

Mental Health and Substance Abuse Services Plan Update 2006

January 1, 2006



**Jeb Bush
Governor**

**Lucy D. Hadi
Secretary**

NOTICE OF FILING

Reporting Agency:	Department of Children and Families
Recipient Agency:	
Subject:	Update to State Mental Health and Substance Abuse Plan: 2003-2006
Report Due Date:	January 1, 2006
Statutory Requirement:	Section 394.75, F.S.
Abstract:	<p>Section 394.75, F.S., requires the Department of Children and Family Services to submit a state master plan every three years, beginning in January 2001, to the Legislature regarding the delivery and financing of a system of publicly funded, community-based substance and mental health services throughout the state.</p> <p>The plan is to be updated annually and submitted to the Legislature by January 1st of each year.</p> <p>The annual update provides a progress report on key strategic issues, program performance, budget and financial aid, and key trends and conditions. It also describes strategic activities for FY 2005-2006.</p> <p>Copies of this report may be obtained by contacting: Darran Duchene Substance Abuse Program Office Florida Department of Children and Families 1317 Winewood Blvd., Bldg 6 Rm 233 Tallahassee, Florida 32399-0700 (850) 921-5699 darran_duchene@dcf.state.fl.us</p> <p>Copies of the report may also be downloaded through the department's website at: http://www.dcf.state.fl.us/mentalhealth/publications/index.shtml</p>



Plan Overview

Purpose of Plan

Every three years, pursuant to section 394.75, Florida Statutes (F.S.), the Department of Children and Families (DCF), in consultation with the Agency for Health Care Administration (AHCA), is required to develop a master plan for the delivery and financing of a system of publicly-funded, community-based substance abuse and mental health services throughout Florida. In the intervening years, the department is required to submit a plan update that describes the agency's progress toward accomplishing the goals outlined in the triennial master plan. This plan update provides a status report on these goals and reflects substantive legislative changes that occurred during the 2005 Legislative Session.

Organization

The Department of Children and Families is the state agency that administers Florida's substance abuse and mental health programs. The department is under the management of Secretary Lucy Hadi who reports directly to the Governor. Under Secretary Hadi's leadership, the department's mission statement was fine tuned to more accurately reflect our responsibility to customers with substance abuse and mental health challenges. Accordingly, the DCF mission is to:

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The Assistant Secretary for Substance Abuse and Mental Health facilitates the integration of substance abuse and mental health services and establishes policy direction. The Director for Mental Health and the Director for Substance Abuse report to the Assistant Secretary and have line authority over the Substance Abuse and Mental Health Program Supervisors located in each of the state's 14 district/regional offices.

The Substance Abuse and Mental Health Program Offices administer and manage the state public substance abuse and mental health systems through: assessing the performance of these systems through by coordinating, collecting, and analyzing service data, including performance measures; developing statewide rules, policies and standards; providing consultation and assistance to the service districts/region, providers, consumers, and families; assisting in the preparation of statewide legislative budget requests (LBRs); setting priorities for the use of resources; allocating funds to the service districts/region; coordinating the development of statewide plans and programs; and collaborating with other state-level agencies, advocacy groups, and community organizations.

Operational authority for substance abuse and mental health services is statutorily delegated to 13 service districts and one region, each of which has a program office for substance abuse and mental health services. Within each of these 14 offices, staff negotiates and monitors service contracts with local private community substance abuse and mental health providers.

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Business and Services Planning

In 2005 the Department of Children and Families significantly modified its system for strategic planning, performance measurement, and service accountability. The agency instituted a series of long-term and short-term planning processes designed to promote greater involvement of customers and stakeholders in the determination of service needs, selection of services, and oversight of performance. The agency's planning system is comprised of the following:

Long-Range Program Plan - a five-year planning cycle mandated by the Florida Legislature that is used to support departmental budget requests and strategic service directions.

Strategic Plan - an intra-agency plan that establishes objectives, success indicators, and strategies at the state level for each department program.

Business Plan - the department's one-year plan that outlines key performance indicators and objectives, and the action steps needed to achieve them.

Deployment Plan - the department's implementation plans developed by each district/region that identify local priorities and service initiatives.

The above plans can be accessed through the following website:

<http://dcf.state.fl.us/publications/>

The Substance Abuse and Mental Health Program Offices are developing a process for integrating the business and deployment plans with the statutorily mandated three-year services plan and annual updates. This will eliminate duplicative planning efforts and enable the program offices to develop and monitor service provision and funding through continuous performance measurement. The current business plan includes five strategic objectives that involve the Substance Abuse and Mental Health programs and focuses on "Individuals and Families At Risk of or Challenged by Substance Abuse or Mental Illness."

Prevention and Early Intervention (Objective 9)

This objective relates only to customers who are at risk of or challenged by substance abuse, and it focuses on decreasing the prevalence of substance use/abuse and delaying the onset of substance involvement. The key strategies and action steps seek to improve community networking and needs identification, increase local coalitions, and enhance services to families affected by substance abuse. These action steps place particular emphasis on training professionals and consumers on effective service interventions that promote individual self-esteem and confidence, positive parenting and family interaction, and the inclusion of spiritual/faith strategies.



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Recovery and Resiliency (Objective 10)

This objective involves customers with substance abuse and/or mental health concerns, and it focuses on empowering these individuals to achieve their greatest potential. The objective places specific emphasis on reducing the incidence of suicide and involvement with the child welfare and forensic/civil commitment programs. Service integration and collaboration are essential to the successful attainment of these objectives and must involve criminal justice entities such as the: Department of Juvenile Justice; Department of Corrections; local jails; local law enforcement; and drug, dependency, civil and criminal courts. Consumer choice programs are also critical for success. The Mental Health Program, working collaboratively with persons with mental illnesses, has developed a Self-Directed Care program allowing for greater choice in treatment services. The Substance Abuse Program has implemented its Access to Recovery program in five service areas. Both programs facilitate choice of service providers and allow people to select independent service/recovery coaches to help them navigate the systems of care. Enhanced transition programs/services for persons discharged from jails, prisons or secure treatment facilities are helping people with mental illnesses to be successful in their communities.

Resource Stewardship and Integrity (Objective 11)

Resource stewardship and integrity encompass strategies to ensure Substance Abuse and Mental Health program funding is expended appropriately. The strategies seek to increase the state's ability to earn federal funding, eliminate spending beyond the Approved Operating Budgets, comply with payment requirements, and improve the accuracy of expenditures through reduced waste, fraud, and abuse. Each program office meets monthly with the districts and region to review spending plans that include allotted funding, expenditures to date, and planned expenditures.

Continuous Performance Improvement (Objective 12)

This objective is monitored through a consistent review of program attainment of performance indicator targets and performance improvement at the state, district/region, and provider levels. The agency has adopted Sterling Council criteria for performance monitoring and improvement. The program offices have trained several staff on Sterling techniques and are actively using the principles in all planning and performance activities.

Customer Satisfaction (Objective 13)

The Substance Abuse and Mental Health Programs have developed customer satisfaction surveys that are regularly used for clients who have completed their episodes of care. English and Spanish versions are available that cover general consumer satisfaction with service access, provider service delivery, and the impact of services. Results from the surveys will be used to improve services.



2005 Legislative Session

The 2005 session of the Florida Legislature passed substantive legislation that impacts the mental health and substance abuse systems:

Florida Medicaid was directed to implement a modified preferred drug list (PDL). The Legislature also directed that mental health medications for Medicaid recipients no longer be exempted from caps on the number of name brand medications and other limitations.

Chapter 2005-55, Laws of Florida (L.O.F.), added “intensive inpatient treatment” to the list of substance abuse service components the department is authorized to license. It also added a definition in statute for “medical monitoring” that would differentiate this level of care from residential treatment. The legislation enables the department’s district/regional offices to issue licenses to affected providers that represent the actual level of care provided, as opposed to attempting to “fit” the services into the existing framework of residential levels of care.

Chapter 2005-173, L.O.F., provides for year-round enrollment in the Medikids program component and in the Florida KidCare program, except Medicaid, and establishes a validity period for an application. The legislation does not change eligibility for Medicaid.

Chapter 2005-65, L.O.F., delineates procedures under which the department may provide psychotropic medication to a child in the custody of the department. The legislation also revised provisions of the Florida Mental Health Act, requiring that a patient be asked to give express and informed consent before admission or treatment. Additional information must be provided with respect to the risks and benefits of treatment, the dosage range of medication, potential side effects, and the monitoring of treatment. The legislation clarified the provisions governing the manner in which consent may be revoked. It prohibited schools from denying students access to school programs because the child’s parent refuses to place the child on a psychotropic medication.

Chapter 2005-222, L.O.F., required that the department allow all public postsecondary institutions to bid on contracts intended for any public postsecondary institution. The legislation authorized the department to competitively procure and contract for systems of treatment or service that involve multiple providers. It provided requirements if other governmental entities contribute matching funds and required any entity providing matching funds to comply with certain procurement procedures. It authorized the department to procure and contract for or provide assessment and case management services independently from treatment services. The legislation required multiyear contracts unless the department provides justification for choosing not to use a multiyear contract. It also required that the department establish a process for managing contracts with external service providers. The legislation specified requirements for and components of the contract management process. It required that the department establish contract monitoring units and a contract monitoring process. It further required that the Office of Program Policy Analysis and Government Accountability conduct two reviews of the contract



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management and accountability structures of the department. The legislation authorized the department to enter into agreements with a private contractor to finance, design and construct a secure facility for sexually violent predators. Finally, it established the implementation and repeal dates of this privatization effort.



Mental Health

Vision: Persons with or at-risk of mental illness will live, work, learn, and participate fully in their community.

Florida has begun the process of transforming its mental health system of care from one of maintenance to one of recovery. With substantial completion of transformation, mental health service delivery will be person and family-centered, and person and family-directed. Additionally, individuals and families will have a choice of mental health services and supports, and the assurance that those services reflect the best practices available. Governor Bush has established a *Transformation Working Group*, a team of stakeholders, including mental health consumers, providers, and state agency representatives, to make transformation by facilitating changes that encompass the recommendations of the President's New Freedom Commission Report on Mental Health: *Achieving the Promise*. Through the collective transformation efforts of state leaders, consumers and families, and other stakeholders, mental health care in Florida will be recognized as:

- *Equally as essential as physical health for the well-being and vitality of our families, businesses, and communities;*
- *Accessible to those who need services;*
- *Empowering families and consumers to direct and choose their mental health care;*
- *Respectful of individuals' rights, strengths, abilities and potential for recovery;*
- *Providing an integrated, culturally competent and person-centered system of treatment and support for children, adults, and elderly who are diagnosed with mental illnesses;*
- *Providing and advancing evidenced-based practices;*
- *Providing early intervention and preventive services for all ages;*
- *Respectful of past trauma and how this impacts the person and the care that he/she receives;*
- *Advancing service provision through technology; and*
- *Diverting persons with mental illnesses from the criminal justice system.*

Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with mental illnesses. Section 394.453, Florida Statutes, states: "It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders." Section 20.19(4), Florida Statutes, creates within the Department of Children and Family Services a Mental Health Program Office. The system of care serves

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Individuals and Families At-Risk of or Challenged by Mental Illness or Co-occurring Substance Abuse and Mental Illness through the following services:

- *Adult Community Mental Health Services*
- *Children’s Community Mental Health Services*
- *Civil and Forensic State Mental Health Treatment Facilities*
- *Sexually Violent Predator Program*

Mental health programs comprise a statewide system of community-based outpatient and residential services and state mental health treatment facilities. Community-based services are provided in each of the department’s fourteen service areas (district/regions). Of the six mental health treatment facilities for adults statewide, three are currently operated by the department and three are operated by private vendors.. Three facilities serve civilly committed persons exclusively, two serve forensically committed persons only, and one serves persons committed through either process. One of the six facilities is reserved for persons who are civilly committed as sexually violent predators, and for persons being detained while awaiting trial to determine whether they will be committed as sexually violent predators. Residential services for children are provided through joint contracts with Medicaid by mental health providers throughout the state.

Funding for Fiscal Year 2005/2006

Mental health appropriations for the Mental Health Program Office for Fiscal Year 2005-2006 are as follows:

Mental Health Appropriations Fiscal Year 2005-2006			
Budget Entity	General Revenue	Trust Funds	Total Appropriations
Program Management & Compliance	\$8,381,018	\$15,404,766	*\$23,785,784
Adult Community Mental Health	\$224,301,527	\$53,868,076	\$278,169,603
Children's Mental Health	\$75,563,081	\$29,046,162	\$104,609,243
Mental Health Treatment Facilities	\$172,403,687	\$116,343,770	\$288,747,457
Sexually Violent Predator Program	\$26,029,647	\$0	\$26,029,647
Total	\$506,678,960	\$214,662,774	\$721,341,734

**Includes \$12,000,000 in Federal Disaster Funds for Crisis Counseling.*

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Adult Mental Health Services Funding Equity (FY 2005-2006)

Equity funding for mental health and substance abuse is defined in section 394.908, F. S., as a “pro-rata share distribution that ensures districts below the statewide average funding level per person in each target population of ‘persons in need’ receive funding necessary to achieve equity. It should be noted, however, that equity funding is simply an average of available funding per person in a given target population. It does not address the adequacy of funding necessary to eliminate waiting lists for services, access to emergency services, criminal justice diversion services, and access to recovery support services necessary for adults, children, and their families to recover within their communities.

For FY 2005-2006, the statewide average per capita funding is \$1,271.77. This includes Baker Act, and adult community mental health appropriations, as well bed day utilization of civil state hospital resources. It would require \$37,245,600 to bring six districts up to the statewide per capita average.

Adult Mental Health Services Funding Equity Fiscal Year 2005-2006			
District	District Budget	Target Population Adult SPMI	Allocation Per Target Population
1	\$21,333,599	13,152	\$1,622.08
2	\$30,576,626	13,913	\$2,197.70
3	\$19,251,339	10,897	\$1,766.66
4	\$26,127,425	24,089	\$1,084.62
7	\$47,090,722	42,540	\$1,106.98
8	\$23,630,190	17,527	\$1,348.22
9	\$18,884,666	22,364	\$844.42
10	\$35,755,953	33,192	\$1,077.25
11	\$52,172,990	47,425	\$1,100.12
12	\$13,357,174	9,806	\$1,362.14
13	\$16,941,981	14,558	\$1,163.76
14	\$19,101,333	11,227	\$1,701.37
15	\$14,231,688	8,949	\$1,590.31
SC	\$76,854,479	56,921	\$1,350.20
Total	**\$415,310,165	326,560	\$1,271.77

***District budget excludes 2005-2006 non-recurring special projects, funds held in control, D30 (central office), expenses and other personal services (OPS), and civil hospital utilization resource.*



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Children’s Mental Health Services Funding Equity (FY 2005-2006)

For children’s mental health services, the average per capita funding is \$191.09. It would require \$1,962,673 to bring nine districts up to the statewide per capita average.

Children’s Mental Health Services Funding Equity Fiscal Year 2005-2006			
District	District Budget	Target Population SED	Allocation Per Target Population
1	\$2,478,460	12,609	\$196.56
2	\$2,232,807	12,073	\$184.94
3	\$2,221,810	9,271	\$239.65
4	\$4,547,396	25,057	\$181.48
7	\$7,607,686	41,305	\$184.18
8	\$3,002,114	15,753	\$190.57
9	\$4,210,243	20,559	\$204.79
10	\$5,888,729	31,898	\$184.61
11	\$8,892,990	47,640	\$186.67
12	\$1,530,648	8,282	\$184.82
13	\$3,158,834	13,204	\$239.23
14	\$2,146,077	11,626	\$184.59
15	\$2,106,846	8,264	\$252.94
SC	\$9,007,459	51,374	\$175.33
Total	***\$59,032,099	308,915	\$191.09

****District budget excludes 2005-2006 non-recurring special projects, funds held in control, District 30 (central office), expenses and other personal services (OPS).*



Mental Health Projects

The following projects are consistent with the strategies set forth in the department's *Mental Health & Substance Abuse Services Plan (2003-2006)* and are designed to ensure that *individuals and families at risk of or experiencing mental health or substance abuse problems receive services that promote recovery and resiliency.*

Areas of Focus for All Age Groups

Mental health friendly workplaces were promoted with materials developed through the **Elimination of Barriers (EBI) Initiative**, designed to increase respect for and understanding of persons with mental disabilities. Training sessions held January through March of 2005 prepared 50 volunteers statewide to present information to employers on the benefits of mental health care.

Initiatives designed to reduce the need for **seclusion and restraints** in all treatment settings in Florida are ongoing. Residential treatment centers for both children and adults have significantly reduced the use of restraints since the initiative began in 2003. The goal is to eliminate the need for the use of seclusion and restraint through systematic training of staff in alternative intervention techniques, identifying individualized personal safety plans for persons served, and reviewing each incident of seclusion and restraint with all persons involved in order to prevent further incidents. In addition, the department regularly monitors community mental health programs and state mental health treatment facilities in order to ensure adherence to departmental policies, care standards and best practice guidelines.

Increased legislative funding of \$6.4 million for fiscal year 2004-2005 enabled the addition of 61 total **Crisis Stabilization Unit (CSU)** beds for adults in Districts 1, 2, 3, 4, 7, 9, and 10; and an additional 19 total CSU beds for children in Districts 3, 4, 7, 10, 12, 14 and the Suncoast Region. The \$6.4 million dollar funding increase has the potential to provide crisis services for 6,072 adults and 1,469 children (based on an average adult length of stay of 3.33 days and a length of stay of 4.25 days for children and 90 percent occupancy for both children and adult beds)..

A number of **computer applications** were implemented during the past fiscal year to increase access to services, improve information sharing, and permit online entry of data. Projects included Temporary Assistance for Needy Families applications for individuals in substance abuse and mental health programs, waiting lists for community and State Mental Health Treatment Facilities, and online data entry of the Functional Assessment Rating Scale, Children's Functional Assessment Rating Scale, and the Community Needs Assessment.

The department provided guidance to the Agency for Health Care Administration (AHCA) in the development of a prepaid **managed care** delivery system that includes the use of evidence based and promising practices.

The department assisted the Governor's Office of Drug Control and the Governor's Task Force on **Suicide Prevention** to develop and publish the Florida Suicide Prevention document

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(<http://www.sprc.org/statepages/index.asp>), released in March 2005. The department will continue to work with the Task Force to create and implement an action plan based on this new Suicide Prevention document.

Florida's mental health and substance abuse system provides emotional supports to residents and visitors experiencing disaster events in Florida. The supports include crisis counseling and longer term behavioral counseling to aid recovery of persons affected by disaster events. Over 100,000 Floridians affected by hurricanes were assisted through the **Project H.O.P.E. and Project Recovery** disaster programs in FY 2004-2005. Through needs assessment, early intervention, supportive counseling, and other services, Floridians are rebuilding their lives. The Project Recovery disaster services grant provided funding for training teams throughout the state in providing short term cognitive therapy for adults and children with emotional trauma resulting from hurricanes. The project's design is to train disaster survivors to problem solve and to cope with their traumatic reactions.

In addition to responding to storms that hit Florida, the Mental Health program provided support to Mississippi, Louisiana and Alabama in their response to **Hurricane Katrina**. An estimated 84,000 evacuees from the three states registered for services in Florida and crisis counseling grants have been received to assist in their recovery.

Areas of Focus for Children

Infant Mental Health services have expanded to all districts in Florida. The program is designed to promote recovery and resilience for infants and children and their caregivers through early intervention efforts.

In March 2005, in response to concerns about high numbers of children taking psychotropic medications, the department published a 2nd edition of *Medication for Children and Youth with Emotional, Behavioral, and Mental Health Needs: A Guidebook for Better Understanding*.

Infant mental health is the ability of children from birth to age five to grow, develop and learn in a way that enhances their social and emotional health, both as an individual and in relationships with others.

The department has contracted with the Department of Psychiatry, College of Medicine, at the University of Florida to provide a **MedConsult line**, to review treatment recommendations for all children under age five who have been prescribed psychotropic medication. The department will continue to monitor medication usage through data collected in Child Welfare's HomeSafeNet and the Substance Abuse and Mental Health data system.

A parent training program has been developed for **Temporary Assistance for Needy Families (TANF)** recipients and will be piloted in January of 2006. The parenting curriculum is based on research-based best practice strategies for positive parenting. This approach builds on the personal strength and assets of each participant, resulting in developing healthy relationships with his/her children and family members.

Improved access for children in **Department of Juvenile Justice** facilities continues to be a focus. Initiatives in this area are intended to ensure timely provision of prevention, early intervention, crisis, and aftercare planning services through the development of interagency agreements. A joint DCF/DJJ

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workgroup collaborated on projects to improve screening for and management of suicide risk in detention facilities. The department will continue these efforts during FY 2005-2006 through joint training for DJJ and Mental Health staff in Trauma Informed Care, review and identification of steps to improve transition from one program to another, and improved access to crisis services for children involved with DJJ.

In December 2005, trauma informed care training was presented to Department of Juvenile Justice staff and providers of **Statewide Inpatient Psychiatric Programs** (community residential mental health care for children) for individuals under 18. The training was designed to expand on the seclusion and restraint reduction initiative by encouraging providers to assess and provide treatment for past traumas of children in their care.

The department has worked closely with Medicaid staff around "sufficiency" requirements for participating plans under **Florida's Medicaid Reform Initiative**. Mental illness is the leading cause of medical disability in the United States underscoring the importance of adequate coverage for beneficiaries to prevent associated disability and potential loss of income. Benefit design should be aligned with principles promulgated by President Bush's New Freedom Commission which has advocated transforming how mental health services are delivered in America. The Commission has asserted that mental health is *essential* to overall health. It has advocated early mental health screening, assessment and referral, excellence in care and increased use of technology to enhance delivery. Of overarching importance are the principles of consumer and family-driven care, with the goal of recovery for persons who have mental illness and increased resilience for persons at risk for mental illness. These two goals are fully consistent with Florida's Medicaid reform principles.

Areas of Focus for Adults

The department continues to work with the Department of Elder Affairs (DOEA) to ensure that individuals with severe and persistent mental illness receive information and referral through three pilot **Aging and Disability Resource Centers**.

The **Florida Self Directed Care (SDC)** Program, initially implemented in northeast Florida has been expanded to southwest Florida. Self Directed Care is an innovative, cost-effective service delivery paradigm based on individuals acting at the center of decision-making that guides their mental health treatment. Approximately 300 people have participated in Self Directed Care since its inception.

The **Functional Assessment Rating Scale (FARS)** was implemented statewide in July, 2005, as a standardized measure of functioning for adults in all treatment settings. In addition to the symptoms of illness, the measure is designed to assess functioning in areas considered important for recovery.

The **Community Needs Assessment (CNA)** was implemented in July, 2005 to enhance service planning and identification of needed resources for individuals residing in state mental health treatment facilities (SMHTF) prior to discharge. The CNA helps to ensure that services and supports are available to help people live successfully in the community after discharge

In July 2005, the department developed a memorandum of agreement with the Department of Corrections designed to enhance continuity of **mental health care for inmates** with mental health needs returning to the community.



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Employment training events were presented to program participants, family members and community stakeholders in four service districts. The four districts that received the training report an overall 18 percent increase in days worked by persons with severe and persistent mental illnesses. Training sessions are planned in other districts.

The number of adults served by the Mental Health Program's **Supported Housing Program** doubled during FY 2004-2005, in part due to statewide training and technical assistance on supported housing.

Outcomes for recipients of the 32 **Florida Assertive Community Treatment (FACT)** programs throughout the state showed increases in days in community, income, level of functioning, employment, and number of participants living independently.

Training was provided to 875 individuals throughout the state on **Involuntary Outpatient Commitment**. The training was conducted to implement legislative changes to the Baker Act law, (i.e., the involuntary assessment and treatment statute).

The Mental Health Program Office, through a contract with Florida Mental Health Institute, will provide its semi-annual statewide **Baker Act training** January 2006 through May 2006. There will be a series of 22 day long training events in all the districts/regions and state treatment facilities. The Baker Act resource manual will be updated and distributed to an anticipated 4,400 attendees. The manual will be available on the Baker Act website.

Contracts for privatization of **South Florida Evaluation and Treatment Center**, a forensic mental health treatment facility, were successfully completed with Atlantic Shores Healthcare, Inc.

Pre- and post-commitment initiatives continued to ensure that adults with forensic involvement were served in the least restrictive level of care while receiving **competency restoration services**. This diversion to outpatient services reduced the rate of increase in admissions of adults to state forensic mental health treatment facilities to 2.6 percent in FY 2004-2005, as compared to a more typical 5 percent annual increase.

District plans for **Assisted Living Facilities with a Limited Mental Health License (ALF-LMH)** are required annually in accordance with the statute and were successfully completed by all districts in March 2005. Districts solicit input annually from ALF-LMH operators in publicly announced meetings as part of their planning process. The ALF-LMH planning requirements are now incorporated within the districts' process for developing their Substance Abuse and Mental Health (SAMH) master plans in accordance with s.394.475, F.S., in order to streamline the overall planning process. It is estimated that there are 7,000-8,000 persons with mental illness living in these facilities. It is important that these residents are provided the supports necessary to continue their recovery in these settings and exercise their choice of living arrangements or housing.



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During the 2005 Legislative session, \$2.8 million was appropriated to enhance security operations at the **Florida Civil Commitment Center**. The department is in the process of procuring a new contract for the operations of the FCCC. The new contract will be configured to enhance security and treatment services within the facility.



Substance Abuse

Overview

Section 397.305(2), F.S., directs the development of a system of care to “prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care.” Section 20.19(4), F.S., creates within the Department of Children and Families a “Substance Abuse Program Office.” The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the department. The primary goals for services provided through the Substance Abuse Program are for *persons with or at risk of substance abuse problems will live, work, learn, and participate fully in their communities.*

Trends and Conditions

In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly opiates and benzodiazepines. The state is now feeling the effects of sharp increases in methamphetamine use, being primarily trafficked into the state from southern California and Mexico. Alcohol continues to be the most prevalent substance found in drug-related deaths in Florida, followed by benzodiazepines, cocaine, and opiates. Most drug-related deaths in Florida involved the use of two or more substances. Many of the acute effects of these issues are being felt by major metropolitan areas and the southeastern coast of Florida. The increase in prescription opiate and benzodiazepine abuse has created an added demand for medically-assisted detoxification programs and long-term treatment programs that specialize in the treatment of these addictions.

In response to the increases in opiate use and the need for safe treatment for opioid dependence, the National Institute on Drug Abuse developed a synthetic medication called buprenorphine, similar to methadone but with fewer side effects. Following passage of federal legislation in 2000, the Substance Abuse and Mental Health Services Administration (SAMHSA) now grants waivers for qualified physicians to dispense Schedule III, IV, and V opioid medications for the treatment of opioid addiction. Physicians must complete required training and receive approval from SAMHSA. They are limited to treating 30 patients at a time, unless they are affiliated with a licensed opioid treatment program. There are currently 223 physicians in Florida approved to treat opioid addiction with buprenorphine.

Substance abuse admissions in Florida (FY 2001-2002 through FY 2004-2005) continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, cocaine and marijuana, followed by heroin, other opiates, methamphetamines and benzodiazepines. More than 75 percent of primary drug problems for youth at the time of admission involve marijuana, followed by alcohol and cocaine. The most notable increases in recent years for adults and youth are for secondary and tertiary drug use problems involving opiates, methamphetamine and benzodiazepines (specifically Xanax).



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According to the Florida Youth Substance Abuse Survey (FYSAS) alcohol and other drug use among youth has continued to decline over the last five years. The trend, however, appears to reverse itself as these youth enter young adulthood where binge drinking and illicit and prescription drug abuse show marked increases. The Substance Abuse Program Office is working with the Governor’s Office of Drug Control on a program called Changing Alcohol Norms to combat underage alcohol use, with emphasis on working with colleges and universities throughout the state. The table below depicts the reduced substance use among middle and high school students in Florida from the 2005 survey:

30-Day Use:				
Current Use and Overall Decrease for Fiscal Years 2000-2005 & 2004-2005				
		% Drop		
	% Current Use	2000-2005		2004-2005
Heroin	0.3%	66%	↓	10%
Ecstasy	1.0%	63%	↓	7%
LSD/PCP	0.65	60%	↓	13%
Steroids	0.4%	63%	↓	26%
Methamphetamines	0.7%	59%	↓	27%
Cigarettes	10.2%	45%	↓	11%
Amphetamines	1.1%	42%	↓	16%
Cocaine	1.2%	43%	↓	24%
Crack Cocaine	0.4%	47%	↓	30%
Marijuana	10.4%	28%	↓	9%
Alcohol	30.8%	10%	↓	5%

Funding for Fiscal Year 2005-2006

The Substance Abuse Program received a \$4.57 million reduction due to losses in the Children and Adolescent Substance Abuse (CASA) Trust Fund, which was taken from adult substance abuse services and central office. New funding for Closing the Treatment Gap was appropriated for FY 2005-2006 in the amount of \$3.6 million for adults and \$1.37 million for children; the funding was allocated using

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formulas specified by Florida Statutes. The total Substance Abuse Program appropriations for the Substance Abuse Program Office for FY 2005-2006 are as follows:

Substance Abuse Appropriations Fiscal Year 2005-2006			
Budget Entity	General Revenue	Trust Funds	Total Appropriations
Program Management & Compliance	\$2,514,770	\$5,488,193	\$8,002,963
Adult Substance Abuse Services	\$27,204,958	\$91,444,813	\$118,649,771
Children's Substance Abuse Services	\$29,166,945	\$46,812,555	\$75,979,500
Total	\$58,886,673	\$143,745,561	\$202,632,234

Child Substance Abuse Services Funding Equity (FY 2005-2006)

As in mental health, unless otherwise stipulated by the Florida Legislature, appropriations for the substance abuse program are allocated to the districts in accordance with section 394.908, F.S. The statewide average per capita of \$206.93 for children employs the equity formula stated in Florida statutes, but this per capita average does not imply an adequate level of funding. There are approximately 1,800 Floridians awaiting treatment services, and increasing demands on services with the growth in drug courts and the need for substance abuse services for families involved in the child welfare system.

The following table outlines the district/region funding allocations for children's substance abuse services for FY 2005-2006. The \$1.37 million in new funding was distributed across districts and the region according to the equity formula outlined in Florida Statutes. An additional \$875,000 was funded by the Florida Legislature for Special Projects.



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Child Substance Abuse Services Funding Equity Fiscal Year 2005-2006			
District	District Budget	Target Population	Allocation Per Target Population
1	\$3,234,307	15,158	\$213.37
2	\$3,259,596	13,696	\$238.00
3	\$2,211,596	11,164	\$198.10
4	\$5,436,200	28,678	\$189.56
7	\$8,288,257	39,452	\$210.08
8	\$3,574,736	18,275	\$195.61
9	\$4,350,281	23,097	\$188.35
10	\$6,012,330	30,017	\$200.30
11	\$10,435,004	56,999	\$183.07
12	\$2,702,037	10,323	\$261.75
13	\$3,288,089	16,530	\$198.92
14	\$2,777,202	11,966	\$232.09
15	\$2,346,984	10,201	\$230.07
SC	\$13,211,214	58,171	\$227.11
Total	\$71,127,833	343,727	\$206.93

Adult Substance Abuse Services Funding Equity (FY 2005-2006)

The following table outlines the district/region funding allocations for adult substance abuse services for FY 2005-2006, with the statewide average per capita rate at \$98.58.

The Child and Adolescent Substance Abuse (CASA) Trust Fund reduction was distributed across the districts and region in accordance with the method by which it had originally been allocated. The \$3.63 million in new funding was distributed across districts and the region according to the equity formula outlined in Florida Statutes. The state received \$5.78 million for the Access to Recovery Program, which is being provided in Districts 8, 9, 13, 15 and the Suncoast Region.



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Adult Substance Abuse Services Funding Equity Fiscal Year 2005-2006			
District	District Budget	Target Population	Allocation Per Target Population
1	\$4,535,612	45,548	\$99.58
2	\$4,797,710	50,474	\$95.05
3	\$3,880,735	41,252	\$94.07
4	\$7,782,428	81,076	\$95.99
7	\$13,361,886	143,101	\$93.37
8	\$6,275,556	66,417	\$94.49
9	\$7,603,326	80,771	\$94.13
10	\$9,993,808	111,188	\$89.88
11	\$17,862,532	162,321	\$110.04
12	\$6,390,299	36,916	\$173.10
13	\$5,349,840	56,974	\$93.90
14	\$3,961,553	42,032	\$94.25
15	\$3,268,431	33,712	\$96.95
SC	\$19,045,459	205,701	\$92.59
Total	\$114,109,175	1,157,483	\$98.58



Substance Abuse Initiatives

The following initiatives are consistent with the strategies set forth in the department's *Mental Health & Substance Abuse Services Plan (2003-2006)* and are designed to ensure that *individuals and families at risk of or experiencing mental health or substance abuse problems receive services that promote recovery and resiliency.*

Areas of Focus for All Age Groups

The Substance Abuse Program worked collaboratively with the Agency for Health Care Administration on completion of a Robert Wood Johnson Foundation grant, **Resources for Recovery**. The \$200,000 grant enabled the agencies to expand Medicaid eligible substance abuse services, enhance access to services, and increase the number of substance abuse providers billing for Medicaid compensable services.

The Substance Abuse Program continued its collaboration on research initiatives with the University of Miami. The University received a NIDA grant extension for its **Clinical Trials Network** project and entered into its fourth year of assisting with the department's **Clinical Consultation Project** (peer review). Additionally, the University is serving as the project evaluator for the Access to Recovery grant and the Adolescent Treatment Infrastructure grant.

The program is developing data infrastructure and procedures to come into compliance with federal **National Outcome Measure (NOMS)** requirements. There are ten performance domains within prevention and treatment that must be captured and reported to SAMHSA. The NOMS will enable the federal government to compare substance abuse service outcomes across states.

In December 2005, **Chapter 65D-30, F.A.C.**, was revised to add two new services, intensive inpatient treatment and day or night treatment with community housing. These components are now licensable by the department. The intensive inpatient treatment component is aligned with ASAM levels of care and is designed to serve persons with service needs greater than existing residential levels of care are able to provide.

The State Courts Administrator is preparing to implement five new family dependency **drug courts** in judicial circuits that currently do not have these programs. Training has been provided to staff from the courts, service providers, law enforcement, and the department. The dependency drug court programs will be implemented in 2006.

The department is working with the Department of Health (DOH) to implement SAMHSA's **Rapid HIV Testing Initiative (RHTI)**. This initiative is designed to increase the abilities of the DOH and substance abuse providers to reach out to more at-risk individuals. For FY 2005-2006, the department selected 13 providers to participate who are equipped to meet the SAMHSA readiness requirements. Participating providers will be required to collect and report on several key measures during the 3-year initiative.



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Areas of Focus for Adults

The **Florida BRITE (Brief Intervention and Treatment for Elders)** Program was expanded to include the Center for Drug-Free Living in District 7 (Orlando) for FY 2005-2006. Through the program's original three pilot sites, the department was able to serve an additional 1,000 adults age 60 and older for substance abuse, depression, and suicide issues.

The **Access to Recovery Program** reached full implementation in November 2005, with more than 150 program site locations in Districts 8, 9, 13, 15 and the Suncoast Region (South St. Petersburg). The program emphasizes client choice and, with the increased involvement of the faith community in the provision of recovery support services, will serve an additional 3,283 adults each year.

The department initiated a contract with the **Northeast Florida Addictions Network (NEFAN)** to manage the functions of Family Intervention Specialists (FIS) in Districts 4 and 12. The purpose of the contract is to improve coordination between the FIS and community-based care entities for persons involved with child welfare who are in need of substance abuse services. The NEFAN contract is being expanded in FY 2005-2006 to include all block grant set-aside funding for pregnant women, women with dependent children, as well as substance abuse funding for Temporary Assistance to Needy Families (TANF) clientele. The NEFAN model will be evaluated by the University of South Florida, Florida Mental Health Institute to develop an interim report for the legislature by December 31, 2005.

The Substance Abuse and Mental Health Programs are assisting with the department's development and implementation of the federal **Strengthening Families** initiative through its Temporary Assistance to Needy Families (TANF) program. The initiative provides training for professionals and families, promoting strong marital relationships, improved family functioning, and reduced out-of-wedlock births.

Areas of Focus for Children

Florida Adolescent Substance Abuse Treatment Coordination: On August 1, 2005, the department received a Center for Substance Abuse Treatment (CSAT) three-year grant to provide oversight and coordination for adolescent treatment in all state agencies. The Florida Office of Drug Control will assume the lead for coordinating and enhancing adolescent treatment services throughout Florida. The new statewide coordinator for the grant will be working within the Office of Drug Control as well as with the department.

The **Florida Youth Substance Abuse Survey (FYSAS) and Monitoring the Future Survey** show that since 2000, youth drug-use prevalence rates are down across the board. Florida is one of just a few states that can track youth drug-use trends annually. In a cooperative effort with the University of Miami, Department of Health, Department of Education, and the Governor's Office of Drug Control, the Substance Abuse Program coordinates the annual administration of the Florida Youth Substance Abuse Survey. Administrations in even years provide a county-by-county profile of prevalence rates for 21 drug categories, five related health-risk behaviors, and 30 risk and protective factors. This information is used by state and local agencies, organizations, and anti-drug coalitions to identify substance abuse prevention issues and appropriate responses for continuing the downward trend of drug-use prevalence. Results of the surveys can be found on the Internet at:

www.dcf.state.fl.us/mentalhealth/publications/fysas/

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Prevention Needs Assessment: The Substance Abuse Program has been administering the *Florida Youth Substance Abuse Survey* statewide since 2000. Annually sampling at the state level and at the county level in even years, the survey has shown a steady decline in youth alcohol, tobacco and other drug use for the state and most counties. In 2005, the Department initiated a contract with the University of Miami, as part of the federal Strategic Prevention Framework Grant, to re-establish a state substance abuse epidemiology workgroup (SEW). The first state epidemiology report is scheduled for Spring 2006. County-level data will also be available. The SEW's will collect and analyze data for all age groups. The Substance Abuse Program is particularly interested in the SEW's findings with regard to young adults (18 to 24 years old) and the elderly.

Performance-Based Prevention System: In 2004, the Substance Abuse Program implemented the *Performance-Based Prevention System* (PBPS) to collect performance data from all contracted prevention service providers. Over 90% of all contracted providers are in compliance with data reporting requirements using this web-based, secure, real time reporting system. Based on the information collected in the first year of full administration of PBPS, four new contract performance measures will be incorporated into existing prevention contracts in early 2006 to track 1) the number served, 2) the number of groups conducted, 3) the number of participants who complete the program, and 4) the timeliness of data reporting. After implementation of the new performance measures, contracted service providers in prevention will need to be in compliance to have their invoices paid.

Prevention Partnership Program: The department competitively bids about \$4.5 million per year in substance abuse prevention programs that require collaboration with either the Department of Education, the Department of Juvenile Justice and community based organizations. These funds are disbursed through two-year contracts, are competitive and collaborative, and are held to a high standard of evaluation which is provided by the University of Miami.

Strategic Planning: Since 1999, the Substance Abuse Program has provided staff support to the Florida Substance Abuse Prevention Advisory Council. The Council has produced two editions of the *Florida Prevention System: The Prevention Component of the Florida Drug Control Strategy*, most recently published in 2004. As part of the Strategic Prevention Framework (SPF) Grant, the Council will work with the State Epidemiology Workgroup to develop a state strategic prevention plan that addresses the prevention needs of all age groups. The SPF Grant will also provide resources to local anti-drug coalitions to develop epidemiology-based plans for addressing the prevention needs of their communities. Currently all 67 counties have a community anti-drug coalition. District Substance Abuse Program Offices will use coalition plans to improve resource allocation and service quality.

Evidence-Based Programs, Practices, and Policies: In 2000, the Substance Abuse Program made a commitment to funding prevention programs that had been rigorously tested and found to be effective in reducing the risk of substance abuse. Since that time, all district Substance Abuse Program Offices prioritize model prevention programs in their contracts. The Substance Abuse Program Office contracts with the University of Miami to provide prevention evaluation field support services so that all programs under contract with the district offices have a foundation of evidence of effectiveness. Additionally, the Substance Abuse Program, through the SPF Grant, is working with community anti-drug coalitions to support the implementation of evidence-based strategies to address environmental issues and to develop effective prevention policies.



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The department and the **Department of Juvenile Justice** signed an interagency agreement in May 2005 aimed at improving service integration and coordination, enhancing performance, and collaborating on the development of legislative budget requests. The departments will focus on strengthening the evaluation process through the Juvenile Assessment Centers (JAC) and monitor service delivery, with emphasis on the substance abuse and mental health services needs of youth.

The Executive Office of the Governor and the Southern Coast Addiction Technology Transfer Center (SCATTC) received a three-year, \$1.2 million State Incentive Grant award to improve service infrastructure for **adolescent substance abuse treatment**. The project will focus on the development of best practices and special training/certification for clinical professionals, and increased efficiency for treatment providers to allow for more adolescents to be served and served more effectively.

The Substance Abuse Program works in concert with the Governor's Office of Drug Control on the prevention of underage alcohol use. This collaboration is conducted under the auspice of **Changing Alcohol Norms (CAN)**. The Substance Abuse Program serves on the CAN Stateworkgroup and targets Substance Abuse Prevention and Treatment (SAPT) Block Grant and SPF Grant resources to build community capacity to address underage alcohol use and support evidence-based environmental and program activities.



New SAMH Projects for 2005

The following projects were not outlined in the 2003-2006 plan but were initiated in 2005:

The **Office of Consumer and Family Affairs** has been established in the Mental Health Program Office to encourage greater participation of consumers in the ongoing planning and development of Florida's mental health program. Recruitment of a coordinator for the office is in process.

The **Critical Incident Reporting System (CIRS)** is under development. It is a web-enabled database system for collecting and reporting data pertaining to critical incidents involving persons served in state mental health treatment facilities and community settings.

Mental Health and Substance Abuse program staff continue to respond as volunteer crisis counselors in **Federal Emergency Management Agency (FEMA) Disaster Recovery Centers (DRCs)** and DCF Emergency Service Centers.

The **Substance Abuse/Mental Health and Community-Based Care Roundtable** was established in January 2005. The Roundtable provides a forum for community-based care providers to address behavioral health policy issues affecting children and families involved in the child welfare system.

The **Florida Epidemiology Workgroup** for substance abuse prevention and treatment was created through funding from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. The workgroup is collecting data on a variety of social indicators for substance abuse including: driving under the influence, hospital admissions, arrests, incarcerations, and treatment admissions, among other variables. The data will be used to develop distinct community level needs indices that will eventually be used to determine funding and service needs. This group will also collect data for the prevention and treatment National Outcome Measures that are required as part of the federal Substance Abuse Prevention and Treatment Block Grant.

The **Access to Recovery (ATR) Program** began implementation in 2005. The program is funded through a three-year, \$20.4 million grant from the federal Substance Abuse and Mental Health Services Administration. The funding will enable the department to serve an additional 8,002 adults over the life of the grant. This client choice program uses vouchers for the purchase of treatment and recovery support services through traditional, licensed treatment programs and non-traditional, faith-based entities in Districts 8, 9, 13, 15 and the Suncoast Region.

The department began implementing a five-year, \$11.4 million **Strategic Prevention Framework State Incentive Grant** from the Center for Substance Abuse Prevention. Funds will be used to build state and local capacity to assess prevention needs, plan to address those needs, implement



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evidence-based strategies, and monitor progress toward goals. This grant will re-establish the State (substance abuse) Epidemiology Workgroup and strengthen Florida's system of local community anti-drug coalitions.

In 2005, the Substance Abuse Program began managing a contract with the **Florida Certification Board** to establish the **Florida Prevention Workforce Development Center**. The Center will assess the capacities and development needs of the state's prevention workforce and develop training and support strategies to strengthen skill sets of Florida's prevention professionals.



Performance Measurement

Overview

The Department of Children and Families is mandated by the Florida General Appropriations Act (GAA) to track specific performance measures relative to clients served and service outcomes for mental health and substance abuse. The Mental Health Program is currently required to track 27 performance measures in relation to adult mental health, children's mental health, treatment facilities, and the Sexually Violent Predator Program. The Substance Abuse Program is currently required to track 14 performance measures in relation to adult and children's substance abuse.

Accountability through Performance

Secretary Lucy Hadi and her management team initiated a new process for performance measurement and management in August 2005. All programs within the department are now required to report their performance measures to a centralized "Dashboard", which details the levels of performance for each district/region and service provider on a continuous basis. The Dashboard can be accessed by the public at the following web address:

<http://dcfdashboard.dcf.state.fl.us/>

The Mental Health and Substance Abuse Program Offices have each instituted Performance and Resource Management Teams (PaRTS), comprised of budget, program, data management, and quality assurance staff. The PaRTS teams are responsible for compiling and analyzing client service and budgetary data on a monthly basis. The programs have identified internal targets or benchmarks for each measure and continuously monitor district/region and provider progress toward these targets.

Stakeholder Participation

As a means of improving stakeholder input into the performance measurement process, the department began hosting quarterly performance review meetings in February 2005 for mental health and substance abuse services. A total of three stakeholder meetings were held in 2005. Each provided a forum for public review and input on ways to improve performance and accountability.

The department's district and region offices routinely involve stakeholders in mental health and substance abuse service planning activities, including the three-year mental health and substance abuse services plan and updates and the Assisted Living Facilities plan. Several districts have planning councils that meet regularly to review department performance measures, service strategies, and budget issues.

Client Satisfaction

Each year the Department conducts consumer satisfaction surveys designed to produce statistically significant results at the district level. Adult and child consumers report their satisfaction in five areas: access to services, involvement in service planning and delivery, appropriateness and quality of services



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received, outcomes that result from services, and general satisfaction. Providers distribute surveys to consumers according to instructions provided by the department and forward anonymous results to the department for processing. Results from the most recent survey indicate overall satisfaction is 93 percent for adults and 83 percent for children. The table below depicts the summary of adult and children satisfaction for the Substance Abuse and Mental Health programs for FY 2004-2005.

Substance Abuse Adult and Child Consumer Satisfaction Summary Fiscal Year 2004-2005						
	Adult			Children		
Survey Area	# Satisfied	Total #	% Satisfied	# Satisfied	Total #	% Satisfied
Access to Services	1,108	1,161	95	551	628	88
Appropriateness of Services	1,097	1,159	95	546	624	88
Outcomes of Services	915	982	93	493	584	84
Involvement in Services	1,056	1,126	94	519	614	85
General Satisfaction	1,119	1,161	96	587	625	94
Total	5,295	5,589	95	2,696	3,075	88

Note: (a) this data reflects what was submitted to the Center for Mental Health Statistics (MMHS) for the national consumer satisfaction survey it conducts each year. (b) CMHS requested FY04-05 data from children on the cultural and ethnic sensitivity of staff instead of general sensitivity of staff.



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Mental Health Adult and Child Consumer Satisfaction Summary Fiscal Year 2004-2005						
Survey Area	Adult			Children		
	# Satisfied	Total #	% Satisfied	# Satisfied	Total #	% Satisfied
Access to Services	2,886	3,142	92	785	957	82
Appropriateness of Services	2,893	3,137	92	755	953	79
Outcomes of Services	2,152	2,495	89	682	884	77
Involvement in Services	2,748	3,030	91	729	951	77
General Satisfaction	2,978	3,145	95	808	954	85
Total	13,657	14,879	92	3,759	4,699	80

Note: (a) this data reflects what was submitted to the Center for Mental Health Statistics (MMHS) for the national consumer satisfaction survey it conducts each year. (b) CMHS requested FY04-05 data from children on the cultural and ethnic sensitivity of staff instead of general sensitivity of staff.



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Legislative Status Report

The department is required by s. Section 394.745, Florida Statutes to submit a report to the Legislature by November 1 of each year describing the compliance of substance abuse and mental health service providers under contract with the department. The report must describe the status of compliance with the annual performance outcome standards established by the Legislature and must address the providers that meet or exceed performance standards, the providers that did not achieve performance standards for which corrective action measures were developed and the providers whose contracts were terminated due to failure to meet the requirements of the corrective plan. The FY 2004-2005 report reviewed 605 mental health and substance abuse contracts, 546 (90%) of which required General Appropriations Act (GAA) performance outcome measures. Of the 546, a total of 509 (93%) had performance outcomes required in their contracts. Of these 509 contracts, 389 (76%) were found to have documented GAA standards. A total of 259 of these 389 contracts (67%) had performance data reported in the Substance Abuse and Mental Health (SAMH) data system. Of these 259 contracts, 242 met the standard for “Successful” Contract Performance.

Performance Outcomes and Clients Served

Appendix 1 of this plan update provides a series of tables depicting FY 2004-2005 output (clients served) and outcome data for the Mental Health and Substance Abuse programs.



Appendix 1

Performance Measures for Mental Health and Substance Abuse

The following tables depict the FY 2004-2005 General Appropriations Act (GAA) Performance-Based Program Budgeting (PB2) outcomes and clients served data for the Mental Health and Substance Abuse Programs:

Children's Mental Health GAA Outcome Measures for FY 2004-05

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Children with serious emotional disturbance (SED) - excluding those in juvenile justice facilities	a. Annual number of days spent in the community	350	347
	b. Percent who improve their level of functioning	65%	61.0%
Children with Emotional Disturbances (ED) - excluding those in juvenile justice facilities	a. Annual number of days spent in the community	360	357

Children's Substance Abuse GAA Outcome Measures for FY 2004-05

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Children with Substance Abuse Problems	a. Percent of children who complete treatment	74%	80.2%
	b. Percent of children who are drug free at 12 months following completion of treatment	52%	58.0%
	c. Percent of children under the supervision of the state receiving substance abuse treatment who are <u>not</u> committed to the Department of Juvenile Justice during the 12 months following treatment completion	85%	66.0%
Children At Risk of Substance Abuse	a. Percent of children who receive targeted prevention services who are not admitted to substance abuse services at 12 months after completion of prevention services	95%	97.7%



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Adult Mental Health GAA Outcome Measures for FY 2004-05

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Adults with Serious and Persistent Mental Illness in the Community (SPMI)	a. Average annual number of days spent in the community (not in institutions or other facilities)	350	345
	b. Average annual days worked for pay	40	34
Adults in Mental Health Crisis	a. Median length of stay in CSU/Inpatient services	5	2
Adults with Forensic Involvement	a. Percent of persons who violate their conditional release under chapter 916, Florida Statutes, and are recommitted	2%	0.98%

Adult Substance Abuse GAA Outcome Measures for FY 2004-05

Target Population	Outcome Measure	State Standard	Actual Statewide Outcome
Adults with Substance Abuse Problems	a. Percent of adults who are drug free at 12 months following completion of treatment.	65%	68.0%
	b. Percent of adults employed upon discharge from treatment services	73%	79.9%
	c. Percent of adults who complete treatment	69%	72.9%
	d. Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who received treatment	55%	45%
	e. Percent change in the number of clients with arrests within six months following discharge compared to number with arrests within six months prior to admission	50%	50.0%

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**Number of Clients Served in
Community Mental Health Providers in FY 2004-2005**

Children's Mental Health Total						Total Adult Mental Health				
District	SED	ED	At-Risk of MH Problems	Unknown	Total	SPMI	In Crisis	Community Forensic	Unknown	Total
1	1,649	1,300	240	na	3,189	4,946	2,943	84	na	7,973
2	2,883	1,488	48	na	4,419	6,095	1,346	145	na	7,586
3	2,669	1,157	188	na	4,014	3,739	1,256	131	na	5,126
4	4,295	2,519	57	na	6,871	7,071	3,342	214	na	10,627
7	8,000	3,012	476	na	11,488	14,959	6,297	375	na	21,631
8	1,904	1,898	124	na	3,926	4,749	2,791	137	na	7,677
9	1,578	912	28	na	2,518	3,227	599	71	na	3,897
10	4,822	2,883	289	na	7,994	7,657	3,258	525	na	11,440
11	10,893	4,561	212	na	15,666	14,508	4,605	296	na	19,409
12	2,419	736	273	na	3,428	3,044	1,989	154	na	5,187
13	3,242	880	62	na	4,184	3,630	2,346	101	na	6,077
14	1,982	2,191	76	na	4,249	4,867	2,180	190	na	7,237
15	2,509	1,174	133	na	3,816	3,258	1,582	150	na	4,990
23	8,844	4,720	645	na	14,209	21,838	6,494	663	na	28,995
Statewide Data										
FY 2004-05 Total⁵	56,375	29,069	2,801	na	88,245	102,030	40,420	3,167	na	145,617
FY 2003-04 Total¹	49,935	28,752	4,451	3,468	86,606	78,319	48,101	2,507	11,822	140,749
FY 2002-03 Total⁵	48,785	25,667	3,355	Not Applicable	77,803	75,298	62,995	1,717	Not Applicable	140,010

¹ District numbers do not add to the statewide totals because the latter have been unduplicated for clients served in more than one district.



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Number of Clients Served by Community Substance Abuse Providers in FY 2004-2005

District	Adults	Children
1	8,068	2,860
2	4,822	2,477
3	2,408	691
4	9,412	6,390
7	11,940	8,475
8	6,241	1,519
9	9,743	3,525
10	8,634	4,607
11	13,320	5,092
12	7,628	2,471
13	3,360	2,918
14	3,107	2,614
15	3,846	2,157
23	16,826	11,145
Statewide Data		
FY2004-05 Total	109,355	56,941
FY2003-04 Total	93,541	60,862
FY2002-03 Total	101,661	62,681