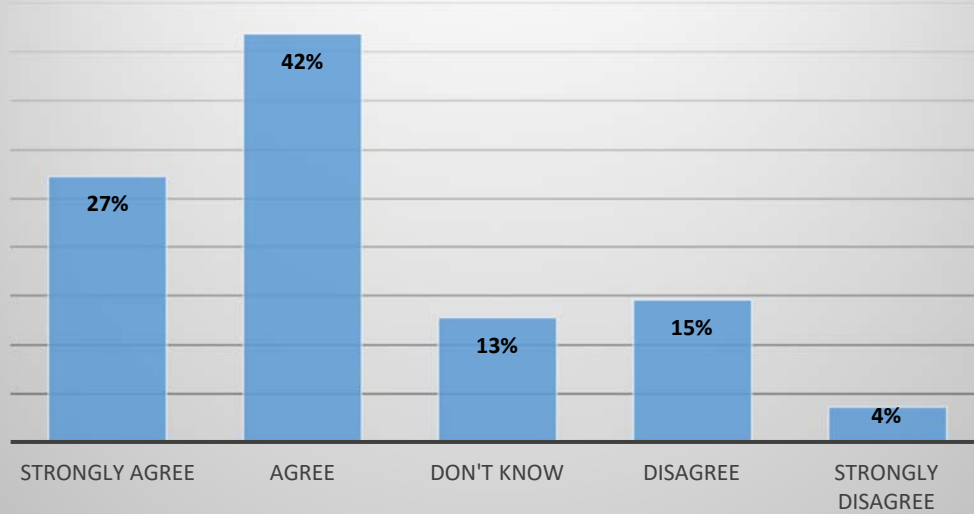
Q2. I have the materials and equipment I need to do my work properly



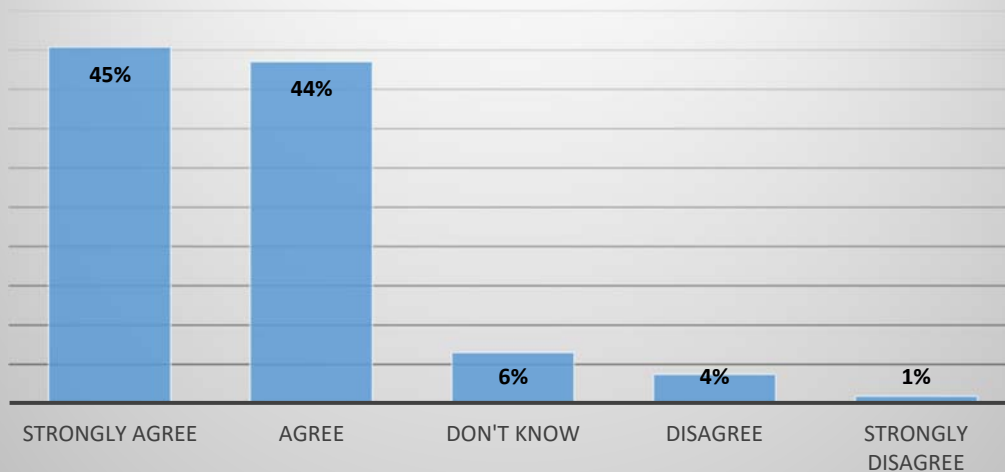
Q3. This last year I have had the opportunity at work to learn and grow.



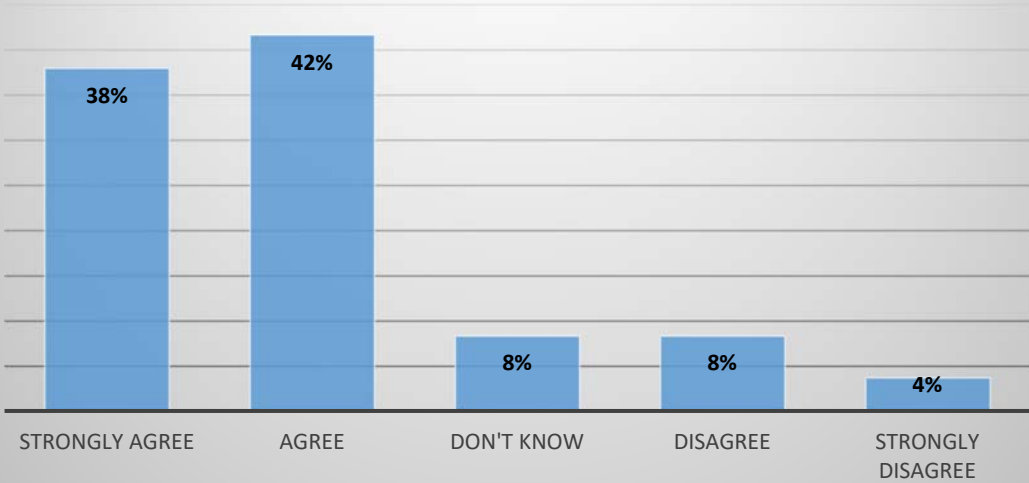
Q4. In the last thirty days I have received recognition or praise for good work.



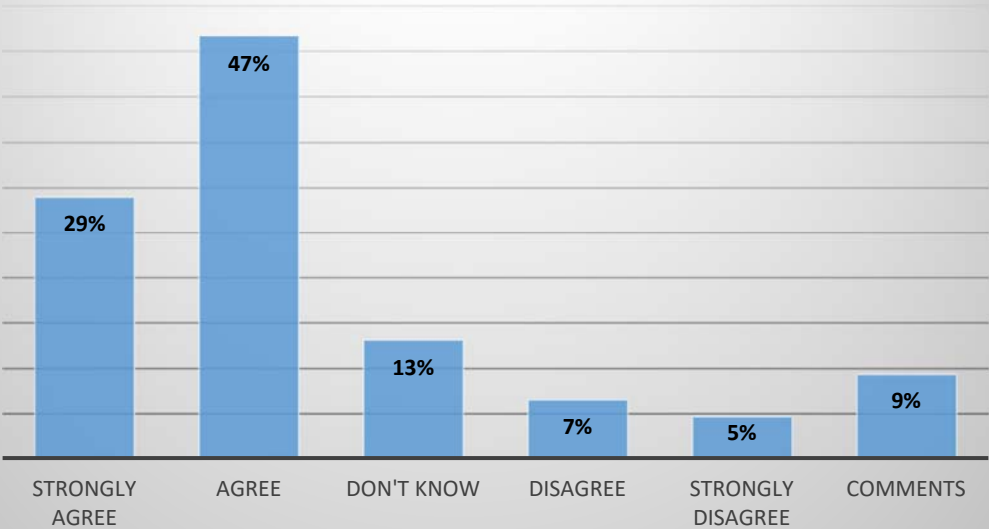
Q5. My supervisor or someone at work seems to care about me as a person.



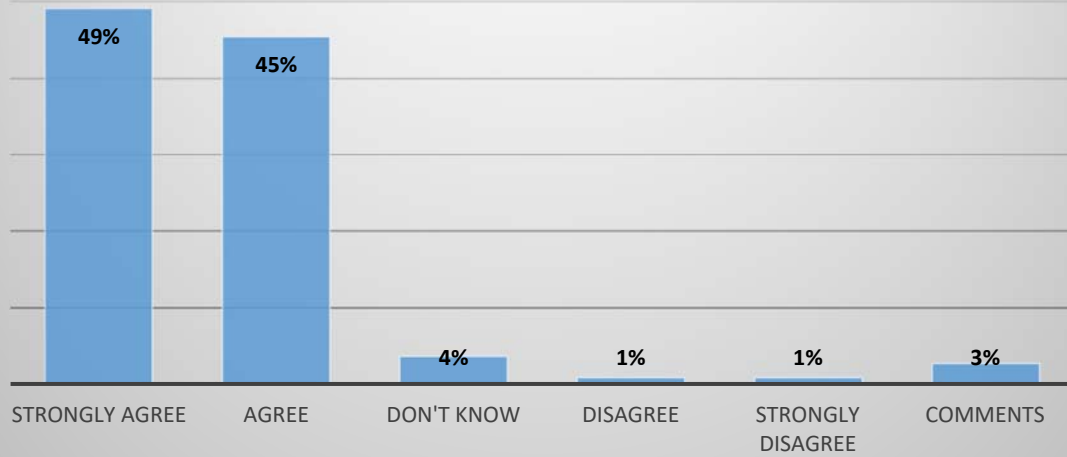
Q6. There is someone at work who encourages my development.



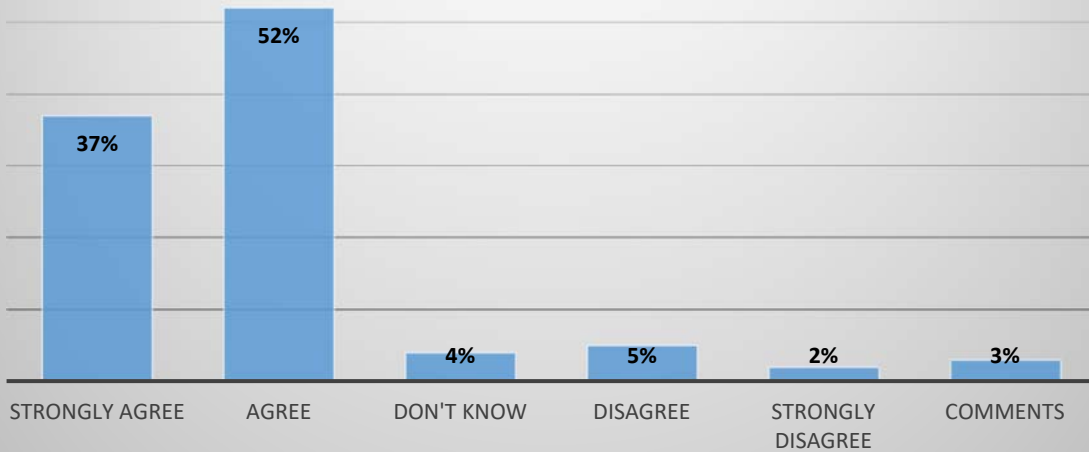
Q7. At work, my opinions seem to count.



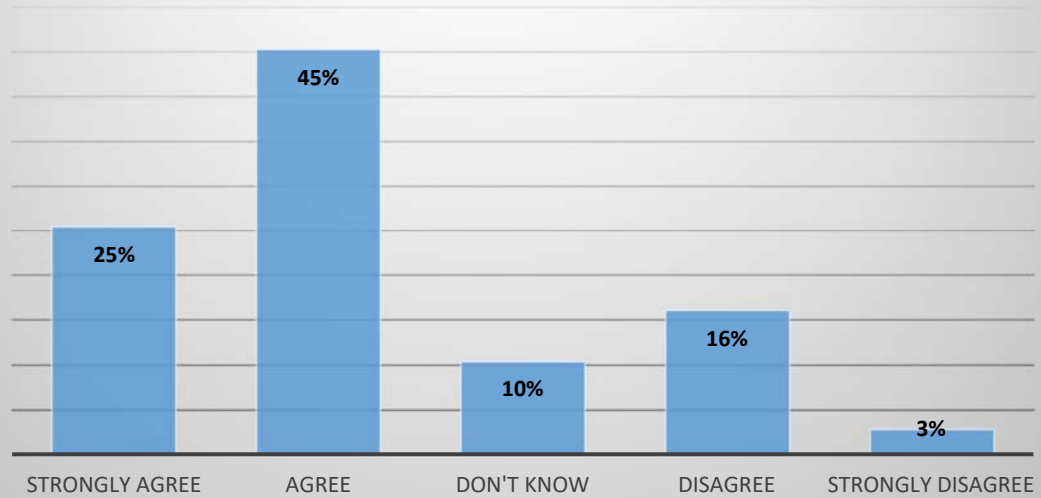
Q8. The mission or purpose of my company makes me feel like my work is important.



Q9. My co-workers are committed to doing quality work.



Q10. In the last six months I have talked with someone about my progress.



Respectfully submitted,

Robert C. Rihn, LCSW
Chief Executive Officer

Compiled and edited by,

Heather Kaufmann, LMHC
Director of Operational Compliance