Assessment of Behavioral Health Services

Fiscal Year 2021-2022

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

The Department of Children and Families (Department) is directed through section 394.4573, F.S. to *"submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services"* in the State of Florida. This report outlines the Department's assessment of behavioral health service needs in Florida.

In 2016, the Florida Legislature passed Senate Bill 12 which altered the landscape of publicly funded behavioral health services. The legislation addressed access to services and the essential elements of coordinated systems of care for individuals with behavioral health conditions. The behavioral health delivery model has since shifted from an acute care model of service delivery to a recovery model focused on offering an array of services and supports to meet an individual's and family's pathway to recovery and wellness, focusing the Department's overarching goal on transforming behavioral healthcare in Florida into a Recovery-Oriented System of Care (ROSC).

In 2020, the Florida Legislature passed, and the Governor subsequently signed into law[1], Senate Bill 7012, which amended s. 394.4573, F.S., requiring the annual assessment to also consider the availability of and access to coordinated specialty care programs and identify any gaps in the availability of and access to such programs in the state. Senate Bill 7012 also amended s. 394.455, F.S., to define coordinated specialty care programs to mean an evidence-based program for individuals who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate psychotropic medication as needed.

This report is an assessment of Florida's implementation of that model for Fiscal Year 2020-2021. This assessment does not consider behavioral health services funded or administered through additional State of Florida agencies. However, it is the intent of the Legislature that *"managing entities work to create linkages among various services and systems, including juvenile justice and adult criminal justice, child welfare, housing services, homeless systems of care, and health care."*[2] This assessment also satisfies the requirement in s. 394.4573, F.S., as the Department addresses the availability of and access to coordinated specialty care programs. Future iterations of this assessment will consider behavioral health services funded wholly or partially by other agencies within the State of Florida.

[1] Ch. 2020-39, L.O.F.

[2] Pursuant to s. 394.9082(1)(a), F.S.

Managing Entities

The Florida Legislature found that a managing structure that places responsibility for publicly-funded behavioral health services in local entities would promote access to care and continuity, be more efficient and effective, and streamline administrative processes to create cost efficiencies and provide flexibility to better match services to need.[3] As a result, the Office of Substance Abuse and Mental Health (SAMH) contracts with seven Managing Entities for the administration and management of regional behavioral health systems of care throughout the state. The Managing Entities are private, non-profit organizations responsible for planning, implementation, administration, monitoring, data collection, reporting, and analysis for behavioral health care in their regions. Managing Entities contract with local service providers for the provision of prevention, treatment, and recovery support services.

Procurement of the Managing Entity contracts is governed by both ch. 287, F.S., which applies generally to all state contracts, and s. 402.7305, F.S., which applies specifically to Department contracts. In accordance with both Florida and federal law, the contracts were competitively procured. In addition to the procurement requirements, the statutory authority for the Department to contract with Managing Entities provides for a fixed payment contract, with the equivalent of a two-month advance payment, and equal monthly payments thereafter.[4] The Managing Entity is also permitted to carry up to 8% of state general revenue from fiscal year to fiscal year, for the life of the contract.[5]

Consistent with the organizational structure of the Department, these contracts are executed, implemented, and managed by the regional managing director and staff. In consultation with the Office of SAMH, the Regional SAMH director ensures that each Managing Entity meets statewide goals and is responsive to the unique conditions in each community. Figure 1 is a color-coded map that depicts each Managing Entity's catchment area and DCF regions and circuits. It also lists each county within each Managing Entity's geographic catchment area.

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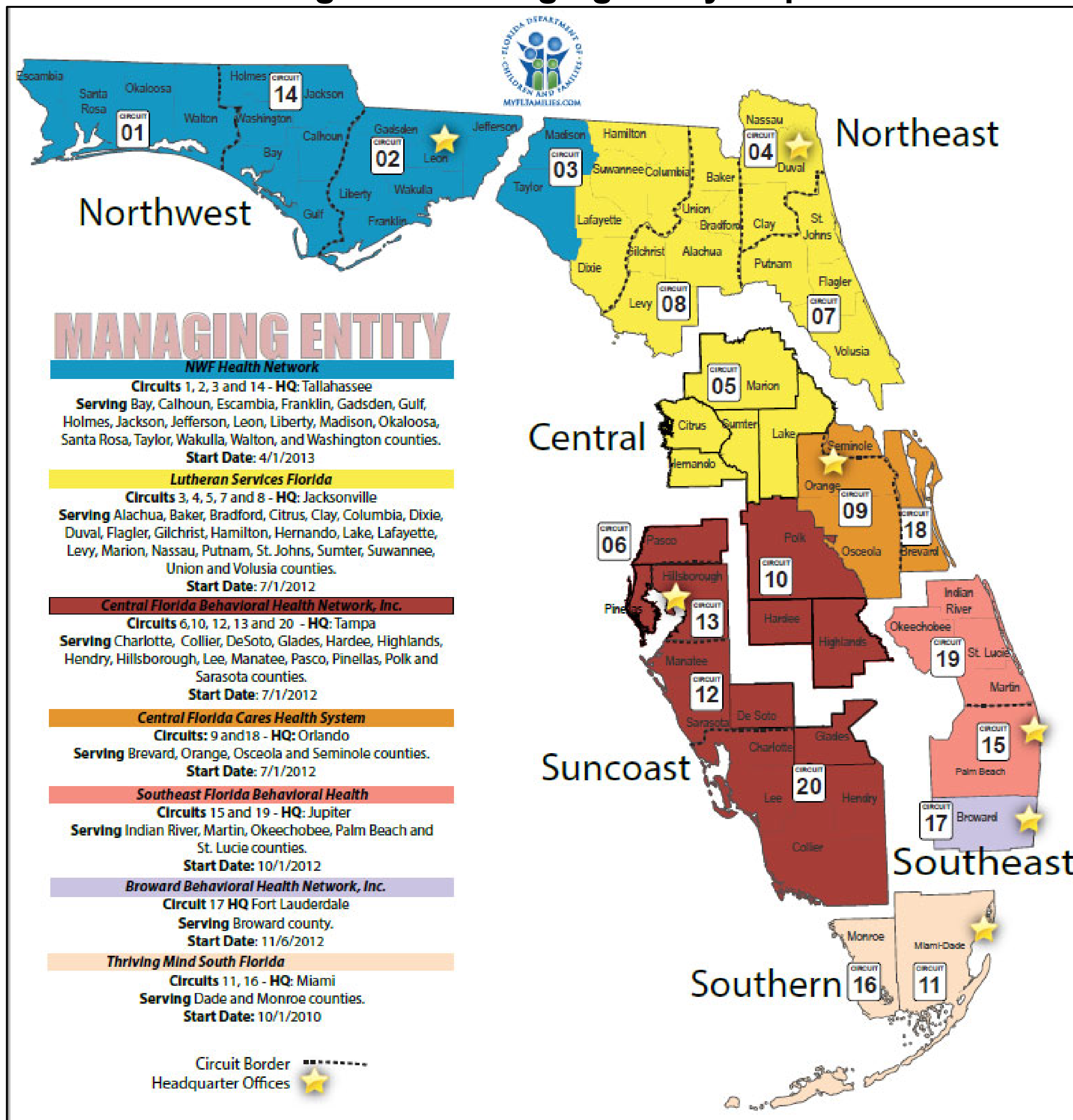
[3] S. 394.9082(1), Florida Statutes (F.S.).
[4] Ch. 2013-47, L.O.F., and s. 394.9082(9), F.S
[5] Ibid.

Figure 1: Managing Entity Map



Purpose

This report is an assessment of several key features within the Department's statewide SAMH system of care, these are the key elements outlined:

- the extent to which designated receiving systems function as no-wrong door models;
- the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;
- the availability of less-restrictive services;
- the utilization of evidence-informed practices; and
- the availability of and access to coordinated specialty care programs, who focus on Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP).

This assessment supports the Department's successful and continuing implementation of a coordinated system of behavioral health care in the State of Florida.

The Department of Children and Families Substance Abuse and Mental Health System of Care

The Department is the single state authority for substance abuse and mental health in the state of Florida. The Office of SAMH develops standards for the provision of prevention, treatment, and recovery services in partnership with other state agencies that also fund behavioral health services.

In accordance with chapter 397, F.S., the Department is responsible for developing a comprehensive state plan and adopting rules for the provision and funding of substance abuse services. The Department provides, on a direct and contractual basis, public education programs and an information clearinghouse to disseminate information about the nature and effects of substances; training for personnel who provide substance abuse treatment, services, and recovery supports; a data collection and dissemination system, in accordance with applicable federal confidentiality regulations; and basic epidemiological and statistical research and the dissemination of the results. The Department also licenses and regulates substance abuse service providers; provides training and technical assistance to other state agencies on substance abuse prevention and treatment to enhance information sharing and services; develops joint agreements with other state agencies; conducts background checks for service provider personnel, recognize a statewide certification process for addiction professionals, and designates addiction receiving facilities for the purpose of ensuring only qualified service providers render services within the context of a secure facility setting.

In accordance with chapter 394, F.S., the Department is responsible for planning, evaluating and implementing a comprehensive statewide program for mental health that is inclusive of community-based behavioral health services, receiving and treatment facilities, child services, research, and training as authorized and approved by the Legislature, based on the annual program budget of the Department. The Department is also responsible for the coordination of efforts with other departments and divisions of the state government, county and municipal governments, and private agencies concerned with and providing mental health services. It is responsible for establishing standards, providing technical assistance, and exercising supervision of mental health programs of, and the treatment of patients at, community facilities, other facilities for persons who have a mental illness, and any agency or facility providing services to patients pursuant to this part.

Funding to support the substance abuse and mental health services implemented by the Department, through contracts with the Managing Entities, is significantly derived from the Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment

(SAPT) Block Grants administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the block grant funding is for the implementation of programs used for treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.

- **The Substance Abuse Prevention and Treatment Block Grant:** funds are used to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.
- **The Community Mental Health Services Block Grant:** funds are used to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances, and to monitor progress in implementing a comprehensive, community-based mental health system.

The Department is responsible for providing coverage to the uninsured and underinsured populations.

- **Uninsured** - Fund priority treatment and support services for individuals *without insurance or for whom coverage is terminated for short periods of time.*
- **Underinsured** - Fund priority treatment and support services not covered by Children's Health Insurance Program (CHIP), Medicaid, Medicare, or private insurance for low-income individuals.

Each block grant has specific funding earmarked for specific services tied to specific target populations. Below is a detailed outline of the target populations and service areas:

- **Substance Abuse Prevention and Treatment Block Grant**
    - Target populations and service areas
        - Intravenous drug users
        - Pregnant women and women with dependent children
        - Tuberculosis services
        - Early intervention services for HIV/AIDS
        - Primary prevention services
    - Funds a comprehensive array of services, including outreach, assessments, case management, intervention, outpatient, detox, residential, recovery support, supported employment, supportive housing, medication-assisted treatment, aftercare, etc.
    - SAMHSA requires that at least 20% of funds be used for primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing substance use disorder treatment.
    - SAMHSA requires 5% of the award be used for onsite HIV testing for individuals enrolled in treatment and associated early intervention services.
    - SAMHSA requires at least $9.3 million per year in Substance Abuse Prevention and Treatment block grant or state funds must be used to serve pregnant women and women with dependent children.
    - SAMHSA requires service priority be given to intravenous drug using pregnant woman and then intravenous drug using individuals.

- **The Community Mental Health Services Block Grant**
    - Target populations
        - Adults with serious mental illnesses
        - Children with serious emotional disturbances

    - Comprehensive, community mental health services
        - Screening
        - Outpatient treatment
        - Emergency mental health services
        - Day treatment programs
    - For the Community Mental Health Services block grant, SAMHSA requires at least 5% be spent on core crisis services:
        - Mobile Response Teams
        - Crisis call centers
        - Crisis stabilization services
        - Short-term residential treatment
        - Suicide prevention
- At least 10% of the Community Mental Health Services block grant must be spent on early serious mental illness.
- Funds cannot be used for inpatient hospital services, to supplant or replace nonfederal funding, or to purchase buildings or major medical equipment.

The Department is also required by the block grants to collect performance and outcome data for mental health and substance use, and to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. The block grant funds may also be used to support training and/or technical assistance, needs assessments, quality assurance activities, evaluations, and information systems.

Block grant funds are administered through the following process:

1. Substance abuse and mental health block grant funding is awarded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
2. The Department receives block grant funds for assistance for individuals who are uninsured or underinsured.
3. The Department, through contractual agreements, distributes funding to seven Managing Entities across the state of Florida.
4. The Managing Entities establish contracts with community mental and substance abuse providers who offer services for prevention and treatment to Floridians.
    a. Each Managing Entity has its own process for contracting services through providers, such as request for qualifications or procurement for services.
5. Community mental and substance abuse providers serve Floridians within the block grant priority populations by providing a comprehensive array of benefits.

Block grant funding is currently administered by both the Department and the Managing Entities through contracts. SAMHSA requires no more than 5% of each block grant award can be spent on administration. Table 1 displays recurring block grant funding award amounts and estimates for federal fiscal years 2021 to 2023.

Table 1: Standard Block Grants Funding (Recurring)

Award Year (Oct 1 - Sept 30)	Substance Abuse Prevention and Treatment Block Grant Award Amount	Community Mental Health Services Block Grant Award Amount
Recurring 2021 (current)	$ 111,389,890	$ 47,760,577
Recurring 2022 (estimated)	$ 111,389,890	$ 47,760,577
Recurring 2023 (estimated)	$ 111,389,890	$ 47,760,577

**Note: Each standard block grant award has an allowable expenditure period of two years (based on Federal FY Oct – Sept).*

Additional funding to support substance abuse and mental health treatment services are derived from general revenue dollars appropriated to the Department by the Legislature and additional federal discretionary grants awarded to the Department by SAMHSA. In addition to state funding available through the Department, Florida's local governments have a statutory vehicle to support behavioral health services through a match requirement based on the state general revenue that a provider receives.[6] This match may be satisfied through cash or in-kind contributions. The authorizing legislation has set this up as a community issue that is negotiated between local governments and providers. Furthermore, some local governments dedicate additional funding for behavioral health services, while others do not.

Pursuant to s. 394.674, F.S., the following priority populations for funding are established for contracts implemented through the Department:

- For substance abuse treatment services:
    - Adults who have substance use disorders and a history of intravenous drug use;
    - Persons diagnosed as having co-occurring substance use and mental health disorders;
    - Parents who put children at risk due to a substance use disorder;
    - Persons who have a substance use disorder and have been ordered by the court to receive treatment;
    - Children at risk for initiating drug use;
    - Children under state supervision;
    - Children who have a substance use disorder but who are not under the supervision of a court or in the custody of a state agency; and
    - Persons identified as being part of a priority population as a condition for receiving services funded through the CMHS and SAPT Block Grants.

- For adult mental health services:
    - Adults who have severe and persistent mental illness. Included within this group are:
        - Older adults in crisis; and
        - Older adults who are at risk of being placed in a more restrictive environment because of their mental illness;
    - Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916 residing in the community;
    - Other persons involved in the criminal justice system;
    - Persons diagnosed as having co-occurring mental illness and substance use disorders; and
    - Persons who are experiencing an acute mental or emotional crisis.

[6] S. 394.76, F.S.

    - Persons up to the age of 35 diagnosed with an Early Serious Mental Illness or First Episode Psychosis

- For children's mental health services:
    - Children who are at risk of emotional disturbance;
    - Children who have an emotional disturbance;
    - Children who have a serious emotional disturbance; and
    - Children diagnosed as having a co-occurring substance use disorder and emotional disturbance or serious emotional disturbance.
    - Adolescents diagnosed with an Early Serious Mental Illness or First Episode Psychosis

In SFY 2019-2020 and 2020-2021, approximately 80% of the population served by the Department were adults. In SFY 2019-2020, the Department served 48,798 children and 199,524 adults, and in SFY 2020-2021, the Department served 40,730 children and 185,197 adults (see Table 2). Most individuals are served by the Department within the community mental health service setting, followed by state psychiatric hospitals and residential treatment facilities (see Table 3).

Table 2: Individuals Served

Population Served	07/01/2019-06/30/2020		07/01/2020-06/30/2021	
	Total	Percentage	Total	Percentage
Children	48,798	20%	40,730	18%
Adults	199,524	80%	185,197	82%
Total	**248,322**		**225,927**	

Table 3: Number of Unduplicated Individuals Served by Setting

Service Setting	July 1, 2019 - June 30,2020		July 1, 2020 - June 30, 2021	
	Total	Percentage	Total	Percentage
Community Mental Health	187,414	96%	185,937	96%
State Psychiatric Hospitals	4,448	2%	5,124	3%
Residential Treatment	2,440	1%	2,913	2%
Total	**194,302**		**193,974**	

Substance Abuse Services

Substance Abuse services in Florida are authorized by chapter 397, F.S., and regulated by chapter 65D-30, F.A.C. The Department is statutorily required to license certain substance abuse service components and approve credentialing entities for addiction professionals and recovery residences. Chapter 397, F.S., provides for a system of care that is community based, reflecting the principles of recovery and resiliency.

Section 397.305(3), F.S., requires a system of care that will "provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the least restrictive environment which promotes

long-term recovery while protecting and respecting the rights of individuals, primarily through community-based private not-for-profit providers working with local governmental programs involving a wide range of agencies from both the public and private sectors." The system of care is comprised of the following broad categories of substance abuse services:

- Primary prevention services that prevent or delay substance use and associated problems, which include:
    - Information dissemination;
    - Education;
    - Alternative drug-free activities;
    - Problem identification and referral;
    - Community-based processes; and
    - Environmental strategies.
- Intervention services, which are structured services aimed at individuals at risk of substance abuse, focusing on outreach, early identification, short-term counseling and referral.
- Clinical treatment, which includes professionally directed services to reduce or eliminate misuse of alcohol and other drugs, such as:
    - Outpatient and intensive outpatient treatment;
    - Day or night treatment;
    - Medication-assisted treatment;
    - Residential Treatment;
    - Intensive inpatient treatment; and
    - Detoxification.
- Recovery support services are designed to help individuals regain skills, develop natural support systems, and develop goals to help them thrive in the community and promote recovery, such as:
    - Aftercare;
    - Supported housing;
    - Supported employment; and
    - Recovery support.

Within this service array, the Department is also implementing specialty programs aimed at the specific needs of certain populations, including:

1) Services for pregnant women and mothers through Specific Appropriation 370 of the General Appropriations Act and federal block grant funds;
2) Child welfare involved parents/caretakers through Family Intensive Treatment Teams; and
3) Individuals with opioid misuse and opioid use disorders through federal discretionary grants (i.e., the State Opioid Response grants).

Mental Health Services

Florida Statute requires that there be a system of care for persons with serious mental illnesses and serious emotional disturbances. Section 394.453, F.S., states that, "*It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.*"

As noted earlier, mental health services for children and adults are provided by network service providers through contracts with Managing Entities, managed care organizations, other state departments, and local governments. Individuals who require the most restrictive clinical setting are served in state-funded mental health treatment facilities. The Department also has administrative responsibility for the Juvenile Incompetent to Proceed Program and the Behavioral Health Network. The Juvenile Incompetent to Proceed Program offers competency restoration for children with criminal charges who are found incompetent by a court to proceed due to mental illness, developmental disability or autism. The Behavioral Health Network is an intensive behavioral health program for children enrolled in the State Children's Health Insurance Program.

Part III of Chapter 394, F.S., outlines the guiding principles for child and adolescent mental health services funded by the Department. Based on SAMHSA's System of Care principles, Florida has adopted a framework that requires services be individualized, culturally competent, integrated, and include the family in all decision-making. These services should ensure a smooth transition for children who will need to access the adult system for continued age-appropriate services and supports. Services must be provided in the least restrictive setting available and the Department funds an array of formal treatment and informal support services in the home and community. For those children that require residential mental health treatment, the Department partners with the Agency for Health Care Administration (AHCA) to fund and oversee therapeutic group care and the Statewide Inpatient Psychiatric Program. The Statewide Inpatient Psychiatric Program provides residential mental health treatment in a secure setting with intensive treatment and serves children with serious emotional disturbances ages 6 through 17.

The system of care is comprised of the following broad categories of mental health services:

- Treatment services intended to reduce or ameliorate the symptoms of mental illness, which include psychiatric medication and supportive psychotherapies;
- Rehabilitative services, which are intended to reduce or eliminate the disability associated with mental illness and may include:
  - Assessment of personal goals and strengths;
  - Readiness preparation;
  - Specific skill training; and
  - Designing of environments that enable individuals to maximize functioning and community participation.
- Support services, which assist individuals in living successfully in environments of their choice. These include:
  - Income supports;
  - Recovery supports;
  - Housing supports; and
  - Vocational supports.
- Case management services, which are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. This includes:
  - Assessment of the person's needs;
  - Intervention planning with the person, his or her family, and service providers;
  - Linking the person to needed services;
  - Monitoring service delivery;
  - Evaluating the effect of services and supports; and
  - Advocating on behalf of the person served.

Assisted Living Facilities (ALFs) with Limited Mental Health Licenses (ALF-LMHL) are also a part of the housing continuum for adults living with mental illnesses. As a function of the Managing Entity contracts, each region submits a plan at least annually to ensure the delivery of services to those in an ALF with a mental health diagnosis. The plan addresses training for ALF-LMHL staff, placement, and follow-up procedures to support ongoing treatment for residents. The annual ALF-LMHL Regional Plans are kept on file at the Department.

Mental health services are also a covered service in the State Medicaid Plan. Mental Health services that are covered include modalities such as:

- Targeted case management;
- Behavioral health overlay services;
- Community behavioral health services (assessment, medical services, therapy, psychosocial rehabilitation, and in-home services up to age 20); and
- Inpatient services.

In addition to the Medicaid state plan services, managed care providers have an additional array of services they may choose to fund as long as they are utilized as "in lieu of" services for more restrictive and costly state plan services. Examples of these services include mobile crisis, recovery support, wraparound, and early intervention. Florida also has the first ever specialty managed care plan that specifically serves adults with serious mental illnesses and children with serious emotional disturbances.

The Department funds several team-based community interventions including 33 Florida Assertive Community Treatment (FACT) teams, 41 Community Action Treatment (CAT) teams, 5 Community Forensic Multidisciplinary teams, 39 Mobile Response Teams, and 23 Family Intensive Treatment (FIT) teams. The focus of these teams is to divert individuals with significant behavioral health conditions from residential or institutionalized care and support them in the community. They provide in-home services and supports, with heavy emphasis on community integration and bolstering family support systems.

Funding of Behavioral Health Services

In Fiscal Year 2020-2021, SAMH allocated $769.7 million to our Managing Entity partners for the provision of behavioral services across the state, a $22.5 million increase from the prior year budget ($747.2 million). Approximately 68% of the allocations derived from state funds and the remaining 32% are federal funds. In addition to state and federal funding, local governments have the statutory authority to support behavioral health services through a match requirement based on the state general revenue that a provider receives. This match requirement may be satisfied through cash or in-kind contributions.

The revenue for the Managing Entities largely consists of federal and state funds. The federal funds include sources that are dedicated to mental health and substance abuse services including funds authorized by Title XIX, Part B of the Public Health Service Act (PHS) through the Community Mental Health Block Grant (CMHBG) and Substance Abuse and Prevention Treatment Block Grant (SAPT). Both block grants include state maintenance of efforts requirements. The SAPT also includes set aside requirements for targeted services such as early intervention services for HIV disease and primary prevention activities. Other federal grants include Temporary Assistance for Needy Families Block Grant (TANF) authorized by Title IV-A of the Social Security Act, Social Services Block Grant (SSBG) authorized by Title XX

of the Social Security Act, State Children's Insurance Program authorized by Title XXI, Medical Assistance Program as well as other project grants.

Using the funds appropriated, the Department contracts with each Managing Entity to provide substance abuse and mental health services. Managing Entities were appropriated $775.6 million in FY 2019-2020 and by FY 2021-2022, their appropriation increased to $904 million. The following table shows the total funds available by fiscal year. These include funds appropriated for the current fiscal year and funds carried forward from the prior year.

Table 4 summarizes the funds available for Managing Entities and differentiates the core services funds from the funds not defined as core services.

Table 4
Managing Entity Funds by State Fiscal Year
FY 2019-2020 through 2020-2021 (in $ millions)

DCF Contract Funds Available at Year End	FY19-20	FY20-21	FY21-22
ME Administrative Costs	$21.8	$21.8	$22.4
Other ME Operational Costs	$6.6	$7.6	$8.9
Core Services Funding			
Mental Health Core Services	$246.0	$245.2	$269.8
Substance Abuse Core Services	$183.1	$183.1	$219.7
Total Core Services	**$429.1**	**$428.3**	**$489.6**
Funding not defined as Core Services Funding			
Mental Health Discretionary Grants	$7.8	$8.9	$12.3
Mental Health Proviso Projects	$8.7	$13.8	$20.2
Mental Health Targeted Services	$162.1	$174.3	$169.8
Substance Abuse Discretionary Grants	$59.1	$63.1	$44.9
Substance Abuse Proviso Projects	$27.5	$26.2	$34.4
Substance Abuse Targeted Services	$23.1	$26.0	$49.4
Carry Forward Balance from Previous Year	$29.8	$23.2	$52.2
Total Funds Available	**$775.6**	**$793.2**	**$904.0**
Amount of non-recurring fundings in total core services funding	**$.0**	**$.0**	**$36.5**

The Department has identified areas of opportunity in enhancing the blending and braiding of funding streams that will assist in addressing some of the current gaps in funding and eliminate the "silo" funding established for substance abuse and mental health services. In order to fully track and trend funding throughout the entire continuum of care, it is important that funding is tied directly to consumers and not to specific services. Federal grant funding allocated to a specific population or a specific service makes it challenging to fully utilize the dollars due to the narrow scope requirements of the funding, and in result, Managing Entities are unable to spend all funding by the end of the year. Following this assessment, the Department will work closer with the Managing Entities to establish methods and strategies to improve the blending and braiding of funding and identify innovative payment strategies that will help to reduce barriers in funding.

Extent to Which Designated Receiving Systems Function as No-Wrong-Door Models

Section 394.4573(1)(d), F.S., defines the No Wrong Door model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system." Florida's designated receiving systems (commonly referred to as central receiving facilities) effectively function as no-wrong-door models for the delivery of services to individuals and families who have mental health and/or substance use disorders. The statewide system of behavioral healthcare relies on service linkages through a coordinated system of care that allows individuals and families to enter the system of care from multiple entry points (i.e., primary care physicians, schools, justice systems, etc.) and be connected to services and supports to meet their behavioral health care needs.

To support the Department's "no-wrong-door" model, SAMH collaborated with the Managing Entities to provide policy guidance and implementation of subcontracts for Centralized Receiving Systems (CRS). CRS serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization under chapters 394 or 397, F.S., or crisis services[7] for an array of behavioral health services. They conduct initial assessments and triage and provide case management and related services for individuals with mental health and/or substance use disorders. Contractual details include:

The Department has incorporated into Managing Entity contracts a requirement for centralized receiving system subcontracts to "adopt, at a minimum, performance measures to evaluate the impact of the CRS project within the community, performance measures and methodologies must be related to the grantee's specific CRS project and must include, at a minimum, measures to address the following outcomes:

1. Reduce drop-off processing time by law enforcement officers for admission to crisis services;
2. Increase participant access to community-based behavioral health services after referral;
3. Reduce number of individuals admitted to a state mental health treatment facility: and
4. Two additional output, process, or outcome measures tailored to the specific CRS project."[8]

Table 5 provides a listing of the CRS funded providers.

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[7] Chapter 2016-66, Laws of Florida, Line Item Number 386

[8] FY 21-22 Managing Entity Contract, Guidance Document 27, Centralized Receiving System (CRS) Grant

Table 5
CRS Funded Providers

Central Receiving Facility Funded Providers	County(s) Served	Managing Entity
Mental Health Resource Center, Inc.	Baker, Clay, Duval, Nassau, St. Johns	Lutheran Services Florida
Aspire Health Partners, Inc.	Orange	Central Florida Cares Health System
LifeStream Behavioral Center, Inc.	Lake, Sumter	Lutheran Services Florida
Centerstone of Florida	Manatee	Central Florida Behavioral Health Network
Mental Health Care, Inc. d/b/a Gracepoint	Hillsborough	Central Florida Behavioral Health Network
Osceola Mental Health Inc, d/b/a Park Place Behavioral Health Care	Osceola	Central Florida Cares Health System
Henderson Behavioral Health, Inc.	Broward	Broward Behavioral Health Coalition
SMA Behavioral Health Services, Inc.	Flagler, Volusia	Lutheran Services Florida
Apalachee Center	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Northwest Florida Health Network

The Availability of Treatment and Recovery Services That Use Recovery-Oriented and Peer-Involved Approaches

Across the state participants felt that developing ROSC frameworks in Florida was not only beneficial, it was 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. Historically, approaches have focused on stabilizing individuals 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 lives.

The Department has created six Recovery-Oriented Quality Improvement Specialist (ROQIS) positions within regional SAMH offices, which are funded through the State Opioid Response (SOR) grant. 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 ROQIS's during on-site quality reviews with service providers to assess their level of recovery orientation. The Managing Entities are making progress toward 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, in partnership with Managing Entities, network service providers, and other stakeholders aim to expand access to quality ROSC and community-based services and supports for people 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 success in reducing readmissions and reducing homelessness within this population with the implementation of care coordination and transitional vouchers. These efforts included assistance accessing housing and service needs outside the scope of the provider network. 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.

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 continue to evaluate our engagement and retention strategies.

The Availability of Less Restrictive Services

SAMH provides an array of nonrestrictive services designed to keep individuals within their communities and out of deep-end placement settings. The use of less restrictive community-based services and support alternatives are encouraged when an individual is at a level of functioning that permits them to successfully follow treatment plans and access services within their respective communities.
The Department manages several grant-funded programs dedicated to preventing deep-end placements.

- Projects for Assistance in Transition from Homelessness (PATH): PATH provides services to adults with a serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless. Common services provided under the grant are outreach, case management, housing and employment support and recovery support. In FY 2019-2020, SAMH received $4.3 mill. To fund 21 PATH providers. The Table 6 below reflects PATH outcomes for FY 2019-2020*

Table 6
PATH Outcomes

Activity/Service	Total
Contacts	5,358
Enrolled	2,867
Chronically homeless	1,131
Co-occurring	943
Case management	1,708
Community mental health services	827
Housing eligibility determinations	405
Residential supportive services	329
Substance use treatment	137
One time payment to prevent eviction	89
Security deposit	72

*Most current data available through SAMHSA

- Partnership for Success Grant (PFS): The 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.
    - During the length of Florida's Partnerships for Success grant (10/2016-9/2021), 2,026 individuals received overdose education and naloxone distribution training and 8,173 individuals received school-based primary prevention program services.
    - The Opioid Overdose Prevention Awareness Campaign, ISAVEFL (www.isavefl.com) accrued 59,386,463 impressions during the length of its contract (10/1/19-9/30/21).
    - Of the 3030 individuals screened at Memorial Regional Hospital between 1/2019 and 7/2021 for a Pilot Care Coordination Project in the Emergency Department,

1,239 were linked to treatment and 634 were inducted with Buprenorphine prior to discharge.

- State Opioid Response Grant (SOR): The SOR Grant addresses the opioid crisis through the provision of prevention, treatment, and recovery services for individuals with opioid use disorders and opioid misuse.

  - The Florida SOR 1 grant provided treatment services, including medication-assisted treatment, recovery support, residential, inpatient, and outpatient mental health services, to more than 12,500 unduplicated individuals with an opioid use disorder or misuse from 09/30/2018 - 9/29/2021.
  - The Florida SOR 2 provided treatment services to more than 5,000 unduplicated individuals with an opioid and/or stimulant use disorder or misuse during the first year of the grant from 09/30/2020 - 9/29/2021.
  - The project funds 38 hospital Emergency Departments (ED) through the hospital bridge program. The hospital bridge programs screened over 18,000 individuals in EDs throughout Florida. These EDs successfully inducted 727 individuals with buprenorphine in the ED/hospital before discharge.
  - SOR also supports the Medication-Assisted and Peer Services (MAPS) Program at the Palm Beach County Jail. The MAPS Program inducted 144 individuals with buprenorphine as they transitioned from the criminal justice system.
  - SOR collaborates with the University of Miami to pilot a program that provides buprenorphine to individuals with OUD through a mobile outreach unit who are homeless or participate in syringe exchange programs. From February 2021 to July 2021, the program had served 57 individuals. These individuals were successfully linked to community-based organizations that provide basic needs and transitioned to a community substance abuse treatment provider in the area.

- Florida Healthy Transitions Grant: Targeted for 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.
- Children's System of Care Expansion and Sustainability Grant: This grant seeks to strengthen the existing array of behavioral health services and integrate the system of care approach by employing a family-driven, youth-guided approach that expands and organizes community-based services and supports.

  - Throughout the grant, 2,090 individuals participated in Wraparound Training including Wraparound 101 and Coaches Training required for certification as a Wraparound Facilitator or Wraparound Coach, and supportive trainings such as Introduction to Wraparound, Wraparound for Clinicians, and Wraparound for System Partners.
  - Ninety-six individuals were certified as Wraparound Facilitators with every Managing Entity having at least two individuals certified.
  - Forty-seven individuals were certified as Wraparound Coaches across six of the seven Managing Entity areas.
  - SAMHSA required grant funded providers complete the National Outcome Measure tool for individuals receiving services at intake, every six months, and discharge. Over the life of the grant, individuals and/or their caregivers reported an improvement from baseline to six months and from baseline to discharge on

all measures, including: functioning in everyday life, psychological distress, criminal justice involvement and social connectedness.

The Department has also increased funding resources for all its non-24-hour care services and supports. Tables 7 and 8 below outline estimated Fiscal Year 2020-21 allocations to the Managing Entities for less restrictive non-24-hour care services.

Table 7: Managing Entity Allocations

Managing Entity	Estimated Total Contracted for Less Restrictive Services	
Northwest Florida Health Network	$	44,664,469
Broward Behavioral Health Coalition	$	42,313,971
Central Florida Behavioral Health Network	$	134,687,289
Central Florida Cares Health System	$	44,943,853
Lutheran Services Florida	$	85,409,515
South Florida Behavioral Health Network	$	48,843,766
Southeast Florida Behavioral Health Network	$	21,814,999
Grand Total	**$**	**422,677,862**

Table 8: Estimated Total Contracted for Less Restrictive Services

Targeted Program	Estimated Total Contracted for Less Restrictive Services	
Adult Mental Health	$	191,075,514
Adult Substance Abuse	$	116,422,637
Children's Mental Health	$	74,009,797
Children Substance Abuse	$	41,169,914
Grand Total	**$**	**422,677,862**

The Use of Evidence-Informed Practices

The Department encourages the use of evidence-informed practices (herein after "evidence-based practices") throughout the continuum of the behavioral health system of care to ensure the population served are getting quality behavioral health services and accessing programs that are yielding positive outcomes. Evidence-Based Programs (EBPs) are programs that have demonstrated effectiveness with established generalizability replicated in different settings and with different populations over time through research. A few of the widely accepted and utilized practices within the current system of care are medication assisted treatment, motivational interviewing, assertive community treatment, cognitive behavioral therapy, and trauma informed care. The Department has worked with the Managing Entities to identify strategies for implementation and use of evidence-based practices within the Managing Entities contract that must encompass at a minimum one of the following criteria:

- The proposed program or strategy is recognized by a national registry of evidence-based programs and strategies as one that is appropriate for the identified outcome. Programs must be reviewed for the intended target population, demographics, setting, and the research results for each program outcome. The EBP must be included in a peer-reviewed publication using a rigorous evaluation research design with accepted scientific methods and found to produce statistically significant results, without any adverse effects.
- The proposed program or strategy is reported in peer-reviewed journals or has documented effectiveness which is supported by other sources of information and the consensus judgement of informed experts. When utilizing this option, a provider must include a description of the theory of change and a logic model; include a discussion of how the content and structure of this proposed program or strategy is similar to programs or strategies that appear in approved registry or in the peer-reviewed literature; or how the program or strategy is based on sound scientific principles of community prevention or public health. There also needs to be documentation that the program or strategy was effectively implemented in the past, with results that show a consistent pattern of credible and positive effects. Also, documentation of a review by, and consent of, a panel of informed experts indicating that the implementation of the proposed program or strategy is appropriate.

The Managing Entities are responsible for ensuring monitoring procedures are incorporated into their respective network service provider contracts to assess the feasibility and effectiveness of the programs or strategies in place.

Availability of and Access to Coordinated Specialty Care Programs

The Coordinated Specialty Care (CSC) programs within the Department's behavioral health system of care are very accessible within the communities they serve. Coordinated specialty care is a collaborative, team-based, multi-service approach that specifically focuses on providing comprehensive evidence-based treatment to adolescents and young adults experiencing first episodes of psychosis and early serious mental illness. These early intervention programs are also designed to bridge existing services for these groups and eliminate gaps between child and adult mental health programs. The availability of these programs is limited and the number of clients each program can serve annually is capped.

CSC clinicians and specialists are trained to treat clients experiencing first episodes of psychosis and early serious mental illness and work with young people and their families to create personal treatment plans as soon as possible after their symptoms begin. In addition, these specialized teams also conduct community outreach and help clients and their families navigate the healthcare system and identify additional community supports and resources.

Federal regulation requires States to set aside a portion of federal funds to support residents' mental health needs through the Community Mental Health Services Block Grant. Recently, Congress increased the set-aside from 5% to a total of 10% and stipulated that State Behavioral Health Authorities (SBHA) use the funds only for programs showing strong evidence of effectiveness that exclusively support individuals experiencing first episodes of psychosis and early serious mental illness. In Fiscal Year 2020–2021, the Department allocated $4.9 mill. for early intervention services through the Coordinated Specialty Program (Table 9). Of that amount, $4.8 mill. was expended.

Table 9

CSC Providers for Early Serious Mental Illness / First Episode of Psychosis			
CSC Provider	County Served	SFY 20-21 Funding	SFY 20-21 Clients Served
Aspire Health Partners	Orange	$ 750,000	59
Citrus Health Network	Miami-Dade	$ 750,000	106
Clay Behavioral Health	Clay and Putnam	$ 450,000	46
Henderson Behavioral Health	Broward	$ 750,000	188
Life Management Center	Bay	$ 750,000	79
South County MHC	Palm Beach	$ 750,000	91
Success 4 Kids & Families	Hillsborough	$ 750,000	54
	Totals	$4,950,000	623

Due to the specialized nature of these teams, most of the approved evidence-based models cap the number of individuals that can be served to maintain fidelity to the model. Caps on the number of people a particular team can serve at any given time limits access to the program in high-need areas. These caps are also a quality measure required by all Substance Abuse and Mental Health Services Administration approved models for CSC. In addition, many providers only serve specific geographic areas. Through the set-aside, the Department has been able to fund seven providers who serve eight counties, with one provider located in each Managing Entity catchment area.

The American Rescue Plan Act of 2021 provided states with two supplemental awards through the Community Mental Health Block Grant. The 10% set-aside requirement for CSC applies to both awards. This has allowed the Department to fund a temporary expansion of CSC teams for state fiscal years 2021-2022, 2022-2023, and 2023-2024. The Department has analyzed Baker Act data for individuals aged 14 – 24 and supplied recommendations to the Managing Entities on the counties in their catchment area with the highest rates of Baker Acts for this age group per capita. The Managing Entities will use these recommendations along with their local needs assessment data to determine the appropriate placement of the temporary teams.

Managing Entity Needs Assessments

Section 394.9082(5)(b), Florida Statute states that each Managing Entity shall *"conduct a community behavioral health care needs assessment every 3 years in the geographic area served by the Managing Entity which identifies needs by subregion…"* Table 10 highlights service needs with an accompanying estimated value of the need identified by each Managing Entity in the latest triennial needs assessment (needs updated August 2021 for this report).

Table 10

Managing Entity	Priority Needs	Associated Budget
Broward Behavioral Health Coalition (BBHC)	Priority of Effort Broward-FAC	$ 2,920,000
	Multi-Disciplinary Treatment Team	$ 2,600,000
	Housing and Care Coordination Teams	$ 2,100,000
	Residential and Acute Care Beds	$ 1,752,000
	Stepping-up Jail Diversion	$ 934,724
	ME Operational Integrity	$ 505,000
	Zero Suicide Initiative	$ 500,000
	BBHC Total	**$ 11,311,724**
Lutheran Services Florida (LSF)	Increase capacity ASA Assessment, Outpatient and Residential Treatment	$ 6,646,880
	Worhforce Investment-Competitive Salaries for Provider Key Positions	$ 5,900,673
	Care Coordination/Housing Coordination	$ 3,582,600
	Increase SRT and Assisted Outpatient Treatment	$ 3,218,981
	Behavioral Health/Law Enforcement Co-Responder Teams	$ 1,425,008
	LSF Total	**$ 20,774,142**
Northwest Florida Health Network (NWFHN)	Forensic ACT teams	$ 3,900,000
	Expanded Outpatient Services	$ 3,180,000
	Inpatient Detox	$ 884,212
	ME Operational Integrity	$ 304,500
	NWFHN Total	**$ 8,268,712**
Southeast Florida Behavioral Health Network (SEFBHN)	ME Budget and Administrative Operations	$ 2,987,778
	Forecsic Services	$ 2,842,112
	Add one FACT Team and Increased Funding for FACT Teams	$ 2,049,503
	Increase sychiatric Services in Palm beach and Treasure Coast	$ 1,352,000
	Supportive Housing	$ 546,000
	SEFBHN Total	**$ 9,777,393**
South Florida Behavioral Health Network (SFBHN)	Increase SA and MH Residential Capacity	$ 26,897,449
	Implementation of Additional FACT Teams	$ 4,900,000
	Two Additional NAVIGATE Programs	$ 1,500,000
	Continuity of Funding Housing and Care Coordination	$ 874,745
	ME Functional Capacity	$ 527,875
	SFBHN Total	**$ 34,700,069**
Central Florida Cares Health System (CFCHS)	Supportive Group Housing	$ 918,418
	Care Coordination	$ 422,880
	Peer Recovery Mental Health Respite Care	$ 409,064
	Housing Specialist	$ 240,000
	Suicide Prevention Program	$ 85,580
	CFCHS Total	**$ 2,075,942**
Central Florida Behabioral Health Network (CFBHN)	MH and SA (10 combined services needs)	$ 28,660,140
	Funding ME Operations	$ 2,025,374
	Increase school based prvention programs	$ 966,641
	Increase housing and supported housing	$ 825,554
	CFBHN Total	**$ 32,477,709**
Total		**$ 119,385,691**

Managing Entity Enhancement Plans

Pursuant to Section 394.9082(5)(b), F.S. Managing Entity Enhancement Plans are included in this report as Appendix 1.

Assessment of Behavioral Health Services
Fiscal Year 2021-2022

Appendix 1

Broward Behavioral Health Coalition

Fiscal Year 2020 – 2021 Enhancement Plan

FY 20/21 Enhancement Plan
Local Funding Request

Introduction:

In 2016 the Florida Legislature passed Senate Bill 12, which amended Florida Statute 394 related to Managing Entity Duties to include the development of annual Enhancement Plans. These plans should include 3-5, as needed, priority needs for the Managing Entity. With the purpose of identifying these priority needs, Broward Behavioral Health Coalition, Inc. (BBHC) completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community.

During FY 17-18 and FY 18-19 priorities for funding were identified via BBHC's Recovery Oriented System of Care Committee, Provider Advisory Council and Consumer Advisory Council, various community partnership meetings such as DCF's Forensic System meeting, Baker Act and Marchman Act meetings to address gaps in the implementation, meetings with the Judiciary, State Attorney and Public Defenders, and BBHC's Quarterly Provider Network Meeting. Other gaps have been identified at the Funders Forum, Coordinating Council of Broward, Homeless Continuum of Care Initiative, Governor's Executive Order 18-81, and MSD Commission feedback from South Florida Wellness Network. during 2020, COVID-19

For FY 19-20 BBHC solicited feedback from its network of providers regarding the services provided by the BBHC network via BBHC's Provider Advisory Council, BBHC's Quarterly Provider Network Meeting, DCF's Forensic System Meeting, Backer Act and Marchman Act meetings. Additionally, BBHC solicited feedback from the network's System of Care Committee, and through meetings with the Judiciary, State Attorney and Public Defenders offices. All stakeholders were asked to complete an online survey to assess their knowledge of the availability of services within the community, their awareness and use of the 2-1-1 resource, and to identify barriers consumers have encountered when accessing services.

The 2020 COVID-19 Pandemic has severely impacted the way of life and the provision of behavioral health services in the latter part of FY 19-20. We are still experiencing the Pandemic and the State anticipates that this situation will be continuing to impact the State of Florida through FY 21-22. . This crisis has resulted in financial uncertainty, job loss, anxiety and depression caused by the isolation and the loss of lives due to COVID-19 with its subsequent pain and suffering. The population we serve has been significantly impacted. The need for mental

health and substance abuse services has increased, specially, in the higher levels of care, including multidisciplinary teams, residential, acute care, along with more needs of overall coordination of services. The provider network had to quickly switch to virtual secured platforms to continue to provide treatment and support for people they serve. Personal Protective Equipment (PPE) for staff and clients had to be provided to both staff and program participants to ensure their safety. Acute Care and Detox Units as well as Residential Treatment programs had to retool their programs to follow CDC distancing guidelines as well increasing sanitary policies for disinfecting commonly share spaces and create isolation and testing protocols for new admission and discharges. The system has experience and increase in suicide calls, behavioral health calls, financial assistance for rent, food, housing, etc. and the emergency departments at the hospitals have seen an increase in overdoses.

The State of Florida has experienced a loss of revenue as a result of business closures due to the Pandemic. Behavioral Health services are essential services to address the devastating emotional needs caused by the Pandemic. It is imperative that Behavioral Health services are held harmless if the State of Florida is anticipating reductions for this and next fiscal year.

Priority 1. Develop and Implement a plan for Zero Suicide Initiative

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Broward County has been experiencing elevated levels of suicide during the past two years. Broward Behavioral Health Coalition (BBHC) identified this as an issue through a review of the Broward County Medical Examiner's Data on death by suicide. BBHC's Continuous Quality Improvement committee began a system wide address regarding the issue of suicide screening throughout treatment, not only upon admission as is currently suggested by best practice models. BBHC intends to use the Zero Suicide framework as a guide for implementation. In February 2018, the tragic shooting at Marjory Stoneman Douglas shocked and re-shaped reality for both the community of Parkland and all of Broward County. There were 264 suicides in 2018, an increase of 19.8% in one year. There is no complete count of suicide attempts throughout Florida. However, in 2018, 2-1-1 Broward responded to 1,898 suicide needs of callers experiencing life threatening situations (thoughts, plans, in progress suicides and third-party requests). These types of calls often are intense as clients are hopeless, overwhelmed and at times in progress of suicide.

A multiagency group representing Broward County community stakeholders attended the American Suicidology Conference in Denver, Colorado to bring back best practice knowledge for suicide prevention and intervention and postvention/treatment. This group was comprised of representatives from BBHC, Broward County Public Schools, Children's Services Council of Broward County, United Way of Broward County, ChildNet, and the BBHC provider network. This learning experience led to the creation of the Broward Suicide Prevention Coalition.

The coalition developed and action plan that includes the formations of 6 workgroups that meet regularly to continue progressing to their goals. At this time, the Suicide Deep Dive has already trained a diverse group of clinicians in suicide autopsies and has started to review cases. The goal is to complete interviews for all deaths that occurred July-December 2019, by December 2021. At that time, we will put together a comprehensive needs' assessment and strategic plan report that can be distributed to the community. The coalition has started to review potential EBPs in collaboration with the Zero Training Institute. A resource flyer has been developed imbedding category bubbles will be hyperlinked to search return pages on 211-Broward. 211-Broward has agreed to add filters to their website to make sure that suicide care related searches return accurate results.

2. Please describe:

a. The problem or unmet need that this funding will address:

The problem and unmet need is the lack of alignment for a system-wide approach to suicide prevention, treatment and postvention. There were many suicide prevention initiatives and sources of data to track to all levels of suicidality, but none were working collectively to make the greatest impact county wide. There is a lack of knowledge, training and service capacity across the system. Services are being provided without the guidance or support of an Evidence Based Practice (EBP) in the provision of services in the areas of prevention, intervention and postvention/treatment. This funding will support the implementation of the county-wide Suicide Prevention Action Plan, provide technical assistance, and capacity building amongst stakeholders. Additionally, the funding will be utilized to provide services that include prevention, intervention, and postvention/treatment for survivors of suicide attempts.

Additionally, during fiscal year 19-20, the COVID-19 pandemic has resulted in an increase of suicide call to the Broward 211 Hotline. Financial uncertainty, anxiety and depression caused by the isolation and grief has fueled this upsurge.

b. The proposed strategy and specific services to be provided:

The process started by developing an action plan with the assistance of a suicidology consultant. This action plan determines how the next steps of technical assistance, capacity building and services will be implemented within the Zero Suicide Framework.

The goals will be:

1. Implementation of the County-wide Suicide Prevention Action Plan
2. Identification and selection of a comprehensive EBP within the Zero Suicide Framework
3. Provide system wide capacity building
4. Implementation of services
5. Continuous quality improvement to ensure fidelity to the EBP selected

c. Target population to be served:

At a systems level, the community will develop a County-wide Suicide Prevention Action Plan that will implement the Zero Suicide Framework that will impact all residents in Broward County.

At the provider level there will be comprehensive capacity building that will result in more effective interventions.

Finally, at the individual/family level it will identify and provide services to fragile populations such as:

- Individuals at risk of suicide and their families
- Individuals who have attempted suicide
- Individuals and families who have been impacted by suicide or attempted suicide

d. County(ies) to be served (County is defined as county of residence of service recipients):

The county to be served is Broward County, Florida.

e. Number of individuals to be served:

At the community level: 750,000-1,000,000
At the provider level: 60 providers
At the individual/family level: 60 individuals
The number of individuals served will be determined by the recommendations in the County-wide Suicide Prevention Plan.

3. Please describe in detail the action steps to implement the strategy:

See attached excel workbook- action plan tab.

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding request is $500,000.00. *See attached excel workbook- budget tab.*

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The Zero Suicide Framework fills the gaps that individuals at risk for suicide often fall through by applying evidence-based tools that are specific to the needs of Broward County. Continuous process improvement drives this framework to ensure organizations deliver

quality care, routinely examine outcomes, and remain committed to fidelity of the program model.

As the BBHC Network providers adopt a Zero Suicide Framework approach, the expectation is for outcomes for those individuals at risk of suicide, suicide survivors, and all impacted by suicide in general, will improve. Process measures such as screening rates, follow up contacts and referrals to services will increase. Additionally, outcomes such as the number of suicide attempts and actual number of deaths by suicide will be reduced.

6. What specific measures will be used to document performance data for the project?

- Individuals in the community will be reached via educational campaign for prevention
- Mental health professionals will be trained in a suicide EBP
- Individuals/families impacted by suicide will receive treatment

Recommendation:

Specific measures that will document performance will include the Broward County Medical Examiner's Data from 2021 and additional outcomes based on the recommendations of the County-wide Suicide Prevention Action Plan.

Priority 2. Housing and Care Coordination Teams/Family and Peer Support and Peer Navigators

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   The question is addressed in the Introduction.

   a. The problem or unmet need that this funding will address.

   The Legislature through the Road to Recovery funding restored funding for the Housing and Care Coordination at the ME level. However, this funding is one time only for FY 2020-21; this funding must become recurrent to be able to sustain the benefits attained thru these interventions.

   BBHC has identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level and increase funding for the implementation functions at the provider network level. This will support the Care Coordination-Housing Initiative implemented since the beginning of 2016. Based on feedback gathered from the Triennial Behavioral Needs Assessment, housing (permanent and supportive housing, emergency beds and transitional living) was cited as one of the top priorities. Housing is an essential part of the recovery process for individuals with mental health and substance use disorders. Furthermore, the Governor Executive Order meetings have identified a need for Navigators to assist families access services from the public and private sector.

   During fiscal year 19-20, the COVID-19 pandemic has resulted in an increase of calls related to housing/financial needs to the Broward 211 Hotline. The pandemic has caused financial uncertainty, loss of jobs, lack of affordable housing and safe places for isolation within our population. Additionally, homelessness has increased significantly within Broward County.

   The need is to reinstate funding in Broward County for the following:

   - Care Coordination-Housing Teams at the provider level: $1,050,000 on three (3) teams serving 210 high utilizer individuals per year: $350,000 for each team annually (these teams include peer support specialists)
   - Family/Peer support and Navigators: $600,000
     - 12 Family/Peer support navigators. These individuals will be trained as Family/Peer Navigation Specialists to assist families navigate the public and private system of care to access services for the youths and adults in the community. Their peer

navigators would be available also when the individuals' transition from intensive levels of care such as Care Coordination Teams, FITT, CAT or FACT.

- Voucher Funding: $450,000 (new funding request) for Housing and other community support for approximately 40-45 individuals to sustain their recovery as they transition to community housing and supported care. (New funding request)

For a total of $2,100,000

Care Coordination-Housing Team oversight at the ME level will be specifically addressed within Priority 3: Ensure Care Coordination Oversight at the Managing Entity Level.

BBHC serves individuals who are transitioning out of State Mental Health Treatment Facilities, emergency crisis, structured treatment care settings, or jail. Due to their length of time in this treatment settings they do not qualify for HUD homeless-specific funding. Often, they lack resources because they are not engaged with community supports that can assist in navigating systems to secure and maintain housing. Subsequently, through an established initiative, BBHC has identified that a Care Coordination-Housing Initiative is imperative to the success of a Recovery Oriented System of Care. It will ensure continuity of care for individuals from inpatient treatment, and crisis treatment settings to discharge. This continuity of care will prevent homelessness, recidivism to emergency rooms, crisis and detox settings, jail, and the State Hospital by providing an evidenced-based approach to coordinating care for individuals who are reintegrating into the community. Dedicating funding for this Care Coordination-Housing Initiative will address the two largest priorities that are lacking in our community; providing permanent housing in conjunction with Care Coordination services and community supports.

b. **The proposed strategy and specific services to be provided:**

BBHC will fund specialized Care Coordination teams at the provider level. These teams will be comprised of two Case Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. Currently the provider-based Care Coordination teams are composed of individual Case Managers who have the responsibility of providing a full-service array to the most vulnerable, complex persons served within the BBHC network. By expanding the Care Coordination initiative to include a team of specialists, individuals will receive time-limited, and intensive targeted services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Offering individuals, a full-service team allows for one coordinated, comprehensive service plan and continuity of care rather than scattering services throughout multiple systems that have different standards of care and funding

restrictions. With this approach, the team and individual will work in partnership to address complex needs and achieve the person's identified goals.

- Case Managers will offer service coordination by assessing the person's needs, linking them to appropriate services of their choice, addressing behavioral health wellness, and ensuring that all linkage to eligible services is made strategically with follow through, and develop the individual's natural supports. This results in warm hand-offs beneficial to the individual and seamless transitions to their continued supportive environment.
- Housing/Benefits Coordinator is responsible for identifying the most appropriate housing placement according to program-specific eligibility criteria. They will focus on finding housing options (apartments, landlords) for these individuals in need of stable and independent living. Additionally, they will assist individuals applying for SSI/SSDI using the SOAR model when appropriate and implementing a work incentive strategy that supports SSI/SSDI recipients with job placement in the community while maintaining their health insurance and other benefits.
- Peer Support Specialists will assist the individuals during their transition from a care setting to community integration by encouraging engagement with providers and enhancing their recovery by supporting the person in achieving their goals.
- Family/Peer Navigators will work with families in accessing the public and private system of care in Broward County.

BBHC's Care Coordinator Managers and Housing Coordinator will facilitate the Care Coordination-Housing Initiative on a systems level, ensuring the teams have direct access to available resources. They will provide strategic linkage to targeted services, eliminate system barriers, offer training opportunities, weekly treatment planning sessions, and will facilitate the implementation of system-wide Care Coordination practice and strategy.

Once stabilized with the help of the Care Coordination-Housing Team, the individual will transition to less intensive services, in-home, or community-based services that may offer: clinical treatment, future wellness/treatment planning, medication monitoring, assistance maintaining housing, supported employment, and therapeutic services, as needed.

c. **Target population to be served:**

Individuals identified for the Care Coordination-Housing Initiative are high utilizers of services who have multiple, complex needs and must be willing to participate in the Care Coordination-Housing Initiative. This program will serve individuals receiving services within BBHC's provider network who:

- Are high utilizers
- Have a mental health and/or co-occurring disorder

- Are transitioning out of a crisis or intensive level of care setting or jail
- Lack permanent housing and can live independently based upon their ability to manage activities of daily living

This initiative will enhance the individual's ability to integrate into the community through sustainable independent living and supportive services. The population served may need assistance with navigating systems of care that address behavioral healthcare needs, medical needs associated with a disabling condition, help attaining or retaining benefits, supported employment, and assistance with housing placement.

d. **County(is) to be served (County is defined as county of residence of service recipients):**

Broward County, Florida

e. **Number of individuals to be served:**

The number of individuals to be served will be approximately 210. This calculation is made based on the following numbers:

- Three (3) Care Coordination-Housing Teams
- 70 persons served per team annually
- Maximum nine-months of services from the Care Coordination-Housing Team

2. **Please describe in detail the action steps to implement the strategy.**

See attached excel workbook- action plan tab.

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

Funding request $2,100,000. *See attached excel workbook- budget tab.*

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Initiating a team philosophy for individuals transitioning from intensive care settings to independent living will prove successful because the Care Coordination-Housing Teams will offer a holistic, "one-stop shop" approach. This is attained by working in coordination to best support the person in their recovery through targeted, person centered services intended to provide long-term stabilization, achieve goals and address individualized needs.

A measurable result of the Care Coordination-Housing Initiative will be a decrease in the use of costly mental health and substance use disorder crisis services. This is measured through

the data BBHC collects from providers for its funded services. Transitioning our focus from crisis management to community support is cost efficient and an opportunity to improve the wellness of our Broward residents.

The primary outcome anticipated for this initiative is to increase discharges from inpatient care settings such as residential treatment facilities, State Hospitals, crisis stabilization units, and detoxification treatment to a Care Coordination team that offers permanent housing paired with supportive services with a sustained recovery focus.

5. What specific measures will be used to document performance data for the project?

BBHC will use its database to evaluate outcomes based on the number of high utilizations of crisis service pre, during, and post Care Coordination-Housing Team service intervention. Persons served will be eligible for this service based on a standardized level of care assessment (LOCUS/CALOCUS) and data will be utilized to assess outcomes.

- Decrease the utilization of higher levels of care by identified high utilizers over a 6- and 12-month period after enrollment
- Decrease the number of re-admissions to crisis services by enrolled clients
- Decrease of recommitments to State Hospital
- Increase the length of time clients maintain successful stable housing

Priority 3. Ensure Care Coordination Oversight at the Managing Entity Level

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

The Legislature through the Road to Recovery funding restored funding for the Housing and Care Coordination at the ME level. However, this funding is one time only for FY 2020-21; this funding must become recurrent to be able to sustain the benefits attained thru these interventions.

BBHC has identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level. BBHC's Care Coordinator Managers and Housing Coordinator facilitates the Care Coordination-Housing Initiative on a systems level, ensuring the teams have direct access to available resources.

a. The problem or unmet need that this funding will address:

There is no recurring funding to sustain the ME Care Coordination/Housing oversight teams. BBHC's Care Coordinator Managers and Housing Coordination teams provide strategic linkage to targeted services, eliminate system barriers, offer training opportunities, weekly treatment planning sessions, and will facilitate the implementation of system-wide Care Coordination practice and strategy.

Loosing this capacity will cause in a lack of coordinated effort that will result in longer State Hospital stays, an increase of emergency room visits, crisis stabilization, substance abuse detoxification admissions, culminating in higher readmissions higher levels of care. This will negatively impact the current efforts to support the 4DX initiative.

b. The proposed strategy and specific services to be provided:

BBHC will be able to sustain Care Coordinator Managers and Housing Coordinator that will facilitate the Care Coordination-Housing Initiative on a systems level, ensuring the teams have direct access to available resources. They will provide strategic linkage to targeted services, eliminate system barriers, offer training opportunities, weekly treatment planning sessions, and will facilitate the implementation of system-wide Care Coordination practice and strategy.

c.Target population to be served:

This team will provide oversight to the Individuals identified for the Care Coordination-Housing teams, who work with high utilizers of services who have multiple, complex needs and must be willing to participate in the Care Coordination-Housing Initiative.
This program will serve individuals receiving services within BBHC's provider network who:

- Are high utilizers
- Have a mental health and/or co-occurring disorder
- Are transitioning out of a crisis or intensive level of care setting or jail
- Lack permanent housing and can live independently based upon their ability to manage activities of daily living

d. County(is) to be served (County is defined as county of residence of service recipients):

Broward County, Florida

e. Number of individuals to be served:

The number of individuals to be served will be approximately 210.

2. Please describe in detail the action steps to implement the strategy.

See attached excel workbook- action plan tab.

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding request $505,000. *See attached excel workbook- budget tab for details.*

- Sustain Housing Care Coordination with recurrent funding $505,000 *(this amount is also supported in detail within Priority 2, as it is directly linked to it)*

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Maintain the ME level oversight of the Care Coordination/Housing teams is the key for successful Care Coordination-Housing Teams at the provider level. This oversight ensures the teams offer a holistic, "one-stop shop" approach. This is attained by working in coordination

to best support the person in their recovery through targeted, person centered services intended to provide long-term stabilization, achieve goals and address individualized needs.

The ME Level oversight identifies high utilizers, eliminates barrier at the systems level and ensures the Care Coordination Teams fidelity to the EBP they use.

5. **What specific measures will be used to document performance data for the project?**

The specific measures to be used are:

- Increase technical support for operational integrity of new programs.
- Increase the operational oversight and technical assistance for DCF priorities of effort as per DCF mandates.
- Increase the oversight to ensure the fidelity of Evidenced Based Practices is implemented.

Priority 4. Multi-Disciplinary Treatment Teams: Family Intensive Treatment (FIT), Community Action Treatment (CAT) and Florida Assertive Community Treatment (FACT)

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   The question is addressed in the Introduction.

2. **Please describe:**

   a. The problem or unmet need that this funding will address:

   Family Intensive Treatment (FIT): The current opioid crisis has generated an overwhelming demand for FIT services and an additional team is urgently needed in Broward County. This crisis not only affects the individual, but sadly the children who enter the child welfare system due to parental substance use. Families enrolled in FIT are in need parenting and implementation of behavior management. An additional 300 families have been identified as in need to be served by the FIT team; however, the team has been at capacity since it began to operate.

   Community Action Team (CAT): BBHC needs an additional CAT to serve those children/youths with co-occurring or substance use disorders. These individuals are at risk of out of home placements, psychiatric hospitalizations, poor academic performance, and multiple episodes involving law enforcement. The team has been in operations for less than one year and the demand for this level of care exceeds the capacity of this team. After the MSD shooting BBHC and Broward Schools have identified a potential for 200 additional youth that would benefit from this level of care.

   Florida Assertive Community Treatment (FACT): BBHC needs an additional FACT team to assist with the discharge of individuals from the State Hospitals and divert individuals from the receiving facilities. The FACT team in Broward is at full capacity. There is a need to add another team to address the needs of individuals being discharged from receiving facilities at risk of going to the State Hospital.

   The need for these multidisciplinary teams has increased by the COVID-19 Pandemic, as drug use, overdoses, anxiety and depression resulting from financial uncertainty and job loss has

increased. These causes more need wrap around services that can provided better with multidisciplinary teams.

b. **The proposed strategy and specific services to be provided:**

Specific services to be provided because of this requested funding 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. The additional funding will also assist with expenses such as housing security deposits, and expenses related to obtaining employment which will lead individuals to address their complex needs and achieve their identified goals on a long-term basis.

c. **Target population to be served:**

Both FIT and CAT teams are family focused and follow a multi-disciplinary team approach to achieve and maintain stability in the community.

The FIT team is designed for families involved in the child welfare system due to parental substance use.

The CAT team is designed for children/youth who may experience multi-system involvement with mental health, substance use, juvenile justice, and child welfare due to the severity of their symptoms and behaviors.

The FACT team is designed to treat individuals in the community with severe mental health symptoms and behaviors that are involved in various systems due to their illness. This is an intensive community in-home multi-disciplinary with the goal of supporting the individual's recovery in the community.

d. **County(ies) to be served (County is defined as county of residence of service recipients):**

The county to be served is Broward County, Florida.

e. **Number of individuals to be served:**

The approximate number of individuals to be served will be:

- FIT — 60 families served annually
- CAT— 70 youth and their families served annually
- FACT- 100 individuals served annually

3. Please describe in detail the action steps to implement the strategy.

See attached excel workbook- action plan tab.

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding Request $2,600,000. *See attached excel workbook- budget tab for details.*

- FIT Team-$600,000
- CAT Team $750,000
- FACT Team $1,250,000

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

The benefit of the multi-disciplinary teams is to provide immediate, intensive, and solution-focused individual and family therapy that takes place in the home environment.

CAT: The expected beneficial results for an additional CAT team include providing family centered and culturally competent services. These services will focus on the strengths and needs of each child and his/her family; with a goal of supporting and sustaining the child in his/her family system and in the community.

FIT: The expected benefits of an additional FIT team can be achieved through rapid identification of parental behavioral health disorders, immediate access to Evidence Based Practices, and multi-disciplinary teams. This will result in better outcomes for children and their families. Certified Recovery Peer Specialists will assist the individual in the recovery process as they link them to community resources, provide social networking opportunities and support the individual in daily living activities. Support and funds for these services will decrease individuals re-entering the criminal justice system, detoxification units, foster care and acute crisis stabilization units.

FACT: The expected benefits of an additional FACT team is to provide services to individuals being discharged from receiving facilities at risk of going to the State Hospital and to serve clients that are being discharged from the State Hospital. This will result in a reduction of admission and re-admission to the State Hospital.

6. **What specific measures will be used to document performance data for the project?**

Specific measures for the FIT team will be:

- Increase in child safety and reduce risks
- Increase parental protective capacity
- Reduce rates of re-abuse and neglect of children with parents with a substance use disorder
- Reduce the number of out of home placements and the time the children remain in the child welfare system

Specific measures for the CAT team will be:

- Decrease out of home placement
- Improve family and youth functioning
- Decrease substance use
- Decrease psychiatric hospitalizations
- Improve school related outcomes such as grades, attendance, and graduation rates
- Increase health and awareness
- Decrease juvenile delinquency
- Decrease re-admission rates

Specific measures for the FACT team will be:

- Eliminate or lessen the debilitating symptoms of mental illness and co-occurring substance use that the individual may experience
- Improve socialization and development of natural supports
- Support with finding and keeping competitive employment
- Reduce hospitalization
- Increase days in the community

All outcomes measures will be in accordance to FIT, CAT, FACT guidance documents.

Priority 5. Fund Priority of Effort for Acute Care and Residential Services

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**
   The question is addressed in the Introduction.

2. **Please describe:**

   a. **The problem or unmet need that this funding will address:**

   Broward is the county with the highest number of commitments to State Mental Health Treatment Facilities in the state. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities, but there needs to be a locked and secure facility available. The Broward Forensic Alternative Center (FAC) will be a safe and cost-efficient community-based residential treatment alternative to serve 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 a 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.

   Due to economic impact of COVID-19, we are anticipating funding reductions. These reductions will severely impact our acute care and residential programs. It is imperative that we maintain these programs intact.

   b. **The proposed strategy and specific services to be provided:**

   BBHC needs to securing funding from the legislature to provide residential, secured and extended acute care bed services with linkage to less restrictive community placements.

   The Forensic Alternative Commitment Center will be licensed as a Short-term Residential Treatment and will provide an alternative to hospitalization at the state mental health facilities. This will serve as a diversion strategy by providing the following services, in addition to specific needs of the person served:

   - Psychiatric Treatment

- Rehabilitation Intervention
- Transition Services
- Community Care and Reintegration Services
- Competency Restoration Training
- Employment program

c. Target population to be served:

The target population for B-FAC is incompetent to proceed (ITP) adults with third degree or non-violent second-degree felony charges, who meet the criteria for involuntary hospitalization and who do not pose significant safety risks.

d. County(ies) to be served (County is defined as county of residence of service recipients):

The county to be served is Broward County, Florida.

e. Number of individuals to be served:

Broward FAC - 60 ITP adults

3. Please describe in detail the action steps to implement the strategy.

See attached excel workbook- action plan tab.

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding Request $2,645,593. *See attached excel workbook- budget tab*

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

With this increased capacity in Broward county, there will be a reduction in admissions to Forensic State Mental Health Treatment Facilities (SMHTF).

6. What specific measures will be used to document performance data for the project?

Specific measures that will be used:

- Decrease in the number of admissions to SMHTF
- Decrease in the number of days required for competency restoration
- Increase in the number of individuals restored to competency
- Increase in the number of individuals successfully discharged into the community

Priority 6. Fund Priority of Effort for Acute Care and Residential Services

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**
   BBHC has been advised that due to Covid-19 and its impact on Florida's revenues, there is an anticipated 6% reduction to services in FY 21-22. BBHC, in collaboration with system partners and providers, has completed a funding reduction exercise that show how these reductions will severely impact the service array in Broward County.

2. **Please describe:**

   a. **The problem or unmet need that this funding will address:**

   Due to economic impact of COVID-19, we are anticipating funding reductions. These reductions will severely impact our acute care and residential programs. It is imperative that we maintain these programs intact.

   b. **The proposed strategy and specific services to be provided:**

   BBHC needs to ensure that the exiting level of funding is maintained in order to provide FACT, residential, acute and extended acute care bed services with linkage to less restrictive community placements.
   State could consider moving some state hospital bed funding to the community to continue to divert individuals from the state hospital system. The State has had to close admissions to the Hospital due to COVID 19. Creating SRTs in the community to treat and divert individuals meeting criteria for State Hospital with enhanced staffing maybe an option to hold harmless the Community System of Care.

   c. **Target population to be served:**

   The target population are individual with high levels of mental and substance abuse needs, at-risk of being hospitalized or entering the criminal justice system.

   d. **County(ies) to be served (County is defined as county of residence of service recipients):**

   The county to be served is Broward County, Florida.

e. **Number of individuals to be served:**

MH and SA Beds for 550 adults

3. **Please describe in detail the action steps to implement the strategy.**

See attached excel workbook- action plan tab.

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

Funding Request $2,213,000.70. *See attached excel workbook- budget tab*

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Maintaining capacity in Broward county, will continue to sustain the effort to serve and divert individuals with high levels of mental and substance abuse needs, at-risk of being hospitalized or entering the criminal justice system

6. **What specific measures will be used to document performance data for the project?**

Specific measures that will be used:

- Maintain the number of clients served in MH/SA residential programs
- Decrease in the number of admissions to SMHTF
- Increase in the number of individuals successfully discharged into the community

FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: Broward Behavioral Health Coalition

Evaluator: Suzette Fleischmann & Margaret de Cambre

1. Does the plan adequately describe strategies for enhancing services to meet the unmet need?

Yes/No

Comments: The plan has 5 priorities.

- *Priority 1. Develop and Implement a plan for Zero Suicide Initiative*
- *Priority 2. Housing and Care Coordination Teams/Family and Peer Support and Peer Navigators*
- *Priority 3. Ensure Care Coordination Oversight at the Managing Entity Level*
- *Priority 4. Multi-Disciplinary Treatment Teams: Family Intensive Treatment (FIT), Community Action Treatment (CAT) and Florida Assertive Community Treatment (FACT)*
- *Priority 5. Fund Priority of Effort for Acute Care and Residential Services*

2. Does the plan clearly describe the target population?

Yes/No

Comments:

3. Does the plan clearly describe the county(ies) to be served?

Yes/No

Comments: Broward County

4. Does the plan clearly describe the service targets?

Yes/No

Comments:

5. Does the plan clearly describe the specific services to be purchased?

Yes/No

Comments:

6. **Does the proposed budget address the unmet need?**
   Yes/No
   Comments:

7. **Do the expected outcomes address the problem/unmet need?**
   Yes/No
   Comments:

8. **Do the listed action steps lead to strategy implementation?**
   Yes/No
   Comments:

Summarize strengths of the plan: The plan addresses the needs assessment conducted in 2019, as well as identified funding priorities in FY 17-18 and 18-19, and 19-20, and the current behavioral health issues brought on by the Pandemic, as well as what has been identified collectively by the Broward County stakeholders and community to date. The plan is in alignment with the statewide initiative to reduce families in crisis and prevent re-entry.

Summarize weaknesses of the plan: While BBHC addresses housing in this plan, it is important to emphasize the need for affordable and permanent housing for individuals with a behavioral health disorder in Broward County.

Central Florida Cares Health System

Fiscal Year 2020 – 2021 Enhancement Plan

ENHANCEMENT PLAN

Fiscal Year 2020-2021

Revised 9/01/2020

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ENHANCEMENT PLAN SUMMARY

Priority Needs For Services	
Peer Recovery Respite Care	$ 409,064
Care Coordination	$ 422,880
Housing Specialist (Provider Level)	$ 240, 000
Supportive Group Housing	$ 918,418
Adult Mental Health Case Management	$ 351,550
TOTAL REQUEST:	**$ 2,341,912**

Priority Needs For Services

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- 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 service providers.

- CFCHS 2017 Recovery-Oriented System of Care Survey completed by network service providers with the purpose of gathering feedback on utilizing Peer Support Specialists within their continuum of care.

- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

CFCHS has identified the need to expand peer recovery support services within Central Florida due to limited availability. In 2017, CFCHS conducted a survey to assess the utilization of Recovery Support Specialists among its network service providers. The survey results showed that there were only 5 certified and 6 non-certified peer specialists currently working throughout the covered 4 counties. In addition, the 2018 CFCHS Needs Assessment questionnaire cited peer recovery support services as the 3rd highest need for individuals with mental health and/or substance use disorders. In addition, there are no peer-staffed respite centers within CFCHS covered area.

Recent research has shown the possible benefits of recovery support services within the behavioral health system. In the American Journal of Preventive Medicine 2018 publication "Peer workers in the behavioral and integrated health workforce: opportunities and future directions" research evidence showed that peer-delivered services may support recovery by:

- Helping individuals achieve personal goals of employment, education, housing and social relations
- Increase use of primary care over emergency services
- Reduce psychiatric re-hospitalizations
- Engage individuals in treatment.

Additional studies demonstrate outcomes supporting the benefits of respite centers:

- Short-term respite users were 70% less likely to use inpatient or emergency services (Psychiatric Services; 2015) [Full Abstract]

- Respite guests experience improvement in self-esteem, mental health symptoms, and social activity (Outlook; 2002) [FULL ABSTRACT]

- A recent study followed 401 individuals who used peer-staffed crisis respite centers compared to 1,796 who did not. Results showed that over a year-long period those who utilized peer-run crisis respites had 2.9 fewer hospitalizations and saved an average of $2,138 per Medicaid-enrolled month in Medicaid expenditures. (Psychiatric Services; August 2018). [FULL ABSTRACT]

C. The proposed strategy and specific services to be provided

The peer-staff respite center will be located in Osceola County offering daily support services and non-clinical activities, including the option of overnight respite care.

Every participant will complete an orientation with a staff member that introduces them to the nature of peer-led services (highlighting voluntary nature, self-direction, and recovery-oriented framework), available resources and activities at the center, and assist in identifying individual needs. Service delivery is centered on nonjudgmental, respectful, and affirming communication in all interactions with all participants.

Based on their unique self-defined needs, individuals can participate in various non-clinical activities (gardening, cooking classes, arts and crafts, karaoke, etc.) Additionally, they can receive one on one peer-support from a Certified Recovery Peer Specialist, develop a Wellness Recovery Action Plan (WRAP), receive assistance in finding behavioral health services, housing, and other community based resources, and participate in peer-led support groups.

Individuals may also be offered over-night respite services as additional support from Peers who have experienced similar challenges in life. Overnight respite care would be available for persons needing a safe space. Individuals would be able to stay for up to 7 nights, voluntarily, and spend that time bolstering their recovery in a self-directed way with a Certified Recovery Peer Specialist staff.

D. Target population to be served

Adults with a severe/serious mental illness

E. Please list the counties where the services will be provided.

The center would be located in Osceola County and open to serve residents from Orange, Osceola, Seminole and Brevard County

F. Number of individuals to be served

Approximately 250 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2021	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2021	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Peer Recovery Respite Care**			**Total Budget:**	**$409,064.00**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Fee-for-service	Respite Services	$34,089/monthly	$409,064.00	Due to this being a new program CFCHS will negotiate to pay based on pro-rated monthly amount, with a quarterly reconciliation to actual expenditures.

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

To implement the evidenced-based practice of community-based peer support utilizing a professional workforce of individuals who have achieved recovery from a mental health disorder. Peer support specialists will use their recovery experience to mitigate further adverse outcomes while simultaneously enhancing positive treatment outcomes associated with mental health conditions. The CFCHS 2019 Needs Assessment indicates strengths from peer support services to include (1) trusting bond between client and peer specialist that helps in engaging in services and (2) Peer Specialist's knowledge to advocate for and support client due to personal experience in navigating the system.

The primary goal for peer support service will be to reduce readmissions and use of acute care services (i.e. CSU, Detox). In addition, according to Mental Health America, further benefits from peer support are:

- Improvement in quality of life,
- Improvement in engagement and satisfaction with services and supports,
- Improvement in whole health, including chronic conditions like diabetes,
- Reduction in the overall cost of services

J. What specific measures will be used to document performance data for the project

- Number of adults with a serious and persistent mental illness in the community served
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults with serious mental illness readmitted to acute services

Care Coordination

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

- CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.
- Review of CFCHS outcome data for FY 18-19

B. The problem or unmet need that this funding will address.

According to the Florida Council on Homelessness 2014 Report, almost 30% of individuals who are homeless have a mental illness and over 37% have a substance use disorder. These individuals are often high utilizers of crisis services/Detox and cycle in and out of residential care, jails, emergency rooms and other institutional facilities because of their lack of stability in the community. Proper coordination of care will assist these individuals in improving their well-being to reduce admissions to higher cost acute care services.

CFCHS outcome data for FY 19-20 indicates:

Program	Total # High Utilizers	% Homeless
Crisis Stabilization	747	37.1 %
Detoxification	349	42.7 %

C. The proposed strategy and specific services to be provided

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), recovery by individuals with a mental illness is supported by getting and maintaining accessible, affordable housing with

supportive services. CFCHS proposes to expand its care coordination program to include incidental funding for housing assistance.

The goal of the Care Coordination program is to reduce the need for crisis stabilization, inpatient detoxification treatment, psychiatric hospitalizations, and to assist consumers in obtaining and maintaining placement in the least restrictive community environment. It is the desired outcome that persons served receive sufficient treatment and education to remain in the least restrictive setting within the community, enhance their psychological wellbeing, and reach an optimum level of functioning in the community.

Care Coordinators are responsible for providing outreach services, intensive case management team services, life skills training and crisis intervention and support to individuals referred to the program in order to reduce their recidivism and assist them in maintaining placement in a community-based setting. Primary Linkages include, but re not limited to:

- Access to treatment
- Case management
- Integration with primary care physician for medical treatment
- Residential programs (Independence & Education College Place)
- Other housing options such as ALFs, adult foster homes, independent living, etc.
- Medication clinic/pharmacy
- Entitlement & transportation services (provide transportation as necessary)
- SOAR/connected to benefits (once client obtains benefits the Care Coordinator will facilitate referral and transitions to case management within 60 days of notification)
- Program for psychosocial rehabilitation such as clubhouse, Wellness Recovery Action Planning (WRAP) groups, and social, independent living skills
- Vocational rehabilitation
- Supported employment services
- Peer support and advocacy

Program services are provided with the belief that all clients should and can be empowered to develop control over their own lives. Individuals enrolled to the Care Coordination program are assessed to determine needs and to develop a plan of recovery. Staff work with the client in developing realistic, attainable goals and objectives with clinically appropriate interventions and authorized durations.

The Care Coordination services are flexible and provide clients with the necessary support and training to maintain stability in community settings. This includes but is not limited to providing accessibility to 24 hours, 7 days a week crisis intervention services, staff provide support and crisis intervention, as well as training in the use of the transportation system, meal preparation, monthly budgeting, childcare, socialization skills, etc.

Care Coordinators also assist individuals in obtaining Entitlement benefits through the SOAR process and locate housing options. Affordable housing options may be limited but it becomes even more difficult to place an individual with limited or no income. Housing assistance funding would be provided through the care coordination program to secure stable housing for individuals.

D. Target population to be served

- Adults (18 years and older) with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as:
  - Adults with two (2) or more acute care admissions within 180 days; or
  - Adults with acute care admissions that last 16 days or longer.
- Adults with a SMI awaiting discharge from a Civil/Forensic state mental health treatment facility (SMHTF) back into the community.
- Meets criteria for a DSM-V primary psychiatric diagnosis of a major mental illness; i.e., Schizophrenia or a Major Affective Disorder, etc., a substance abuse disorder and may have co-occurring diagnosis. But not exclusively organic brain syndromes, developmental disabilities, or isolated antisocial/criminal behavior.

E. Please list the counties where the services will be provided.

Orange, Osceola, Brevard and Seminole

F. Number of individuals to be served

Approximately 180 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2021	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2021	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Care Coordination**			**Total Budget:**	**$422,880**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	02 Case Management	$ 60,480.00	$ 422,880	6 FTEs (2 Orange, 2 Brevard, 1 Osceola, 1 Seminole)

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that cost of services to individuals who are high-utilizers of crisis services would decrease by providing them with lower cost support services and housing assistance. In 2014, the Central Florida Commission on Homelessness released a report that included a study of a cohort of 107 chronically homeless individuals in Central Florida, which calculated that the cost of cycling in and out of incarceration, emergency rooms, and inpatient hospitalization was $31,065 per person annually. In a sample of 55 high-utilizers, CFCHS found that cost in direct services decreased by 88% (over $400,000) when these clients were provided support services and placed in stable housing. Among these same individuals, admissions to Crisis Stabilization/Detoxification decreased by 97%.

Within CFCHS' network, among individuals enrolled in care coordination, the average days of acute care decreased from 12.56 to 1.97 when comparing 90 days prior to enrollment in care coordination and 90 days after enrollment.

J. What specific measures will be used to document performance data for the project

- Increase the average days between admissions to the CSU and/or inpatient detox facility.
- Care Coordinator will conduct a face-to-face meeting with the potential consumers admitted to the CSU/inpatient detox facility up to the maximum caseload capacity.
- Consumers accepting Care Coordination services will be placed in community care within 3-5 days.
- Care Coordinator will contact (via phone and/or face-to-face) consumers who were referred to Care Coordination within 48 hours of discharge from the CSU/inpatient detox facility or SMHTF.
- Consumers participating in the Care Coordination program will have an increase in income, linked to entitlement or other benefits through employment.
- Homeless consumers participating in the Care Coordination program will be placed in transitional/permanent housing.

Housing Specialist (Provider Level)

A. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

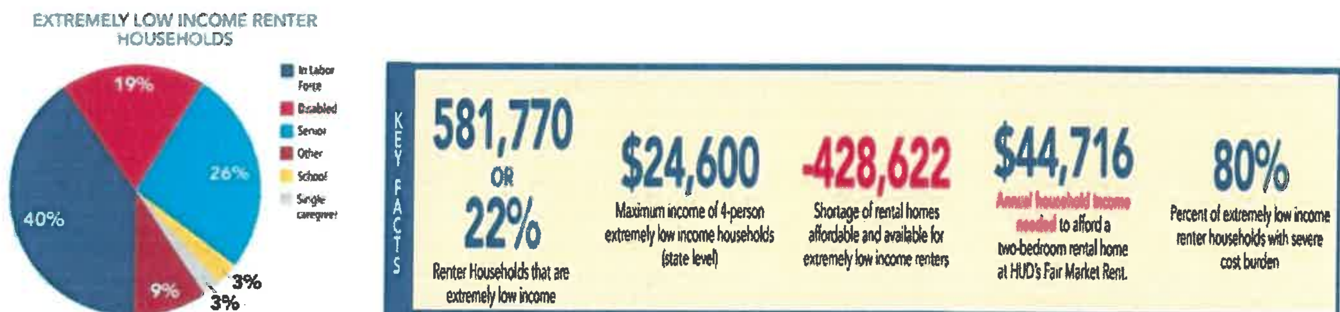
- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

- Review of CFCHS Substance Abuse Performance Measures

B. The problem or unmet need that this funding will address

Throughout the state, affordable housing is limited and in high demand from individuals with low-income. The Joint Center for Housing Studies of Harvard University currently states that low-rental unit under $800 has declined by 38.1 % since 2011 in Central Florida. In 2018, the Florida Council on Homelessness reported there were 2,787 individuals who were homeless in Central Florida (Brevard, Orange, Osceola and Seminole counties). Close to thirty percent were unsheltered and 13.9 percent were chronically homeless.
In addition, according to the National Low Income Housing Coalition 2019 The Gap report:

> *"Across Florida, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions."*



CFCHS 2019 behavioral health needs assessment shows that housing assistance was the number one service need that individuals were not able to obtain, indicating lack of availability of this service. A review of CFCHS ASA Stable Housing Outcomes for FY 1617 through 1819:

- Total number of individuals who were admitted for substance use services- 4,481

- 804 individuals reported unstable housing; 94.6% were homeless at time of admission
- 40.8% of the 804 remained in unstable housing at time of discharge from services.

Without assistance, Individuals with low-income who also suffer from mental illness and/or substance use disorders may have difficulty staying in recovery and navigating the system to obtain housing. Accessing affordable housing will continue to become more difficult if low-rental properties continue declining. CFCHS is proposing to implement Full-Time Housing Specialists at the provider level to assist in addressing housing barriers, build relationships with landlords, and advocacy.

C. The proposed strategy and specific services to be provided

In order to increase the availability of housing assistance and improve the network performance measures, CFCHS would implement housing specialists within its network. The Housing Specialists would work with individuals to assist individuals in achieving housing goals , including:

- Assess housing barriers of individuals experiencing homelessness to determine housing and service needs.
- Assist individuals in locating and securing housing
- Provide mediation and advocacy with landlords on the client's behalf to develop a workable plan to obtain and or maintain housing.
- Provide information and referral assistance regarding available support from appropriate social service agencies to maintain their housing

D. Target population to be served

Individuals with a Substance Use Disorder who are homeless upon admission

E. Counties to be served

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Approximately 200 individuals

G. Please describe in detail the action steps to implement the strategy

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2021	COO	Contract Manager, System of Care	Action plan in place

3	Amend contracts as needed	5/1/2021	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority :	**Housing Specialist**			**Total Budget:**	**$240, 000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse	Fee-for-service	Case Management	$60,000	$240,000	4 FTE (1 per county)

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Reduce number of individuals who remain in unstable housing upon discharge from treatment services.

J. Specific measures that will be used to document performance data for the project.

- Percent of adults who successfully complete substance abuse treatment services.
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Supportive Group Housing

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- 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 service providers.

- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance

abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

According to the 2019 report from the National Low Income Coalition, the Orlando-Kissimmee-Sanford area now ranks first among the largest 50 metropolitan areas for the most severe affordable housing shortage in the country. Individuals with mental health or co-occurring disorder served within CFCHS's network live well below the poverty level and their SSDI benefits are not sufficient to fully pay for their housing. This limits their options for stable housing. The inability to maintain stable housing places them at higher risk for re-hospitalization and homelessness, affecting their potential to maintain their recovery and well-being.

During FY 18-19, approximately 47% of individuals returning to the community from SMHTF were discharged to an Assisted Living Facility or Independent Living Group Care. These facilities do not provide the supports needed to teach individuals the daily living skills to become independent and transition to permanent housing. CFCHS is requesting funding to implement a program that will provide staff trained in working with the severely mentally ill, provide a full continuum of behavioral health care, and provide the supports to work towards independence.

C. The proposed strategy and specific services to be provided

In order to address the limited affordable housing options for these individuals, CFCHS will contract with Aspire Health Partners, who owns a vacant property in Orange County. This building can be updated to provide the supportive group care. The program will be able to provide housing to up to 25 individuals with mental health overlay services. Residents will be housed in a safe and stable environment with nutritional meals provided and medication that is held for them and observation of adherence to directions. Staff will be on-site 24 hours a day to monitor residents and maintain safety. Individuals will have access to Aspire's full continuum of services on-site by staff, telemedicine or transported by Aspire staff to treatment. Additional supports will include assistance to work towards independence such as employment skills, utilizing public transportation, and building a support system. A SOAR specialist or other Care Coordinator will assist the clients in applying for benefits or re-establishing Medicaid/SSI if returning from the State Hospital. The goal of the program will be to provide all necessary supports for persons to live more independently and hopefully into permanent housing.

D. Target population to be served

Adults with a serious mental illness or co-occurring disorders- priority given to assist with FACT stepdown and individuals being discharged from SMHTF.

E. Please list the counties where the services will be provided.

Facility will be located in Orange County but will serve residents from Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Approximately 50 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF	Contract amendment
2	Work with current provider to expand treatment capacity	3/31/2021	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2021	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority: Supportive Housing Program				**Total Budget:**	**$ 918,418**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	N/A	N/A	$247,466.00	New program
Mental Health	Fee-for-Service	21 Residential Level IV	$ 86.50	$670,952.00	Estimated 50 individuals

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Increase affordable housing option for individuals who are not yet able to live independently
- Increase safe housing option for individuals returning to the community from SMHTF
- Reduce the cost of housing for individuals being served within CFCHS' network

J. **What specific measures will be used to document performance data for the project**

- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served

Adult Mental Health Case Management

A. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

B. **The problem or unmet need that this funding will address.**

Within Central Florida Cares Health System (CFCHS) network , Adult Case Management may not be accessible to adults with serious and persistent mental illness (SPMI) due to lack of state funded programs or long waitlists. Due to limited availability and funding resources, individuals served in FACT or intensive case management services are unable to be stepped down to lower cost case management services.

C. **The proposed strategy and specific services to be provided**

Additional funding for Adult mental health case management would allow to expand the number of FTE's at the Network Provider level. This will increase capacity to serve individuals with mental illness who need assistance to maintain recovery through continued support and linkages in the community

D. **Target population to be served**

Adults with serious and persistent mental illness (SPMI) and due to mental illness,

- exhibits behavioral or symptoms that could result in long-term hospitalization if frequent interventions for an extended period of time were not provided, or
- requires advocacy for and coordination of services to maintain or improve level of functioning

E. **Please list the counties where the services will be provided.**

Orange, Brevard, Osceola and Seminole

F. **Number of individuals to be served**

Additional funding would allow adding 6 FTEs, to serve a total minimum of 150 individuals.

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2021	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2021	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Adult Mental Health Case Management**			**Total Budget:**	**$ 351,550.34**
			Budget		
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 110,933.34	Orange County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 55,466.67	Osceola County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 110,933.34	Brevard County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 55,466.67	Seminole County
Mental Health	Fee-for-service	28 Incidental Expenses	$ 50.00	$ 28,125.00	Assistance with transportation, housing etc.

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The additional FTE's at the provider level will allow to expand case management programs. This will allow for an increase in number of clients receiving case management services, decrease in higher cost services, step-downs from FACT and other higher level care coordination programs.

J. What specific measures will be used to document performance data for the project

- Average annual days worked for pay for adults with severe and persistent mental illness
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in forensic involvement who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served
- Number of adults in mental health crisis served
- Number of adults with forensic involvement served
- Reduction in the number of crisis (CSU, Crisis Support/Emergency, Inpatient, SRT) readmission

FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: Central Florida Cares Health System

Evaluator: Jill Krohn, Regional Substance Abuse & Mental Health Director- DCF, Central Region

Does the plan adequately describe strategies for enhancing services to meet the unmet need?

Yes/No **YES**
Comments: **The ME research information to support each identified need and why filling that need would enhance the system of care.**

1. Does the plan clearly describe the target population?
   Yes/No **YES**
   Comments: **The ME clearly defined which population would be served by each item.**

2. Does the plan clearly describe the county(ies) to be served?
   Yes/No **YES**
   Comments: **The ME listed out the counties to be served by each of those services- Orange, Osceola, Seminole, and Brevard.**

3. Does the plan clearly describe the service targets?
   Yes/No **NO**
   Comments: **For Peer Recovery Support Center, letter J, it mentions a number of measures that will be used but does not specify targets.**
   Regarding Care Coordination, it could be more specific data wise in regards to reduction of time between CSU admissions.

4. Does the plan clearly describe the specific services to be purchased?
   Yes/No **YES**
   Comments: **The ME listed out what was needed for each item.**

5. Does the proposed budget address the unmet need?
   Yes/No **YES**
   Comments: **Yes, each item that was listed are needs in the system of care covered by Central Florida Cares Health System.**

6. Do the expected outcomes address the problem/unmet need?
   Yes/No **YES**
   Comments:

7. Do the listed action steps lead to strategy implementation?
   Yes/No **No**
   Comments:

Summarize strengths of the plan: **The plan does in fact list out major needs in the ME circuit coverage area.**
Summarize weaknesses of the plan: **Outcome targets could be more specific, data wise.**

Central Florida Behavioral Health Network

Fiscal Year 2020 – 2021 Enhancement Plan

Enhancement Plan Fiscal Year 2020-2021

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Central Florida
Behavioral Health
Network, Inc.
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Central Florida Behavioral Health Network, Inc. Enhancement Plan 2020-2021

Introduction

The purpose of the Enhancement Plan is to identify priority projects, services, and areas of focus for the coming fiscal year, to develop strategies to fund the priorities, and to develop and implement system of care projects. Typically, the plan is developed using the needs assessment, comparing the needs to the services in the current fiscal year budget, and prioritizing the identified needs within the system of care. Although this is the intended use of the plan, the 2020-2021 plan is submitted in light of the pandemic and budget reductions.

Over the last several months, the COVID-19 virus has brought widespread challenges across the nation and state. Many have experienced the death of a loved one, social isolation, and reduction in income due to reduced work hours and/or job loss. With the changes in business activities, state revenues have fallen and the state has initiated reductions in the contract budgets for fiscal year 2020-2021, with anticipated reductions during the 2021-2022 fiscal year.

With the widespread impacts of the pandemic as a backdrop, it is important to remember that across the state and specifically in the SunCoast Region and circuit 10, the network service providers continued to provide services to individuals and families. Although, there have been minor service reductions, disruptions, and service delivery changes, services never stopped. NSPs and CFBHN staff worked with all stakeholders to identify medical isolation beds, develop protocols and procedures to continue behavioral health services while meeting the medical needs, and preventing further exposure. This has been a heroic response by the NSPs, CFBHN and community stakeholders and reflects the commitment to those served and the flexibility of all stakeholders.

To meet the needs of those served, NSPs adapted the service delivery system to meet social distancing guidelines. As an example, there has been an increase of over 7,000% in telephonic and telehealth service events between Jan 2020 and June 2020. In addition, NSPs made modifications to services in acute care and residential facilities to accommodate social distancing protocols in groups and sleeping arrangements. In addition, NSPs, with support from health departments created testing protocols, and public and private facilities worked together to find ways to meet the needs of communities. The managing entities, working with our association and DCF adjusted payment methodologies, gathered and delivered personal protective equipment to NSPs. These are a few of the changes made to support the NSPs and community partners to ensure that services continue.

In light of the pandemic and budget reductions, the staff of CFBHN submit the attached enhancement plan, which outlines the priorities for fiscal year 2020-2021. The specific priorities contained in the plan are contained in four priority sections: Mental Health and Substance Abuse, Prevention, Housing and Managing Entity (ME) Operations. Each priority has a list of specific elements including the program, payment, covered service, projected rate, number to be served, proposed service units, projected costs, benefits, and strategies. Each priority list has an accompanying action plan that outlines the steps the ME plans to take to implement the specific elements should funding be available.

Enhancements and funding changes in the System of Care during the most recent 2019-2020 Fiscal Year

The following is a list of some of the changes within the system of care, operational successes, and changes in operations at CFBHN.

- Data sharing and development of common outcomes and program evaluation with community partners.
  - Hillsborough County Evaluation project completed.
  - Data sharing with counties and homeless groups continues.
- Collaborative projects completed this year to supporting communities and the system of care.
  - Reallocated funding for the COVID-19 support line for two months. CFBHN with Crisis Center of Tampa Bay was the first support line in the state.
  - Improved and updated the website to provide additional resources to the community.
  - Housing – Projects continue throughout the region.

- Working with DCF and the Florida Association of Managing Entities, CFBHN staff secured and delivered PPE to network service providers to promote the health and safety of individuals served and direct service staff. Delivered through July 2020:

	Masks	Gloves	Sanitizer	Gowns	Test Kits
Totals	83,900	81,300	635	4,500	500

- Developed the statewide COVID-19 update for legislative and community stakeholders.
- Increased visibility of the SunCoast Region through appearances on CW44 Bayside TV show and staff interviews.
- Orient Road project to support individuals released from the Hillsborough County jail is on track to be opened during early 2021.
- Pasco Vincent House is scheduled to open during the 2020-2021 fiscal year.

* Items from the 2019-2020 Enhancement Plan that were funded by the legislature for FY2020-2021.
  - The Hillsborough SRT was funded at $1.2 million.
  - PEMHS received additional funding for the CSU.
  - The Charlotte CAT team funding moved to recurring funding.

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Mental Health and Substance Abuse

Priority 1 - MH and SA	Mental Health and Substance Abuse Budget						Total Amount All Priorities		$29,553,079
Budget									
							Amount Priority 1		$26,123,011
Number	**Program**	**Payment**	**Covered Services**	**Proposed Rate**	**Number Served**	**Proposed Service Level (Units)**	**Projected Costs**	**Benefits**	**Strategies**
1	MH/SA	Various	Various	N/A	7,339	N/A	7,858,088	Restore funding that was reduced due to budget shortfall.	Restore 2020-2021 budget reductions. At this point, it appears the reduction to the network service providers is $7,858,088 for fiscal year 2020-2021. This is 6% of the contract. The staff and board of CFBHN, with other stakeholders will work to restore these funds, or any other, reductions in the next fiscal year budget allocation. The impact of the reductions was mitigated through the use of carry forward and uncontracted funding. The overall impact to the mental health and substance abuse number served throughout the region is anticipated to be 3,669 at 3% and 7,339 at 6%.
2	Mental Health	Fee for Service	Short-Term Residential	$245.00	60	14,600	$5,365,500	Diversion from and reduction in readmission to state hospital.	This was identified in the 2019 Needs Assessment and continues to be discussed throughout the region. CFBHN staff worked with Hillsborough County to support funding for the region and secured $1.2 million in new non-recurring funding for an SRT in Hillsborough County. BayCare/Northside is the provider and the organzation is working to transition county funded beds to other providers and implement the new SRT program. The non-recurring funding will not support the full unit and funds are being allocated for support services following treatment at the SRT. The purpose of the program is to divert individuals from state hospital. Addional funding willl be sought to expand services and to help divert more individuals from state hospital and provide a facility for individuals who are returning to the community from state hospital. This will support the 4DX measure.
3	Mental Health	Capitated Rate	FACT	TBD	200	TBD	$3,000,000	Reduction in waitlist and improved community integration.	Increasing the number of FACT Team is a need within the region. There is a waitlist of over 150 individuals and additional teams would reduce the waitlist. This element is included on the current needs assessment and CFBHN staff will continue to advocate for the expansion of these services.
4	Mental Health	Capitated Rate	FACT	N/A	N/A	N/A	$3,954,977	Continuation of FACT Teams	FACT Team funding has not increased in over 15 years and the funding will be used to assist network service providers absorb increased costs. The funding included in this element will raise all current FACT Teams to $1,500,000 total annually. This allows for $1,250,000 for staffing positions and $250,000 for incidental dollars. These may be used for other unfunded client needs. CFBHN has identified this is an important issue for the continuation of FACT services and will advocate for these services.
5	Mental Health	Capitated Rate	CAT Teams	$750,000/ Team	2	35/Team	$1,500,000	Reduction in waitlist and improved community integration. Improved integration with LEO and schools.	the strategy is to work with local communities for additional CAT teams to reduce the waitlist and to subcontract for additional mental health services for children who are in need. CFBHN has a waitlists of over 60 for CAT teams in Circuits 6 (Pasco), and 12 . The ME wants to work more closely with the schools and local Law enforcement, to provide services for identified children and families.

Central Florida Behavioral Health Network, Inc.

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Mental Health and Substance Abuse (cont'd)

Priority 1 - MH and SA	Mental Health and Substance Abuse Budget						Total Amount All Priorities		$29,553,079
Budget									
							Amount Priority 1		$26,123,011
Number	**Program**	**Payment**	**Covered Services**	**Proposed Rate**	**Number Served**	**Proposed Service Level (Units)**	**Projected Costs**	**Benefits**	**Strategies**
6	Mental Health	Fee for Service	Recovery through Work Program Pasco County	$44.27	200	12,424	$550,000	Expands the recovery through work program to Pasco County. A model with proven success.	CFBHN believes in the clubhouse recovery through work model and have a history of providing operation dollars for these projects. Funding to provide operational dollars for the Vincent House Recovery through Work Program in Pasco County. The funding will provide Supported Housing, Supported Employment and club house services. This is a community stakeholder driven project and CFBHN, working with communities stakeholders, has developed an legislative budget request to present for consideration to the local legislative delegation.
7	MH/SA	Fee for Service	Community-based services	$63.02 this is an average of the covered services case management, supported housing, and supported employment.	Serve 341 Individuals	16,661	$1,050,000	Provides treatment and housing to prevent recidivism into the jail and improved community outcomes.	This request is to fund the community based services once discharged from the Orient Road Jail Project. These services are to be funded through, CFBHN, the Managing Entity contract. Funding break down $425,000.00 for community based services and $100,000.00 for incidental services. The strategy is to reduce the number individuals released from jail returning to the jail through the provision of treatment and temporary housing. This is a community stakeholder driven project and CFBHN, working with communities stakeholders, has developed an legislative budget request to present for consideration to the local legislative delegation.
8	MH and SA	Fee for Service	In-Home and On-Site	$55.91	TBD	17,528	$1,050,000	Improves services in the HN/HU program population and reduces readmissions.	This is to provide 14 Therapists at $75,000 each to provide in-home and on-site services for HN/HU individuals. CFBHN staff strategy is to provide additional services for those who are not on FACT teams or in other intensive services to stabilize the individuals identified as high need - high utilization program participants within the communities.
9	MH and SA	Fee for Service	In-Home and On-Site	$65.55	TBD	10,679	$770,000	Improves services in the HN/HU program population and reduces readmissions.	The funding will support 14 case managers, at $55,000 each, to provide in-home and on-site services for individuals identified as High Need/High Utilizing individuals. CFBHN staff strategy is to provide additional case management services and to work with the In-Home and On-Site staff to stabilize the individuals identified as high need - high utilization program participants within the communities.
10	SA	Availability	SA Marchman Act Services in Pinellas County	$280.67	10	3,650	$1,024,446	Prevents individuals with SUD from transport to jail and provides entry into treatment.	This has been an issue within Pinellas County for several years and CFBHN is working to find funding for these beds that are not currently funded. To secure funding CFBHN is working with community stakeholders to develop an legislative budget request for consideration by the local delegation. This funding is to support 10 Marchman Act Beds in Pinellas County that are dedicated to use by the Pinellas County sheriff's department. This will prevent the transportation of individuals to the jail and will allow an assessment and treatment option.

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Prevention

Priority 2 - Prevention		Increase the number of school based prevention programs					Amount Priority 2		$966,641
						Budget			
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$20,049	Increased Prevention Services	ACTS, Hillsborough County- Will increase services for specific populations in Hillsborough County programs with the new allocation.
2	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$12,995	Increased Prevention Services	BayCare, Pasco County. This funding will provide prevention services in Pasco County for school based programs.
3	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$30,778	Increased Prevention Services	C. E. Mendez Foundation, Hillsborough County- This will increase staff for the Hillsborough County for the Too Good for Drugs curriculum being administered to middle school students.
4	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$28,825	Increased Prevention Services	Centerstone of Florida, Manatee County- These funds will be used to increase prevention services in Manatee County with a focus on reducing the impact of Opioid use.
5	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$69,562	Increased Prevention Services	Charlotte Behavioral, Charlotte County- These funds will be used to increase prevention services in Charlotte County with a focus on reducing the impact of Opioid use.
6	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$47,306	Increased Prevention Services	Coastal Behavioral, Sarasota County- These funds will be used to increase prevention services in Sarasota County with a focus on reducing the impact of Opioid use.
7	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$76,301	Increased Prevention Services	David Lawrence, Collier County- These funds will be used to increase prevention services in Collier County with a focus on reducing the impact of Opioid use.
8	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$248,736	Increased Prevention Services	DACCO, Hillsborough County- this will provide funding for school based prevention programs and some environmental strategies. In addition it will provide substance abuse educational programming for senior and college age populations. Additional Opiate school technology based program added, administered through tablets during 9th grade health classes to address the opioid crisis in Florida.
9	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$17,134	Increased Prevention Services	Drug Free Charlotte, Charlotte County- increase for the LifeSkills program and environmental strategies throughout the community including school based programs.
10	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$172,334	Increased Prevention Services	First Step, Sarasota County-Provide funding for school based programs and overall numbers served for youth programs in high schools in Sarasota county.

Central Florida Behavioral Health Network, Inc.
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Prevention (cont'd)

Priority 2 - Prevention		Increase the number of school based prevention programs					Amount Priority 2		$966,641
Budget									
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
11	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$66,172	Increased Prevention Services	Hanley Center Foundation - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
12	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$37,981	Increased Prevention Services	Inner Act Alliance - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
13	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$58,886	Increased Prevention Services	Operation PAR, Pinellas County-These funds will be used to increase prevention services in Pinellas County with a focus on reducing the impact of Opioid use.
14	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$37,981	Increased Prevention Services	Tri-County, Polk, Highlands and Hardee counties - Funding to provide school and community based prevention programs for Polk, Hardee and Highlands counties with a focus on reducing the impact of Opioid use.
15	Substance Abuse	Capitated Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$41,601	Increased Prevention Services	Youth and Family Alternatives, Pasco County - These funds will be used to increase prevention services in Pasco County with a focus on reducing the impact of Opioid use.

Housing

Priority 3 - Housing		Increase Housing and Supported Housing Options					Amount Priority 3		$916,661
Budget									
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	MH and SA	Fee for Service	28 Incidental Expenses	$50.00	250	13,800	$690,000	Improved coordination of housing services for individuals with BH issues.	This strategy is to increase housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes. This is to expand housing vouchers for consumers identified as HN/HU for SA and MH. CFBHN plans to use the vouchering system for these services.
2	MH and SA	Fee for Service	N/A	$75,554	N/A	N/A	$226,661	Improved coordination of housing services for individuals with BH issues.	The strategy is to ensure these positions are funded to continue the collaboration and development of housing projects. These dollars are needed to support the 3 housing positions currently employed at CFBHN. This including benefits. **These dollars need to be made recurring.**

Central Florida Behavioral Health Network, Inc.

Collaborating for Excellence

ME Operations

Priority 4 - ME Operations	Funding ME Operations						Amount Priority 4		$1,546,766
Budget									
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	MH and SA	N/A	N/A	N/A	N/A	N/A	$323,831	Ability to maintain current functioning.	This represents a 6% reduction in the CFBHN budget. To restore functions lost at CF. The strategy is to work with DCF and the legislature to restore these funds.
2	MH and SA	N/A	N/A	N/A	N/A	N/A	$872,935	Increased ability for support and oversite of the DCF contract.	CFBHN provides contract oversite, training, and technical assistance to our provider partners and ensures the funding is spent in the most effective manner to support and improve the system of care. To ensure this quality of service, administrative dollars should be attached to all contracted services. The total contract service amount is $190,012,936 excluding current ME funding and including the reductions in this year's budget. The current CFBHN ME budget at 3.5% equates to $6,650,453. To bring the ME to 3.5% would require an additional $872,935 to raise the ME budget to 3.5% across all funding. Looking at the 6% reduced ME contract at $181,831,016, the amount needed to bring administrative dollars to of the contract is $670,722.
3	MH and SA	N/A	N/A	N/A	N/A	N/A	$350,000	Development of the FASAMS System.	CFBHN values our partnership with the Department of Children and Families and this funding will offset the costs incurred developing the FASAMS system. This provides funding for changes to meet the needs of the FASAMS system and to expand the current analytic and data capabilities.

Central Florida Behavioral Health Network, Inc.
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APPENDIX A
CFBHN 2020-2021
Specific Priorities with Action Steps

Priority 1 - MH and SA		Mental Health and Substance Abuse Services				
Action Plan						
Tasks		Target Completion Date	Service	Resource People	Other Resources	Success Indicator
1	Restore funding reduced in the 2020-2021 fiscal year.	7/1/2021	MH and SA	CFBHN Board and staff.	NSPs and community stakeholders.	Funding is restored.
2	Ensure funding is available through an LBR or, where possible, a partnership with stakeholders.	10/1/2021	Short-Term Residential	COO, CFO, CCO and Director of Contracts	DCF, Grant Source	Contract amendment, grant notification.
3	Procure service provider(s) and contract for services.	10/1/2021	FACT	Procurement Manager	Contract Manager, CFO, Programs	Service provider(s) selected.
4	Ensure funding is available through LBR or internal budget shift.	8/1/2021	FACT	COO, CFO, CCO and Director of Contracts	CFBHN staff	Amended contracts incorporating the new funding.
5	Ensure funding is available through LBR.	1/1/2021	CAT Teams	COO, CFO, CCO and Director of Contracts	CFBHN staff and subcontractor staff.	Where possible, amend contracts to add team and procure new services.
6	Recovery through Work Program Pasco County.	7/1/2021	Club House in Pasco County	COO, CFO, CCO and Director of Contracts	CFBHN staff and subcontractor staff	Amended contracts incorporating the new funding.
7	Ensure funding is available through LBR or internal budget shift.	11/1/2021	In-Home and On-Site	COO, CFO, CCO and Director of Contracts	CFBHN staff	Amended contracts incorporating the new funding or procure as needed.
8	Procure service provider(s) and to contract for services.	11/1/2021	In-Home and On-Site	COO, CFO, CCO and Director of Contracts	Contract Manager, CFO, CCO and CCO along with program staff	Amended contracts incorporating the new funding or procure as needed.
9	Ensure funding is available through LBR.	7/1/2021	Adult Receiving Facility	COO, CFO, CCO and Director of Contracts	CFBHN staff and subcontractor staff	Amended contracts incorporating the new funding.
10	Ensure funding is available through LBR.	11/1/2021	Community Based SA/MH Services	CEO, COO, CFO and CCO	CFBHN staff and Hillsborough County Staff	Amended contracts incorporating the new funding or procure as needed.

Central Florida Behavioral Health Network, Inc.
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Priority 2 - Prevention	Increase the number of school and community based prevention programs				
Action Plan					
Number	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	11/1/2021	CEO, CFO, and CCO	DCF, Grant Source, Prevention Program Staff	Contract amendment, grant notification.

Priority 3 - Housing		Increase Housing and Supported Housing Positions and Options			
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or, where possible, internal budget shift.	7/1/2021	CEO, COO, CFO and CCO	DCF, Grant Source	Contract amendment, grant notification.
2	Ensure funding is available through LBR or, where possible, internal budget shift.	7/1/2021	CEO, COO, CFO and CCO	DCF, Grant Source	Contract amendment, grant notification.

Priority 4 - ME Operations		Funding ME Operations			
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding reduced in the 2020-2021 fiscal year is restored.	7/1/2021	COO, CFO, CCO and Director of Contracts	CFBHN management staff	Amended contracts incorporating the new funding.
2	Ensure funding is available through budget increase.	7/1/2021	COO, CFO, CCO and Director of Contracts	CFBHN management staff	Amended contracts incorporating the new funding.
3	Ensure funding is available through LBR.	7/1/2021	COO, CFO, CCO and Director of Contracts	CFBHN management staff	Amended contracts incorporating the new funding.

State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

Frank Prado
Regional Managing Director

Evaluation: FY2020-2021 Enhancement Plan

Managing Entity: Central Florida Behavioral Health Network, Inc. (CFBHN)
Evaluator: Melissa Leslie, Regional Substance Abuse & Mental Health Director

1. Does the Enhancement Plan adequately describe strategies for enhancing services to meet the unmet need? Yes.

2. Does the Enhancement Plan clearly describe the target population? Yes.

3. Does the Enhancement Plan clearly describe the county(ies) to be served? Yes.

   The four priorities addressed the SunCoast region counties of Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota. The plan describes providers in the Central Region, Circuit 10, in the counties of Hardee, Highlands, and Polk, that also contract with CFBHN.

4. Does the Enhancement Plan clearly describe the service targets? Yes.

5. Does the Enhancement Plan clearly describe the specific services to be purchased? Yes.

6. Does the proposed budget address the unmet need? Yes.

7. Do the expected outcomes address the problem/unmet need? Yes.

8. Do the listed action steps lead to strategy implementation? Yes.

9. What are strengths of the Enhancement Plan? The Enhancement Plan identifies four priority projects with accompanying actions steps, success indicators, benefits, and strategies:

   Priority 1: Mental Health and Substance Use Budget
   Priority 2: Prevention (to increase the number of school-based prevention programs)
   Priority 3: Housing (to increase housing and supported housing options)
   Priority 4: Funding Managing Entity (ME) Operations

   Priorities two and three align with DCF's statewide initiative to focus on prevention and to reduce the number of families in crisis.

10. **What are the weaknesses of the Enhancement Plan?** Although addressing the impact of the pandemic and the effects of potential budget reductions on the system of care are critical, it is also important to emphasize innovative solutions that maximize existing funding.

Comment: Priority 3 – Housing

CFBHN's triennial needs assessment identified affordable housing options for individuals and families with behavioral health issues as a top priority across the SunCoast region. High fair market rental rates and climbing property values limit the supply of affordable housing, particularly during the pandemic and for those experiencing mental illness and/or substance Misuse. Therefore, the SunCoast region supports CFBHN's strategy for obtaining recurring funding to improve the coordination of supported housing services for individuals with behavioral health issues.

Lutheran Services Florida

Fiscal Year 2020 – 2021 Enhancement Plan

LSF Health Systems
FY 20/21 Enhancement Plan
Local Funding Request – Short Term Residential and Assisted Outpatient Treatment

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by SB12, LSFHS completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing and educational attainment levels . The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with DCF, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. **Please describe:**

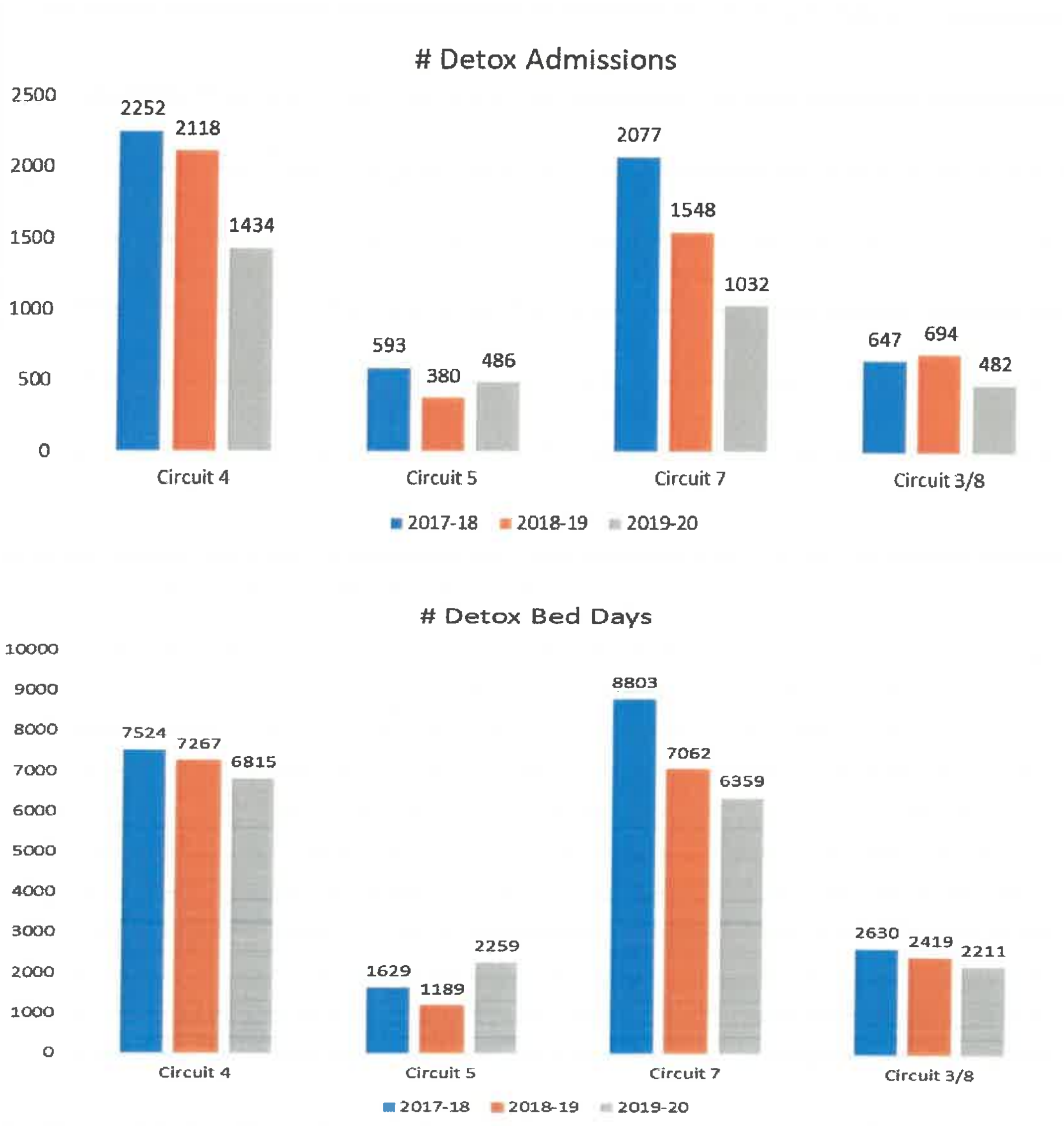
   a. **The problem or unmet need that this funding will address**

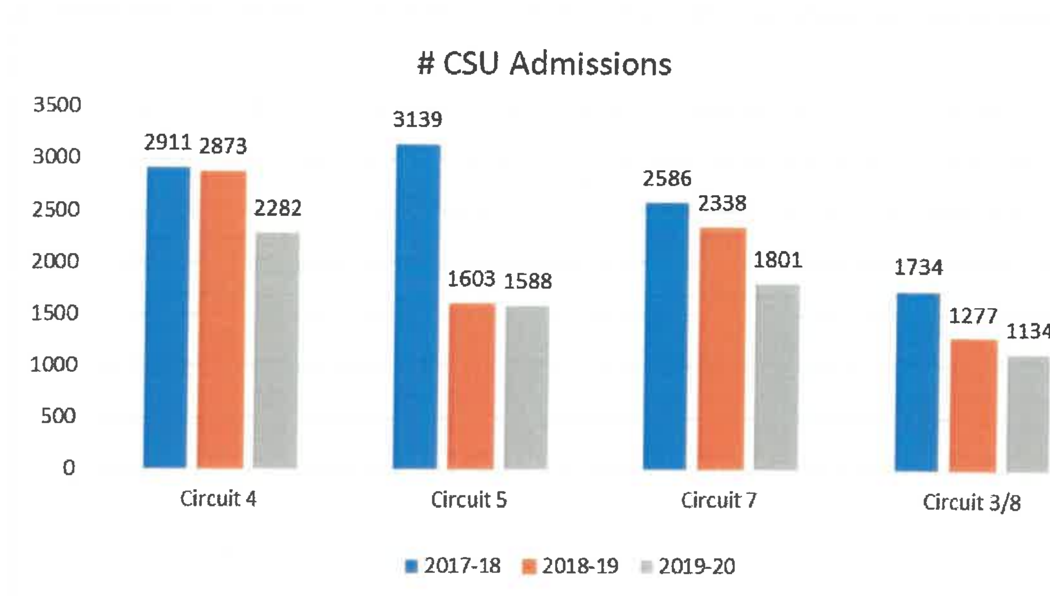
Poorly managed care transitions for high-risk, high need individuals from acute services to lower levels of care negatively affect a person's health and well-being, potentially causing additional utilization of acute crisis services, avoidable re-hospitalization, or re-arrest. Many of these individuals cycle through jails, emergency rooms, and homeless facilities, leading to decompensation of the person's mental health and creating immense costs for multiple publically funded systems. With the development of a full range of services from crisis stabilization to high intensity, highly structured residential programs and intensive community services, transition from the crisis service to home or other post-acute care settings can be managed to avoid this cycling.

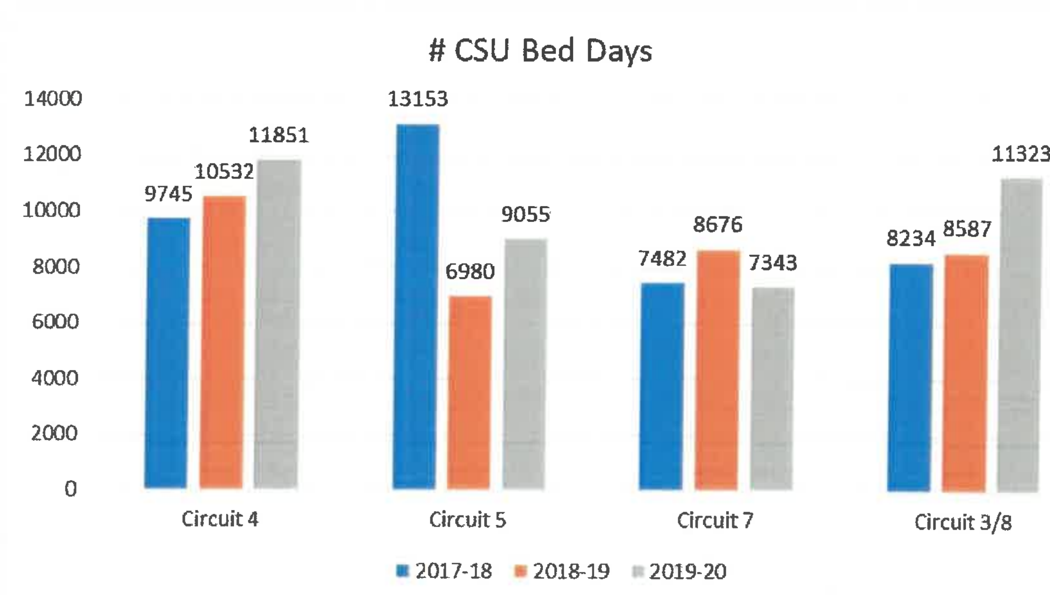
Without the appropriate treatment, at the right time and in the right setting, people with behavioral health conditions will likely continue to cycle through jail or acute levels of care for their treatment. The judicial system

has identified the lack of appropriate services and an intensive, coordinated and phased treatment system as a critical gap in services. Judges in specialty courts feel ham strung with inadequate community alternatives to jail and acute care. The evidence based, Assisted Outpatient Treatment (AOT) model has been successful in moving to a clinical, community response to behavioral health issues rather than a criminal justice response. Implementation of the AOT model, in conjunction with SRT beds will afford the Court alternatives to repeated incarceration and Baker Acts for addressing the needs of individuals with serious mental illness, substance use and co-occurring disorders.

The following is data for acute care utilization for FY 17/18, FY 18/19 and FY 19/20







Transitional care for both civil and forensic populations at risk for admission to the state hospital, jail or acute care is significantly lacking. Large gaps in the system of care inhibit the ability of the community to treat the consumer in the least restrictive environment. Development of diversion options in the community will result in a decrease in the number of admissions to the State Mental Health Treatment Facilities (SMHTF). As individuals in some circuits are waiting in crisis units for extended periods of time waiting for a SMHTF bed. The data validates this as while CSU admissions are going down year over year, the number of CSU days has increased. Effective care coordination has helped reduce readmissions however the lack of available placements hinders the ability to effectively manage the care of individuals waiting for the State Hospital. In the 23 county LSFHS

service area there is one, 16 bed SRT facility. The data below summarizing the high need, high utilizers by Circuit, supports the need for an additional 20 beds of short-term residential treatment, 10 to serve Circuits 5, 3 and 8, and 10 to serve Duval, Volusia, Flagler. Current resources allow intensive care coordination for 26% of the eligible high utilizers of acute care services in the service area.

Provider Name	Circuit	Eligible CSU HUs	Eligible Detox HUs	Total Eligible HUs	Total Enrolled HUs
Baycare Behavioral Health	7	3	n/a	3	0
Epic Community Services	7	n/a	71	71	23
Flagler Hospital	7	44	n/a	44	8
Gateway Community Services	4	n/a	119	119	46
Halifax Hospital Medical Center	7	0	n/a	0	0
Lifestream Behavioral Center	5	89	6	90	43
Mental Health Resource Center	4	221	n/a	221	77
Meridian Behavioral Healthcare	3 & 8	109	39	138	19
Orange Park Medical Center	4	7	n/a	7	2
SMA Healthcare	7	160	120	227	47
The Centers	5	89	70	143	10
Total		***722***	***425***	***1,063***	***275***

b. The proposed strategy and specific services to be provided:

The purpose of Short-Term Residential Treatment (SRT) is to provide intensive short-term treatment, competency restoration and rehabilitative skills to individuals who need a 24-hour-a-day structured therapeutic setting in a less restrictive environment than a CSU or inpatient psychiatric unit. Steps of recovery will develop self-care skills, communication skills, and recovery orientation so that residents can be stepped down to a less restrictive environment in as short a time as possible. This unit is designed to assist individuals return as rapidly as possible to the community. The SRT will decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness. The SRT will focus on an individual's wellness and community integration. This program will focus on diversion and treatment in

the community with the family's support. The SRT will reduce avoidable SMHTF and CSU readmissions using the following interventions:

- Patient/Family Engagement and Activation
- Medication Management
- Comprehensive Transition Planning
- Care Transition Support
- Transition Communication

LSFHS successfully applied for and was awarded a Criminal Justice Mental Health and Substance Abuse Reinvestment Implementation Grant for three year beginning FY 18/19 to implement a modified AOT program within the specialty courts in Marion County including Mental Health Court and Veterans Court. This grant enables judges to order individuals into treatment rather than jail with confidence that they will receive the coordination and access to services necessary to keep themselves and the community safe. The model includes co-location of a care coordinator, housing resource navigator and Peer Support/Peer Recovery Specialist at the Courthouse, along with contracted psychiatric ARNP time weekly at the Courthouse to address medication needs to increase the integration of services and move individuals to a recovery rather than punishment focus. The program has become a valuable part of the Marion County services system. Now entering its third year, resources are required to maintain the program. LSF continues to apply for grants to support AOT. Additionally, short-term residential treatment beds are an important piece of the continuum of care necessary to address the complex needs of individuals involved in the specialty courts.

Target population to be served:

The target population includes those consumers, both civil and forensic who are at risk of admission to the State Mental Health Treatment Facilities (SMHTF) or who repeatedly cycle through the acute care, homelessness and criminal justice systems.

- Civil target population:
  - Person is at least 18 years old and diagnosed with a severe and persistent mental illness, with or without co-occurring disorders. Individuals must be continent, ambulatory or capable of self-transfer.
  - All individuals shall be admitted pursuant to Chapter 394 (voluntary or involuntary), Part I, F.S., and Chapter 65E-5, F.A.C., and only on the order of a physician.
  - Individuals must present as acutely mentally ill and in need of intensive staff supervision, support and assistance, as documented in a psychiatric or psychological evaluation.
  - Person is at risk of institutionalization or incarceration for mental health reasons.
  - The individual receives a psychiatric or psychological evaluation
  - The individual is referred from a CSU, inpatient psychiatric unit (including county jail psychiatric units.

- Forensic target population:
    - Individuals must be at least 18 years of age
    - Individuals shall be charged with a felony
    - Individuals shall be free of any major medical conditions or shall have stable medical conditions.
    - Individuals must be continent, ambulatory or capable of self-transfer
    - Individuals display with physically aggressive, suicidal, or homicidal behavior (past history will be evaluated on a case by case basis)
    - Individuals must present as acutely mentally ill and in need of intensive staff supervision, support and assistance, as documented in a psychiatric or psychological evaluation
    - All individuals shall be admitted pursuant to Chapter 916, F.S. (voluntary or involuntary), Part I, F.S., and Chapter 65E-5, F.A.C.,
    - Have received at least two psychiatric or psychological evaluations finding that the individual has a mental illness as defined by Chapter 916.106 (13), F.S. and with:
        - That at least two independent evaluators opine that the person is unable to proceed at any material state of a criminal proceeding and
        - That with treatment there is a probability that the defendant will attain competence to proceed in the foreseeable future.
    - Or found not guilty by reason of insanity and
        - Has been referred from a CSU, inpatient psychiatric unit, or a designated public or private receiving facility.

c. **County(ies) to be served (County is defined as county of residence of service recipients)**

Volusia/Flagler, Alachua/Levy (AOT) Marion, Alachua, Levy, Duval, Volusia, Flagler and Putnam as well as residents from other counties in the LSFHS service area (SRT)

d. **Number of individuals to be served**

AOT – 125, SRT-80

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

   - Community based care which integrates natural supports
   - Decrease in recidivism rate into acute levels of care due to stabilization of the consumer.
   - Decrease in touchpoints with the criminal justice system due to stabilization of the consumer.
   - Cost avoidance to the overall system of care.
   - Increased medication compliance
   - Increase in overall functioning as evidenced by FARS
   - Increase in continuity of care
   - Increase in positive outcomes due to phase-down approach in a structured environment
   - Increased length of time between acute care episodes
   - Reduced readmissions of high utilizers
   - Improved time of linkage to next treatment appointment to within 7 days
   - Increased diversion from SMHTF admission

6. **What specific measures will be used to document performance data for the project**

   - Reduction in recidivism rates of the acute levels of care
   - Increase in medication compliance
   - Increase in overall functioning as evidenced by FARS
   - Increase length of time between acute care episodes
   - Improve time of linkage to next treatment appointment to within 7 days
   - Reduce readmissions to SMHTFs
   - Increased diversion from SMHTF admissions

LSF Health Systems
FY 19/20 Enhancement Plan
Local Funding Request – Care Coordination/Housing Coordination

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by SB12, LSFHS completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing and educational attainment levels . The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

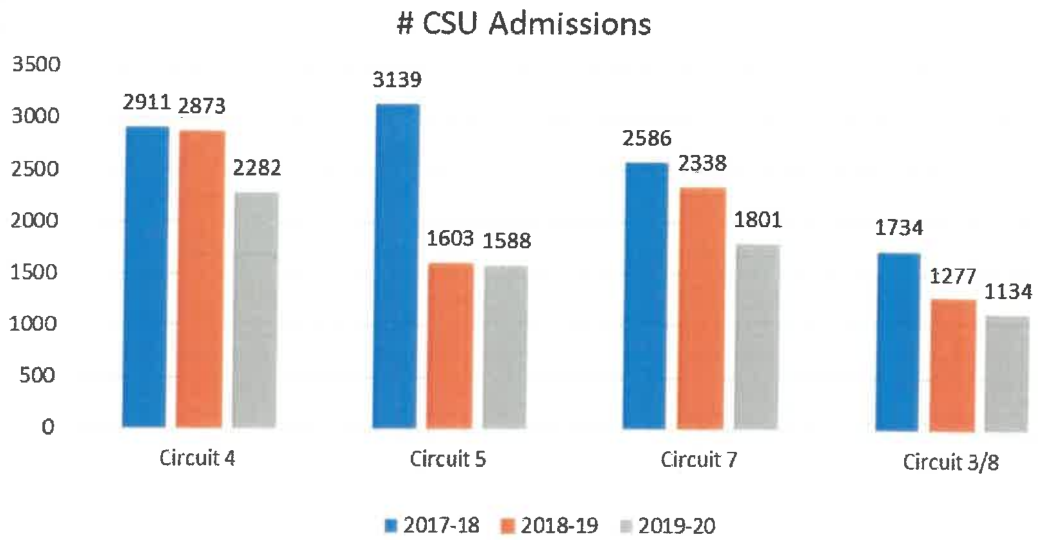
Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with DCF, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

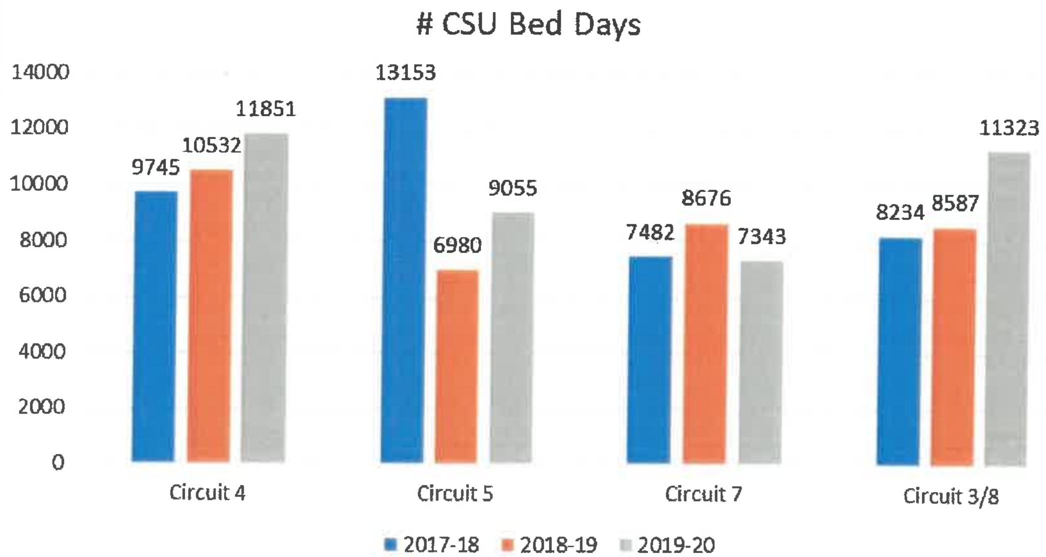
2. **Please describe:**

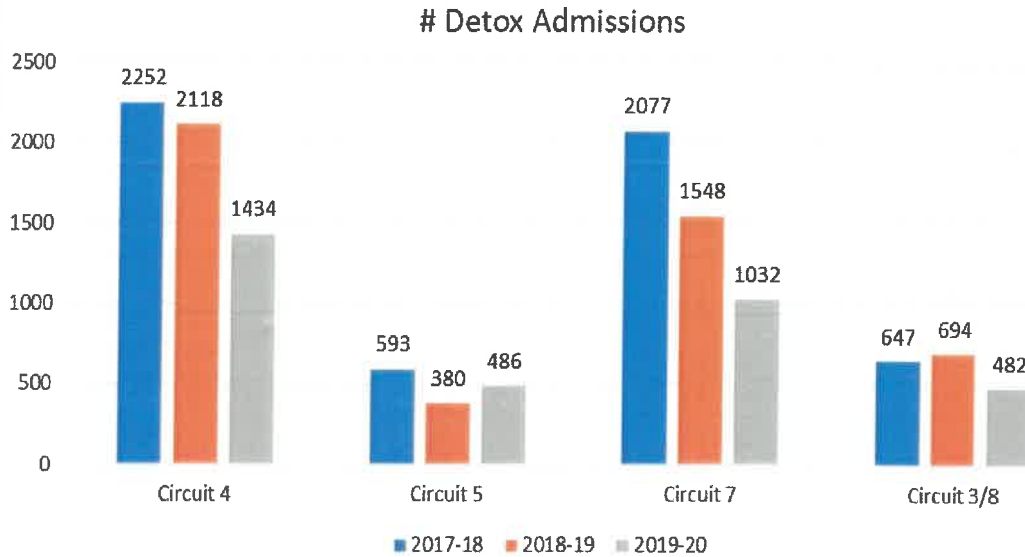
   a. **The problem or unmet need that this funding will address**

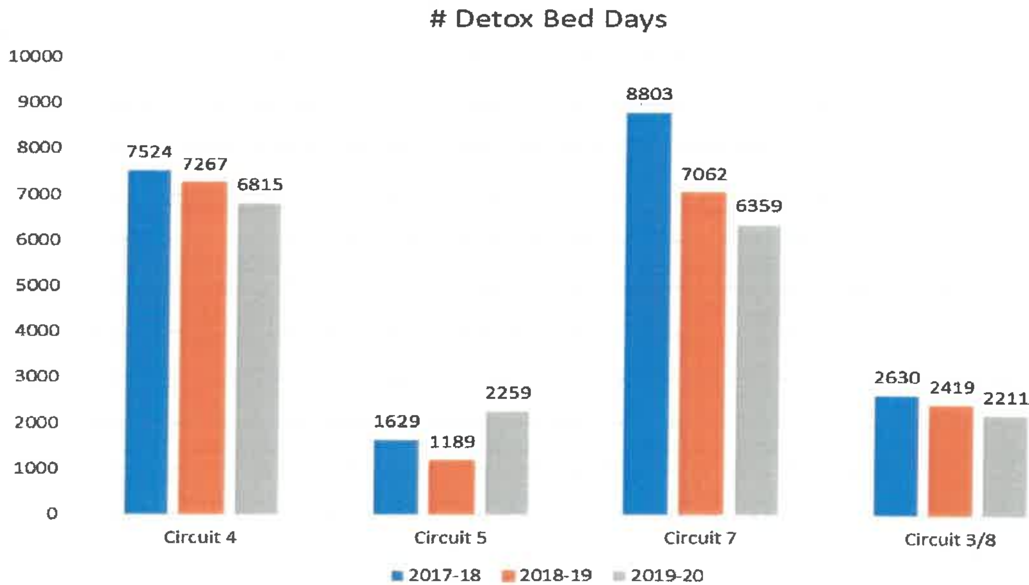
   In order for our system to function effectively and efficiently, a coordinated effort to connect high risk, high need individuals to appropriate services is critical. Absent this coordination, individuals with a serious mental illness, substance use disorder or co-occurring disorders are prone to cycle in and out of acute care settings, including CSU and inpatient detox, jails, emergency rooms and homeless facilities. A collaborative coordinated system to connect high risk, high need individuals to the right services at the right time can improve overall health, well-being and quality of life for individuals experiencing SMI, SUD or co-occurring conditions. In addition, reducing reliance on more costly acute care services or the criminal justice system to address ongoing behavioral health needs will ensure efficient use of public funds.

The following is data for acute care utilization for FY17/18, FY 18/19 and FY 19/120.









Safe, stable housing is a critical piece of an integrated service coordination effort in a Recovery Oriented System of Care. Permanent Supportive Housing is defined as "an evidence-based housing intervention that combines non-time limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities" (United States Interagency Council on Homelessness, 2016.) DCF POE data indicates insufficient community housing options as the most significant barrier to discharge from a State Mental Health Treatment Facility (SMHTF) within 30 days. Stakeholder survey input also ranks inadequate housing options as a significant community resource gap. High risk, high need individuals with serious mental illness, substance use disorder or co-occurring conditions are more likely to be disproportionately represented in acute care and criminal justice settings when they do not have stable housing. Data from FY 18/19 indicates annual service costs can be as much as 50% less for housed vs unhoused individuals.

b. The proposed strategy and specific services to be provided

LSFHS has implemented the care coordination initiative in accordance with DCF program guidance to the extent possible with existing resources. In order to obtain full benefit of this effort it is critical to ensure adequate resources to fully implement a robust care coordination effort at both the systemic (Managing Entity) level and the service (Provider) level. In order to promote community collaboration and ownership of responsibility for high risk, high need individuals, LSFHS has adopted a community-based model. The model requires a care coordinator for each Judicial Circuit and a single Care Coordinator for the State Hospital population. The LSFHS 23 catchment area requires 5 care coordinators, one each for Circuit 4, Circuit 5, Circuit 7, Circuits 3/8 and the State Hospital care coordinator. The current funding for Care Coordination and Housing Coordination at the ME level is non-recurring, putting in jeopardy the ability of the ME to continue to manage this critical process.

At the provider level there are 10 providers who serve the majority of consumers who meet the criteria for high risk, high need:

- Adults with 3 or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or
- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF to the community

The appropriation of Care Coordination funding in FY 18/19 enabled LSFHS to invest in a number of innovative provider pilot programs to reduce acute care and SMHTF admissions and readmissions, for example, wraparound services including supportive housing, case management and therapeutic services, comprehensive, individualized services to provide options for individuals ready for discharge from the SMHTF, collaborations with law enforcement to reduce arrests related to behavioral health issues, and pairing care coordinators with children's CSU facilities to identify children with multiple Baker Act admissions and engage families in community services. These innovations continued in FY 19/20 and are an important part of the system of care. Availability of resources has required enrolling the most needy, highest priority consumers in care coordination services. There continues to be a large number of individuals who are high need/high utilizers or are one admission away from meeting the definition as such who would benefit from care coordination if resources were available. Investing additional resources in care coordinators at the provider level can help improve outcomes for consumers and reduce costs to the system by meeting the needs of individuals in the community rather than in acute care settings.

Assuming an appropriate case load for a provider level care coordinator of 15 people, with an average length of service of 3 months, one care coordinator can serve 60 individuals in a 12-month period.

Data for the LSFHS service area identifies 1,063 (see chart below) individuals in FY 19/20 that meet the criteria, taking into account areas with significant geography, the need for care coordinators at the provider level is 18 FTEs.

Provider Name	Circuit	Eligible CSU HUs	Eligible Detox HUs	Total Eligible HUs	Total Enrolled HUs
Baycare Behavioral Health	7	3	n/a	3	0
Epic Community Services	7	n/a	71	71	23
Flagler Hospital	7	44	n/a	44	8
Gateway Community Services	4	n/a	119	119	46
Halifax Hospital Medical Center	7	0	n/a	0	0
Lifestream Behavioral Center	5	89	6	90	43
Mental Health Resource Center	4	221	n/a	221	77
Meridian Behavioral Healthcare	3 & 8	109	39	138	19
Orange Park Medical Center	4	7	n/a	7	2
SMA Healthcare	7	160	120	227	47
The Centers	5	89	70	143	10
Total		***722***	***425***	***1,063***	***275***

LSFHS has implemented a robust housing coordination initiative. The FY 19/20 goals included:

- Increase the number of SAMH clients housed, with an emphasis on the highest cost high utilizers and individuals transitioning out of State Mental Health Treatment Facilities (SMHTF) and jail/prison systems.
- Strengthen the Continuum of Care and Housing Provider Network

The following charts summarize outcomes related to these goals.

Increase # of individuals Housed

Housing Care Coordinator and Mental Health Court Outcomes	FY 19/20	FY 18/19	FY 17/18	FY 16/17
# people housed through Housing Care Coordination	**265**	**158**	**75**	**144**
# people housed by Marion County Mental Health Court Housing Care Coordinator	**36**	**33**	**n/a**	**n/a**
# of people assisted / housed - Hernando County Drug Court	**3**	**n/a**	**n/a**	**n/a**
# of people assisted / housed - SOR	**27**	**n/a**	**n/a**	**n/a**

PATH Outcomes	FY 19/20
MHRC – C4	65
SMA – C7	65
UWSV – C3	47
Meridian – C8	19
Mid Florida – C5	32
# of total people housed	227
Type of Housing	In: 92 IS: 18 TH: 27 TGH: 15 ALF: 0 PSH: 8 O: 67

Type of Housing

IN (Independent Living, Non-subsidized)
PSH (Permanent Supportive Housing)
TH (Transitional Housing)
TGH (Therapeutic Group Home)
IS (Independent Living, Subsidized)
RRH (Rapid Re-Housing)
ALF (Assisted Living Facility)
O (Other)

Strengthen the Continuum of Care and Housing Provider Network

Meetings Attended	FY 19/20	FY 18/19	FY 17/18	FY 16/17
# of CoC meetings attended	**241**	**255**	**315**	**349**
# Meetings with PATH staff	**76**	**25**	**35**	**60**
# Meetings with Community Agencies and Housing Providers	**339**	**200**	**186**	**287**
# Meetings with DCF and LSFHS contracted providers	**312**	**118**	**118**	**216**
# Meetings with Landlords/Property Managers	**277**	**18**	**0**	**10**
# Meetings related to SOAR	**53**	**25**	**54**	**39**
# of New Housing Contacts Mapped	**170**	**29**	**n/a**	**n/a**

Trainings Provided	FY 19/20	FY 18/19	YTD 17/18	YTD 16/17
# of people trained in **SOAR/ SSI/SSDI Simple 6**	**9**	**14**	**74**	**114**
# of people trained in **Motivational Interviewing**	**N/A**	**194**	**359**	**303**
# of people trained in **SPDAT/VI-SPDAT**	**8**	**40**	**14**	**92**
# of people trained **LMH/ALF**	**35**	**N/A**	**N/A**	**N/A**
# of people training in **Adult Targeted Case Management**	**N/A**	**N/A**	**N/A**	**46**

SOAR Outcomes	FY 19/20	FY 18/19
# of approvals for SSI/SSDI (Initial and Recon)	**91**	107
Total Applications Submitted	**140**	163
% approval rate for SSI/SSDI	**65%**	65%
Average Days To Decision (Initial)	**100**	72
Total Collected in Retroactive Payments	**$153,830**	$155,767

The proposed model to meet needs is community based following judicial circuits and includes Two Housing Care Coordinators; one Housing Care Coordinator for Circuits 3, 5 and 8 and one each for Circuits 4 and 7. Housing Coordinators assist providers in a variety of ways, helping connect behavioral health providers to the notion of housing as healthcare, the housing provider community, housing-related services and other supportive services. They ensure that network service providers prioritize housing and related services to individuals who are homeless or at immediate risk of homelessness. They assist providers in ensuring that individuals with behavioral health challenges receive the necessary housing and support services to be successful in the community-based housing of their choice to the extent possible. Housing Care Coordinators follow the provider's actions from referral until the consumer is housed. Housing Care Coordinators further provide annual training to case managers, discharge planners, care coordinators and other community partners to address safe, affordable and stable housing opportunities, training in Housing Focused Case Management, Diversion, the Substance Abuse and Mental Health Services Administration's Permanent Supportive Housing Kit and Housing First. Housing Care Coordinators are also versed in Supportive Employment practices and community inclusion best practice.

The model also includes two Housing Resource Development Specialists to identify the availability of housing and resource options across the service area, focusing on areas with a dearth of options for a wide spectrum of consumers who are in need of independent housing to those with special needs such as skilled nursing care along with insight into transportation and employment in that area. Housing Resource Development Specialists assist providers in building rapport with ALFs, Nursing Homes, Adult Family Care Homes and Independent landlords while keeping detailed and up to date records of their own. The Housing Resource Development Specialist assists providers in mobilizing and effectively coordinating existing services and informal supports; they do not create additional housing, income, treatment or other resources on its own but seek to maximize access to and the impact of existing resources surrounding the housing through data, mapping and best practice. As an example, discharge planners at the provider level and SMHTF will be greatly assisted by the Housing Resource Development Specialists as collaborative efforts between providers and the LSFHS specialists will reduce the number of individuals waiting to discharge from a state mental health treatment facility and fill the gaps in placement options for the specific populations that are more difficult to house.

Additionally, the model includes a SOAR Subject Matter Expert/Manager to provide training and technical assistance as well as programmatic oversight to SOAR processors in the provider network. A well-trained and proficient corps of SOAR processors will ensure benefit eligible individuals are assisted in applying for and receiving entitlement benefits in a timely manner, improving their ability to be self sufficient and reducing their reliance on other public funding.

Services provided include:

Care Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing and facilitating partnerships, purchase of services and supports (ME)
- Assessment of needs including level of care determination, active engagement with consumer and natural supports, shared decision-making, linking with appropriate services and supports, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider)

- Transitional Vouchers allow for individuals to have flexibility in addressing their behavioral health needs in the least restrictive, community-based setting and allow for the opportunity to implement service delivery in alignment with the principles of ROSC.

Housing Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing and facilitating partnerships, identifying ways to increase housing resources, oversight of housing providers, training and technical assistance for SOAR processors to increase the number of individuals with benefits, purchase of services and supports through voucher system (ME)
- Assessment of needs, active engagement with consumer and natural supports, shared decision-making, linking with appropriate services and supports, facilitate successful application for benefits through the SOAR model, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider)
- Housing Vouchers: By utilizing flexible vouchers similar to the Community Transition Voucher program underway in the LSFHS Region, providers would have the capacity to offer housing subsidies and support for related housing expenses to place individuals with serious SA and/or MH disorders in stable housing as quickly as possible. The vouchers may also be used to cover incidental expenses such as medications not covered by third party payers. Priority for the vouchers will be given to those individuals who are being discharged from state hospitals, jails or prisons. Any remaining funds will be made available to SAMH consumers in the region in need of support to maintain housing stability and avoid repeat hospitalizations. Increased availability of flexible resources through transitional vouchers will enable the system to expand the reach of care coordination and housing coordination to be more proactive, reaching high risk, high need individuals sooner to reduce recidivism rates and improve quality of life outcomes.

c. Target population to be served:

- Adults with 3 or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or
- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF to the community
- High risk, high service utilizers with serious mental illness, substance use disorder or co-occurring conditions who are homeless or at risk of homelessness

d. County(ies) to be served (County is defined as county of residence of service recipients)

Duval, Nassau, St Johns, Clay, Baker, Volusia, Flagler, Putnam, Baker, Union, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Alachua, Lake, Marion, Sumter, Citrus, Hernando,

e. Number of individuals to be served

1,063

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

   - Properly resourced, care coordination has the potential to reduce the reliance on acute care and criminal justice systems to address ongoing behavioral health needs, saving public dollars as these interventions come with significantly higher cost than community-based services.
   - Improved overall health, well-being and quality of life for individuals with SMI, SUD or co-occurring conditions through improved engagement, coordination of assessment, and linking to needed services and supports.
   - Individuals with stable supportive housing are less likely to cycle in and out of acute care and criminal justice systems resulting in more efficient use of public funds.
   - Improved overall health, well-being and quality of life for individuals with SMI, SUD or co-occurring conditions through a Housing First focus.

6. **What specific measures will be used to document performance data for the project**

   - % of readmissions to CSU within 30 days
   - % of detox readmissions within 30 days
   - Length of time between admissions
   - % of discharge from a civil facility within 30 days
   - # of individuals housed
   - Length of time on Seeking Placement List for discharge from SMHTF
   - Time from referral to housed
   - New housing resources identified
   - System cost for individual pre and post housing
   - Increase in individuals receiving benefits

LSF Health Systems
FY 20/21 Enhancement Plan
Local Funding Request

Substance Abuse Services: Outpatient and Residential Treatment

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   As required by SB12, LSFHS completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing and educational attainment levels . The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

   In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

   Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with DCF, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. **Please describe:**

   a. **The problem or unmet need that this funding will address**

      Substance use continues to be a rising social concern, focus on the opioid crisis has driven new resources specific to individuals with an opioid use disorder, however many individuals suffer from addiction to substances other than opioids. New funds to treat opioid addiction have been heavily invested in outpatient MAT. Effective July 1, 2019, state funded outpatient MAT services are available in all 23 counties in the LSFHS service area. Service availability varies across the 23 county LSFHS service area. Largely rural, many counties are severely lacking in treatment resources. In Judicial Circuits 3 and 8, there are 6 publicly funded detox beds to serve indigent and uninsured individuals in 10 of the 12 counties. In FY 19/20, 2,768 individuals received medicaiton assisted treatment, 105 individuals received hospital bridge services and 75 individuals in the child welfare system received services funded through

the STR/SOR grants, however, 387 individuals in Circuit 7 and 107 individuals in Circuit 4 were place on the waitlist for residential substance abuse treatment and 216 individuals in Circuit 4 were placed on the waitlist for outpatient substance abuse treatment services due to lack of capacity.

Reductions in Department of Corrections funding in FY 18/19 for residential Substance Abuse treatment beds exacerbated the symptoms of an underfunded system, resulting in even longer wait lists for individuals being released from jails and individuals with court ordered residential treatment. Even though funding has been restored, there continues to be a significant waitlist for residential services in some counties.

SOR funding is in place for first quarter of fiscal year 20/21. A subsequent grant for opioid intervention that may include treatement for stimulants is expected to begin in October 2020. Our greatest unmet need is residential treatment services which have been limited in the STR/SOR grants. Medicaid most often will not pay for these treatment services either. There is an ongoing need for funding that can be used to treat any substance use disorder.

From the patient family perspective:

- There is little information or support.
- Limited transportation is a barrier to treatment, especially in rural counties
- Follow-up is disjointed and hard to set up.
- There is limited continuity and high risk of bouncing between systems.

From the Private Provider perspective:

- There is a high cost to provide ED and inpatient care to indigent patients.
- The volume of MH/SUD involved patients who use the ED when a lower level of care would suffice is a burden and cost.
- They cannot easily arrange after care, particularly for indigent clients with serious mental illnesses who need more services than insurance covers (e.g., care coordination, family support, rehab, etc.)

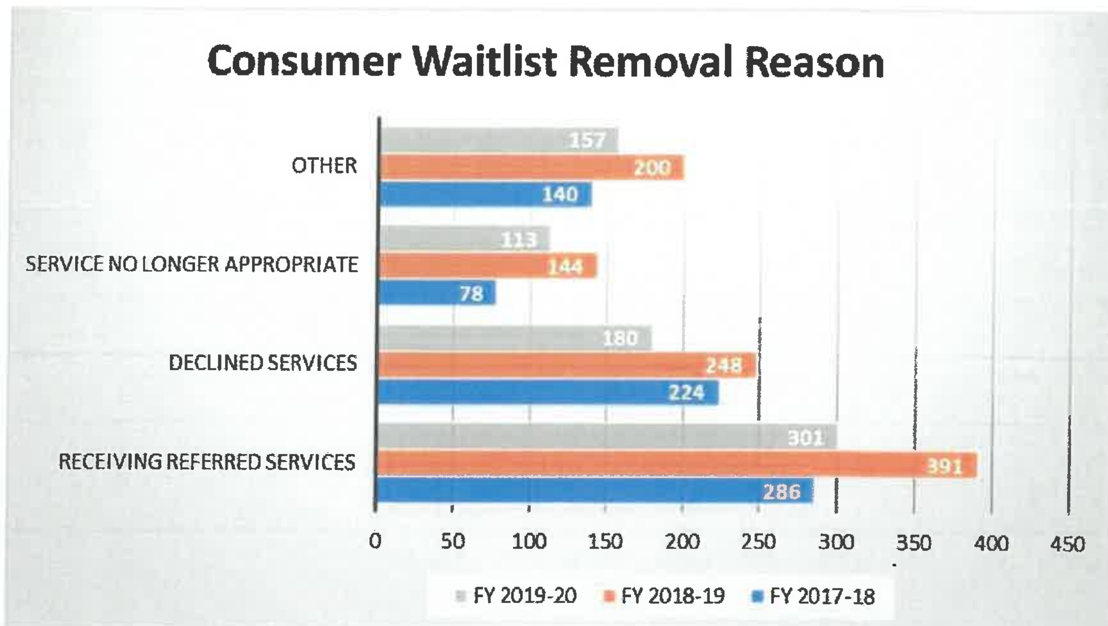
From a community perspective:

- The system appears fragmented and inefficient.
- Patients bounce between different agencies with no coordinated approach.
- Criminal justice providers (LEO, courts, jails) have few options, particularly for substance abusing individuals who pose a community risk.

Waitlist data indicates 534 individuals seeking residential treatment services and 217 individuals seeking outpatient treatement services were placed on a wait list in 19/20. Despite the additional resources provided by the STR and SOR funds, the number of individuals placed on a waitlist for substance abuse treatement remained constant in FY 19/20, indicating an ongoing and increasing need for both residential and outpaitent treatment services. The COVID-19 pandemic has resulted in some outpatient treatment being conducted via telehealth platforms, removing transportation as a barrier to treatment for som consumers. However, data from the CDC indicated an increase in overdoses and substance misuse as a result of COVID-19.

ASA Residential Waitlist			
	FY 19-20	FY 18-19	FY 17-18
Number of Individuals Placed on the Waitlist for ASA Residential Services that were successfully removed from the waitlist	534	546	409
Average Number of Days Waited for ASA Residential Services	64.18	57	62.28
Number of Priority Consumers (IV Drug Users and/or Pregnant Women) that waited for ASA Residential due to lack of capacity that were successfully removed from the wait list	45	109	30
Average Number of Days Priority Population Consumers (IV Drug Users and/or Pregnant Women) waited for ASA Residential Services due to lack of capacity	30.09 days	61.5 days	36.80 days
Number of Individuals Placed on the Waitlist for ASA Residential Services by circuit due to lack of capacity	Circuit 7- 387	Circuit 7 - 407	Circuit 7 - 276
	Circuit 5 - 41	Circuit 5 - 6	Circuit 5 - 15
	Circuit 4 - 107	Circuit 4 – 132	Circuit 4 – 105
	Circuit 3/8 - 1	Circuit 3/8 – 1	Circuit 3/8 - 0
Reason Individuals were removed from the Waitlist	Receiving Received Service -170 (32%)	Receiving Received Service – 312 (44%)	Receiving Received Service – 176 (34%)
	Declined Service -98 (18%)	Declined Service - 160 (22%)	Declined Service - 176 (34%)
	Service no Longer Appropriate – 113 (21%)	Service no Longer Appropriate – 100 (14%)	Service no Longer Appropriate – 78 (15%)
	Other -153 (29%)	Other -145 (20%)	Other – 140 (27%)

ASA Outpatient Waitlist			
	FY 19-20	FY 18-19	FY 17-18
Number of Individuals Placed on the Waitlist for ASA Outpatient Services that were successfully removed from the waitlist	217	266	159
Average Number of Days Waited for ASA Outpatient Services	63.98 days	69.76 days	68.0 days
Number of Priority Consumers (IV Drug Users and/or Pregnant Women) that waited for ASA Outpatient due to lack of capacity that were successfully removed from the wait list	44	59	24
Average Number of Days Priority Population Consumers (IV Drug Users and/or Pregnant Women) waited for ASA Outpatient Services due to lack of capacity	60.27 days	68.0 days	62.29 days
Number of Individuals Placed on the Waitlist for ASA Outpatient Services by circuit due to lack of capacity	Circuit 7 - 0	Circuit 7 -	Circuit 7 – 7
	Circuit 5 – 1	Circuit 5 - 4	Circuit 5 – 0
	Circuit 4 – 216	Circuit 4 – 207	Circuit 4 – 152
	Circuit 3/8 – 0	Circuit 3/8 – 0	Circuit 3/8 - 0
Reason Individuals were removed from the Waitlist	Receiving Received Service – 131 (60%)	Receiving Received Service – 79 (30%)	Receiving Received Service – 110 (69%)
	Declined Service – 82 (36%)	Declined Service- 88 (33%)	Declined Service – 48 (30%)
	Service no Longer Appropriate – 0	Service no Longer Appropriate – 44 (17 %.)	Service no Longer Appropriate – 0
	Other - 4 (4%)	Other -55 (20%)	Other – 1 (1%)



b. The proposed strategy and specific services to be provided

The strategy is to increase needed substance abuse diagnosis and treatment options in underserved communities in the 23 county LSFHS service area through additional residential treatment beds and funding for outpatient treatment of substance abuse that is not limited to treatment of opioid use disorder.

The 12-bed residential treatment programs provide residential level II SA treatment to individuals who require a more structured setting to effectively engage in treatment.

Funding to expand the availability of outpatient treatment for substance use disorder will enable the provider network to more effectively target resources to the specific needs of their community. Recurring funding is needed to stop treating addiction as a short-term condition. The availability of stable and consistent resources is essential to effectively treat addiction as the chronic condition that it is.

c. Target population to be served:

Individuals with substance use or co-occurring substance use and mental health conditions.

d. County(ies) to be served (County is defined as county of residence of service recipients)

Volusia, Flagler, Putnam – residential treatment

Duval County – residential treatment

All Counties – outpatient SA treatment

e. **Number of individuals to be served**

Residential Treatment - 200 Outpatient Treatment - 500

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
    - Medically supervised detoxification and stabilization
    - Ability to simultaneously address addiction and serious mental illness
    - Treatment is provided in a secure facility
    - Patient and family engagement designed to promote entry into follow-up care and reduce relapse
    - Referral into further treatment at an appropriate level of care based on thorough assessment
    - Admissions are voluntary, or under Marchman or Baker Act
    - Increase in the number of individuals with SUD who are engaged in treatment
    - Expanded access to services by reducing the number of individuals in need of treatment who must wait for services and reduction in the wait time to access services

6. **What specific measures will be used to document performance data for the project**

    - # of consumers placed on waitlist for SA residential treatment services
    - # of days from referral to service initiation
    - # of successful discharges from treatment
    - # of readmissions to detox, Emergency or other acute care settings
    - Cost reduction/return on investment

LSF Health Systems
FY 20/21 Enhancement Plan
Local Funding Request

Workforce Investment: Rate increase for Providers to invest in assuring salaries for key positions are keeping pace with the market to increase retention and reduce time to hire vacant positions.

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by SB12, LSFHS completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with DCF, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. **Please describe:**

   a. **The problem or unmet need that this funding will address**

The safety net behavioral health system is highly dependent on a stable and qualified workforce to deliver substance abuse and mental health services to Florida's most vulnerable citizens. Most Providers rely on a tapestry of funding sources, including Medicaid, DCF through the Managing Entity system, various grants and contributions. The two primary sources of revenue, Medicaid and DCF have not provided a rate increase in many years. LSF last provided a rate increase across the system was 2015. The impact of rates not keeping pace with the cost of business, and increased competition for key staff has been that Providers have seen increased turnover as trained staff seek higher paying positions in the private sector, schools or even at DCF, where salaries are higher and benefits such as higher

contributions to retirement or health insurance or more favorable work hours are factors. Additionally, salaries below market rate have made it increasingly difficult to fill key positions, impacting capacity to deliver services.

During the 2019 Needs Assessment Provider focus groups, the inability to afford the salaries and benefits necessary to recruit and retain qualified staff was a key challenge surfaced across the Provider Network.

DCF has recognized the importance of investing in key positions in the Child Welfare environment, providing resources to increase the salaries of Child Protective Investigators and Child Welfare Case Managers. With the increased attention to Evidence-based practices and accountability to outcomes, it is essential that Providers have the ability to recruit and retain the staff necessary to achieve the outcomes they and the system desire.

LSF established a workgroup with Providers to identify the key positions that are most under market for salary, most critical to service delivery and most difficult to recruit and retain. The following positions were identified:

Licensed Clinicians
Master's Level Unlicensed Clinicians
ARNPs
Bachelor's Level Counselors or Case Managers
Licensed Physicians
Peers

The chart below shows the difference between average starting salaries an competitive starting salaries as identified by providers who responded to a system-wide survey

Position	Avg starting	Avg Competitive	Diff
Licensed Clinicians	43,401	51,393	7,992
ARNP	118,125	128,193	10,068
Masters Level Clinicians	37,827	43,532	5,705
Case Managers-Bach Counselors	32,119	36,665	4,546
Peers	28,540	33,709	5,169
Licensed Physicians	225,021	274,602	49,581

b. The proposed strategy and specific services to be provided

The strategy is to increase unit rates for the services delivered by the key positions listed above. Rate increases will be dependent upon the Provider's agreement to use the additional funds to increase salaries for key positions.

Target population to be served:

Individuals with substance use, mental health or co-occurring substance use and mental health conditions.

c. **County(ies) to be served (County is defined as county of residence of service recipients)**

All 23 counties in the LSF service area

d. **Number of individuals to be served**

Additional resources would enable the LSF network to continue to serve a similar number of individuals served in FY 20-21. If no additional resources are available, LSF will work with the provider network and the Department to assess the decreased capacity that would be necessary to increase the salaries to key positions in order to maintain quality of service and achieve contract required outcomes.

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
    - Providers will experience less turnover in key positions
    - Providers will experience shorter times to fill vacant key positions
    - Consumers will receive a higher quality services due to stability in clinical staff, ability to adhere to evidence-based practices, and a more qualified and experienced workforce.
    -

6. **What specific measures will be used to document performance data for the project**
    - Average provider salaries for key positions
    - Vacancy rate for key positions
    - Time to hire key positions
    - Contract programmatic outcomes
    - Client satisfaction surveys

LSF Health Systems
FY 20/21 Enhancement Plan
Local Funding Request – Behavioral Health/Law Enforcement Co-Responder Teams

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by SB12, LSFHS completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with DCF, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. **Please describe:**

   a. **The problem or unmet need that this funding will address**

A call to law enforcement is often the community response to Individuals experiencing a behavioral health crisis due to mental health, substance abuse or co-occurring conditions. These calls frequently result in involuntary admission to the Crisis Unit or jail when there are no other suitable community responses available. Beginning in November 2016 Gainesville Police Department and Meridian piloted a small scale co-responder team that worked up to 4 hours per week in the Grace and Dignity Village homeless shelter, specifically in the area known locally as "tent city". The team utlized a community engagement model, interviewing residents and developing rapport, using a questionnaire to help gather information to inform expansion of the pilot. The team interviewed 77 individuals of whom 33.7% stated they suffered from mental illness or had been diagnosed with a mental illness. This information was volunteered and not expressly asked in the questionnaire. Of the

individuals interviewed, 35% had been arrested by the Gainesville Police Department in the last 5 years. An additional 41.6% had other contact with the Gainesville Police Department.

In FY 2018/19, through funding by a Gainesville Police Department and LSF Health Systems/DCF, a pilot was funded consisting of a team of a CIT trained officer and Masters level mental health clinician to partner as a team to respond to calls for service involving persons with mental illness, a mental health crisis and emotionally charged situations. The team will address issues at the Intercept 0 and Intercept 1 points in the Sequential Intercept Model, focusing on individuals identified as high utilizers of crisis stabilization units, emergency rooms and the Alachua County Jail, intervening in a proactive and preventive manner either before a situation becomes a crisis or at the earliest stage of system involvement, thereby increasing jail diversion and crisis unit admissions. The team will free up other law enforcement officers to focus on more tradtional police concerns. In FY 19/20 the team continued to be funded and funds were added to expand the pilot with a team housed with Alachua County Sheriff's Department. In FY 19/20 a team was funded with Mental Health Resource Center to partner with Jacksonville Sheriff's Office. Unfortunately, COVID interrupted implementation but development of the team is ongoing.

The attached data reports provided by Meridian highlight the most recent outcomes for the pilot. Several communities have expressed interest in implementing a co-responder program and Alachua County would like to expand their program to build on their success.

b. The proposed strategy and specific services to be provided

The Co-Responder model includes two full time employees; a CIT trained officer and a master's level mental health clinician. The team rides together in a marked police vehicle and responds to calls for service involving persons with mental illness, a mental health crisis, substance use and emotionally charged situations. 70% of the team's time is spent responding to calls in the community and conducting follow up visits as appropriate. The remaining 30% of the time is dedicated to leading and facilitating high utilizer case staffings, which include numerous multi-disciplinary community providers who have agreed to collaborate on solutions for individuals who are high utilizers of the criminal justice and behavioral health systems.

c. Target population to be served:

Individuals involved in law enforcement calls for service related to mental health and/or substance use

d. County(ies) to be served (County is defined as county of residence of service recipients)

Alachua, Clay, Duval, Volusia/Flagler

e. Number of individuals to be served

2,000

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

   See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Better coordination of care for individuals who have frequent interactions with law enforcement due to behavioral health conditions, resulting in fewer repeat calls, earlier engagement in services, reduced expense for jail days and crisis unit admissions.

6. **What specific measures will be used to document performance data for the project**

   - # of diversions from acute care and criminal justice systems
   - # of repeat calls
   - % of individuals engaged in services
   - System cost savings

LSF Health Systems
Training Request for Funding from the State of Florida
(Virtual and In-Person Considered)

Training Title	**Dialectical Behavioral Therapy (DBT)** • Part 1 - Treating Clients Who Experience Emotional and Behavioral Dysregulation; • Part 2 - Dialectical Behavior Therapy Skills Group A Closer Look at One Mode of the Treatment • Advanced - Case Conceptualization, Treatment Planning and Overcoming Treatment Dilemmas
Need Statement	Seek to provide DBT through more available routine clinical practices and obtain subject matter expert guidance with regards to complex cases when working with individuals living with borderline personality disorders.
Number of Participants To be Trained	50
Estimated Cost	$25,000
Description	Designed to provide an introduction to theories and research related to DBT, a review of the skills that are taught, and core DBT interventions and strategies to teach adaptive coping and achieve client stability. The participant will come away from the training with a beginning of understanding of this complex treatment model, specific interventions and strategies that can be utilized immediately in their practice, and where they can get more intensive training. Apply DBT principles and how DBT skills can integrate into your existing practice.

Training Title	**Trauma Focused Cognitive Behavioral Therapy**
Need Statement	We seek to assist clinicians to identify the challenges and barriers in implementing TF-CBT, attain success in overcoming challenges and barriers, develop creative strategies of implementing the TF-CBT components and increase the likelihood that clinicians will implement the model with fidelity captured in monitoring and improved outcomes.
Number of Participants Trained	30
Estimated Cost	$30,000

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Description	TF-CBT is effective for diverse, multiple and complex trauma experiences, for youth of different developmental levels, and across different cultures. TF-CBT is an evidence-based treatment that has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma.

Training Title	**Eye Movement Desensitization and Reprocessing (EMDR)** • Basic Training - $20,550 • Cultural Responsiveness and Addressing Cultural Trauma and Adversity in EMDR Therapy - $11,250 • Traumatic Attachment to Perpetrator Using EMDR Therapy $10,500
Need Statement	To increase the number of providers able to offer this evidence-based practice. Limited trainers and subject matter experts in Florida who specialize in utilizing this innovative and effective treatment.
Number of Participants To Be Trained	120
Estimated Cost	$32,170
Description	EMDR is a comprehensive psychotherapy that accelerates the treatment of a wide range of pathologies and self-esteem issues related to disturbing events and present life conditions. This psychotherapy treatment was originally designed to alleviate the distress associated with traumatic memories.

Training Title	**Attachment and Trauma Focused Training for Mental Health Professionals**
Need Statement	To increase therapy skill development in which participants will incorporate attachment and trauma work into their practice models.
Number of Participants To Be Trained	25
Estimated Cost	$30,000
Description	The Attachment and Trauma-Focused Training for Mental Health Professionals (ATFT- Mental Health) is an 80-hour, post-graduate online certification course designed to build the capacity of mental health practitioners to repair childhood attachment wounds and trauma. The course includes 40 of preparatory reading of current curated literature plus reviewing practical videos and 40 hours of live, online instruction.

Training Title	American Society of Addiction Medicine (ASAM) Criteria
Need Statement	To help beginner, intermediate, and advanced counselors, social workers, administrators, and other clinical staff develop patient-centered service plans and make objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions
Number of Participants To Be Trained	30
Estimated Cost	$10,000
Description	Participants learn how the underlying principles and concepts of the ASAM Criteria. Identify the six dimensions of the ASAM Criteria's multidimensional patient assessment. Determine treatment priorities based on risk assessment to guide treatment and service planning. Determine an appropriate level of care and treatment priorities based on risk assessment. Implement the ASAM Criteria, in the context of system challenges, for patients with addiction to ensure appropriate level of care and treatment outcomes.

Training Title	Trust Based Relational Intervention Practitioner Training
Need Statement	To increase therapy skill development in which participants will become practitioners who may train within their organization using the TBRI® Caregiver Training Package into their practice models.
Number of Participants To Be Trained	40
Estimated Cost	$100,000
Description	TBRI® is designed to meet the complex needs of children who have experienced adversity, early harm, toxic stress, and/or trauma. Because of their histories, it is often difficult for these children to trust the loving adults in their lives, which often results in perplexing behaviors. TBRI® offers practical tools for parents, caregivers, teachers, or anyone who works with children, to see the "whole child" in their care and help that child reach his highest potential.

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FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: Lutheran Services Florida, Inc. (LSF)

Evaluator: Northeast Region DCF SAMH Program Office

1. Does the Enhancement Plan adequately describe strategies for enhancing services to meet the unmet need?
   Yes/No
   Comments: Yes

2. Does the Enhancement Plan clearly describe the target population?
   Yes/No
   Comments: Yes

3. Does the Enhancement Plan clearly describe the county(ies) to be served?
   Yes/No
   Comments: Yes

4. Does the Enhancement Plan clearly describe the service targets?
   Yes/No
   Comments: Yes

5. Does the Enhancement Plan clearly describe the specific services to be purchased?
   Yes/No
   Comments: Yes

6. Does the proposed budget address the unmet need?
   Yes/No
   Comments: Yes

7. Do the expected outcomes address the problem/unmet need?
   Yes/No
   Comments: Yes

8. Do the listed action steps lead to strategy implementation?
   Yes/No
   Comments: Yes

9. What are the strengths of the Enhancement Plan?

The Co-Responder Program, in our opinion, is a good effort to hardwire Prevention into our programming, seeking meaningful diversion at a very early stage. It also serves as strengthening community partnership involving DCF, ME, Provider Network and Law Enforcement.

The managing entity also has a solid grant-writing program, to bring additional funding into our system of care. One example of this is in their training of Peers. The program is a strong and successful one, and as one grant is approaching it's latter stages, they have secured an additional grant for peer training. Their training program in general is excellent.

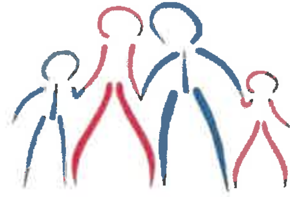
Their identification of short term residential and AOT does zero in on efforts important to potential success for the most-high risk/high need individuals.

As mentioned earlier in this email, LSF draws input from a variety of community partners to inform them on constructing this enhancement plan. That is also a strength that makes for more natural community buy-in to the plan.

10. What are the weaknesses of the Enhancement Plan?
As planning goes, it is hard-pressed to single out a glaring weakness in their efforts/plans. Probably the biggest concern or question going forward is short term residential initiatives. Past experiences with these efforts have proved challenging to truly keep them "short-term." Without success at that effort, I have seen two outcomes, neither of which is desirable. Either they become longer term than intended, and then this valuable resource is not available for other high-risk individuals who come along later after the first group enters. Or in a concerted effort to keep the residential "short-term", individuals are moved along to less restrictive community situations that are not optimum. But this challenge is not a weakness of the plan per se, it is the challenge of day-to-day implementation.

Big Bend Community Based Care

Fiscal Year 2020 – 2021 Enhancement Plan



BIG BEND
COMMUNITY BASED CARE

BUILDING STRONGER FAMILIES IN OUR COMMUNITY.

Enhancement Plan

2020-2021

Introduction

Big Bend Community Based Care Managing Entity submitted its 2019-2020 Triennial Needs Assessment October 15, 2019. The results of the assessment were consistent with previous formal needs assessments.

During the past fiscal year, BBCBC's network has seen some encouraging successes:

- Increases in the use of telehealth (listed on last year's Enhancement Plan) with the deployment of school based kiosks and telehealth licenses.
- Creation of a Recovery Specialist position at the ME level (listed on last year's Enhancement Plan).
- Continued recovery from Hurricane Michael and the successful completion of Project HOPE
- Awarding of two $1 million dollar grants for disaster recovery (expansion of outpatient services list on last year's Enhancement Plan).

The past fiscal year has presented some unprecedented challenges for the Network.

1. COVID-19 has radically changed service delivery placing a heavy reliance on the use of telehealth and telephonic service methods. It has stressed individuals, providers, and communities. Ensuring clients and staff are safe and have as little exposure as possible to the virus has been a top priority.
2. The closing of West Florida Community Care Center (WFCCC) has meant an increased focus on community placement for people with severe and persistent mental illness.
3. Recovery from Hurricane Michael continues. Working with schools, providers, and the community to assess needs. Affordable housing continues to be a problem for clients and the workforce. Providers struggled to repair buildings, re-establish programs, and find qualified staffing.
4. Projected budget shortfalls pose a troubling picture for the current fiscal year, especially in light of COVID-19.

Many of the same pre-COVID, pre-hurricane needs are present. These include residential/detox services, increased forensic services, expanded outpatient services, and ME operational integrity.

The following plan represents these continued needs.

FY 20-21 Enhancement Plan
Local Funding Request
Expand Detoxification Services

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care (BBCBC) completed its 2019 Triennial Needs Assessment in October, 2019. It met the requirements as outlined in templates provided by the Department and included all of the elements required under relevant federal and state statutes, including elements enacted in Senate Bill 12. BBCBC completed the required 2019 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: 1. Outpatient services for substance abuse and mental health; **2. Residential and Detox services;** 3. Housing and supported housing options; 4. Psychiatric Services; and 5. Transportation (access to services).

During the FY 18/19 the area of NW Florida experienced Hurricane Michael that damaged provider facilities in Circuit 14 that offered Residential and Detox services for substance abuse and diverted BBCBC's efforts at enhancement of services towards recovery and restoration of services. The support and expansion of Detoxification Services continues as a priority and is made an even higher priority based on the vulnerability of service delivery experienced.

Please describe:

a. **The problem or unmet need that this funding will address**

Within the Okaloosa/Walton County area, there are no detoxification services. A freestanding detox facility was located at Ft Walton Beach but closed in 2013 because there was not sufficient funding to maintain it. Residents of these two counties must travel up to two hours to Pensacola or Panama City to reach a detox facility.

To the east of Okaloosa/ Walton, the Panama City Detox facility was badly damaged as a result of Hurricane Michael. While the program has been operating using portable buildings, the damage done by the storm and length of time needed for repairs only highlights vulnerability of this vital service and emphasizes the need for additional capacity. This has been a need identified by local community leaders. Often times, individuals in substance abuse crisis are brought to the primary hospital emergency room where they are medically stabilized but not truly detoxed.

To the west of Okaloosa/Walton, the contracted detox beds at Lakeview Center in Pensacola are running at 180% utilization.

To combat the emerging opioid crisis in the area, detox services are needed in order to stabilize individuals and transition them to a medication assisted treatment (MAT) program.

b. The proposed strategy and specific services to be provided

Develop a 10 bed detox facility in the Okaloosa/Walton County area.

c. Target population to be served

- Adults under Marchman Act or in need of detoxification services

d. County(ies) to be served

Okaloosa and Walton

e. Number of individuals to be served

At an estimated 80% of maximum capacity and an average length of stay of 4.5 days, this program would serve 649 people

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

10 beds at $285/day at minimum required service level of 3,103 days = $884,213.00

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

This funding will increase detoxification capacity within the Northwest Region. This community resource which has not existed for 5+ years will help to stabilize individuals in order to allow them to begin treatment in their community. The program will provide immediate detox from substances so that medication assisted treatments such as Buprenorphine and Vivitrol may be initiated.

Additionally, it reduces the costs to the hospitals and is a more appropriate approach than simple physical stabilization in a hospital emergency room.

Finally, a program located in this community does not require individuals or law enforcement to travel up to two hours to reach treatment. It also alleviates over-utilization of detox beds at Lakeview Center in Pensacola.

Specific measures that will be used to document performance data for the project.

- Number of adults served
- Priority of Effort for Detox readmissions
- Utilization rates at all system Detox facilities

BIG BEND COMMUNITY BASED CARE

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 1

10 Bed Inpatient Detox in Okaloosa/Walton

Total Budget: $ 884,212.50

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Substance Abuse	Capitated Rate	24 SA Inpatient Detox	$ 285	3650	3103	$ 884,213	10 Detox beds for Okaloosa/Walton

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 1

10 Bed Inpatient Detox in Okaloosa/Walton

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2021	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2021	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	5/1/2021	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2021	Provider	ME	Services being provided
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

FY 20/21 Enhancement Plan
Local Funding Request
Increase Forensic Services

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care (BBCBC) completed its 2019 Triennial Needs Assessment in October, 2019. It met the requirements as outlined in templates provided by the Department and included all of the elements required under relevant federal and state statutes, including elements enacted in Senate Bill 12. BBCBC completed the required 2019 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: **1. Outpatient services for substance abuse and mental health**; 2. Residential and Detox services; 3. Housing and supported housing options; 4. Psychiatric Services; and 5. Transportation (access to services).

As with past Enhancement Plans, reducing the number of forensic commitments to state mental health treatment facilities remains a top priority for the Department. Not only is a community setting a less restrictive environment for the individual, the cost of caring for an individual a community setting is far less than at a SMHTF. The Department tracks forensic commitment reduction efforts each month through regional forensic action plans and monthly conference calls. The desire is to use outpatient/community resources to divert individuals from being committed and serve more individuals through conditional release.

Provider agencies that work with this population were polled to determine ways to stem the increase in forensic SMHTF commitments from the Northwest Region.

Please describe:

a. **The problem or unmet need that this funding will address**

Over the last five years, the number of Forensic commitments from the Northwest Region to state mental health treatment facilities (SMHTF) has increase every year, despite efforts at diversion.

Sum of COMMITMENT					
Northwest Region	FY1516	FY1617	FY1718	FY1819	FY1920
LEON	83	88	84	76	99
BAY	38	51	60	57	60
ESCAMBIA	30	34	37	48	49
OKALOOSA	15	22	29	19	29
GADSDEN	18	24	15	16	11
SANTA ROSA	7	10	11	13	2
TAYLOR	2	4	9	8	3
WALTON	3	5	8	9	5
WASHINGTON	0	2	4	6	6
JEFFERSON	5	0	4	2	5
WAKULLA	2	5	3	5	2
JACKSON	7	7	3	9	4
LIBERTY	2	1	2	4	2
GULF	4	2	2	3	2
MADISON	2	2	2	1	2
CALHOUN	3	1	1	3	1
FRANKLIN	2	1	0	1	0
HOLMES	1	2	0	1	0
Grand Total	**220**	**255**	**263**	**272**	**278**

*source: DCF's 2020-6-19 Forensic Commitments

The number of female commitments have consistently trended upwards.

Region/County	FY1516	FY1617	FY1718	FY1819	FY1920
1-NORTHWEST	220	255	263	272	268
Females	54	64	59	64	66

The Northwest Region has the highest rate of forensic commitments per 10,000 population (1.54 versus the state rate of .80). This is while having a high rate of serving people on conditional release (1.06 per 10,000 people versus the state rate of .86) and also having a high rate of people being diverted (1.06 per 10,000 people versus the state rate of .09).

b. The proposed strategy and specific services to be provided

BBCBC will develop a specialty Florida Assertive Community Treatment (FACT) program. It would be based on the evidence based ACT model and focus on two populations of people with mental illness involved with the criminal justice system. 1. People with non-violent felonies or misdemeanors who can be diverted from commitment (diversion); and 2. People who have discharged from a forensic commitment (prevent recidivism).

Because of the specialized population, the design of admission and discharge criteria would differ some from the current FACT standards while the array of services would be the same. There would be a particular focus on

developing housing options with a designated allocation of funds for these individuals for whom finding housing is often very difficult.

Lakeview Center has had a similar program in the past that saw a 75% reduction in the number of forensic commitments.

Three teams would be deployed to the areas of greatest need.

c. **Target population to be served**

Adults who have been forensically committed to a state mental health treatment facility (SMHTF).

Adults involved in the criminal justice system who can be diverted from SMHTF including misdemeanants.

d. **County(ies) to be served**

Leon, Bay, Escambia, and (possibly) Santa Rosa

e. **Number of individuals to be served**

100 people per Forensic ACT team (300 total) monthly census

120 people per team (360 total) annual census

2. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

Forensic ACT teams – 3 teams at $1,000,000 each = $3,000,000 total
Providing housing support (rent) for 50 people/month (half the census) at $500/month = 50*$500*12 months = $300,000 each team = $900,000 total

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

- Individuals in this population would receive 24 hour treatment and support services that are delivered at least 75% of the time within homes, courts, jails and community settings.
- The number of people committed forensically to SMHTFs would decrease.
- The number of psychiatric hospitalization for this population would decrease.
- The number of arrests and rearrests for this population would decrease.
- The number of days this population spends in jail would decrease.
- The number of people on conditional releases would increase.
- Coordination of treatment services between the County and Circuit Courts and local law enforcement would increase.
- The amount of vocational training, safe and independent living, and number of days worked would increase.

5. **Specific measures that will be used to document performance data for the project.**

- Average annual days worked for Forensic ACT participants
- Percent of adults who live in a stable housing environment

- Number of participants who have a psychiatric admission during the month
- Percent of participants who have a psychiatric admission within 3 months of enrollment
- Percent of participants who are readmitted to a SMHTF within 3 and 6 months of enrollment
- Number of participants arrested during the month

BIG BEND COMMUNITY BASED CARE

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 2

Forensic ACT Services

Total Budget: $ 3,900,000.00

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Forensic FACT - Mental Health	Case Rate	N/A				$ 3,000,000.00	3 teams at $1,000,000 per team
Forensic FACT Housing support - Mental Health	Cost Reimbursement	N/A				$ 900,000.00	Rent support for 50 people per month at $500 per month for each of the 3 teams

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 2

Forensic ACT Services

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2021	Operations Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2021	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2021	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2021	Provider	ME	Services being provided

FY 20-21 Enhancement Plan
Local Funding Request
Expand Outpatient Services

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care's (BBCBC's) completed its 2019 Triennial Needs Assessment in October, 2019. It met the requirements as outlined in templates provided by the Department and included all of the elements required under relevant federal and state statutes, including elements enacted in Senate Bill 12. BBCBC completed the required 2019 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: **1. Outpatient services for substance abuse and mental health;** 2. Residential and Detox services; 3. Housing and supported housing options; 4. Psychiatric Services; and 5. Transportation (access to services).

The need for expanded outpatient services is consistent with current waitlist information where 65% of the individuals on the waitlist are waiting for outpatient services. It is also consistent with informal information collected by BBCBC staff during community meetings, interactions with stakeholders and child welfare professionals, client staffings, and budget discussions.

With the onset of COVID-19 during FY 19-20, the need for outpatient services delivered via telehealth became paramount. By the end of the FY, about 40% of clients received a service telephonically or via telehealth.

BBCBC has increased its relationships with several community stakeholder groups including school systems, law enforcement, and county jails. While there has been an increase in specially funded programs like CAT and Mobile Response Teams, these enhanced relationships have uncovered even greater outpatient service needs.

Additionally, network providers were solicited for ideas of service expansion needed in their areas.

Please describe:

a. **The problem or unmet need that this funding will address**

More outpatient services are needed. Based on provider and stakeholder feedback, as well as waitlist information, greater capacity is need to support coordination of care, treatment, and recovery services.

Services needed include: Recovery and Support; care coordination; even more tele-treatment services; expansion of jail services; outpatient counseling, case management, and a peer lead social club.

Recovery and Support

It is widely recognized that peer support is a valuable tool to individuals in treatment and in recovery. Within a Recovery Oriented System of Care (ROSC) there needs to be adequate peer support resources. With capitated budgets, providers, at times, are reluctant to add peer support services fearing it would decrease funding for traditional treatment services. Dedicated peer support funding would help this issue.

Expand Services to Jails

Many individuals are arrested for drug related charges and many county jails have inadequate resources to provide substance abuse assessment and treatment in the jail. Additionally, individuals with substance addiction leaving jail often turn to substances upon returning to the community which results in re-arrest. More intensive services in the jails and a focus on community re-integration will prevent re-arrest.

Expand Outpatient Treatment

Based on waitlist information, provider input, and provider service data that is in excess of funds available (uncompensated care), more outpatient and medication management services are needed.

Expand Case Management

Based on waitlist information, provider input, and provider service data that is in excess of funds available (uncompensated care), more case management services are needed.

b. The proposed strategy and specific services to be provided

Expand Recovery and Support

Strategy – Obtain funding to allow each of the primary mental health and substance abuse providers to fund one (1) position to focus on Recovery and Support services within its agency. There are seven primary agencies – Lakeview Center, CDAC, Bridgeway Center, CARE, Life Management Center, Apalachee Center, and DISC Village.

Specific Services – Recovery and Support - work to support individuals to regain or develop skills to live, work, and learn successfully in the community.

Expand Services to Jails

Strategies – Obtain funding to provide outpatient, non-medication substance abuse services in jail settings in order to prepare individuals to transition back to the community and prevent recidivism. Services will not be funded using Block Grant dollars.

Specific Services – Assessment, Outpatient Individual, Outpatient Group, Prevention

Expand Outpatient Treatment

Strategies – Obtain funding to expand counseling and medication management. Allocation to four agencies (Lakeview, Bridgeway, Life Management, Apalachee) for mental health and four agencies (Lakeview, Bridgeway, CARE, DISC Village) for substance abuse will be based on an assessment of need and include factors for providers' uncompensated care.

Specific Services – Outpatient Individual, Outpatient Group, Medication Management

Expand Case Management

Strategies – Obtain funding to expand counseling and medication management. Allocation to four agencies (Lakeview, Bridgeway, Life Management, Apalachee) for mental health and five agencies (Lakeview, CDAC, Bridgeway, CARE, DISC Village) for substance abuse will be based on an assessment of need and include factors for providers' uncompensated care.

Specific Services – Case Management

Drop In / Self Help Center

Strategies – Develop a Drop In Center in the Walton County area.

Specific Services – Drop In / Self Help Center

c. Target population to be served

All populations

d. County(ies) to be served

Expand Recovery and Support - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Services to Jails - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Outpatient Treatment - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Case Management - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Drop In / Self Help Center - Walton

e. Number of individuals to be served

Expand Recovery and Support – 60 individuals x 7 agencies = 420 total

Expand Services to Jails – 200 individuals per jail x 18 jails = 3, 600 total

Expand Outpatient Treatment – MH - 200 individuals x 4 agencies = 800 total

SA – 200 individuals x 4 agencies = 800 total

Expand Case Management – MH - 80 individuals x 4 agencies = 320 total

SA – 80 individuals x 5 agencies = 400 total

Drop In / Self Help Center - 50 individuals total

2. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

Expand Recovery and Support – Fund the equivalent of 1 peer positions at 7 agencies $45,000 each with benefits and overhead = $315,000 total

Expand Services to Jails – Fund $20,000 per jail x 18 jails = $360,000 total

Expand Outpatient Treatment – MH – Fund the equivalent of 2 therapist positions at 4 agencies at $80,000 per position with benefits and overhead = $640,000. Also $50,000 for additional medication management at 4 agencies = $200,000.

SA – Fund the equivalent of 2 therapist positions at 4 agencies at $80,000 per position with benefits and overhead = $640,000.

Expand Case Management – MH – Fund the equivalent of 2 positions at 4 agencies at $50,000 per position with benefits and overhead = $400,000 total.

SA – Fund the equivalent of 2 positions at 5 agencies at $50,000 per position with benefits and overhead = $500,000 total.

Drop In / Self Help Center - Estimated cost of $125,000

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Expand Recovery and Support

- There will be an enhanced focus on recovery.
- There will be more individuals successfully completing treatment.

Expand Care Coordination for Pregnant/Post-partem Women

- There will be greater care coordination for this priority population.
- There will be continuation of systemic coordination started by the IDTA projects in Circuits 1 and 14.

Expand Services to Jails

- Individuals will receive needed treatment they are not getting now.
- Individuals will transition to treatment in the community.
- Fewer people will be re-arrested.

Expand Outpatient Treatment

- More people will be served.
- Waitlists will be shorter.

Expand Case Management

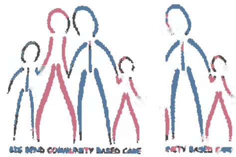
- More people will be served.
- There will be more opportunities for coordination of care.

Drop In / Self Help Center

- Individuals will have a safe, peer based place to continue their recovery.

5. Specific measures that will be used to document performance data for the project.

- Percentage change in clients who are employed from admission to discharge
- Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge
- Percent of adults who successfully complete substance abuse treatment services
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge
- Number of adults that receive substance related services
- Reduction in percentage of clients added to wait list
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Percent of clients engaged in services while in jail who are re-arrested



Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 3

Expand Outpatient Services

Total Budget: $ 3,180,000.00

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Expand Recovery and Support - Mental Health	Fee for Service	Recovery and Support				$ 180,000.00	Fund the equivalent of 1 peer positions at 4 agencies at $45,000 each with benefits and overhead
Expand Recovery and Support - Substance Abuse	Fee for Service	Recovery and Support				$ 135,000.00	Fund the equivalent of 1 peer positions at 3 agencies at $45,000 each with benefits and overhead
Expand Services to Jails - Substance Abuse (Methamphetamines)	Fee for Service	Outpatient				$ 360,000.00	Fund $20,000 per jail x 18 jails
Expand Outpatient Treatment - Mental Health	Fee for Service	Outpatient				$ 640,000.00	Fund the equivalent of 2 therapist positions at 4 agencies at $80,000 per position with benefits and overhead
Expand Outpatient Treatment - Mental Health	Fee for Service	Medical Services				$ 200,000.00	$50,000 for additional medication management at 4 agencies
Expand Outpatient Treatment - Substance Abuse	Fee for Service	Outpatient				$ 640,000.00	Fund the equivalent of 2 therapist positions at 4 agencies at $80,000 per position with benefits and overhead
Expand Case Management - Mental Health	Fee for Service	Case Management				$ 400,000.00	Fund the equivalent of 2 positions at 4 agencies at $50,000 per position with benefits and overhead
Expand Case Management - Substance Abuse	Fee for Service	Case Management				$ 500,000.00	Fund the equivalent of 2 positions at 5 agencies at $50,000 per position with benefits and overhead
Drop In/Self Help Center - Mental Health	Fee for Service	Drop In/Self Help Center				$ 125,000.00	Based on provider estimate

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 3

Expand Outpatient Services

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Confirm funding	1/1/2021	Operations Manager	DCF region and HQ BBCBC Finance	Funding confirmed
2	Amend provider contracts as appropriate	1/31/2021	BBCBC contracts	Finance	All contract amended
4	Develop action plan for expansion of jail services	2/15/2021	Operations Manager	Network Coordinators, Providers, Jails	Action Plan drafted
5	Procure Drop In Center	2/28/2021	BBCBC contracts	Finance	Service procured
6	Begin services at Drop In Center	5/1/2021	Provider	BBCBC contracts, Network Coordinator	Services begin
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FY 20-21 Enhancement Plan
Local Funding Request
ME Operational Integrity

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

The Big Bend Community Based Care (BBCBC) management team met to discuss what resources are needed to adequately meet the current requirements of the Managing Entity (ME).

Please describe:

a. **The problem or unmet need that this funding will address**

As funding and service expectations have increased, BBCBC needs additional operational resources to properly manage the system of care. There is a need for additional contract management, quality monitoring, and data analysis.

Since April 2013 when BBCBC was awarded its ME contract, the amount of services funding under supervision has increased 67.4% from $46,311,313 to $77,556,977, in FY 18-19. While there have been additional funds for Care Coordination and management of State Opioid Response funding, there has not been an appreciable increase in ME Operations funding over that time period. During this same period, there have been additional expectations added to the list of managing entity responsibilities (beyond Care Coordination and SOR expectations). These include: a focus on what were the Department's Priority of Efforts (PoE) and are now revised to be Wildly Important Goals (WIGS) , focus on developing and enhancing a Recovery Oriented System of Care (ROSC), integration with child welfare, an extensive overhaul of the data system, school safety coordination, Central Receiving (No Wrong Door)/Transportation Planning, and management of multiple newly funded programs – Early Intervention Services for Psychotic Disorders, Children's Mental Health System of Care grant, Community Action Treatment (CAT) teams, mobile response teams, forensic and civil transitional beds, transition vouchers, Central Receiving Facility, Family Intensive Treatment Teams (FITT), school based prevention. These additional expectations have added over 20 new contracts (some contracts legacy providers, some new providers). Each contract requires active management, quality monitoring, data collection, and invoice processing/payment.

Of Florida's seven Managing Entities, BBCBC has the fifth largest budget and the lowest overall administration funding.

b. **The proposed strategy and specific services to be provided**

The increased workload has not been accompanied by an increase in operations funding. In order to fully develop the system of care, improve collaboration, reduce duplication, ensure accountability, and focus on Department priorities, BBCBC needs additional staff.

BBCBC requests additional funding to staff:

- One (1) new Contract Manager position (there is currently one ME contract manager for both all provider contracts and BBCBC's contract with DCF) – create, amend, and oversee provider contracts; ensure proper monthly/quarterly/annual reporting from providers and to the Department; process provider payments and BBCBC invoices to the Department; track formal communications between providers and BBCBC and BBCBC and the Department.

- Two (2) Quality Monitoring and Performance Specialists (there is currently one ME Quality Specialist) – lead provider monitorings; ensure service validation and proper client eligibility; monitor and lead quality improvement efforts; develop monitoring tools and track monitoring tool changes due to programmatic changes.

- One (1) Data Analyst - conduct statistical analysis of behavioral health dataset to identify trends; support care coordination efforts; support continuous quality improvement; produce meaningful reports that support Department priorities; and produce data reports for grant applications.

c. Target population to be served

All clients, especially those forensically involved, school children, and high utilizers.

d. County(ies) to be served

All 18 counties in the BBCBC catchment area.

e. Number of individuals to be served

Most of this work would be at a systems level. Unable to determine how many individuals will be directly affected.

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

- One (1) Contract Manager – $60,000 + 45% (benefits and overhead) = $87,000

- Two (2) Quality Assurance Specialist - $50,000 each + 45% (benefits and overhead) = $145,000

- One (1) Data Analyst - $50,000 + 45% (benefits and overhead) = $72,500

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

If funding is appropriated, BBCBC will provide even better program oversight and system coordination as well as an even greater focus on the Department's priorities.

Contract Manager

- Contract management workload in line with the workload increases of the past few years.

Quality Assurance Specialists

- Quality monitoring workload in line with the workload increases of the past few years.
- Increased focus on service validation, performance, and client eligibility.

Data Analyst

- Advanced root cause analysis will be conducted at the individual, provider, and managing entity level.
- Performance, client satisfaction, data integration will improve.

5. **Specific measures that will be used to document performance data for the project.**

   - There are not one specific contract performance measures that will be directly affected by this enhancement. However, BBCBC's ability to monitor and focus on all performance measures will be greatly increased. Performance across all measures is expected to improve.

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 4

ME Operational Integrity

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Confirm funding	1/1/2021	Operations Manager	DCF region and HQ BBCBC Finance	Funding confirmed
2	Further define positions and operations needs	1/31/2021	Operations Manager	Supervisors	Position Descriptions and needs list drafted
3	Hire and train staff	2/28/2021	Operations Manager	HR	Positions filled
4	Introduce new staff to community partners	3/31/2021	Supervisors	Community Partners	Key partner meetings
5	Assess progress with new staff	6/30/2021	Supervisors	Operations Manager	Assesment complete
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BIG BEND COMMUNITY BASED CARE

Big Bend Community Based Care Enhancement Plan FY 20-21

Priority 4

ME Operational Integrity

Total Budget: $ 304,500.00

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
1 FTE - Contract Management						$ 87,000.00	$60,000 + benefits/overhead
2 FTEs - Quality Assurance Specialist						$ 145,000.00	$50,000 + benefits/overhead each
1 FTE - Data Analyst						$ 72,500.00	$50,000 + benefits/overhead

FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: Big Bend Community Based Care

Evaluator: Shannon Brunson

1. **Does the plan adequately describe strategies for enhancing services to meet the unmet need?**

   Yes/No

2. **Does the plan clearly describe the target population?**
   Yes/No
   Comments:

3. **Does the plan clearly describe the county(ies) to be served?**
   Yes/No
   Comments:

4. **Does the plan clearly describe the service targets?**
   Yes/No
   Comments:

5. **Does the plan clearly describe the specific services to be purchased?**
   Yes/No
   Comments:

6. **Does the proposed budget address the unmet need?**
   Yes/No
   Comments:

7. **Do the expected outcomes address the problem/unmet need?**
   Yes/No
   Comments:

8. **Do the listed action steps lead to strategy implementation?**
   Yes/No
   Comments:

9. **Summarize strengths of the plan** The Co-Responder Program, in my opinion, is a good effort to hardwire Prevention into our programming, seeking meaningful diversion at a very early stage. It also serves as strengthening community partnership involving DCF, ME, Provider Network and Law Enforcement. The managing entity also has a solid grant-writing program, to bring additional funding into our system of care. One example of this is in their training of Peers. The program is a strong and successful one, and as one grant is approaching its latter stages, they have secured an additional grant for peer training. Their training program in general is excellent. Their identification of short term residential and AOT does zero in on efforts important to potential success for the highest risk/ high need individuals.
   As I mentioned earlier in this email, LSF draws input from a variety of community partners to inform them on constructing this enhancement plan. That is also a strength that makes for more natural community buy-in to the plan.
10. **Summarize weaknesses of the plan:** As planning goes, I am hard-pressed to single out a glaring weakness in their efforts/plans. I guess my biggest concern or question going forward is short term residential initiatives. Past experiences with these efforts have proved challenging to truly keep them "short-term. "Without success at that effort, I have seen two outcomes, neither of which is desirable. Either they become longer term than intended, and then this valuable resource is not available for other high-risk individuals who come along later after the first group enters. Or in a concerted effort to keep the residential "short-term" , individuals are moved along to less restrictive community situations that are not optimum. But this challenge is not a weakness of the plan per se, it is the challenge of day-to-day implementation.

Southeast Florida Behavioral Health Network

Fiscal Year 2020 – 2021 Enhancement Plan

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK

ENHANCEMENT PLAN

FY 20/21

Mission Statement

The mission of the Southeast Florida Behavioral Health Network, Inc. (SEFBHN) is to develop, support, and manage an integrated network of behavioral health services to promote the emotional and mental well-being and drug-free living of children and adults in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties.

Southeast Florida BEHAVIORAL HEALTH NETWORK

FY 20/21 Enhancement Plan

Introduction

As result of Senate Bill 12 passed in 2016, Florida Statute 394 related to Managing Entity Duties was amended to include the development of annual Enhancement Plans. These plans are to identify 3-5 priority needs in the network service area and strategies for implementation of said needs. The following serves as Southeast Florida Behavioral Health Network's (SEFBHN) Enhancement Plan for Fiscal Year 2020/2021. As in our previously submitted Enhancement Plans the current plan supports our philosophy for a seamless, accessible, recovery-oriented system of behavioral health care. This is accomplished by ensuring a full array of prevention and treatment practices are available within our five county network that includes Indian River, Martin, Okeechobee, Palm Beach and St. Lucie. SEFBHN's network of service providers includes forty (40) private and non-profit service agencies that offer a wide variety of science and evidence-based mental health and substance abuse services. Providers are contracted to provide a wide range of Adult and Children's Mental Health and Substance Abuse services. These include Aftercare, Assessment, Behavioral Health Network (Title XXI, B-NET), Case Management, Crisis Stabilization, Substance Abuse Detoxification, Drop-in, Florida Assertive Community Treatment (FACT), Family Intensive Treatment (FIT) Teams, Community Action Treatment (CAT) Teams, In-Home On-site, Medical Services, Outpatient, Prevention, Residential (or Room and Board with Supervision), Supported Housing and Employment, Opioid Treatment services including Medication Assisted Treatment, support for Mental Health and Drug Courts and development of Children's Mental Health Systems of Care in two counties within the network.

The priorities identified in the Enhancement Plans have been informed by the Triennial Needs Assessment that Managing Entities are also required to submit. SEFBHN contracted with The Ronik Radlauer Goup (RRG) to conduct the most recent Triennial Needs Assessment which was submitted in October 2019. The needs assessment for Southeast Florida Behavioral Health Network represents the results of qualitative and quantitative data collected. This included focus groups, key stakeholder interviews, provider and consumer surveys, and the analysis of key data points. The synthesis of this information identified the priority areas of focus described above. While some are enduring priorities that serve to maintain individuals within the community such as FACT Teams and Multidisciplinary team to address forensic issues, and access to psychiatric care and housing, there are also some emerging priorities recently highlighted by the COVID 19 Pandemic, including suicide prevention* and the need for telehealth services. The priorities identified for the SEFBHN Enhancement Plan for FY 20/21 include the following:

1. **An Additional FACT Team for Palm Beach County and an increase in the Reimbursement Rates for all existing FACT Teams in the Network.**
2. **Forensic Services**
3. **Increased Administrative funding for the Managing Entity Budget**
4. **Increased Access to Psychiatric Services**
5. **Supportive Housing**
6. **Integration of Telehealth Services in the System of Care**

It is expected through the approval and funding of the Enhancement Plan that these priorities will be successfully addressed by SEFBHN and their collaborative partners. (*SEFBHN initiated an assessment of Suicide Prevention and Care in the network in FY 19/20 and will further incorporate this into contract validations for FY 20/21. We will use the

acquired information and data to develop a plan to fully address Suicide Prevention and Care as the current fiscal year proceeds – which will assist in identifying priorities for the FY 21/22 Enhancement Plan.)

Priority 1 – An Additional FACT Team for Palm Beach County and an increase in the Reimbursement Rates for all existing FACT Teams in the Network.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment of our five county network in 2019 by contracting with the The Ronik-Radlauer Group (RRG). It is noted that RRG completed a very comprehensive needs assessment in 2017 – so they were already familiar with the needs of the network and were able to build upon their previous work. The Palm Beach County Board of County Commissioners also provided funding to enhance the assessment for needed services within Palm Beach County which was completed in early 2020. The process for conducting the needs assessment thus included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey. The enhanced assessment for Palm Beach County also included a funding analysis for Palm Beach County allowing for an integrated analysis of quantitative and qualitative data. RRG found that the rate of inpatient care for mental health disorders had remained higher in Palm Beach County and that while inpatient care for SMI notably schizophrenia, was lower than the rest of the state – there has been an increasing trend for the past five years. FACT Teams serve individuals with SMI using a multi-disciplinary, community and evidence based approach to prevent more intensive deep end treatment. **FACT Teams** continue to be identified as a priority within our network community. It has also been identified that the reimbursement rate for existing and any new FACT Teams should be increased as there has not been a rate increase for FACT Team services since 2010.

   Please describe:

   a. **The problem or unmet need that this funding will address**

      FACT Teams are an effective evidence-based service that provides multidisciplinary services to consumers with SMI. The intense level of services allows the consumer to live in the community in the least restrictive setting. SEFBHN currently has 3 FACT Teams serving the network. Two of the teams serve Indian River, Martin, Okeechobee, and St. Lucie Counties and one team serves Palm Beach County which currently has a population of over 1.5 million people. An additional FACT Team will thus stem the increase of individuals needing inpatient care. It will also increase the ability to provide appropriate discharge plans for consumers deemed ready for release from a SMHTF or other residential setting. An increase in the overall reimbursement rate will assist providers in retaining qualified staff which ultimately supports and enhanced continuity of care for the FACT Team participants.

   b. **The proposed strategy and specific services to be provided**

FACT Team Services

c. **Target population to be served**

Adults with SMI and Co-occurring Disorders

d. **County(ies) to be served (County is defined as county of residence of service recipients)**

Palm Beach – for a new team

Palm Beach, Indian River, Martin, Okeechobee, St. Lucie for rate increases

e. **Number of individuals to be served**

100 for new team

300 for existing teams receiving a rate increase

2. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Additional FACT Team availability will result in reduced use of costly high-end residential care. Carisk Partners who handles invoicing and data management for SEFBHN had previously 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 the top 100 utilizers at the time of the cost analysis. 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 an obvious cost savings benefit - it is further augmented by maintaining individuals with serious mental illness in the community. The rate increase would increase the cost per consumer but the sense of autonomy that a FACT Team participant realizes living in the community with the potential for obtaining employment is immeasurable.

5. **What specific measures will be used to document performance data for the project**

The measures that will be used are outlined in the DCF Guidance 16 – FACT Handbook

Priority 2 – Forensic Services

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment of our five county network in 2019 by contracting with the The Ronik-Radlauer Group (RRG). It is noted that RRG completed a very comprehensive needs assessment in 2017 – so they were already familiar with the needs of the network and were able to build upon their previous work. The Palm Beach County Board of County Commissioners also provided funding to enhance the assessment for needed services within Palm Beach County which was completed in early 2020 The process for conducting the needs assessment thus included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey. The enhanced assessment for Palm Beach County also included a funding analysis for Palm Beach County allowing for an integrated analysis of quantitative and qualitative data. We continue to identify as a priority, the need to increase the capacity of **Forensic Services** which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

   Please describe:

   a. **The problem or unmet need that this funding will address**

      A primary responsibility of Forensic services is coordinating the inpatient and outpatient placements of adults and juveniles either prior to their adjudication and commitment or upon discharge from a facility after the adult or juvenile has been adjudicated. In order to stabilize these individuals in the community a service plan outlining the array of services needed must be developed and put into place. The types of services that are utilized are psychosocial rehabilitation, anger management, mental health and substance abuse awareness and treatment, medication and relapse prevention, and vocational training. SEFBHN forensic providers have found it challenging to meet the needs of this growing number of forensic involved individuals. There are currently 5 staff working with the forensic population within our network. SEFBHN is also one of two out of seven Managing Entities that does not have a Community Forensic Multidisciplinary Team for State Hospital Diversion which is part of the continuum of forensic services. Additional funding for forensic services will allow for more concentrated efforts in coordinating care and to provide evaluation and treatment to all individuals in the least restrictive manner possible, ensuring the safety of the people we serve, and the community.

      The proposed strategy and specific services to be provided:

- Hiring a dedicated Competency Restoration educator using a standardized curriculum: outpatient and jail based: increasing frequency at each mental health center
- Hiring one Managing Entity Forensic Coordinator for Circuits 15 + 19 to include some Housing Specialist duties, and assist with applying for grants
- Hire three fully funded FTE Forensic Specialists for the three mental health centers
- Forensic beds: Residential Level 1 or Short-term Residential Treatment (SRT)
- Hiring a SOAR Specialist assigned to forensic cases only
- Hiring 5 Peer Specialists to be assigned to each Mental Health court
- The establishment of 2 Community Forensic Multidisciplinary Teams for State Hospital Diversion to serve the most complex forensic involved individuals who would be admitted to the state hospital without this service in place. These teams are comprised of a specialized group of six (6) practioners with expertise in housing, justice system compliance, and recovery supports for a caseload of 45. This team will also ensure access to 24/7 crisis support, as-needed psychiatric care, and individual counseling. The goals include diverting individuals to community-based care when appropriate; lessening the debilitating symptoms of mental illness; addressing co-occurring disorders; reducing state hospitalization; supporting stable living environments; and collaborating with the criminal justice system to minimize incarcerations.

b. Target population to be served

Adults and Adolescents adjudicated as an adult identified by the criminal justice system as needing forensic services

c. County(ies) to be served (County is defined as county of residence of service recipients)

Indian River, Martin, Okeechobee, Palm Beach, and St Lucie

d. Number of individuals to be served

- Consumers to be served by the additional Forensic Care Coordinators:

  75 forensic consumers

- Consumers to be served by the Community Forensic Multidisciplinary Team for Hospital Diversion:

  90 forensic consumers

- Consumers to be served by Peer Specialists

  100 mental health court forensic consumers

- Consumers to be served by SOAR Specialists

Expectation is to serve as many Forensic Consumers that are in need of benefits

- Forensic Bed Capacity

12 beds = 12,365 bed days

2. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

This expansion of Forensic Services 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.

5. **What specific measures will be used to document performance data for the project**

The following measures will be used:

- Adults with forensic involvement who live in stable housing
- Adults with forensic involvement who do reoffend while receiving services
- Adults with forensic involvement who do not require admission to the State Hospital

Priority 3 – Increased Administrative funding for the Managing Entity Budget

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Additional responsibilities continue to be assigned to the Managing Entity without additional administrative budget needed to affectively implement and administer them. The current administrative operating budget (OCA: MHS00) has consistently remained less than 5% of the total budget. As the state is facing reduced revenues due to the COVID-19 Pandemic and Managing Entities are faced with reduced budgets SEFBHN has assessed the current fiscal year budget and is working to adjust funding so that there is as little impact as possible on existing direct services but enhancements may not be possible. The need for an adequate number of ME staff is even more critical. Our staff will

be called upon to collaborate with providers for Care Coordination, to assist with increasing efficiencies by providing technical assistance and to complete data surveillance and address issues as they arise.

Without any additional funding SEFBHN has continued to oversee the following additional responsibilities and initiatives in recent years:

- Additional Family Intensive Treatment Teams (600 thousand)
- Assignment of two CAT Team contracts (1.5 million)
- Assignment of a Transitional Housing Program Contract (1.3 million)
- Assignment of the Navigate Program – First Episode of Psychosis (750 thousand)
- The Recovery Oriented System of Care (ROSC) Initiative – a major paradigm shift that requires training and additional consultation with providers to implement. (no additional funding for this effort)
- Administration of the Transitional Voucher Program

The assignment of new contracts and addition of new programs impact all staff with additional training for providers, contracting responsibilities, data surveillance, and on-site contract validation reviews.

Please describe:

a. The problem or unmet need that this funding will address

The problem is addressed in question 1.

The ME Administrative Cost should minimally be adjusted to become 5% of the Direct Care Budget:

ME Administration OCA: MHS00

ME Operational Integrity to provide funding to manage increased program responsibilities along with providing additional assistance to providers due to decrease in services funding.

An increase of $594,433.00 for a total of $2,987,778.00

b. The proposed strategy and specific services to be provided

The funding will eliminate barriers to effectively administer programs receiving both state and federal funding and to act innovatively

c. Target population to be served

Children and Adult Mental Health

Children and Adult Substance Abuse

d. County(ies) to be served (County is defined as county of residence of service recipients)

Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

e. Number of individuals to be served

The additional funding for Administrative Costs essentially enables quality driven essential oversight of providers serving all vulnerable consumers in our network

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Ability to maintain and preferably increase services from FY 19/20 despite the likely reduced funding for services
- Increased ability to provide support and oversight to subcontracted providers
- Ensure that priority populations are served appropriately
- Retain qualified staff within the Managing Entity

5. What specific measures will be used to document performance data for the project

All standard outcome measures within our contract with DCF would apply to this priority.

Priority 4 – Increased Access to Psychiatric Services

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment of our five county network in 2019 by contracting with the The Ronik-Radlauer Group (RRG). It is noted that RRG completed a very comprehensive needs assessment in 2017 – so they were already familiar with the needs of the network and were able to build upon their previous work. The Palm Beach County Board of County Commissioners also provided funding to enhance the assessment for needed services within Palm Beach County which was completed in early 2020. The process for conducting the needs assessment thus included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey.

The enhanced assessment for Palm Beach County also included a funding analysis for Palm Beach County allowing for an integrated analysis of quantitative and qualitative data. RRG found that the rate of inpatient care for mental disorders had remained higher in Palm Beach County. Increased access to **Psychiatric Services** is still a needed enhancement within our network.

2. Please describe:

a. The problem or unmet need that this funding will address

Psychiatric services including medication management are a critical aspect of behavioral health services. As part of an overall treatment plan psychotropic medications are very effective at stabilizing individuals, allowing them to remain integrated within the larger community – living independently and maintaining employment. Our network providers have expressed concerns that they do not have enough psychiatrists and that due to the shortage the increased workload makes it difficult to maintain the ones they do have. This shortage was compounded by the closure of a large Community Mental Health Center in Palm Beach County in late 2019. SEFBHN worked diligently to ensure all clients of this facility were linked with existing or new providers – the impact on providers is cannot be overlooked. Monitoring psychotropic medications is a fine balancing act – blood work is required, dosages may need to be adjusted or the actual medication may need to be changed. Limited access to psychiatric services to provide the level of monitoring needed can result in decompensation and the consumer may have to be admitted to a crisis stabilization unit or ultimately need longer term inpatient care. These types of crisis may also result in the individual losing their employment and possibly their housing if they are unable to pay their rent. Increased access to psychiatric services will allow for a crisis to be averted before it occurs.

b. The proposed strategy and specific services to be provided

Hiring the equivalent of 2.5 part-time psychiatrists and contracting with a telemedicine services company for psychiatric care for up to 40 hours a week.

c. Target population to be served

Adults with SMI and Co-Occurring Disorders

Children with SED and ED

d. County(ies) to be served (County is defined as county of residence of service recipients)

Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

e. Number of individuals to be served

1800 – 2000

3. **Please describe in detail the action steps to implement the strategy**

   See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

   See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

   Greater access to psychiatric services will allow the consumer more time to explain their symptoms to the psychiatrist who in turn will also have more time to accurately diagnose the consumer and prescribe the most appropriate medicines at the lowest doses. The consumer is stabilized reducing the need for interim appointments, and inpatient crisis stabilization placements and the psychiatrists have more time to treat additional consumers.

6. **What specific measures will be used to document performance data for the project**

   The standard contract measures will be utilized:

   - Employment of adults with SMI
   - Adult with SMI who live in stable housing
   - Percent of school days Children with SED and ED attended
   - Children with SED and ED who improve their level of functioning

   SEFBHN will also be monitoring these consumers to determine if there is a decrease in admissions to the CSU and/or other longer term residential treatment programs.

Priority 5 – Supportive Housing

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

   As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment of our five county network in 2019 by contracting with The Ronik-Radlauer Group (RRG). It is noted that RRG completed a very comprehensive needs assessment in 2017 – so they were already familiar with the needs of the network and were able to build upon their previous work. The Palm Beach County Board of County Commissioners also provided funding to

enhance the assessment for needed services within Palm Beach County which was completed in early 2020. The process for conducting the needs assessment thus included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey. The enhanced assessment for Palm Beach County also included a funding analysis for Palm Beach County allowing for an integrated analysis of quantitative and qualitative data. Affordable **Supportive Housing** continues to be a critical need identified through focus groups and key stakeholder interviews. It was noted that without stable housing and supports, it is challenging for anyone with behavioral health challenges to focus on their recovery. This is further supported by the fact that the request for housing assistance using transitional vouchers comprised 98% of the requests with an average of 34 per month in FY 19/20.

2. Please describe:

a. The problem or unmet need that this funding will address

One of the biggest challenges many individuals with mental illness face is the availability of housing. The cascading effects of mental illness might leave them in a precarious housing situation, or even cause them to lose their homes. Having a safe and secure place to live is an important part of recovery, along with access to services that enable those with mental health conditions to live as independently as possible. Stable housing is also a critical component in the journey toward recovery for individuals with substance use disorders. SEFBHN has been making concerted efforts to deal with the Opioid Crisis with the use of Medication Assisted Treatment (MAT). For individuals whose treatment can be managed on an outpatient basis, stable housing is key to maintaining contact with the consumer during the early stages of MAT. The lack of affordable housing contributes to individuals utilizing more restrictive placements as a default such as jails and crisis stabilization units, residential mental health and substance abuse treatment and it can hinder the ability to transition an individual with SMI out of the SMHTF. Having a mental health condition or a substance use disorder can make finding and keeping a home challenging. If you are poor, renting an apartment may be beyond your means.

One of the biggest issues many individuals with mental illness face is the availability of housing. The cascading effects of mental illness might leave them in a precarious housing situation, or even cause them to lose their homes. Having a safe and secure place to live is an important part of recovery, along with access to services that enable those with mental health conditions to live as independently as possible.

Stable housing is also a critical component in the journey toward recovery for individuals with substance use disorders. SEFBHN has been making concerted efforts to deal with the Opioid Crisis with the use of Medication Assisted Treatment (MAT). For individuals whose treatment can be managed on an outpatient basis, stable housing is key to maintaining contact with the consumer during the early stages of MAT.

The lack of affordable housing contributes to individuals utilizing more restrictive placements as a default such as jails and crisis stabilization units, residential mental health and substance abuse treatment and it can hinder the ability to transition an individual with SMI out of the State Mental Health Treatment Facilities (SMHTF). Having a mental health condition or a substance use disorder can make finding and keeping a home challenging. If you are poor, renting an apartment may be beyond your means.

The need for stable housing is also illustrated by the number of transitional voucher requests submitted each month specifically for housing assistance.

b. The proposed strategy and specific services to be provided

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

(1) Transitional setting with 6 beds. The 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.

(2) 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 want to or needs to find their own living arrangement).

(3) An increase in funding for transitional housing vouchers for individuals with Substance use disorder – used primarily for 1-3 months rent in a FARR certified Recovery Residence for individuals beginning MAT.

c. Target population to be served

Adults with SMI, and Co-occurring Disorders,

Adults with substance disorders

d. County(ies) to be served (County is defined as county of residence of service recipients)

Primarily St. Lucie County but the non-transitional component of the Supported Housing services would be available in Indian River, Martin, and Okeechobee Counties

The transitional housing vouchers will be utilized in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties.

e. **Number of individuals to be served**

100 for transitional housing

40 for transitional housing vouchers.

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

- Supportive Housing is consistent with the principles of the Recovery Oriented System of Care in that is can result in:
- Reduction in the use of more restrictive placements (i.e. jail, CSU's and SMHTF's)
- Sustained Recovery for consumers receiving these services
- Increase in the consumers receiving these services living independently

6. **What specific measures will be used to document performance data for the project**

The standard contract measures will be utilized to include

- Adults with SMI living in stable housing
- Reduction in number of adults arrested
- Adults with Co-Occurring disorders who live in stable housing
- Adults who successfully complete Substance Abuse Treatment

Priority 6 – Integration of Telehealth Services in the System of Care

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment of our five county network in 2019 by contracting with the The Ronik-Radlauer Group (RRG). It is noted that RRG completed a very comprehensive needs assessment in 2017 – so they were already familiar with the needs of the network and were able to build upon their previous work. The Palm Beach County Board of County Commissioners also provided funding to enhance the assessment for needed services within Palm Beach County which was completed in early 2020. The process for conducting the needs assessment thus included a review of the previous Needs Assessment and Opioid Response Plan, stakeholder interviews, focus groups and a provider survey. The enhanced assessment for Palm Beach County also included a funding analysis for Palm Beach County allowing for an integrated analysis of quantitative and qualitative data. **Telehealth** was identified as an emerging need which has also become fully underscored by the COVID-19 Pandemic.

2. Please describe:

a. The problem or unmet need that this funding will address

Telehealth is the use of digital technologies to deliver medical care, health education, and public health services by connecting multiple users in separate locations. Telehealth encompasses a broad definition of technology-enabled health care services. Telehealth includes telemedicine (diagnosis and treatment of illness or injury – see detailed description below), and services such as assessment, monitoring, communications, prevention and education. It involves a broad range of telecommunications, health information, videoconferencing, and digital image technologies. Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. It is also not a brand new concept and has been used for many years by practitioners across the health care spectrum. The COVID-19 Pandemic resulted in propelling many of our SEFBHN providers in to offering services using a digital platform without having had the chance to fully prepare themselves and their clients.

Successful use of telehealth requires a provider to complete an assessment of their capacity to implement the services in a manner that benefits the consumer being served. Factors to consider include:

- What services will be provided via Telehealth
- Is their support from upper management to implement a robust well defined Telehealth platform
- Can a Telehealth Champion be identified
- Development of Policies and Procedures related to Telehealth
- Assessing technology capabilities – what additional technical resources and IT staff are needed
- Know who your consumers are – can telehealth be used in a practical manner for them
- What services will be provided via Telehealth

- Assess all of the legal and business considerations in delivering services via a Telehealth platform – how will confidentiality be maintained and consent from the client be obtained? Understanding billing requirements associated with delivering services on a Telehealth platform.
- Develop an initial and ongoing Training Plan for staff and assess their comfort level with delivering services via a Telehealth platform.
- Protocol to follow in the event of an emergency involving a client during the delivery of telehealth Services.
- A process for gaining input from person served via a telehealth platform

b. The proposed strategy and specific services to be provided

Hiring a Telehealth Consultant to work with providers to assess their capabilities to successfully implement Telehealth services beyond the conditions created by the pandemic and to assist with the cost of needed technology for successful application.

c. Target population to be served

All providers within the network with the goal of services all adults and children/youth needing behavioral health care.

d. County(ies) to be served (County is defined as county of residence of service recipients)

All five counties in the network – Indian River, Martin, Okeechobee, Palm Beach and St. Lucie ss

e. Number of individuals to be served

40 providers

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

An ability to expand services within the network by improving access to behavioral health care within the community. Telehealth should also become more cost effective for the provider by reducing the number of missed appointments and increasing the number of individuals a provider can serve. It can

also have the ability to include other family members in the treatment plan (per consent of individual being served) which can improve outcomes for the client.

6. What specific measures will be used to document performance data for the project

- The number of agency level Telehealth Assessment completed by SEFBHN providers
- The number of programs that expand their telehealth services as a result of the services of the consultant
- The percentage of services provided via a Telehealth platform
- The number of consumers who express satisfaction with Telehealth services
- The number of consumers who successfully complete their services provided in a telehealth platform

FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: Southeast Florida Behavioral Health Network

Evaluator: Suzette Fleischmann & Margaret de Cambre

1. Does the plan adequately describe strategies for enhancing services to meet the unmet need?

Yes/No
Comments: The plan has 6 priorities.

1. *An Additional FACT Team for Palm Beach County and an increase in the Reimbursement Rates for all existing FACT Teams in the Network.*
2. *Forensic Services*
3. *Increased Administrative funding for the Managing Entity Budget*
4. *Increased Access to Psychiatric Services*
5. *Supportive Housing*
6. *Integration of Telehealth Services in the System of Care*

2. Does the plan clearly describe the target population?
Yes/No
Comments:

3. Does the plan clearly describe the county(ies) to be served?
Yes/No
Comments: Palm Beach, Martin, Okeechobee, Indian River, St. Lucie Counties

4. Does the plan clearly describe the service targets?
Yes/No
Comments:

5. Does the plan clearly describe the specific services to be purchased?
Yes/No
Comments:

6. Does the proposed budget address the unmet need?
Yes/No
Comments:

7. **Do the expected outcomes address the problem/unmet need?**
   Yes/No
   Comments:

8. **Do the listed action steps lead to strategy implementation?**
   Yes/No
   Comments:

Summarize strengths of the plan: The 2019 needs assessment for Southeast Florida Behavioral Health Network represents the results of qualitative and quantitative data collected. This included focus groups, key stakeholder interviews, provider and consumer surveys, and the analysis of key data points. The synthesis of this information identified the priority areas of focus in the six priorities. The plan is in alignment with the statewide initiative to reduce families in crisis and prevent re-entry.

Summarize weaknesses of the plan: While SEFBHN addresses housing and an array of forensic services in this plan, **it is important to emphasize the need for supportive housing and the array of forensic services for individuals with a behavioral health disorder** in Palm Beach, Martin, Okeechobee, Indian River, and St. Lucie Counties. With great emphasis, it is critical to note that Palm Beach County is the largest County East of the Mississippi. These priorities are critical to the behavioral health system of care which SEFBHN oversees.

Comment: Priority 4 Increased access to Psychiatric Services- as Psychiatric Advanced Practice Registered Nurses (APRN) are eligible for autonomous practice in Florida, consideration should be given to the proposed strategy of hiring Psychiatric APRNs if they are unable to hire psychiatrists.

South Florida Behavioral Health Network

Fiscal Year 2020 – 2021 Enhancement Plan

FY 20/21 Enhancement Plan
Local Funding Request

Please complete the following form for each of the priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

South Florida Behavioral Health Network, Inc., d.b.a., Thriving Mind South Florida ("Managing Entity"), completed its triannual needs assessment on October 1, 2019. The Managing Entity engaged the Health Council of South Florida (HCSF), a private, non-profit 501(c)3 organization serving as the state-designated local health planning agency for Miami-Dade and Monroe Counties, to conduct this comprehensive needs assessment. Consequently, the HCSF set out to collect qualitative and quantitative data to aid in the analysis and recommendation for prioritization of services. The results of the needs assessment were driven by the collection of information obtained through a combination of data analysis, feedback from community forums, surveys and interviews.

The process involved to complete the behavioral health community needs assessment included partnership with a combination of various key TMSF groups, including board and advisory members, leadership, staff, and/or volunteers, as well as engagement with service providers, consumers, and caregivers. The resulting report was based on the latest data, focus group results, assessment outcomes, six community forums, consumer satisfaction surveys, and the integration of the Managing Entity-specific data sets. Specifically, the following tasks were performed:

- Obtained and compiled population and mental health-related statistics relevant to Miami-Dade and Monroe counties
- Conducted community forums with consumers, providers, caregivers, and residents at large
- Tabulated and analyzed surveys
- Analyzed data and aggregated results
- Created maps, tables, and graphs depicting various indicators of mental health needs in Miami-Dade and Monroe counties
- Information on the needs of Miami-Dade and Monroe counties served by the Managing Entity was obtained from the following sources:
    - US Census Bureau and Miami-Dade County Government Population Projections: demographic profiles of Miami-Dade County and Monroe County)
    - Behavioral Risk Factor Surveillance System (BRFSS): behavioral and health data, e.g., mental health status, risk behaviors, drug use, physical activity levels
    - Florida drug-Related Outcomes and Surveillance Tracking System (FROST): deaths due to substance use
    - Florida Agency for Health Care Administration: hospital inpatient discharges due to mental health diagnoses, ED visits due to mental health diagnoses, and age-adjusted hospitalization rates
    - Qualitative data obtained from community focus groups
- HCSF facilitated six community forums to gain insight from Miami-Dade and Monroe County residents on different issues associated with mental health and substance use/abuse. The topics of discussion aimed to inquire about the different challenges that the community faces as it relates to the behavioral health care system, the influence of stigma to access services, specific groups who are more susceptible to these two conditions, and support groups available in the community, among other topics.
    - The community forums were held at the United Way of Miami Dade, South Dade Government Center, Harvey Government Center, Roberto Alonso Community Center, and Citrus Health Network.
    - A total of 167 residents from Miami-Dade and Monroe counties participated in these discussions. Demographic information was not collected during this process. All of the conversations were

recorded and transcribed in an effort to identify major themes across all six community forums facilitated.

Since the completion of the needs assessment, a world-wide pandemic, Covid-19 began to affect the population beginning in November 2019. Locally and within the State of Florida, the pandemic resulted in business shut-downs and stay-home orders. While the Managing Entity has been looking for signs of increased demand for behavioral health services that could potentially result from the isolation and fear many are experiencing, as of this date a significant increase has not yet occurred. The needs identified in this plan may require updates as our local community continues to fight the spread of Covid-19 and new and emerging needs become apparent.

2. **Please describe:**

Unmet need #1: Implementation of additional NAVIGATE Program for each of Miami-Dade and Monroe counties

a. **The problem or unmet need that this funding will address:**

Our region lacks programs targeting early intervention for first episode of psychosis. Early intervention research shows that early diagnosis and treatment can help people recover from their illness more quickly. It can also lessen the problems typically associated with untreated psychosis, such as unemployment, substance abuse, hospitalization, disruption to relationships, interruption of education and suicidal behavior.

The Managing Entity currently funds one early intervention model, NAVIGATE, through Citrus Health Network, Inc for Miami-Dade County. The NAVIGATE model, like other early intervention programs, provide individualized, team-based, multi-component evaluation and treatment designed to be implemented help individuals with a first episode of psychosis and their families to successfully find their way to psychological and functional well-being, and to access the services they need in the mental health system. Early intervention is key to prevent the cycling of individuals in and out crisis services and prevent need for higher levels of care.

b. **The proposed strategy and specific services to be provided**

Two additional NAVIGATE programs would provide the following services: assessment, case management, medical services, outpatient individual, and supported employment on a case rate basis.

c. **Target population to be served**

- AMH

d. **County(ies) to be served:**

- Miami-Dade
- Monroe

e. **Number of individuals to be served**

- For Miami-Dade County, it is expected that an additional 106 adults will be served.
- For Monroe County, it is expected that an additional 50 adults will be served.

3. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

$1,500,000 - See attached excel workbook- budget tab

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Early intervention model such as NAVIGATE will ultimately decrease the number of possible high utilizers in crisis stabilization units and other higher levels of care. Individuals with a first episode of psychosis and their families will successfully find their way to psychological and functional well-being, and to access the services they need in the mental health system.

What specific measures will be used to document performance data for the project

- Increased consumer engagement
- Number of acute care admissions for consumers enrolled in the program
- End of year analysis of consumer demographic information and outcomes

6. **Please describe:**

Unmet need #2: Additional funding for ME and Provider-level care coordination and housing

a. **The problem or unmet need that this funding will address:**

Housing: There is still a great need for affordable housing in the Southern Region which is comprised of Miami Dade and Monroe Counties. During the For FY 19-20, a total of 2,717 individuals served were homeless at the time of admission into our services. The Managing Entity has continually advocated that housing measures are difficult to meet due our region's higher cost of living in comparison to other parts of the State.

Additionally, each of our counties have unique needs: Monroe is rural and Miami-Dade is urban. The Managing Entity continues to advocate for lowering the target in the housing measure. Despite our success in implementing the use of transitional vouchers to assist with housing needs, the lack of affordable housing units continues to be a huge barrier in both counties. Therefore, more funding is needed to sustain and increase the number of consumers SFBHN serves through use of transitional vouchers.

Care Coordination: ME Care Coordination is the systematic management of the system of care to ensure that individuals with the highest level of need are linked to community-based care and provided the appropriate supports to address their treatment needs. This includes services and supports that affect a person's overall well-being, such as primary physical health care, housing, and social connectedness. ME Care Coordination develops and connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation and the justice systems. ME Care Coordination links individuals to provider level care coordination and oversees coordinated care transitions to ensure warm handoff between levels of care.. Poorly managed care transitions for high-risk, high need individuals from acute services to lower levels of care negatively affect a person's health and well-being, potentially causing additional utilization of acute, crisis services, avoidable re-hospitalization, or re-arrest.

b. **The proposed strategy and specific services to be provided**

Housing – The Managing Entity will continue to implement its Housing Collaborative to address the housing needs in our community. The Managing Entity will continue to:

- Provide agencies with technical assistance in coding and meeting the State targets
- Track agency progress towards meeting State Housing targets
- Partner with Homeless Trust on innovative and new ways to offer housing to consumers who are in both the behavioral health and homeless systems
- Outreach to other system partners such as Veteran's Administration, LINK, and housing developers.
- Strengthen relationships with local housing provider such as CARRFour.
- Follow-up on Housing recommendations based on SFBHN's Community Needs Assessment

Housing: New steps that the Managing Entity will take in order to further address the housing need in the Southern Region:

- Hire an additional Housing Peer Specialist(s) to target support to Monroe county and assist with coordinating the activities described above. Staff will need to receive training on Service Prioritization Decision Assistance Tool (SPDAT) and Homeless Management Information System (HMIS) system.
- Engage with Florida Housing and Finance for updates, funding availability, and resources.

- Partner with Homeless Trust to assess the unduplicated count of homeless persons served across the network continuum, prioritizing services for persons identified as High Need/High Utilization (HNHU) program participants.
- Research best practices to support increased utilization of non-traditional services, increased involvement from community providers, increased feedback from affected consumers and their families, decreased homelessness, and increased treatment compliance.
- Collaborate with the professional trade organizations as well as other organizations that are addressing Housing and Homelessness issues including but not limited to: Florida Council for Community Mental Health, Florida Alcohol and Drug Abuse Association, the National Housing Council, the Florida Housing Council, the Florida Coalition for the Homeless, the Florida Supportive Housing Coalition, the Florida Council on Homelessness, and the Florida Assisted Living Association.
- Consultation and training to be offered to provider network to cross train clinical staff to complete SPDAT assessments (Service Prioritization Decision Assistance Prescreen Tool) for housing resource access.

Care Coordination:

- The initial proposal indicated that the Managing Entity would implement Care Coordination in two phases. This process has changed and in congruence with Guidance Document 4, the Managing Entity will focus on the two target populations previously identified. The Managing Entity is responsible for the following activities:
  1. Identify, through data surveillance, individuals eligible for Care Coordination based on the priority populations identified.
  2. Subcontract with Network Service Providers for the provision of Care Coordination using the allowable services. Network Service Providers must demonstrate a successful history of:
     a. Collaboration and referral mechanisms with other Network Service Providers and community resources, including, but not limited to, behavioral health, primary care, housing, and social supports;
     b. Benefits acquisition;
     c. Consumer and family involvement; and
     d. Availability of 24/7 intervention and support.
  3. Track individuals served through Care Coordination to ensure linkage to services and to monitor outcome metrics.
  4. Manage Care Coordination funds and purchase services based on identified needs.
  5. Track service needs and gaps and redirect resources as needed, within available resources.
  6. Assess and address quality of care issues.
  7. Ensure provider network adequacy and effectively manage resources.
  8. Develop diversion strategies to prevent individuals who can be effectively treated in the community from entering SMHTFs.
  9. Develop partnerships and agreements with community partners (i.e., managed care organizations, criminal and juvenile justice systems, community-based care organizations, housing providers, federally qualified health centers, etc.) to leverage resources and share data.
  10. Provide technical assistance to Network Service Providers and assist in eliminating system barriers.
  11. Work collaboratively with the Department to refine practice and to develop meaningful outcome measures.
  12. Implement a quality improvement process to establish a root cause analysis when care coordination fails.

c. Target population to be served

Housing:

- AMH who are in need of housing or are at-risk of becoming homeless

- ASA who are in need of housing or are at-risk of becoming homeless

Care Coordination:

The Managing Entity will be focusing on the following target populations:

- Adults with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as: a. Adults with three (3) or more acute care admissions within 180 days.
- Adults with acute care admissions that last 16 days or longer.
- Adults with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.
- Adult involved with Jail Diversion Program and law enforcement.

Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:

- Persons with a SMI, SUD, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
- Caretakers and parents with a SMI, SUD, or co-occurring disorders involved with child welfare.
- Individuals identified by the Department, managing entities, or network providers as potentially high risk due to concerns that warrant Care Coordination, as approved by the Department.

d. County(ies) to be served:

- Miami-Dade
- Monroe

e. Number of individuals to be served

Housing: 70
Care Coordination: 725

7. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

8. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$874,745 - See attached excel workbook- budget tab

9. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Housing:

It is the goal of the Managing Entity to develop nontraditional partnerships with community housing providers, organizations and agencies to facilitate access to supportive housing resources for individuals who are dealing with a mental illness and/or co-occurring disorder. This Housing Collaborative is geared towards the identification and development of supportive housing services that complement/facilitate access to those

individuals currently in our residential system of care and/or those who have the skills to benefit from supportive housing.

Care Coordination:

The long-term goal of Care Coordination in the Southern Region, when fully implemented, is to be able to utilize the data collected through this process to develop behavioral health treatment protocols similar to those that are currently used in the medical field. The development of these protocols will enable the system to better identify crisis indicators and improve early intervention services. The Managing Entity is also seeking to provide Care Coordination to all target populations.

10. What specific measures will be used to document performance data for the project

Housing:

- SFBHN will measure success by improvements in State Housing Targets by the network.
- Decrease the number of individuals that are homeless in the system.

Care Coordination:

- Readmission rates for individuals served in acute care settings;
- Length of time between acute care admissions;
- Length of time an individual waits for admission into a SMHTF;
- Length of time an individual waits for discharge from a SMHTF; and
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.

11. Please describe:

Unmet need #3: ME Functional capacity

a. The problem or unmet need that this funding will address:

The focus for managing entities are to eliminate contracting with many individual providers, by increasing access to care, placing more emphasis on community planning, more integration of best practices, cleared definitions of service gaps, realignment or change of the state's administrative functions, providing incentives for collaboration among providers as well as stronger partnerships and accountability, providing more flexibility and cost effectives, more service uniformity and standard setting, reducing duplication, limiting political restraints and creating consensus building for political support. During the last several fiscal years, the MEs have been asked to increase oversight of various programs included but not limited to the FITT Teams, CAT Teams, Forensic Multi-Disciplinary Teams without an increase to the ME Functional Capacity. Additionally, the implementation of FASAMS and the need for continuous benchmark data pulls and ongoing data analysis has created additional unfunded workloads that have been absorbed by the same number of staff. The management of these services has increased functional workloads throughout the ME staff.

b. The proposed strategy and specific services to be provided

Through the appropriate staffing of the ME, SFBHN will be better equipped to manage the increasing demands of the ME contracts.

12. Target population to be served

N/A

13. County(ies) to be served:

- Miami-Dade
- Monroe

14. Number of individuals to be served

N/A

15. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

16. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$527,875.00 - See attached excel workbook, budget tab

17. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that by staffing the ME at the appropriate staffing levels, there will be better program oversight supported by increased analytic capacity.

18. What specific measures will be used to document performance data for the project.

- Increased ME functional capacity.

19. Please describe:

Unmet need #4: Implementation of 2 additional FACT Teams and enhancement of current teams.

a. The problem or unmet need that this funding will address:

FACT team core elements include a multi-disciplinary clinical team approach with a fixed point of responsibility for directly providing the majority of treatment, rehabilitation and support services to identified individuals with mental health and co-occurring disorders. Program characteristics include:

- The provider is the primary provider of services and fixed point of accountability;
- Services are primarily provided out of office;
- Services are flexible and highly individualized;
- There exists an assertive, "can do" approach to service delivery; and
- Services are provided continuously over time.

A typical FACT participant may present with diagnoses such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and personality disorders. Challenges associated with these illnesses are often compounded by co-occurring substance use issues, physical health problems, and mild intellectual disabilities. These individuals are at high risk of repeated psychiatric admissions and have typically experienced prolonged inpatient psychiatric hospitalization or repeated admissions to crisis stabilization units. Many are involved in the criminal justice system and face the possibility of incarceration. The FACT team delivers services on a long-term basis with continuity of caregivers over time. Emphasis is on recovery, choice, outreach, relationship building, and individualization of services. Enhancement funds are available to assist with housing costs, medication costs, and other needs identified in the recovery planning process. The number and frequency of contacts is set through collaboration rather than service limits. The team is available on nights, weekends, and holidays. Service intensity is dependent on need and can vary from minimally once weekly to several contacts per day. On average, participants receive 3 weekly face-to-face contacts. This flexibility allows the team to quickly ramp up service provision when a program participant exhibits signs of decompensation prior to a crisis ensuing.

b. The proposed strategy and specific services to be provided

The new and existing FACT Teams will provide services as outlined in the FACT Guidance Document. These services include, but are not limited to: crisis intervention, assessment, case management, psychiatric services, supported employment and therapy. Additionally, these teams have been underfunded with the case rate not meeting program costs.

20. Target population to be served

AMH

21. County(ies) to be served:

- Miami-Dade
- Monroe

22. Number of individuals to be served

100/per team

23. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

24. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$4,900,000 - See attached excel workbook- budget tab

25. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that a new FACT Team in Monroe County and a new team in Miami-Dade will ultimately decrease the number of possible high utilizers throughout the system of care. Additionally, by properly funding the 3 existing teams in Miami-Dade County, providers will be appropriately compensated for services currently being provided. In doing so, this will ultimately be more cost effective for the behavioral health system overall.

26. What specific measures will be used to document performance data for the project.

- Measures as outline in FACT Guidance Document.

27. **Please describe:**

Unmet need #5: Increased Substance Abuse and Mental Health Residential Capacity.

a. **The problem or unmet need that this funding will address:**

At the end of FY 19-20 there were a total of 2,189 distinct consumers on the RES II waitlist, of these 25 were pregnant women, 811 were homeless, and 236 were IV drug users (note that consumers in the priority population categories may overlap into more than one category). The average LOS of consumers on the waitlist was approximately 30 days. To serve all of the consumers on the waitlist at the end of FY 19-20 we would need:

2,189 consumers x 34.08 avg. LOS in RES II x $215.01 avg. rate per day = $16,039,987

$16,039,987 / $215.01 avg. rate per day / 365 days in a year = 204 beds

b. **The proposed strategy and specific services to be provided**

Increased Residential Capacity will help reduce the waitlist and wait time for those consumers awaiting to enter residential substance use services.

28. **Target population to be served**

- ASA
- AMH

29. **County(ies) to be served:**

- Miami-Dade
- Monroe

30. **Number of individuals to be served**

During FY 2019-2020 a total of 1,123 distinct consumers were served in SA RES II, with an average LOS of 34.08 days, and a total of 121 distinct consumers were served in MH RES II with an average LOS of 50.73 days.

31. **Please describe in detail the action steps to implement the strategy**

See attached excel workbook- action plan tab

32. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**

$26,897,449.00 - See attached excel workbook- budget tab

33. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

It is expected that with additional residential substance abuse beds, we will be able to reduce the waitlist and waiting times for individuals seeking substance abuse services within our community.

34. **What specific measures will be used to document performance data for the project.**

- Reduction of Waitlist Numbers
- Reduction in wait times.

35. Please describe:

Unmet need #6: Additional funding for enhancing the existing Children's Crisis Response Team (CCRT)

a. The problem or unmet need that this funding will address:

During the19-20 FY, CCRT has remained at full capacity, requiring the need for a waitlist. At this time, it takes approximately 4-6 of weeks/days to obtain services by CCRT. Having an additional CCRT will help with diverting youth from costly higher levels of care thereby maintaining children in the community and out of SIPP placements. SFBHN actively staffs cases on a weekly basis with the CCRT team to discuss the various cases, identify additional services that the youth/family can benefit from as well as discharge planning efforts to a less intensive service.

b. The proposed strategy and specific services to be provided

The CCRT Team will offer a service array from formal treatment interventions to community- based supports in the home or in community locations based on the clinical needs of the youth and family. Services will be delivered utilizing a recovery-oriented model that provides assistance to youth and their families in identifying goals and making choices that promote resiliency and facilitate recovery. The CCRT Team will coordinate case management, life coaching, individual and family therapeutic services, with family therapy as the core team intervention and mandatory for service provision.

SFBHN will continue to:

- Provide CCRT team with technical assistance and support in weekly staffings.
- SFBHN will manage and track referrals to the CCRT team.
- SFBHN will manage the CCRT waitlist and will communicate with the families

c. Target population to be served

- Child or adolescent is 17 years old or less;
- Child or adolescent has a history of Baker Acts;
- Child or adolescent has been referred for residential treatment.

d. County(ies) to be served:

- Miami-Dade

e. Number of individuals to be served

- CCRT would serve an additional 50 youth

36. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

37. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$228,508.80 - See attached excel workbook- budget tab

38. Identify expected beneficial results and outcomes associated with addressing this unmet need.

CCRT services are designed to defuse an immediate crisis, keep children and their families safe, and maintain the children in their own homes or current living situation. Through the addition of a new CCRT team, youth needing this level of care will be linked to services in a timely manner; early engagement in services will increase diversions from SIPP/child welfare; the family therapy component of this program assists in developing or strengthening their natural support system.

39. What specific measures will be used to document performance data for the project

Number of diversions from SIPP placement

FY 20/21 ENHANCEMENT PLAN EVALUATION

Managing Entity: South Florida Behavioral Health Network, Inc. (SFBHN)

Evaluator: Southern Region DCF SAMH Program Office

1. Does the Enhancement Plan adequately describe strategies for enhancing services to meet the unmet need?
   Yes/No
   Comments: Yes, it does prioritize the most important needs in terms of addressing early intervention and housing/care coordination.

2. Does the Enhancement Plan clearly describe the target population?
   Yes/No
   Comments: Yes

3. Does the Enhancement Plan clearly describe the county(ies) to be served?
   Yes/No
   Comments: Yes

4. Does the Enhancement Plan clearly describe the service targets?
   Yes/No
   Comments: Yes

5. Does the Enhancement Plan clearly describe the specific services to be purchased?
   Yes/No
   Comments: Yes

6. Does the proposed budget address the unmet need?
   Yes/No
   Comments: Yes

7. Do the expected outcomes address the problem/unmet need?
   Yes/No
   Comments: Yes

8. Do the listed action steps lead to strategy implementation?
   Yes/No
   Comments: Yes

9. What are the strengths of the Enhancement Plan?

The plan does address the current needs of the community in terms of addressing early intervention and housing/care coordination.

10. What are the weaknesses of the Enhancement Plan?

SFBHN's Enhancement Plan is a robust plan that addresses all unmet needs identified in the Southern Region. However, it is our view that unmet need #3, identifying ME Functional Capacity, is not a service area priority need pursuant to Section 394.9082(8), Fla. Stat.