**Behavioral Health Hub Annual Guide**

Behavioral Health Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**

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| **Annual Program Report Checklist**: |
| [ ]  Completed Enrolled Provider Skills Annual Reassessment Summary Report.  |
| [ ]  Completed Program Participant Satisfaction Summary Report and copies of completed  surveys. |
| [ ]  Completed Client Satisfaction Summary Report and copies of completed surveys. |

The checklist below includes additional items due with the Fourth Quarterly Report. Submit a copy of this completed guide using the provided nomenclature “BHH Annual Guide + year of submission + name of BHH. Example “BHH Annual Guide SFY 21-22 USF.”

Copies of Templates listed below can be found at: <https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/title-5-program/Behavioral-Health-Services/index.html>. Please make sure you have the most up to date versions before completing, then submit with your Fourth Quarterly Reports using appropriate nomenclature.

**Additional Information**

Please complete the text boxes below based on your experience from the past year. Responses may be brief and there are not required character limits.

1. Briefly list any key learning from the past year that you would like to share with the Collaborative.

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| **Key Learning** |
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1. Briefly list any challenges or barriers to sustainability from the past year that you would like to share with the Collaborative.

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| **Challenges** |
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1. Share any additional data collected and trends or themes identified in the past year.

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| **Data Points** |
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1. Based on the above what are your recommendations for the future.

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| **Recommendations** |
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**END**