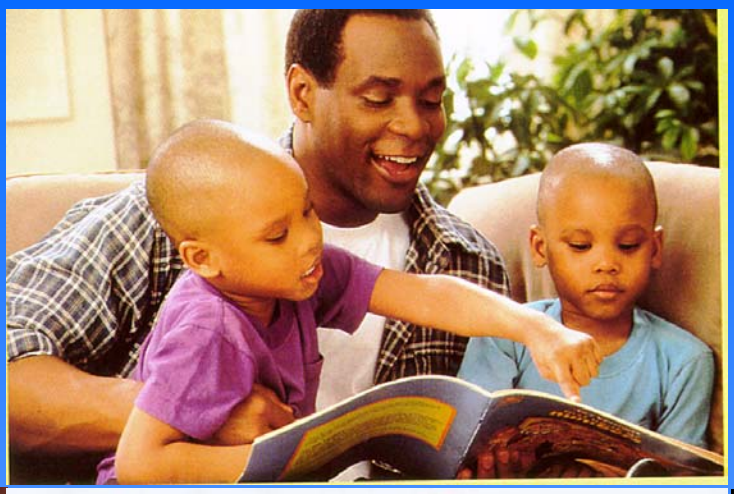

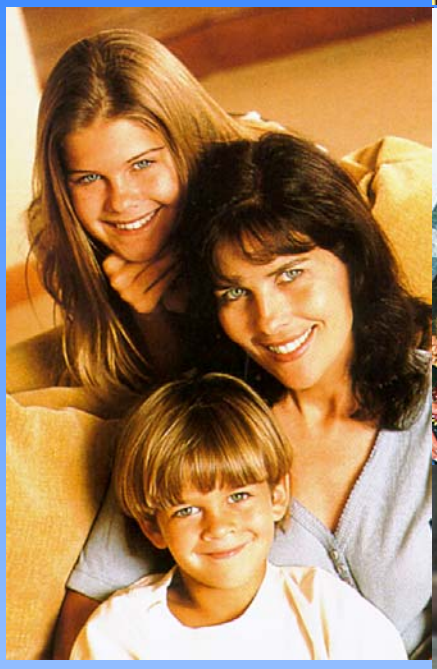

Mental Health and Substance Abuse Services Plan 2002 Update

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

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Executive Summary

Chapter 2000-349, Laws of Florida, comprehensively restructured the process by which planning and service delivery for the state's publicly-funded mental health and substance abuse service systems are designed and implemented. The Department of Children and Families Mental Health and Substance Abuse Program Offices developed a formal planning process in June 2000, soliciting input from a range of internal and external stakeholders to facilitate the identification of service needs and priorities on statewide and local bases. Pursuant to section 394.75, F.S., the Florida Department of Children and Families (DCF) developed a 3-year state mental health and substance abuse services plan that covered Fiscal Year 2000-2001 through Fiscal Year 2002-2003. In years 2 and 3 the department is required by statute to develop an Annual Update Report that provides an overview of the most recently completed fiscal year, service priorities for the current fiscal year and the status of initiatives stated in the 3-year plan. The department's initial 3-year plan covered the following.

- Strategic Directions
- Mental Health
- Substance Abuse
- Financial Issues
- Service Integration and Collaboration
- Data-based Performance Enhancement
- Clinical Practical Standards and Program Guidelines

The State Mental Health and Substance Abuse Services Plan 2002 Update addresses key issues, conditions, events, and trends that were formally stated in the State Mental Health and Substance Abuse Services Plan. The format for the Annual Update is as follows.

- Mental Health and Substance Abuse Planning Processes
- Executive Guidance and Legislative Initiatives
- Substance Abuse
- Mental Health Strategic Directions
- Collaborative Initiatives

The **Mental Health and Substance Abuse Planning Processes** section provides an overview of the planning processes required by federal, state and internal agency mandates. The major planning processes discussed include the state plan, district plans, Long-Range Program Plan, and the agency business plan. The relationship between substance abuse planning activities and the Florida Drug Control Strategy and Healthy People 2010 is also discussed.

The **Executive Guidance and Legislative Initiatives** section addresses the status of the Mental Health and Substance Abuse Commission, the Florida Drug Control Summit, Governor's streamlining initiative, managed care Initiatives, substance abuse provider network development, and proposed legislation for Fiscal Year 2002-2003.

The **Substance Abuse** section addresses substance abuse trends and conditions, estimates of service needs, the Florida Youth Substance Abuse Survey, older adults, oxycontin, clients served and budget issues, strategic directions for both children and adults, and the current status of Temporary Assistance to Needy Families (TANF) funding and programming.

The **Mental Health Strategic Direction** section addresses: improvement of the system of care for persons with mental health disorders; the integration of children's mental health services for families served by family safety programs; and the successful completion of the closure of G. Pierce Wood State Hospital. This section also explains the role of state hospitals, the implementation of evidence-based practices, the interface with the criminal justice system, the Florida's Mental Health "Baker Act," eligibility determination, improving clinical practices, and mental health prevention services.

The **Collaborative Initiatives** section addresses those initiatives on which the Mental Health and Substance Abuse program offices work together. These initiatives include the development of integrated services and funding mechanisms for persons with co-occurring disorders and the enhancement of system management functions such as contracting, funding, and performance evaluation.

Mental Health and Substance Abuse Planning Processes

Mental Health and Substance Abuse State Plan

The 2000 Florida Legislature, by amending section 394.75, F.S., restructured the process by which the state's publicly-funded mental health and substance abuse service systems are planned, designed and implemented. Every three years, beginning in 2001, the department, in consultation with the Medicaid program in the Agency for Health Care Administration, is required to prepare a state master plan for the delivery and financing of a system of publicly-funded, community-based substance abuse and mental health services throughout Florida. The initial plan covering a three-year period was submitted to the Governor and the Legislature in 2001. The plan is to be updated and submitted to the Legislature annually.

The updated plan has statewide data and a review of current district plans to assess the status of the strategic directions identified in the master plan. The plan update is intended to provide succinct, up-to-date information on Florida's publicly-funded substance abuse and mental health system of care. It does not duplicate the detailed information contained in the original master plan entitled, "State Mental Health and Substance Abuse Plan: 2000-2003," but rather summarizes the major issues and provides a status report on the stages of implementation for the strategic courses of action.

For each of these strategic areas, we have identified progress on areas where actions were taken during the past year. As the master plan covers a three-year cycle, there will not necessarily be activities described for every strategy in this first-year report. We have provided information about continued courses of action for the second year of the plan as well as any evolving issues that may have necessitated a new course of action.

District Planning Process

With stakeholder participation, each district has updated its plan using a uniform format that allowed for consistency across districts. The districts provided current information on their key strategic areas. Some general themes and specific examples from district reports are included in the plan update. Referring to a specific district in this report is meant to serve only as an example to illustrate a particular focus area. The lack of a specific district reference does not imply that the district's planning process was not exemplary as well.

Related Planning Processes

The department conducts planning activities that address both future planning and an operational plan for current year activities. These two plans are:

- **Long-Range Program Plan**: The department constructs a Long-Range Program Plan (LRPP) for each of its programs, including mental health and substance abuse. The intent of the LRPP is to develop strategic goals for the upcoming fiscal year. The basic mission stated in the LRPP is to protect Florida's most vulnerable citizens. The LRPP contains goals, objectives and outcomes related to the Governor's priorities, information on program trends and conditions, and data on each program. A focus area of the LRPP is on quantifying outputs and costs. This information is provided to the Governor's Office and Legislature to assist in making essential programmatic and budgetary decisions. The LRPP goal for the mental health program is to reduce the occurrence,

severity, duration and disabling aspects of mental, emotional, and behavior disorders (s. 394.493, F.S.) The goal for substance abuse is to prevent and remediate the consequences of substance abuse through the provision of a comprehensive continuum of accessible and quality prevention, intervention, and treatment services in the least restrictive environment of optimum care (s. 397.305, F.S.) This plan update is consistent with the intent of the department's long-range planning process.

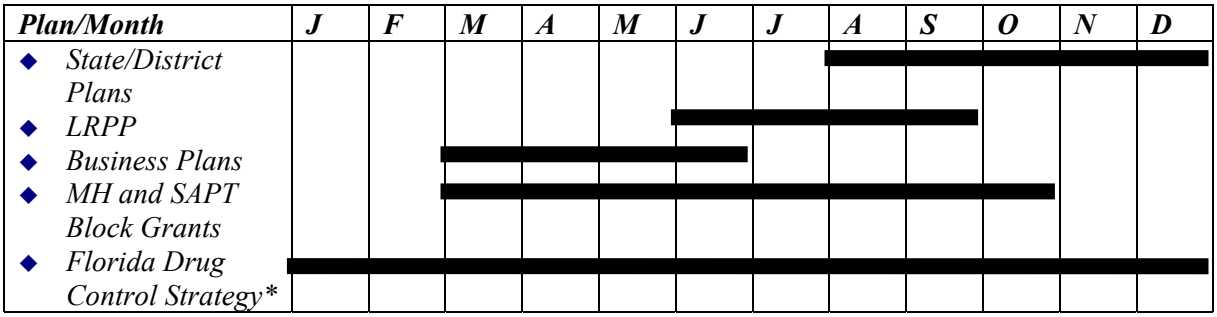
- **Business Plan**: The business plan is the department's operational plan for the current fiscal year and is used to track priorities within each program in the department. The business plan is constructed at both state and district levels. The plan includes the mission, vision, strategy statement, program priorities/critical few, objectives and action steps. Each of the objectives includes an implementation plan, key areas of coordination or key agencies with which we coordinate, and performance and outcome measures. The business plan identifies external driving forces and includes an internal/external stakeholder analysis.

Florida Drug Control Strategy: In 1999 the Florida Office of Drug Control developed the Florida Drug Control Strategy, a five-year, comprehensive plan for reducing substance use and abuse in Florida. The Substance Abuse Program Office was integrally involved in the development of the plan and has developed a series of plans and initiatives to support two of the strategy's main goals:

- protecting Florida's youth from substance abuse; and
- reducing the human suffering, moral degradation, and social, health, and economic costs of illegal drug use in Florida.

Federal Block Grants: In addition to the planning processes described above, the department is required to submit federal block grant applications on an annual basis that contain many of the same elements. The applications must contain a review of outputs and outcomes of the prior funding cycle and projected services, budget needs, and anticipated performance for the upcoming funding year.

Planning Cycles



* *The Drug Control Strategy is produced on a 3-year cycle and is currently being modified with anticipated completion in September 2002.*

Healthy People 2010

The Substance Abuse Program Office uses the planning processes described above to gauge the state's performance in relation to federal goals and objectives set forth in *Healthy People 2010*, a document produced by the National Institutes of Health and the Substance Abuse and Mental Health Services Administration. Healthy People 2010 identifies the most serious health problems faced by Americans and proposes a series of goals for private and public health service systems to strive toward to improve the overall health of the American people. The following goals are consistently used by the Substance Abuse

Program Office in its planning and evaluation efforts and directly align with those stated in Healthy People 2010.

- Reduce the treatment gap for persons abusing and/or dependent on alcohol or illicit drugs.
- Reduce alcohol and drug-related hospital emergency room visits through enhanced early intervention efforts and improved access to appropriate substance abuse services.
- Increase the proportion of youth who are alcohol and drug-free.
- Increase the proportion of youth who believe alcohol and drugs are harmful and disapprove of substance use.
- Use partnerships and coalitions at the state and local levels to enhance prevention efforts.

Summary

The Mental Health and Substance Abuse programs must develop several planning documents throughout the year pursuant to federal, state, and department requirements. While some of these plans have similar required elements, most do not cover the same time periods. Consequently, the department is confronted with problems such as:

- The appearance of inconsistency due to the use of budget and performance data that are based on the timeframes and elements required by the specific planning document; these may reflect actual (prior fiscal year) or projected (based on extrapolation of a point in time actual) performance data.
- The emphases of the planning processes are neither hierarchical nor complementary in nature, therefore there is some duplication of effort and if written at different points in time the plans may conflict.

To rectify these problems, the department is making the following recommendations:

- Requirements of s. 394.75, F.S., should be modified to allow for necessary streamlining and flexibility in strategic planning at the state or system level. District and region program offices should be required to operationalize key state level strategies and match them to local needs.
- The State Mental Health and Substance Abuse plan should complement the LRPP and agency business plan by focusing on the system of care and purchasing of services. The LRPP and business plan would provide needed information for budget requests and identify actual and projected performance. Timeframes should be adjusted for the mental health and substance abuse services plan so it covers the same time period as the LRPP and agency business plan.
- Integrate the requirements of the Annual Contract Provider Compliance Report, per s. 394.745, F.S., with the state and district planning requirements in s. 394.75, F.S. This will eliminate the duplicative nature of review and consolidate the information into a single document.

Executive Guidance and Legislative Initiatives

Mental Health and Substance Abuse Commission

The Florida Commission on Mental Health and Substance Abuse was created in 1999 to review the overall management of the state's mental health and substance abuse system. Twenty-three commissioners from throughout Florida were appointed by the Governor and Legislature to broadly represent key mental health and substance abuse constituencies. Four workgroups were formed to research and report separately on special areas, including:

- Data and Needs Assessment
- Children
- Adults, and
- Older Adults - Mental Health and Substance Abuse

The final commission and workgroup reports were delivered in early January 2001. The commission recommendations included:

- The creation of a statewide leadership entity, located in the Governor's Office, composed of leaders from Florida's human services, and coordinated with the Office of Drug Control. This leadership entity will be charged with the development of a statewide strategy for mental health and substance abuse services, information systems, and a wide-ranging mental health and substance abuse education and prevention campaign.
- Redefining the role, structure and function of the specialty mental health and substance abuse system based in the Department of Children and Families (DCF), beginning with a revision of the state statute to better conform to current needs and circumstances. This redefined system would be founded on science-based standards of care, with single points of accountability for continuity of care, flexibility in funding and management, and local control based on statewide leadership and benchmark standards.
- The development or strengthening of jail diversion strategies for persons at risk of incarceration as a result of mental illness or addictive disorders, as well as the provision of adequate resources for appropriate treatment for incarcerated persons.
- The provision of adequate emergency services throughout the state and improved access to services and the provision of ongoing care that is appropriate for age and culture. The needs of specific groups (e.g., older adult, trauma victims, homeless persons, persons with co-occurring mental and addictive disorders) identified as being inadequately served by the current system should also be addressed.

The commission came to appreciate the great complexity of the current mental health and substance abuse system. In fact, the traditional, specialty programs and services within DCF represent only a small percentage of the overall mental health and substance abuse system, in which multiple service settings, funding sources and funding streams have created a fragmented, and frequently ineffective, system of care.

The statute for the publicly-funded mental health system within DCF requires substantial revision to better reflect the changing role of DCF services within this diffuse overall system.

Florida Drug Control Summit

In 1999, the Florida Legislature created the Office of Drug Control and the Statewide Drug Policy Advisory Council within the Executive Office of the Governor. The Office of Drug Control developed a comprehensive, holistic drug control strategy that focuses on reducing the extent of substance use and abuse by Florida's citizens by 50 percent through the year 2005.

The Florida Legislature, in conjunction with the Office of Drug Control, convened the Second Annual Florida Drug Control Summit this year on February 23, 2001. Participants in the summit were broken up into six breakout sessions which included:

- Treatment: Sound Health Policy.
- Treatment: Smart Social Policy.
- Law Enforcement.
- Community Prevention.
- School-Based Prevention.
- Legal Discovery in Drug Cases.

Numerous proposals were generated to address these issues, the most notable of which was the Governor's Streamlining Initiative.

Governor's Streamlining Initiative

Following the 2001 Florida Drug Summit, Governor Bush requested the Departments of Children and Families (DCF), Corrections (FDC), and Juvenile Justice (DJJ) to streamline several administrative functions across state agencies that administer substance abuse services funding to improve efficiency and reduce duplication. In conjunction with the Office of Drug Control, the Department of Children and Families convened a workgroup to:

- Develop a policy statement to ensure consistent, coordinated delivery and management of publicly-funded substance abuse services.
- Develop a single administrative rule to govern all substance abuse service provision.
- Initiate joint monitoring of contracted substance abuse providers/programs to improve coordination, reduce duplication of effort, and ensure consistency of standards used for evaluating compliance regarding licensure, programmatic, and contract requirements.
- Develop uniform performance measures and criteria for evaluating the efficiency and effectiveness of publicly-funded substance abuse services.

The workgroup developed a work plan in August 2001 to begin the implementation of the Governor's recommendations. The key elements of the plan, which are currently under development, focus on:

- Revision of 65D-30, F.A.C., to maximize consistency and reduce regulatory requirements for substance abuse programs and services funded and/or monitored by DJJ, FDC, and DCF.

- DCF, DJJ, and FDC will pilot joint licensure/programmatic reviews of a provider in District 2 and a provider in the Suncoast Region in January 2002; the agencies will also pilot a joint contract review at the selected provider in the Suncoast Region during the same month.
- DCF accepting full accreditation reports in lieu of on-site licensure reviews per Chapter 2001-191, Laws of Florida.
- DCF, DJJ, and FDC will develop four common measures regarding 1) number of clients served, 2) discharge status (outcome), 3) recommitment rate (to DJJ), and recidivism (arrest and/or commitment to FDC).

The full implementation of the recommended strategies will occur during Fiscal Year 2002/03.

Managed Care Initiatives

Chapter 2001-191, Laws of Florida was the initial legislative response to the recommendations of the Florida Commission on Mental Health and Substance Abuse. This legislation revised Chapter 394, F.S., in four significant areas:

- Piloting of two behavioral health management strategies in conjunction with the Agency for Health Care Administration (AHCA).
- Acceptance of provider agency accreditation in lieu of on-site licensure inspection and duplicative programmatic and administrative monitoring.
- Piloting of an integrated children's crisis stabilization unit (mental health) and children's addiction receiving facility (substance abuse).
- Development of a statewide Behavioral Services Integration Workgroup.

The passage of Chapter 2001-191, Laws of Florida permitted the department and AHCA to establish two behavioral health service delivery strategies. These strategies will test methods and techniques for coordinating, integrating, and managing the delivery of mental health services and substance abuse treatment services for persons with emotional, mental, or addictive disorders. The law also requires the development of a managing entity for each service delivery strategy and an independent entity to evaluate both service delivery strategies. Districts 1 and 8 have been chosen for implementing these strategies.

Accreditation. Licensure, and Monitoring Activities

As a result of the passage of Chapter 2001-191, Laws of Florida, the Department of Children and Families is now required to accept, in lieu of conducting on-site licensure reviews, the accreditation survey report of an accredited substance abuse provider. The department, through its district/regional offices, will conduct full licensure reviews once every three years. However, substance abuse provider agencies will still be licensed annually. In this regard they will be required to submit an application for licensure annually and pay a fee. The three-year cycle only applies if the substance abuse provider maintains its accreditation. The local district/regional offices will still be permitted to conduct monitoring reviews of providers with cause at any time.

With the intent of reducing administrative and/or contract monitoring of accredited providers, the department will review and compare accreditation standards, administrative rule standards, audit standards and departmental operating procedures to identify current overlapping areas of required

provider monitoring/review. Identified areas of overlapping departmental monitoring/review will be considered for elimination notwithstanding consideration of accreditation deficiencies, contract corrective actions or qualified audit opinions.

Implementation of the CSU/ARF Demonstration Models

Chapter 2001-191, Laws of Florida includes among its provisions the authority to develop and implement integrated children's Crisis Stabilization Unit/Addictions Receiving Facility (CSU/ARF) demonstration models within the department's District 8. The department is developing rules to implement the models. The models are designed to provide services to children with mental health and substance abuse problems in a facility with co-located services. A 10-bed facility was opened in Fort Myers on October 1, 2001. This was the highest priority for implementation as neither of these services were available in that community. In the third week of operation the facility averaged three admissions per day with a daily census of between five and six children. As of December 1, 2001 the unit had admitted 35 children, mostly under the Baker Act. Rules for the models should be completed in early 2002. The department is considering implementation of the pilot in fiscal year 2002-2003 for Naples and Sarasota.

Integration of JARF/CCSU

Coastal Behavioral Health Care is in the process of developing an integrated system of services for children with co-occurring mental and substance use disorders. The service model will blend the programmatic and funding elements of juvenile addictions receiving facility and a children's crisis stabilization unit. The agency has completed a draft of the policies and procedures and has begun to cross-train its intake staff. By March 2002 staff will receive applicable training on 65D-30, F.A.C. No external funding is currently available for the project, however, the agency plans to proceed with the development of the integrated services program.

Behavioral Health Services Integration Workgroup

The Behavioral Health Services Integration Workgroup was created in 2001 by Chapter 2001-191, Laws of Florida for the purpose of assessing the barriers to the effective and efficient integration of mental health and substance abuse treatment services across various service systems and to propose solutions to those barriers. The workgroup is also charged with ensuring that plans for mental health and substance abuse treatment services, which are required by statute, consider these solutions *(see Appendix A for a listing of workgroup members)*.

In accordance with the statute, the Secretary of the Department of Children and Families invited the participation of the departments of Juvenile Justice, Health, Corrections, Elder Affairs, and Education; the Office of Drug Control Policy; the Agency for Health Care Administration; and representatives from county jail systems, homeless coalitions, county government; public and private Baker Act receiving facilities; assisted living facilities serving behavioral health clients; providers of behavioral health services and child protection services; and consumers of behavioral health services and their families. In addition, a listing of other interested parties was created in order to provide them with ongoing information about the workgroup's activities.

The workgroup has met twice in Tallahassee. The first meeting was held September 25, 2001, and the second was held November 15, 2001. The first meeting focused on identifying the various roles of the different state agencies and organizations represented on the workgroup in providing behavioral health

services. Members also were asked to identify the areas that should receive initial attention from the workgroup. The two substantive areas that were selected by the group include:

- The emergency services system, which involves a number of organizational entities such as local law enforcement, jails, crisis stabilization units, other ambulatory behavioral health service settings and emergency rooms.
- The interface between DJJ, child welfare, and mental health and substance abuse services, with special focus on youth leaving DJJ programs and re-entering the community.

As a first step, Florida Mental Health Institute faculty conducted a review of the pertinent literature to determine what has been written regarding program integration in the behavioral health field with specific attention given to the interface between the criminal justice, child welfare, and juvenile justice systems and behavioral health services.

Institute staff also met with key informants regarding the Baker Act and its implementation, promising practices for centralizing mental health and substance abuse emergency systems within a community, and the structure and programs of DJJ. The databases that are housed within the Florida Mental Health Institute were also reviewed for their applicability and utility in studying these areas of concentration.

Additional work will be conducted in the two focus areas over the next six months. A subcommittee of workgroup members will be formed to focus on issues related to emergency mental health and substance abuse services, including the consideration of the needs of persons living in assisted living facilities. Assessments of community capacity and competency across several important domains in delivering such services are being developed. Key informant interviews and analyses of existing data will be part of the assessment process. These assessments will help identify successful community strategies in providing emergency services and will help establish the foundation for recommendations for system improvements. The workgroup will monitor follow-up action.

To understand the extent to which mental health and substance abuse services are being provided to youth leaving DJJ programs and returning to the community, existing DJJ and mental health and substance abuse databases will be examined for overlap. In addition, similar efforts to assess capacity and competency in providing for the mental health and substance abuse needs of youth in transition will be undertaken. Recommendations for system improvements will be made based upon what is learned through these assessments. The workgroup also will monitor any resultant follow-up action.

Substance Abuse Provider Network Development

Suncoast Region - Central Florida Behavioral Health Network Pilot Project

The Central Florida Behavioral Health Network (CFBHN) is a substance abuse and mental health provider sponsored network serving the Suncoast Region and District 14, a catchment area which includes 20 percent of the state's population. The network was established in 1997 with DCF District 6 program office administrative support and funding. DCF currently contracts with CFBHN to serve more than 8,000 clients from target populations and programs: Temporary Assistance to Needy Families (TANF), juvenile drug court, HIV, heroin and cocaine at-risk populations, family safety, children's mental health, and substance abuse aftercare. The network maintains systems for cost accounting and client services reporting under these contracts.

The department intends to expand its contracts with CFBHN as a demonstration project under SB 1258 to achieve the following:

- Define client pathways and a service system under prospective payment for a diverse client population in a large geographic area served by multiple, independent agencies.
- Explore the blending of Medicaid, federal block grant, and state general revenue funding at the network level, maximizing the use of local match, to establish community-based systems of care offering a range of services targeted to individual client needs (will serve as a prototype for Medicaid substance abuse clients).
- Establish access to care standards and systems which are responsive to local stakeholders such as the community based care organization, juvenile and adult courts, hospital emergency rooms, and public schools.
- Begin to define prospective payment rates for various levels of client severity by further development of the network's client data base to permit case-mix analysis.
- Document for possible replication the infrastructure necessary for a regional provider-sponsored network serving a large, diverse population to manage state and federal funds, in a manner which achieves state-defined targets for costs, quality improvement, and client outcomes.
- Determine alternatives for the information technology resources and expertise required to support an independent provider sponsored network.
- Further explore service system design for clients with co-occurring disorders (co-existing mental and substance use disorders).

District 11 - Miami-Dade County

Consistent with the legislative intent described in section 394.9082, F.S., for behavioral health service delivery strategies, the substance abuse program in District 11 has begun to develop strategies for the use of provider networks with an administrative services organization capacity. The goal is for this managing entity to have lead responsibility for the management of substance abuse treatment services across provider agencies for a specific geographic area. Since Medicaid funding for substance abuse is under five percent of the substance abuse program budget, strategies that address the management of substance abuse services funded through the department must progress in order to meet the legislative intent referenced above.

Strategy 1 is the development of a substance abuse provider network that will coordinate with the existing pre-paid mental health plan. That strategy is being employed in Hillsborough and Manatee counties through the Central Florida Behavioral Health Network.

Strategy 2 integrates the provider network with mental health for Medicaid and substance abuse treatment funds. That strategy is being developed in districts 1 and 8, in conjunction with the Mental Health Program Office and the Agency for Health Care Administration.

Strategy 3 is the development of a provider network in District 11 for the management of substance abuse funds. District 11 Mental Health and Substance Abuse Program Office has implemented several managed care initiatives over the past five years. The waiting list for adult residential treatment services has been significantly reduced through the implementation of utilization management. It is necessary for the district to continue to move toward the use of a managing entity to more effectively and efficiently manage services in Miami-Dade County and request approval to pursue an alternate means of managing substance abuse service delivery through a provider service network with an administrative services organization capacity.

Chapter 2001-191, Laws of Florida advances the use of managed care technologies in Florida by allowing the state to utilize funds from AHCA to contract for the establishment of two behavioral health service delivery strategies. It also allows AHCA to seek federal waivers that are necessary to implement the strategies. The primary goals of these strategies are to effectively improve upon the following service systems issues:

- Coordination of behavioral health care.
- Integration of services between programs.
- Creation of a management approach that would deliver effective services.

Other goals of the act that are congruent with the District 11 Mental Health and Substance Abuse Program Office Plan and Vision are:

- Improve accountability through a managing entity.
- Assure continuity of care through networks of care.
- Provide prevention, early diagnosis and treatment.
- Improve assessment of local needs.
- Improve overall quality and accreditation.

The department's State Substance Abuse & Mental Health Plan: 2000-2003 recommends exploring the feasibility of adopting a Behavioral Health Managed System of Care to more effectively manage resources and treatment and to assure positive outcomes. The system would be unified through an administrative services organization (ASO) or provider services network, credentialing, utilization management, and client data management. Currently the department does not have adequate numbers of staff to design and manage a system of care.

The District 11 Substance Abuse Business Plan priorities include developing local systems of care, continuing to pilot rate agreements with utilization management components, and establishing case rates.

Some of District 11's Substance Abuse Managed Care Initiatives are:

- Management of a centralized intake system to track and manage substance-abusing clients in Miami-Dade County.
- Enhancement of the Management Information System known as Treatment Automated Referral System/Judicial Automated Management System (TARS/JAMS) to create a Utilization Management System to pre-authorize and grant continued stays for residential and non-residential placements with adult substance abuse providers. TARS has enabled the district staff to view clients' standardized assessments, SISAR and ASAM PPC II to ensure appropriate placements of clients and to track clients through the continuum of care.
- Participation in the Outcome Based Children and Adolescent Pilot where case rates were established.
- A January 2001 exploration of managed care options with the provider community and continued examination of the possibility of funding systems of care through a provider service network.
- Contracting with the South Florida Provider Coalition as a pilot to provide technical assistance and oversight to specific projects. The district is currently working with the Florida Mental Health Institute at the University of South Florida in developing a business plan for the district and the provider network.
- Pilot rate agreements with contracted providers.
- Piloting services for substance abusing clients with co-occurring disorders.

District 11 will be seeking approval to contract with an administrative services organization via a provider service network. The Provider Service Network would be responsible for purchasing comprehensive services that are locally driven and integrated with other community-based providers. Other responsibilities will include but not be limited to: piloting case rates, implementing evidenced-based and best practices, high quality services, increased accountability, data management to produce outcomes based upon local population demographics, technical assistance, and ongoing training.

The provider service network will have the increased flexibility and efficiency to contract dollars with accredited and accreditation-seeking provider agencies. This would reduce the complexity of contracting guidelines under which districts currently operate and allow for innovative financing mechanisms. A peer review system would be implemented throughout the network to address accountability and quality. Chapter 2001-191, Laws of Florida recognizes an accredited network of providers and its advantages for individual organizations.

Proposed Legislation for 2002

Amendments to Chapter 397, F.S.

House Bill (HB) 545 and Senate Bill (SB) 682 have been filed for the 2002 legislative session. These bills will amend Chapter 397, F.S., in three principal ways.

- The proposed legislation will require licensure of residential facilities, regardless of where the treatment component is provided and will require proof of zoning as a condition of licensure to ensure that such facilities comply with local zoning requirements.
- The proposed legislation will require the screening and background check of all managers, directors, and owners of substance abuse programs. This will occur whether they have direct contact with clients or not and will give the department added ability to determine the capability of an organization to carry out the intent of the statute relative to the competency and ability of all managers, directors, and owners.
- The proposed legislation will clarify the conditions under which exemptions to the licensure provisions in Chapter 397, F.S., apply to licensed private practitioners and will enable department district/regional licensure personnel to properly apply the intent of the law regarding exemptions.

Constitutional Ballot Initiative

Recently, the *Right to Treatment and Rehabilitation for Nonviolent Drug Offenses* was filed as a proposed amendment to the Florida Constitution for the November 2002 ballot initiative. The amendment is backed by the Florida Campaign for New Drug Policies, a national interest group that supports legalization of drugs. The proposed amendment gives any individual charged with or convicted of illegally possessing or purchasing a controlled substance or drug paraphernalia the right to elect to receive appropriate treatment for first and second offenses.

The proposed amendment further allows for termination of treatment 18 months after the date the individual elected to receive appropriate treatment or after an individual's appropriate treatment has been successful, whichever is first. It does not require successful completion of treatment, nor are there any provisions for post-treatment monitoring or aftercare. The proposed amendment would not apply to an individual who is convicted of any felony; any misdemeanor involving theft; violence or threat of

violence; trafficking, sale, manufacture, or delivery of a controlled substance; or purchase or possession with intent to sell, manufacture, or deliver a controlled substance. If the amendment were to pass:

- Existing resources would have to be redirected because there is no money in the amendment.
- The entire Florida drug court would be rendered moot because the ability of the court to monitor or supervise the progress of the client is removed and the courts could not enforce penalties for failure to successfully complete treatment.
- Individuals would be motivated to seek treatment solely to avoid prosecution. Adjudication would only commence after multiple treatment attempts and violations, potentially creating a revolving door of treatment admissions.

We believe this amendment will negatively impact treatment completion rates and post-treatment outcomes.

Substance Abuse

Trends and Conditions

Substance abuse continues to be a contributing factor in many social problems including child abuse and neglect, crime, and health care. Substance abuse causes or exacerbates seven out of ten cases of child abuse or neglect. One in four admissions to Florida's prisons are for drug offenses. Nearly three of every four clients served by the Substance Abuse Program are involved with the criminal justice system, requiring the department to regularly interface and coordinate with judicial and correctional entities. The Florida Substance Abuse Program has developed several initiatives in recent years to deal with these problems including service integration with child protection, development of added methadone treatment capacity, and increased emphasis within prevention programs on the dangers of using ecstasy, heroin and oxycodone. The Substance Abuse Program Office estimates that there are 767,708 adults in Florida with substance abuse problems in need of treatment services and an additional 1.5 million adults that are at-risk for developing substance abuse problems. The Substance Abuse Program is currently serving 16 percent of adults in need of substance abuse services.

There have been recent upsurges in use/abuse of heroin and oxycodone among adults and youth. The use and abuse of these substances have resulted in increased emergency room admissions and deaths; in 2000, there were 276 deaths in Florida related to heroin, 1,148 deaths related to cocaine and 660 deaths related to oxycodone and hydrocodone use. The first six months of 2001 (January – June 2001) showed a 59 percent increase in deaths related to oxycodone and hydrocodone. There were a total of 282 deaths related to oxycodone and hydrocodone from January through June 2000 compared to 449 deaths during the same period in 2001. Among young adults and youth there has also been an increase in the use of "ecstasy", a club drug, at social parties called "raves". Over a recent three-year period, 174 youth and young adults died from using club drugs.

Over the past several years Florida has also seen an increase in the number of individuals identified as having co-occurring mental and substance use disorders. As many as one in every four individuals receiving substance abuse services has a co-existing mental health problem.

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey is a collaborative effort among the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is modeled after the "Communities That Care" survey, and assesses various risk and protective factors for substance abuse, in addition to substance abuse prevalence. The survey was first administered to Florida's middle and high school students during the 1999-2000 school year, and is repeated annually.

The initial Florida Youth Survey administration involved county-level sampling of 62,000 students in the Spring of 2000. Students were administered three surveys: The Florida Youth Substance Abuse Survey, Florida Youth Tobacco Survey, and the Youth Risk Behavior Survey. Data was generated for counties and DCF districts in addition to the state of Florida. The 2001 Florida Youth Survey effort involved a statewide sampling only, that included 8,800 students. Schools were chosen at random throughout the state, and classrooms within the selected schools were also chosen at random for participation. Students were administered the Florida Youth Substance Abuse Survey and the Florida Youth Tobacco Survey. Subsequent annual administrations will continue to alternate between county-level and statewide sampling. Thus, county-specific data will be available bi-annually.

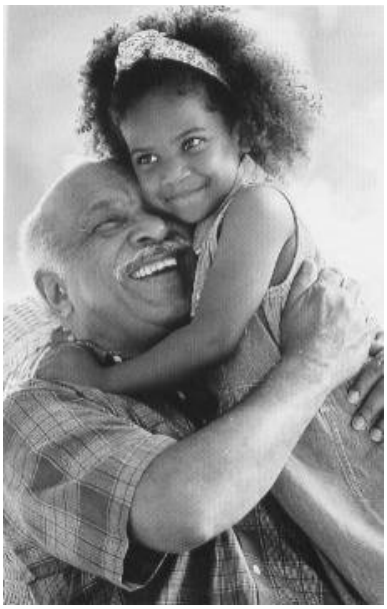
Among the major findings of the 2001 survey:

- In the lower grades (6th and 7th) lifetime prevalence rates are generally increasing while 30-day rates remain generally stable.
- In the upper grades (8th through 12th) lifetime and 30-day prevalence rates are generally decreasing.
- Alcohol continues to be the drug of choice for most students—nearly half of all 12th graders, and one-in-ten 6th graders, reported alcohol use in the past 30 days.
- Marijuana prevalence rates are lower in the 11th and 12th grades, and stable or higher in the other grades.
- Over 12% of high school seniors have tried ecstasy. Of these, 63% have tried it more than twice.

There are an estimated 303,913 youth in Florida who are in need of treatment services due to substance abuse or dependence. An additional 402,862 youth are at-risk for substance abuse due to risk factors such as poor school performance, low self-esteem, family dysfunction, emotional/mental health problems, and peer use. The Substance Abuse Program is currently serving 24 percent of youth in need of services.

Older Adults

The 2000 Florida Legislature under Chapter 2000-349, Laws of Florida, established older persons with substance abuse problems as a target population of the Substance Abuse Program. We are now tracking the number of older adults served in FY 2001-2002 performance contracts. Older adults, ages 60 and older, represented 1,484 or 1 percent of the total number of clients served during FY 2000-2001. The percentage of clients' primary drug use ranged from 75.4% for alcohol to 6.2% for cocaine and crack to 18.4% for other drugs (i.e., marijuana, prescription and over the counter medications and other opiates). Over one third of the placements were in residential detoxification (33.7%), with another 38.2% in outpatient/day/night facilities, and the remainder was placed in intervention/Treatment Accountability for Safer Communities (17.2%) and residential (5.8%) facilities. Nearly 80% of the clients were male and nearly three-fourths (72.3%) were white. Almost a quarter of the clients were married (21.9%) and 27.6% were divorced.



Between July 1996 and July 1998 there were 1,006 alcohol-induced mortality cases in Florida. Thirty-eight percent were age 60 and older compared to only one percent of adults ages 18-20. Experts estimate that between 70,000 and 350,000 Floridians, ages 60 and older, may be abusing alcohol and in need of treatment. Adults over 60 also represent

19% of alcohol-related hospital discharges; 4% of DUI arrests; 7% of alcohol-related crashes; 7.8% of 488 drug induced deaths; 0.6% of drug arrests; and 24.4% of drug-related hospital discharges.

Treatment of older adults is fraught with barriers. For example, physicians, hospitals, primary care practices, emergency rooms, and aging services do not screen for substance abuse problems, despite access to at-risk populations. The lack of information available to the elderly concerning the misuse of prescription drugs is another serious barrier. There are few programs in the U.S. designed to educate elders about medication misuse, noncompliance, adverse effects, etc. DCF in collaboration with the Department of Aging and Mental Health, Florida Mental Health Institute of the University of South Florida, are seeking funding for a brief intervention model focused on intermediate goals of quitting one substance, decreasing frequency of use, attending a meeting, etc. The professional screens, evaluates, and assesses the client; introduces the substance use issue in the context of the client's health; and provides feedback about results. This approach allows more immediate success, reduces harm, and enhances motivation to change behaviors. The model has proven successful in Michigan and Wisconsin. We are seeking funding to pilot seven programs at $200,000 each to provide services to 2,625 additional older adults, and $200,000 for the Florida Mental Health Institute to evaluate the effectiveness of these programs in achieving the intended outcomes. The program will provide outreach, assessment intervention, brief outpatient therapy, and case management services. Services will be delivered where older adults live or where they receive services in familiar settings: senior centers, medical clinics, physicians' offices, home health care providers, or as an adjunct to services provided through the Area Agencies on Aging.

OxyContin

OxyContin is a semisynthetic opioid analgesic prescribed for chronic or long-lasting pain. The medication's active ingredient is oxycodone, which is also found in drugs like Percodan and Tylox. However, OxyContin contains between 10 and 160 milligrams of oxycodone in a timed-release tablet. Painkillers such as Tylox contain 5 milligrams of oxycodone and often require repeated doses to bring about pain relief because they lack the timed-release formulation. While most people who take OxyContin as prescribed do not become addicted; those who abuse their pain medication or obtain it illegally may find themselves becoming rapidly dependent on, if not addicted to, the drug.

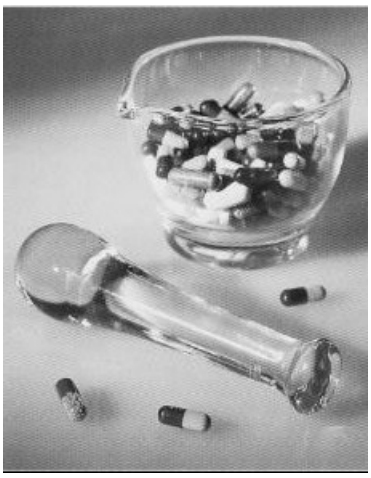
Increased use of OxyContin and prescription drugs has been noted with a subsequent increase in demand for treatment services and detoxification beds. Increased prevalence of designer drugs, such as Ecstasy, has resulted in greater challenges for treatment providers who serve children, adolescents, and young adults.

Two types of treatment have been documented as effective for opioid addiction. One is a long-term, residential, therapeutic community type of treatment and the other is long-term, medication-assisted outpatient treatment. Clinical trials using medications to treat opioid addiction have generally included subjects addicted to diverted pharmaceutical opioid as well as to illicit heroin. Therefore, there is no medical reason to suppose that the patient addicted to diverted pharmaceutical opioids will be any less likely to benefit from medication-assisted treatment than the patient addicted to heroin.

Controlling Prescription Drug Abuse

Prescription drug abuse and OxyContin abuse have increased at an alarming rate in Florida. The Florida Medical Examiners' *2000 Report of the Drugs Identified in Deceased Persons* identified 660 cases of deaths in which oxycodone or hydrocodone was present in the body or cause of death. In comparison,

cocaine was related to 1,148 deaths and heroin related to 276 deaths.[1] OxyContin abuse has led to an increased number of drug related crimes. In Florida, there has been an increase in pharmacy robberies and burglaries where OxyContin was specifically the target. In addition, a number of doctors in Florida have been involved in improper prescribing practices and Medicaid fraud for dispensing OxyContin.[2] The Florida Board of Medicine and the Florida Board of Pharmacists have collaborated with Governor Bush, Senator Burt, the Office of Drug Control, the Florida Department of Law Enforcement, the Attorney General, and other state agencies (Department of Health, Elder Affairs). Senator Locke Burt has sponsored legislation in the 2002 legislative session to effectively reduce illegal activity associated with prescription drugs, without compromising patient confidentiality or access to appropriate care and treatment. The proposed legislation covers the regulation of controlled substances, public record exemptions and guidelines for the use of information related to prescription of controlled substances, and criminal penalties.



Buprenorphine

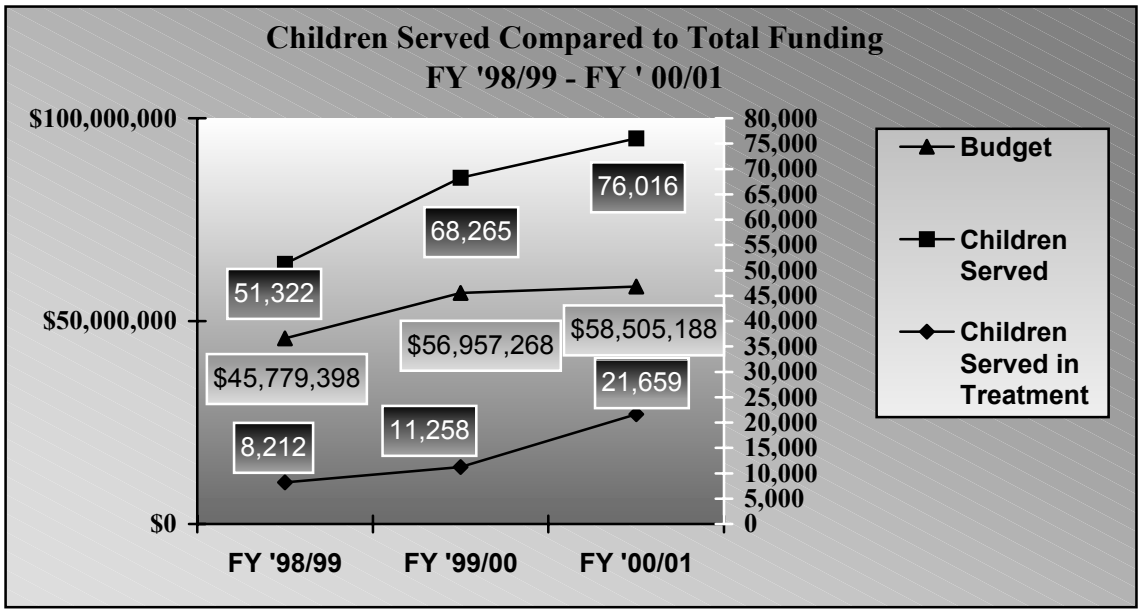
A new federal regulation regarding the use of the drug buprenorphine by physicians to treat addiction to opioids was adopted. However, the Food and Drug Administration has not yet approved the drug for treating addiction. The regulation would permit physicians to prescribe the drug from their private practices and require physicians to be approved by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and receive minimal training in order to participate. The department's Substance Abuse Program will work with the committee to formulate recommendations on further controls and oversight measures regarding the use of buprenorphine under these circumstances.

Clients Served and Budget

Children

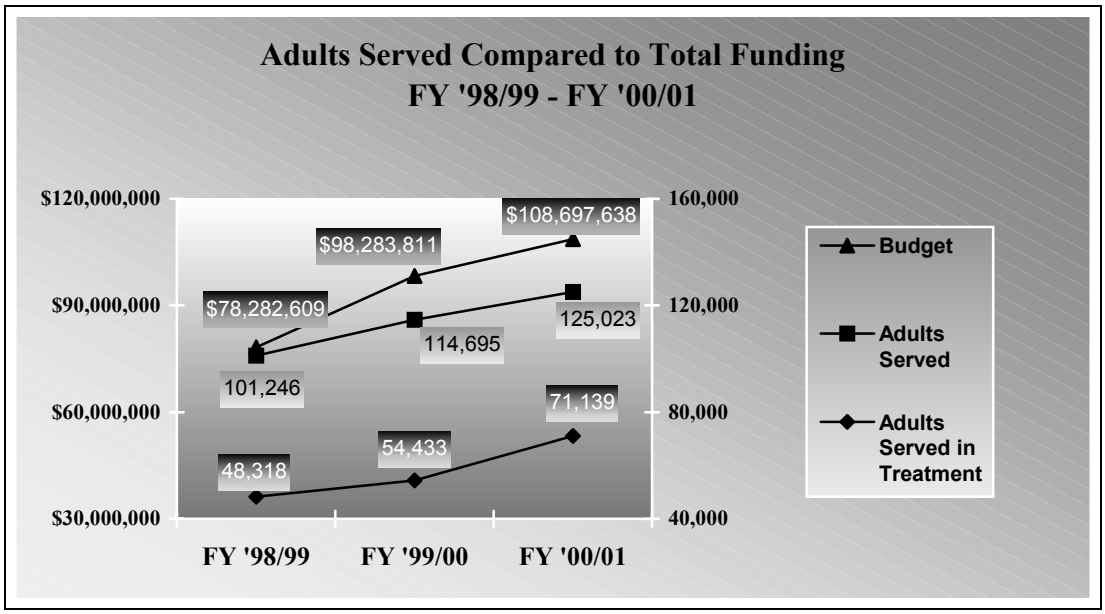
Over the past three fiscal years, the Substance Abuse Program has received a 28 percent increase in funding for children's substance abuse services; a significant portion of the increased funding has come through federal block grant increases and the award of a prevention grant from the Center for Substance Abuse Prevention. The state contributes funding at a rate of 2:1 for children's substance abuse services, when compared to federal funding. The Substance Abuse Program used the funding increases to add detoxification and treatment capacity throughout the state and to strengthen service infrastructure. The result has been a significant increase in the number of children served in prevention and treatment programs.

[1] Florida Department of Law Enforcement, Office of Statewide Intelligence, *Overview of Prescription Drug Abuse & The Oxycodone Problem in Florida, August 2001*. p. 3.
[2] Ibid., pp. 2-3.



Adults

Over the past three fiscal years, the Substance Abuse Program has received a 39 percent increase in funding for adult substance abuse services; a significant portion of the increased funding has come through a $20 million increase in federal block grant funds and a $10 million increase in state funding. The state contributes funding at a rate of 1:2 for adult substance abuse services, when compared to federal funding. The Substance Abuse Program used the funding increases to add detoxification and treatment capacity throughout the state and to strengthen service infrastructure. There has been a significant increase in the number of adults served in prevention and treatment programs in the past three years.



Fiscal Year 2001-2002 Funding

In Fiscal Year 2001-2002 the Substance Abuse Program Office received an additional $6.4 million to implement Prevention Partnership grants. Funding for the remaining program/service areas remained stable relative to FY 2000-2001. The special legislative session in November 2001 impacted the Substance Abuse Program through a reduction in funding for services and administration expenses. The reductions resulted in the elimination of 11 FTE positions responsible for governmental oversight activities, a net reduction of 16 percent of program staff statewide. There are now 59 positions remaining statewide to administer more than $175 million in contracted funds.

Substance Abuse Services Funding for Fiscal Year 2001-2002

	PROGRAM MANAGEMENT AND COMPLIANCE SUBSTANCE ABUSE	CHILD SUBSTANCE ABUSE	ADULT SUBSTANCE ABUSE	TOTAL
GENERAL REVENUE	**$2,300,461**	**$21,248,730**	**$21,077,276**	**$44,626,467**
OTHER STATE FUNDS	**$11,859**	**$12,687,907**	**$7,347,178**	**$20,046,944**
FEDERAL TRUST FUNDS				
ADAMH TF (SAPT BG)	**$1,542,460**	**$29,976,531**	**$65,058,908**	**$96,577,899**
TANF (FGTF)		**$640,000**	**$16,097,500**	**$16,737,500**
Other Federal Grants TF	**$724,385**			**$724,385**
TOTAL FED TRUST FUNDS	**$2,266,845**	**$30,616,531**	**$81,156,408**	**$114,039,784**
TOTAL	**$4,579,165**	**$64,553,168**	**$109,580,862**	**$178,713,195**

During the special session held in November 2001 the Substance Abuse Services budget was affected in the following manner:

- Fund shift of $8.5 million in General Revenue to non-recurring federal trust fund. While an adequate trust fund balance exists to cover this fund shift for fiscal year 2002-2003, it is critical that these recurring funds be restored in FY 2003-2004. Any additional state fund reductions may result in the loss of federal revenue due to maintenance of effort requirements.

- Program Management and Compliance was reduced by $205,473 for FY 2001-2002 and $410,944 for FY 2002-2003 in Salaries/Benefits. Expenses, through various funds, were reduced by $8,205 for FY 2001-2002 and $16,062 for FY 2002-2003.

Medicaid - Substance Abuse

Medicaid funding accounts for less than 5 percent of the substance abuse program budget. There are several reasons for this, including limitations on eligible services for substance abusers without an accompanying mental health diagnosis, Institution for Mental Disease (IMD) exclusions and loss of eligibility after admission to long-term residential care, implementation of TANF funding, and reluctance of some providers to incur infrastructure costs and potential liabilities associated with Medicaid billings. However, maximizing federal revenue for eligible services to eligible participants must continue to be a critical financial management strategy. In collaboration with the Agency for Health Care Administration and the Florida Alcohol and Drug Abuse Association, the department convened a task force to identify strategies to improve Medicaid support of substance abuse services. Activities accomplished in FY 2000-2001 to improve Substance Abuse Medicaid billings and included in the Medicaid Handbook for Community Mental Health Services include**:**

- Extended the group therapy group size restrictions for recipients with a substance abuse diagnosis from 10 to 15 participants.
- Extended the Rehabilitative Services Social Rehabilitation and Counseling and Basic Living Skills Training group size restrictions for recipients with a substance abuse diagnosis from 12 to 15 participants.
- Day Treatment
  - Changed the language from Mental Health Day Treatment to Mental Health/Substance Abuse Day Treatment.
  - Added language to the Day Treatment and Life Skills Training definition to include services that reflect substance abuse providers' actual clinical practices.
  - Added a definition of Substance Abuse Day Treatment.
  - Changed the time requirements for day treatment from 4 to 3 hours for substance abuse day treatment.
  - Clarified provider's qualification for Day Treatment services.
  - Expanded group size for life skills training to 15 participants.
- Expanded the eligibility criteria for services limited to children to include substance abuse diagnosis. Makes Intensive Therapeutic On-Site Services and Home and Community Based Rehabilitative Services available to children with a primary diagnosis of substance abuse or substance dependence.

Four primary issues the task force will be working on in FY 2001-2002 and beyond include:

- Certification of Match - Other possible sources of revenue that can be used for Medicaid certification of match will be explored.
- Methadone Bundled Rate - A methadone bundled rate proposal will be developed and submitted to AHCA.
- Community Detoxification - Data on Medicaid inpatient billings for substance abuse will be collected and analyzed, this includes alcohol detoxification.
- Continue Medicaid coverage of substance abuse services for adults in need of substance abuse treatment who have lost Medicaid coverage due to children being removed from care due to abuse or neglect. This would be contingent upon following through with the appropriate unification and case plan.

Strategic Directions

The Substance Abuse Program Office has identified significant strategies designed to improve services and outcomes for children and adults affected by substance abuse. The program is currently expanding the use of evidence-based models of care, especially with respect to prevention services for youth. Other priorities include the expansion of juvenile and adult drug court programs, aftercare, follow-up, and intra- and interagency service collaboration. These strategic directions and progress to date are outlined below.

Children's Substance Abuse Prevention, Evaluation, and Treatment

Issue Summary:

In support of the Florida Drug Control Strategy's goal of reducing substance abuse in Florida by 50 percent the Substance Abuse Program dedicated significant resources toward increasing the availability of evidence-based prevention programs for youth. The department, in conjunction with several internal and external stakeholder groups, has developed a comprehensive prevention plan that emphasizes integration and collaboration among prevention service entities and the use of sound prevention practices. In its efforts to improve information dissemination regarding best practices, the Substance Abuse Program has developed a prevention web site that is currently accessible through the state's primary site: ***MyFlorida.Com***.

Strategic Course of Action 2000-2003:

- Expand the use of evidence-based prevention programs for Florida's youth and their families.
- Develop a multi-agency statewide substance abuse prevention plan.
- Continue the Florida Youth Survey.
- Implement the Substance Abuse Prevention web site authorized in Chapter 397, F.S.
- Implement and test model systems of care for children's treatment services in districts 7 and 9, as authorized in Chapter 397, F.S.
- Support the expansion of drug courts (including delinquency and dependency) by providing access to evaluation and treatment services.
- Develop and expand aftercare program services and 12-month follow-up methodology.
- Support an alternative funding source for the Child and Adolescent Substance Abuse Trust Fund upon repeal of the alcohol beverage surcharge.

Progress to date:

Prevention

The 2001 Florida Legislature appropriated a $6.4 million increase in the federal Substance Abuse Prevention and Treatment Block Grant as non-recurring funding to bolster the state's prevention effort.

Activities supported by these funds include local grants for the Prevention Partnership Grants (section 397.99, Florida Statutes) and the Drug-Free Communities Matching Grant Program (section 397.998, Florida Statutes) as well as other critical initiatives. All activities and initiatives related to this appropriation are coordinated with the Governor's Office of Drug Control to assure progress toward the objectives to the *Florida Drug Control Strategy*.

Other activities of the 2001 Prevention Appropriation include:

- Addressing critical prevention needs in the Miami River area of Miami-Dade County.
- Incorporating drug prevention concepts into the Florida Comprehensive Assessment Test (FCAT).
- Updating the prevention data reporting system.
- Providing technical assistance to local service providers, schools and coalitions.

These activities grow out of foundational efforts developed over the last three years. The Florida Youth Initiative (FYI) demonstrated that "evidence-based" prevention programs could be effectively implemented by local organizations. The Florida Youth Substance Abuse Survey provides a baseline measure of youth drug use and related risk and protective factors at the county level. In 2001, the Governor's Office of Drug Control adopted the *Florida Prevention System*, developed by the FYI Advisory Council, as the prevention component of the *Florida Drug Control Strategy*. The annual statewide prevention conference is coordinated by the Governor's Office of Drug Control, co-sponsored by five state agencies and serves as a conduit for gauging the state of Florida's prevention effort from a community perspective.

Implementation of 2001 Prevention Initiative

The Florida Legislature, under the auspice of Representative Sandra L. Murman, created the Substance Abuse Prevention Partnership Grant program and provided $4.5 million this year to fund projects and practices that have been proven effective in reducing youth substance abuse. The Department of Children and Families, Substance Abuse Program has awarded 39 Prevention Partnership Grants through a competitive application process. These grants were awarded only to schools or community-based organizations in partnership with schools.

Thirty-three of these grants replicate substance abuse prevention programs that have been rigorously tested, using scientific methods and control groups, and found to be effective in reducing youth drug use or related risk factors. Six of these grants are designed to validate the effectiveness of promising prevention strategies. These projects will target over 46,000 high-risk elementary, middle and high school youth over a two and a half-year period. Additionally, the projects will train over 9,000 parents and teachers to recognize the danger signs for substance abuse and effective techniques for successful intervention. Prevention activities will begin as early as the first week in January and are expected to continue through June 2004. Twenty-six counties throughout the state will benefit from these grants.

The department based grant award criteria on the most current prevention methods. First, successful applicants used data from the 2000 Florida Youth Substance Abuse Survey to determine local prevention priorities and select the best programs. Over 62,000 6th to 12th grade students from 95 percent of Florida's school districts completed the 2000 Florida Youth Substance Abuse Survey. This survey estimated the prevalence rates of alcohol and other drugs and the risk and protective factors that are contributing to this prevalence. Secondly, the Center for Substance Abuse Prevention (CSAP) has identified substance abuse prevention programs that effect particular risk factors when properly implemented. Consequently, each applicant was able to match the key risk factors of its target population with the data contained in the 2000 Florida Youth Substance Abuse Survey. Based on this information, particular CSAP prevention programs and strategies were selected that were tailored to the risk factors of the population, which they were proposing to serve.

Lastly, the department would like to note the tremendous amount of cooperative effort, which it received from other state agencies that are involved with youth, namely the Department of Education, Department of Juvenile Justice and the Department of Health. Staff from each of these departments met with our staff to coordinate timeframes, application requirements, science-based prevention training, Request for Proposal announcements to maximize the number of respondents, and the evaluation of the proposals. This type of collaboration can only result in more efficient use of resources and better outcomes for the State of Florida.

Florida Youth Initiative

As of November 2001, the Florida Prevention Initiative operates 28 evidence-based projects across the state (30 were initially planned, but one project was not renewed and another contract was not executed). Currently there are plans to expand or extend the operation of the existing projects in the coming third and final year of this special funding. Twenty-two projects replicate programs that have been scientifically tested and found to be effective. Six projects are locally developed and are being tested through FYI to determine their prevention effectiveness. In the first year and a half of operation, these programs have served over 9,000 of Florida's youth.

Evaluate Evidence-Based Projects.

FYI contracts with the University of Miami's Comprehensive Drug Research Center (CDRC) for the evaluation of the local projects. CDRC develops program-specific evaluation plans, provides evaluation technical assistance and receives and stores outcome and process data. The data is used to determine the effectiveness of each project and the initiative in general and to assess the fidelity of implementation of the science-based program model.

Expand Use of Evidence-Based Prevention Programs

There are 12 programs in 11 Department of Children and Families districts and the Suncoast Region that currently participate in a FYI-style evaluation strategy coordinated under a contract with the University of Miami's Comprehensive Drug Research Center. These programs are funded through the federal Substance Abuse Prevention and Treatment Block Grant. This is the initial step in transitioning the department's prevention services to a science-based approach. Seven of the 12 programs are replication programs that are based on sound scientific principles and have been found to be effective in affecting risk and protective factors related to alcohol, tobacco and illicit drug use. Five of the 12 service providers are implementing locally developed programs that have shown promise in affecting risk and protective factors related to alcohol, tobacco and other illicit drug use. The projects are subject to a more rigorous evaluation regime than the replication projects.

Improved Interagency Coordination

The department promotes interagency coordination in two ways. It assists the Governor's Office of Drug Control in coordinating meetings of the Interagency Workgroup on Prevention. Twelve state agencies or offices that have some assigned responsibilities for drug prevention sit on this workgroup. Participants discuss points of coordination between prevention programs, coordinate legislative budget requests and make policy recommendations. Two significant initiatives developed out of this workgroup for the department. The Department of Education and the Department of Children and Families will work together to develop prevention scenarios to incorporate prevention concepts into practice materials and tests of the Florida Comprehensive Assessment Test (FCAT). This is a strategy that will put prevention concepts in front of all students in grades 3 through 10 without taking up class time or requiring special training for teachers. In a second initiative, the department will work with the Department of Business and Professional Regulation to develop strategies for reducing the sale of alcohol to youth.

The department also takes a leadership role in the ongoing planning of the annual Statewide Prevention Conference. Five state agencies are co-sponsors of the conference. This is the premier event for bringing the latest best practices to Florida's community prevention organizations and celebrating current prevention efforts. Additionally, more than 900 youth and adult participants in the 2001 conference provided input to the Governor's Office of Drug Control about the status of local prevention efforts. This input will be incorporated into the planning of the department.

Multi-Agency Statewide Substance Abuse Prevention Plan.

The *Florida Prevention System: A Vision for the Prevention Component of the Florida Drug Control Strategy* was published in June 2001. The development of the plan was coordinated through the advisory council of the Florida Youth Initiative, a federally-funded project administered by departments of Education, Health, Juvenile Justice, Business and Professional Regulation along with representatives from local prevention organizations, schools, and universities. Regional meetings were also held in November 2000 to obtain input from the field. Approximately 200 prevention professionals and advocates participated in these meetings.

In July 2001, the advisory council of the Florida Youth Initiative identified the priority recommendations and short-term actions for 2001-2002. In

August 2001, the Governor's Office of Drug Control adopted the Florida Prevention System as the prevention component of the Florida Drug Control Strategy. The Substance Abuse Program Office and Office of Drug Control coordinated a meeting of the Interagency Workgroup in Prevention on October 26, 2001 to clarify the role of different state agencies addressing the recommendations of the Florida Prevention System.

Substance Abuse Prevention Web Site

Chapter 397, F.S., mandated that the Substance Abuse Program develop a Substance Abuse Prevention web site. The site was recently developed and can be found on the Substance Abuse and Mental Health web site at:

(http://www5.myflorida.com/cf_web/myflorida2/healthhuman/substanceabusementalhealth/sa/index.html)

This site contains information on the Statewide Prevention Conference; Florida Youth Initiative; the Florida Prevention System; Prevention Partnership Grants; Florida Youth Substance Abuse Survey; Red Ribbon Week and links (for youth, college students, adults, parents, professionals, teachers, national organizations and information).

Treatment

Aftercare and Post Treatment Follow-up Guidelines

The 2000 Florida Legislature appropriated $835,554 for FY 2000-2001 to enhance aftercare services and post-treatment follow-up for substance abuse target populations, thereby improving and monitoring post treatment outcomes. The post-treatment period of time being examined by the survey was expanded from six months in FY 1999-2000 to 12 months for FY 2000-2001. This supports the Department of Children and Families' Performance Based Budgeting initiative to improve the measurement of post-treatment outcomes.

Post-treatment aftercare and support services are an important driver to ensure optimal treatment outcomes for all individuals within the substance abuse treatment system. The Substance Abuse Program currently has outcome measures for reductions in substance abuse 12 months after completion of treatment for children and adults. The department has retained the FY 2000-2001 output measure for the number of children and adults receiving aftercare services for internal management purposes. Although there is a rich body of literature to indicate that outcomes are significantly improved when accompanied by post treatment aftercare, best practice models that have been researched are scarce. Consequently, the program office decided to develop their guidelines based on available literature and the experience of the providers and other experts.

In October 2000 an aftercare workgroup met to begin this task. It was composed of central office staff, provider representatives, district personnel, and consultants provided by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment.

Over a period of three days, the workgroup discussed the goals and objectives of aftercare and post-treatment follow-up, definitions, key customer requirements, program design and core components based on research into factors that produce effective outcomes.

The guidelines are the result of this endeavor and additional research. The guidelines are meant to provide direction and acceptable options for the provision of aftercare services. They are not meant to provide a rigid set of requirements for how all aftercare programs should operate. Chapter 65D-30, F.A.C., still sets the licensure and regulatory standards for substance abuse programs and 65D-30.011, F.A.C., provides the minimum standards for aftercare.

Adult Substance Abuse Prevention, Evaluation, and Treatment

Issue Summary:

Nearly four of every five adults served by the Substance Abuse Program in Florida have some level of involvement with the criminal justice system. Many parents, whose children are under the custody and/or supervision of the state due to abuse or neglect, have significant substance abuse problems that contribute to family instability and domestic violence. This has created a strong need for collaboration between the Substance Abuse Program and Family Safety Program (child welfare) to develop a system for the identification of need and linkage to appropriate substance abuse services, with the ultimate goal of preserving the family.

Drug courts have evolved as an effective alternative to incarceration for individuals with substance abuse problems. The state is expanding the availability of these services and has experienced participation on the part of offenders in recent years. The Substance Abuse Program Office is also working diligently to identify, develop and implement effective treatment strategies for opioid addicts and women with dependent children, specifically those receiving other forms of public assistance from the state.

Strategic Course of Action 2000-2003:

- Integrate substance abuse services with Family Safety for families engaged in both systems through the implementation of family intervention specialists, expanded treatment capacity for pregnant and post-partum women and women and children, and other strategies identified in the joint departmental policy paper.
- Support the expansion of drug courts by providing access to evaluation and treatment services.
- Expand residential and aftercare program services and 12-month follow-up methodology. Continue to implement the Substance Abuse/Mental Health TANF program for WAGES participants and families at risk of entering the welfare system by providing substance abuse services that will assist them in maintaining gainful employment.
- Begin to develop statewide research to practice consortium in conjunction with the Florida Mental Health Institute and the Florida Alcohol and Drug Abuse Association.

Progress to Date:

Child Welfare Initiative - Family Safety

In FY 1999-2000 thesubstance abuse and family safety programs developed a strategy for reducing and improving outcomes for children who are abused and neglected as a result of parental and caretaker

substance abuse. A joint policy paper was developed in 2000 as a product of a workgroup process representative of both substance abuse and family safety programs. This provided a policy framework and a commitment to joint goals through the linkage of services between the two programs.

Throughout the state, many models of coordinated service delivery were developed. Two of these initiatives are highlighted here. First, the dependency drug court program in Pensacola was one strategy that had demonstrated effective outcomes with substance abusing parents whose children were under protective supervision or in foster care. This court program targeted families who had previously been under protective supervision, its success spawned interest in replication. By the end of 2001, there were eight dependency drug court programs in Florida, and five more planned for implementation by June 30, 2002.

Another successful strategy included appropriation of new funding for 35 Family Intervention Specialists, contracted to substance abuse treatment providers and co-located in Family Safety offices. These staff assess parents and other family members identified by child protection investigators for the need for substance abuse treatment. They facilitate entry to treatment and ensure linkage between the two provider systems during the treatment process. Their goal is to improve identification of the need for substance abuse treatment, maximize entry and retention in substance abuse treatment where indicated, and to ensure that case planning is coordinated between the treatment service provider and the family safety protective investigator and case manager. In May 2001, the Substance Abuse Program Office coordinated a statewide forum of all new Family Intervention Specialists to provide training about their roles, and to discuss success, challenges and strategic issues related to implementation of the initiative. In FY 2000-01 there were 5,357 adults referred by Family Safety for substance abuse services, a 100 percent increase over FY 1998-99.

On December 13, 2001, the program directors for Substance Abuse and Family Safety met to discuss the status of efforts to coordinate services and opportunities for further coordination. Updated priorities to be addressed include:

- Readdress and update the previous joint action plan noting progress, priority expectations and products, and reassessing resources in consideration of current budget reductions. From this effort a revised joint action plan may be developed to be incorporated into the program offices' business plans. Coordination with Domestic Violence programs, and consideration of best practices evidenced by local district and regional successes shall be included.
- Develop a realistic approach to measurements of success of the initiative which may include:
  - Creating a description of the progression of information needed.
  - Designing a long-range strategy for gathering needed data.
  - Comparing the needed data to data available in current and planned data systems.
  - Substituting sampling studies, and employing outside contractors to assess case outcomes until automated systems can supply data.

The Assistant Secretary for Programs Office will convene a small workgroup to facilitate continued momentum of this initiative.

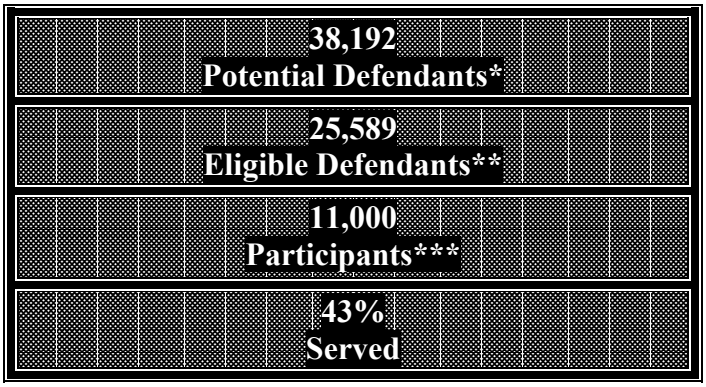
Expansion of Florida's Drug Court System

Florida's drug courts have been described as the crown jewel of Florida's drug control strategy. Drug courts are effective partnerships among the drug court judge, the public defender's and state's attorneys office, law enforcement, and community-based treatment providers. Under the leadership of Governor Bush and the Treatment Based Drug Court Steering Committee of the Florida Supreme Court, Florida has experienced a significant increase in the number of courts and number of offenders being served under the supervision of drug courts.

Court	Initial July 1998	Current December 2001	Projected June 2002	Percent Increase
Adult	**16**	**33**	**40**	**150%**
Juvenile	**9**	**17**	**21**	**133%**
Dependency	**1**	**8**	**13**	**1200%**

This is significant since offenders who receive treatment under the drug court system have better outcomes, such as reduced recidivism, than other offenders. The Department of Children and Families has a significant role in providing access to treatment services in communities with drug courts. In fact, approximately 70 percent of persons served are involved in the community criminal or juvenile justice system. In order to provide the necessary treatment capacity commensurate with the expansion of drug courts, the department estimates it will need approximately $10 million in additional funding in the coming two years.

Florida's Drug Courts 2000 Participation



* Defendants charged with 2nd or 3rd degree possession under chapter 893, F.S. as most serious crime.

** Based on 1/3 of potential defendants opting out of treatment. Overestimate because criminal history verification will exclude some defendants.

***Estimate of the number of defendants served by the drug court program based on an average 62% retention rate for Florida drug court programs.

Methadone and Addictions Medicines

New methadone regulations were adopted at the federal level during 2001. The regulations found in 42 Code of Federal Regulations Part 8 are summarized as follows:

- The regulations require all methadone programs approved to provide methadone services prior to March 19, 2001, to be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a condition of continued operation. Methadone programs must now meet new federal opioid treatment standards promulgated under section 8.12 of the regulations and must become accredited by one of four accrediting bodies by May 2003.
- The new regulations also permit the practice of medically-managed maintenance treatment with state and federal approval. This permits a private physician to dispense methadone from his or her private practice as long as the practice is connected to an approved methadone program.. This practice is limited to patients who have made significant gains in treatment and do not need to attend the clinic on a frequent basis.
- The new treatment standards allow physicians greater flexibility in managing patient care.

Women's Services

The substance abuse service delivery system is designed to assist individuals and families to respond to addiction problems at the most optimum level. One of the many special populations served throughout Florida are pregnant women and women with dependent children. Some of these women and their children, receiving state-supported services, are also involved in the family safety system. Successful completion of treatment substance free is one of the critical strategies for prevention of child abuse and neglect.. Pregnant injecting substance abusers, then pregnant substance abusers, are the highest priority population for receiving services supported through federal Substance Abuse Prevention and Treatment Block Grant funds. The block grant requires that unique needs of this population be accommodated within the programs where they receive services. These services include: primary care, prenatal care, gender-specific services, transportation, child care, outreach, screening, testing, counseling for HIV/TB and referral services. Some of the key issues and activities currently underway include:

- The Substance Abuse Program Office remains actively involved in collaborative efforts with Department of Health's Healthy Start Program to address issues relating to pregnant women who use alcohol and other drugs.
- The Substance Abuse Program Office is an active member of the Fetal Alcohol Interagency Action Group which brings together state and provider agencies as well as other stakeholders to discuss and plan ways to prevent and improve services to pregnant women on Fetal Alcohol Syndrome.
- The Substance Abuse Program Office is currently involved in a collaborative effort with the Department of Health to produce a resource manual on Fetal Alcohol Syndrome.

Temporary Assistance to Needy Families (TANF)

The Temporary Assistance to Needy Families (TANF) Substance Abuse and Mental Health (SAMH) Program provides screening, assessment, case management, and treatment services to persons who are having employment and family instability due to mental illness and/or substance abuse impairment. On a

local level, the TANF SAMH program is a collaborative effort between Economic Self-Sufficiency, the regional workforce boards and their designees, the ADM district offices, and the treatment service providers. Contracted TANF staff provide initial mental health/substance abuse screenings and ongoing case management for clients at one-stop centers throughout the state. TANF funds also support services to families in the child protection system. Thirty-five Family Intervention Specialists are co-located in child protection offices throughout the state to facilitate linkages to needed substance abuse services.

The program also provides assistance to eligible families so the children may be cared for in their own homes or in the homes of relatives while the parents participate in residential treatment programs. The provision allows the participant to retain the WAGES program cash assistance for up to 150 days while in residential treatment.

The TANF SAMH program provided substance abuse treatment services to 13,052 adults and children in FY 2000-2001. Some of the outcomes for this population include:

- 65% TANF adults employed upon discharge from treatment.
- 66% TANF adults successfully completing treatment.
- 64% TANF children successfully completing treatment.

The TANF SAMH Program provided mental health treatment services to 25,188 adults and children in FY 2000-2001.

TANF Funding Issues

The Substance Abuse and Mental Health programs were appropriated $25.1 million in Fiscal Year 2000-2001 for TANF and received an additional $20 million in non-recurring Section 49 TANF funds through a budget amendment. The Substance Abuse and Mental Health programs received $24.7 million in TANF funding for Fiscal Year 2001-2002, of which $16 million was non-recurring substance abuse funding. The net result represents $15 million less in funding for services for this population compared to the previous fiscal year. The Substance Abuse Program Office has submitted a Legislative Budget Request for FY 2002-2003 to replace $14.5 million with recurring funding to ensure continuation of critical substance abuse treatment services to TANF clients and their families.

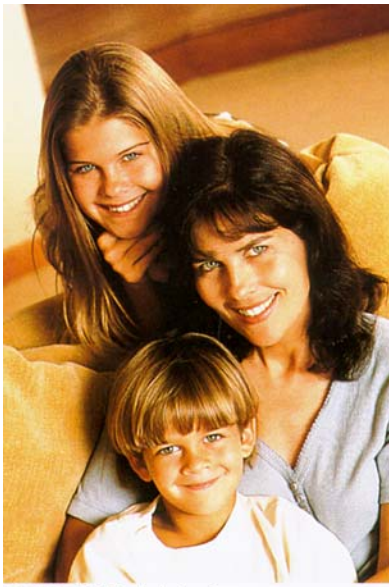
TANF funding permits the department to purchase critical treatment capacity for individuals receiving other forms of governmental assistance. Reductions in this critical funding would place added burden on other forms of public assistance; individuals with substance abuse problems would experience significant waiting periods for needed services and continue to have difficulties finding/maintaining employment and achieving stability within their families. These individuals would also be at greater risk for entering the criminal justice system or accessing health care services due to their continued substance abuse/dependence.

It is important to note that parental substance abuse is a major contributing factor in cases of child abuse and neglect and is one of the key barriers to family reunification. This alone will increase the risk of harm to children, thus increasing the need for state involvement and payment of services to insure the protection of children.

KPMG TANF Evaluation

Per Chapter 2001-253, Laws of Florida, the Florida Legislature required the Department of Children and Families, Department of Health, Agency for Workforce Innovation, and the Department of Military Affairs to contract for a third-party evaluation of specific TANF program areas. KPMG Consulting conducted the evaluation of 16 program areas in the Fall of 2001; eight of the program areas were under the auspices of the Department of Children and Families. The evaluation focused on whether:

- Program areas were performing within parameters of the original legislative intent and purpose of the program.
- TANF funds were being spent on TANF eligible clients/services.
- Program areas were spending their allocations.
- Continuation of the program area TANF services is justified.



Within the mental health and substance abuse service system the report specifically evaluated the Adult Substance Abuse TANF Program and found that the program had developed procedures to ensure that TANF funds were appropriately spent on non-medical treatment services for TANF-eligible participants. The report did recommend that more TANF-eligible clients should be targeted for substance abuse treatment services. Approximately half of the TANF-eligible clients currently participate in substance abuse treatment services.

Mental Health Strategic Directions

Improving the System of Care for Persons with Mental Health Disorders

Issue Summary:

In order to manage serious chronic conditions of all types, the more advanced health care organizations are realizing the need for a systems-based design to address the interactions of cost and clinical quality drivers over the entire course of care and throughout all the components of care. It is within this interaction of costs and quality that efficiency and effectiveness can be achieved. Continuity of care is the central feature of this type of system. All the components are linked into an integrated whole, eliminating duplication of care, administrative costs, and unnecessary practices and procedures. This continuity must exist at every stage in the array of services from diagnosis, acute care, psychiatric rehabilitation, counseling, and family and individual supports. Strategies to develop a well-designed system of care must align structure to support the system, skills to enable successful implementation, and a receptive culture to encourage (and not deter) the system's development and operation. The Mental Health program estimates that the transition from a component-based fragmented set of services to a system of care can take over three years.

Strategic Course of Action 2000-2003:

Strategies that will be used in developing the system of care in designated parts of the state are to:

- Develop a shared vision based on the Mental Health program vision as described in the master plan.
- Complete a detailed analysis of the current situation.
- Identify the limiting factors toward change and develop a detailed plan with the districts, providers, individuals and other stakeholders to address these limits.
- Working with the above partners, develop strategic options to design and implement the system of care. Initial priorities will focus on developing the capacity to address the closure of the G. Pierce Wood State Hospital and to manage the acute care system.
- Develop financing strategies that maximize the integration of Medicaid, substance abuse and mental health service delivery.

Progress to Date:

Fiscal Update

The table below depicts Fiscal Year 2001-2002 funding for mental health services and is reflective of reductions resulting from the special legislative session held in November 2001.

Mental Health Services Funding for Fiscal Year 2001-2002

	ADULT COMMUNITY MENTAL HEALTH	INSTITUTIONS (ADULTS)	CHILDREN'S COMMUNITY MENTAL HEALTH	PROGRAM MANAGEMENT AND COMPLIANCE	TOTAL
GENERAL REVENUE	**$184,018,916**	**$163,121,670**	**$71,164,719**	**$7,558,414**	**$425,863,719**
OTHER STATE FUNDS	**$14,123,668**	**$120,244,693**	**$5,925,964**	**$437,091**	**$140,731,416**
FEDERAL TRUST FUNDS					
ADAMH TF (MH BG)	**$19,010,914**		**$9,382,756**	**$464,823**	**$28,858,493**
TANF (FGTF)	**$8,000,000**				**$8,000,000**
Other Federal Grants TF	**$8,248,137**		**$11,799,492**	**$290,101**	**$20,337,730**
TOTAL FED TRUST FUNDS	**$35,259,051**		**$21,182,248**	**$754,924**	**$57,196,223**
TOTAL	**$233,401,635**	**$283,366,363**	**$98,272,931**	**$8,750,429**	**$623,791,358**

During the special session held in November 2001, the mental health services budget was affected in the following manner:

- Mental Health Treatment Facilities budget was reduced by $169,138 in General Revenue Expenses.

  (Note: The $169,138 is a net of various General Revenue reductions of $3,753,988 and 3,584,850 in Operations &Maintenance Trust Fund restorations.)

- Program Management and Compliance was reduced by $476,849 in Salaries/Benefits and $16,527 in Expenses through various funds.

Clients Served

During FY 2000-2001, Florida's program of services for persons with mental disorders continues to provide treatment and supportive services for children and adults in the legislatively established target populations: children with serious emotional disturbance (SED), children with emotional disturbance (ED), children at risk of mental health problems, adults with serious and persistent mental illness (SPMI), adults in crisis, and adults in community forensic status.

Clients Served by Community Mental Health Providers in FY 2000-01

	Children's Mental Health				Adult Mental Health			
District	SED	ED	At-Risk of MH Problems	Total	SPMI	In Crisis	Community Forensic	Total
1	2,296	1,363	277	**3,936**	4,671	4,132	56	**8,859**
2	2,332	1,346	71	**3,749**	3,839	3,247	90	**7,176**
3	2,570	829	109	**3,508**	2,954	2,217	80	**5,251**
4	3,467	1,843	172	**5,482**	5,258	3,386	235	**8,879**
5	3,589	1,215	59	**4,863**	10,504	1,515	178	**12,197**
6	3,019	2,642	179	**5,840**	7,110	4,239	214	**11,563**
7	6,586	2,991	407	**9,984**	4,392	15,510	64	**19,966**
8	1,619	1,463	340	**3,422**	2,632	3,700	180	**6,512**
9	1,734	1,010	344	**3,088**	2,188	1,722	22	**3,932**
10	2,336	1,100	242	**3,678**	5,276	2,295	26	**7,597**
11	9,521	3,526	169	**13,216**	11,496	5,685	152	**17,333**
12	2,110	788	151	**3,049**	2,120	1,538	59	**3,717**
13	2,155	1,005	71	**3,231**	2,524	2,069	103	**4,696**
14	1,412	1,727	225	**3,364**	3,418	2,637	34	**6,089**
15	1,451	636	50	**2,137**	908	1,359	10	**2,277**
Total	**46,197**	**23,484**	**2,866**	**72,547**	**69,290**	**55,251**	**1,503**	**126,044**

- The Mental Health Program Office has worked with its many stakeholders to construct a vision of the system of care that is the product of an ongoing exchange of ideas, interests, and concerns about the current system of care. Community partners and local officials, individuals, family members and department staff jointly crafted this vision to guide the design of a more efficient, responsive and effective system. The vision encompasses:
  - Integration across service components.
  - Easy access to care.
  - Resources focused on the most vulnerable persons.
  - Service responsiveness dictated by the needs of the individual rather than financial reimbursement codes.
  - Instituting evidence-based practices.
  - Development of provider networks.
- The department has contracted with Florida State University's School of Social Work for the completion of a detailed analysis of the current situation of portions of the former G. Pierce Wood catchment area service delivery system. This area was selected as a microcosm of the larger publicly funded mental health system. This situation audit, which is due for completion in the Spring of 2002, will provide a picture of the current system of care compared with an evidence-based, ideal system of care to determine gaps and inefficiencies that should be addressed.

- A concurrent strategic course of action is to identify barriers and limiting factors toward change and the development of a detailed plan to address these limits. Implementation of this course of action has involved weekly conference calls, the development of a new discharge planning process, enhanced expectations of community providers, and the creation of a staff position to provide oversight for the prototype catchment area.
- Each of the districts/region in the former G. Pierce Wood catchment area has worked with its major stakeholders to complete individual plans for system change. The Mental Health Program Office has consolidated the district/region plans, tracked progress to date on each of the plans, and provided regular status reports to key staff members of the House and Senate.
- The system redesign initiative in the former G. Pierce Wood catchment area has resulted in an increased capacity to promote more effective community integration for persons served by the publicly-funded mental health system. Major expansion has occurred in the development of acute care and sub-acute care as well as in supported housing/supported living. Highlights of expanded services in districts included in the G. Pierce Wood State Hospital catchment area are shown in the following table.

EXPANDED SERVICES IN THE G. PIERCE WOOD STATE HOSPITAL CATCHMENT AREA

Suncoast Region:

- Crisis stabilization unit beds – 11
- Short-term Residential Treatment Facility – 41 beds
- Group Homes – 28 beds
- Support living – 245 slots
- Adult Therapeutic Foster Care – 77
- Specialized Housing – 5 units
- Substance Abuse services
- Drop-in center
- Family Emergency Treatment Center
- FACT teams – 3 new teams (1 is forensic)
- Medication/physician services
- Supported Employment
- Forensic Service
- Contingency Funds

District 8:

- Crisis stabilization unit beds – 10.5
- Mobile Crisis – 3 teams
- Short-term Residential Treatment Facility – 24 beds
- Group Homes/therapeutic family care – 12 beds
- Housing assistance – 185 slots
- Support living/in-home supports – 185 slots
- Drop-in Center
- FACT – 2 teams are operating
- Supported Employment
- Case Management
- Medical Services
- Geriatrics
- NAMI
- Indigent Drug Program

District 14:

- Crisis stabilization unit beds – 2
- Mobile Crisis – 1 team enhancements
- Short-term Residential Treatment Facility – 20,5 beds
- Group Homes & therapeutic family care – 12 beds
- Supervised Apartments – 14
- Dual Diagnosis – 5
- Drop-in Center
- FACT Enhancements
- Ancillary Services:
- Crisis & Emergency Support;
- Supported Employment;
- Case Management;
- Day Treatment;
- Forensic Services; &
- Contingency Funds

District 15:

- Crisis stabilization unit beds – 11
- Short-term Residential Treatment Facility – 20 beds
- Residential level 3 – 6 beds
- Residential level 4 – 3 beds
- Dual Diagnosis – 2 beds
- Drop-in Center - 1
- FACT – 1 team
- Supported Employment; - 21 slots
- In-Home and on-site – 6 slots
- Adult Family Care Home – 4 beds
- Supported Housing/Supported Living – 31 slots

- With reference to developing financing strategies to maximize integration of Medicaid, substance abuse and mental health service delivery, passage of Chapter 2001-191, Laws of Florida, permitted the Department and the Agency for Health Care Administration to establish two behavioral health service delivery pilots. The two districts chosen to implement these pilots will test methods and techniques for coordinating, integrating, and managing the delivery of mental health services and substance abuse treatment services for persons with emotional, mental, or addictive disorders. The law also requires development of a managing entity for each service delivery strategy and an independent entity to evaluate both service delivery strategies. A summary of the two approaches being tested is described below.

District 1

District 1 will contract with a managing entity for the Medicaid Pre-paid Mental Health Plan for Medicaid Area 1. The following summarizes the proposed design, management and oversight for this strategy.

Operational Design:

- The District 1 Alcohol, Drug Abuse, and Mental Health (ADM) Program Office will contract with the managing entity for mental health and substance abuse services.
- The managing entity subsequently will contract with comprehensive behavioral health treatment providers who are currently responsible for providing ADM services to citizens of their respective counties. These providers will become regional care centers in the network of care.
- Substance abuse prevention services will not be included in the ADM contract with the managing entity.
- Services will be coordinated by the District ADM Office to ensure the services are not duplicated and are well integrated.
- The managing entity and the District ADM Office will implement best practices in service integration for children and families involved with the child welfare system.

Monitoring and Contract Management:

- Provider monitoring will be closely coordinated with the Medicaid program to ensure maximum efficiency, effectiveness, and standardization.
- Contract management of ADM funds will be vested with the District ADM Office and closely coordinated with the Medicaid contract manager.
- The District ADM Office will contract for independent "ombudsman" services to assist in the monitoring of client access, assist in resolving client grievances, and coordinate with Medicaid and other entities as appropriate.

Oversight and Strategic Planning:

A steering committee of state and local stakeholders is assisting in the development of the system of care. Members include: individuals, family members, school system representatives, judicial

system, state and local Medicaid staff, DCF headquarters, district DCF leaders, providers, and members of the District ADM Planning Coalition.

District 8

This year, the District 8 strategy will emphasize the development of a provider network. The original plan was to procure the services of an administrative service organization (ASO) to perform the managed care functions that could not be immediately assumed by a provider network. The ASO's role would be to initially perform functions while enhancing the capacity of the network to begin to independently assume those same functions over time. However, the possibility of future revenue reductions for the department necessitated a delay in this approach.

A first step will be for providers to explore their readiness to establish the infrastructure necessary to form a provider network. This will entail the incorporation of a legal entity to provide services through the network for its consumers. The district's providers will come together to resolve any boundary and legal issues entailed in the formation and governance of such an entity. An assessment will be made of the managed care functions within and across providers. Available resources will be identified to obtain necessary expertise to assist with network formation and in putting managed care functions in place. The network prerequisites are as follows:

- A management structure formed and funded by constituent agencies.
- Capacity for agency credentialing and criteria for network inclusion.
- Agency data systems that are linked and able to rapidly and effectively capture access, utilization, penetration, cost and outcome data.
- A single point of access, including an organized system of emergency and urgent care.
- Established linkages and cooperative agreements.
- Operate in a constructive, collegial manner with the local advisory body identified by the district administrator.
- Quality improvement functions that may be assumed by the network will be to:
  - Manage a stakeholder process to identify and adopt common level-of-care criteria, clinical treatment guidelines and pathways.
  - Publicize and train relevant staff on the criteria and guidelines.
  - Monitor provider conformance using a sample audit of relevant charts and data.
  - Establish performance indicators to include administrative, access, utilization, financial and consumer satisfaction, and outcome variables.
  - Establish an overall Performance Improvement Council with oversight over corporate compliance, outcome studies, the Health Insurance Portability and Accountability Act compliance and service data review.
  - Establish access standards, including standards for dependent children.

Continued Course of Action

- The situation analysis of the former G. Pierce Wood catchment area, due in the Spring of 2002, will be used to revise the existing mental health service system in District 8 and to identify funding priorities for new or expanded services. Once a revised service system is in

place in the former G. Pierce Wood catchment area, it will be evaluated for possible replication in other areas of the state.

- The department will continue to oversee the implementation of the detailed plans for the districts/region within the G. Pierce Wood Memorial Hospital catchment area. The department will also continue to oversee the expanded capacity service system in the G. Pierce Wood catchment area.
- The Mental Health and Substance Abuse program offices will provide districts 1 and 8 with technical assistance on the proposed design, management and oversight of the two financial strategies being tested.
- The department will continue work on revising the financial rule, 65E-14, F.A.C. Revision of this rule will provide for a more efficient contracting approach for mental health and substance abuse services. This rule is anticipated to be effective by the end of the 2002 calendar year.
- As an example of an integrated substance abuse and mental health financing strategy, the Mental Health and Substance Abuse program offices will continue to promote efficient and effective use of Temporary Assistance to Needy Families funding. Additionally, the department will continue to support other mental health and Medicaid partnerships in the continued implementation of the FACT program, Comprehensive Behavioral Health Assessments, the Specialized Therapeutic Foster Care program, Behavioral Health Overlay Services, and residential treatment for children.

Integration of Children's Mental Health Services for Families Served by the Family Safety Program

Issue Summary:

Children subjected to abuse or neglect and removed from their families are at high risk of emotional and behavioral problems. Because of their high incidence of mental health problems, these children need to receive professional assessment and timely, quality treatment at levels appropriate to the severity of their conditions.

Strategic Course of Action 2000-2003:

- Analyze the unmet needs and existing interfaces between Family Safety and Children's Mental Health to determine where there are opportunities for better integration of services.
- Use the results of this analysis to develop uniform procedures that more fully integrate services for the children and families both programs serve.
- Re-design the Children's Mental Health system of care to ensure that children in the custody of Family Safety access quality mental health services consistent with the children's needs and within the mandatory timelines imposed by statutes and the courts.
- Expand the Specialized Therapeutic Foster Care Program and successfully implement Behavioral Health Overlay Services.

Progress to Date:

- The Mental Health and Family Safety programs, in conjunction with the districts, reviewed existing practices and determined a more structured approach should be used statewide in the delivery of mental health services for children in the department's custody. The two programs together drafted a uniform procedure intended to ensure more fully integrated services for children in the department's custody who are served by both programs.
- A key component of the new system design is the establishment of a "single point of access" in each geographic area of the state to assist Family Safety counselors in accessing mental health services for children in foster care. Even before the procedure has been formally approved and fully implemented, the districts have already activated their single points of access. These individuals will be able to provide a smoother gateway to mental health assessments and services and to ensure that service providers are being responsive to the special needs of these children, especially regarding their permanency goals.
- The draft procedure also fully operationalizes section 39.407, F.S., which provides specific requirements for any placement of children in the department's custody into the more restrictive levels of residential mental health treatment and for frequent impartial reviews of their need for continued stay. These requirements include a "suitability assessment" of the child by a "qualified evaluator," a Florida-licensed psychiatrist or psychologist under a contract through the Medicaid program and having no conflict of interest with a residential treatment program. The draft procedures give guidelines for Family Safety to use in making an initial determination of whether the child should be referred for such an evaluation.
- The procedures give specific instructions on the respective roles of Family Safety, Children's Mental Health and the single point of access throughout the process of referral, assessment, placement, treatment and discharge of the child from a treatment program. The procedures assign responsibilities for making the statutorily required reports to the court within the mandatory timelines imposed by statutes and the courts.
- To better evaluate whether children in the department's custody are receiving the mental health services they need, the Mental Health Program Office has designed an automated statewide database to track assessed needs, the resulting referrals for mental health services, and the subsequent services provided. Every child in shelter and foster care is eligible for and must be provided a Medicaid-funded comprehensive behavioral health assessment. These assessments provide in-depth, detailed information about the child's emotional, social, behavioral, and developmental functioning within the home, school, and community, including direct observation of the child in those settings. The assessments are used to provide recommendations to accomplish permanency planning and to help develop an individualized, strength-based service plan. The single point of access will track the progress of referrals for these assessments and for services and will provide regular reports to both the Family Safety and Mental Health district program offices.
- Two programs designed specifically for children in the state's custody and funded through the Medicaid program are:
  - **Behavioral Health Overlay Services -** mental health and substance abuse services designed to meet the treatment needs of children placed in Family Safety's residential group care facilities. The intent of these services is to improve a child's mental status, emotional and social adjustment, and support the child in the current setting to avoid a more intensive level of care. Children's Mental Health, Family Safety, and the Agency

for Health Care Administration have drafted provider designation procedures that will facilitate a methodology for planned program development statewide. For the first quarter of fiscal year 2001-2002, there were 1,105 children who received these services.

- **Specialized Therapeutic Foster Care -** a therapeutic program that provides intensive, effective, community-based mental health treatment to children in the care and custody of the state. Specially trained foster parents are available 24 hours a day to provide therapeutic interventions for children with severe emotional and behavioral problems who would otherwise need to be placed into much more expensive and restrictive residential treatment programs. During FY 2000-01 there were 962 children served.

Continued Course of Action:

The draft operating procedure has been reviewed by the districts and other stakeholders and is being revised per comments received. The procedure is scheduled for statewide implementation during the Spring of 2002. The department will continue to track implementation of the initiatives discussed above.

Complete the Successful Closure of G. Pierce Wood State Hospital and Define the Role of State Hospitals

Issue Summary:

The 2000 Legislature determined that the G. Pierce Wood (GPW) State Hospital would close on April 1, 2002. The phase-down of the hospital is taking place gradually with admissions having stopped on July 1, 2001. The department has worked with stakeholder planning teams to develop a three-pronged planning process for the closure around the content areas of facility utilization, community development, and G. Pierce Wood closure.

Strategic Course of Action 2000-2003:

- Utilize 50 vacancies at South Florida State Hospital.
- Convert 100 Florida State Hospital civil beds to serve persons placed under Chapter 916, F.S.
- Improve utilization management statewide to assure admissions are appropriate and discharges are prompt.
- Re-align hospital catchment areas.
- Close 50 beds at Northeast Florida State Hospital.
- Introduce additional short-term residential treatment beds in GPW area.
- Expand assertive community treatment team services in the GPW area.
- Introduce additional residential beds in GPW area.
- Seek job placements for GPW employees.
- Reduce GPW census.
- Maintain a safe environment at GPW by monitoring “significant reportable harmful events”.

- Reduce GPW staff positions according to schedule.
- Develop a comprehensive discharge process for persons moving from the hospitals to the community and a database to follow their progress.
- Have in place at least 69 short-term residential beds before admissions are diverted to other hospitals.
- Develop additional crisis stabilization capacity, residential capacity, and other supports in the catchment area.

Progress to Date:

- Residents transferred from Florida State Hospital have filled the 50 vacancies at South Florida State Hospital.
- 100 civil beds at Florida State Hospital were converted to accommodate forensic "step down" clients.
- A utilization management system assuring appropriate admissions and prompt discharges has been designed with a reporting format. A database was developed to track indicators and set targets for bed utilization.
- The hospital catchment areas were re-aligned in July 2001.
- The number of beds at Northeast Florida State Hospital was reduced by 59 to a total of 543 beds.
- An additional 105.5 short-term residential beds (community-based) were created in the G. Pierce Wood area by November 2001.
- Assertive community treatment team services were expanded in the G. Pierce Wood area from five teams to 11, with the capacity to serve up to 1000 individuals with severe and persistent mental illness.
- An additional 172 community-based residential beds were added in the former G. Pierce Wood catchment area. A further action taken to address the needs of persons served by G. Pierce Wood was to increase the crisis stabilization unit capacity, the residential bed capacity and other supports in the hospital catchment area. This additional capacity was designed both to accommodate persons being discharged from the hospital and to divert persons in the community from being hospitalized. To date, we have accomplished the following:
  - An additional 43.5 crisis stabilization beds were developed.
  - Supported living/in-home supports capacity was increased to serve 445 individuals.
  - Housing assistance capacity was increased to serve an additional 185 persons.
  - Additional community support services, such as supported employment, case management, medication management, and physician services, have been added to the system of care. The following table provides a summary of expanded services in the G. Pierce Wood catchment area. Please note the table includes only new services and does not show the previously established service capacity.

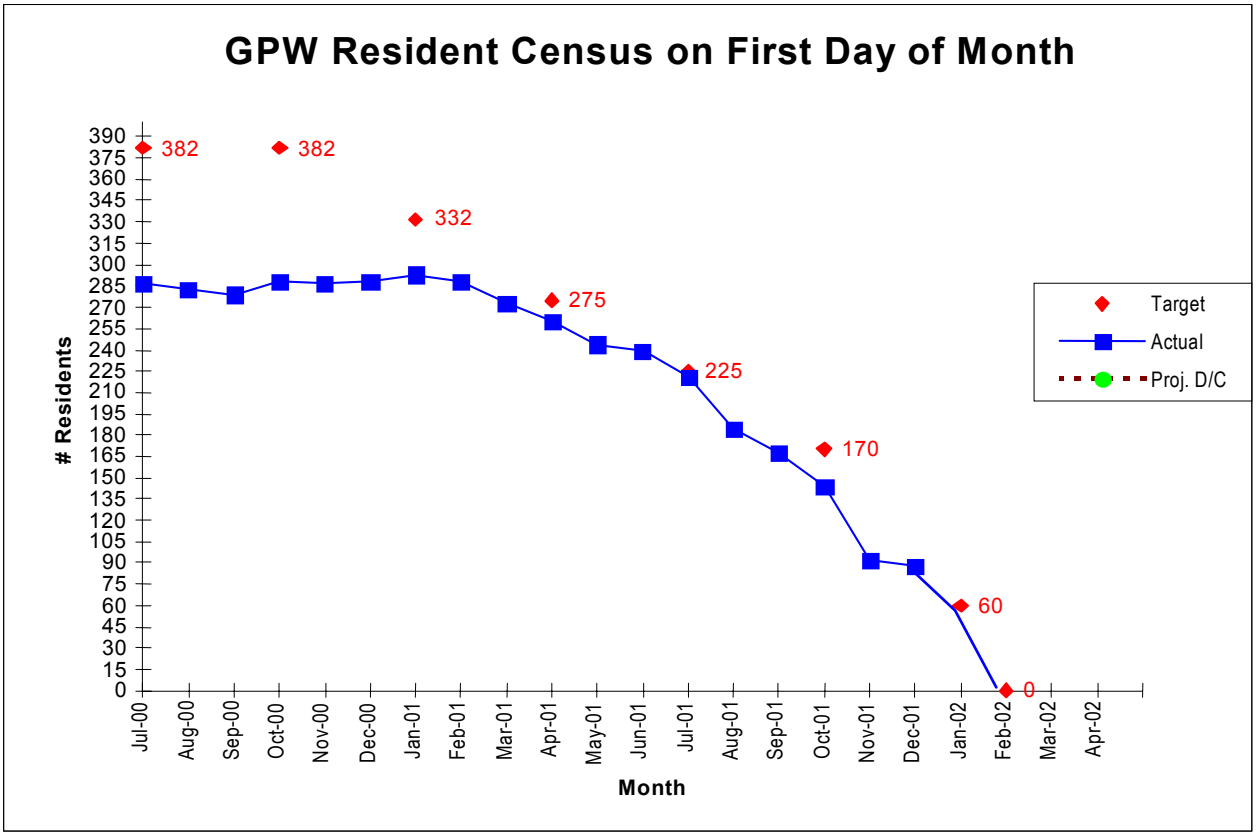
Summary of Expanded Services
in Catchment Area Serving G. Pierce Wood State Hospital

Service Type	Additional Beds/Served	Counties Served
Acute Care - Crisis Stabilization Unit (CSU)	34.5	Pinellas, Pasco, Sarasota, Hillsborough, Lee, Collier, Charlotte, Hendry/Glades, Polk, St. Lucie
Sub-Acute Care - Short-term Residential Treatment Facility (SRT)	105.5	Pinellas, Hillsborough, Manatee, Lee, Collier, Charlotte, Polk, St. Lucie
Mobile Crisis Teams (4 new teams and enhance existing teams)	----	Lee, Collier, Hendry/Glades, Charlotte, Polk, Highlands, Hardee
Group Homes	58	Pasco, Hillsborough, Lee, Collier, Charlotte, St. Lucie
Supervised Apartments	14	Polk, Highlands, Hardee, Martin, Okeechobee
Satellite Apartments	16	Indian River, Martin, St. Lucie, Okeechobee
Adult Foster Care	77	Sarasota, DeSoto, Pinellas, Pasco, Hillsborough
Adult Family Care Home	2	St. Lucie
Specialized Housing	5	Manatee, Sarasota
Supported Living/In Home Supports	445	Pinellas, Hillsborough, Manatee, Pasco, Sarasota, DeSoto, Lee, Collier, Charlotte, Hendry/Glades, Martin, Okeechobee, Indian River, St. Lucie
Housing Assistance	185	Lee, Collier, Charlotte, Hendry/Glades
Drop In Center (Expand existing Centers and add 1 Center)	----	Pinellas, Hillsborough, Pasco, Sarasota, DeSoto, Lee, Collier, Charlotte, Polk, Highlands, Hardee, Martin
Substance Abuse (includes Dually Diagnosed)	7	Hillsborough, Highlands, Avon Park
Family Emergency Treatment Center	----	Pinellas, Polk, Highlands, Hardee
FACT [6 New teams (1 Forensic) and enhance existing teams]	----	Pinellas, Hillsborough, Collier, Charlotte, Polk, Highlands, Hardee, Martin, Okeechobee
Medication Management (IDP) & Physician Services	---	Pinellas, Hillsborough, Pasco, Sarasota, DeSoto, Manatee, Lee, Collier, Charlotte, Hendry/Glade
Sheltered Employment Supported Employment	----	Pinellas, Sarasota, Lee, Collier, Charlotte, Polk, Highlands, Hardee, St. Lucie, Martin, Indian River, Okeechobee
Forensic Services	----	Hillsborough, Pinellas, Polk, Highlands, Hardee
Day Treatment	----	Polk, Highlands, Hardee
Case Management	----	Lee, Hendry/Glades, Collier, Charlotte, Polk, Highlands, Hardee
Contingency Funds to provide additional services required as identified over time including Behavioral Programming and Psychotherapy	----	Pinellas, Hillsborough, Pasco, DeSoto, Sarasota, Manatee, Hardee, Polk, Highlands

Note: Over 90% of these service contracts have been executed, and all beds and services will be operating by February 2002.

Other significant activities have included:

- For G. Pierce Wood employees, job placement activities have been creative and varied. Activities include job fairs, establishing a one-stop center on campus, posting job advertisements from area newspapers, conducting face-to-face interviews with employees to determine who has future plans and who needs help in transitioning successfully, providing classes to improve interviewing and job hunting skills, resumé development, etc. The Department of Juvenile Justice, the Sexually Violent Predator Program, the Economic Self Sufficiency Program, and Gulf Coast Center have hired a total of 275 employees since the start of the closure process.
- Resident census for G. Pierce Wood has been well below targets established for the closure process. The census as of December 1, 2001 was 88 residents, a 69% reduction since the beginning of the closure process. The remaining census included 50 residents to be transferred to other state hospitals and 38 residents to be placed in community settings. The following graph shows the actual resident census at the hospital and the projected (targeted) census since July 2000 leading to the hospital's closure. The hospital completed patient transfers and discharges on February 8, 2002.



- A safe environment at G. Pierce Wood has been monitored through "significant reportable harmful events" reports. Since May 2001, these events have been below the targets established for the closure process with the exception of two months. During those two months, staff investigated the issues and followed up with corrective action plans.

- G. Pierce Wood staff positions are being reduced according to schedule. Since the start of the closure process, the attrition rate has steadily increased and, except for a few occasions, targets established have been met. As of January 31, 2002, there were 278 staff positions remaining, with the phase-out continuing on schedule.
- The Mental Health Program Office developed a comprehensive discharge process for persons moving from the hospitals to the community and a database to follow their progress.
  - The Mental Health Program Office in conjunction with key stakeholders from the planning teams developed an integrated discharge process for transitioning people from the G. Pierce Wood Hospital to the community. The integrated discharge process includes those activities prior to discharge/transfer as well as continuity of care activities after the person has been discharged or transferred. The aim of this process is to clarify roles and responsibilities of hospital and community staff in facilitating a successful discharge and community integration. The discharge process includes specific tasks and associated timeframes for completion. The discharge process places greater emphasis on the responsibilities of community providers. The integrated discharge process initially was developed for persons being discharged from G. Pierce Wood and is being expanded to the catchment area served by Atlantic Shores (South Florida State Hospital).
  - The Mental Health Program Office developed a discharge tracking database to follow the progress of each person discharged to ensure linkages were maintained between the hospital and the community providers. Weekly conference calls are held between the hospital, districts and the Mental Health Program Office to facilitate a smooth transition to the community and to identify barriers and facilitate successful discharges. Further, the Mental Health Program Office hired one high-level staff person to oversee the closure activities of G. Pierce Wood and the associated community development activities. The position works in consultation with the Mental Health Program Office staff who are assigned to assist in the hospital's closure and subsequent community activities.

Continued Course of Action

- Through June 30, 2002, residents discharged into the community will receive follow-up visits at least weekly by "The Outreach Program" (TOP) for three months to monitor their progress and work with community case managers to alter services when appropriate to better meet client needs. TOP will further coordinate the transfer to community case managers the management of client services. After TOP monitoring ends, the central office will continue to track and monitor client progress.
- $9.7 million in lump sum will be released in the Spring of 2002 for the continuation of the closure process in the catchment area.
- $29.3 million in recurring dollars will continue to support the expanded services for those discharged into the G. Pierce Wood catchment area.
- An additional $18 million has been requested to annualize services that were phased in during FY 2001-2002.

Implement Evidence-Based Practices for the Most Vulnerable Persons with Mental Health Disorders

Issue Summary:

The United States Surgeon General's Report on Mental Health indicates there is a range of well-documented efficacy treatments for most mental disorders. These evidence-based treatments have proven to be more effective than treatments for cancer and heart disease. Scientific research on the brain and behavior has developed at an extraordinary pace. A range of effective treatment for most mental and behavioral disorders that occur across the life span have been introduced. Two broad types of intervention include psychosocial treatments and psychopharmacologic treatments. Often these interventions are most effective when combined. Evidence-based services for adults include Assertive Community Treatment (ACT,) supported employment, supported housing, and consumer-directed services. Services proven effective for children include individualized wraparound approaches to service planning and delivery, with in-home services and family supports.

Strategic Course of Action 2000-2003:

- Establish ACT teams, strength-based case management, supported employment, transportation, access to medication and housing in the community for adults with severe and persistent mental illness. The following actions will be taken:
  - Continue with the implementation of the ACT Teams. Fully staff the Mental Health Program Office to provide the necessary supports to the ACT teams and continue with the training contract with Florida State University to provide training and technical assistance. Establish benchmarks and monthly reporting mechanisms to track progress.
  - Improve case management through a partnership with Medicaid regarding targeted case management, rule modification, training and technical assistance. Continue to develop independent case management options.
  - Refine the cooperative agreements with Vocational Rehabilitation to strengthen the supported employment approach. Focus 50 percent of the time of one staff person in the program office to develop and implement supported employment initiatives. Look for opportunities to obtain grant support for pilots, training, and conferences to begin to change practice and expectations regarding work.
  - Determine how the Mental Health program can take advantage of opportunities available through the "Ticket to Work" federal legislation and recommend policy and legislative action for 2002.
  - Develop a detailed plan to implement supported housing over the next three years. Determine what current services could be modified to provide the necessary supports as well as how the state could better use Medicaid funding for this important service for persons with mental illness. Assign 50 percent of the time of one staff person to work on housing issues and to investigate all opportunities with the U.S. Department of Housing and Urban Development (HUD) and local housing authorities. Develop guidelines for

district staff to use in their work with the local housing authorities and different ways to implement supported housing.

- Support consumer-operated programs such as Drop-In Centers.
- Work with Medicaid, the Transportation for the Disadvantaged program, and other agencies to develop transportation options.
- Expand the Indigent Drug Program to provide better access to medications for non-Medicaid eligible persons.

- Improve the array of services and quality of services for children who live with their families or relatives.
  - Expand services for children with serious emotional disturbances who live with their families or relatives. Work with the Agency for Health Care Administration, Children's Medical Services, and the Legislature to expand the Child Health Insurance Program for children with serious emotional disturbances and improve in-home services, family supports, and wrap-around programs for this population.
  - Review the system of care currently in place for the Child Health Insurance Program to ensure that it addresses the needs of the children and families and provides appropriate linkages with the regular Healthy Kids Program and the other components of the service system.

Progress to Date:

Florida Assertive Community Treatment (FACT) Teams

The FACT initiative represents a departure from Florida's traditional adult community mental health service delivery system. It replicates the "Program of Assertive Community Treatment" (PACT) model developed in 1972 in Wisconsin for providing comprehensive community-based treatment for persons with severe and persistent mental illness. PACT assumes total responsibility for the treatment, rehabilitation and support of persons who have limited functional skills in major activities of daily living. These persons have not been successfully served in the traditional service delivery system and are at high risk of repeated psychiatric hospital admissions, prolonged inpatient psychiatric hospitalization, or repeated crisis stabilization unit use because of their severe symptoms. The PACT model has proven over time to decrease hospitalization time and to facilitate community living and psychosocial rehabilitation for service recipients.

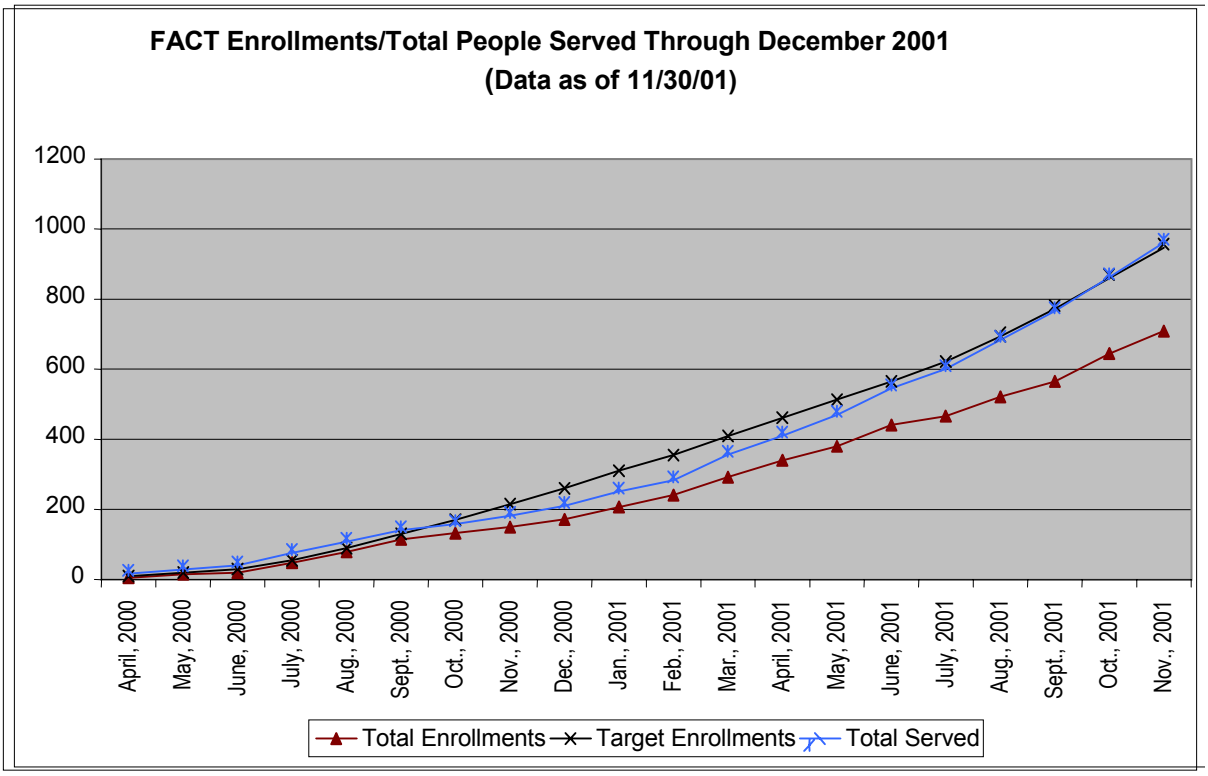
As of November 2001, a total of 22 FACT teams were operational in Florida. Ten of these teams are within the G. Pierce Wood State Hospital catchment area. The Mental Health Program is fully staffed to support the FACT initiative, providing policy and program development, contractual and budget oversight, coordination of the competitive bidding process, monitoring/oversight of program implementation, and technical assistance. Since the inception of the FACT initiative, training has been provided to the teams through a contract with the Florida State University Center for Professional Development.

To establish benchmarks and monthly reporting mechanisms to track progress, the following reporting requirements have been established for the FACT teams:

- **Monthly Progress Report**: Information on census numbers, demographic data, information on living and employment situations, staff training activity and staffing levels. In addition, this report identifies the time spent in direct service contacts with service recipients.

- **Monthly Enrollment Report**: A detailed log of individuals who have been or currently are engaged and/or enrolled in FACT, including any persons who discontinued receiving FACT services.
- **Monthly Enhancement Report**: Expenditure of funds by individuals for either housing or medication needs in order for them to maintain themselves in the community.

Each FACT team will reach its target census of 100 individuals served within a two-year timeframe. During this implementation and building phase, one of the factors we continually monitor is how the teams are doing statewide in meeting the target census. The following graph measures current team enrollments against target enrollments statewide. The total number served includes both individuals who are engaged and enrolled. At this stage of implementation, the total number of persons served by FACT teams slightly exceeds the original census projections.



Case Management Services

The two major activities carried out this past year to improve case management services are statewide training on strength-based case management and enhanced discharge planning/case management expectations for individuals being discharged from G. Pierce Wood State Hospital.

The Mental Health Program Office contracted with Florida State University's Center for Professional Development to provide statewide training on strength-based case management. This case management approach is the work of Dr. Walter Kisthardt, and it promotes a system of case management that emphasizes a person's strengths and goals as the focus of activities. It

provides a philosophical foundation for the delivery of case management services. This approach is described on a web site developed as a result of the contract with FSU as an additional ongoing training tool for use by providers.

Supported Employment

The unemployment rate among adults with serious and persistent mental disorders hovers at 90 percent (National Institute on Disability and Rehabilitation Research). To address this need, the following supported employment strategies have been initiated:

- The Mental Health Program Office, in collaboration with the Office of Vocational Rehabilitation Services, developed a cooperative agreement to strengthen agency efforts in developing supported employment initiatives. Additionally, we cooperatively developed a draft agreement concerning FACT and Vocational Rehabilitation services. This is in the initial stages of development and is not finalized as of this writing.
- The Mental Health Program Office, Adult Mental Health section, assigned one full-time staff position to psychosocial rehabilitation and about half of that person's time is dedicated to supported employment. This is consistent with the Mental Health Program Office's goal of enhancing recovery-based services.
- A grant application was submitted in July 2001 to the United States Department of Education to initiate systems change in supported employment for persons receiving mental health services. While this application was not awarded, the content of the application will serve as an impetus to further promote the development of supported employment programs for individuals with severe and persistent mental illness.
- Funds were awarded by the Florida Developmental Disabilities Council, Inc., to develop statewide supported employment programs focusing on individuals with the dual-diagnosis of developmental disabilities and mental illness. This contract will allow the Mental Health Program Office to hire one OPS employee and to purchase consulting time with experts in the supported employment arena. The current OPS position has been advertised and interviews are pending.
- Supported Employment Training seminars were conducted during October and November 2001 in Bradenton and Fort Myers, sponsored by the department and by the Louis de la Parte Florida Mental Health Institute. These seminars were directed to community mental health providers and professionals statewide to assist them in building an organizational culture supporting employment initiatives.
- Ticket-to Work training seminars were offered in Tallahassee, Jacksonville, Fort Lauderdale, and Tampa to educate consumers and providers on program components, both for individuals receiving services and for providers wanting to be designated as "employee network providers." Additionally, the Mental Health Program Office has been working with the Agency for Health Care Administration to develop Florida's Medicaid Buy-In program. We also assisted the Development Disabilities program in conducting a Ticket-to-Work program.

Supportive Living/Housing

The U.S. Surgeon General's Report on Mental Health and other commissions on mental health have ranked housing as a high priority for the independence and self-determination of individuals. The need for safe and affordable housing is central to building a life and participating in the activities of one's community.

Nationally, there is a severe shortage of affordable housing and especially of very low-income housing. HUD estimates the need for such low income, HUD-subsidized housing to be double the existing availability. In part, this scarcity is due to the relatively high per unit level of HUD subsidy needed for each very low income household when compared to the lower per unit subsidy cost that is needed for a moderate-income household. (At 80 percent of median income, moderate-income households can pay more per month to meet their monthly housing costs and therefore need less subsidy per household.) Individuals with a mental illness typically fall among the lowest income levels at 20 percent or less of median income. Although costs vary by area, recent representative surveys show that a one-bedroom apartment in Florida costs $566 per month. Thus, the monthly cost of a typical one-bedroom apartment exceeds the SSI benefit of $545 for an individual and consumes most of the $817 SSI benefit paid to a couple. Additionally, most communities' public housing offices have closed their waiting lists for HUD subsidized housing units because they have become too lengthy.

To address this problem, supportive housing services (most without a housing subsidy) are provided to persons with a mental illness, enabling them to locate or maintain their residences. Statewide and local strategies are being developed to improve access to needed housing.

- The Mental Health Program Office has initiated a contract with the Florida Mental Health Institute, University of South Florida, to assist in the development of a supported housing/living program in Florida. The contract deliverables include conducting a search of exceptional housing plans from other states and determining their feasibility for Florida. The contract also includes making available statewide training from national experts in supported housing/living. Additional emphasis has been placed on providing hands-on support to district/regional ADM program supervisors and providers in the former G. Pierce Wood catchment area.
- This past year, national housing consultants have provided training for mental health providers to better access HUD subsidized housing available in the local area and to expand housing options for persons with a mental illness. The training has been highly attended and given exceptional reviews.
- The Mental Health Program Office, Adult Mental Health staff includes one position, a part of whose time is dedicated to developing housing issues and working with HUD and local housing authorities.
- The section of this report relating to the successful closure of G. Pierce Wood State Hospital provides the following data on housing and supports and residential capacity:
  - An additional 445 persons will be provided supported living and in-home supports in the catchment area served by G. Pierce Wood State Hospital.
  - An additional 185 persons will be provided housing assistance in the G. Pierce Wood catchment area.
  - The residential capacity in the G. Pierce Wood catchment area was expanded by a total of 172 additional beds: group homes - 58 beds, supervised apartments - 14 beds, satellite apartments - 16 beds, adult foster care - 77 beds, adult family care homes - 2 beds, and specialized housing - 5 beds.
- Some districts have provided "support funds" that are flexible, client-related funds used to assist clients in living more independently by paying for rent, deposits, and other needed services.

- This past year, national housing consultants have provided training to mental health providers on how to better access HUD subsidized housing available in the local area and expand housing options for persons with a mental illness.
- Model agencies that have been successful in obtaining subsidized housing through persistence and creative strategies have been enlisted as partners in expanding this resource statewide for persons with a mental illness.
- In the districts, ADM staff and providers have been involved in increased coalition building to promote supported housing/living and address issues of homelessness.
- District 11 is providing match money for ADM providers applying for HUD funds for supportive housing and/or "shelter plus care". To date, match funding has been provided for two projects in FY 2000-2001 and another in FY 2001-2002.

Consumer-Directed Services

The department funds drop-in centers throughout Florida as opportunities for natural social and community supports for individuals, friends, and family members. While these centers are consumer-operated programs, most of them have some level of professional support. Additionally, training on the "clubhouse model", a program designed to assist people with mental illness to achieve social, financial and vocational goals, was sponsored by the department and the Florida Mental Health Institute and held in Fort Myers during November 2001. The executive director of International Center for Clubhouse Development presented information on benefits and standards of clubhouse programs. Participants included individuals, family members, National Alliance for the Mentally Ill (NAMI) members, mental health professionals, and providers.

District plans in the former G. Pierce Wood Memorial Hospital catchment area indicate support for the following services:

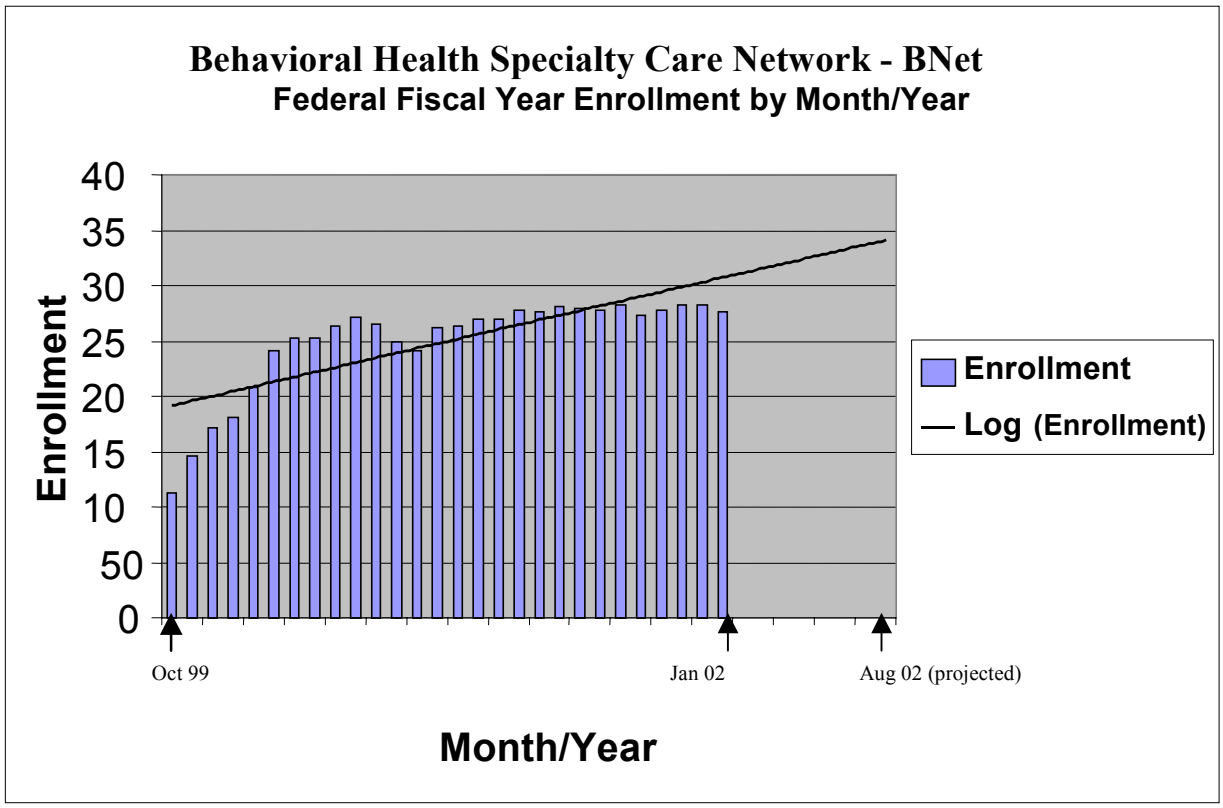
- The Suncoast Region funds three drop-in centers with a combined capacity to serve 2,500 individuals. The three centers - Project Return, Suncoast Center, Harbor Mental Health Community Care - receive a combined $197,170 to operate the centers. A "clubhouse" is also planned for in the Suncoast Region.
- District 8 funds three drop-in centers with $30,000 that are operated by Charlotte Community Mental Health, David Lawrence Center and Ruth Cooper Center. "Warm lines" have been implemented at the drop-in centers.
- District 14 funds centers in Polk, Hardee, and Highlands counties with $133,000.
- District 15 funds three centers for $62,264, which are operated by the Mental Health Association.

Behavioral Health Specialty Care Network (BNet)

During the 1998 session, the Florida Legislature enacted the Florida KidCare Act, the authorization for the state's Child Health Insurance Program under Title XXI. One provision of the legislation created the authority for the department to develop and administer the Behavioral Health Specialty Care Network, known as "BNet". BNet was designed to provide behavioral health services for low-income children with severe mental health or substance abuse problems whose families have no health insurance for them and are therefore eligible for and become enrolled in KidCare.

The BNet benefit package is comparable to the mental health and substance abuse services covered in Florida's Medicaid plan. In addition to that range of services, the BNet projects are also able to recommend and offer individualized treatment services, known as alternative services, that support children with high-level needs and enable families and schools to keep these children out of more restrictive levels of care. Alternative services may include individualized wraparound services, intensive case management, respite, family support, and other individualized services and supports.

- In 2001, the department and the Agency for Health Care Administration jointly contracted with the Florida Mental Health Institute, University of South Florida, to conduct an evaluation of the district level implementation of BNet. The evaluation report, published in July 2001, found that, while there is a high degree of satisfaction among both parent and district interviewees regarding service comprehensiveness and quality, findings were mixed regarding the use of flexible "wraparound" services. The evaluation report recommended providing additional technical assistance in the effective use of individualized services.
- To continue to address these findings, the central office BNet staff have conducted and will continue to conduct regional training sessions with the contracted BNet providers and to provide on-site technical assistance reviews that focus on enhancing the use of alternative services. BNet staff also track the use of alternative services through the monthly provider reports.
- Services have been expanded through BNet to serve children with serious emotional disturbance and/or substance abuse problems who are living with their families.



Statewide Inpatient Psychiatric Program (SIPP)

The Florida Legislature authorized the Agency for Health Care Administration to request a federal waiver and amend the state Medicaid plan to provide a statewide inpatient psychiatric program (SIPP) for Medicaid-eligible children in need of such services. The SIPP initiative was implemented January 1, 2002, with providers selected through a request for proposal process in each of the department's districts/regions. Children with Medicaid coverage, who have a serious emotional disturbance and meet criteria for placement into this intensive level of treatment, may be prior authorized by AHCA for such treatment. Implementation of this program provides this service for Medicaid-eligible children, including both children in the department's custody and those living with their families. It also frees up some residential treatment funding in the existing general revenue budget that may be used to serve additional non-Medicaid eligible children living with their families who need this level of treatment.

Continued Course of Action:

- During November 2001, providers were selected to operate six additional FACT teams in the former G. Pierce Wood catchment area, and contracts will be signed before the end of the fiscal year. Contracts will be phased in as follows:

  January 2002:
  - 1 team in District 8 to serve Collier County.
  - 1 team in Suncoast Region to serve both Hillsborough and Pinellas counties and specializing in serving a forensic population.

  March 2002:
  - 1 team in District 15 to serve Martin and Okeechobee counties.
  - 1 team in Suncoast Region to serve Pinellas County.

  April 2002:
  - 1 team in District 8 to serve Charlotte County.
  - 1 team in Suncoast Region to serve Hillsborough County.

- The Mental Health Program Office will continue to support the operation and implementation of the 22 existing teams and the 9 new teams for a total of 31 teams. (Of these, one team is funded through the District 7 equity funding. The remaining teams are legislatively appropriated FACT teams.) The Mental Health program will continue to provide technical assistance to the teams and the districts on operational and policy issues and to directly arrange for specialized training in the PACT model and clinical issues specifically related to FACT. Additionally, the program office will continue to monitor the teams for compliance with the PACT model upon which the FACT initiative was based. The Mental Health Program Office will continue to collect and analyze data concerning FACT activities and make these available to the House and Senate staff.

- The Mental Health Program Office will continue to support the development of strength-based case management. Currently, the Mental Health program staff are reviewing each of the mental health laws and rules compared to each of the major accrediting organizations guidelines, as required in Chapter 2000-349, Laws of Florida. The intent of this review is to avoid duplication of monitoring efforts of providers. The Mental Health Program Office, in conjunction with the Contract Performance Units, will continue to monitor those services that are not covered by national accreditation standards. Subsequent to completion of the review, the Mental Health Program Office will initiate rule revisions with priority given to such services as strength-based case management. All case management related issues will

continue to be coordinated with the Medicaid program for their potential impact on Medicaid's targeted case management program.

- The Mental Health Program Office will finalize the pending cooperative agreement with Vocational Rehabilitation. We plan to employ one additional OPS employee and to acquire consulting time to meet the deliverables in the contract with the Development Disabilities Planning Council. The goal is to conduct program development in the area of supported employment for persons who have both a developmental disability and a mental illness. The consultant will advise the Mental Health Program Office on how to access federal Ticket-to-Work opportunities.
- The Mental Health Program Office will continue to contract with the Florida Mental Health Institute to finalize the development of the statewide housing plan. The Mental Health Program Office will continue to offer training opportunities and technical assistance, both directly and through our relationship with the Florida Mental Health Institute. Whenever possible, supported housing/living activities will expand from the former G. Pierce Wood catchment area to other parts of the state. Upon completion of the state housing plan, the program office will work with the Florida Mental Health Institute to disseminate guidelines for district staff to use to work with their local housing authorities and providers on different ways to implement supported housing/living.
- The Mental Health Program Office will continue to support the development of supported employment, consumer-directed drop-in centers, and activities related to access to medications as described in the section entitled "Improve Clinical Practices."
- The BNet staff in the Children's Mental Health section will continue to track and provide technical assistance to service providers in the use of individualized wraparound services for children and their families served by the BNet program.

New Course of Action:

- During the past legislative session, the Florida Legislature created the Office of Homelessness under the administrative structure of the department. The Mental Health Program Office has initiated contact with the program's director with the intent of working together on issues of homelessness for people with low income and people with mental illness.
- In conjunction with the Florida Office on Homelessness, meetings are planned with the Florida Housing Finance Corporation. These meetings will explore mutually beneficial strategies to increase affordable housing for very low-income persons with incentives for developers and financiers.

Interface with the Criminal Justice System

Issue Summary:

The department provides services to adults with a severe and persistent mental illness who are involved with the criminal justice system. They are provided in the community to individuals as a diversion to incarceration and to individuals with court-ordered conditional release plans, pursuant to Chapter 916, F.S. Services are also provided in institutional settings to individuals

committed to the department as "incompetent to proceed" to trial or "not guilty by reason of insanity" (pursuant to Chapter 916, F.S.)

Strategic Course of Action 2000-2003:

- Maintain cooperative agreements between the justice system and local mental health systems, for defining strategies and community alternatives for diverting individuals out of jail and the criminal justice system.
- Provide training to Florida's law enforcement officers, using the Memphis Police Department's Crisis Intervention Team Program.
- Promote the development of community partnerships between criminal justice, law enforcement, advocacy groups and mental health providers.
- Pursue funding for programs in the community that will serve as an alternative to incarceration and placement in state treatment facilities.
- Review best practices among the three forensic facilities for competency restoration (the state goal is currently 174 days) and for preparing individuals for successful return to the community.
- Continue tracking and funding services to individuals on court-ordered conditional release status (pursuant to Chapter 916, F.S.), to meet their mental health needs and provide for public safety.

Progress to Date

- The Mental Health Program Office convened a workgroup of program office, district, and institutional staff, which developed and implemented a forensic waiting list performance improvement plan.
- A sub-group of the waiting list workgroup, consisting of general counsel, district legal and institutional legal counsel, met and submitted recommendations for improving the processing of individuals through the legal system.
- The Secretary waived the 30-day waiting period prior to the transfer of forensic individuals to civil placements.
- The Mental Health Program Office sent a written request to the department's district administrators/regional managers for assistance in diverting individuals out of the criminal justice system.
- Florida State Hospital opened 30 additional forensic beds in June 2001.
- Also in June 2001, the forensic waiting list data was added to the "Mental Health Situation Report."
- The Mental Health Program Office mailed a letter to all chief judges, requesting their assistance in expediting the return of competent individuals to court and providing them with a chart showing the performance of each circuit.
- In September 2001, districts 2, 7, 8, 9, and 15 and the Suncoast Region were asked to compare their return-to-court process with the process used in District 14 and to implement appropriate changes to improve performance.

- The statewide average days to restore individuals to competency has improved by 29 days since 1999, while at the same time the number of discharges of individuals competent to proceed has increased by 23%.
- The percent of individuals returned to court in 30 days or less of restoration to competency has increased from 61% in 1999 to 76% in 2001. This improvement is even more significant since discharges of individuals competent to proceed increased by 23% over the same time period.
- Districts have coordinated and regularly attend meetings with local stakeholders to improve communication and develop cooperative agreements.
- Several districts have provided educational sessions on the use of diversion alternatives for community stakeholders, including law enforcement.
- To promote the development of community partnerships, districts have participated in meetings such as "Partners in Crisis," a "Public Safety Coordinating Council," and various mental health work groups and task forces.
- Mental Health Courts are now operating in three districts, and another district is exploring the development of this program.
- As an alternative to incarceration, some districts are using FACT as a diversion resource and for screening of forensic individuals ready to be discharged.
- Ten of 14 districts/regions are meeting or exceeding the target of returning individuals restored to competency in an average of 30 days or less. The districts not meeting the target have compared the processes used by their courts to the processes used by the courts in districts with exemplary performance and are working with the courts, sheriffs' departments, and jails to implement changes to improve performance.
- The department received a record number of individuals committed under Chapter 916, F.S., to state forensic treatment facilities in FY 2000-2001, ending the year with an increase of 27% compared to FY 1998-1999. However, individuals committed for the first quarter of FY 2001-2002 were down by approximately 5%. This decrease may be the result of districts' increasing efforts to establish closer relationships with the criminal justice system, to foster cooperative agreements, and to provide information about diversion alternatives.

Continued Course of Action:

- The Mental Health Program Office will continue to encourage districts to develop partnerships with stakeholders, especially regarding early diversion of individuals such as the 17% of individuals charged with a property crime who were committed to the department in 2001.
- In January 2002, the civil hospitals will begin reporting bimonthly on forensic coordinator and community case manager contacts to provide projected discharge placement information and dates for all individuals with a Chapter 916, F.S., commitment. This information will be provided to the forensic coordinators for monitoring of case manager involvement and projecting utilization of community resources.
- The Mental Health Program Office will use a simulation model to determine the impact of various actions on the waiting list and to guide possible future actions.
- The department will consider recommending changes to Chapter 916, F.S., such as:

- A requirement that the department be notified when experts are appointed to evaluate individuals, thus allowing for possible diversion recommendations prior to commitment.
- A requirement that the courts return individuals within 15 days after receipt of a report, to balance the return requirement with the admission requirement.

- One new FACT team will be established in Suncoast Region to work with individuals in the forensic system, and another FACT team is planned for Miami.

Florida's Mental Health "Baker Act"

Issue Summary:

Under the provisions of Part I, Chapter 394, F. S., the "Baker Act," mental health services are provided to adults and children who are experiencing a mental health crisis. These services are offered in the community and, for adults, in the state mental health treatment facilities on either a voluntary or involuntary basis. The Baker Act governs mental health services, including voluntary admission, involuntary examination, and involuntary placement of individuals. Implemented in 1972, the law is designed to protect the rights and liberty interests of persons with mental illnesses as well as to ensure public safety. Specific criteria must be met in order to conduct an involuntary examination and placement of individuals. Included in the criteria is that the person has a mental illness and is not able to survive alone or refuses to care for himself or exhibits a substantial likelihood that in the near future he will inflict serious bodily harm on himself or another person.

Strategic Course of Action 2000-2003:

- Increase Baker Act community resources to reduce utilization of hospital inpatient bed days for persons suffering from an acute psychiatric crisis.
- Increase the effectiveness and efficiency of the Baker Act in relation to process and procedures to better protect the rights of persons with a mental illness.
- Pursue funding for increasing crisis stabilization unit capacity including exploring increased Medicaid funding for eligible persons to divert them to hospital inpatient resources thus making available more crisis stabilization unit beds.
- Develop system of care prototype for how a community-based crisis system should operate.
- Explore the feasibility of contracting with Louis de la Parte Florida Mental Health Institute to conduct a study of the effectiveness of mobile crisis response services and pursue additional funding if deemed appropriate.
- Address the findings of the Supreme Court Commission on Fairness in its December 1999 report.

Progress to Date:

Increase Community Mental Health Resources

Utilization of hospital bed days is directly linked to the accessibility of community-based resources for individuals experiencing a mental health crisis. The department has submitted

$33.7 million dollars in Legislative Budget Request issues for Fiscal Year 2002-2003 to address expansion and annualization of community-based mental health services. This includes $18.7 million for annualization of the adult mental health system redesign in the G. Pierce Wood State Hospital catchment area. In Fiscal Year 2001-2002, the Legislature appropriated approximately $39 million to phase-in additional services to 2,272 individuals with severe and persistent mental illness living in the G. Pierce Wood catchment area (Suncoast Region and districts 8, 14 and 15.) Funding for the annualization of this program will ensure continued access to services that were implemented to ensure safe closure of the state hospital and to divert persons from future hospital admissions. The request also includes $1 million for nine months' funding of community forensic services for districts 11 and 14, which have high rates of commitment under Chapter 916, F.S. The budget issue also includes a $13.9 million dollar request for community funding to address civil bed reallocation. The issue includes funding for services to appropriately divert persons from civil hospital beds as follows:

- $3,037,530 for adults crisis unit services.
- $4,855,664 for the indigent drug program.
- $6,091,380 for residential services for individuals with severe and persistent mental illness.

Increase Effectiveness/Efficiency of Baker Act Procedures

Statewide training on the rights of and due process for persons with a mental illness will be provided through a contract with the Florida Mental Health Institute. This training will be offered in each district and provided to approximately 3,000 persons. Persons to be trained will include nursing home staff, persons working with the elderly, public and private Baker Act receiving facility staff, hospital personnel, mental health professionals, law enforcement and judicial system staff, emergency room physicians, attorneys, advocates, case managers, department staff, individuals and family members, and protective services workers. Training materials have been developed and training will begin in January 2002. This training corresponds to the recommendations of the Supreme Court Commission on Fairness Report, December 1999.

The Mental Health Program Office is also contracting with the Florida Mental Health Institute to revise the Baker Act Manual to reflect current practices and issues. The manual is the reference guide used by providers, districts, law enforcement, the judicial system and physicians and hospitals when addressing issues related to services under the Baker Act.

Increase Crisis Stabilization Unit Capacity

An additional 34.5 crisis stabilization unit beds and 105.5 short-term residential treatment facility beds were funded by the Legislature and have been opened in the catchment area formerly served by G. Pierce Wood State Hospital. These beds have increased the capacity in that area of the state for treatment of persons suffering from an acute psychiatric crisis.

As mentioned above, a Legislative Budget Request has been submitted for $3 million to increase crisis stabilization unit capacity for adults by 38 beds. The department has also contracted for an analysis of services, including the expanded use of Medicaid community funds to reduce the frequency of inpatient admissions by improving supportive community services.

The department also submitted a Legislative Budget Request to expand children's crisis services, including $2.4 million for additional crisis stabilization unit beds for children. Included in the request was $621,000 to develop mobile crisis response capacity, which is especially critical in providing appropriate emergency assessment and intervention for children under the age of 10.

Develop Prototype for Crisis System of Care

The department has contracted with the Florida Mental Health Institute for a mental health needs assessment and an analysis of the District 8 acute care system with recommendations as to how the system may be improved.

Supreme Court Commission on Fairness

The focus of the Supreme Court's recommendations was on the provision of educational materials and training for all stakeholders regarding the Baker Act. As discussed in the paragraph above, entitled "Increase Effectiveness/Efficiency of Baker Act Procedures," the Mental Health Program Office is providing Baker Act training and educational materials to improve the administration of the Baker Act program.

Continued Course of Action:

Increase Effectiveness/Efficiency of Baker Act Procedures

The Mental Health program will continue to support the Baker Act training activities, with statewide training beginning January 2002. The department will continue to provide policy direction, under the advice of the department's legal counsel, to ensure that all training conducted and educational materials distributed are consistent with current law and rule. The Mental Health program will also provide input to the Secretary and the Legislature on any substantive Baker Act legislation being considered for the 2002 legislative session.

Increase Crisis Stabilization Unit Capacity

The Mental Health program will continue its oversight of the implementation of the new crisis stabilization unit and short-term residential treatment capacity in the G. Pierce Wood catchment area and will provide any requested information on the department's legislative budget request for the expansion of crisis services for children and adults.

Develop Prototype for Crisis System of Care

The Mental Health Program Office, in conjunction with the Agency for Health Care Administration, is exploring further system redesign in District 8. We will assess the results of the District 8 review on the crisis system, along with the situation analysis for that district, in prioritizing any system changes or requests for new or expanded mental health services.

Supreme Court Commission on Fairness

Through all the activities discussed in this section, the Mental Health program will continue its work to improve the efficiency and effectiveness of Florida's Baker Act system. The Mental Health program will continue to emphasize training and technical assistance on Baker Act issues to ensure that patient rights are protected.

Eligibility Determination

Issue Summary:

The department has defined 16 mental health target populations. While the identification of target populations has vastly improved the understanding of who is served by the mental health system and has helped providers focus on those groups, it still does not provide sufficient direction to determine who should be eligible for what type of services. The Mental Health and Substance Abuse Commission Report (January 2001) recommended, and the department concurs, that the state should concentrate its limited state and federal dollars on persons with critical needs who have no other means to access care.

For adults, the state should focus on persons whose mental illness results in substantial functional loss in areas of daily living and social competency. The department also recommends that for children the focus should be children in the Family Safety program, children with publicly-funded insurance (Medicaid and Title XXI), and children who have a serious emotional disturbance and are without health insurance or are underinsured.

Currently, persons can access contracted providers directly and the provider determines if the person fits one of the target populations and then determines what services should be provided. The services available are those contracted annually by the department and are not necessarily directed by the special needs of the individual. Since the department has narrowed who can be served, it is becoming increasingly necessary to establish an eligibility determination process for at least the most expensive packages of services.

Strategic Course of Action 2000-2003:

- Develop a method to establish eligibility based on level of need. The following initiatives will be completed over the next three years.
  - Determine assessment tools and procedures that more clearly define populations and that are sensitive enough to be used for eligibility determination.
  - Develop an operational strategy to complete eligibility determination.
  - Recommend priority populations for service.
- Determine a range of services and estimated costs by target populations to establish specific benefit packages for target populations.
  - Continue and refine the needs assessment to determine, in general, the range, frequency, and duration of services by target population.
- Recommend benefit packages for each target population.

Progress to Date:

- As a member of the "National Data Infrastructure Workgroup," the Chief of the Data Section of the Mental Health Program Office has been involved in planning at the national level for helping states achieve compliance with the uniform reporting system required by the federal Center for Mental Health Services. On October 1, 2001, a federal grant was awarded to the Mental Health program, which provides funding of $100,000 per year for

three years. These funds will be used to contract with a consultant to develop software that will assist the Mental Health program in meeting these federal reporting requirements, including estimating the number of persons in need of mental health services and assessing the unmet need.

- Using a standardized methodology, the federal Center for Mental Health Services will give each state an estimate of the number of adults in the general population who have a severe and persistent mental illness and the number of children in the general population who have a serious emotional disturbance. These estimates will be provided for FY 2001-2002 and FY 2004-2005. The Center for Mental Health Services will also give each state a standardized methodology for assessing unmet needs for those two target populations.
- A workgroup of program office staff and the Florida Council for Community Mental Health, a statewide provider organization, has been working on proposed revisions to the definitions of the target populations. The workgroup has completed its proposals for the adult populations and in 2002 will complete work on the child populations. A special concern they will be addressing is the population of young people ages 18 to 21 who are in need of mental health services but do not meet criteria for inclusion in the adult target populations.
- The Mental Health Program Office has been working with consultants, the districts/regions, the Florida Council and the Florida Mental Health Institute on developing benefit packages of services for the target populations. This effort is focused on analyzing the types of services that should be included in the packages and determining what those services cost.

Continued Course of Action:

- Work will continue on the development of benefit packages, projected for completion by March 2003. A necessary step in this process is the analysis that will compare the current service array in District 8 with a model system and identify where there are gaps in the current system. This information will then be used to help determine priorities for modifying current services and developing new services.

Improve Clinical Practices

Issue Summary:

The department is reviewing clinical guidelines and standards to determine which of these should be recommended for use in treatment settings. Additionally, the degree of discretion in adopting various practices and variance allowable in those treatment settings must be discussed with stakeholders before recommendations are concluded.

Strategic Course of Action 2000-2003:

- Medications are a critical element in treatment. Medication related practices will become more consistent with the use of medication algorithms. The access to atypical antipsychotypicals must be improved. The Mental Health program is currently piloting the use of a new medication algorithm that should positively impact practice. The Mental Health program will expand the Indigent Drug Program for persons without adequate insurance.

- The Mental Health Program will work with treatment providers to develop strategic options for the incorporation of clinical guidelines and pathways into all clinical practices.
- The Mental Health Program is considering a requirement that providers be accredited by either the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), CARF…The Rehabilitation Accreditation Commission, or the Council on Accreditation (COA) by year 2003. Waivers however, should be provided for small agencies if appropriate accreditation is not available. If providers are accredited, monitoring requirements should be modified to reduce duplication.
- The department will provide or arrange for training for district and provider staff on a regular basis. Partnerships with the Florida Mental Health Institute, Florida State University, and other academic centers should be strengthened to increase training opportunities through local training centers (universities and community colleges) and through distance learning technologies.
- The Florida Administrative Code (rules) will be updated to address clinical and other treatment practices.

Progress to Date:

- Medications are a critical element in providing contemporary psychiatric treatment. Because each medication is a different chemical composition and each person has a different chemical make-up, the practice of good psychopharmacology requires a clinical understanding of medications, mental illness, and the individual's psychiatric history and current state. Cost effective treatment involves providing an individual with medications that will allow him/her to return to optimal mental health. This requires close relationships among the prescribing practitioner, the individual and the treatment staff. To ensure that the state's public mental health system of care maintains contemporary psychotropic medication practices:
  - The department has established a statewide Pharmacy and Therapeutics Committee to develop standards for psychotropic medication use in state Mental Health and Developmental Services facilities.
  - The Texas Algorithm for Treatment of Schizophrenia was initiated in districts 1 and 2. The Mental Health Program Office has begun to evaluate the effectiveness of this project using the Positive and Negative Symptoms Scale.
- The Mental Health Program Office in conjunction with the Florida Mental Health Institute provided a training series entitled "New Models for Service Delivery" during the Fall and Winter of 2001-2002. These programs were designed to assist providers and other behavioral health professionals with resources that promote social rehabilitation services/practices. The training included conferences on essential elements of a mental health service delivery system including: Supported Living/Housing; Principles and Practices of a Rehabilitation Model; Supported Employment; the Club House Model; Behavioral Management; and Co-Occurring Disorders. The institute provided this series of training to enhance the Mental Health program's system redesign efforts. Additional training in the area of supported living/housing and other topics are planned. This is in addition to the Baker Act training and FACT consultations/trainings discussed elsewhere.
- To provide clinical practice guidelines and standards for behavioral health services for children, the department has promulgated Chapter 65E-11, Behavioral Health Services,

Florida Administrative Code. This rule is applicable to the contracted providers of the Behavioral Health Specialty Care Network (BNet) services within Florida KidCare, the state's Child Health Insurance Program initiative.

- Chapter 2001-191, Laws of Florida, required the Department to review its laws and rules compared to major accreditation organizations' requirements. The Mental Health Program Office has begun a detailed analysis of accreditation standards of JCAHO, CARF, and COA, to determine how extensively clinical standards are addressed and how consistent the standards are among the accrediting organizations, as they apply to our statutes and rules. The purpose of this review is to identify areas of duplication in monitoring at the provider level as well as areas not covered by accrediting standards. The outcome of this comparison is to focus the department's monitoring on those areas not covered by accreditation standards. A secondary outcome will be to review existing rules for revisions that will reflect current clinical practices and consistency with the principles of psychiatric rehabilitation. The Mental Health Program Office will initiate rule revision and rule development on priority services within the mental health system of care upon completion of the review.

Continued Course of Action:

- The Mental Health Program Office is exploring the development of a contract with a state university school of medicine in conjunction with the Florida Psychiatric Society. This contract would secure an outside monitor to review the use of psychotropic medication in state Mental Health and Developmental Services facilities.
- The department plans to expand the provision of competency-based training regarding the side effects monitoring of psychotropic medications. At least three workshops will be provided over the coming year at state facilities and will include staff of districts and community service providers.
- The department will sponsor training to enhance the ability of providers to do assessments for children between the ages of 0 and 5 who are coming into care. The training will be designed to increase the providers' ability to evaluate younger children for treatment that may be needed to lessen the impact of abuse or neglect and removal from their families.
- Using the results of the analysis of accreditation standards, the Mental Health Program Office will determine which critical standards of care and treatment are not covered through the accreditation processes and will draft new rules to address those standards.
- The department has established an inter-program workgroup to re-write its "out-of-home care" rule. This rule will include how children in out-of-home care (foster care, relative and non-relative care, independent living, and shelter care) will be provided with their behavioral health care needs. The rule addresses the assessment for and provision of extraordinary medical care, including the use of psychotropic medications. The draft rule is currently under review by the department's legal staff.
- The department has drafted a licensure rule for residential treatment centers that will be licensed by the Agency for Health Care Administration under Chapter 394, F.S. This rule will apply to all residential treatment centers, including therapeutic group homes, under contract with the department to provide treatment services for children with an emotional disturbance or serious emotional disturbance who are admitted to services pursuant to Chapter 39 or Chapter 394, F.S. The draft rule, currently under review in the department,

includes standards for treatment and discharge planning, the use of restraints and seclusion, and the use of psychotropic medications, among many other program and operating standards.

Prevention - Mental Health

Issue Summary:

Recent brain research indicates that quality care-giving during the first few years of life is critical to the development of the capacity for emotional and behavioral development. A healthy mother/baby relationship is necessary for the infant's neural patterns to develop in order to create a sense of trust and the ability to manage the environment. Without this attachment, research shows that infants may never develop the essential neurobiological structure necessary to control their emotions and behaviors in the future.

Biological and environmental factors can also contribute to the development of mental health and mental illness, and an accumulation of risk factors usually increases the likelihood of onset of a mental health disorder. Areas that may cause children to be particularly at risk of mental illness include having a parent with a mental illness, living with domestic violence, or being victims of abuse and neglect. Research indicates that prevention and early intervention strategies may be effective in reducing illness and disability in both mental and addictive disorders.

Strategic Course of Action 2000-2003:

- Identify and encourage providers to develop staff who have an expertise with infants and young children.
- Work with the Agency for Health Care Administration to develop services for children ages birth through five.
- Assist in the development of public policies that support prevention and treatment of mental health for children ages birth through five.
- Meet with the Professional Development Center staff to identify training goals including screening, assessment, and early referrals of children ages birth through five.
- Develop strategies to identify the population of children who reside with parents who are mentally ill to ensure early identification of need.
- Target children in the dependency system who have parents with mental illness for early service intervention.
- Work with Family Safety to identify issues in working with a parent with mental illness.
- Develop a system response for situations when the parent must be hospitalized due to a mental illness or substance abuse problem.
- Provide screening for identified children of adults with mental illness for symptoms of emotional disturbance.
- Review current services available at domestic violence shelters and Family Safety shelters.
- Obtain educational information for the district offices to distribute to local providers targeting best practices in working with victims of physical violence/abuse.

Progress to Date:

- Children's Mental Health program staff met with representatives of the Agency for Health Care Administration, the Florida Council for Community Mental Health, and Florida State University. This workgroup is beginning the process of updating Section 5 of the Medicaid Provider Handbook for Community Mental Health Services, which covers mental health services for children ages birth through five years of age.
- An initial query was made of the ADM Data Warehouse to identify the number and characteristics of very young children served by the children's mental health program. Refinements to these data will be used to analyze whether the number of children referred and the services provided are consistent with current research on prevalence and evidenced-based practices for this young population.
- The department is coordinating a three-site pilot project targeting infant mental health, which is designed to prevent future maladaptive emotional, social and behavioral development. During the 2000 legislative session, $250,000 was appropriated for this initiative. Three infant mental health sites have been established in Miami, Sarasota and Pensacola to target children under age five at high-risk for developmental delays due to harmful and damaging factors in the infant's environment. Florida State University is evaluating the pilots and will make recommendations for replication and expansion.
  - The Miami project is operating in conjunction with Judge Cindy Lederman's "Prevent Project."
  - The Child Development Center, in conjunction with the Family Safety Privatization Project, coordinates the Sarasota project.
  - Lakeview Mental Health Center heads the Pensacola project.

Continued Course of Action:

- An analysis of Children's Mental Health data will be completed during 2002 to determine whether the number of very young children referred and the services provided for them are consistent with current research on prevalence and evidenced-based practices for this young population. This effort will also begin to identify providers who have the training and qualifications needed to serve this population of children.
- The department currently requires the use of comprehensive behavioral health assessment for all children between the ages of 5 and 17 who are placed in shelter and foster care. The department will be working with the Agency for Health Care Administration and the Florida Council for Community Mental Health to enhance the ability of providers to do assessments for children between the ages of 0 and 5 who are coming into care. This enhancement will include training the assessment providers in the special developmental and mental health issues related to this age group. The training will be designed to increase providers' ability to evaluate younger children for treatment that may be needed to lessen the impact of abuse or neglect and removal from their families.
- Special training for the three infant mental health pilot projects is scheduled for February 2002.

Collaborative Initiatives

Overview

The Mental Health and Substance Abuse program offices have developed collaborative initiatives in several program, performance, and financial management areas to maximize the efficient use of resources for those in need and to enhance the overall effectiveness of the systems of care. The programs are in the process of developing integrated services for clients with co-existing mental and substance use disorders. The primary aims of this initiative are to provide timely and appropriate services for clients through reduced duplication, blended funding streams, and coordinated case management.

The Mental Health and Substance Abuse program offices are also working together on the development of new models for system management that will focus on improving the way the state purchases services and manages service delivery at the district and regional levels. The programs are collaborating in the modification of the ADM data system in accordance with these management models and in response to federal data management guidelines regarding the storage and use of health services information. The department as a whole is continuously striving to improve performance through enhanced data systems and analysis methods. This section of the report reviews FY 2000-2001 performance and provides a series of recommendations to improve performance measurement in the future.

Strategic Directions

The primary strategic directions that are being jointly addressed by the Mental Health and Substance Abuse program offices are outlined below.

Develop Methods to Provide Services for Persons with Co-occurring Disorders

Issue Summary:

Historically, clients with co-occurring disorders have been treated in parallel systems, i.e., having their mental health issues addressed through the mental health service system and having their substance abuse issues addressed separately through the substance abuse service system. This has led to many clients receiving duplicative services while others fall through the cracks. The department recognizes the need for comprehensive, integrated services for persons with co-occurring disorders and has begun to develop service and funding models to fulfill this need. Pilot projects are underway in several districts to develop, implement, and evaluate models.

Strategic Course of Action 2000-2003:

- Development of a draft policy paper on co-occurring disorders.
- Joint support of the Mental Health and Substance Abuse Integrated Training Institute in cooperation with Florida State University.

- Funding and support of Florida Assertive Community Treatment Teams for individuals with severe mental illness, many of whom have co-occurring substance abuse disorders.
- Funding for a co-located, secure detoxification and crisis stabilization unit for the dually diagnosed in District 4, where the substance abuse provider is funding both substance abuse and mental health services.
- Acquisition of a post-doctoral research fellow on co-occurring disorders through the National Institute on Drug Abuse, in partnership with the Florida Mental Health Institute.

Progress to Date:

The Mental Health and Substance Abuse programs have been working jointly on a number of initiatives to improve mental health and substance abuse treatment services to persons with co-occurring disorders. The Mental Health and Substance Abuse program offices formed a workgroup to identify opportunities for improvement and new initiatives to integrate and strengthen the delivery of services to persons with co-occurring disorders. The following is a breakdown of other accomplishments to date.

- In FY 2000-2001, treatment capacity was expanded to serve an estimated 10,782 additional adults and 1,204 additional children in need of substance abuse services. The expanded services targeted pregnant women, parents with dependent children (at risk of or involved in child protective services), persons with co-occurring substance abuse and mental health disorders and individuals with a primary diagnosis of illicit substance use.
- Development of a draft policy paper on co-occurring disorders.
- The Substance Abuse Program Office has assisted in gaining funding for a post-doctoral research fellow (Dr. Chad Matthews, Ph.D.) on co-occurring disorders through the National Institute on Drug Abuse, in partnership with the Florida Mental Health Institute and the Mental Health Program Office. Dr. Matthews has taken lead in coordinating completion of the Co-occurring Disorders Policy Paper and developing its implementation. A draft of the policy paper has been completed and was presented at the January 11, 2002 meeting with the FADAA Co-occurring Committee along with a work plan developed between Dr. Matthews and the Substance Abuse and Mental Health program offices.
- Rule 65D-30.004(32), F.A.C., Common Licensure Standards - requires that providers develop and implement a staff development plan that includes four hours of training on Dual Diagnosis within the first 6 months of employment with updates consisting of two hours every two years.
- Rule 65D-30.004(43)(a)(b) and (c), F.A.C., Common Licensure Standards - currently requires that providers which serve persons with co-occurring problems shall provide assessment services, psychiatric consultation, medication, and treatment for dually-diagnosed persons, either directly or under an agreement with a mental health provider.
- Aftercare follow-up services are being expanded for up to one year after completion of treatment, which can include specialized treatment services for adults with co-occurring substance abuse/mental disorders.
- Funding in the amount of $1,839,814 per year in block grant funds were contracted to the Florida Center on Addictions and Dual Disorders in FY 2001-2002.

- Funding for a co-located, secure detoxification and crisis stabilization unit for dually diagnosed persons in District 4 is continuing where both substance abuse and mental health services are being funded by the substance abuse provider.
- Funding and support were provided for a co-located children's crisis stabilization unit/addictions receiving facility in District 8.
- Implementation continues for the present TANF initiative that assesses and addresses the needs of, and provides services to, individuals with both mental health and substance abuse problems in the community.
- Efforts are continuing between the Substance Abuse and Mental Health program offices in working closely with the Department of Health and Florida Healthy Kids, Inc., in implementing behavioral health provisions of the Title XXI Florida KidCare Program, which includes substance abuse and mental health benefits for approximately 80,000 children.
- The Florida Supplement of the ASAM Placement Criteria, effective July 1, 2001, addresses the appropriate placement of dually diagnosed clients into treatment modalities.

Florida Assertive Community Treatment (FACT) Teams

The FACT initiative is uniquely designed to address persons with co-occurring mental health and substance abuse disorders. The staffing of a FACT team addresses the issue of co-occurring disorders by requiring that at least one staff of the team be trained in the treatment of substance abuse disorders. FACT teams provide comprehensive substance abuse services as one of 15 mandated services. Minimally, these services include individual and group interventions to assist persons:

- Identify substance use, effects, and patterns.
- Recognize the relationship between substance use and mental illness and psychotropic medications.
- Develop motivation for decreasing substance use.
- Develop coping skills and alternatives to reduce or minimize substance use.
- Achieve periods of abstinence and stability.

Program Management, Compliance and Performance Improvement

Issue Summary:

Over the last several years, the Mental Health and Substance Abuse programs have adopted a unit-based contracting method to pay for services, replacing the longstanding grant-in-aid funding mechanism. Unit-based contracting has improved the service delivery system by enabling the department to know what has been purchased and to better account for its funds. There are drawbacks, however, to the current system that must be addressed, as recommended by the Office of Program Policy Analysis and Government Accountability (OPPAGA) and by providers, including issues of efficiency, cost-effectiveness, and flexibility in meeting client needs.

A well-designed and managed system of care is essential to providing effective and efficient services, and several recent reports have recommended changes to Florida's mental health and substance abuse infrastructures to enhance integration of functions and reduce fragmentation in the system of care. The Mental Health and Substance Abuse programs would like to expand the use of behavioral health managed care, but may not be ready to move into a capitation type of program, as many other states have also concluded. The department is exploring the feasibility of moving toward using administrative service organizations (ASOs) or provider service networks to help the state manage its mental health and substance abuse service system.

There are also deficiencies in the Department's performance measurement system that were noted by OPPAGA, including issues of appropriateness and relative importance of the measures.

Strategic Course of Action 2000-2003:

- Reduce the number of cost centers to have broader categories.
- Develop a more accurate billing methodology that is more provider-friendly.
- Re-write the patient fees portion of the contracting manual to be clearer.
- Develop an eligibility methodology to determine which clients are eligible for a particular benefit package and what target populations have priority.
- Develop a clear complementary benefit guide to indicate to providers what services are to be billed to Medicaid and what services should be paid for through the department.
- Revise the contracting manual and the current model contracts.
- Consider the incorporation of alternative provider payment mechanisms such as case rates or bundled service packages.
- The Mental Health and Substance Abuse programs will develop a model of system management using an ASO or provider network and fully describe how this mechanism would operate.
- The Mental Health and Substance Abuse programs will prepare cost estimates for services and will develop a plan for covering these costs.
- The Mental Health and Substance Abuse programs will work with Medicaid to help develop a complementary contracting program.
- The department will work with individuals, providers, county government and other stakeholders in designing the ASO model or provider service network for system of care organization and management.
- It is recommended that the pilot comprehensive system of care model described earlier and the ASO model or provider service network be implemented together in the former G. Pierce Wood catchment area.
- Review how performance measures are being applied at the individual contract level.
- Develop an algorithm for determining successful performance that will take into consideration the relative importance of all the measures to the specific target populations and cost centers to be covered by the contract. Statutory authority may be necessary to implement this strategy.
- Develop process measures that focus on the effectiveness of specific services or service packages and whether these services improve client stability and functioning.

Progress to Date:

Mental Health and Substance Abuse Financial Rule and Statute

Chapter 65E-14, Florida Administrative Code, is the Community Alcohol, Drug Abuse and Mental Health Financial rule, which implements the financial provisions of Part IV, Chapter 394, F.S. The rule, which provides the framework for the contracting manual and the model contracts, has been revised in draft and is being reviewed.

The process used to revise this rule has engaged stakeholders in a series of forums to solicit input on ways to improve the financial management of substance abuse and mental health resources. The use of statewide survey instruments and workgroup meetings, involving department staff, advocacy organizations, providers, and other interested parties, has resulted in substantive input that is reflected in the proposed draft revisions to the financial rule.

The department's review and approval of the draft rule will be followed by public hearings leading to completion of the rule revision process by June 30, 2002. The complexity of the current contracting system, particularly regarding regulatory oversight and accountability, has required a very methodical and detailed approach that has affected the promulgation timeline.

The proposed financial rule revisions seek to:

- Increase provider flexibility in the determination of services to be delivered based upon client needs.
- Reduce and simplify financial reporting.
- Improve accountability.
- Improve data reporting.
- Reduce complexity.

The draft suggests revisions to the cost center structure for mental health and substance abuse services. It provides enhanced flexibility for planning and budgeting at the activity level. The draft rule is also more provider-friendly, as it simplifies and deletes unnecessary requirements. The draft rule includes a revision to the patient fee schedule consistent with law.

The department, in collaboration with the Florida Association of Counties, has initiated a workgroup process to involve other identified stakeholders in developing consensus recommendations for revision to Part IV, Chapter 394, F.S., during the 2002 legislative session. The statutory change recommendations discussed to date would seek to:

- Simplify the correlation between specific mental health and substance abuse funding and the required level of local match.
- Clarify the apportionment of the local match requirement among providers and local governing bodies.
- Clarify the types of local match sources that are allowable.
- Clarify legislative intent regarding respective roles and responsibilities for local match.

Client Eligibility/Benefits Packages

As discussed in the section entitled "Eligibility Determination," the Mental Health Program Office has been working with consultants, the districts/regions, the Florida Council for

Community Mental Health, and the Florida Mental Health Institute on developing benefit packages of services for the target populations. This effort is focused on analyzing the types of services that should be included in the packages and determining what those services cost.

Revision of the ADM Contracting Manual

After Chapter 65E-14, F.A.C., is revised, all provisions in the ADM Performance Contracting Guide will become obsolete and the changes will be reflected solely in the rule.

ADM Model Contracts

The Department's Office of Contract Administration has prepared the draft ADM model contracts for Fiscal Year 2002-2003. These will be provided to the districts for the next contracting cycle, as the Department does not anticipate any major changes to the model contracts until Chapter 65E-14 is promulgated.

Provider Network Development and Alternative Payment Mechanisms

Work will continue on the District 1 and District 8 initiatives based on alternative provider payment mechanisms, such as case rates or bundled services packages. The Florida Mental Health Institute will design and begin a formative evaluation of the funding strategies being implemented in these two districts.

- The Mental Health Program Office is assisting District 1 in developing a complementary contracting system employing a case rate with the same managed care entity used by Medicaid. Objectives for this initiative include:
  - Increased access to behavioral health services.
  - High levels of performance on mandated performance measures and high levels of consumer, family, and community satisfaction.
  - Increased flexibility in clinical care.
  - Implementation of flexible financing methods that support innovative client-focused care.
  - Client and family empowerment through the use of "best practices".
  - Improved services to clients involved in the criminal justice system.
  - Integration of mental health and substance abuse services at the service delivery level.
  - Increased focus on families involved in the child welfare system via collaboration with Community Based Care initiatives.
  - Improved continuity of care for individuals discharged from more restrictive forms of care.
  - Design and implementation of an integrated mental health and substance abuse data and performance outcome measurement system.
- The Mental Health Program Office is working with a steering committee, including District 8 staff and providers, Medicaid, and other experts, to develop a proposal to modify Medicaid codes to support best practices.

- The department is drafting a contract with a consultant to assist in developing an organized provider network in District 8, to test a different approach than the model being implemented in District 1. Functions that might be assumed by the provider network in District 8 include:
  - Adopting common levels of care criteria, clinical treatment guidelines and pathways.
  - Establishing performance indicators and access standards.
  - Establishing a performance improvement council with oversight over corporate compliance, outcome studies, and compliance with the Health Insurance Portability and Accountability Act regulations.
  - Establishing a single system for review of high cost services.
  - Creating a centralized information and referral system and a single point of access.
  - Establishing a common set of procedures for addressing client complaints.
  - Instituting differential use of current Medicaid procedure codes.
  - Putting a management structure in place that is funded by constituent agencies.
  - Creating capacity for agency credentialing.
  - Creating criteria for network inclusion.
  - Linking agency data systems and establishing cooperative agreements.

Continued Course of Action:

Chapter 65E-14, F.A.C.

The department intends to complete the promulgation of the revised Chapter 65E-14, F.A.C. Based on the outcome, the Mental Health and Substance Abuse programs will then modify the model contracts and other associated documents to ensure compliance with the rule.

Development of a Benefit Guide

The Mental Health and Substance Abuse offices have coordinated with the department's legal counsel and contract administration office to develop revised language on Medicaid billing for inclusion in the ADM model contracts. Additionally, we have prepared a Medicaid/ADM crosswalk of each of the ADM cost centers compared to the Medicaid procedure codes. When Chapter 65E-14, F.A.C., is promulgated, the revised information will be distributed to ADM providers.

Work will continue on the development of benefit packages, projected for completion by March 2003. A necessary step in this process is the analysis that will compare the current service array in District 8 with a model system and identify where there are gaps in the current system. This information will then be used to help determine priorities for modifying current services and developing new services.

Health Insurance Portability and Accountability Act (HIPAA)

The Data Section is currently working to meet the requirements of the Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA. The HIPAA law has several major parts that will effect the department and contracted providers. The most

significant effect on the department is the security concerns, privacy issues, and electronic transactions. The current deadline for security compliance is April 14, 2002. The original deadline for electronic transactions was October 16, 2002, but it appears that it will be extended to October 16, 2003. The privacy deadline has been established as April 14, 2003.

The primary purpose of HIPAA is to standardize the financial transactions across the health care industry. This applies to substance abuse and mental health services funded by the state through not-for-profit agencies.

Full HIPAA compliance will be required by any provider who electronically submits billing for client services to a payer. A provider, who elects to submit billing by paper transaction, will not have to comply with HIPAA requirements. However, all other applicable state and federal laws still apply to providers. Payer agencies can require providers to submit billing electronically, and providers must comply with the requirement. Clearinghouses can act as an intermediate for reformatting billing requests into the correct electronic transaction format.

The law will also affect any provider who bills Medicaid, since Medicaid has stated they will only accept electronic transactions effective the compliance date. At a minimum, about two-thirds of ADM contracted providers will need to be compliant for Medicaid. Compliance will include at a minimum:

- Modifications to the data warehouse to accommodate the new electronic file formats.
- Provision of technical assistance to agencies concerning security transmission issues and making sure the state system meets appropriate standards.
- Provision of technical assistance to agencies about confidentially issues and what can be provided to the state to fulfill oversight requirements.
- Modifications to provider agency information systems.

If the department and providers are unable to comply with HIPAA, penalties will be assessed for each violation within each provision of the law.

The department needs to request a legal opinion from the State Attorney General's Office regarding HIPAA and applicable state laws. HIPAA language states if a current state or federal law conflicts with HIPAA, the stricter interpretation applies. This opinion will affect some actions the state will need to take to meet HIPAA compliance.

The financial cost of compliance is very large and is going to effect the department and providers. The current lack of resources will make it very difficult for the department to adequately plan and meet the current deadlines currently imposed by HIPAA.

Improving Data Analysis Capabilities

The department is developing a data analysis system using Cognos, a data reporting software, that will enhance the department's ability to generate timely data reports and conduct high-speed analysis of data sets. The data sets needed to generate Performance-Based Program Budgeting (PB^2) and other required measures can be stored in "cubes", and then effectively "mined" or examined from various perspectives. The enhanced system will significantly improve the rate at

which reports are run and will allow for more in-depth examination of performance at the client, provider and state levels.

Cognos Cubes, the format being used to organize data sets, are deployed and being evaluated. Four of six developed cubes have consistently produced results that replicate the original methods used to determine the Performance Outcome Measures. These cubes are validated and currently being reviewed by district staff. The remaining two cubes are in the process of being corrected. They will be validated for several months against the current process. Full deployment of the cubes for use as the official reporting standard for Substance Abuse and Mental Health Performance Outcome Measures will be July 2002.

Currently, we are negotiating with Cognos for licensing packages that will enable providers to have access to the cubes, and districts to purchase more licenses for their staff. This will be part of the first phase to allow providers access to the performance outcome measures cubes. The access would be to the current intranet site, to which districts currently have access. The second phase will be to make the aggregated cubes available through the MyFlorida.com Internet site as part of publicly available information on the Substance Abuse and Mental Health homepage.

FY 2000-2001 Performance

The Mental Health and Substance Abuse program offices recognize that several of the performance measures that are legislatively mandated may not be appropriate for use at the individual contract level. In consultation with our major stakeholders, we plan to explore drivers of service delivery that would more appropriately be applied at the individual contract level. Concurrently, we will continue to review all performance measures in determining how best to measure successful performance of a provider. All activities related to performance measures will adhere to legislatively mandated outcome measures.

The department, as required by Florida Statute, completed its Annual Contract Performance Report in November 2001. A comprehensive review of 169 contracts (containing client-specific performance targets) indicated substantial compliance on the part of providers; nearly 95 percent of provider contracts met or exceeded performance requirements for FY 2000-2001. For the contracts that were identified as deficient, districts took corrective actions that resulted in reductions in contract amounts, non-renewal of contracts, or other sanctions.

Children's Mental Health Performance

The table below shows the performance results for children's mental health services in Fiscal Year 2000-2001. In all but one of the performance outcome measures, the actual statewide outcomes significantly met or exceeded the state standard. The measure of "community partners satisfied" was significantly below the state standard and will be reviewed with the partner agencies, the districts, and providers to determine the causes of the dissatisfaction and possible remedies.

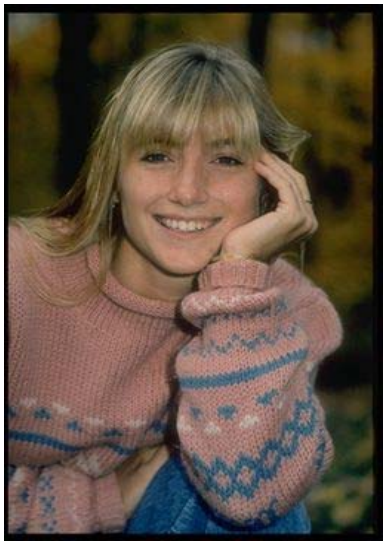
Children's Mental Health

General Appropriations Act (GAA) Outcome Measures for FY 2000-01

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Children with Serious Emotional Disturbance (SED)	a. Projected annual days SED children (excluding those in juvenile justice facilities) spend in the community	333	344
	b. Average functional level score SED children will have achieved on the Children's Global Assessment of functioning score *(sic)*	50	50
	c. Percent of available school days SED children attended during the last 30 days	86%	90%
	d. Percent of community partners satisfied based on a survey	90%	61%
Children with Emotional Disturbances (ED)	a. Projected annual days ED children (excluding those in juvenile justice facilities) spend in the community	349	358
	b. Average functional level score ED children will have achieved on the Children's Global Assessment of functioning scale	57	56
	c. Percent of available school days ED children attended during the last 30 days	89%	93%
	d. Percent of community partners satisfied based on a survey	90%	61%

Children's Substance Abuse Performance

The following table shows the performance results for children's substance prevention and treatment services. Several sampling problems have been identified in the 12-month follow-up for children; these problems and proposed solutions are indicated later in this section. Outcome measurement for commitment/recommitment to the juvenile justice system is currently underway with assistance from the Department of Juvenile Justice. Central office, in conjunction with district offices, is currently reviewing the results from the community partner survey to identify particular areas of dissatisfaction among partner agencies. The Substance Abuse Program Office will develop final recommendations to facilitate improved results for FY 2001-2002.



Children's Substance Abuse GAA Outcome Measures for FY 2000-01

Target Population	Outcome Measure	State Standard	Actual Statewide Outcome
Children with Substance Abuse Problems	a. Percent of children who complete treatment	72%	70%
	b. Percent of children who are drug free during the 12 months following completion of treatment	52%	Data not yet available from FSU.
	c. Percent of children under the supervision of the state receiving substance abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion	85%	Data not yet available.
	d. Percent of community partners satisfied based on survey	85%	61%
Children At Risk of Substance Abuse	a. Percent of children in targeted prevention programs who achieve expected level of improvement in reading	75%	84%
	b. Percent of children in targeted prevention programs who achieve expected level of improvement in math	75%	73%
	c. Percent of children who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services	95%	96%

Adult Mental Health Performance

The table below indicates performance outcomes for FY 2000-2001.

Adult Mental Health GAA Outcome Measures for FY 2000-01

Target Population	Outcome Measure	State Standard	Actual Statewide Outcome
Adults with Serious and Persistent Mental Illness in the Community	a. Average annual number of days spent in the community (not in institutions or other facilities)	344	350
	b. Average functional level based on Global Assessment of Functioning score	50	51
	c. Average annual days worked for pay	40	40
	d. Percent of community partners satisfied based on survey	90%	66%
Adults in Mental Health Crisis	a. Average Global Assessment of Functioning scale change score	8	8
	b. Percent not readmitted within 30 days	97%	98%
	c. Percent of community partners satisfied based on survey	90%	66%
Adults with Forensic Involvement	a. Average functional level based on Global Assessment of Functioning score	45	49
	b. Percent of persons who violate their conditional release under chapter 916, Florida Statutes, and are recommitted	4%	2%
	c. Average annual number of days spent in the community (not in institutions or other facilities)	310	263
	d. Percent of community partners satisfied based on survey	90%	66%

Adult Substance Abuse Performance

The table below represents statewide performance levels for FY 2000-2001. On a statewide basis, providers exceeded performance expectations for employment and completion of treatment. Florida State University is currently conducting the 12-month follow-up survey with results anticipated for late spring 2002. Community partner satisfaction levels were problematic. As indicated earlier, central office is in the process of identifying deficiencies and will propose corrective actions before the end of FY 2001-2002. The child welfare measure continues to be problematic; recommendations regarding this measure are made at the end of this section. Measurement of pre/post-treatment arrest rates is currently being coordinated with the Florida Department of Law Enforcement.

Adult Substance Abuse GAA Outcome Measures for FY 2000-01

Target Population	Outcome Measure	State Standard	Actual Statewide Outcome
Adults with Substance Abuse Problems	a. Percent of adults who are drug free during the 12 months following completion of treatment.	54%	Data not yet available from FSU
	b. Percent of adults employed upon discharge from treatment services	65%	72.6%
	c. Percent of clients who complete treatment	68%	68.1%
	d. Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment	53%	Data not yet available from Family Safety
	e. Percent of community partners satisfied based on survey	82%	59%
	f. Percent change in the number of clients with arrests within 90 days following discharge compared to number with arrests within 90 days prior to admission	55%	Data being compiled through FDLE.

The GAA also includes several outcome measures intended only for collecting baseline data during FY 2000-01. The table below lists these measures, which had no GAA targets and are not included in this report because they were not part of provider contracts during FY 2000-01.

FY 2000-01 GAA Outcome Measures for Baseline Collection Only

Target Group	Outcome Measure
Children with Serious Emotional Disturbance (SED)	Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the serious emotional disturbance recorded in the initial assessment.
Children with Emotional Disturbances (ED)	Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the serious emotional disturbance recorded in the initial assessment.
Adults with Serious and Persistent Mental Illness in the Community	Percentage of clients who worked during the year.

Recommendations for Performance Measurement - Substance Abuse

Over the past five years, as the department has executed performance-based program budgeting requirements, several difficulties have been identified in the process of setting performance standards. Each year the department is held to a series of standards established in the General Appropriations Act (GAA). To ensure the attainment of these standards the department establishes district-level targets through its Agency Business Plan process, based on the state standards for each measure and each district's prior year's performance. The districts, in turn, set performance expectations for providers for applicable measures through the contracting process.

Most of the GAA measures are written for state-level achievement and often do not translate well to the district and provider levels. For example, the pre/post-treatment measurement of arrests for substance abusers is a societal measure of the overall system's impact. Holding providers accountable for this measure provides perverse incentives by encouraging them to serve fewer criminal justice-involved clients (so that the measure would not apply to most clients). As an alternative for local level evaluation, providers should be measured against factors that they have control over and contribute to lower post-treatment arrest rates such as completion of treatment and employment upon discharge.

Performance measurement should be used at the state, district, and provider levels to not only facilitate results-oriented management and maintain accountability to external stakeholders, but to improve the overall quality of care for clients and their families. At each of these levels the performance focus should vary somewhat. At the state level, performance should demonstrate to external stakeholders that a program or system is positively impacting societal problems and costs as intended, such as improved self-sufficiency or less dependence on publicly-funded services. Performance measurement should also permit state level administrators to identify services that are cost-effective without negatively affecting the quality of care. At the district or local level, performance expectations should be geared toward local needs, allowing administrators to contract for and evaluate services according to identified priorities. The program offices and the DCF Mission Support and Performance Team are developing a review and approval process for districts to develop locally-appropriate measures for inclusion in contracts. Each district will be required to submit information on the methodology used for developing each measure to include target setting, validity and reliability statements, and a brief justification prior to inclusion in contracts.

Another significant problem associated with current performance standards is that they do not account for client case mix variations; the presenting needs, characteristics, and symptomologies of clients that vary considerably across programs and service modalities. Programs serving clients with more chronic, debilitating conditions should not be subjected to the same expectations for performance as programs serving clients with less debilitation and more functional capacity. The Mental Health and Substance Abuse program offices are currently working with the Florida Mental Health Institute and outside consulting entities to develop case mix methodologies to help develop appropriate performance targets.

In an effort to more appropriately measure the effectiveness and efficiency of public mental health and substance abuse services the department is making the following recommendations:

- Align substance abuse performance measurement timeframes with federal block grant requirements. Since the federal Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) measures will become mandatory within the next

two funding cycles, alignment ensures that providers are held to single standards for all measures. Failure to align will force the department to duplicate its efforts for measuring separate state and federal standards. Recommended changes include:

  - Adjustment of the pre/post-treatment timeframes for arrests of adults with substance abuse problems from 90 days to 180 days to align with CSAT.
  - Adoption of CSAP prevention measures, at the district and provider levels, relative to perceived harm, intent to use, and attitudes toward substance use.

- Assign common definitions for recidivism and recommitment for joint measures shared with the Department of Corrections and the Department of Juvenile Justice.
- Allow for the development of unit cost measures that correspond to comparable units of service within budget activities, e.g., groupings of services that are purchased by the hour, half-day and full-day. Current requirements combine dissimilar units which prevent the program offices from identifying true picture of service costs.
- Eliminate measures that have been determined to be unattainable due to lack of resources or legal (confidentiality) impediments. These measures are outlined below.

Child Welfare Measure for Adults in Need of Substance Abuse Services

The department is currently developing client data systems within the child welfare and Mental Health and Substance Abuse program areas that will facilitate accurate identification of those clients accessing both systems of care, their presenting needs and services received. The department is currently forced to conduct hard-copy file reviews of Family Safety clients to identify individuals who had presenting needs for substance abuse services; the results are then checked against the ADM data warehouse to determine receipt of needed services. This process is quite labor intensive and the department does not currently have the resources to conduct this survey on an annual basis. The department is recommending that the measure be deleted for FY 2002-2003 and reinstated in FY 2004-2005 when the data systems will allow for an automated, integrated evaluation of these clients.

Substance Abuse Treatment Outcome 12 Months Following Completion of Treatment.

Beginning in Fiscal Year 1999-2000, the Substance Abuse program contracted with Florida State University to survey treatment completers six months following discharge from treatment to determine the extent of post-treatment abstinence. The surveys are based on self-admission of substance use and subjects require prior permission to be contacted for the survey. Addresses and telephone numbers updated at discharge are highly changeable in this survey population. The vast majority of survey principals who could be reached refused to cooperate, including most of those who had indicated prior consent (or parental consent) in writing following treatment. The fact that only volunteers provide survey input makes projection of survey results to the entire population highly questionable. Each year of the six month follow-up survey, there were insufficient numbers of child/parental respondents to draw any conclusions from survey results.

This fiscal year, the follow-up survey is directed to treatment completers 12 months following treatment, rather than 6 months after treatment completion. The veracity of treatment completers' demographic information is even more eroded by the additional half-year time lag between treatment completion and survey contact attempts. Contracted surveyors are having extreme difficulty in finding enough adult completers who are willing to participate in the survey. Finding enough parental respondents to provide meaningful survey results for children will not be possible.

The annually reported survey is very expensive and labor-intensive, with extremely sparse results of questionable reliability. It is not feasible to collect survey results to district and provider levels. We suggest that this measure be discontinued, and that program performance outcomes be measured by more reliable methods based on electronically reported data, such as, "Percent who complete treatment."

Best Practices

The 2001 Substance Abuse Best Practice Awards program was a competitive application process entered into by substance abuse prevention and treatment providers who are under contract with the Department of Children and Families, Substance Abuse Program Office. Applications were reviewed by a five-person review panel made up of people who have distinguished themselves in the fields of research and in management and development of substance abuse programs. Following is a list of the winners in each category.

Grand Prize: Operation Par: Cannabis Youth Treatment Study

Treatment Programs:

- First Place: DACCO: Substance Abusing Mothers and Their Infants
- Second Place: Serenity House: Community Based Domiciliary Program
- Third Place: ACT: Reality House

Intervention Programs:

- First Place: Stewart Marchman Center: Anti-Drug Initiative
- Second Place: Mothers In Crisis
- Third Place: Manatee Glens: Outpatient Detox Program

Prevention Programs:

- First Place: Mendez Foundation: Too Good for Drugs II
- Second Place: Manatee County Girls Club

Small Program: Salvita Lodge

Innovative Programs:

- First Place: Hippodrome Improvisational Teen Theatre
- Second Place: Coastal Recovery Centers: Geriatric Therapeutic Services

In addition, there were 13 other programs recognized as "promising programs". Information on all of the programs, both those that won awards and those that were recognized as promising, was published in a Best Practices Manual. The awards were presented at the 25th Annual Substance Abuse Conference held in Orlando in August 2001.

Peer Review

Independent peer review is a requirement articulated in Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant regulations [45 CFR part 96, §96.136]. These regulations require that 5% of all programs receiving SAPT funding be reviewed annually by professional peers to assess the quality, appropriateness and efficiency of their treatment services. Chapter 397, F.S., requires substance abuse treatment providers to have quality assurance plans. The provider will work in conjunction with the Substance Abuse Program Office in developing a statewide peer review program design, compatible with and complementary to the Department of Children and Families Quality Improvement Program to ensure continuous quality improvement in policies, products, processes and services to clients/customers by measuring the degree of success or failure of services against specific targets.

In compliance with the SAPT Block Grant regulations and the department's Quality Assurance/Improvement Initiatives, the Department of Children and Families implemented Phase I of the peer review process in FY 2000-2001. Peer review is a structured process of assessment, by professional peers, of the quality and appropriateness of the clinical and therapeutic practices employed by community-based providers contracted by the Florida Department of Children and Families for direct provision of prevention, detoxification, treatment, aftercare, and support services for children and adults. The process is designed to ensure the identification of quality improvement opportunities so that quality and appropriateness of services can be continuously improved.

Major Program Goals

The primary goal of the peer review project is for the state to obtain a scientifically-based peer review process design that will assess the quality, appropriateness, and efficacy of treatment services provided by the state of Florida's substance abuse services delivery system. The peer review process designed by the provider will enable the department, through contracting with an independent contractor, to implement a standardized statewide independent peer review process.

Additionally, the peer review design will provide the state with a protocol for the recruitment and the specifications for the composition of the peer review team, training manual for peer reviewers, training and evaluation protocols for peer review orientation sessions, procedures and forms to collect feedback on peer reviews, the content and format of the peer review reports, peer review protocols by target population and modality format, and a peer review implementation plan.

Phase I

Phase I of the peer review process was implemented in FY 2000-2001. This phase entailed the design of a peer review process that examined admission criteria/intake process, assessment, treatment planning (including appropriate referral), documentation of treatment services, discharge and continuing care planning, treatment outcome indicators, and best practices. The

design also included the development of the protocol to collect participant feedback (e.g., reviewers, treatment providers) on the peer review process and a mechanism for using this feedback in annual process improvement. The peer review focused on clinical best practices.

Phase II

Phase II was initiated in January 2002. The study will include the beta testing of the data collection instruments, protocols and procedures. A training curriculum will be developed and used to train peer reviewers. The peer review team will conduct an actual peer review. Additionally, the strategy for implementing the peer review protocols and procedures across 8 to 15 programs in Phase III will be designed in Phase II.

Phase III

Phase III will be implemented in FY 2002-2003. Phase III will entail the implementation of the protocols developed in Phases I and II across 8 to 15 programs in Florida.

Rewrite of Administrative Rule 65D-30, F.A.C.

Administrative rules under Chapter 65D-30, F.A.C., Substance Abuse Services, are being amended to update requirements and streamline the process of conducting licensure reviews in accordance with accreditation requirements under Chapter 2001-191, Laws of Florida, and the Governor's streamlining initiative regarding licensure and monitoring of substance abuse facilities. This is a work in progress and should be completed in the summer of 2002. The major focuses of the revisions are:

- Eliminating duplicative requirements and allowing greater flexibility with regard to service provision for providers.
- Removal of unnecessary requirements, making the rule less prescriptive.
- Including areas of exemption for the Department of Corrections and Department of Juvenile Justice as permitted under Chapter 397, F.S.

Appendix A
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