Substance Abuse and Mental Health Annual Plan Update

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Charlie Crist, Governor

George H. Sheldon, Secretary

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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 2009 plan update provides a status report on progress toward meeting these goals. The Department will begin development of the state's Substance Abuse and Mental Health Master Plan for submission next January 2010.

Organization

The Department of Children and Families is the state agency which administers Florida's publicly-funded substance abuse and mental health treatment programs. The Department operates under the direction of Secretary George Sheldon, who reports directly to the Governor. The Assistant Secretary for Substance Abuse and Mental Health, William H. Janes, provides leadership and direction for the Substance Abuse and Mental Health Program Offices, and reports directly to the Secretary of the Department.

The stated mission of the Department is to "Protect the Vulnerable; Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency". The Substance Abuse and Mental Health Programs (SAMH) have established key strategic objectives and strategies that support the Department's mission and direct the provision of services to Florida's citizens.

The objectives identified in the following section represent the primary areas of focus for the SAMH programs and key strategies that were identified in the triennial plan. Many of these strategies were addressed during the 2007-2008 state fiscal year.

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 by coordinating, collecting, and analyzing service data, including performance measures;

- developing statewide rules, policies, and standards;
- providing consultation and assistance to the service circuits/regions, 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 circuits/regions;
- coordinating the development of statewide plans and programs; and
- collaborating with other state-level agencies, advocacy groups, and community organizations.

In 2007, as a result of the provisions of Chapter 2007-174, the Department of Children and Families (DCF) began reorganizing the previous district structure to align with the State's judicial circuits. This reorganization is now complete. The circuit/regional SAMH responsibilities are now managed within the newly established Circuit and Regional structure by the Regional Administrator. Circuit Substance Abuse and Mental Health Program Supervisors report directly to DCF Circuit leadership. Additionally, budget management and contract responsibilities are assigned to the Circuits. At the central office level, the SAMH Program Directors report directly to the Assistant Secretary for Substance Abuse and Mental Health Programs.

The SAMH Program Supervisors have a broad range of responsibilities focused to ensure effective management of substance abuse and mental health services at the community level, including:

- the oversight of contracting;
- budgeting;
- licensure;
- quality assurance activities;
- being the Department's representatives at the local level for mental health and substance abuse issues; and
- collaborating with local partners to ensure that a comprehensive system of substance abuse and mental health services are provided to citizens of their respective areas.

The Substance Abuse Program Office uses a "Team Leader" approach that specifies an individual as Team Leader with other staff performing functions that support the "team." Specified task areas include: 1) Prevention; 2) Treatment; 3) Performance Management; 4) Budget; 5) Information Technology (which also provides support to the Mental Health Program Office); and 6) Operations. Each Team Leader reports directly to the Substance Abuse Program Director.

Within the Mental Health Program Office, operations are organized around six main areas. These areas include: 1) Adult Mental Health Services; 2) Children's Mental Health Services; 3) Mental Health Treatment Facilities (including the Sexually Violent Predator Program); 4) Budget; 5) Contract Management (which also provides contracting support to the Substance Abuse Program Office); and 6) Consumer and Family Affairs. Each of the six areas has a Chief responsible for operations within their area, reporting to the Director of Mental Health.

In addition to the six main areas above, the Mental Health Program Office also includes a Disaster Response Team. The teams are established in response to hurricanes and other nationally-declared disasters.

Substance Abuse and Mental Health Strategic Objectives

The Department of Children and Families Strategic Plan includes five strategic objectives that focus on "Individuals and Families At-Risk of or Challenged by Substance Abuse or Mental Illnesses."

1. Prevention and Early Intervention

This objective applies to individuals who are at-risk of or challenged by substance abuse problems and/or mental illnesses. Strategies and action steps correlating to this objective focus on: 1) decreasing the prevalence of substance use/abuse for adults and children; and 2) proactively addressing symptoms of mental illness in adults and emotional disturbances in children.

2. Recovery and Resiliency

This objective involves individuals with substance abuse and/or mental health concerns, and it focuses on empowering these individuals to achieve their greatest potential. 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 (DJJ); Department of Corrections (DOC); local jails; local law enforcement; and drug, dependency, mental health, civil, and criminal courts. Consumer choice and Peer to Peer assistance programs are also critical for success. Enhanced transition programs/services for persons discharged from jails, prisons or secure treatment facilities are helping people with mental illnesses be successful in their communities.

3. Resource Stewardship and Integrity

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 (AOB), comply with payment requirements, and improve the accuracy of expenditures through reduced waste, fraud, and abuse.

4. Continuous Performance Improvement

This objective is monitored through a recurring review of program attainment of performance indicator targets and performance improvement at the state, circuit/region, and provider levels. Actions are taken at state and circuit levels to impact program performance.

5. Individual Satisfaction

The Substance Abuse and Mental Health Programs have developed individual satisfaction surveys. English and Spanish versions are available that cover general individual satisfaction with service access, provider service delivery, and the impact of services. Results from the surveys are used to improve services.

2008 Legislative Session

The Florida Legislature passed substantive legislation in the 2008 session that impacts the substance abuse and mental health system:

- ***Section 394.9082, F.S. (HB 1429)*** authorizes the Department to implement Behavioral Health Managing Entities. These will be 501(c)(3) corporations that will be under contract with the Department to manage the day-to-day operational delivery of services through the establishment of an organized system of care. The governance structure must include families, individuals who receive care, and community stakeholders, as well as providers.

- ***Section 409.9025, F.S. (SB 1456)*** requires that the Medicaid eligibility of individuals in jails or state correctional facilities be suspended, rather than terminated, during the term of their incarceration. The goal of this legislation is to ensure that people have prompt access to services upon release.

- ***Section 394.9084, F.S. (HB 7041)*** authorizes the Department to expand Self-Directed Care statewide. However, no additional resources were provided to support the expansion. The bill also moved requirements for program evaluation from the Department to the Office of Program Policy Analysis and Government Accountability (OPPAGA). The evaluation is required to include: assessment of choice; access to services; cost savings; coordination and quality of care; adherence to principles of SDC; barriers to implementation; and progress toward expansion.

- ***Community-Based Medicaid Administrative Claiming (CBMAC) Proviso Language*** provided authority for the Department to allocate $21 million to community mental health and substance abuse providers who participated in the CBMAC Program, based on their earnings. In addition, both chambers agreed to implement administrative claiming for all agencies beginning July 1, 2008.

  The Legislature also appropriated approximately $14 million in recurring Federal Grants Trust Fund authority for the 2008-2009 Fiscal Year. Of that amount, $5.4 million was substituted for existing state general revenue funds which must be made up with CBMAC earnings. It was intended that providers would be required to participate in CBMAC. However, it is anticipated that earning potential is less than expected due to expansion of Medicaid managed care models throughout the state.

Mental Health

Overview

The Mental Health Program continues to focus on a system that is person and family-centered and directed, promotes individual and family choice in mental health services and supports, and assures that those services reflect the best practices available.

Florida Statutes require that the state manage a system of care for persons with serious 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 *Individuals and Families At-Risk of or Challenged by Mental Illnesses or Co-occurring Substance Abuse and Mental Illnesses* 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 service areas (circuit/regions) through contracts with providers.

There are a total of eight mental health treatment facilities for adults; three are currently operated by the Department and five are operated by private vendors. One facility serves civilly committed persons exclusively, three serve forensically committed persons only, and one serves persons committed through either process. One of the eight 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. For children's residential services, the Department and Medicaid co-fund Medicaid contracted providers located in each of the Department's six Regions. Residential services for children who have been found incompetent to proceed are provided under contract with the Apalachicola Forest Youth Camp, operated by Twin Oaks Juvenile Development.

Mental Health
Current Conditions and Trends

- It is estimated that there are 784,558 adults with serious mental illnesses and 331,496 adolescents in Florida with serious emotional disturbances.
- Over the past nine years, the population of inmates with mental illnesses in Florida prisons increased from 8,000 to nearly 17,000 individuals. In the next nine years, this number is projected to reach more than 32,000 individuals, with an average annual increase of 1,700 individuals.
- Budget reductions impacting both administration and services occurred during fiscal years 2006-07, 2007-08 and additional reductions are anticipated for FY 2008-09.
- From the program's inception (1998) to the present, Sexual Violent Predator Program (SVPP) has had a 46.2 percent increase in the average annual number of referrals.
- Residential capacity for adults with mental illnesses continues to decrease in Crisis Stabilization Units, Short-Term Residential Treatment, and Civil Commitment beds.
- Research proves that early access to treatment works and is cost-effective.

Funding for Fiscal Year 2008-2009

Mental health appropriations for the Mental Health Program Office for Fiscal Year 2008-2009 are as follows:

Mental Health Appropriations Fiscal Year 08-09			
Budget Entity	**General Revenue**	**Trust Funds**	**Total Appropriations**
Program Management & Compliance	$6,779,495	$32,298,424	$39,077,919
Adult Community Mental Health	$228,293,239	$65,893,795	$294,187,034
Children's Mental Health	$73,165,979	$20,169,939	$93,335,918
Adult Mental Health Treatment Facilities	$265,064,160	$72,055,292	$337,119,452
Violent Sexual Predator Program	$25,740,534	$5,940,369	$31,680,903
TOTAL	**$599,043,407**	**$196,357,819**	**$795,401,226**

Mental Health Initiatives

The following initiatives are consistent with the strategies set forth in the Department's *Mental Health & Substance Abuse Services Plan (2007-2010)* 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.

1. Prevention and Early Intervention

Early Intervention

Children's Mental Health continues to recognize the importance of early identification and intervention to prevent or reduce the development of serious emotional disturbances. During 2008, Children's Mental Health participated in the Federal Maternal and Child Health Grant for Florida which supports development of an Early Childhood Comprehensive System of Care. The Children's Mental Health Program provided financial assistance and support for community trainings on the Bright Futures *toolkit,* "What to Expect and When to Seek Help." This guide helps community-based child care professionals provide a consistent and comprehensive approach to identifying early childhood mental health needs and making appropriate referrals.

A statewide survey to identify communities where early childhood mental health consultation services are being provided to child care centers is underway. A one day summit is planned for these identified communities. The summit will provide a forum for providers to report on their practices and to identify a framework for future expansion of services.

Family Voice

The Mental Health Program staff is using information gathered in Family Forums across the state to improve understanding of the struggles endured by children and their families as they seek mental health treatment in Florida. This information is being used to transform the Children's Mental Health System to a more child-focused, youth -guided, and family-driven system. Concerns expressed by involved youth and families have become a priority. Steps taken in 2008 to increase the voice of children and their families include:

- The Children's Mental Health Program supports monthly calls with Florida's family organization to strengthen family and youth voice.
- A statewide Family Network Leadership Team has been developed to support establishment of family-run organizations throughout the state, to provide leadership, technical assistance, and capacity building.
- In June 2008, 96 families, providers, state representatives, and Health Maintenance Organizations (HMOs) attended the "Charting the Course for Florida's Families". The meeting, facilitated by Georgetown University, was a

"Search Conference" to facilitate development of more active family organizations that will provide information and empower families to navigate the mental health system.

Transition

During FY 2007-2008, several programs emerged to support youth with mental illnesses transitioning to the adult mental health system. In South Florida, a demonstration project has been implemented which targets youth/young adults (16-24). The Program offers supportive education, supportive living (apartments are scattered across the county), employment, and mentoring, as well as treatment services. Participants are able to register for college at Nova Southeastern University and experience "on-campus" life. Another circuit created a Youth Resource Center (a drop-in center) for youth transitioning to adulthood. The Center provides mentoring, stipends, and a local Transition Resource Guide. This program was developed in partnership with the local Boys and Girl's Club.

2. Recovery and Resiliency

Peer Specialist Certification

The Mental Health Program Office of Consumer and Family Affairs, in partnership with the Florida Certification Board, have developed and implemented the nation's first systemic, integrated Peer Specialist Program. This process incorporates individuals who have received mental health services, family members, and other stakeholders into the formal service delivery process. Over 400 individuals have been certified as Adult and/or Family Certified Peer Specialists.

The program offers three different certifications with overlap capacity. The three certifications include: Certified Peer Specialist (CPS); Certified Peer Specialist – Adult (CPS–A); and Certified Peer Specialist – Family (CPS–F). A "Grandfather" period has been built into the program to allow people with previous or similar work or volunteer experience to obtain the certification through the strict standards set by the Florida Certification Board (FCB). The Grandfather period will end January 2009. Subsequently, applicants will be required to complete a minimum of 40 hours of classroom training, pass a professionally developed test, and provide personal and professional recommendations.

Criminal Justice, Mental Health and Substance Abuse Reinvestment Act

Section 394.656, Florida Statutes, created the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program. In 2008, the SAMH Corporation and the Department of Children and Families awarded eleven three-year Implementation Grants to initiate or expand county initiatives addressing the growing population of

persons with substance abuse, mental illnesses, and co-occurring disorders in local jails and state prisons. Twelve counties were awarded one-year Planning Grants supporting county Public Safety Coordinating Councils in developing problem-solving models and strategic plans to intercept and treat adults and juveniles who are in, or at-risk of entering, the criminal or juvenile justice systems. The grants include $3.8 million in Fiscal Year 2008 state funds which require county matching funds. The Implementation Grant awards include an additional $2.8 million per year in Fiscal Year 2009 and 2010 state funds with ongoing county match requirements. The Act also created a Technical Assistance Center, housed at the University of South Florida, Florida Mental Health Institute. The SAMH Corporation and the Technical Assistance Center present Annual Reports, as required by statute, detailing the activities supported by these grants. The first annual report is being finalized for submission by January 1, 2009.

Interagency Coordination

On September 9, 2008, the Department of Children and Families, the Agency for Health Care Administration, the Department of Juvenile Justice, the Agency for Persons with Disabilities, and the Department of Health entered into an interagency agreement to better coordinate services for the children of Florida. A "Champion" will be assigned to a child in need of coordination across multiple systems to ensure that all available, necessary services are provided. The agreement establishes local system of care review teams to resolve concerns related to both systems issues and case-specific issues for children receiving services from multiple agencies. In addition, the agreement guides the work of headquarters' "Rapid Response Team" to address problems that cannot be solved at the local level.

Juvenile Incompetency to Proceed Services

In response to concerns about waiting lists for Juvenile Incompetency to Proceed Services, the Department's Mental Health Program staff provided educational material to each Chief Circuit Judge, Public Defender, and State Attorney. This material was also provided to the evaluators who have completed the Florida Institute of Mental Health "Juvenile Competencies in the Justice System" training. Weekly communication at the state and circuit/regional levels has increased cooperation, ensures issues are identified and resolved, and provides a way to share effective practices between all involved.

Interagency Coordination

In December, 2006, the Department of Corrections and the Mental Health Program executed an Interagency Agreement outlining procedures for linking inmates who have mental illnesses and are reaching the end of their sentences being discharged to community aftercare services. This agreement was modified to fit system changes and re-executed in 2008. The two departments also worked together to create an online

referral database, which has been extremely successful. This database allows for the tracking of individuals leaving the prison system who have been provided with an appointment with a local mental health provider.

Supported Employment

Supported Employment has been expanded to individuals within each of the Department's six Regions. Supported Employment has assisted the Mental Health Program's ability to exceed its annual employment performance measure. The Department also partnered with the Department of Education-Vocational Rehabilitation to prioritize individuals with disabling serious mental illnesses for vocational rehabilitation services.

Transformation Transfer Initiative Grant

Florida was awarded the Transformation Transfer Initiative grant in December 2007. The goal of the grant was the regionalization of the Recovery and Resiliency Task Force, an advisory group led by individuals who have received mental health services and family members. A task force is now operational in each of the Department's Regions. The impetus behind regionalization was the inclusion of individuals who have received services and community partners at all levels of decision-making. The regional Recovery and Resiliency Task Forces ensure a place for those individuals at the forefront of the decision-making process in all aspects of the mental health service delivery system.

Self-Directed Care

Legislation was passed during the 2008 Legislative session to allow for the expansion of the Self-Directed Care program statewide. Funding to support the development of additional programs did not pass. The Department has submitted a legislative budget request again for 2009. In an effort to increase individual options, the Department has expanded Florida Assertive Community Treatment (FACT) enhancement fund guidelines to mirror those used in the SDC program.

Supportive Housing

Adult Mental Health partnered with the Florida Supportive Housing Coalition and the Florida Housing Finance Corporation to increase access to the housing rental supplement program. Supportive housing provides a means for individuals ready for discharge from state treatment facilities or reaching the end of their prison sentences to find housing when they return to their communities. Efforts of stakeholders have resulted in additional housing units being made available in Florida to Extremely Low Income (ELI) households. ELI is a pool of individuals in which the adults with mental illnesses are overrepresented.

Mental Health Clubhouse

Mental Health Clubhouse, an evidence-based service that promotes employment of persons with mental illnesses, has been expanded to six sites in Florida. Of those, three have achieved International Center for Clubhouse Development (ICCD) certification. Mental health clubhouses are structured, community-based services designed to:

- strengthen and/or regain members' interpersonal skills;
- provide a psychosocial approach to rehabilitation;
- develop environmental supports necessary to successful community living; and
- meet employment and other life goals in the process of achieving recovery from the negative effects of psychiatric disabilities.

Services are provided in a community-based program where trained staff and members of the clubhouse work as a team to address life goals and to perform the tasks necessary for the operation of the program.

Recovery Services for Adults Residing in State Mental Health Treatment Facilities

Consistent with transformation of the community mental health system, the state facilities incorporate the recovery model in their service delivery approach. This approach is person-centered and revolves around empowering the individual to learn skills, make choices, and be actively involved in their treatment and recovery. Facilities currently provide training to staff during orientation and on a regular basis, on the principles associated with this approach. The recovery program offers individuals the opportunity to attend activities and programs of their choice in preparation for transition to the community. Department staff presented at a national conference regarding how to develop a competent workforce in a recovery-based environment and how to embed recovery-oriented practices into mental health organizations. The vocational programs at the state mental health treatment facilities have been expanded to include the recovery philosophy and provide employment and career opportunities and skills that will help residents achieve their recovery goals.

Utilization of Civil Beds

In order to ensure access to care for people who need the most structured and intensive environments, the Department monitors admission and discharge data to ensure maximum utilization of facility resources. In 2008, data indicated individuals were awaiting admission to Northeast Florida State Hospital an average of 43 days from the date their admission referral packet was complete, while individuals were being admitted to South Florida State Hospital in an average of 24 days. As a result of this monitoring, a change was made to the facility "catchment areas" so that individuals from Brevard County are admitted to South Florida State Hospital, versus Northeast Florida

State Hospital. This change, which occurred in Fall 2008, should result in a shorter waiting time for admission to Northeast Florida State Hospital. The Department also monitors length of stay and discharge barriers to ensure that individuals reside in the most appropriate and least restrictive place possible. Discharge barrier meetings are held with attendance by service team members, community providers, and administrative staff. Individuals with longer lengths of stay are evaluated; their services, treatment, and discharge barriers are reviewed; and the service plan is revised, if indicated, in order to facilitate their timely return to the community. Facility data indicated the number of civil people served in FY 2007-2008 increased. The focus on decreasing the length of stay of individuals resulted in an increased ability to serve more people with severe and persistent mental illnesses in the facilities.

3. Resource Stewardship and Integrity

Disaster Services

Florida's substance abuse and mental health 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 in recovery of persons affected by disaster events. It is anticipated that over 8,000 Floridians affected by the flooding resulting from Tropical Storm Fay will be assisted through the Project H.O.P.E. (Helping Our People in Emergencies) Disaster Program in 2008-2009. The Project Recovery Disaster Services grant provided funding for training teams throughout the state. These teams are equipped to provide short term cognitive therapy for adults and children with emotional trauma resulting from flooding, hurricanes, and other disasters.

4. Continuous Performance Improvement

Reduction of Seclusion and Restraint

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 the 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 future 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.

5. Individual Satisfaction

(Refer to Stakeholder Satisfaction in the Performance Management section on page 28 of this Plan Update.)

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.*

Substance abuse inflicts enormous damage upon the state of Florida, affecting the rich and poor, educated and uneducated, white-collar and blue-collar workers, as well as students, homemakers, and retirees. The devastation resulting from substance abuse is well known: physical, mental and emotional traumas for individuals, their families, neighbors and friends, and enormous preventable financial costs to society.

Substance Abuse Current Conditions and Trends

- It is estimated that there are 1.3 million adults and 335,000 adolescents in Florida with substance abuse and dependence problems.
- Alcohol continues to account for the highest percent of treatment admissions for adults (36%) followed by marijuana (23%) and crack (21%).
- Marijuana accounts for the highest percent of adolescent admissions (80%) followed by alcohol (14%). Although there has been a slight reduction in alcohol use, the rate of underage drinking remains a significant concern in Florida.
- Budget reductions occurred during fiscal years 2006-07, 2007-08 and additional reductions are anticipated for FY 2008-09. The reductions to date have primarily affected women, their children, and adolescent services.
- Research proves that treatment works and is cost-effective.

Substance Abuse System of Care

The Legislature appropriates Substance Abuse funding in three primary areas: Children's Substance Abuse; Adult Substance Abuse; and Program Management and Compliance. The Children's and Adult funding is used primarily to contract with community-based providers for the direct provision of prevention, detoxification, treatment, aftercare, and support services for children and adults. Program

Management and Compliance funding supports state and circuit/regional staff that are responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

Through the community-based provider system, the Substance Abuse Program provides a range of prevention, detoxification, treatment, and aftercare services for families, children, and adults. Prevention services include activities and strategies that are designed to preclude, forestall, or impede the development of substance abuse problems by addressing risk factors known to correlate to substance use. In the case of children, these services may be provided in school-based settings and require parental participation.

The Department supports a wide array of direct substance abuse prevention programs and "indirect" community strategies. Most of the prevention activities supported by the Department focus on children and youth, though some resources target particular adult populations, especially young adults (ages 18 to 25) and older adults (over age 55).

The greatest emphasis of prevention activities is on 12 to 17 year old youth and their families. Strategies to improve program operations and outcomes for children include an increase in the use of rigorously evaluated program models, support for community anti-drug coalitions, coordination with other state agencies, and establishment of reliable data sources for assessing children's needs and provider performance.

According to the Florida Youth Substance Abuse Survey, alcohol, tobacco and other drug use among youth has generally declined since 2000. This statewide survey is conducted annually at the state level and on even years at the county level. The 2008 survey results show a steady decline in youth related alcohol, tobacco, and other drug use since its inception in 2000. For example, the prevalence of past month marijuana use decreased from 14.4% to 11.1% between 2000 and 2008; and use of illicit drugs other than marijuana decreased from 10.1% to 8.9% over the same period.

Detoxification, treatment, and aftercare services focus on reducing and eliminating substance use among identified populations in order to promote positive outcomes such as contributing to family unity and stability for minor children, reducing involvement in the criminal justice system and maintaining a drug-free lifestyle.

- Detoxification services use medical and clinical procedures to assist children and adults to withdraw from the physiological and psychological effects of substance abuse.
- Treatment includes various levels of residential treatment and non-residential treatment, the type and duration of which varies according to the severity of the addiction.

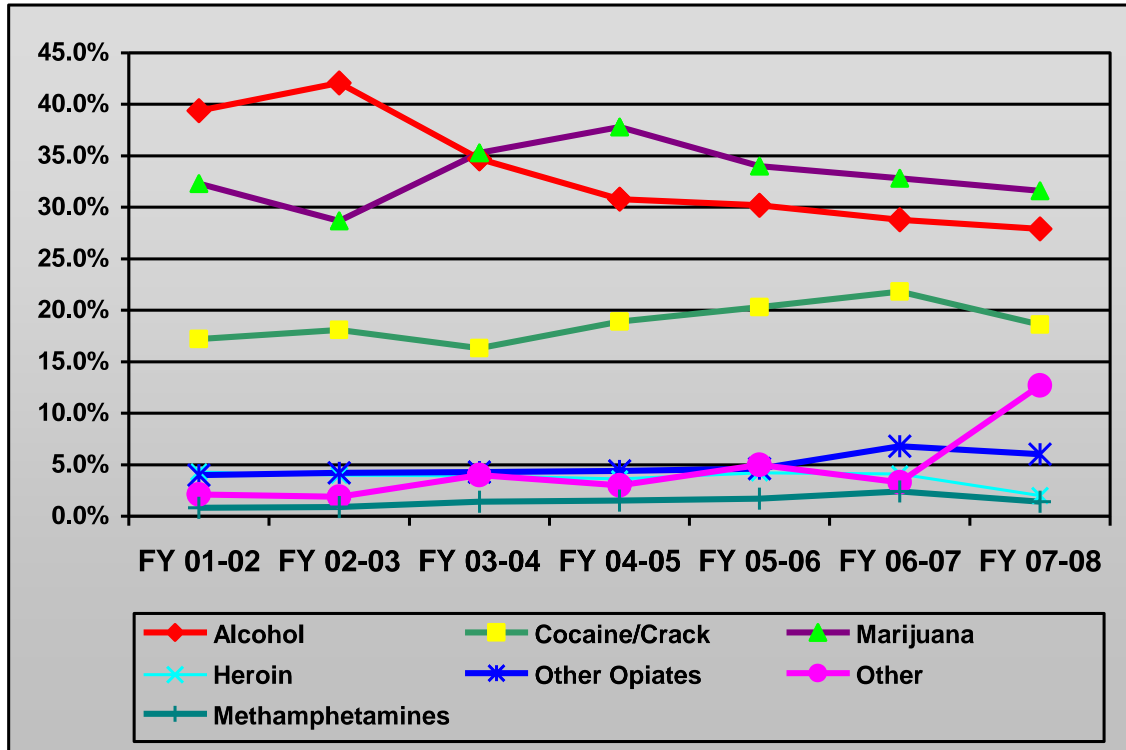
- Aftercare consists of services designed to provide continued support to persons who have completed treatment and focuses on promoting recovery and the prevention of relapse.

Substance Abuse Licensure System

The Substance Abuse Program administers a comprehensive substance abuse licensure system pursuant to Chapter 397, F.S., and Chapter 65D-30, F.A.C. Private and publicly-funded agencies providing substance abuse services must be licensed in the state of Florida. The Substance Abuse and Mental Health Program Office in each circuit/region is responsible for licensure of substance abuse agencies. Specifically, Licensure Specialists or Authorized Agents of the Department based in each circuit/region monitor substance abuse providers to ensure compliance with applicable statutory and regulatory standards.

Trends in Substance Use - Admissions

The seven-year trend in substance use problems at admission for children and adults, portrayed in the chart that follows, shows a decline in alcohol and marijuana as the primary drug of abuse in FY 2007-2008. For all populations, marijuana remained the number one primary drug of abuse followed by marijuana. Crack/cocaine remains the third drug of abuse in the order of prevalence at admission, but the increase seen since FY 03-04 has reversed. The aggregate “other” category shows a significant increase, primarily due to the expansion of the substance list from 20 to 62 choices.



7-Year Trend in Substance Use Problems at Admission – All Individuals

Note: Opioids include heroin, non-prescription methadone, and other opiates such as oxycodone and hydrocodone, among other prescribed medications for pain relief.

Funding for Fiscal Year 2008/2009

The Substance Abuse Program was funded by the Legislature for a total of $210,494,299. The following chart displays in detail the specific appropriations for children and adults by funding source, including state general revenue and federal funds.

The economic downturn in Florida and the nation has substantially affected the states' financial condition and has resulted in reduction in the Substance Abuse budget. For FY 08-09 over $3.1 million was reduced from Temporary Assistance for Needy Families (TANF). This severely affected services to women with children.

In addition, over $150,000 was taken in administrative reductions. It is likely that before the end of this fiscal year additional reductions may be required, due to state revenue shortfalls.

Substance Abuse Appropriations Fiscal Year 08-09			
Budget Entity	**General Revenue**	**Trust Funds**	**Total Appropriations**
Program Management & Compliance	$2,686,277	$7,561,413	$10,247,690
Adult Substance Abuse Services	$47,661,398	$78,485,202	$126,146,600
Children's Substance Abuse Services	$44,289,385	$29,810,824	$74,100,209
TOTAL	**$94,637,060**	**$115,857,439**	**$210,494,499**

Substance Abuse Initiatives

The following initiatives are consistent with the strategies set forth in the Department's *Mental Health & Substance Abuse Services Plan (2007-2010)* and are designed to ensure that *individuals and families at risk of or experiencing substance abuse problems receive services that promote recovery and resiliency.*

1. Prevention and Early Intervention

Focusing on Prevention

The Department's prevention efforts are aimed at developing the best resources possible to better detect the local conditions impacting the State's substance abuse problems and apply available research in addressing those problems. The Department's activities this year were aimed at putting data and research into action in our state. The Prevention Team accomplishments for FY 2007-2008 included the following:

- Funded 48 community anti-drug coalitions in 46 counties to begin assessing local substance abuse needs and resources;
- Funded a statewide underage drinking awareness campaign with Clear Channel; Broadcasting covering the 11 major media markets in Florida;
- Supported the Office of Drug Control in development of the Florida Youth Delegation, a youth led movement to reduce underage drinking;
- Supported Underage Drinking Awareness Town Hall meetings in 48 communities, including preparing a tool kit, providing speakers and promoting the meetings;
- Provided technical assistance to local communities, state advisory groups and others who are working to impact city, county, or state policies; and
- Surveyed 91,000 Florida school children in grades 6 through 12 in the ninth administration of the Florida Youth Substance Abuse Survey.

2. Recovery and Resiliency

(Refer to Joint SAMH Initiatives for report on implementation of the Comprehensive, Continuous, and Integrated System of Care (CCISC))

3. Resource Stewardship and Integrity

Integrating Substance Abuse with Primary Care

The Screening, Brief Intervention, and Treatment for Elders (BRITE) Program is in its third year. To date, the program has served over 6,500 persons. There are currently 19 sites statewide delivering brief intervention and treatment services, mostly in primary care settings. During the next year the objectives of this program are to:

- Collaborate with the Agency of Health Care Administration to expand the Medicaid plan to cover screening and brief intervention services;
- Expand the scope of the current BRITE program to include screening and brief intervention services to elder veterans who may not be eligible for comparable Veterans Administration services; and
- Improve collaboration with mental health service providers and our BRITE sites to improve access to mental health services for those persons screened and identified as needing them.

4. Continuous Performance Improvement

Implementing Evidence-Based Practices

Over the last two years, under a Robert Wood Johnson grant, the Substance Abuse Program Office has been collaborating with several substance abuse treatment agencies to implement medication-assisted treatment. Over the next year, staff intend to expand the number of agencies who utilize medication-assisted treatment for alcoholics who have had multiple treatment failure. Experience to date is that for those persons involved in the medication-assisted treatment program, over 1/3 have successfully abstained from alcohol and other drugs.

Improving Treatment Access and Retention

The Strengthening Treatment Access and Retention State Implementation (STAR-SI) grant, a three year project funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), promotes state level process improvement methods that improve client access to and retention in substance abuse treatment. The STAR-SI utilized the Network for Improvement of Addiction Treatment (NIATx) rapid cycle process improvement model to assist the state and outpatient treatment providers to identify and eliminate barriers that impede timely entry into treatment, and increase the number of individuals that transition to outpatient treatment after completing detoxification services. Nineteen community-based providers will have participated in this project by the end of the grant. This project will ultimately help to build the state's infrastructure to monitor and report on performance outcomes statewide, as well as build provider capacity to implement ongoing process improvements.

5. Individual Satisfaction

(Refer to Stakeholder Satisfaction in the Performance Management section on page 28 of this Plan Update.)

Joint SAMH Initiatives

The Substance Abuse and Mental Health Programs are committed to work together to improve services and supports for individuals with co-occurring disorders. There are six strategic initiatives that reflect this joint commitment to areas of critical interest and concern. They include the following:

Implement a Comprehensive, Continuous, and Integrated System of Care (CCISC) - (Strategy: Recovery and Resiliency)

This effort emphasizes the development of a co-occurring capable treatment system for individuals and families experiencing the devastation of substance abuse and mental illness. This initiative will result in the dissemination and adoption by all contracted substance abuse and mental health agencies of a "no-wrong door" approach for persons receiving care. This initiative has been underway since June 30, 2008, and began with a series of stakeholder meetings involving state agencies, treatment providers, state and circuit court personnel, and community members. The intent of these meetings was to educate and promote collaboration and the adoption of this initiative statewide.

The SAMH Program Offices, in conjunction with region and circuit staff, has conducted readiness assessments statewide to determine where our communities are in respect to their level of co-occurring competency. Plans are under development to identify the next steps in achieving the Departments' goals.

Managing Entities (Strategy: Resource Stewardship)

The 2008 Florida Legislature passed amendments to Chapter 394.9082, Florida Statutes, which authorized Managing Entities. The Managing Entity legislation is in response to the recognition that the Department's Substance Abuse and Mental Health Programs manage over 600 contracts for a broad range of prevention, intervention, treatment, and support services with over 350 agencies, across 20 circuits, comprising 6 regions across the state. Although this system of contracting for service has served the state well for a number of years, it is no longer adequate to meet the state's growing needs. Managing Entities are viewed as a new business model that addresses the state's growth, limited resources, and the objective of contracting for community-based "systems of care" versus contracting with a wide variety of individual agencies.

The Substance Abuse and Mental Health Program is working toward the adoption of community-based networks as managing entities at the regional and sub-state level as an alternative method of contracting. Meetings have been conducted in Orlando, Tampa, Sarasota, Miami, and Ft. Myers to seek public and stakeholder comment on the

role and function of a managing entity. The results of these public meetings will be included in the administrative rule and policy framework specified in statute and will influence the role, function, governance, and framing of managing entities. In addition, two major efforts are underway in the SunCoast and Southern Region to procure both substance abuse and mental health services under the direction of a managing entity with contracting of services contemplated for July 1, 2009.

Child Welfare and Substance Abuse and Mental Health Integration (Strategy: Prevention and Early Intervention)

The Substance Abuse and Mental Health Programs have a history of effective collaboration with the Family Safety Program in ensuring effective integration of substance abuse and mental health treatment services for children and their parents as caregivers involved in Child Protection/Child Welfare services. The Child Welfare System has evolved to a system operated by community-based care organizations serving local communities at a circuit and regional level. Although effective collaboration has continued during these changes, there is a renewed intent and a sense of urgency in ensuring that those children and their families who need mental health and or substance abuse treatment services are identified and receive those services.

The Department's Strategic Intent Document identifies, as a key objective, the integration of Substance Abuse and Mental Health Program and services into the child welfare system. To continue the Department's efforts in this area, the Substance Abuse and Mental Health Programs have submitted a Legislative Budget Request (LBR) to the Governor's Office that, if funded, would expand both the number of Substance Abuse Family Intervention Specialists (FIS) statewide and expand the role of the FIS Program to include mental health assessment, referral, and treatment for parents of children in the system.

Steps are also underway to expand data-sharing capability between the Substance Abuse and Mental Health management information system and the Family Safety information system. These efforts will allow the two programs to identify those persons needing substance abuse and mental health services and verify that they are receiving needed services.

Forensic System of Care (Strategy: Recovery and Resiliency)

Often, adults with mental illnesses come to the attention of law enforcement as a result of circumstances related to their mental illnesses. Many commit minor criminal offenses and are arrested and taken to jail, rather than to a more appropriate community mental health facility. Many of the individuals committed to forensic facilities could be more appropriately served in the community. The Department has increased community

resources to provide alternative community treatment services for individuals not requiring a secure treatment facility environment. The Department, in collaboration with Judge Steven Leifman, special advisor to the Florida Supreme Court on mental health issues and other agencies, is proposing statutory language changes to Chapters 394 and 916, Florida Statutes. The proposal calls for developing and implementing a community mental health and substance abuse forensic treatment system to address, in the community, the needs of individuals with a co-occurring mental illnesses and substance abuse disorders who commit low level non-violent crimes.

Significant Incident Tracking and Reporting (Strategy: Continuous Quality Improvement)

The Mental Health Program Office continues to support Operations and Information Systems staff to finalize the Department-wide Incident Reporting and Analysis System (IRAS). The new incident notification system will provide timely notice to Department Leadership Staff of sentinel events. The IRAS Program is being piloted this year and refinements will be made to ensure reporting, tracking, and trending of significant incidents by region and statewide. With improved data collection and analysis, the Department will be able to identify areas of concern and initiate corrective actions, education, and service improvement and safety for individuals in the state with mental illnesses. A module will be developed that will attach to the IRAS program and will allow for the collection of restraint and seclusion data statewide.

Community-Based Medicaid Administrative Claiming (CBMAC) (Strategy: Resource Stewardship)

The 2008 Legislature approved distribution of CBMAC Administrative Claiming earnings to providers and provided approval for continuation of the program. The Legislature also reduced funding by $5.4 million in anticipation of future earnings. However, in July the Department learned that since much of the system had moved to managed care the number of claims eligible for reimbursement, under administrative claiming, will be greatly reduced. While the earnings for next year may be less than expected, both program offices have worked to distribute close to $21 million dollars to the mental health and substance treatment providers who participated in the claiming work.

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 individuals served and service outcomes for substance abuse and mental health. 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 related to adult and children's substance abuse.

Accountability Through Performance

All programs within the Department are required to report their performance measures to a centralized "Dashboard", which details the levels of performance for each circuit/region and service provider on a continuous basis. The Dashboard can be accessed by the public at **http://dcfdashboard.dcf.state.fl.us/**.

National Outcome Measures

As a result of Federal legislation, recipients of Federal Block Grants or Performance Partnership Grants must report on designated National Outcome Measures (NOMs). The outcome measures include ten domains ranging from employment and education, stability of housing, cost effectiveness, and perception of care of individuals who have been served.

Both the Substance Abuse and Mental Health Programs are recipients of Block Grants and are required to adapt and report on these measures annually to the Substance Abuse and Mental Health Service Administration (SAMHSA). The goal of the effort is to measure the state's performance against a set of uniform measures on a nation-wide basis. Both program offices have adopted these measures, developed methodologies for data collection, and are establishing performance baselines.

In addition, the National Outcome Measures, as well as other quality measures, have been submitted to the Governor's Office as part of the Departments Long Range Program Plan (LRPP). Through this mechanism, the Department is requesting that the NOMs and other quality measures be adopted by the Legislature as part of their Government Accountability Act (GAA).

When adopted by the Legislature, these measures will be utilized to measure the performance of the Department, its regions and contracted agencies in effectively meeting the needs and desired outcomes of the persons served by the Department.

Stakeholder Satisfaction

Over 300 stakeholders were invited to participate in a stakeholder survey in October 2008. The survey was web-based and designed to obtain information about stakeholder satisfaction with the partnership with SAMH regarding program effectiveness. Open-ended questions offered respondents the opportunity to identify emerging issues and barriers to services in the areas of substance abuse and mental health. Two additional questions were included to examine the strengths and weaknesses of existing partnerships.

More than 164 stakeholders responded to the survey. Overall, respondents indicated that they are treated courteously and their concerns were heard. While the SAMH Program was rated an effective and collaborative partner, there was room for improvement. Commonly identified issues included: co-occurring disorders; the expansion of managing entities; decreased funding; and access to medications.

Results of October 2008 Stakeholder Survey

1. Stakeholders are generally positive about their relationship with the SAMH Programs. They indicate that the programs are responsive to their needs and questions and that staff are knowledgeable, cooperative, and courteous.
2. The SAMH Programs can improve in their efforts to communicate plans and activities to stakeholders.
3. The current data system continues to be a challenge for applicable stakeholders and is a source of dissatisfaction.
4. There are significant concerns about implementation of managing entities.
5. The levels of funding and budget reductions continue to be a significant source of concern to stakeholders.

Additionally, other types of surveys are employed in order to gain information about specific groups of stakeholders. These surveys include a consumer satisfaction survey that is completed by served individuals as they leave a treatment program, and other surveys used internally by programs to make adjustments and improvements to service delivery. Statewide consumer satisfaction survey results show an overall average satisfaction rate for fiscal year 2007-08 of 93.45% in the twenty circuits.

Legislative Status Report

The Department is required by 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 2007-2008 report reviewed 227 mental health and substance abuse contracts in the SAMH contract data base as having performance data and minimum standards that permitted the calculation of success indicators. Of these 227, 215 met the level of success defined in the “Method” section, for a 94.7% success rate as compared to 92.5% in FY 2006-2007.

Performance Outcomes and Clients Served

Appendix 1 provides a series of tables depicting FY 2007-2008 output (clients served), and outcome data for the Substance Abuse and Mental Health Programs.

Appendix 1
Performance Measures for Substance Abuse and Mental Health

The following tables depict the FY 2007-2008 General Appropriations Act (GAA) measures and clients served data for the Substance Abuse and Mental Health Programs:

Children's Mental Health GAA Outcome Measures for FY 2007-08

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	351.43
	b. Percent who improve their level of functioning	65%	66.85%
	c. Percent of school days seriously emotionally disturbed (SED) children attended	86%	90.20%
Children with Emotional Disturbances (ED) - excluding those in juvenile justice facilities	a. Annual number of days spent in the community	360	357
	b. Percent who improve their level of functioning	64%	65.83%

Children's Substance Abuse GAA Outcome Measures for FY 2007-08

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Children with Substance Abuse Problems	a. Percent of children who complete treatment	74%	84.4%
	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 not committed to the Department of Juvenile Justice during the 12 months following treatment completion	85%	Data not yet available
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%	98%

*Reflects FY 05-06 performance. It was determined that children could not complete follow up without a signed consent form parent or guardian therefore, data collection was discontinued.

Adult Mental Health GAA Outcome Measures for FY 2007-08

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	349.10
	b. Average annual days worked for pay	40	43.88
Adults in Mental Health Crisis	a. Median length of stay in CSU/Inpatient services	5 ↓Good	2
Adults with Forensic Involvement	a. Percent of persons who violate their conditional release under Chapter 916, Florida Statutes, and are recommitted	2% ↓Good	0.67%
	b. Average annual days spent in the community for adults with forensic involvement.	260	287.24

Adult Substance Abuse GAA Outcome Measures for FY 2007-08

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	78%	73.6%
	c. Percent of adults who complete treatment	69%	82%
	d. Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who received treatment	55%	53%
	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%	Data not yet available

State Mental Health Treatment Facilities GAA Outcome Measures for FY 2007-08

Target Population	Performance Outcome Measure	State Standard	Actual Statewide Outcome
Adults in a Civil State Mental Health Treatment Facility, per Chapter 394, F.S.	c. Number of people in civil commitment, per Chapter 394, F.S., served	1,670	1,631
	d. Percent of adults in civil commitment who show an improvement in functional level	73%	67%
Adults Committed to a State Mental Health Treatment Facility, per Chapter 916, F.S. (Forensic)	b. Number of adults in forensic commitment, per Chapter 916, F.S., served	2,320	3,031
	c. Percent of adults in forensic commitment, who are Not Guilty By Reason of Insanity, who show an improvement in functional level	63%	42%
	d. Average number of days to restore competency for adults in forensic commitment	125	136

Number of Individuals Served by Community Mental Health Providers in FY 2007-08

	Children's Mental Health (CMH)					Adult Mental Health (AMH)					Mental Health
District	SED	ED	At-Risk of MH Problems	Unkn	Total CMH	SPMI	In Crisis	Community Forensic	Unkn	Total AMH	Total (CMH + AMH)
1	2,462	2,904	1,419	na	**6,785**	9,688	6,590	197	**na**	**16,475**	**23,260**
2	2,161	906	13	na	**3,080**	6,537	943	184	**na**	**7,664**	**10,744**
3	2,327	1,576	260	na	**4,163**	6,485	1,472	222	**na**	**8,179**	**12,342**
4	3,710	2,074	140	na	**5,924**	8,475	2,002	288	**na**	**10,765**	**16,689**
7	6,558	2,535	448	na	**9,541**	19,454	4,028	131	**na**	**23,613**	**33,154**
8	1,772	1,442	126	na	**3,340**	6,512	1,236	70	**na**	**7,818**	**11,158**
9	1,592	1,406	60	na	**3,058**	3,844	2,444	106	**na**	**6,394**	**9,452**
10	3,894	1,233	471	na	**5,598**	8,004	2,185	723	**na**	**10,912**	**16,510**
11	8,466	4,640	269	na	**13,375**	20,310	2,307	411	**na**	**23,028**	**36,403**
12	1,908	758	45	na	**2,711**	2,873	2,948	114	**na**	**5,935**	**8,646**
13	2,358	1,340	17	na	**3,715**	8,007	2,169	239	**na**	**10,415**	**14,130**
14	1,895	2,518	73	na	**4,486**	8,952	1,141	249	**na**	**10,342**	**14,828**
15	812	334	295	na	**1,441**	4,313	650	69	**na**	**5,032**	**6,473**
23	8,093	5,169	1,286	na	**14,548**	26,557	4,536	955	**na**	**32,048**	**46,596**
Trend Data											
FY 07-08	**48,101**	**28,981**	**4,872**	**na**	**81,954**	**138,913**	**34,181**	**3,693**	**na**	**176,787**	**258,741**
FY 06-07	53,885	33,633	6,062	na	93,580	137,951	35,184	3,282	na	176,417	269,997
FY 05-06	58,237	32,370	5,285	na	95,892	128,705	31,711	3,819	na	164,235	260,127

Note:

- FY 2007-08 numbers only include data reported and posted on the DCF Dashboard by 9-15-08 deadline.
- District numbers do not add to the statewide totals because the latter have been unduplicated for individuals served in more than one district
- As a result of Medicaid reform, the Agency for Health Care Administration (AHCA) no longer requires the managed care organizations to report client data in the Substance Abuse and Mental Health Information System (SAMHIS). This has reduced the number of children reported in the SAMHIS database, and to a lesser extent, the number of adults reported. For example, the number of children served in the community mental health programs decreased by 12.4 percent from 93,580 in FY 2006-2007 to 81,954 in FY 2007-2008**.** During the same period of time, the number of adults served in the community mental health programs increased slightly by 1.0 percent from 176,417 to 176,787. The Department is working in collaboration with AHCA to obtain these data beginning FY 2008-2009.

Number of Individuals Served in Community Substance Abuse Providers in FY 2007-08

District	Adults	Children	Total (Adults + Children)
1	5,552	2,562	8,114
2	5,667	2,187	7,854
3	3,526	1,058	4,584
4	9,200	3,294	12,494
7	13,654	7,277	20,931
8	5,695	1,626	7,321
9	9,586	4,301	13,887
10	10,883	2,283	13,166
11	12,649	6,763	19,412
12	6,189	1,769	7,958
13	4,028	2,312	6,340
14	4,021	2,658	6,679
15	3,245	1,547	4,792
23	18,510	11,614	30,124
Trend Data			
FY 2007-08 Total	111,366	50,502	161,868
FY 2006-07 Total	107,811	53,024	160,835
FY 2005-06 Total	102,345*	51,929	154,274

Note:

- FY 2007-08 numbers only include data reported and posted on the DCF Dashboard by 9-15- 08 deadline.
- *The number of adults served (n = 102,345) in FY 2005-06 does not include clients served in two programs: Access to Recovery and the Brief Intervention and Treatment for the Elderly (BRITE) grant. If numbers served by those two programs are included, the total number of clients served would be 108,924.