



FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH PLAN

**TRIENNIAL STATE AND REGIONAL MASTER PLAN
FISCAL YEARS 2019-2022**

Department of Children and Families
Office of Substance Abuse and Mental Health

May 30, 2019

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I. Introduction

The Office of Substance Abuse and Mental Health (SAMH) is housed within the Florida Department of Children and Families (Department) and serves as the single state agency for the provision of mental health and substance use disorder prevention, treatment and recovery services. The Department contracts with seven Managing Entities¹ to manage the statewide delivery of Department-funded behavioral health care through a network of local service providers. SAMH's organizational structure and a map of the Managing Entities and their service areas are provided in Appendix 1.

Pursuant to s. 394.75, F.S., the Department is responsible for developing a triennial state master plan for the delivery and financing of a system of publicly funded, community-based substance abuse and mental health services throughout the state. This plan outlines the statewide priorities, as well as region specific goals based on identified needs, trends, and conditions. As part of SAMH's planning process, each of the Department's six regions develop a comprehensive regional plan with local stakeholder participation, which aligns state and local level priorities and initiatives. The regional plans describe the local behavioral health delivery system, service needs and resources available to meet those needs, and the total funds available through the Department for mental health and substance abuse services. These plans are provided in Appendix 2.

For behavioral health care to be more effective and attain greater return on investment, Florida must shift from an acute care model of service delivery to a recovery model, offering an array of services and supports to meet an individual's and family's pathway to recovery and wellness. To that end, SAMH's overarching goal is to transform behavioral healthcare in Florida into a *Recovery-Oriented System of Care (ROSC)*. A ROSC is a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery. As local entities, ROSCs implement the guiding principles of recovery orientation while reflecting the unique variations in each community's vision, institutions, resources, and priorities. Behavioral health systems and communities form ROSCs to:

- Promote good quality of life, community health, and wellness for all;
- Prevent the development of behavioral health conditions;
- Intervene earlier in the progression of illnesses;
- Reduce the harm caused by substance use disorders and mental health conditions on individuals, families, and communities; and
- Provide the resources to assist people with behavioral health conditions to achieve and sustain their wellness and build meaningful lives for themselves in their communities.

This plan describes four key strategic initiatives to address system challenges and support the overall goal of shifting focus from crisis care to ongoing recovery management. It is important to note that this plan is intended to evolve over time based on changing needs. The strategic initiatives include:

1. Community-Based Health Promotion and Prevention;
2. Access to Quality, Recovery-Oriented Systems of Care;
3. State Mental Health Treatment Facility Improvements; and
4. Information Management.

¹ Per s. 394.9082, F.S., "Managing entity" means a corporation selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care.

II. The Vision – A Recovery Oriented System of Care

CORE ROSC PRINCIPLES

- Strength-based approaches that promote hope
- Anchored in the community
- Person- and family-directed
- Supportive of multiple pathways toward recovery
- Based on family inclusion and peer culture, support, and leadership
- Individualized approaches that are holistic, culturally competent, and trauma informed
- Focused on the needs, safety, and resilience of children and adolescents
- Approaches that encourage choice
- Grounded in partnership and transparency
- Focused on supporting people with creating a meaningful, fulfilling life in their community

In May 2015, stakeholders from across Florida gathered in Tallahassee to create a shared vision to shape the future of Florida’s behavioral health care and build a solid foundation for sustainable, statewide resiliency and recovery-based transformation through conceptual alignment of ROSC principles and values. Then in April 2016, Senate Bill 12 was signed into law which explicitly added language stating that the legislature expects the state’s behavioral health services to be based on recovery-oriented principles. The Department began hosting ROSC summits in 2016 and across the state participants felt that building ROSCs in Florida was not only beneficial, but necessary. Participants believed that ROSCs would increase access to services and resources, use funding more efficiently, create a structure for implementing person-centered services, improve care coordination and continuity of care, and improve outcomes for individuals, families, and communities. The following vision was developed for Florida’s ROSC transformation:



FLORIDA’S VISION

ESTABLISH AN INTEGRATED, VALUES-BASED RECOVERY ORIENTED SYSTEM OF CARE WHERE RECOVERY IS EXPECTED AND ACHIEVED THROUGH MEANINGFUL PARTNERSHIPS AND SHARED DECISION MAKING WITH INDIVIDUALS, COMMUNITIES AND SYSTEMS.

Implementing a ROSC framework across Florida allows the state to acknowledge and respect regional differences and priorities while ensuring that communities and systems deliver high-quality, evidence supported services based on a recovery-orientation. The state’s opioid crisis, for instance, shows significant variation by county, suggesting that localized, recovery-oriented responses may prove more effective than traditional crisis-management approaches. Historically, traditional approaches have focused on stabilizing people and helping them initiate their recovery process. Recovery-oriented approaches, in contrast, expand attention to include prevention and early intervention. They also connect people with substance use and mental health disorders to a range of clinical and nonclinical supports that help them initiate and sustain their own recovery and rebuild their life.

The Department has created six Recovery Oriented Quality Improvement Specialists (ROQIS) positions within regional SAMH offices which are funded through the State Opioid Response (SOR) grant. One of the required qualifications for the positions is lived experience with a behavioral health condition. These positions serve as key personnel in implementing the ROSC framework as well as evaluating fidelity to recovery practices in the current system of care. The Department contracted with the Florida Certification Board to develop standardized tools used by the ROQIS for use during on-site quality reviews with service providers to assess their level of recovery orientation. Seven site visits have been completed as of April 2019 (one in each Managing Entity area) which included facility reviews, employee interviews, persons served interviews, and medical record reviews. Preliminary analysis of recovery practices documented in medical record reviews shows that providers are scoring highest in the domain of strength-based planning (average score of 3.24 on a 5-point scale) and lowest in the domain of recovery focus (average score of 2.1 on a 5-point scale). With ongoing technical assistance and collaboration, the goal is for provider networks to operate at scores of 4 and above across all recovery domains. The Department is committed to reduce administrative burdens and align policies to promote the flexibility necessary to support this vision.

Strong partnerships and buy-in has been established with the Managing Entities. Each identified a lead to partner with regional Department positions on local community ROSC transformation, forming a cohort of *Change Agents* statewide. The purpose of these Change Agents is to increase the knowledge, skills, and competency of the regional workforce to better meet the needs and desires of individuals, families and communities through strategic and critical problem-solving. This includes expanding recovery support services provided by Recovery Peer Specialists. Since July 2017, the number of Certified Recovery Specialists has increased from 418 to 505, a 21 percent increase.

The Department's seven Managing Entities are making progress towards regional implementation of a recovery-oriented framework. Managing Entities have established ROSC-focused networks to increase community and stakeholder education on recovery practices and have seen an increase in key community provider buy-in for implementation. The Department supports these groups by offering technical assistance around topics such as implementation, recovery-framework structuring, facilitating community planning efforts, identifying priorities, and leveraging partnerships.

III. Stakeholder Input

The Department works collaboratively with key stakeholders to guide the provision of behavioral health services, identify priorities and opportunities for improvement, develop statewide plans and legislative budget requests, and inform changes in policy and practice. These stakeholders include, but are not limited to:

- Individuals in recovery and their families;
- Advocacy groups;
- The Substance Abuse and Mental Health Planning Council;
- Managing Entities and their network service providers;
- Provider associations; and
- State and local agencies serving people with behavioral health conditions.

The four strategic initiatives and their related goals and objectives included in this report were identified in part, based on input gathered from these key stakeholders through a variety of forums, such as:

- Stakeholder meetings;
- Consumer satisfaction surveys; and
- Substance Abuse and Mental Health Advocacy and Planning Council.

III.A. **STAKEHOLDER MEETINGS**

Over the past three years, the Department convened and participated in numerous stakeholder meetings to identify opportunities for improvement and guide the implementation of strategies to provide more effective behavioral health interventions in Florida. The outcome of these meetings is reflected in the goals and objectives of the SAMH strategic initiatives and meeting activities are summarized below.

Strategic Planning

At the state level, the Office of SAMH collaborates with several state agencies on behavioral health planning, monitoring, and quality improvement. This includes the Departments of Health, Corrections, Juvenile Justice, Education, Elder Affairs and the Agency for Health Care Administration. The SAMH Central Office also meets regularly with Managing Entities, network service providers, and their associations to ensure that strategic directions align and are supported by policy and funding. The Office of SAMH was represented on the Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Courts, the Palm Beach Sober Home Task Force, the Statewide Drug Policy Advisory Council, the State Health Improvement Plan Steering Committee, and many others. The main themes in terms of system improvements focus on access to and retention in care, effective recovery-oriented community services to reduce the need for higher levels of care, and increased care coordination and system navigation. For detailed information on local planning, please refer to Appendix 2 which contains regional plans.

System of Care

On March 26, 2018, Executive Order 18-81 went into effect, directing the Department to enhance collaboration with law enforcement offices in each Florida county to improve the coordination of behavioral health services for individuals in need and recommend a course of action that would address the identified contributing factors to the tragic school shooting at Marjory Stoneman Douglas High School.

In response, the Department convened quarterly local meetings with the Department of Juvenile Justice, Managing Entities, behavioral health service providers, school districts, law enforcement, and other stakeholders. Common themes of the regional meetings included the need to increase the certified peer specialist workforce in all behavioral health services; navigation to facilitate transition within and across systems, including warm hand-offs; informed consent across systems; a service array that is available after 5 p.m. and on the weekends to meet the needs of parents, families, and children, focusing on a recovery-oriented system of care to meet these needs; creation of threat assessment teams; provision of training for Mental Health First Aid; family engagement in services; and reducing stigma and cost associated with behavioral health services.

Opioid Crisis Response

A great deal of focus over the past several years has been on Florida's response to the opioid crisis. Due to its broad span of impact, there are ongoing efforts to coordinate strategies with a multitude of stakeholders. In May of 2017, leadership of the Departments of Children and Families, Health, and Law Enforcement held public opioid workshops in Palm Beach, Manatee, Orange, and Duval Counties. Community members shared the impact of opioids on their families and friends, including losing loved ones to an overdose. Following these workshops, an Executive Order declaring the opioid epidemic a public health emergency was signed directing the Department to immediately draw

down funds from the federal State Targeted Response to the Opioid Crisis grant and implement needed prevention, treatment and recovery services. Essential partners in this ongoing response include the Department of Health, Agency for Health Care Administration, Office of Child Welfare, Florida College of Emergency Room Physicians, law enforcement, hospitals, Managing Entities and their network providers, provider associations, universities, federally qualified health centers, peer organizations, and persons in recovery.

Information Management

The Department convened a team of Managing Entity and service provider representatives to develop and implement the Financial and Service Accountability Management System (FASAMS), SAMH’s new data system. The goal was to establish a uniform management information system with integrated data reporting capability to support at least six major management functions, including: service budgeting, service contracting, service needs assessment, service delivery, service payment, and service outcomes. The FASAMS deployment into the production environment became effective on January 1, 2019.

III.B. CONSUMER SATISFACTION SURVEYS

The SAMH Community Consumer Satisfaction Survey is based on a survey instrument for adults and children originally developed by the Mental Health Statistics Improvement Project, a Task Force sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the federal data requirements of the Consumer-Oriented Mental Health Report Card. The instrument assesses the perception of care of persons and families receiving services in seven major domains:

- General Satisfaction with Care
- Access to Care
- Appropriateness and Quality of Care
- Outcomes of Care
- Involvement in Treatment
- Social Connectedness
- Functional Satisfaction

Managing Entities are required to collect these surveys and report outcomes to the Department. In FY2017-18, the Department received results for 73,970 completed surveys from individuals served through community substance use and mental health services. That represents 23 percent of the total 316,299 individuals served. Overall, consumers responded the highest percentage of satisfaction in the domain of General Satisfaction with Care, and the lowest percentage of satisfaction in the domain of Functional Satisfaction, which assess the person’s satisfaction with their ability to function productively in society.²

III.C. MENTAL HEALTH AND SUBSTANCE ABUSE PLANNING COUNCIL

States that receive the federal Community Mental Health Block Grant (MHBG) are required to establish a planning council to perform the following functions:

- Review and make recommendations to the state regarding the block grant plan;
- Serve as advocates for individuals with mental health conditions; and
- Monitor, review and evaluate the allocation and adequacy of mental health services.

Florida’s Planning Council represents the voice of individuals in recovery and family members and has chosen to address both mental health and substance use, as many individuals have

² Office of Substance Abuse and Mental Health, FY17-18 SAMH Community Consumer Satisfaction Survey (SCCSS), 2018.

co-occurring needs that require an integrated treatment approach. Focus over the last several years is on implementing recovery-oriented practices throughout the system of care, including increasing the peer support workforce. Input provided by this Council is used to guide implementation of the block grants and identify priorities, including the strategic initiatives included in this plan.

IV. Strategic Initiatives

Pursuant to ss. 394.75(1)(d), F.S., this plan “*must identify strategies for meeting the treatment and support needs of children, adolescents, adults, and older adults who have, or are at risk of having, mental, emotional, or substance abuse problems*”. The Department’s strategic direction is described here, including the trends and conditions which shaped the goals and objectives.

IV.A. STRATEGIC INITIATIVE 1: COMMUNITY-BASED HEALTH PROMOTION AND PREVENTION

The Department is committed to preventing substance use disorders and promoting emotional health and wellness to improve the lives of families across Florida. Below is a brief overview of current issues and Department activities, followed by goals and specific strategies to further support the initiative.

Mental Health Promotion and Resilience

Resilience is the ability to recover from challenges and difficulties. People who are resilient can effectively cope with or adapt to, stress and adverse life situations. Wellbeing and resilience are essential in preventing and reducing the severity of mental health problems. Equipping children with coping skills and protective behavior can help them react positively to change and obstacles in life, allowing greater mental, social and academic success.³

Through the federal Project LAUNCH grant, the Department funded redesign of the Florida First 1000 Days website which can be accessed at: <http://first1000daysfl.org>. The site features information for parents, including the importance of screening and links to additional resources which teach parents easy steps for increasing social emotional and other developmental skills. As part of that grant, the Department also partnered with the Georgetown University Center for Child Development to bring an Infant/Early Childhood Mental Health Consultation Learning Collaborative to Florida professionals. Twenty consultants successfully completed the requirements of the Learning Collaborative. With the support of the Florida Association for Infant Mental Health (FAIMH), these consultants can continue monthly peer reflective sessions. With Project LAUNCH funding, FAIMH launched the Florida Infant Mental Health Endorsement (FIMH-E), licensed through the Michigan Infant Mental Health Endorsement System.

Primary Substance Use Prevention

[The Florida Youth Substance Abuse Survey \(FYSAS\)](#) assists in guiding state efforts to ensure that students, parents, and communities receive the tools they need to prevent alcohol, tobacco, and other drug use and related problem behaviors throughout the state. More than 54,000

³ BMC Psychol. 2018; 6: 30. Published online 2018 Jul 5: **Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs**, Amanda Fenwick-Smith, Emma E. Dahlberg, and Sandra C. Thompson

students in grades 6 through 12 and 686 schools (364 middle schools and 322 high schools) participated in the 2018 FYSAS survey. The Department has utilized FYSAS data to focus school-based primary prevention efforts in high-need communities throughout the state. Three key findings from the 2018 FYSAS report are highlighted below:

1. Between 2016 and 2018, Florida students reported reductions in use for almost all substance categories.
 - a. Past-30-day marijuana use dropped from 11.2% in 2016 to 10.9% in 2018.
 - b. Past-30-day use of *any illicit drug other than marijuana* dropped from 6.8% in 2016 to 5.8% in 2018.
 - c. Past-30-day alcohol use by middle school students dropped from 8.3% in 2016 to 7.3 % in 2018.
 - d. Past-30-day alcohol use by high school students dropped from 25.5% in 2016 to 21.2 % in 2018.
2. Students continue to report high-risk alcohol use. While overall alcohol use is down, high-risk drinking behavior is still too common, with recent binge drinking reported by one out of ten high school students and blacking out from drinking reported by nearly one out of seven in 2018.
3. The overlap between substance use and motor vehicle use remains a danger area for Florida high school students. In 2018, this included: riding with a drinking driver (14.3%), riding with a marijuana-using driver (22.9%), driving after drinking (4.4%), and driving after using marijuana (9.5%).

The Department will continue to fund substance use prevention activities statewide and work with providers and coalitions to increase evidence-based programs specific to the local target population. Prevention coalitions will continue to utilize the Department's Performance Based Prevention System to develop their prevention strategies specific to their local data trends and report their activities.

Infectious Disease Prevention

Florida is required to spend 5% of the Substance Abuse Block Grant (SABG) award on HIV Early Intervention Services (EIS). As of June 30, 2017, the Florida Department of Health estimates that there were 4,708 HIV cases diagnosed in Florida in 2015. Intravenous drug use was a suspected risk factor for transmission in 6.1% of these cases. Furthermore, there were 181 cases of co-occurring HIV and hepatitis C diagnosed in 2015. It is estimated that intravenous drug use was a risk factor for transmission in 47.6% of these cases. HIV and hepatitis C cases are increasing in many Florida counties as the crackdown on prescription drug diversion and abuse has contributed to an increase in the injection of opioids. In this context it is increasingly urgent for Florida to ensure that the HIV EIS set-aside funding is used in the most effective and efficient way possible.

In 2016, the Florida Department of Health documented 639 cases of tuberculosis (TB), representing an incidence rate of 3.2 cases per 100,000⁴. TB cases have declined by 23% since 2010. The following risk factors were identified among these cases:

- Excess alcohol use in the past year (11%)
- HIV co-infection (10%)
- Illicit drug use within the past year (7%)
- Homelessness (4.5%)⁵

It is important that people who have TB take medications exactly as prescribed and finish the course of treatment. If they stop taking the medication too soon, they can become sick and may spread the infection to other people. Furthermore, if they do not take the medicine correctly or receive incomplete treatment, the TB bacteria may develop resistance to those drugs and become harder and more expensive to treat. Fortunately, it is estimated that 99.4% of individuals with TB in Florida successfully complete treatment.⁶

The Department works with and supports the University of Miami needle exchange program as an effective harm reduction intervention to reduce the spread of HIV and Hepatitis C for individuals who inject drugs. Additionally, the Department continues to participate in the Department of Health's priority area workgroup on infectious diseases for the State Health Improvement Plan and the Corrections Infections Workgroup. In the future, the Department will collaborate with the Department of Health on an analysis of communities where untreated behavioral health disorders constitute a barrier to adherence to tuberculosis and HIV treatment and conduct an analysis of access to medication-assisted treatment among individuals with opioid use disorders who inject or who have tuberculosis or HIV. Recommendations regarding how to improve behavioral health treatment services for individuals who inject or individuals with tuberculosis or HIV will also be published. Prior research has already identified HIV-seropositivity, homelessness, alcohol use, lack of health insurance, and fear of opioid withdrawal (if hospitalized) as barriers to TB treatment that should be addressed.⁷

Suicide Prevention

According to the Florida Vital Statistics Annual Report 2017, Florida's total number of deaths due to suicide in 2017 was 3,187, which is a slight increase from 3,122 in 2016. Suicide was ranked as the eighth leading cause of death in Florida in 2017 with a suicide rate of 15.5 per 100,000 population.

Throughout this year the Statewide Office for Suicide Prevention (SOSP) and the Suicide Prevention Coordinating Council analyzed the impact of goal two from the Florida Suicide Prevention Plan 2016-2020; increasing public knowledge of suicide prevention. To determine

⁴ Florida Department of Health. (2017). *Florida TB Case Counts and Incidence Rates – Report 2016*. Retrieved from www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/index.html.

⁵ Florida Department of Health. (2017). Tuberculosis Morbidity, Florida 2016. Retrieved from www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/index.html.

⁶ Florida Department of Health. (2018). *Tuberculosis Patients Completing Therapy*. Retrieved from www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0152.

⁷ Deiss, R. G., Rodwell, T. C., & Garfein, R. S. (2009). Tuberculosis and Drug Use: Review and Update. *Clinical Infectious Diseases*, 48(1).

the type of suicide prevention related trainings conducted in the community and the number of individuals exposed to suicide prevention, the SOSOP asked stakeholders to complete the 2018 Suicide Prevention Activities form. The SOSOP analyzed the 39 forms received. From January to July 2018, 14,160 individuals were exposed to general information about suicide prevention. This is an increase from 6,687 individuals who were exposed to a suicide prevention activity in 2017. In total, 29,208 individuals were exposed to suicide prevention in 2018.

Overdose Prevention

Drug poisoning (overdose) is the leading cause of unintentional injury death in the United States. In 2017, more than 47,000 deaths in the U.S. were attributed to drug poisoning, and more than 47,000 of those involved opioids. The sharpest increase in overdose deaths occurred among deaths involving synthetic opioids, such as fentanyl, and were involved in nearly 30,000 drug poisoning deaths. In Florida, 4,729 deaths were caused by at least one opioid in 2017. A critical intervention to reduce opioid overdose deaths is increasing access to naloxone, the medication that reverses opioid overdose, among individuals at risk of experiencing an opioid overdose and their loved ones. People who use opioids and their loved ones are often the first responders at the scene of an overdose and can quickly and administer naloxone and call 911.

The Department initiated an Overdose Prevention Program in 2016 to help reduce overdose deaths throughout the state. Non-profit providers are eligible to enroll in the program once they have received training from the Department and agreed to distribute free take-home naloxone kits to those likely to experience an overdose and their loved ones. There are 75 providers currently enrolled in the program, ranging from substance use and mental health treatment providers, federally qualified health centers, hospital emergency departments, harm reduction providers, and other community-based organizations.

Since the start of the program, 97 trainings have been conducted educating an estimated 3,100 individuals on overdose recognition, response, and how to use naloxone. The Department is aware of over 1,800 lives that have been saved through overdose reversals. The Department also launched an Opioid Overdose Prevention Awareness Campaign in November of 2018 focused on increasing awareness of naloxone and how individuals can access the medication in Florida. The targeted audience for the campaign includes individuals at risk of opioid overdose and their friends and family. Campaign materials include radio ads, interviews with key stakeholders, printed materials and a website (<https://isavefl.com/>) that allows individuals to search for the nearest naloxone distribution site in their area.

Table 1: Community-Based Health Promotion and Prevention		
Goal	Objective	Outcome/Metric
Goal 1.1: Promote mental health and resiliency.	Objective 1.1.1: Increase the public's awareness of mental health.	Disseminate educational materials and science-based messaging to educate the public about mental health and protective factors.

Table 1: Community-Based Health Promotion and Prevention		
Goal	Objective	Outcome/Metric
	Objective 1.1.2: Ensure the public is able to access services in their community.	Improve the functionality and contents of Florida’s Network of Care site
Goal 1.2: Prevent and reduce substance use	Objective 1.2.1: Strengthen the substance-abuse prevention workforce through training and certification.	Increase the knowledge, skills, and abilities of the prevention workforce as evidenced by training attendance and a 5% increase in the number of certified prevention professionals in one year from baseline (TBD July 1, 2019)
	Objective 1.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs in Florida through use of evidence-based practices.	Reduce the percentage of middle and high school students reporting alcohol use in the past 30 days: <ul style="list-style-type: none"> • High School from 21.2% to 20% • Middle School from 7.3% to 6.5%
	Objective 1.2.3: Improve the consistency and quality of prevention data entered into the Performance Based Prevention System.	Increase data quality checks to monthly check and provide training and technical assistance in response to data input errors quarterly.
Goal 1.3: Reduce the spread of infectious disease	Objective 1.3.1: Collaborate and coordinate with the Department of Health’s Priority Area Workgroup on STDs and Other Infectious Diseases.	Increase the provision of infectious disease testing and linkage services.
	Objective 1.3.2: Analyze the impact of the new HIV Early Intervention Services Guidance Document on the number of individuals tested for HIV.	
Goal 1.4: Decrease the number of suicide deaths.	Objective 1.4.1: Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.	Increase the number of individuals exposed to suicide prevention resources to more than 29,000 individuals.
Goal 1.5: Increase access to naloxone to reduce opioid-caused deaths.	Objective 1.5.1: Continue implementation and expansion of the Overdose Prevention Program and naloxone distribution.	Increase naloxone distribution among individuals likely to experience an opioid overdose and to their loved ones from 96 participating providers to 115.

IV.B. STRATEGIC INITIATIVE 2: ACCESS TO QUALITY, RECOVERY-ORIENTED SYSTEMS OF CARE

This strategic initiative, in partnership with Managing Entities, network service providers, and other stakeholders, aims to expand access to quality, recovery-oriented systems of care (ROSC) and community-based services and supports for persons with behavioral health disorders.

Effective care coordination for high need/high risk individuals who frequent inpatient settings continues to be a priority. The Department and Managing Entities saw successes in reducing readmissions and reducing homeless within this population with the implementation of care coordination and transitional vouchers (used to assist with housing and service needs outside the scope of the provider network). As an example, both Lutheran Services Florida and Broward Behavioral Health Coalition are consistently reporting acute care 30-day readmission rates for individuals engaged in care coordination of 5% or lower. It is noteworthy that Broward Behavioral Health Coalition is practicing true warm hand-offs out of acute care settings, reporting 0 days to services from discharge. Six of the seven Managing Entities are reporting that individuals are linked to community services within 0-5 days following discharge from an acute care setting. In March 2019 alone, Central Florida Cares Health System enrolled 20 individuals who were homeless or at risk of homelessness and all were housed through the use of care coordination and vouchers. The Department will continue to monitor care coordination outcomes and identify best practices for broad dissemination.

As described earlier, the opioid epidemic is claiming lives at an alarming rate. Overdose prevention is essential to keep individuals alive, but there must also be flexible treatment and support options to assist individuals recover from their substance use disorder. To accomplish this, the Department is prioritizing access to medication-assisted treatment using all FDA approved medications, which is the standard of care for opioid use disorders. In addition, implementation of community recovery support options that can support individuals during and after treatment, for as long as needed, is a priority.

It is also imperative that we evaluate our engagement and retention strategies. Florida's penetration rates for services are lower than the rest of the country. According to SAMHSA's 2017 Behavioral Health Barometer, from 2011 to 2015, Florida's annual average of past year mental health service use among with any mental illness (36.1%) was lower than the corresponding national annual average percentage (42.9%).

When the Department implemented the federal State Targeted Response to the Opioid Crisis grant, it required participating providers to submit monthly data on several indicators, such as housing, employment, overdoses, and discharge information. Eighteen months of these data demonstrate that if an individual is retained in services, non-fatal overdoses decline and employment and stable housing increase. However, over half of persons served did not remain in services long enough to realize these life-changing improvements.

Table 2: Access to Quality, Recovery-Oriented Systems of Care (ROSC)		
Goal	Objective	Outcome/Metric
Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care	Objective 2.1.1: Increase care coordination for high risk/high utilizer populations with emphasis on individuals at risk of entering and being discharged from state treatment facilities.	Decrease acute care readmissions as follows: <ul style="list-style-type: none"> • Crisis Stabilization 90-day readmissions from 21.3 % to 18% • Inpatient Detoxification from 21.8% to 18%
	Objective 2.1.2: Increase capacity for peer support.	Increase the number of: <ul style="list-style-type: none"> - Certified Recovery Peer Specialists in the workforce from 505 to 525 - Recovery Community Organizations from 1 to 5 - Oxford Houses from 0 to 30
	Objective 2.1.3: Increase access to medication assisted treatment	<ul style="list-style-type: none"> - Increase the number Methadone Opioid Treatment Programs - Increase peer bridge programs in hospital emergency departments
	Objective 2.1.4: Implement standardized assessments of service needs (i.e., level of care).	<ul style="list-style-type: none"> - Statewide use of the ASAM Continuum by contracted substance use treatment providers - Increase in use of LOCUS and CALOCUS
	Objective 2.1.5: Implement a recovery-oriented system of care (ROSC) framework in Florida to increase consumer engagement, choice and self-management, including job opportunities.	Providers and community stakeholders use the principles and core competencies of ROSC in their service delivery, as evidenced by program evaluations.
Goal 2.2: Improve access to and retention in services	Objective 2.2.1: Develop alternate access options and locations with centralized triage and service delivery functions.	<p>Increase the use of alternative technologies, extended hours of operation, and non-traditional settings (i.e., community hospitals, local health departments) to provide services remotely.</p> <p>Increase the number of Centralized Receiving Systems from 9 to 13.</p>
	Objective 2.2.2: Implement innovative and intentional outreach strategies.	Increase the number of pregnant women and intravenous drug users receiving substance abuse services by 5%

Table 2: Access to Quality, Recovery-Oriented Systems of Care (ROSC)		
Goal	Objective	Outcome/Metric
	Objective 2.2.3: Identify barriers to retention as well as non-monetary incentives.	Provide technical assistance and training on strategies to remove barriers and incentivize participation in care
Goal 2.3: Implement an integrated child welfare and behavioral health treatment-based model	2.3.1: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.	Complete a Behavioral Health Gap Analysis in the Southern Region for children in foster care and collaborate with the CBCs, MEs, and managed care plans to implement recommendations for needed services.

IV.C. STRATEGIC INITIATIVE 3: INFORMATION MANAGEMENT

The Office of Substance Abuse and Mental Health deployed the FASAMS in January 2019, to replace the Substance Abuse and Mental Health Information System (SAMHIS). FASAMS functionality is designed to meet the goal of monitoring the SAMH funded behavioral health service delivery system. This was implemented to improve the system’s data collection process, refine methods of reporting and analyzing performance outcome data, as well as develop new output and outcome measures in the future.

Table 3: Information Management		
Goal	Objective	Outcome/Metric
Goal 3.1: Improve data collection process to ensure reliability and validity of submitted data	Objective 3.1.1: Establish Substance Abuse and Mental Health Data Improvement Workgroup to oversee system enhancements.	Meeting minutes from a minimum of four meeting per year to include the following: Number of system enhancements identified; Number of system enhancements developed; and percent of system enhancements deployed on time.
	Objective 3.1.2: Deploy system enhancement process to ensure that all changes made in support of SAMH data collection aligns with approved policy and procedures.	Publication of system enhancement process with defined timelines for each step of the process to include the number of requests made and percent of requests resolved within specified timeframes.
	Objective 3.1.3: Deploy data quality reports.	Deployment of data quality documentation for distribution to submitting entities quarterly to ensure

Table 3: Information Management		
Goal	Objective	Outcome/Metric
		reliable data processes among data submitters.
		Deployment of data quality reports to measure the following: Number of data submissions by submitting entity by record type; Percent of data submissions accepted by submitting entity by record type; and Percent of data exceptions reconciled within contract or procedural timeframes.
Goal 3.2: Improve process for reporting and analyzing performance outcome data	Objective 3.2.1: Develop and implement an integrated performance reporting system.	Publication of data reporting processes monthly to ensure fidelity by submitting entities to Department generated reports. Performance measures for this objective will include the number of reports published and deployed and the percent of reports that produce equivalent results between submitting entities and the Department.
Goal 3.3: Propose New Persons-Centered Performance Output and Outcome Measures	Objective 3.3.1: Document, design and test new person-centered performance measures.	Number of proposed outcome measures will be developed, revised and deleted as necessary.

IV.D. STRATEGIC INITIATIVE 4: STATE MENTAL HEALTH TREATMENT FACILITIES IMPROVEMENT

In FY 2016-17, the Department launched a long-range strategic plan to improve the quality and performance of the State Mental Health Treatment Facilities (SMHTF). Strategic objectives were developed to address challenges that were identified based on a review of performance data and feedback reports from regulatory agencies and department workgroups. Key challenges include operations inefficiencies, staff recruitment and retention, increasing forensic commitments, delays in the discharge process, and an aging physical plant. Treatment facilities have implemented use of mentors to better support staff. Policies and procedures have been revised to improve efficiencies in delivering quality clinical care a comprehensive safety monitoring and improvement process has been implemented.

The average days to restore trial competency decreased by 12 days from FY 16-17 to FY 17-18 and, as of November 2018, has decreased by an additional 13 days in FY 18-19. Although targets for the number of therapeutic and activity hours offered to residents has not yet been

reached, the facilities have increased the amount of services offered, offering an additional 8 hours of therapeutic services and 6 activity hours per resident per week.

Table 4: SMHTF Improvement		
Goal	Objective	Outcome/Metric
Goal 4: Improve the Quality and Performance of the SMHTF	Objective 4.1: Improve operations and standardize practices to operate as “One Hospital”	Achieve satisfactory ratings during quality reviews of facility practices.
		Decrease staff vacancy rates in direct care positions by 5%
	Objective 4.2: Collaborate with the community partners to increase discharges and diversions from SMHTF	Increase the number of forensic diversions and conditional releases from SMHTF
	Objective 4.3: Increase therapeutic services and implement evidence-based programming and clinical best practices	Complete action plan for implementing a Recovery Oriented Systems of Care (ROSC) framework.
		Increase the number of therapeutic and activity hours provided to 40 hours / week
Objective 4.4: Improve physical infrastructure and practices to promote a safer environment	Decrease the rates of client injuries occurring in the facilities below .22	

V. Financial Management

The fiscal affairs of the state, including appropriations acts, legislative budgets, and approved budgets are described in Chapter 216, Florida Statutes. In addition, the protocols for all SAMH-funded entities that provide services using community substance abuse and mental health funds appropriated by the Legislature to the Department are detailed in Chapter 65E-14 - Community Substance Abuse and Mental Health Services - Financial Rules, Florida Administrative Code. Every year, the Florida Legislature passes, and the Governor signs the General Appropriations

Act (GAA) for specific resource allocation. The GAA contains thousands of line items detailing appropriations by budget entity⁸, category⁹, and fund.^{10,11}

In addition, clarification about how appropriations are to be spent is provided in proviso language written by the Legislature. Proviso language qualifies legislative intent about the manner in which appropriations should be spent in a specific line item.

After the passage of the GAA, the Department steps down the appropriations to operating levels: program activities and geographic areas (SAMH offices at headquarters, regions, and state mental health treatment facilities). The allocation methods are based on historical patterns, trends, and Department policy decisions for the Fiscal Year while staying within the boundaries of the GAA. The final allocations are developed during the Approved Operating Budget (AOB) process between the Department's Budget and Program representatives, and then approved by the Department's Executive Leadership. As operational decisions are made by the Department throughout the Fiscal Year, allocations may be adjusted via the amendment and Legislative Budget Request process.¹²

In addition to state and federal funds, service providers are responsible for meeting local matching requirements for substance abuse and mental health funds, as specified in ch. 394, Part IV, F.S., based on the total amount of contracted or subcontracted funds. A listing of all service providers can be found in the Florida Department of Children and Families Behavioral Health Catalog of Care available at: <http://www.myflfamilies.com/service-programs/substance-abuse/reports>.

The Department maintains a procedure for securing local matching funds provided in ch. 65E-14.005, F.A.C. – Matching, that describes standards for service providers to satisfy state requirements for matching.

SAMH services are funded primarily through the federal block grants, federal discretionary grants, state general revenue, and disproportionate share transfers from the Agency for Health Care Administration. In addition, Temporary Assistance for Needy Families funds are available for eligible recipients and cover a range of community mental health and substance abuse services.

⁸ Budget Entity: A unit or function which reflects the organization to which funds are specifically appropriated in the General Appropriations Act. A budget entity can be a department, division, program, or service. (Transparency Glossary. (n.d.). Retrieved December 3, 2018, from <http://www.myfloridacfo.com/Transparency/glossary.aspx>)

⁹ Appropriation Category: Line-item of funding in the General Appropriations Act which represents a major expenditure classification of the budget entity. Within budget entities, these categories may include: salaries and benefits, other personal services (OCO), expenses, aid to local governments, food products, lump sum, special categories, financial assistance payments, qualified expenditures, pensions and benefits, claims bills and relief acts, data processing services, fixed capital outlay (FCO), and grants and aids to local governments and non-state entities (FCO). (Transparency Glossary. (n.d.). Retrieved December 3, 2018, from <http://www.myfloridacfo.com/Transparency/glossary.aspx>)

¹⁰ General Revenue: State revenues undesignated as to purpose that can be appropriated by the Legislature for any government purpose (usually state, but may be shared with local governments). Revenues designated for a specific purpose usually have a specific trust fund from which they are then appropriated. (Transparency Glossary. (n.d.). Retrieved December 3, 2018, from <http://www.myfloridacfo.com/Transparency/glossary.aspx>)

¹¹ Trust Fund: Special state account(s) established by the Legislature to fund specific programs or services. Trust fund expenditures are pursuant to appropriations by the Legislature. (Transparency Glossary. (n.d.). Retrieved December 3, 2018, from <http://www.myfloridacfo.com/Transparency/glossary.aspx>)

¹² Section 216.292, Florida Statutes.

The following tables represent the FY 2018-19 SAMH Approved Operating Budget as of July 1, 2018.¹³ They are organized by program and funding source.

Table 5: FY 2018-19 Approved Operating Budget by Program

Table 5a: Mental Health Services (State Mental Health Treatment Facilities and the Sexual Predator Program)				
Regions	Civil Commitment Program	Forensic Commitment Program	Sexual Predator Program	Total
Headquarters	\$37,894,270	\$59,401,320	\$33,886,136	\$131,181,726
West Florida Community Care Center	\$5,823,881	\$0	\$0	\$5,823,881
Florida State Hospital	\$51,450,335	\$66,704,438	\$0	\$118,154,773
Northeast Florida State Hospital	\$70,389,682	\$623,523	\$0	\$71,013,205
North Florida Evaluation and Treatment Center	\$0	\$25,311,618	\$0	\$25,311,618
Control ¹⁴	\$11,220,324	\$1,341,423	\$552,529	\$13,114,276
Collocated ¹⁵	\$51,871	\$93,918	\$139,461	\$285,250
Reserve ¹⁶	\$271,061	\$190,871	\$13,512	\$475,444
Unfunded Budget ¹⁷	\$0	\$20,000	\$0	\$20,000
Total	\$177,101,424	\$153,687,111	\$34,591,638	\$365,380,173

Table 5b: Community Substance Abuse and Mental Health Services				
Regions	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Total
Headquarters	\$18,663,079	\$6,426,165	\$12,525,647	\$37,614,891
Northwest	\$48,992,220	\$21,737,692	\$3,015,658	\$73,745,570
Northeast	\$84,125,031	\$50,842,425	\$4,704,513	\$139,671,969
Suncoast	\$129,521,760	\$69,557,103	\$6,912,306	\$205,991,169
Central	\$47,221,533	\$31,364,747	\$3,420,237	\$82,006,517

¹³ Sources: FY 2018-19 Conference Report House Bill 5001 was downloaded from LAS/PBS. Vetoed items were removed manually. The data from LAS/PBS, post-vetoes, was compared to and aligns with IDS/Budget Ledger, authority code APPOBD. IDS/Budget Ledger was then used to calculate the data in Table 6 and Table 7.

¹⁴ "Control", Org L2-00, identifies budget authority being held until an allocation methodology is determined.

¹⁵ "Collocated", Org L2-20, identifies budget authority earmarked for expenditures shared among the Program Offices at Headquarters, such as property insurance, maintenance, courier services, etc.

¹⁶ "Reserve", Org L2-98, identifies budget authority earmarked for the Department's computer refresh.

¹⁷ "Unfunded Budget", Org L2-99, identifies budget authority that does not have a revenue source to support it. For example, recurring budget authority is appropriated for multi-year grants. When the grant ends the budget authority remains in the Department. Since the grant ended, the budget authority no longer has a revenue source and it will be coded to unfunded budget. The Department deletes unfunded budget authority from its base budget during the Legislative Budget Request process. This balances the Department's budget authority with revenues.

Table 5b: Community Substance Abuse and Mental Health Services				
Regions	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Total
Southeast	\$73,794,157	\$46,905,013	\$6,857,043	\$127,556,213
Southern	\$49,826,315	\$34,955,203	\$4,793,254	\$89,574,772
Florida State Hospital	\$4,604,040	\$0	\$0	\$4,604,040
Control ¹⁴	\$597,500	\$1,200,000	\$48,114	\$1,845,614
Collocated ¹⁵	\$0	\$0	\$408,888	\$408,888
Reserve ¹⁶	\$0	\$0	\$74,869	\$74,869
Unfunded Budget ¹⁷	\$6,130,898	\$1,259,859	\$3,345,802	\$10,736,559
Total	\$463,476,533	\$264,248,207	\$46,106,331	\$773,831,071

Table 5c: Community Substance Abuse and Mental Health Services-Managing Entities				
Managing Entities	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Total
Big Bend Community Based Care	\$48,280,879	\$21,737,692	\$1,958,321	\$71,976,892
Broward Behavioral Health Coalition	\$35,449,194	\$22,562,887	\$2,559,724	\$60,571,805
Central Florida Behavioral Health Network	\$127,421,076	\$69,557,103	\$6,017,584	\$202,995,763
Central Florida Cares Health System	\$44,188,437	\$31,364,747	\$2,460,279	\$78,013,463
Lutheran Services Florida, Inc.	\$82,736,635	\$50,842,425	\$3,624,427	\$137,203,487
South Florida Behavioral Health Network	\$47,766,691	\$34,955,203	\$3,809,174	\$86,531,068
Southeast Florida Behavioral Health Network	\$36,485,858	\$24,342,126	\$2,715,179	\$63,543,163
Total	\$422,328,770	\$255,362,183	\$23,144,688	\$700,835,641

Table 6: FY 2018-19 Approved Operating Budget by Funding Source

Table 6a: Mental Health Services (State Mental Health Treatment Facilities and the Sexual Predator Program)				
Regions	General Revenue	Operations and Maintenance Trust Fund	Federal Grants Trust Fund	Total
Headquarters	\$120,661,284	\$62,624	\$10,457,818	\$131,181,726
West Florida Community Care Center	\$4,216,304	\$22,143	\$1,585,434	\$5,823,881
Florida State Hospital	\$89,461,237	\$3,666,090	\$25,027,446	\$118,154,773
Northeast Florida State Hospital	\$31,270,923	\$3,445,354	\$36,296,928	\$71,013,205
North Florida Evaluation and Treatment Center	\$24,763,548	\$547,361	\$709	\$25,311,618
Control ¹⁴	\$11,227,715	\$0	\$1,886,561	\$13,114,276
Collocated ¹⁵	\$280,046	\$1,505	\$3,699	\$285,250
Reserve ¹⁶	\$454,648	\$5,966	\$14,830	\$475,444
Unfunded Budget ¹⁷	\$0	\$20,000	\$0	\$20,000
Total	\$282,335,705	\$7,771,043	\$75,273,425	\$365,380,173

Table 6b: Community Substance Abuse and Mental Health Services

Regions	General Revenue	Adm. Trust Fund	Oper. and Main. Trust Fund	Alcohol, Drug Abuse, and Mental Health Trust Fund	Federal Grants Trust Fund	Welfare Transition Trust Fund	Social Services Block Grant	Total
Headquarter	\$25,068,418	\$15	\$149,410	\$4,034,033	\$7,990,718	\$186	\$372,111	\$37,614,891
Northwest	\$55,064,500	\$0	\$204,399	\$13,151,318	\$4,282,858	\$1,042,495	\$0	\$73,745,570
Northeast	\$100,578,387	\$0	\$481,598	\$29,307,613	\$7,034,111	\$2,270,260	\$0	\$139,671,969
Suncoast	\$143,494,903	\$11	\$722,117	\$42,053,649	\$15,443,309	\$4,277,180	\$0	\$205,991,169
Central	\$58,386,342	\$4	\$288,800	\$16,312,883	\$5,616,929	\$1,401,559	\$0	\$82,006,517
Southeast	\$90,302,864	\$0	\$592,662	\$25,717,103	\$8,145,887	\$2,797,697	\$0	\$127,556,213
Southern	\$62,983,617	\$0	\$355,567	\$20,928,967	\$3,562,484	\$1,744,137	\$0	\$89,574,772
Florida State Hospital	\$4,604,040	\$0	\$0	\$0	\$0	\$0	\$0	\$4,604,040

Table 6b: Community Substance Abuse and Mental Health Services								
Regions	General Revenue	Adm. Trust Fund	Oper. and Main. Trust Fund	Alcohol, Drug Abuse, and Mental Health Trust Fund	Federal Grants Trust Fund	Welfare Transition Trust Fund	Social Services Block Grant	Total
Control ¹⁴	\$1,845,614	\$0	\$0	\$0	\$0	\$0	\$0	\$1,845,614
Collocated ¹⁵	\$247,067	\$0	\$22,992	\$86,360	\$52,367	\$102	\$0	\$408,888
Reserve ¹⁶	\$45,700	\$0	\$0	\$27,848	\$1,236	\$85	\$0	\$74,869
Unfunded Budget ¹⁷	\$0	\$0	\$4,632	\$1,129	\$10,730,798	\$0	\$0	\$10,736,559
Total	\$542,621,452	\$30	\$2,822,177	\$151,620,903	\$62,860,697	\$13,533,701	\$372,111	\$773,831,071

Table 6c: Community Substance Abuse and Mental Health Services-Managing Entities						
Managing Entities	General Revenue	Operations and Maintenance Trust Fund	Alcohol, Drug Abuse, and Mental Health Trust Fund	Federal Grants Trust Fund	Welfare Transition Trust Fund	Total
Big Bend Community Based Care	\$53,885,002	\$204,399	\$12,832,525	\$4,013,304	\$1,041,662	\$71,976,892
Broward Behavioral Health Coalition	\$44,314,194	\$201,333	\$11,703,803	\$2,963,302	\$1,389,173	\$60,571,805
Central Florida Behavioral Health Network	\$140,914,224	\$698,937	\$41,784,122	\$15,321,759	\$4,276,721	\$202,995,763
Central Florida Cares Health System	\$54,877,360	\$288,800	\$15,950,185	\$5,496,288	\$1,400,830	\$78,013,463
Lutheran Services Florida	\$98,735,578	\$468,805	\$28,966,252	\$6,763,096	\$2,269,756	\$137,203,487
South Florida Behavioral Health Network	\$60,479,288	\$355,567	\$20,525,126	\$3,427,261	\$1,743,826	\$86,531,068
Southeast Florida Behavioral Health Network	\$43,164,112	\$220,985	\$13,698,598	\$5,051,458	\$1,408,010	\$63,543,163
Total	\$496,369,758	\$2,438,826	\$145,460,611	\$43,036,468	\$13,529,978	\$700,835,641

VI. Grants

The Department will continue to implement the following grant programs.

VI.A. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

The Projects for Assistance in Transition from Homelessness (PATH) program is a SAMHSA funded formula grant administered to U.S. states and territories. Funding varies annually, based on federal appropriations. PATH provides services to adults with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless.

PATH funds can be utilized by local network providers for a variety of services, including outreach, case management, housing and employment support, psychiatric care, therapy, and recovery support. The goal is to actively engage individuals who meet criteria, end their homelessness, and engage them in services and supports that will help them in their continued recovery.

Florida utilizes PATH funds to contract with twenty-one network service providers throughout the state, based on prevalence of homeless individuals. Each provider designs their service array based on the existing resources and specific needs of their community, but all provide outreach and case management at a minimum. The Department provides statewide training and technical assistance to providers in the areas of permanent supportive housing and other topics relevant to individuals experiencing or at risk of homelessness.

VI.B. PARTNERSHIPS FOR SUCCESS GRANT

Florida's Partnerships for Success (PFS) Grant is a five-year federal grant funded by SAMHSA at \$1.23 million per year (September 30, 2016 – September 29, 2021). The PFS grant is designed to reduce prescription drug misuse among Floridians ages 12-25 by strengthening prevention capacity and infrastructure at the state and community levels. The subrecipient communities are five urban counties (Broward, Duval, Hillsborough, Manatee, and Palm Beach) and three rural counties (Franklin, Walton, and Washington). In an effort to prevent prescription drug misuse among youth, 11 school- and family-based prevention programs are being implemented in each PFS county, utilizing curricula including Botvin LifeSkills Training, Too Good for Drugs, and Guiding Good Choices. Local Drug Epidemiology Networks (DENs) are operational in each participating county and are integrated into the State Epidemiological Outcomes Workgroup (SEOW) to engage in community-level data collection and analysis related to substance use and the opioid crisis.

Using PFS funds, the Department launched a statewide opioid overdose prevention awareness campaign in November 2018 to educate the public on overdose recognition and response and to increase access to naloxone among those in the community that are at risk of experiencing or witnessing an overdose that is ongoing. The campaign includes a variety of educational advertising, targeted digital advertising on social media, and printed overdose prevention

materials advertised at businesses throughout the state. A website has been developed featuring a naloxone locator map to show distribution sites throughout the state providing free naloxone kits to individuals and friends/families in need (<https://isavefl.com/>). Through the PFS grant, the Department also conducts overdose prevention trainings for providers in the community interested in participating in the Overdose Prevention Program to distribute naloxone. During the first 2 years of the PFS grant, 43 trainings were conducted educating 1,298 individuals on overdose recognition and response.

Another key component funded by the PFS grant includes the development and implementation of a hospital care coordination program at Memorial Regional Hospital in Broward county. Through collaboration between Certified Recovery Peer Specialists, hospital emergency departments, and community-based treatment providers, the goal of the program is to utilize time spent in the emergency room to initiate buprenorphine induction and engage overdose victims in on-going treatment and recovery support.

In collaboration with the Florida Department of Health, enhancements to Florida's Prescription Drug Monitoring Program (PDMP) were also funded by the PFS grant to modify prescribing practices. Enhancements included the development of prescriber report cards and the development of self-paced online training programs. The prescriber report cards will provide a summary of an individual prescriber's prescribing habits and will compare them with other nearby prescribers in similar practice settings. The report card aims to help a prescriber understand how their prescribing behavior compares to other prescribers in their field. The self-paced online training programs is related to registration and utilization of the PDMP for prescribers and pharmacists and best practices for utilizing information from the PDMP to inform prescribing and dispensing decisions.

VI.C. STATE OPIOID RESPONSE GRANT

Florida's State Opioid Response (SOR) Grant is a two-year federal grant funded by SAMHSA at \$50,056,851 per year (September 30, 2018 – September 29, 2020). The SOR grant aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery support services for individuals with opioid use disorders and opioid misuse. The project will supplement other grants received by the Department related to opioid use disorders, including the STR grant, in order to support a comprehensive response to the opioid epidemic.

The SOR grant will work to increase access to MAT for individuals with opioid use disorders that are uninsured, underinsured, or indigent. In addition to paying for FDA-approved medications to treat opioid use disorder, funds can be used to support the following services: aftercare, assessment, case management, crisis support, day care, day treatment, incidental expenses, in-home and on-site, medical services, outpatient, outreach, recovery support, supported employment, supportive housing/living, detoxification, and residential treatment. Over \$25 million will be allocated to the Department's Managing Entities during the first year of the grant to fund MAT services. An additional \$4 million per year will be provided to FADAA to fund Vivitrol treatment. Managing Entities will also receive \$2 million per year to fund primary prevention programs and services in their communities.

The SOR grant will enable the Department to continue and expand the Overdose Prevention Program. Specific focus will be aimed at initiating additional naloxone distribution programs through hospital emergency departments to individuals that experienced an overdose. Efforts will also focus on naloxone “leave-behind” programs through EMS agencies and fire departments, in which emergency responders will distribute take-home naloxone kits to overdose victims and loved ones at the scene of an overdose. Nearly \$3.4 million in SOR funds will be utilized to purchase 45,000 naloxone kits per year of the grant.

Increasing the capacity to provide recovery support services throughout Florida is another key component of the SOR grant. Recovery Community Organizations (RCOs) will be developed to work closely with community treatment providers and other stakeholders to provide outreach services, information and referrals, wellness recovery centers, harm reduction services, and other recovery support services. In addition, SOR funds will be allocated to provide recovery housing certified by the Florida Association of Recovery Residences for individuals recovering from opioid use disorders and to implement new Oxford Houses throughout Florida to support individuals in recovery.

A variety of training and technical assistance initiatives will be expanded through the SOR grant. The MAT Prescriber Peer Mentoring Project will continue, which utilizes expert mentors to provide guidance to prescribers regarding MAT programs and protocols. Training and technical assistance will also be provided to Medicaid managed care plans, Department of Corrections staff, jail staff, and judicial staff at drug courts and dependency courts throughout the state. The Department’s six regional offices will maintain and expand the employment of Behavioral Health Consultants to support child protective investigative staff. Behavioral Health Consultants will collaborate with Child Protective Investigators and dependency case managers to build expertise with front line staff in the identification of substance use disorders, with specific focus on those with possible opioid use disorders, improve engagement with families, and improve access to treatment.

VI.D. FLORIDA HEALTHY TRANSITIONS GRANT

The Florida Healthy Transitions Grant is a five-year federal grant, funded by SAMHSA at \$999,750 per year (September 30, 2014- September 29, 2019). The Florida Healthy Transitions grant aims to engage and assist youth and young adults between the ages of 16-25, who are living with or at-risk of developing a serious mental illness or co-occurring substance use disorder to successfully transition to adulthood. The grant is administered by Central Florida Behavioral Health Network, in partnership with the Department.

Florida Healthy Transitions’ services are implemented in Hillsborough and Pinellas Counties. Since its implementation, the program has provided behavioral health and related linkages to over 20,431 youth, young adults and their families. Florida Healthy Transitions differs from other behavioral health programs, as it utilizes a peer-to-peer approach to services. Over 75% of the program’s direct service staff are young adults themselves.

The program’s services consist of community outreach, 24/7 crisis intervention and suicide prevention contact centers, weekly mental wellness groups, recovery peer support, life skills, linkages to community supports, intensive case management/Wraparound, and innovative therapeutic services (i.e. canoeing, spoken word, community drumming and field trips to local venues and parks). The program is founded on the following core premises:

1. Youth and young adult's voice and choice in their own care is critical.
2. Youth and young adults are the first experts of their lives, and most are capable of successfully reaching their goals, with the appropriate education, support, treatment and tools.
3. Peers are critical to the success of young people, as young people often learn best from other young people.
4. We must meet youth and young adults where they are... in their communities.

Florida Healthy Transitions will continue to engage and assist young people with obtaining employment and housing, GEDs/diplomas, post-secondary education, positive coping skills and increased social connectedness with their peers, loved ones and community.

VI.E. CHILDREN'S SYSTEM OF CARE EXPANSION AND SUSTAINABILITY GRANT

Florida's System of Care Expansion and Sustainability Project is a four-year federal grant funded by SAMHSA at \$3 million per year (September 30, 2016 – September 29, 2020). The purpose of the project is to improve behavioral health outcomes for children and youth (birth-age 21) with serious emotional disturbances, and their families. The project is working to strengthen the existing array of behavioral health services and to integrate the System of Care (SOC) approach into the Florida service delivery system. The SOC employs a family-driven, youth-guided approach that expands and organizes community-based services and supports into a coordinated network, builds meaningful partnerships with families and youth, addresses cultural and linguistic needs, and improves functioning at home, in school, in the community, and throughout life. Through the grant, the Department has convened a SOC State Advisory Group who produced a strategic plan with goals and strategies that guide implementation. Four DCF Regions and the corresponding Managing Entity are implementing the values and services locally through this grant. The Central and Southern Region implemented the values and services through other SOC grants in Orange, Seminole, and Miami-Dade Counties.

More than half of grant funds are dedicated to behavioral health services for eligible individuals who have no insurance or are underinsured. Grant funded services include counseling, case management, recovery peer support, medication management, and other mental health services. Grant staff educate their communities about the SOC approach; engage community partners to work collaboratively; support the inclusion of families and youth in system governance; and champion the use of the Wraparound approach to care management and the use of Recovery Peer Support services in their local community.

Outcomes include implementing and sustaining the use of the Wraparound approach statewide and increasing the availability of Recovery Peer Support services. During federal fiscal year 2017-2018, the grant served 291 children, youth and families. At intake, about half had more than one problem area, and 100 (38%) had three or more problem areas. At discharge, only 10% reported at least one problematic area, and only 5% reported more than one problematic area. Data is from the National Outcome Measures Instrument, administered at intake, six months, and discharge from services.

VII. Policy Changes

The Department continues to strengthen the quality of mental health and substance use treatment and support services through proposed changes in departmental policies, procedures, and recommendations for statutory revisions.¹⁸ Changes requiring legislative action are under discussion and development.

VIII. Contract Management

The Department’s contracting system is founded on Section 20.19, and Chapters 287 and 402, F.S. Whenever possible under established program objectives and performance criteria, the Department executes “multiyear contracts for services to make the most efficient use of resources.”¹⁹ Chapter 287, F.S., specifies detailed procurement procedures; certain contract terms and conditions; and legislative intent for the purchases of commodities and services. When statutorily regulated exemptions are inapplicable, the Department has adopted competitive procurement as its default methodology.

The Office of Contracted Client Services (OCCS) is responsible for oversight and management of the Department’s contracting system. Details of the contracting procedures can be found in the Department’s Operating Procedure 75-02. OCCS also houses the Contract Oversight Unit, an independent statewide function that monitors contracted provider compliance and reports the results to contract managers and programs, as specified in s. 402.7305, F.S. and in Children and Families Operating Procedures 75-08. The Department’s Operating Procedures are available at: [Florida Department of Children and Families - Policies and Procedures](#).

VIII.A. MANAGING ENTITY CONTRACT MANAGEMENT

The majority of the Department’s community-based substance abuse and mental health services are provided under contract with Managing Entities, in compliance with s. 394.9082, F.S. Managing Entities are responsible for the development, implementation, administration, and monitoring of a subcontracted network of service providers in a defined geographic area. Each Managing Entity updates their service provider information through the Behavioral Health Catalog of Care²⁰.

Managing Entity contracts are executed and managed by contract managers in the Department’s regional offices, using contract documents developed by the SAMH Headquarter office. These documents are reviewed and updated through contract amendment or

¹⁸ S. 394.75 (1c,1f), F.S.

¹⁹ Section 402.7305, F.S.

²⁰ The Behavioral Health Catalog of Care also referred to as the Network Service Provider Catalogue of Care describes the funds allocated to each service provider under contract with an ME and the associated type of services purchased. The Network Service Provider Catalogue of Care is contractually required as part of the ME Business Operations Plan per Attachment I, Section B.1.a.(1)(e). The Network Service Provider Catalogue of Care Template is available online at: [Managing Entities | Florida Department of Children and Families](#).

restatement annually to ensure services are aligned to current performance and programmatic standards. Managing Entity contract documents are available at [Managing Entities | Florida Department of Children and Families](#).

SAMH also has rulemaking responsibility for the Community Substance Abuse and Mental Health Services - Financial Rules promulgated in Chapter 65E-14, F.A.C., applicable to all Managing Entity and subcontract community Network Service Provider contracts.

The Department submits an annual report pursuant to s. 394.745, F.S. to document the performance of contracted community behavioral health providers. It describes the compliance of Managing Entities with legislatively established annual performance standards and corrective actions as a result of not achieving performance standards.

VIII.B. MANAGING ENTITY CONTRACT STATUS

Table 9 below details Managing Entity contract status as of December 2018.

Table 10: Managing Entity Contracts

Contract	Region	Begin Date	End Date	Provider	Contract
AHME1	Northwest	4/1/2013	6/30/2019	Big Bend Community Based Care, Inc.	AHME1
JH343	Southeast	11/1/2012	6/30/2019	Broward Behavioral Health Coalition, Inc.	JH343
IH611	Southeast	10/1/2012	6/30/2019	Southeast Florida Behavioral Health Network, Inc.	IH611
QD1A9	SunCoast	7/1/2010	6/30/2020	Central Florida Behavioral Health Network, Inc.	QD1A9
GHME1	Central	7/1/2012	6/30/2020	Central Florida Cares Health Systems, Inc.	GHME1
EH003	Northeast	7/1/2012	6/30/2020	Lutheran Services Florida, Inc.	EH003
KH225	Southern	10/1/2010	6/30/2020	South Florida Behavioral Health Network, Inc.	KH225

The Department is conducting performance analyses of all Managing Entity contracts approaching expiration to determine the eligibility for and appropriateness of potential renewals on a contract-by-contract basis. Legislatively mandated renewal performance reports, as required by s. 287.057, F.S, will be submitted separately for any contracts to be renewed.

For more detailed information, Annual Managing Entity Contract Compliance Reports can be accessed at: <http://www.myflfamilies.com/service-programs/substance-abuse/publications>.

VIII.C. OTHER SAMH-FUNDED CONTRACTED SERVICES

The Department contracts for additional services outside the scope of the Managing Entity system. These contracts include:

- Four contracts for residential services at privatized state Mental Health Treatment Facilities;
- Eighteen contracts for professional and operational support services at publicly-operated state Mental Health Treatment Facilities;
- Eighteen contracts for statewide operational support and technical assistance services;

- One contract for involuntary civil commitment services for sexually violent predators, pursuant to Chapter 394, Part V, F.S. and twenty-two contracts with independent clinical professionals for evaluations and assessments required by the involuntary civil commitment judicial process;
- One contract for statewide Juvenile Incompetent to Proceed Services, under s. 985.19, F.S.; and
- Twenty-four grant agreements for county Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Programs, in compliance with s. 394.656, F.S., and one contract for the Reinvestment Grant Program Technical Assistance Center.

A summary of all SAMH-funded contracts is provided in Appendix 3.

VIII.D. CONTRACTING SYSTEM RECOMMENDATIONS FOR IMPROVEMENT

The Department's systems for providing accountability for contracted funds include the procurement, contract management and contract oversight tools previously mentioned, coupled with:

- Additional fiscal oversight of Managing Entity contracts by the Department's Fiscal Accountability Unit;
- Second-tier invoice validation and payment approval by the Department's Administrative Services Support Center;
- Periodic statewide monitoring of programmatic performance and financial reporting; and
- Data reporting in FASAMS and/or SAMHIS.

During Fiscal Year 2018-19, the Department implemented the Fiscal and Services Accountability Management System allowing for improved contract management and fiscal auditor ability to analyze provider performance in terms of service delivery, associated outcomes, and fiscal accountability. The Department has also initiated projects designed to:

- Expand the scope of Contract Oversight Unit evaluation and monitoring of lead agency system performance;
- Expand Fiscal Accountability Unit oversight of subcontracted fiscal compliance; and
- Analyze potential new outcome standards related to accreditation, consumer and provider satisfaction, non-client specific service delivery, system development and training activity, and subcontract monitoring.

Appendix 1

ORGANIZATIONAL STRUCTURE

I. ORGANIZATIONAL STRUCTURE

The Department Secretary appoints an Assistant Secretary for Substance Abuse and Mental Health (SAMH), who provides leadership and direction for the SAMH Central Office/Headquarters in Tallahassee, and reports to the Deputy Secretary. The Assistant Secretary for SAMH is supported by the following management team members:

1. Director for Community Substance Abuse and Mental Health,
2. Director of State Mental Health Treatment Facilities Policy and Programs,
3. Chief Hospital Administrator for State Mental Health Treatment Facilities,
4. Director for the Sexually Violent Predator Program,
5. Director of Substance Abuse and Mental Health Quality Assurance, and
6. Executive Director of Homelessness.

Each region has a SAMH Director who serves as the Department's representative to the community for substance use and mental health issues. Regional SAMH Directors report to the Regional Managing Directors, who report directly to the Assistant Secretary for Operations.

II. RESPONSIBILITIES

At the state level, the Office of SAMH develops the standards of quality care for prevention, treatment, and recovery services. SAMH is governed by Chapters 394, 397, and 916 of the Florida Statutes. The Department is statutorily responsible for licensure and regulation of substance use disorder services,²¹ and designation of addiction and Baker Act receiving facilities.

SAMH services are administered through five core administrative and programmatic functions:

1. Community Based Services
 - Operations:
 - Contract procurement and management
 - Discretionary grant management and implementation
 - Management of the Behavioral Health Network²²
 - Oversight and monitoring of Community Mental Health Block Grant (MHBG)²³
 - Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG)²⁴
 - Legislative budget request development
 - Program and Policy:
 - Development of clinical guidance based on industry standards and research
 - Collection and analysis of seclusion and restraint event data
 - Review and dissemination of incident report data
 - Policy and rule development

²¹ s. 397.321, F.S.

²² The Behavioral Health Network (BNet) is a statewide network of behavioral health service providers who serve Medicaid ineligible children ages 5 to 19 years of age with severe mental health or substance use disorders who are determined eligible for the Title XXI of the United States Public Health Services Act, KidCare program (Guidance Document 12).

²³ 42 U.S.C. s. 300x.

²⁴ 42 U.S.C. s. 300x-21.

- Training and technical assistance to regions, managing entities, providers, and community stakeholders
 - Behavioral health workforce development
 - Management of the Office of Suicide Prevention
 - Disaster behavioral health response
 - Legislative proposal development
 - Proposed bill analysis
 - Licensure and Designation:
 - Oversight of statewide licensure of substance use disorder services
 - Management of the Provider Licensure and Designations System
 - Designation of addictions and Baker Act receiving facilities
 - Approval of recovery residence/administrator credentialing entities
 - State Opiate Treatment Authority
2. State Mental Health Treatment Facility Services
- Programmatic and supervisory oversight of state operated treatment facilities:
 - Florida State Hospital
 - Northeast Florida State Hospital
 - North Florida Evaluation and Treatment Center
 - Contract management and programmatic oversight for privately operated treatment facilities:
 - South Florida Evaluation and Treatment Center
 - South Florida State Hospital
 - Treasure Coast Forensic Treatment Center
 - West Florida Community Care Center
 - Contract management and programmatic oversight for the Juvenile Incompetent to Proceed (JITP) program
 - Coordination of forensic admissions
 - Policy and rule development and compliance monitoring
 - Long range program planning
 - Legislative budget request development
 - Data collection and analysis
3. Sexually Violent Predator Program
- Commitment recommendations for referrals
 - Control, care and treatment to persons subject to the Involuntary Commitment of Sexually Violent Predators Act²⁵
 - Contract management and programmatic oversight of the Florida Civil Commitment Center
4. State office on Homelessness²⁶
- Central point of contact on homelessness in the state
 - Supports the 17-member Council on Homelessness
 - Coordinates resources and programs with state and private providers
 - Manages targeted state and federal grants

²⁵ Ch. 394, Part V, F.S.

²⁶ S. 420.622, F.S.

- Collects and reports data on homeless conditions for Florida's homelessness Continuums of Care

5. Quality Assurance

- Statutorily required reports
- Long range program planning
- Data collection and analysis
- Data reporting
- Management of FASAMS

As noted previously, the statewide community-based functions are implemented regionally and overseen by regional staff. Substance abuse and mental health services are built on a regional foundation of community involvement and coordination, both internally and externally with partners that provide behavioral health services.

III. MANAGING ENTITIES

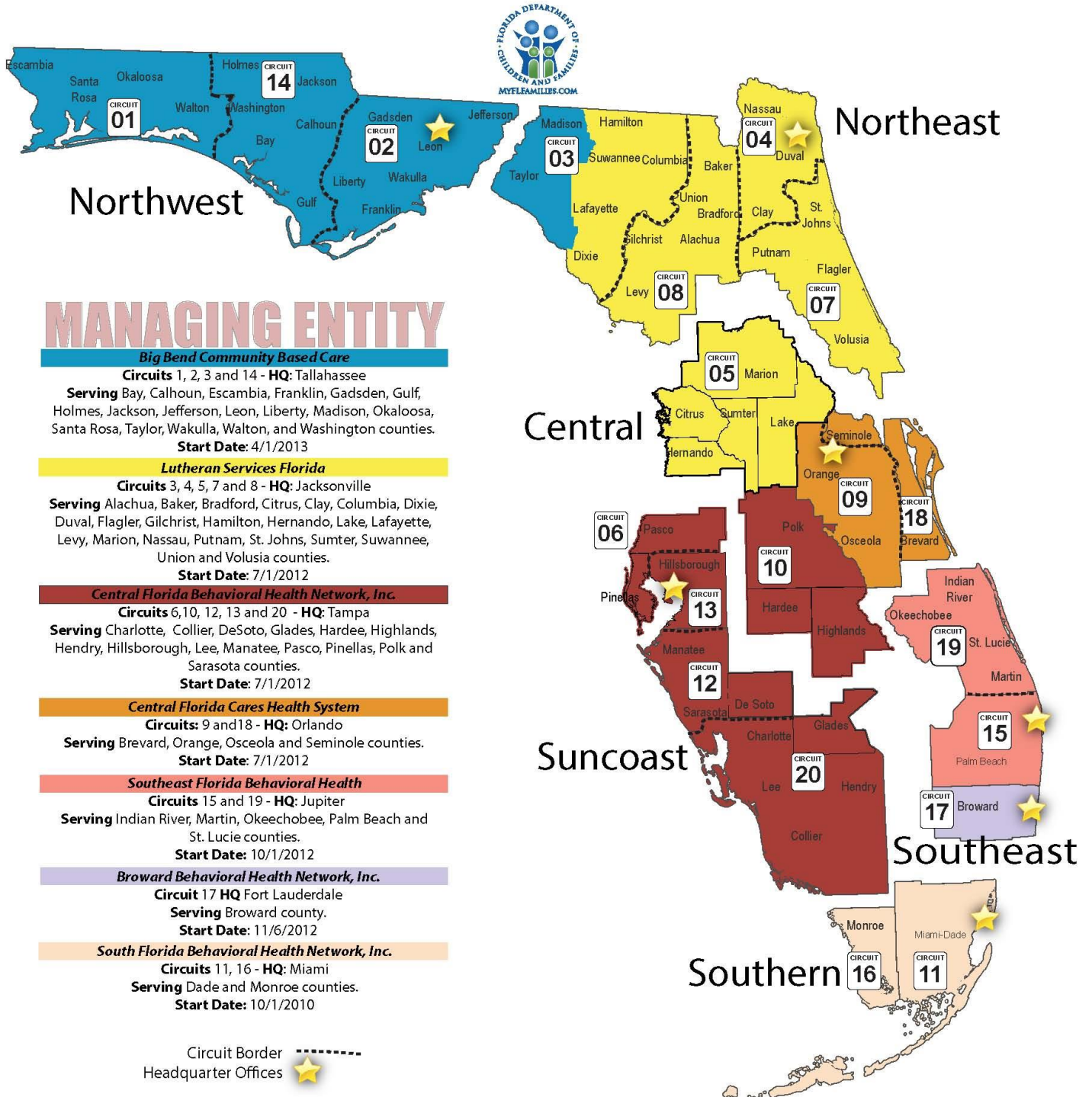
Community based behavioral health services are provided through contract with seven non-profit Managing Entities.²⁷ The purpose of the behavioral health Managing Entities is to plan, coordinate, and subcontract for the delivery of community mental health and substance abuse services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services.²⁸ Services are provided by a network of local behavioral health providers.

Except for the Department-operated mental health treatment facilities in Northern Florida, most behavioral health services are provided through contract and subcontract. These contracts are executed and administered by either the Office of SAMH or a regional SAMH office. In consultation with the SAMH Headquarters Office, the Regional SAMH Director ensures Managing Entities meet statewide goals and are responsive to the community needs. Figure 1 shows the Departments' Regional Organization aligned to existing Managing Entity contracts.

²⁷ s. 394.9082, F.S.

²⁸ s. 394.9082(1)(b), F.S.

Figure 1. Regional Organization and Managing Entities



Appendix 2

REGIONAL PLANS

Each Department region submitted a regional plan to SAMH headquarters. These plans are developed in consultation between the regional leadership team, the regional Managing Entity, and other community stakeholders.

Northwest Region Plan

I. Organizational Profile

The Northwest Substance Abuse and Mental Health (SAMH) Region has statutory responsibility for the planning, oversight, and administration of the behavioral health system in Circuits 1, 2, and 14. Specifically, the Northwest Region (NWR) is based in the Panhandle of Florida and consists of the following counties: Escambia, Santa Rosa, Okaloosa, and Walton (Circuit 1); Circuit 2 is comprised of Franklin, Gadsden, Wakulla, Leon, Liberty, Jefferson counties; Circuit 14 consists of Bay, Holmes, Washington, Jackson, Calhoun, Gulf; and two counties in Circuit 3 - Madison and Taylor have been added to NWR specific to Substance Abuse and Mental Health (SAMH) services, in order to correlate with the State of Florida Judicial Circuits. The Region is primarily rural, in nature, with greater population densities around Pensacola, Panama City and Tallahassee.

To fulfill its statutory obligations, the Northwest SAMH Office is staffed by a Program Director; one (1) Administrative Assistant; four (4) Licensure/System of Care staff; three (3) Children's Mental Health System of Care grant-funded staff; three (3) Behavioral Health Consultants; one (1) Data Liaison/Program Consultant; one (1) Managing Entity Contract Manager; and one (1) Certified Recovery Support Specialist.

The NWR Behavioral Health System of Care is managed by Big Bend Community-based Care (BBCBC). The Region has contracted with this Managing Entity (ME) since April 2013. The ME also holds the Community-based Care contract for child welfare services, in Circuits 2 and 14. The ME is tasked with ensuring that the needs of SAMH consumers are met through its subcontracted service providers by analyzing consumer feedback, conducting needs assessments and monitoring the system for gaps. The ME has developed tools and systems to monitor subcontracted providers to ensure the quality and quantity of services provided are at a level and standard approved by state and federal authorities.

It is the philosophy and practice of the Northwest Region Substance Abuse and Mental Health Program Office and the Big Bend Community-based Care – Managing Entity to promote adherence to the Department of Children and Families' Strategic Priorities. The NW Region maintains constant communication with applicable stakeholders to ensure an effective, recovery-oriented, trauma-informed behavioral health system of care.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

In the NWR, BBCBC contracted with Apalachee Center, Inc. to provide Central Receiving Facility services to serve individuals in the following counties: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla. The provider site is the central drop off point for individuals being transported by law enforcement under a Baker or Marchman Act. A rotation system, monitored by BBCBC and an advisory committee, ensures equitable referral of clients to the three participating receiving facilities. According to data collected by the provider, contract targets are being met which equate to improved and timely services to the population served. In all circuits, ME staff have participated in or facilitated community meetings/workgroups to educate stakeholders to remove barriers to consumers receiving services regardless of point of entry. This "No Wrong Door" philosophy has also been emphasized by formal partnerships with county and law enforcement personnel via the development and implementation of county-specific Transportation Plans.

Mobile Response Teams

As part of Senate Bill 7026, “Marjory Stoneman Douglas High School Public Safety Act”, the legislature provided funding for Mobile Response Teams for FY 2018-19. Through outreach efforts and community engagement activities, BBCBC has executed agreements in Circuit 1 (Lakeview Center, Inc.); Circuit 2 (Apalachee Center, Inc.); and Circuit 14 (Life Management Center, Inc.). Additionally, the ME has executed Business Agreements with law enforcement officers in 11 counties (Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Madison, Wakulla, Walton, and Washington) to be the initial points of contact to facilitate triage of applicable cases.

CAT Teams serving Children with Mental Health issues

In another portion of Senate Bill 7026, “Marjory Stoneman Douglas High School Public Safety Act”, the legislature provided funding for additional CAT teams for FY 2018-19. The Department designated funding and catchment areas for CAT Teams. Throughout the planning phase with stakeholders in the identified communities, BBCBC engaged regional school systems and Sheriff’s Departments in accordance with the Governor’s Executive Order 18-81. As a result, at the beginning of FY 2018-19, three providers received additional funding for the expansion of CAT Teams in the NWR. The additional CAT Teams and areas served include: Apalachee Center, Inc. (all of Circuit 2 and Madison and Taylor counties); Lakeview Center, Inc. (Santa Rosa County); and Life Management Center, Inc. (Holmes, Washington, Jackson, Calhoun, and Gulf). These additional CAT Teams supplement already existing CAT Teams operating successfully in the Region.

B. Children’s Mental Health System of Care

In Circuits 2 and 14, the ME has contracted with AMIKids Panama City Marine Institute to provide system of care/wraparound services to children with behavioral health service needs. The provider works closely with the NWR SAMH Program Office System of Care Coordinator to promote system of care principles. The NWR SAMH Program Office Youth and Family Coordinator staff are active in applicable areas of the Region to provide training and technical assistance regarding system of care/wraparound services to the community.

Child Welfare, Substance Abuse and Mental Health Integration.

BBCBC, as both the Lead Agency for Child Welfare and the ME for Substance Abuse and Mental Health, continues to focus on the integration of child welfare and behavioral health services. The BBCBC Director of Clinical Services co-chairs a Clinical Services Workgroup, serves on the Child Service Array sub-group and the Department’s Statewide Assessment Project Workgroup. Additionally, several BBCBC staff continue to actively participate in the statewide Service Array workgroups. Meetings have been convened and the ME works closely with leadership from the NWR and Families First Network (the Community-based Care provider in Circuit 1) to update and implement the Regional Integration Action Plan. Progress on action items is evaluated and discussed to address Priority of Effort issues.

Regionally, the three (3) FIT Teams continue to develop their respective programs and serve the target population. Monthly a statewide conference call is convened for applicable stakeholders to address programmatic, operational, and data-related issues. Further, BBCBC continues to work with Florida State University’s (FSUs) College of Medicine, Integrated Health Program and Voices of Florida to discuss general behavioral health needs of child welfare-involved families. The ME has also contracted with a local provider to implement a Parent Behavioral Health Assessment tool to assist in early identification of behavioral health needs of adults involved in the child welfare system.

C. Opioid Epidemic

The NWR has hired three (3) Behavioral Health Consultants (BHCs) who have established effective working relationships with Child Protective Investigation (CPI) teams identified specifically for this initiative. The BHCs assist in the field and use clinical expertise to identify parents with behavioral health conditions, with a special focus on those with possible opioid disorders. The BHCs, CPI team leaders, and the NWR SAMH and Child Welfare leadership staff meet as needed to ensure ongoing collaboration of efforts in this strategic initiative. In addition, the lead Behavioral Health Consultant has an office space designated once a week in the Bay County Medication Assisted Treatment providers building for pregnant women to have direct access to have questions answered regarding the use of methadone.

Additionally, the State Targeted Response (STR) Grant provided an opportunity to expand services and funding, including prevention services in designated rural counties. A Hospital Pilot program to place peers in hospitals to engage opioid overdose victims in medication-assisted treatment (MAT) services upon release, has been implemented in Circuit 14 in collaboration with the Chemical Addictions Recovery Effort, Inc. (CARE, Inc.). Substance Abuse providers, (CARE, Inc. and DISC Village, Inc.) have worked diligently with the ME and local school districts in the STR grant-identified counties to expand in-school prevention programs using the Botvin Life Skills program. The ME has also increased STR Medication-Assisted Treatment (MAT) funding for Lakeview Center, Inc., the largest provider of MAT services in the Northwest Region.

In addition to the previously mentioned efforts to reduce opioid-related deaths in the NWR, the Circuit 1 BBCBC Network Coordinator leads a planning committee for Drug Endangered Children and Communities, which includes community stakeholders and the local Prevention Coalition. Efforts include but are not limited to: improved collaboration with first responders; development of a public service announcement to assist families in accessing services; increased awareness and partnerships with local pharmacies regarding safe storage/disposal of medications; education regarding substance use disorders; and increased communication and collaboration with the child welfare system. A barcode that assists in the sharing of resources by emergency settings and first responders has been implemented and can be accessed by a web link. In all circuits, community stakeholder meetings have been convened to educate the community regarding opioids and the deleterious effects on the consumer and subsequently, the community. In Circuit 14, the BBCBC Network Coordinator was invited to participate in a roundtable discussion, in Bay and Jackson counties, which focused on the Opioid Epidemic, service availability and unmet needs.

Reduce Opioid Related Overdose deaths

Because of Florida's Opioid Crisis, the Region has implemented the State Targeted Response Project by providing evidence-based prevention, medication-assisted treatment (MAT), and recovery support services. A reduction of opioid-related deaths is one of the four goals of the project. To this end, the number of individuals receiving medication-assisted treatment and recovery-oriented support has been increased. Use of MAT services are provided in the Region by: DISC Village, Inc.; CARE, Inc.; Life Management Center, Inc.; Lakeview Center, Inc.; and Chautauqua Healthcare Services, Inc. Providers funded via the Partnership for Success Grant's Drug Epidemiology Network continue to provide county-level overdose prevention and Naloxone Training oversight which is closely monitored by the ME. Furthermore, the NWR SAMH Program Office has hired three (3) Behavioral Health Consultants who work closely with child welfare staff to provide education and consultation regarding opioid and other substances with the intent to avert the unnecessary deaths of our citizens.

D. Community Based Health Promotion and Prevention

The ME and NWR SAMH staff routinely participate in suicide prevention activities. Staff attend monthly suicide prevention coalition meetings which are comprised of community stakeholders, with a specific emphasis to reduce the incidence of suicide in the community. Stakeholders from the suicide prevention coalitions are apprised of information in the State-wide Suicide Prevention Plan and participate in Suicide Prevention Day at the Capitol. The subcontract substance abuse prevention providers of BBCBC routinely utilize evidence-based curricula in the school settings. Provider staff maintain a good working relationship with the local school districts where services are provided. Since research indicates that use of evidence-based curricula can reduce substance use, it is anticipated that a reduction in the percentage of youth who use substances will be realized.

E. State Mental Health Treatment Facilities Improvement

Serving forensic individuals is a priority for the NWR. Priorities include reducing the wait time for admissions, promoting community competency restoration, increasing the number of individuals placed on conditional release, and diverting individuals from state treatment facility admissions. Providers work with local jails to divert forensic clients to community mental health/substance abuse services and away from jails, and subsequently state treatment facility admissions. Funding was provided to Apalachee Center, Inc. (Circuit 2) to increase the capacity to provide short-term residential services to help stabilize forensic clients. Efforts to decrease the number of people on the waiting list, provide a warm hand-off at discharge and monitor psychiatric stability while the individual is in the community helps to meet the needs of this population.

The NWR SAMH Office, in collaboration with Florida State Hospital, has hired a Certified Recovery Support Specialist. The main function of the position is to provide support to individuals targeted for discharge into the community. A NWR Recovery Oriented System of Care (ROSC) action plan has been updated to include steps related to opioids and other mis-used substances. This includes increasing the use of peers within emergency rooms, cross training and integration of treatment options to include faith-based rehabilitation and developing a campaign to address stigma related to substance use disorders. Community meetings and presentations have been implemented regarding ROSC. The ME and SAMH personnel have worked to coordinate efforts around creating a sustainable work environment for peers. The ROSC and use of peers in the workplace will have a decided impact on improving quality of care, promoting continuity of care and improving service delivery to our behavioral health consumers.

III. Collaboration and Communication

The NWR SAMH and ME staff work closely with community partners in all counties to include the following: County behavioral health consortiums and various advisory councils regarding behavioral health service array and delivery; Contracted provider groups; Department of Juvenile Justice; Department of Corrections; Judiciary; School Systems; Child Welfare and Adult Protective Services; State Hospitals; Law Enforcement; Local Hospitals; Private Providers including Inpatient Units; Local Government; and various consumer and family groups. The Region is committed to serving and supporting the needs of the community. The ME has identified strategies that align with both the NWR and the State priorities to improve and monitor the current Behavioral Health System of Care. The NWR SAMH office staff meets with the ME as needed to address any contractual and/or programmatic issues. Through management and community partnership meetings, BBCBC receives informal and formal feedback regarding the service needs of the Region. Subsequently, new initiatives, services and activities are developed to address concerns, and existing services and practices are updated within the System of Care.

IV. Needs Assessment

Since its implementation in 2013, BBCBC has completed two formal needs assessments and adjustments to the current service delivery system have been made based on these findings. Additionally, informal needs assessments are conducted regularly through mechanisms such as Network Service Provider monthly conference calls, and regular contacts with community stakeholders. Details regarding the needs assessment findings are available upon request.

V. Budget

The total amount of Department of Children and Families State Funds contracted with Big Bend Community-based Care (ME) to provide Mental Health and Substance Abuse Services in the Northwest Region are as follows: Adult Mental Health: \$ 31,774,214.00; Adult Substance Abuse: \$ 15,788,010.00; Children's Mental Health: \$ 11,794,995.00; Children's Substance Abuse: \$ 5,871,512.00; Grand Total: \$ 65,228,731.00.

The ME contracts with providers that are fiscally and operationally stable with a demonstrated history of performance, quality, and service efficiency. A wide-array of behavioral health services are available in the Northwest Region. Service detail by provider can be located at the following link: <https://www.bigbendcbc.org/>

Northeast Region Plan

I. Organizational Profile

The Northeast Region (NER) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 3, 4, 7 and 8. Behavioral health services for the NER are provided through managing entity, Lutheran Services Florida Health Systems (LSF). The counties in this area, by circuit, include:

- Circuit 3: Columbia, Dixie, Hamilton, Lafayette, Madison, Taylor and Suwannee;
- Circuit 4: Clay, Duval and Nassau;
- Circuit 7: St. Johns, Putnam, Flagler and Volusia;
- Circuit 8: Alachua, Baker, Bradford, Gilchrist, Levy and Union.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

The NER and LSF ensure a collaborative agreement is in place for the SOC. The process of shifting from an acute care model to a recovery model has been infused in the Managing Entity's Care Coordination initiative. They have worked with providers over the last 18 months to bring them along in this transition. Managing Entity's current incorporated document for Care Coordination outlines the agreement and is part of the provider contract. Enhance "no wrong door" model to optimize access to care for priority populations.

The Region and LSF set forth actions to expand ability to offer walk-in same day services and an array of treatment options and ancillary services, which divert individuals from emergency rooms, Baker Acts, and involvement with the criminal justice system. The NER continues to build on the Central Receiving System initiative by expanding to a second site in Jacksonville in the spring of 2019. First Comprehensive Service Center in Jacksonville began in February 2017. This location has walk-in mental health services provided by Mental Health Resource Center, and Mental Health of America SOAR processors, DCF ACCESS services and substance abuse services through on-site Gateway Community Services staff.

The NER SOC Oversight Committee is investigating ways to include Temporary Assistance for Needy Families (TANF) dollars to fund services. The governance board continues to work with TANF representatives regarding braided funding for sustainability. The NER contract manager provided a presentation to the governance board on the process for utilizing funding sources for clients who are not Medicaid eligible or have an insurance gap.

Certified Recovery Peer Specialists

The NER established a SOC Governance Board to guide its Oversight Committee to support sustainability of core values and principles, through active and focused educational and outreach efforts of the SOC site coordinator. The Oversight Committee provides strong partnerships throughout the Region with DCF, community providers, stakeholders, families, youth and local community agencies.

Permanent Housing

By using flexible Community Transition Voucher program vouchers, SOC offers housing subsidies and support for related housing expenses to place individuals with serious substance abuse and/or mental health disorders into stable housing much quicker this past year. Priority is given to individuals being discharged from state hospitals, jails or prisons. LSF has been working with providers to use the ASAM for Substance Abuse and the LOCUS/CALOCUS for mental health. Continued efforts are being made for all providers to use these assessments in addition to any others they complete. The NERs integration team has been working to finalize a universal consent for use across agencies to share

information. LSF is also participating in a DCF-led statewide work group to revise the SAMH Community Consumer Satisfaction Survey to become more Recovery-Oriented. Data from current surveys collected by the ME indicate individuals need help to find meaning in their lives. The survey domain with the lowest satisfaction scores for the last 5 years has been Social Connectedness, in which six questions assess the consumers' relationship with staff, family, neighbors and the benefits these relationships bring to the individual's care and well-being. Another domain, Functional Satisfaction, addresses consumers' perception of their ability to function productively in society.

An analysis of domain scores and survey questions from 30 providers who surveyed a total 7,978 individuals served in FY 17-18 showed:

- 87.45% of respondents were satisfied with their Social Connectedness. Children's Substance Abuse programs within this overall score were the lowest at 85.27%; and
- 89% of respondents felt a Functional Satisfaction in their lives.

Improve access to services in both rural and urban areas.

Most larger providers in the region are using or developing telehealth capacity to provide services remotely. Meridian Behavioral Healthcare in Circuits 3 and 8 (largely rural) is one of the leaders in this effort. The use of telehealth has expanded capacity and will have expanded use as a by-product of Mobile Response Team implementation, effective January 2019.

B. Opioid Epidemic

Reduce opioid related overdose deaths.

The NER hired a Behavioral Health Consultant (BHC) to work with CPI teams identified specifically for this initiative. The BHC assists in the field to provide clinical expertise in identifying parents with behavioral health conditions with a special focus on opioid disorders. The BHC assists in improving family engagement in accessing treatment. The BHC, CPI team leaders, and NER SAMH and Child Welfare leadership complete regular assessment of this strategic targeted response. A second BHC position has been advertised. The NER hired a Recovery Oriented Quality Improvement Specialist in September 2017, who focuses on ROSC activities.

Link opioid-related victims in hospital settings (emergency room or inpatient) to on-going treatment and recovery support.

LSF has received a 3-year grant to provide enhanced screening for SUD through the SBIRT (Screening, Brief Intervention and Referral to Treatment) which includes training health professionals in hospital settings to conduct screening, engage individuals in expedited treatment, and increase engagement through peer recovery specialists. LSF is grant funded to provide training to over 300 peer specialists over a four-year period.

C. Children's Mental Health System of Care

Child Welfare, Substance Abuse and Mental Health Integration.

The NER Child Welfare and Behavioral Health (CW/BH) Integration initiative promotes child welfare and behavioral health integration at all levels. The Region continues monthly team activities with numerous behavioral health providers, case management organizations, CBC Lead Agencies and the MEs at their local levels to improve integration. NER Child Protection and Child Welfare staff assist with identification of behavioral health screening needs through appropriate questions about behavior, interactions and history during consultations with staff. As assessment information is obtained through interviews and review of historical reports to understand the family's needs and if further substance abuse or mental health assessment is needed, referrals are provided for appropriate services. Mental Health First Aid Training has

been offered throughout the region to child welfare staff. The region's Behavioral Health and Child Welfare Crossover Training has assisted staff with identifying behaviors in the home.

Implement integrative practice components for parental screening, referral for Behavioral Health Assessment, Family-focused Treatment and Aligned Planning and Teamwork.

The NER is reducing the number of out of home cases by increasing communication through the multidisciplinary team process, implementation of a system wide approach to requesting and accessing information between case management organizations and providers and improving performance on investigations involving substance exposed newborns.

D. Community Based Health Promotion and Prevention

The NER hired a DCF Recovery Oriented Quality Improvement Specialist staff position to provide technical assistance and consultation to provider agencies and other SOC partners to promote the expansion of medicated assisted treatment (MAT) and care coordination services. The NER seeks to enhance the role of peers in the work force for meaningful inclusion in the development and evaluation of ROSC practices in the Region.

Improve quality of engagement of DCF staff with families and improve timely access to treatment and support services for families.

A Behavioral Health Consultant (BHC) was employed with the goal to achieve and enhance program outcomes. BHC will establish effective working relationships with CPIs to provide technical assistance (in the field) and consultation to assist in understanding signs and symptoms of opioid use disorders and best practices to engage, treat, and improve timely access to treatment.

Coaches Program developed and will continue to utilize Wraparound targeted for youth 16-21 years of age.

Circuit 7 youth substance treatment providers maintain their relationship with current substance use providers and engage new youth providers to utilize the Coaches Program as a step-down to support youth in recovery and to seek out peers for this age group. Service providers are encouraged to use the Wellness Recovery Action Plan (WRAP) which focuses on participants strengths. See Information on WRAP at <http://mentalhealthrecovery.com/> .

LSF promotes the use of WRAP through the year in four separate regional trainings for provider staff and community stakeholders. The two-day training endorsed by the Copeland Center for Wellness and Recovery (<https://copelandcenter.com/>) is part of LSF's federal grant-funded Certified Recovery Peer Specialist Training. An information flyer with a link to register has been distributed to stakeholders and the provider network. During on-site monitoring in FY 18-19, the ME CQI Specialist discusses programmatic applications of WRAP with clinical supervisors and provides a recovery-oriented tool (the Recovery Capital Scale) utilized by peer specialists and navigators to help individuals grow recovery capital in their lives in the community.

E. State Mental Health Treatment Facilities Improvement

Decrease average length of time from SMHTF discharge to linkage to services in the community.

In the NER the ME implemented care coordination practices for people discharging from state mental health treatment facilities. Staff continue efforts in meetings with forensic evaluators to promote consideration of diversion on a case-by-case basis. From these efforts, the region sustained success of first five months of FY 2018-19 to reduce forensic admissions. While forensic commitments are up 13% statewide, NER forensic commitments are down 8%.

Reinforce exploration of diversion opportunities.

The NER and LSF continue to monitor the admission process to ensure all available less restrictive alternatives are considered in advance of transfer to the SMHTF. Through local area consortium meetings, the Region continues to work on improvements/agreements for information sharing, where appropriate, between schools, law enforcement, behavioral health/child welfare providers and other relevant members of a multidisciplinary team. The provision through EO 18-21 for crisis intervention services to reduce Baker Acts through Mobile Response Teams in all counties is effective January 1, 2019.

III. Collaboration and Communication

The Northeast Region SAMH Program Office and ME, Lutheran Services of Florida Health Systems, work closely with our community partners in all counties. The NER held Circuit Executive Order 18-81 meetings to improve communication, collaboration of participating agencies, and the coordination of services and the care of individuals identified as most in need. Participants in meetings have included representatives of schools, law enforcement, behavioral health/child welfare providers, juvenile justice, managed care plans, managing entity and DCF. Objectives include:

1. Opportunities for cost sharing to improve efficiencies and integration of funding:
 - Circuits 3 and 8 are looking into cost sharing with training programs and partnering with county funding projects and other agencies to fill gaps in system;
 - Circuit 4 is exploring cost sharing potential around Mobile Response Teams and child care center programs to enhance early education programs; and
 - Circuit 7 is considering trauma programs such as the “Handle with Care” project for all counties. Flagler County has already implemented “Handle with Care”.
2. Creation of local Behavioral Health Consortiums to carry forward the momentum initiated from Executive Order:
 - Each circuit has a Behavioral Health Consortium. Some priorities are identified with some gaps in service listed. Communication plans and memorandum of agreements are being developed.
3. Resource Identification/Sharing:
 - Each local consortium will develop a subcommittee with specific focus on communication to ensure points of contact are maintained. Each local consortium will develop, enhance and share community resource manuals;
 - Circuit law enforcement and school representatives need to know what the community offers, so they are equipped to link families they encounter with services;
 - Resource packets through ME will serve as a starting point for this effort; and
 - Consideration of web-based platform to simplify, improve, keep information up-to-date and available to all parties.
4. LSF and Law Enforcement will collaborate and ensure access to mental health and substance use treatment services for persons released from county jails.
 - ME provider agencies provide services in the specialty courts and coordinate with the jails locally for services;
 - Access to Care phone line promoted/marketed as means to promote access; and
 - Circuit Consortiums have jail re-entry team representatives in attendance.

IV. Needs Assessment

LSF conducts a triennial Needs Assessment to determine system needs and gaps in services. In between the triennial assessment, LSF conducts stakeholder survey of all stakeholders by mailing list to identify service gaps and community needs. The information generated through these various means inform the annual enhancement plans, Business Operations Plan and grant writing efforts. Additional needs included in LSF enhancement plans include:

- Short term residential treatment beds- Currently, only 12 SRT beds in entire 23 county service area. Adequate SRT resources will reduce CSU recidivism and state hospital admissions. Requested 20 SRT beds, 10 in each of two locations;
- Housing and Care Coordination – Lack of affordable and supported housing is a key barrier to sustained recovery. Requested additional care coordination staff, housing resource staff and transitional vouchers;
- Assisted Outpatient Treatment (AOT)- Early indications suggest Mental Health Court program in Marion County is very successful. Requested additional resources to replicate this program in another location. The AOT program can be implemented in conjunction with the SRT beds to reduce unnecessary incarceration of individuals for behavioral health issues; and
- Substance Abuse Treatment -There is a waiting list for SA residential treatment across our service area. Requested a 10 bed Addictions Receiving Facility and 12 SA residential treatment beds.

V. Budget

Total Amount of DCF State Funds Contracted for Mental Health and Substance Abuse Services in the Northeast Region and Circuit 5 Program Contracted Dollars include: Adult Mental Health: \$64,182,703.00; Adult Substance Abuse: \$42,886,504.00; Children's Mental Health: \$11,454,159; and Children's Substance Abuse: \$15,449,796.00. The grand total budget is \$133,973,162.00.

Full description on how funds are allocated by OCA funds are in the approved FY 18-19 Cost Allocation Plan. The Plan reflects the expenditures for substance abuse and mental health services, and contains cost related to specific services or projects. Activities described in the Plan include specialty federal grants, special state projects, and specific targeted programs including set-aside requirements. The Cost Allocation Plan describes the grants, programs, and contracts outside of the purview of the substance abuse and mental health services covered in the Managing Entity contract.

Central Region District Regional Plan

I. Organizational Profile

The Central Region (CNR) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 5, 9, 10, and 18. Behavioral health services for the NER are provided through managing entity, Central Florida Cares Health Systems (CFCHS). The counties included in this area, by circuit, are:

- **Circuit 5:** Lake, Sumter, Marion, Citrus, and Hernando
- **Circuit 9:** Orange and Osceola
- **Circuit 10:** Polk, Hardee, and Highlands
- **Circuit 18:** Brevard and Seminole

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

Several provider contracts through the CFCHS include a peer support component. Providers in the central region network have certified peer specialists on staff who serve as advocates and mentors to those receiving services. To promote and expand recovery support services, CFCHS has developed a Recovery Oriented System of Care (ROSC) Action Plan for FY 18-19. Efforts will focus on identifying key stakeholders utilizing peer-delivered services, identifying ROSC Champions in each county, and providing technical assistance and trainings on integrating certified peers within their system of care.

The DCF Central Region and MEs continue to work statewide and regionally on ROSC action steps. CFCHS hired a ROSC specialist to lead the Regional ROSC Action Plan for Circuits 9 and 18. As part of the Regional ROSC Plan, the ME ROSC specialist, along with the Department's Recovery Oriented Quality Improvement Specialist, have begun to work with ME providers to promote collaborative service relationships. They have been engaging key stakeholders to join the Central Region ROSC Coalition, for Circuit 9 and Circuit 18. Both will be providing technical assistance through scheduling 1-day Quality Assurance Workshops for QIS and ROSC Specialist to prepare for site visits with providers, as well as developing training for service providers to learn about recovery support services, benefits and implementation.

Mobile crisis teams

Through Senate Bill 7026 funds, there are now Mobile Response Teams in each of the 12 counties within the Central Region, as well as a Community Action Team (CAT) in each county.

CFCHS, in coordination with ME provider Circles of Care, developed an in-home service to work with Child Welfare involved families with identified SA/MH issues. CFCHS will also be contracting for in-home SA services for Circuit 9. Lutheran Services Florida Health Systems (LSF) has contracted with the Centers to provide in-home services for Marion County in Circuit 5.

B. Community Based Health Promotion and Prevention

The ME's prevention service providers work with the local prevention coalitions on the strategies set forth in each coalition's Comprehensive Community Action Plan. All of the ME's prevention providers use evidence-based models. CFCHS CEO presented during a

training to emergency room medical personnel on opioid and behavioral health services for the region.

Prevent and reduce suicides.

CFCHS presented at the FL LINC Annual Meeting held at the Florida Behavioral Health Conference. CFCHS discussed implementation processes, successes, and barriers of Zero Suicide and Care Coordination Initiatives. CFCHS participated in a quarterly Suicide Prevention Coordinating Council conference call to discuss any updates related to Suicide Prevention, including FL LINC, C-PASS, FINS, and the Suicide Prevention Plan.

Expand supportive housing

The Housing Specialist (HS) has been enhancing relationships with local assisted living facilities. During the first quarter of this fiscal year, the HS visited a total of 10 Assisted Living Facilities (ALF) in the Central Region. During these visits, the HS educated the AFL on CFCHS, behavioral health services, and discharge from the SMHTF. The goal for meeting with ALF is to negotiate affordable and sustainable rent for the target population. The HS in collaboration with the SMHTF and persons being discharged conducted site visits at the various ALFs prior to discharge to ensure smooth transition into the community. The HS works with CFCHS' Provider Network to assist with coordinating housing for persons receiving behavioral health services funded by CFCHS. The HS works closely with the Care Coordinators, FACT, State Hospital Liaisons, and Forensic Multidisciplinary teams to safely place individuals into housing in the community. Program enhancements, as well as various vouchers, have funded a total of \$321,463 in housing funds.

The HS continues to collaborate closely with the Homeless Services Network of Central Florida and Brevard Homeless Coalition CoCs in engaging community stakeholders such as CFCHS' network service providers to participate in committees. The HS participates in the annual Point in Time Counts. The HS maintains the list of housing options and supportive services.

Future plans include expanding the Wayne Dench Supportive Housing Program to scattered sites in collaboration with Homeless Services Network to blend the HUD Housing Vouchers with Behavioral Health services to maintain stability related to housing and behavioral health services.

CFCHS will continue to fund the Eckerd Substance Abuse School Housing program. This program is in partnership with Brevard County Schools where children are identified in the schools having parents with substance use indicators and at-risk or homeless. This program maintains the family unit, addresses the substance use needs, and the at-risk or homelessness.

C. State Mental Health Treatment Facilities Improvement

CFCHS has implemented a Forensic Multidisciplinary Team (FMT) in Brevard County to help reduce forensic admissions and has also started to review SMHTF packets. CFCHS has implemented a protocol where the Adult Behavioral Health Specialist meets with the ME providers monthly to help reduce the SPL.

The HS in collaboration with the SMHTF and persons being discharged conducted site visits at the various ALFs prior to discharge to ensure smooth transition into the community. The HS works with CFCHS' Provider Network to assist with coordinating housing for persons receiving behavioral health services funded by CFCHS. The HS works closely with the Care Coordinators, FACT, State Hospital Liaisons, and Forensic Multidisciplinary teams to safely place individuals into housing in the community. Program enhancements, as well as various vouchers, have funded a total of \$321,463 in housing funds. Also, expansion of Adult mental

health residential treatment beds was identified as a priority in CFCHS 2018-2019 Enhancement Plan.

III. Collaboration and Communication

The Central Region coordinated a total of 12 Executive Order meetings in 2018. The CNR had 3 rounds of Executive Order meetings in each of the 4 circuits. The meetings included a discussion on Service Coordination, Opportunities for Cost Sharing, and Collaboration with Law Enforcement. The final round of meetings included a presentation from the providers that were awarded the contract for Mobile Response services. These meetings will continue quarterly in 2019. CFCHS assisted in coordination of the Executive Order meetings in Circuits 9 and 19. The CNR also coordinated with LSF for Executive Order meetings in Circuit 5 and Central Florida Behavioral Health Network (CFBHN) helped the CNR to coordinate the Executive Order meetings for Circuit 10.

The CNR and CFCHS work together to serve and support the needs of the community through ongoing opportunities for partnership. Here is a list of CFCHS efforts and partnerships in working towards strategic priorities and initiatives.

- **ROSC Coalition:** ROSC Specialist hosted a monthly call with service providers and other community stakeholders (i.e. Magellan). The group discussed the regional action plan as presented in DCF statewide conference call. CFCHS ROSC Specialist also provided the members with information about upcoming peer events, ROSC website and newsletter updates.
- **Seminole System of Care Grant:** ROSC Specialist met with the Program Director of Seminole System of Care for collaborative opportunities. Discussion included a review of the grant and potential Youth ROSC Coalition. The CFCHS ROSC Specialist will work with the Program Director to coordinate an Introduction to WRAP Workshop for Seminole County Public School Guidance Counselors in October.
- **RASE Focus Group:** Participation in a focus group meeting led by RASE Project surrounding the current opioid crisis which included community members, an individual currently receiving MAT from RASE, Osceola County Sheriff's Office and a Representative of the Florida House of Representatives. The group discussed their experience with the opioid crisis, gathered information on current activities in the community and the group's next action steps. A follow up session was scheduled to talk about a potential Listening Session on recovery communities in Osceola County.
- **Recovery Community Organization:** CFCHS is collaborating with Florida Alcohol and Drug Abuse Association (FADAA) and Orange County to coordinate a community forum in November. This is in support of the "All in for Florida: A Recovery Project", a three-year initiative to build recovery groups across Florida into sustainable Recovery Community Organizations (RCOs) that utilize Certified Recovery Peer Specialists (CRPS) to enhance recovery support services within the local recovery network consistent with the guiding principles of a ROSC.
- **211 Brevard FL LINC Care Coordination:** CFCHS and FL LINC SPS held a meeting with 211 Brevard to discuss funding opportunities for implementing youth Care Coordination in Brevard County.

IV. Needs Assessment

An important opportunity for improvement for the System of Care for the Central Region is the successful support and management of the ME. CFCHS completes a Needs Assessment every three years and the next cycle requires the assessment to be completed by October 31, 2019. CFCHS developed the 2018 Community Needs Assessment Questionnaire to gather feedback from various community stakeholders within Circuits 9 and 18. Participants who completed the survey represented state and county government, community-based care, School District, Medicaid Managed Care, Advocacy groups/coalitions, including peer groups, homeless services,

and behavioral health services providers. CFCHS also completes an annual Enhancement Plan that is submitted to the Department and outlines the priorities for the year.

V. Budget

For the full description on how funds are allocated to purchase the covered services described above, please see CFCHS's Cost Allocation Plan located at:

<https://www.dropbox.com/s/uw3k887hsnacre4/GHME1%20CFCHS%20ME%20Cost%20Allocation%20Plan%20-%20FY18-19%20Accepted.docx?dl=0>

CFCHS promotes contracting with providers that are stable and have demonstrated a history of performance, both fiscally and operationally, for quality, appropriateness, and efficiency of the services provided. CFCHS's procurement process also promotes quality behavioral health services with financial responsibility by the providers to improve direct service management and limit unnecessary expenditures. For the full procurement process, please see CFCHS Procurement Policies and Procedures located at <http://centralfloridacares.org/providers/policies-procedures/>

Total Amount of DCF State Funds Contracted for Mental Health and Substance Abuse Services in the Central Region: Program Contracted Dollars: Mental Health \$ 47,120,605.00; Substance Abuse \$34,679,702.00: Grand Total \$ 81,800,307.

SunCoast Region District Regional Plan

I. Organizational Profile

The SunCoast Region (SCR) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 6, 12, 13 and 20. The counties included in this area, by circuit, are:

- Circuit 6: Pasco, Pinellas;
- Circuit 12: Sarasota, Manatee, De Soto;
- Circuit 13: Hillsborough;
- Circuit 20: Charlotte, Lee, Glades, Hendry, Collier.

In order to correlate with Judicial Circuits, behavioral health services are also provided for three counties (Polk, Highland and Hardee) in Circuit 10. The managing entity for SCR and Circuit 10 is Central Florida Behavioral Health Network (CFBHN).

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

SCR and CFBHN work closely with the network providers to create an array of services and supports to meet an individual's chosen pathway to recovery. Through care coordination efforts, network providers are able to increase diversion from acute care settings to alternative community resources. SCR and CFBHN have also worked with the network providers on utilizing voucher funding to pay for identified items and/or services to assist clients with stabilization and meeting their treatment goals. Each month, CFBHN convenes their providers to discuss trends and opportunities of improvement with the network providers implementing care coordination services. Expansion of therapists and case managers to provide in-home and on-site services for high-needs/high-utilizer populations were included as priorities in CFBHN's 2018-2019 Enhancement Plan.

Enhance "no wrong door" model to optimize access to care for priority populations. Senate Bill 12 included a "no wrong door" model for a coordinated access for those experiencing crisis. Other priority populations would also benefit from a coordinated and centralized system for accessing services. CFBHN monitors the waitlist of intravenous drug users and pregnant women to find capacity throughout their provider network. SCR and CFBHN have also worked with providers serving the child welfare population to enhance outreach and engagement in treatment

Certified Recovery Peer Specialists

SCR gained the ability to hire a Recovery Continuous Quality Improvement Peer Specialist through the State Targeted Response grant and will be able to sustain the position through the State Opioid Response grant. CFBHN's Consumer and Family Affairs Department and the Recovery Continuous Quality Improvement Peer Specialist provide training to enhance and increase the pool of Certified Recovery Peer Specialists in the region. The promotion of EBPs, such as Wellness Recovery Action Plan (WRAP), also provides consumers with necessary life skills to enable them to thrive while living with a mental illness or co-occurring disorder.

B. Community Based Health Promotion and Prevention

SCR and CFBHN work closely with our community stakeholders throughout the region. This includes active participation in county behavioral health consortiums, advisory councils, acute care meetings, and alliance meetings. SCR and CFBHN work with the Department of

Juvenile Justice, Department of Corrections, Department of Health, Agency for Persons with Disabilities, Department of Education, Medicaid Managed Care, Judiciary, School Systems, Child Welfare and Adult Protection, State Mental Health Treatment Facilities, Law Enforcement, Local Hospitals and Private Providers, Local Governments, and various consumer and family groups. A more detailed list of these collaborations is included in Section III. These partnerships allow for opportunities to utilize data from other appropriate entities like Law Enforcement (i.e. Sheriff Data Sharing Project).

SCR and CFBHN are also working with the Florida College of Emergency Physicians to promote hospital bridge programs to navigate individuals from the emergency departments to the appropriate behavioral health treatment. Continued expansion of Community Action Treatment (CAT) teams and mobile response teams throughout the region allows for increased communication with the schools, law enforcement, and network providers. Both CAT teams and 24/7 mobile response teams were identified as a priority in CFBHN's 2018-2019 Enhancement Plan.

SCR and CFBHN continue to encourage network providers in addressing the barriers to access by creating partnerships with local settings, increasing in-home and on-site services, and acquiring capability for telehealth. Several providers are adopting the use of telehealth to address transportation issues in rural areas. As a system, SCR and CFBHN are looking to utilize non-traditional settings and telehealth to provide access in smaller counties with populations that cannot sustain operation of a local behavioral health provider.

C. Children's Mental Health System of Care

Increase the number of school-based prevention programs.

SCR and CFBHN utilize the results of the Florida Youth Substance Abuse Survey to identify trends in alcohol, tobacco, and other drugs in middle and high school populations. Several providers utilize curriculum, such as Too Good for Drugs, while others have implemented technology-based programs to address the opioid crisis. Expansion or implementation of school-based prevention programs was identified as a priority in CFBHN's 2018-2019 Enhancement Plan.

D. State Mental Health Treatment Facilities Improvement

Through care coordination efforts, SCR and CFBHN continue to emphasize timely linkage to treatment for individuals discharging from a SMHTF. CFBHN has a goal for network providers to link to treatment within one to three days following discharge. Monthly care coordination webinars with network providers highlight goals and best practices, such as warm handoffs. CFBHN also includes goals to formalize "special staffing" conference calls between SMHTF, community provider and CFBHN for those cases posing a challenge for a positive outcome post discharge in their Plan for Reintegrating Discharge Ready Individuals. In order to maintain a continuity of care, CFBHN also communicates with all SMHTFs the existence of all community resources available in SCR/C10. This is to assist in accurate identification of discharge placements and to best coordinate all aspects of the system of care.

Reinforce exploration of diversion opportunities.

Included in the Plan for Reintegrating Discharge Ready Individuals, CFBHN outlines several steps to enhance oversight of diversion from SMHTF admission. CFBHN contacts the receiving facilities every two weeks for a status update on the individual's potential stability and diversion efforts for community placement. Receiving facilities refer all individuals waiting for a STF bed to the Florida Assertive Community Treatment (FACT) team in their county. FACT can engage the person during their stay at the receiving facility and work to divert the individual. The Receiving Facilities are prompted to make Diversion referrals to short-term

residential treatment beds as the client stabilizes, during the extended wait for a state hospital bed.

For forensic clients, the assigned Forensic Specialist and/or FACT team are involved in identifying alternatives to the state hospital by individual case staffing. CFBHN continues to educate all Forensic Specialist Case Management agencies and FACT teams on the system of care and the inter-connectiveness between diversion from STF admission and discharge from STF's. CFBHN will also provide region-wide placement alternatives for consideration of unique cases that require a broader look at diversion possibilities beyond the referring county. Expansion of SRT beds and FACT capacity are identified as priorities in CFBHN's 2018-2019 Enhancement Plan.

III. Collaboration and Communication

SCR and CFBHN are committed to serving and supporting the needs of the community through ongoing opportunities for partnership. CFBHN has created strategies that align with both the SunCoast Region and State priorities to improve and monitor the current behavioral health system of care. SCR Substance Abuse and Mental Health Program (SAMH) office meets with the ME at least monthly to address any contractual issues and continuously address any programmatic needs.

CFBHN works with many stakeholders throughout SCR and Circuit 10. Some of the collaborative projects include but are not limited to:

- Multiple stakeholders in the establishment of the Youth at Risk (YAR) Committees. Stakeholders include: Law enforcement, Department of Juvenile Justice, Medicaid Managed Care plans, providers, school systems, Judges;
- Project to increase the number of SSI/SSDI Outreach, Access, and Recovery (SOAR) applications and to increase training across the region;
- Developed data sharing agreements with 9 Homelessness Continuum of Care programs (CoCs). This is to develop a cross-system to identify highest needs individuals and families;
- Working with Homelessness CoCs, Homelessness Leadership Boards, local government, housing authorities, and local business persons to develop new housing projects;
- Accepting booking data from six (6) counties to better understand how individuals move through the system of care and to develop programing to address the needs and reduce jail recidivism;
- Working with the sheriff departments in Polk and Pinellas counties to help individuals with substance abuse and mental health issues to access care and reduce need for jail or law enforcement interventions;
- Development of the care coordination processes within CFBHN to improve outcomes and reduce need for ongoing high-end services;
- Working with counties throughout the region to integrate systems of care through funding with special projects in Pinellas, Hillsborough, Polk, Manatee, and Sarasota counties;
- Diverted 144 individuals from state hospital through ongoing collaboration and communication with stakeholders;
- Working with other MEs to develop care coordination process for individuals who have services in multiple MEs;
- The CFBHN UM/Care Coordination Team continues to collaborate with providers to clarify the Care Coordination roles and enhance interdisciplinary efforts to improve implementation of care coordination requirements;
- CFBHN Adult Program Manager continues to assist with collaborations with FACT teams in discharge planning;
- CFBHN, in partnership with DCF, has been working to evaluate the Family Intervention Specialist (FIS) program in the SunCoast Region and working to identify gaps in service through an evaluation of the ME funded, Medicaid and Community-Based Care lead agency funded services. This is the first of this type of project in the state;

- CFBHN Children's Mental Health Team collaborated with The Florida Coalition for Children and DCF this past fiscal year on several initiatives through a mutual strategic plan focused on improving the ability to work more productively with the Managed Medical Assistance (MMA) Plans;
- CFBHN Children's Mental Health Team continues to collaborate in statewide DCF Managing Entity calls focused on improving clinical services for high risk youth and child welfare involved youth and provided an overview of initiatives being facilitated in SCR;
- CFBHN Florida Healthy Transitions Project Director collaborated with community stakeholders to connect youth and young adults with faith-based leaders for community support efforts;
- As part of the State Opioid Response grant, CFBHN's Network Development and Clinical Services team is overseeing 3 Hospital partnerships around the region. They will initially include DACCO Behavioral Health, First Step of Sarasota, and David Lawrence Center. CFBHN, the providers, and the hospitals are at the beginning stages of developing programs to address Medication Assisted Treatment services in local hospitals;
- CFBHN/NDCS will oversee the Early Intervention Services that were awarded to Success 4 Kids (S4K). S4K aims to have this project up and running by January 1. Mobile Response Team contracts have been awarded and CFBHN and the providers are working towards the implementation stage. There are currently four teams running and are expanding services (Centerstone of Florida, Gracepoint, Gulf Coast Jewish Family Services, and Peace River Center). Additionally, there are two teams that are in the implementation stage (Personal Enrichment through Mental Health Services and The Center for Progress and Excellence). CFBHN is requiring all the teams/services to go live by January 1;
- CFBHN is working with providers around the region to improve HIV services;
- Collaboration with providers in Pasco and Pinellas to create a common standard for suicide assessment;
- Collaboration with network providers and local emergency departments in Hillsborough County to improve access to treatment for individuals with substance use disorders;
- Worked with providers and Hillsborough County staff to develop transitional living intermediate care to bring an additional 40 to 70 beds online to support individuals released from the jail with substance use disorders; and
- Developing a project with Community Assisted and Supported Living (CASL) and Polk County government to create affordable housing.

IV. Needs Assessment

CFBHN completes a needs assessment every three years, with the next cycle requires the assessment to be completed by October 31, 2019. CFBHN is on track with the planning and implementation of the needs assessment. CFBHN also completes an annual Enhancement Plan that is submitted to the Department and outlines the priorities for the year. The priorities of the Enhancement Plan are updated to address emerging needs in the community and current funding of services. Both the Enhancement Plan and Needs Assessment offer opportunities for SCR to identify areas for improvement in our system of care.

V. Budget

Total Amount of DCF State Funds Contracted for Mental Health and Substance Abuse Services in SCR and Circuit 10 as of November 26, 2018: Mental Health \$128,135,548; Substance Abuse \$73,768,560; Total \$208,756,768. Allocation of this funding is reported annually in the Cost Allocation Plan and through invoicing to the Department monthly.

Per Chapter 394 Florida Statutes, CFBHN is not required to competitively procure network providers. CFBHN posts procurement opportunities on their website:

<https://www.cfbhn.org/contracting-procurement/>. Additionally, all procurement notices are sent out via e-mail to all CFBHN network providers, stakeholders and anyone else who has requested to be added to our distribution list. CFBHN's full Guidelines for Contracting New Funding can be found at <https://www.cfbhn.org/wp-content/uploads/2018/12/guidelines-for-contracting-new-funding-from-policy-and-procedure-manual.pdf>. CFBHN's Competitive Procurement Process can be found at <https://www.cfbhn.org/wp-content/uploads/2018/12/competitive-procurement-process-from-policy-and-procedure-manual.pdf>.

Southeast Region District Regional Plan

I. Organization Profile

The Southeast Region (SER) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 15, 17, and 19. The counties included in this area, by circuit, include:

- Circuit 15: Palm Beach;
- Circuit 17: Broward;
- Circuit 19: Martin, St. Lucie, Indian River, and Okeechobee aka The Treasure Coast

The Southeast Region contracts with two (2) Managing Entities (MEs) to oversee the public funding and contracting of behavioral health services on behalf of SAMH. For Circuit 17, Broward County, the ME is Broward Behavioral Health Coalition (BBHC) and for Circuits 15 and 19, Palm Beach and the Treasure Coast, respectively, the ME is Southeast Florida Behavioral Health Network (SEFBHN).

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

BBHC and SEFBHN implemented care coordination practices in the fourth quarter of FY 2016-17 and first quarter of FY 2017-18. BBHC implemented an evidence-based practice, Critical Time Intervention (CTI), which has an average length of stay of nine (9) months. Due to its urban and rural areas, SEFBHN implemented the Coordination of Care Module, which is an electronic system that connects all five-county substance abuse and mental health providers to communicate on bed and service availability, and provides for a more comprehensive availability of historical information on the person served to determine what is the most appropriate, medically needed service and level of care that meets the needs of the individual, reducing wait times for beds, services.

Recovery Peer Specialists

BBHC implemented the “Power of Peers”, utilizing Recovery Peer Specialists, to encourage the person served with continued engagement in their treatment in the community upon discharge from a SMHTF. In FY 2017-18, the readmission rate²⁹ for BBHC dropped from 50% in July 2017 to 20% in April 2018. Likewise, SEFBHN’s readmission rate dropped from 52% to 26% for the same time-period. By May 2018, the number of days to link an individual from a State Mental Health Treatment Facility (SMHTF) to a community service upon discharge for BBHC was zero (0) and for SEFBHN was 15 days.³⁰

B. Community Based Health Promotion and Prevention

BBHC focused on the Centralized Receiving Facility contracted with Henderson Behavioral Health to enhance and increase alternative access options for adults with substance use disorders and youth and young adults to the age of 18. Therefore, through their contract with Henderson Behavioral Health, BBHC is requiring:

²⁹ Substance Abuse and Mental Health Statewide Monthly Performance Report July 2018: VI Care Coordination; page 33

³⁰ Substance Abuse and Mental Health Statewide Monthly Performance Report July 2018: VI Care Coordination; page 36

Note 1: Baseline data prior to this time-frame is not available.

Note 2: The Southeast Region was impacted by the tragic event of February 14, 2018 at Marjory Stoneman Douglas High School. The impact yielded an increase in acute care and higher levels of care services e.g. crisis support and crisis stabilization services, and mobile response.

- Co-occurring services for assessment, evaluation, triage, coordination and linkage;
- Telehealth/Telemedicine;
- Henderson to become an Addiction's Receiving Facility with 2 beds funded by BBHC;
- A Youth Central Receiving Facility also known as the Access Center which will also have Telehealth/Telemedicine services available

Medication Assisted Treatment Services (MAT)

BBHC funded Memorial Healthcare System to provide MAT to individuals who overdose or come through their Emergency Department (ED) with an Opiate Use Disorder. This program includes the ED physician, Pharmacy Department, a Peer, an outpatient treatment team to triage, assess, and engage the individual in MAT services. Further, Memorial Healthcare System is funded to provide MAT services to pregnant mothers, Mothers In Recovery (MIR) Program. This program partners with a residential treatment facility that offers residential level 5 services to pregnant women while they attend the MIR program.

SEFBHN has implemented:

- Coordination of Care Module to have a consumer's historical information for determination of the most appropriate and medically necessary services and level of care, provide for services within the five-county area so a consumer does not have to wait for a bed or service and ensuring that the consumer is involved in their own access, plans, and goals for treatment and services.
- myStrength – "From resiliency to well-being, myStrength's digital behavioral health solutions empower individuals with engaging, clinically-proven resources. myStrength also partners with more than 100 of the largest healthcare payers and providers in the US to extend evidence-based behavioral health access to covered members, promoting higher levels of engagement and satisfaction, improved outcomes, and reduced cost of care delivery."³¹ SEFBHN contracted with myStrength, a website that also offers an application for hand held smart devices, to address the needs for continued engagement in services and treatment of its rural and urban residing residents in the five (5) county area.
- Telehealth/Telemedicine available at New Horizons of the Treasure Coast.
- A system for access, triage, and engagement for individuals using substances and to address the opioid epidemic which includes 211 as an access point for assessment referrals to providers; Rebel Recovery, a peer run organization that provides peer services and engagement into treatment, and many other services for consumers; respite services for consumers while they wait for service availability; Crisis support and detoxification; MAT; Housing; Employment; Transportation; Coordination and linkage of services.

C. Opioid Epidemic

Reduce opioid related overdose deaths

The Southeast Region has hired a Behavioral Health Consultant (BHC) who has established a working relationship with Child Protective Investigator (CPI) teams in Circuits 15 and 19, as Circuit 17 has a dedicated BHC funded by the Managing Entity, identified specifically for this initiative. The BHC assists in the field and uses her clinical expertise to identify parents with behavioral health conditions, with a special focus on those with possible opioid disorders. The BHC assists in improving family engagement in accessing treatment. The BHC, CPI Manager, and Southeast Region SAMH, the Managing Entity, and Child Welfare leadership meet monthly for assessment of efforts to date and to assure ongoing collaboration of efforts in this strategic targeted response. The provider agency/hospital emergency room component of the Opioid Prevention initiative was implemented. The Southeast Region hired a Recovery Oriented Quality Improvement Peer Specialist who focuses on ROSC activities,

³¹ <https://mystrength.com/>

identifying community gaps to address access to services, treatment, and after care services and resources.

D. State Mental Health Treatment Facilities Improvement

BBHC funds a Forensic Multi-Disciplinary Team (FMT) to divert individuals eligible for this service from the SMHTF. BBHC also coordinates beds with M-DFAC for diversion. BBHC released a Request for Letter of Intent (RLI) for a 12-bed short term residential program to further assist the community for diversion from SMHTFs. The SER SAMH Program Office, DCF Legal, BBHC, Mental Health Court Judges, State Attorney's Office, and the Public Defender's Office, as well as the community forensic provider, acute care providers (the publicly funded and the nearest receiving facility to the courthouse) meet monthly to address challenges, barriers, and solutions to the Broward mental health forensic system.

III. Collaboration and Communication

The SER SAMH Program Office along with our MEs work closely with our community partners in all counties. This includes participation in county behavioral health consortiums and various advisory councils surrounding service array and delivery. SAMH staff work with contracted provider groups, Department of Juvenile Justice, Department of Corrections, Judiciary, State Attorney's Office, Public Defenders Office, School Systems, Child Welfare and Adult Protection, The State Hospitals, Law Enforcement, Local Hospitals and Private Providers including Crisis Units, Local Government and various consumer and family groups.

The SER is committed to serving and supporting the needs of the community with as much interaction and involvement as possible. BBHC and SEFBHN have created strategies that align with both the Southeast Region's and the State's priorities to improve and monitor the current Behavioral Health System of Care. The SER Substance Abuse and Mental Health Program (SAMH) office meets with BBHC and SEFBHN routinely e.g. Forensic Meeting, System of Care, Continuous Quality Improvement, Child Welfare Behavioral Health Integration efforts, and more. The DCF-BBHC Partnership Meeting, scheduled every other month, is to address any contractual and programmatic issues, and opportunities to partner. SER SAMH Regional Director and SEFBHN CEO meet monthly to partner on and address community needs, programmatic needs, and align strategies.

SER SAMH and BBHC entered a partnership the Broward Mental Health Forensic system to address challenges and barriers to services for consumers involved in the forensic system and develop collaborative solutions. The goal is to share the information, break down barriers, and focus on collaborative solutions to facilitate an effective forensic system that provides services at the least restrictive level.

Due to the tragic events of February 14, 2018, the Marjory Stoneman Douglas High School shooting, the Governor issued Executive Order 18-81, requiring the six regions in the state to have a minimum of three meetings per quarter to address collaborative and cost sharing opportunities with DCF, DJJ, the MEs, the Sheriff's, the local police municipalities, the schools, and any other system partner. The Southeast Region held nine (9) meetings, three meetings in each circuit, for which a report was generated.

IV. Needs Assessment

The Executive Order Meetings had common themes:

- Access through a "no wrong door" for an individual with mental health, substance use, or co-occurring disorders, inclusive of physical health needs. Increase Certified Peer Specialist workforce in all behavioral health services;

- Navigation to facilitate transition within and across systems e.g. DJJ, Schools, Courts, etc. and access to public and privately funded services e.g. Managed Care Plans, Managing Entities, Commercial Insurance Companies. Navigation includes warm-handoffs. Increase Certified Peer Specialist workforce in all behavioral health services;
- Informed Consent across systems e.g. DJJ, Schools, Courts, etc. and Behavioral Health. Using the Interagency Agreements as a vehicle to accomplish this effort and overcome barriers such as FERPA, HIPAA and 42 CFR. Use the Interagency Agreement Process Framework to facilitate the exchange of information specific to meeting the needs of a school aged child and the coordination of their care, facilitating access to services and resources; and
- A service array that is available after 5pm and on the weekends to meet the needs of parents, families, and children, focusing on a Recovery Oriented System of Care not acute care to meet these needs.

Both BBHC and SEFBHN work with the local communities to address these areas as they arise. For example, BBHC has already begun to address collaborative efforts with Broward County Schools to ensure continuity of services for students requiring services from the school to the community from access to all levels of care. Likewise, SEFBHN identified service gaps in rural communities for which they are already beginning to address. Both these managing entities work to close gaps based on their needs assessments and what is the communities' voice as a demonstrated need.

As outlined in BBHC's Enhancement Plan, there are five (5) priorities which are listed below: Priority 1 – Restore Non-Recurring Mental Health (MH), Substance Abuse (SA) and Prevention Funds, and fund Residential Services, Medication Assisted Treatment (MAT) in response to the opioid crisis, and the Mothers In Recovery Program (MIR) at Memorial

Funding request: \$2,400,000

The need for residential treatment services are for persons being discharged from State Mental Health Treatment Facilities (SMHTF), individuals in the child welfare system, consumers needing crisis services and/or detoxification, youth with substance use disorders, persons in the criminal justice system, and individuals affected by HIV. These are critical services to support vulnerable individuals in our system of care.

- Restore MH Services - \$398,321
- Restore SA residential/sober housing for adults and families - \$700,000
- Fund Recurring Mothers In Recovery Program (Memorial) - \$500,000
- Mental Health Residential Beds - \$ 700,000
- Restore prevention services - \$500,000

Priority 2 – Housing and Care Coordination Teams, and Family/Peer Navigator

Funding request: \$2,100,000

BBHC will fund specialized Care Coordination Teams at the provider level, comprised of two Case Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. This will be an expansion of the Care Coordination initiative to include a team of specialists. Individuals will receive time-limited, intensive case management and peer support services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Family/Peer Navigators will be funded to facilitate access to services. This initiative will serve approximately 210 individuals.

Priority 3 – Ensure Operational Integrity for Managing Entity

Funding request: \$856,469.00 (Including the \$500,000 for Care Coordination Oversight at ME level)

DCF to ensure that the Managing Entities are funded at an appropriate level to cover the cost to sustain operational integrity. Additional initiatives require oversight of new services such as FIT Teams, Opioid treatment, CAT Teams, residential treatment, housing and care coordination, data analytics, and strategies to meet new priorities of effort. Also, there are

increased ME costs for staff cost of living, health insurance, other professional liability insurance, and rent that is necessary for the ME operations. Increased funding to MEs is needed to sustain operational integrity and add proviso language that ensures the continuity of this funding level.

Priority 4 – Multi-Disciplinary Treatment (MDT) Teams

Funding Request: \$2,600,000

Specific services to be provided will increase immediate access to substance use and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting, education, transportation assistance, and peer support. Funding will also assist with expenses such as security deposits for housing, and expenses related to obtaining employment. This will assist individuals in addressing their complex needs, achieve their identified goals on a long-term basis, and lead to self-sufficiency. The MDT Teams will serve approximately 60 individuals on the Family Intensive Treatment (FIT) Team, 70 youth and families on the Community Action Treatment (CAT) Team, and 100 individuals on the Florida Assertive Community Treatment (FACT) Team, annually.

Priority 5 – Broward Forensic Alternative Centers (B-FAC)

Funding Request: \$2,299,500

The B-FAC will provide services by diverting eligible individuals from forensic facilities but there needs to be a locked and secure facility available. The B-FAC will be a safe and cost-efficient community-based residential treatment alternative to serve 60 individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks, and who otherwise would be admitted to state treatment facilities. Individuals will be treated in locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration. When ready to step-down to a less restrictive placement in the community, participants are provided assistance with re-entry and ongoing service engagement. The target population is ITP adults with third degree or non-violent second-degree felony charges, who do not pose significant safety risks.

As outlined in SEFBHN's Enhancement Plan, there are five (5) priorities which are listed below:

Priority 1 – Increased Administrative funding for the Managing Entity Budget

In addition to the need to restore administrative funding for Housing Coordination and Coordination of Care, additional funds are needed for assignment to the Managing Entity to maintain administrative responsibilities and efficiency. The current administrative operating budget is less than 5% of the total budget as a result of an additional \$7,529,000.00 dollars added to the direct services budget.

Priority 2 – An Additional FACT Team for Palm Beach County: Proposed Budget - \$1,183,499

Additional FACT Team availability will result in reduced use of costly high-end residential care. Concordia Behavioral Health completed a cost analysis for SEFBHN, on the Return on Investment of FACT Teams to demonstrate the financial benefits of FACT Teams. The costs for FACT Team consumers were compared to costs for our top 100 utilizers. The average cost per FACT Team consumer was \$3090.00 and the average cost for the top 100 utilizers was \$15,527.00. Many of the costs associated with the Top 100 Utilizers are for intensive inpatient services, so while there is a cost savings benefit - it is further augmented by maintaining individuals with serious mental illness in the community.

Priority 3 – Increased Access to Psychiatric Services: Proposed Budget - \$1,352,000

Hiring the equivalent of 2.5 part-time psychiatrist and contracting with a telemedicine services company for psychiatric care for up to 40 hours a week to serve 1,800-2,000 adults with SMI and Co-Occurring disorders and children with SED and ED in the Treasure Coast.

Priority 4 – Supportive Housing Proposed Budget - \$546,000

SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with SMI and co-occurring disorders. The services provided would include:

- Transitional setting with 6 beds. Individuals would be living independently, paying their own room and board but have access to a supportive living coach and be offered life skill and independent living training. The provider will also assist the residents of the home/apartment in applying for SOAR benefits, and food stamps and in identifying other resources in the community such as public transportation or supportive employment services. They also tend to have access to 24-hour crisis support services, although these services may not be available onsite. This level of supportive housing is intended to be transitional – allowing individuals a safe stable setting while they learn needed skills to eventually live in community-based housing.
- An additional component is for these same Supportive Housing Services as noted in item (1), but for individuals who are already living on their own or looking to transition to a more independent setting (i.e. the adult who has been living with family but who wants to or needs to find their own living arrangement).

Priority 5 – Forensic Services Proposed Budget - \$1,000,000

This addition of a Community Forensic Multidisciplinary Team to our network will allow for more concentrated efforts in coordinating care and providing services necessary to divert the forensic consumer from admission to the state hospital, ensuring the safety of the people we serve, and the community.

V. Budget

Total Amount of DCF State Funds Contracted for Mental Health and Substance Abuse Services in the Southeast Region:

- BBHC total funding: \$62,651,567; Program Contracted Dollars: Mental Health \$ 35,847,515.00 (includes \$2,446,027 for Children’s Mental Health); Substance Abuse \$ 24,157,334.00.
- SEFBHN total funding: \$66,328,618; Program Contracted Dollars: Mental Health \$ 36,970,976.00 (includes \$5,048,619 for Children’s Mental Health); Substance Abuse \$ 26,410,934.00 (includes Children’s Substance Abuse Funds e.g. ME Florida Response to the Opioid Crisis School \$70,000)

For BBHC’s funded services, please see BBHC’s website: <https://bbhcflorida.org/services-we-fund/>. For SEFBHN’s funded services, please see SEFBHN’s website: <https://sefbhn.worldsecuresystems.com/services.html>.

For SEFBHN’s contract information, please see SEFBHN’s contract and amendments located at https://sefbhn.worldsecuresystems.com/contract_am_renewal.html.

Southern Region District Regional Plan

I. Organization Profile

The Southern Region (SNR) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 11 and 16. The counties included in this area, by circuit, are:

- Circuit 11: Miami-Dade
- Circuit 16: Monroe

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

South Florida Behavioral Health Network Inc.'s (SFBHN) network of behavioral health services aligns well with Florida's efforts to transform its current behavioral health system of care into a recovery-oriented system of care (ROSC). SFBHN and the local DCF office have collaborated to create a ROSC Steering Committee and developed a ROSC Action Plan for the Southern Region.

Transform the System of Care into a Recovery Oriented System of Care

1. Provide technical assistance to network providers on operationalizing ROSC within their agency;
2. Develop a Substance Use Coalition and a Provider Workgroup Coalition;
3. Provide training for providers on the integration and supervision of peer services; and
4. Provide workforce development training for peer specialists on knowledge, skills, professionalism, and employer's expectations.

Recovery Peer Specialists

Utilize "Peers on the Move" (POTM), a peer to peer recovery support project, to assist individuals that are being discharged from South Florida State Hospital and from Short-term Residential Treatment (SRT) to reduce recidivism.

1. Peer Bridgers (Specialists) will teach and support the individual to play an active role in their treatment and recovery process;
2. Peer Bridgers will assist in linking the discharged individual with a community mental health center (CMHC) to continue medication management and treatment services in the community; and
3. Peer Bridgers will be an integral member of the individual's treatment team.

No Wrong Door Access to Care

SFBHN's network providers implement a "no wrong door" model by developing a process for assessing, referring and/or treating individuals served to increase access of those identified as co-occurring to provide services for both disorders regardless of the initial point of contact.

The southern region will implement of policies and procedures that mandate a welcoming to individuals with co-occurring psychiatric and substance disorders in all programs to eliminate arbitrary barriers to initial evaluation and engagement. This includes:

1. Specify mechanisms for helping each individual served (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible; and
2. If upon assessment, a network provider determines that the individual served requires a service they do not have the capability of providing, the network provider will create a referral for the individual to receive the service at an alternate provider.

B. Children's Mental Health System of Care

SFBHN's Children's System of Care Department collaborates with community-based agencies and system partners (targeted case managers, social workers, counselors, judges, psychiatrists and psychologists) to ensure the continuity of care throughout all levels of care. SFBHN works with network providers so that the least restrictive level of care is used, which meets the needs of the youth, prior to considering a higher level of care.

Reduce the number of children Baker Acted from Miami Dade and Monroe County Public Schools.

1. Provide Training to Miami Dade and Monroe County Public Schools personnel i.e. Youth Mental Health & First Aid, Trauma Informed Care;
2. Increase prevention and education related to mental health, substance use, bullying and suicide;
3. Collaborate with Miami Dade and Monroe County Public Schools to link children to behavioral health services, including the use of the Mobile Response Team; and
4. Oversee the use of incidental funds which are utilized to support youth in the community and progressively gain stability so they will not require residential placement.

Expand the Children's System of Care Network for young adults with serious emotional disturbances (SED) or those that experience early onset SED/SMI

1. Expand and sustain authentic access and consumer knowledge of access to quality comprehensive, effective services, interventions and supports;
2. Enhance and improve transition planning; and
3. Develop the workforce and support local adoption of system of care values and principles.

Provide care for children/youth entering the system of care in the least restrictive setting

1. Review incoming cases of youth who may require mental health and/or substance abuse treatment and help coordinate least restrictive level of care to meet the needs of the youth; and
2. Provide oversight of clinical quality, utilization, chart compliance, policy & procedure and implementation for district residential programs and community behavioral health providers for Miami-Dade and Monroe Counties.

C. Opioid Epidemic

Miami Dade County (MDC) has seen a significant increase in opiate use within the last few years, along with the rest of the U.S. This uptick is evident when looking at a 126% increase in Miami-Dade in the number of opioid caused death rates from 2015-2016, where the death rate increased from 11.3 people/100,000 in 2015, to 25.5 people/100,000 according to the FDLE Medical Examiner's Report on Drugs Identified in Deceased Persons (2017 Interim Report). In 2016, SFBHN saw a 13% increase in the number of substance abuse admissions that reported opiates as a primary drug of choice, as compared to 2015. Strategies developed to address this crisis have had mixed results. Communities tend to wait for individuals with untreated mental health and substance use disorders, as well as co-occurring health issues, to penetrate acute care systems, including law enforcement, jail, courts, emergency rooms and hospitalizations. The proposed strategy takes a multi-level approach of leveraging community resources and includes the following:

Bring together community Leaders/Partners to address the opioid crisis in our community.

1. Identify community leaders, partners and stakeholders along with available resources needed to address the needs of those affected by the opioid crisis; and

2. Coordinate with stakeholders for behavioral health needs of targeted population including technical assistance and training to the community as necessary.

Increased referrals and linkages into behavioral health services for those affected by the opioid crisis.

1. Set aside funding for detox and post-detox treatment (including Medication Assisted Treatment) to meet the demand of persons volunteering and being admitted through court order;
2. Identify funding for, and contract with, providers to implement behavioral health mobile teams to target specified areas; and
3. Utilize peers within Jackson Memorial Hospital's Emergency Department (ED) to engage individuals that are in the ED due to an opioid overdose into services.

D. Children's Mental Health System of Care

There are several programs within SFBHN providers geared towards aiding parents involved in the child welfare system. These include the Motivational Support Program (MSP), Regional Partnership Grant (RPG), Family Intensive Treatment Team (FITT), Child Welfare Specialty Program (CWSP)/FITT lite, Families Engaged in Recovery and Safety (FERAS), and Clinical Consultation Service (CCS). In addition, SFBHN and Our Kids convene a monthly workgroup that meets to discuss the operational barriers that arise to coordinating services for child welfare involved families. This provides a forum to work through day to day difficulties that common clients may come across or providers may experience. SFBHN's Child Welfare Integration Coordinator chairs this workgroup and is tasked with ensuring that the goals of the Child Welfare Integration Program are being met which includes:

Retain child-welfare involved families in behavioral health treatment and prevent at risk children from receiving out of home placement.

Behavioral Health Providers will measure:

1. Access to treatment;
2. Retention in treatment; and
3. Successful discharges.

Create interagency collaboration protocols and working agreements based on consensus regarding values that underlie the collaboration and goal of the partnership.

1. Identify 2 Child Welfare Champions at each network provider that work as a liaison for child welfare professionals navigating the behavioral health system;
2. Behavioral Health Champions will be identified at each child welfare agency to work as a liaison for behavioral health professionals navigating the child welfare system; and
3. Increase the understanding of the language that each system utilizes and encourage the use of system friendly language when communicating.

E. Community Based Health Promotion and Prevention

The Prevention System of Care goals are consistent with the State Substance Abuse and Mental Health Program Office (SAMH) prevention goals, as well as the SAMH Block Grant, and the objectives mirror literature on risk and protective factors as well as localized data regarding substance use and risks. As with the Florida SAMH, Florida Youth Substance Abuse Survey (FYSAS) data is used as a baseline guiding measure. Localized provider program-level data will also be used to measure interim success towards achieving the goals and objectives, as this data more specifically defines youth, families, and communities receiving prevention services. These include the following:

Increase the age of onset for youth first use of marijuana (decrease lifetime use) and decrease the percentage of youth who report current use (past 30 days) of marijuana.

1. Increase the percent/age of youth reporting that marijuana is harmful;
2. Decrease favorable attitudes related to marijuana among youth;
3. Increase prosocial skills for youth (e.g. refusal, social skills, communication);
4. Decrease favorable attitudes about marijuana among parents of children and youth; and
5. Decrease community access to marijuana.

Increase the age of onset for youth first use of alcohol (decrease lifetime use) and decrease the percentage of youth who report current use (past 30 days) of alcohol.

1. Decrease favorable attitudes about alcohol among youth;
2. Decrease favorable attitudes about alcohol among parents of children and youth;
3. Increase perceptions of harm for youth about binge drinking; and
4. Decrease community access to alcohol.

Decrease lifetime use for youth who report misuse of over-the-counter and prescription drugs; B. Decrease lifetime use for youth reporting any use of illicit drugs (other than marijuana).

1. Increase the percent/age of youth reporting that prescription drug use is harmful;
2. Increase prosocial skills for youth (e.g. refusal, social skills, communication);
3. Create community awareness regarding youth misuse of prescription drugs and over-the-counter medications; and
4. Provide prosocial opportunities for youth and families through coordination of prevention services with other opportunities at community sites.

Increase the effective use of the strategic prevention framework to build capacity of the South Florida Behavioral Health Network Prevention System of Care to collaborate effectively to accomplish the Goals and Objectives of this Comprehensive Community Action Plan (CCAP).

1. Increase the quality of prevention services provided to youth and their families within the Prevention System of Care;
2. Implement prevention strategies across multiple ecological levels through collaboration and coordination between direct service providers and community coalitions;
3. Build the capacity of adults working with youth (e.g. school personnel, community coalition members) regarding substance use prevention trends and issues; and
4. Increase coordination of health services (mental health, substance use, primary care) for youth and their families.

Consistent with the State priorities, SFBHN has identified the goals for suicide prevention.

1. Integrate and coordinate suicide prevention activities across multiple sectors; and
2. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behavior.

F. State Mental Health Treatment Facilities Improvement

SFBHN continues to strengthen their relationship with our criminal justice partners through the continued efforts of the Jail-In Reach project. SFBHN has hired a Care Coordinator dedicated to this project in collaboration with 11th Judicial Criminal Mental Health Project. This project offers several interception points where individuals suffering from a mental health disorder who are incarcerated can be linked to community-based care. Facilitating access to community-based care is not only more recovery oriented, it decreases the risk of forensic commitment. SFBHN will lead efforts to facilitate the understanding of C. 16's stakeholders of the different intercept points where the SFBHN's funded Forensic Specialist can facilitate access to care for individuals at risk of forensic commitment.

Reduce Forensic Admissions

Maximize the use of the Jail-In Reach grant to increase diversions for C. 11 and develop a comprehensive and coordinated forensic diversion path for C. 16/Monroe County which will reduce the number of individuals admitted to forensic mental health hospitals from both circuits.

Transitions from SMHTF

SFBHN was able to repurpose dollars to launch a Peers-on-the-Move pilot program with Fresh Start of Miami-Dade. The program receives referrals from our local SMHTF of individuals that are placed on the seeking placement list. The peers of this program engage individuals inside the SMHTF with the purpose of establishing rapport to promote engagement and compliance once discharged. SFBHN will continue to fund this program to support and improve the transition of care from SMHTF to the community.

III. Collaboration and Communication

SFBHN coordinates with DCF regional and central offices in the implementation and oversight of the system of care. The DCF SAMH Program Office provides review and input into SFBHN's activities including conducting internal and external review activities to assure that the agreed upon level of services are achieved and maintained throughout the network. SFBHN partners with DCF to ensure that the mission and goals of both the Department and SFBHN are met through the activities of the ME. The Southern Region SAMH office meets with the ME quarterly to address any contractual issues and then again to address any programmatic issues.

SFBHN recognizes and values stakeholder collaboration and input into its network activities. The organization understands that meeting stakeholder needs and utilizing feedback is a core goal of a solid community network. SFBHN values stakeholder satisfaction and welcomes feedback about service delivery and other satisfaction issues from simple adjustments that may guide in improved efficiency and effectiveness to larger issues that may require organizational or system-wide interventions.

SFBHN engages in activities that continuously seek information from stakeholders regarding their experience with the organization and SOC providers. SFBHN employs various strategies to obtain feedback from stakeholders which shall include but is not limited to the following: Community forums; Personnel exit interviews; Provider/Contractor surveys; Community partnership meetings; Personnel and community surveys; Strategic planning meetings; Provider and community focus groups and workshops; and Provider meetings.

Activities involving stakeholder groups are documented in meeting minutes maintained by the staff leading the meetings. Information is reported by department directors on quarterly reports which are reviewed by the management. The organization's leadership team reviews quarterly reports and provides appropriate feedback and suggestions. Information is also shared with staff during team and department meetings.

SFBHN has worked intensively on developing and strengthening community collaboratives. SFBHN is committed to managing a system of care that is supported by individuals served, families, community stakeholders, providers and other resources. SFBHN maintains collaborative agreements with various system partners to ensure integration of behavioral health with multiple systems. SFBHN continually partners and maintains collaboratives with, but not limited to, Our Kids, Inc. (Child Welfare), Motivational Support Program (MSP) (Child Welfare), Housing Initiatives (Housing Partners), Employment Initiative (Employment Partners) and Forensic System, Judiciary, Department of Corrections, Law Enforcement, State Hospitals, Crisis Units, Local government and many other various consumer and family groups. These various

collaboratives hold regular meetings and are inclusive of individuals served, families, stakeholders, and providers.

On a statewide level, SFBHN collaborates with the Florida Council for Community Mental Health (Florida Council, Florida Alcohol and Drug Abuse Association (FADAA), and Florida Association of Managing Entities (FAME). These collaboratives allow for statewide strategies and input to be incorporated into the region's activities.

IV. Needs Assessment

An important opportunity for improvement for the System of Care for the Southern Region is the successful support and management of the Managing Entity (ME). SFBHN has completed a needs assessment and adjustments to the current service delivery system have been made based on these findings regularly since fully transitioning the contract in 2010. SFBHN conducts various activities to determine community needs. These include running a variety of qualitative reports including, but not limited to looking at trends, penetration rates, provider performance, and treatment gaps.

SFBHN submits quarterly to the DCF local office a CQI quarterly report that outlines various community activities and needs. These quarterly reports are shared at various planning committees including, but not limited to: SFBHN's SOC/QI Committee, the Board of Directors, ASOC Providers & Stakeholders, CSOC Providers & Stakeholders, and DCF local office for public (community) comments. Feedback from the various committees/planning bodies are taken and incorporated into SFBHN's activities. Additionally, annually SFBHN reviews the annual data sets to determine trends and identify gaps. This analysis is shared at community planning meetings and with the Department. The results and feedback from the community planning meetings are then incorporated into SFBHN's Strategic Plan and goals. The Strategic Plan and goals are monitored regularly and reviewed at the various committee and community meetings described above to determine progress and make adjustments, if necessary. These reports are sent to the local office as generated.

The Prevention System of Care conducts a community needs assessment through the evaluation consultant and the community coalitions. The report is shared with the community.

V. Budget

The total amount of money available for AMH is \$41,167,828, for CMH is \$7,446,455, for ASA is \$26,120,515, for CSA is \$10,969,897 and for Administration is \$3,892,936.

For the full description on how funds are allocated to purchase the covered services described above, please see SFBHN's Cost Allocation Plan which is submitted annually to the Department. The most recent update to the Cost Allocation Plan was submitted on August 14, 2018. SFBHN promotes contracting with providers that are stable and have demonstrated a history of performance, both fiscally and operationally, for quality, appropriateness, and efficiency of the services provided. SFBHN's procurement process also promotes quality behavioral health services with financial responsibility by the providers to improve direct service management and limit unnecessary expenditures.

Appendix 3

SAMH-FUNDED CONTRACTS

Appendix 3 provides a summary of all SAMH-funded contracts with the Department.

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2018-19					
Contract #	Management Region	Provider	Contract Lifetime Funding	Current Fiscal Year Funding	Service Type
AHME1	Northwest	Big Bend Community Based Care, Inc.	\$348,183,217	\$72,343,776	Managing Entity / Community SAMH
EH003	Northeast	Lutheran Services Florida, Inc.	\$882,195,617	\$137,203,487	Managing Entity / Community SAMH
GHME1	Central	Central Florida Cares Health Systems, Inc.	\$532,047,252	\$70,275,305	Managing Entity / Community SAMH
IH611	Southeast	Southeast Florida Behavioral Health Network, Inc.	\$380,735,580	\$66,328,618	Managing Entity / Community SAMH
JH343	Southeast	Broward Behavioral Health Coalition, Inc.	\$348,247,571	\$62,651,567	Managing Entity / Community SAMH
KH225	Southern	South Florida Behavioral Health Network, Inc.	\$778,721,997	\$87,859,699	Managing Entity / Community SAMH
QD1A9	SunCoast	Central Florida Behavioral Health Network, Inc.	\$1,714,518,094	\$204,722,997	Managing Entity / Community SAMH
AI102	Headquarters	Lakeview Center, Inc.	\$34,943,280	\$5,823,880	Privatized MHTF
LI807	Headquarters	Correct Care, LLC	\$271,105,335	\$28,510,006	Privatized MHTF
LI808	Headquarters	Correct Care, LLC	\$133,364,055	\$26,469,966	Privatized MHTF
LI809	Headquarters	Correct Care, LLC	\$184,732,549	\$36,915,755	Privatized MHTF
BI201	Northwest	Aramark Management Services Limited	\$88,690,220	\$9,374,020	MHTF Support
BI205	Northwest	Florida State University	\$136,674	\$22,779	MHTF Support
BIU04	Northwest	Morrison Management Specialists	\$27,804,316	\$2,715,603	MHTF Support
DI410	Northeast	Consent Advocates	\$308,103	\$77,026	MHTF Support
DI412	Northeast	Florida Clinical Practice Assoc.	\$227,088	\$151,200	MHTF Support

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2018-19					
Contract #	Management Region	Provider	Contract Lifetime Funding	Current Fiscal Year Funding	Service Type
DI413	Northeast	Ernst Nicolitz, M.D., P.A.	\$573,952	\$143,488	MHTF Support
DI414	Northeast	Speech & Language Consultants, LLC	\$156,000	\$39,000	MHTF Support
DI417	Northeast	Healthworks Of Lake City, Inc.	\$99,372	\$49,686	MHTF Support
DI418	Northeast	Public Consulting Group, Inc.	\$1,433,500	\$502,250	MHTF Support
YBI23	Northwest	Crown Health Care Laundry Services	\$391,560	\$391,560	MHTF Support
LD982	Headquarters	ICF Macro Inc	\$3,262,666	\$574,710	Operational Support
LD984	Headquarters	Collaborative Planning Group Systems, Inc.	\$1,412,708	\$227,918	Operational Support
LD986	Headquarters	Florida Alcohol and Drug Abuse Association	\$15,310,026	\$5,592,513	Operational Support
LD987	Headquarters	Florida Alcohol and Drug Abuse Association	\$3,884,492	\$1,146,884	Operational Support
LD988	Headquarters	Peer Support Coalition of Florida	\$103,020	\$42,650	Operational Support
LD991	Headquarters	Florida Association of Recovery Residences	\$300,000	\$300,000	Operational Support
LH242	Headquarters	Alliance for The Mentally Ill of Collier County	\$938,242	\$182,628	Operational Support
LH290	Headquarters	Certification Board for Addictions	\$1,352,745	\$454,643	Operational Support
LH292	Headquarters	University of South Florida	\$2,107,201	\$450,000	Operational Support
LH293	Headquarters	University of South Florida	\$736,329	\$83,352	Operational Support
LH294	Headquarters	Hillsborough County Crisis Center	\$400,000	\$20,000	Operational Support
LH244	Headquarters	Kepro Acquisitions, Inc.	\$4,981,767	\$900,786	Operational Support

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LH318	Headquarters	The Ronik-Radlauer Group, Inc.	\$334,016	\$143,008	Operational Support
LH773	Headquarters	Lighthouse Software Systems LLC	\$522,120	\$86,280	Operational Support
LH774	Headquarters	Trilogy Integrated Resources, LLC	\$500,000	\$500,000	Operational Support
LH775	Headquarters	Florida Alliance For Health Communities	\$250,000	\$250,000	Operational Support
LHZ68	Headquarters	University of South Florida	\$260,381	\$84,397	Operational Support
YLH21	Headquarters	Department of Health	\$82,875	\$82,875	Operational Support
LI702	Headquarters	Correct Care, LLC	\$254,383,633	\$26,194,013	SVP Facility
LH295	Headquarters	Salvatore M. Blandino	\$333,192	\$333,192	SVP Professional Services
LH296	Headquarters	Peter M. Bursten	\$26,000	\$15,000	SVP Professional Services
LH297	Headquarters	Chris J. Carr Ph.D., Inc	\$75,000	\$40,000	SVP Professional Services
LH298	Headquarters	Julie Costopoulos	\$15,000	\$15,000	SVP Professional Services
LH299	Headquarters	Karen T.J. Dann-Namer Ph.D., PA	\$54,000	\$25,000	SVP Professional Services
LH300	Headquarters	Martin E Falb, Phd, PA	\$40,000	\$20,000	SVP Professional Services
LH301	Headquarters	Michael P Gamache	\$17,660	\$15,000	SVP Professional Services
LH302	Headquarters	Graham Psychological Services Ltd.	\$67,500	\$35,000	SVP Professional Services
LH303	Headquarters	Red Hills Psychology Associates	\$60,000	\$30,000	SVP Professional Services

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LH304	Headquarters	Specialized Treatment & Assessment	\$27,766	\$20,000	SVP Professional Services
LH305	Headquarters	Eric Jensen	\$50,500	\$30,000	SVP Professional Services
LH307	Headquarters	Advanced Psychological Associates	\$45,000	\$25,000	SVP Professional Services
LH308	Headquarters	Karen C. Parker, Ph.D. P.A.	\$55,400	\$30,000	SVP Professional Services
LH309	Headquarters	Gregory A. Prichard	\$25,600	\$15,000	SVP Professional Services
LH310	Headquarters	Rapa, Sheila K.	\$60,000	\$30,000	SVP Professional Services
LH311	Headquarters	Celeste N Shuler Ph.D.	\$60,000	\$30,000	SVP Professional Services
LH312	Headquarters	Clinical & Forensic Psych Associates	\$90,000	\$45,000	SVP Professional Services
LH313	Headquarters	Daniel L. Ward, Ph.D., P.A.	\$33,000	\$20,000	SVP Professional Services
LH314	Headquarters	Wilson Psychology Services LLC	\$16,813	\$15,000	SVP Professional Services
LH315	Headquarters	Patrick E. Cook, Ph.D.	\$16,500	\$10,000	SVP Professional Services
LH316	Headquarters	Carolyn Stimel, Ph.D.	\$17,500	\$10,000	SVP Professional Services
LH317	Headquarters	Lynne Westby	\$240,000	\$120,000	SVP Professional Services
LH273	Headquarters	Twin Oaks Juvenile Development, Inc.	\$46,845,860	\$8,089,136	JITP Services

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LH289	Headquarters	University Of South Florida	\$2,500,000	\$500,000	Reinvestment Grant Program
LH319	Headquarters	Operation Par, Inc.	\$614,250	\$136,500	Reinvestment Grant Program
LH771	Headquarters	Lutheran Services Florida, Inc.	\$100,000	\$33,333	Reinvestment Grant Program
LH772	Headquarters	SMA Behavioral Health Services, Inc.	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ47	Headquarters	Centerstone Of Florida, Inc.	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ48	Headquarters	Meridian Behavioral Healthcare, Inc.	\$1,500,000	\$500,000	Reinvestment Grant Program
LHZ49	Headquarters	Hillsborough County	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ50	Headquarters	Miami-Dade County	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ51	Headquarters	Orange County Board of County Commissioners	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ52	Headquarters	Pinellas County Board of County Commissioners	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ53	Headquarters	Guidance / Care Center, Inc	\$1,073,045	\$357,682	Reinvestment Grant Program
LHZ54	Headquarters	Collier County	\$1,042,506	\$350,108	Reinvestment Grant Program
LHZ55	Headquarters	Polk County	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ56	Headquarters	Lifestream Behavioral Center, Inc.	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ57	Headquarters	Southeast Florida Behavioral Health Network, Inc.	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ58	Headquarters	City of Jacksonville	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ59	Headquarters	Lee County Board of County Commissioners	\$825,000	\$275,000	Reinvestment Grant Program

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LHZ60	Headquarters	Martin County Board of County Commissioners	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ69	Headquarters	Hillsborough County	\$1,200,000	\$400,000	Reinvestment Grant Program
LHZ70	Headquarters	Southeast Florida Behavioral Health Network, Inc.	\$1,126,044	\$250,232	Reinvestment Grant Program
LHZ71	Headquarters	Seminole County Board of County Commissioners	\$1,200,000	\$403,000	Reinvestment Grant Program
LHZ75	Headquarters	Meridian Behavioral Healthcare, Inc.	\$700,000	\$700,000	Reinvestment Grant Program
LHZ76	Headquarters	Lutheran Services Florida, Inc.	\$1,198,362	\$366,384	Reinvestment Grant Program
LHZ77	Headquarters	Polk County	\$1,200,000	\$333,333	Reinvestment Grant Program
LHZ78	Headquarters	SMA Behavioral Health Services, Inc.	\$695,181	\$212,416	Reinvestment Grant Program