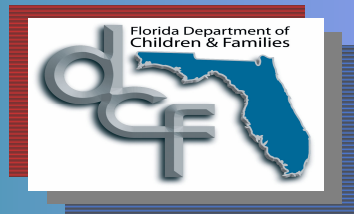




# Substance Abuse and Mental Health Services Plan: 2011 - 2013

January 2010



Charlie Crist, Governor

George H. Sheldon, Secretary



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## **CHAPTER 1: ORGANIZATIONAL PROFILE**

### **Substance Abuse and Mental Health Program**

#### **Introduction**

The Substance Abuse and Mental Health (SAMH) Program is located within the Florida Department of Children and Families (DCF or the Department). While the headquarters for the SAMH Program Offices are in Tallahassee, the operational and administrative management of service delivery occurs at the local level through program staff located within 20 circuits and six (6) regions.

The SAMH Program supports a critical component of the Department's mission to "Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency."

#### **Background**

As a result of revision to the Florida Constitution in 1968, state agencies were reorganized and health and social services were assigned to the Department of Health and Rehabilitative Services (HRS). In 1974, the Legislature created the Division of Mental Health within HRS. This was one of the first examples of an integrated health and human services delivery system in the nation. In 1996, the Legislature reorganized HRS, creating a separate Department of Health (DOH) and the Department of Children and Families (DCF). This reorganization also created separate program offices at the state level for Alcohol, Drug Abuse, and Mental Health (ADM). In 2003, the Florida Legislature enacted legislation that created a Deputy Secretary for Substance Abuse and Mental Health (SAMH), with accountability directly to the Secretary and gave the Mental Health and Substance Abuse Program offices line authority over district programs and state mental health facilities. In addition, the legislature established the Florida Substance Abuse and Mental Health Corporation, independent of the Department, to review the service delivery system, assess needs for services, manpower and resources, and to provide a forum for direct advocacy with policymakers.

In 2007, as a result of Chapter 2007-174, the Department began restructuring to align with the State's judicial circuits. The circuit/regional SAMH programs are incorporated into the circuit structure and the Circuit Administrator has direct authority for the local SAMH Program Offices including budget management and contract responsibilities.

#### **Organizational Structure**

At the central office/headquarters level, the Substance Abuse and Mental Health Program Directors report directly to the Assistant Secretary for Substance Abuse and Mental Health. The Program Directors provide programmatic direction and supervision to staff in their respective program areas. While similar, the two program offices are organized somewhat differently.

The Substance Abuse Program Office is organized into four (4) primary program components, each led by “Team Leaders.” These components include Prevention, Treatment, Performance Management Planning, and Budget. Program staff are located in the Central Office and in each Circuit/Region Program Office with specific responsibilities for licensure, services, contracting, budgeting, and quality assurance/improvement.

The Mental Health Program Office is organized into four (4) primary program components, which are led by “Chiefs.” These components include: Adult Community Mental Health (AMH), Children’s Mental Health (CMH), Mental Health Treatment Facilities (Facilities), and Budget. The Facilities component includes staff assigned to manage the Sexually Violent Predator Program (SVPP). The Department houses program staff for adult and children’s services in the Central Office and in each Circuit (or Region) Program Office. Facilities’ staff are housed in the Central Office and in state-owned treatment facilities. SVPP’s staff are housed in the Central Office.

Both Substance Abuse and Mental Health programs are supported by shared contract and data units.

At the local or circuit level, a SAMH Program Supervisor manages both the mental health and substance abuse programs and reports directly to the Circuit Administrator. The Program Supervisors have a broad range of responsibilities to ensure effective management of substance abuse and mental health services at the community level. This includes the oversight of contracting, budgeting, Substance Abuse licensure, and quality assurance activities. They are the Department’s representatives at the local level for mental health and substance abuse issues. Program Supervisors collaborate with local partners to ensure that a comprehensive system of substance abuse and mental health services are provided to individuals in their respective areas.

### **SAMH Program Description**

SAMH programs provide many types of prevention, acute interventions (i.e., crisis stabilization or detoxification), residential, transitional housing, outpatient treatment, and recovery support services. SAMH programs are also responsible for substance abuse provider licensure, regulation, financing, and contracting which play a significant role in the provision of effective substance abuse and mental health services.

Florida’s SAMH Program has statutory responsibility for the planning and administration of all publicly-funded mental health and substance abuse services. Each office also serves as the main contact for the United States Department of Health and Human Services on all issues pertaining to substance abuse and mental health. The SAMH Programs also work cooperatively with the Department’s other programs such as Child Welfare and Community Based Care, and a variety of other state agencies including, but not limited to, the Department of Education (DOE), Department of Health (DOH), Department of Juvenile Justice (DJJ), Department of Corrections (DOC), Department of Elder

Affairs (DOEA), and the Agency for Health Care Administration (AHCA), as well as other partners and stakeholders.

The Substance Abuse and Mental Health (SAMH) programs served 453,862 people during FY 2009. Of that number, the Substance Abuse treatment program served 126,698 adults and 53,333 children. The Mental Health Program provided mental health services to 182,818 adults and 85,698 children in community settings. The State Mental Health Treatment Facilities provided services to 1,726 civil clients, 2,822 forensic clients, and 767 sexually violent predators.

Although services are provided within two distinct programs, most of the service delivery is accomplished through contracts implemented at the circuit level with community-based substance abuse and mental health provider organizations and professionals. In addition, the State Mental Health Treatment Facilities provide mental health and limited substance abuse services directly to clients.

### **Substance Abuse Services**

The provision of substance abuse services is governed by Chapters 394 and 397 of the Florida Statutes, which provide direction for a continuum of community-based services including prevention, treatment, and detoxification services. The Substance Abuse Program Office is also responsible for oversight of the licensure and regulation of all substance abuse providers in the state. Licensure functions are implemented by staff of SAMH Program Offices at the local levels throughout the state.

Prevention Services include activities and strategies designed to preclude the development of substance abuse problems by addressing the risk factors known to contribute to substance use. In the case of children, these services may be provided in school-based settings and include parental participation. Prevention services for adults include activities and strategies that target the workplace, parents, pregnant women, and other potentially high risk groups.

Treatment Services include various levels of residential, outpatient treatment, and recovery support services which vary based upon the severity of the addiction. THE SUBSTANCE ABUSE PROGRAM OFFICE is placing increasing emphasis on the use of evidence-based practices in order to improve client outcomes. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protection system, employment, increased earnings, and better health.

Detoxification Services focus on eliminating substance use. Specifically, detoxification services utilize medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse. Detoxification may occur in either a residential or outpatient setting, depending on needs of the individual.

Licensure Services are required to administer and maintain a comprehensive regulatory process to license service providers and professionals who provide

substance abuse services to individuals and families who are at risk of or challenged by substance abuse. This licensure process is governed and regulated by Chapter 397, F.S., and Chapter 65D-30, Florida Administrative Code (F.A.C.). Minimum standards for licensure are specified for the following program components: addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, intervention, prevention, and medication and methadone maintenance treatment. Specific criteria must be met in order for an agency to receive a license for any of these program components.

### **Mental Health Services**

Chapters 394, 916, and 985, F.S., provide direction for the delivery of mental health services for adults and children that include both acute and long term mental health services as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. The Department is authorized to evaluate, research, plan, and recommend programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.

The Mental Health Program Office is tasked with the planning, evaluation, and implementation of a complete and comprehensive statewide program of mental health, including community services, receiving and treatment facilities, child residential services, research, and training. As the State Mental Health Authority, the Mental Health Program Central Office is responsible for setting and implementing statewide mental health policy, for fostering program development, and for providing technical assistance across the State.

Children's Mental Health serves children and adolescents who are seriously emotionally disturbed, emotionally disturbed or at risk of becoming emotionally disturbed as defined in section 394.492, Florida Statutes. Children's mental health services are all delivered through contracts with providers, are designed to enable children to live with their families or in a least restrictive setting, and to function in school and in the community at a level consistent with their abilities. This unit also coordinates services for children who are incompetent to proceed (ITP) due to mental illness or mental retardation.

Adult Community Mental Health operates a community-based system through contracts with private providers. Adult services include a range of outpatient, residential and acute care services and supports for adults with serious and persistent mental illness, adults in crisis, and adults with forensic involvement. These services are designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders. The program stresses evidence-based practices and supports the concept of recovery and resiliency for all individuals.

State Mental Health Treatment Facilities provide services to adults who have been committed for intensive inpatient treatment by a circuit court. Commitments

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

without associated criminal charges are considered civil commitments. Those with criminal charges are referred to as forensic commitments. Civil commitments apply to individuals who either require service intensity beyond that available in community crisis stabilization units or are sexually violent predators under Florida law. Forensic commitments apply to those who have been determined incompetent to proceed with trial or are found not guilty by reason of insanity.

The Sexually Violent Predator Program (SVPP) operates under Chapter 394, Part V, F.S. The program provides screening and evaluation of individuals referred for civil commitment and long-term care, confinement and treatment of individuals committed as sexually violent predators. The program was established within the Department to enhance the safety of Florida's communities by identifying and providing secure long-term care and treatment for sexually violent predators.

**Staffing**

SAMH Program Offices throughout the state have a total of 327.05 staff positions, combining FTE and OPS positions. The State-owned Mental Health Treatment Facilities employ an additional 3,988.5 staff, representing nearly 97% of all statewide SAMH funded positions. The following table details the distribution of SAMH Program Office positions. An organization chart for the central office is included as Appendix 1.

Substance Abuse and Mental Health Program Offices Staffing - Fiscal Year 2010							
	Substance Abuse			Mental Health			SAMH Total
	FTE	OPS	Total	FTE	OPS	Total	
Central Office	31.00	18.00	49.00	69.00	17.25	86.25	135.25
Circuit 1	3.00	0.00	3.00	4.00	0.00	4.00	7.00
Circuits 2 & 14	4.00	0.00	4.00	2.50	5.50	8.00	12.00
Circuits 3 & 8	4.00	0.50	4.50	3.50	2.80	6.30	10.80
Circuit 4	3.00	1.00	4.00	0.00	10.00	10.00	14.00
Circuit 5	0.00	1.00	1.00	4.00	1.00	5.00	6.00
Circuit 7	2.00	0.50	2.50	5.00	0.50	5.50	8.00
Circuit 9	4.00	2.00	6.00	3.00	2.00	5.00	11.00
Circuit 10	1.00	2.00	3.00	4.00	1.00	5.00	8.00
Circuits 11 & 16	6.00	7.00	13.00	11.00	5.00	16.00	29.00
Circuit 15	2.00	2.00	4.00	4.00	7.00	11.00	15.00
Circuit 17	4.00	3.00	7.00	5.00	4.00	9.00	16.00
Circuit 18	2.00	0.00	2.00	2.00	2.00	4.00	6.00
Circuit 19	1.00	0.00	1.00	4.00	2.00	6.00	7.00
SunCoast Region	9.00	1.00	10.00	16.00	16.00	32.00	42.00
<b>Total</b>	<b>76.00</b>	<b>38.00</b>	<b>114.00</b>	<b>137.00</b>	<b>76.05</b>	<b>213.05</b>	<b>327.05</b>



The table below details the distribution of SAMH staff positions in the State-owned Mental Health Treatment Facilities. These totals do not include part time OPS positions made available to select residents as part of a supported employment program.

State-Owned Mental Health Treatment Facility Staffing Fiscal Year 2010			
	Civil	Forensic	Total
Florida State Hospital	1,064.0	1,272.0	2,336.0
Northeast Florida State Hospital	1,225.0	0.0	1,225.0
North Florida Evaluation & Treatment Center	0.0	427.5	427.5
<b>Total</b>	<b>2,289.0</b>	<b>1,699.5</b>	<b>3,988.5</b>

**Budget**

The SAMH Program funds services to serve individuals and families at risk of or challenged by substance abuse and/or mental illnesses and who reside within the state. This population is further divided into sub-populations for each program office, recognizing that individuals may have co-occurring needs (a serious mental illness and substance abuse problem) who may be placed into either “co-occurring capable” or “co-occurring enhanced” programs.

Community-based SAMH services are outsourced, and have been since the program’s inception. The annual budget is allocated to each Region. The regional budget is allocated among Circuits primarily using an equity formula based on treatment need and population. At the circuit level, contracts are negotiated with managing entities or local providers for services to consumers within their respective areas.

Funding Sources

SAMH services are funded primarily through the Federal Block Grant, other federal grants, state general revenue, and Medicaid resources (state and federal funds). The Substance Abuse Prevention and Treatment Block Grant currently funds approximately 50% of substance abuse services. Medicaid funds approximately 80% of children’s and 60% of adult mental health services. These funds are not under the authority of the SAMH program. However, the SAMH program staff continues to work closely with the state Medicaid authority, Agency for Health Care Administration (AHCA), in policy and program development.

Despite Florida’s status as the fourth-largest state in population, Florida’s per-capita funding for mental health and substance abuse services is ranked 49<sup>th</sup> and 37<sup>th</sup> respectively in the nation.

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

**Substance Abuse Program  
Approved Operating Budget (AOB)  
Allocation by Region  
Fiscal Year 2009-2010<sup>1</sup>**

	Adult Substance Abuse			Children's Substance Abuse			Executive Leadership & Support	Total Substance Abuse
	Detox	Prevention	Treatment	Detox	Prevention	Treatment		
Central Office	\$ 350,682	\$ 0	\$ 9,793,376	\$ 0	\$ 2,878,469	\$ 559,348	\$ 7,089,461	\$ 20,656,468
Northwest	\$ 2,274,262	\$ 387,330	\$ 6,434,453	\$ 12,057	\$ 1,892,183	\$ 4,246,371	\$ 413,938	\$ 15,602,180
Northeast	\$ 3,721,955	\$ 937,602	\$ 13,310,760	\$ 860,523	\$ 2,755,446	\$ 6,786,656	\$ 684,810	\$ 28,941,651
SunCoast	\$ 6,620,060	\$ 1,243,046	\$ 18,644,415	\$ 2,252,558	\$ 4,394,836	\$ 9,397,856	\$ 635,592	\$ 43,018,251
Central	\$ 6,685,491	\$ 1,479,062	\$ 18,631,421	\$ 1,086,229	\$ 4,361,707	\$ 10,969,406	\$ 657,121	\$ 43,698,600
Southeast	\$ 2,883,552	\$ 1,078,770	\$ 14,488,283	\$ 412,940	\$ 2,282,265	\$ 7,845,444	\$ 397,020	\$ 29,270,675
Southern	\$ 824,885	\$ 370,092	\$ 15,334,472	\$ 968,937	\$ 3,643,277	\$ 5,861,436	\$ 406,762	\$ 27,303,299
Control	\$ 0	\$ 0	\$ 3,342	\$ 0	\$ 0	\$ 1,285	\$ 331,312	\$ 335,939
Unfunded	\$ 0	\$ 52,054	\$ 5,461,820	\$ 0	\$ 211,066	\$ 0	\$ 180,559	\$ 5,905,499
Total	\$ 23,360,887	\$ 5,547,956	\$ 102,102,342	\$ 5,593,244	\$ 22,419,249	\$ 45,667,802	\$ 10,796,575	\$ 215,488,055

<sup>1</sup> The AOB is the baseline for allocations and may be subject to amendment to reallocate resources among circuits and regions. Control means unallocated funds. Unfunded means budget without a revenue source and also unallocated funds.

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

**Mental Health Program  
Approved Operating Budget (AOB)  
Allocation by Region  
Fiscal Year 2009-2010<sup>2</sup>**

	Adult Community Mental Health	Children's Mental Health	Mental Health Treatment Facilities	Sexually Violent Predator Program	Executive Leadership & Support	Total Mental Health
Central Office	\$ 5,484,814	\$ 21,470,097	95,779,700	\$ 34,375,846	\$ 5,979,094	\$ 163,089,551
Northwest	\$ 24,856,271	\$ 5,109,048	\$ 0	\$ 0	\$ 749,833	\$ 30,715,152
Northeast	\$ 34,090,671	\$ 9,047,724	\$ 0	\$ 0	\$ 768,129	\$ 43,906,524
SunCoast	\$ 82,970,804	\$ 13,782,976	\$ 0	\$ 0	\$ 1,224,002	\$ 97,977,782
Central	\$ 64,099,708	\$ 16,301,013	\$ 0	\$ 0	\$ 1,297,469	\$ 81,698,190
Southeast	\$ 39,781,762	\$ 10,629,976	\$ 0	\$ 0	\$ 739,297	\$ 51,151,035
Southern	\$ 36,352,635	\$ 9,501,916	\$ 0	\$ 0	\$ 954,557	\$ 46,809,108
Facilities	\$ 5,080,217	\$ 0	\$ 232,837,442	\$ 0	\$ 0	\$ 237,917,659
Unallocated <sup>3</sup>	\$ 10,047,578	\$ 3,599	\$ 6,373,231	\$ 51,146	\$ 651,624	\$ 17,127,178
Total	\$ 302,764,460	\$ 85,846,349	\$ 334,990,373	\$ 34,426,992	\$ 12,364,005	\$ 770,392,179

<sup>2</sup> The AOB is the baseline for allocations and may be subject to amendment to reallocate resources among circuits and regions. Control means unallocated funds. Unfunded means budget without a revenue source and also unallocated funds.

<sup>3</sup> Unallocated funding includes budget amounts reserved in Control and Unfunded accounts for several purposes. Amounts reserved in Adult and Children's Mental Health include nonrecurring budget of \$1,259,297 appropriated for special member projects, pending budget amendments between program components. Additional budget of \$2,775,000 originally allocated in the Alcohol, Drug Abuse and Mental Health Trust Fund is unallocated pending an amendment to transfer budget to the Substance Abuse Program. Additional budget of \$5,400,000 in the Federal Grants Trust Fund is unallocated pending the receipt of revenue from the Community Based Medicaid Administrative Claiming (CBMAC) Program to support program activities.

### **Statewide Systemic Initiatives**

The Department's *Long Range Program Plan - Fiscal Years 2010-2011 through 2014-2015*, otherwise known as the LRPP or Department Strategic Plan (<http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=2200>) identifies Departmental Goals, Objectives, and Initiatives to support its mission to "Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency." The SAMH Program is highly engaged with three (3) systemic change initiatives that support the Department's strategic plan. These initiatives - integration with child welfare services, comprehensive continuous integrated system of care, and managing entities - will significantly improve the State's behavioral health service system. Each of the systemic initiatives listed below is designed to support the Department's goal that more adults, children, and families are, and remain, active self-sufficient participants living in their own homes and communities. Additional program specific initiatives are discussed in Chapters 2 and 3 and Appendix 2 provides additional detail on all LRPP initiatives that involve SAMH.

#### **Integration with Child Welfare Services<sup>4</sup>**

The Department is committed to increasing the integration of mental health and substance abuse services, along with domestic violence services, into the child welfare system. This initiative aims to foster seamless access to substance abuse and/or mental services for families involved in child protection programs. Continued integration requires training, service collocation, data sharing, a unified critical incident reporting system, and a strong local commitment to quickly identify and remove barriers to efficient access to care. The SAMH programs have implemented a number of activities that contribute to better integration with child welfare services.

In response to recent developments regarding the administration of medications to children in foster care, the Gabriel Myers Work Group identified 147 findings and 90 recommendations for action in ten general areas related to behavioral health care for children in foster care and system improvement. The Family Safety and Children's Mental Health program offices will continue implementation of initiatives based on the Work Group's report. The administrative rule governing the use of psychotropic medications and the provision of mental health services and supports for children in foster care is currently under revision. Intensive training is under development for all child welfare case workers on the requirements and best practices for the use of psychotropic medications and the provision of mental health services. Quality assurance efforts have been intensified, via conference calls, guidance documents, and responses to Frequently Asked Questions from the field. Children's Mental Health and the

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<sup>4</sup> Strategic Plan Goal 3, Objective 3.5, Initiative 3.5.1 - *Prioritize the integration of substance abuse, mental health and domestic violence services into the child welfare system.*

AHCA pharmacy program are implementing a system to cross-check the internal reporting of children receiving medications with paid Medicaid claims data.

#### Early Childhood Mental Health Consultation (ECMHC)

Recognizing the need for early intervention to prevent or reduce the development of serious emotional disturbances in infants and young children, the Children's Mental Health program is emphasizing services to young children and families involved in the child welfare system. The program is committed to providing intervention in natural environments and low-stigma settings, such as early childhood educational settings.

ECMHC is emerging as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings. Other states have been successful in implementing early childhood consultation in their early child-care settings and positive outcomes are being reported. The CMH Program is surveying existing ECMHC programs in child-care settings and planning a statewide summit to identify best practices and funding strategies. These efforts will begin the development of a statewide ECMHC model to enhance the early childhood system of care.

#### Family Intervention Specialists (FIS)

A significant action supporting Substance Abuse Program Office integration with child-welfare includes the co-location of FIS with child welfare workers. This action supports joint case planning as well as cross-training between systems. All Program Offices share accountability for promoting a family-centered, culturally-competent, respectful, and non-punitive attitude towards families throughout their systems.

#### Substance Abuse and Mental Health Treatment Access Project

The Substance Abuse and Mental Health Treatment Access Project provides intensive in-home services to families in need of services and ensures access to treatment, case management, and recovery support services. The SAMH Program Office is developing standardized screening and training tools to help child welfare professionals identify signs of substance misuse or abuse and mental illnesses. The Substance Abuse Program Office and the Family Safety Program Office are adopting uniform substance abuse screening tools and procedures for use by protective investigators and caseworkers. The Family Safety Program will be adding substance abuse training to its standardized curricula to include signs/symptoms of substance abuse.

#### Additional Activities to Support Integration

Additional Activities include the integration of Certified Recovery Peer Specialists into the Child Welfare system to help families link to services. SAMH Program Offices will also collaborate with the Office of Family Safety to develop a Family

Safety Community Resource Guide for Temporary Assistance for Needy Families (TANF) recipients. The Program Office is expanding the use of Evidence-Based Screening, Brief Intervention, Referral, and Treatment (SBIRT) to further integrate substance abuse, mental health, and primary health care services. SBIRT training will be provided along with training in identifying substance abuse and mental health disorders and available treatments to Adult Protective Services and Family Safety professionals.

### **System of Care (CCISC) “The Co-occurring Initiative”<sup>5</sup>**

The Department is developing policies and procedures to create a “No Wrong Door” approach to care using the Comprehensive, Continuous, Integrated System of Care (CCISC) model. Provider agencies are being required to develop the capacity to integrate co-occurring services. The Department is working with the Florida Alcohol and Drug Abuse Association (FADAA), Florida Council on Community Mental Health (FCCMH), the Southern Coast Addiction Technology Transfer Center (SCATTC), substance abuse and mental health service providers, and consumers to develop appropriate services and systems for individuals with co-occurring disorders. Through a contract with Ziapartners, Inc., a nationally renowned organization in the co-occurring policy and training field and developers of the CCISC model, the Department is developing statewide policies, procedures, and service guidelines to enable provider agencies to attain critical expertise and infrastructure to serve persons with co-occurring disorders. Full system implementation is targeted for FY 2011-2012.

To accomplish the “No Wrong Door” system of care the Department is developing the necessary capacity through the following strategies:

- All substance abuse and mental health contracted service providers will be trained to have expertise in both mental health and substance abuse issues by July 1, 2011.
- Contracted providers will use selected evaluation formats to identify co-existing substance abuse and mental health issues.
- All services developed for individuals with co-occurring disorders will be evidence-based and recovery oriented. Programs will encourage participation by consumers and family members in determining service and support needs.
- A co-occurring website became active on December 5, 2008. It contains the letters from former DCF Secretary Robert Butterworth and current DCF Secretary George Sheldon, a message from William H. Janes

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<sup>5</sup> Strategic Plan Goal 3, Objective 3.5, Initiative 3.5.3 - *Create a behavioral health service delivery system including co-occurring competent providers that use evidence based, consumer, and family-driven care consistent with the roll out of managing entities.*

(former Assistant Secretary of Substance Abuse and Mental Health), and draft documents. There is also a section for users to submit questions and comments for consideration.

- A Co-Occurring Steering Committee has been developed, chaired by representatives from the Substance Abuse and Mental Health Program Office in Circuit 11, the Florida Council on Community Mental Health, and the Florida Alcohol and Drug Abuse Association. The committee is developing a work plan to identify key strategies and milestones for moving the system of care toward co-occurring capability.
- The second year of implementation of the Florida System of Care initiative includes a contract with Ziapartners, Inc. to provide change agent curricula, training, and technical assistance. The company will provide feedback to the Department on statewide and circuit-level progress throughout Fiscal Year 2010.
- Circuit program offices continue to actively promote integrated mental health and substance abuse services under the supervision of a group of clinicians working together in a single setting. Statewide co-occurring competencies have been developed and training is being provided to clinical and administrative provider personnel. Evidence-based and consensus-based clinical protocols, ranging from intake assessment through discharge planning, are used to improve cross-training and reduce fragmentation of services. Models are being developed to encourage a more flexible approach to funding and contract processes along with accountability for improved outcomes for individuals with co-occurring disorders.
- Residents at state mental health treatment facilities who have co-occurring disorders receive integrated services based on their individualized recovery plans. These may include individual or group therapy, relapse prevention groups and/or strategies, and educational materials. Recovery teams and group facilitators incorporate co-occurring competent educational materials into both individual recovery plans and group curricula. Recovery teams incorporate co-occurring services in aftercare recommendations and conditional release plans and provide linkage with community providers to maintain continuity of services after discharge.

### **Managing Entities<sup>6</sup>**

In accordance with Section 394.9082, F.S., the Department is expanding the use of managing entities. This model establishes a management structure placing responsibility for publicly financed behavioral health treatment and prevention

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<sup>6</sup> Strategic Plan Goal 4, Objective 4.1, Initiative 4.1.1 - *Implement managing entity or comparable collaborative, accountable system in selected Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes.*

services within a single private, nonprofit entity at the local level. This model is designed to promote improved access to services, promote service continuity, and provide for a more efficient and effective delivery of substance abuse and mental health services.

The Department is actively engaged in implementing managing entities to maximize administrative resources while enhancing policy development and oversight of contracted providers at the local level. This structure results in a limited number of regional contracts with managing entities which subcontract with local service providers to provide behavioral health services. The managing entity is responsible for the administrative oversight of each subcontracted provider, thereby reducing the administrative burden on both the Department and the providers.

The Department has engaged in the following activities relating to the implementation of behavioral health managing entities:

- Published behavioral health managing entity procurements in two regions;
- Conducted public discussions on managing entities for the past 18 months;
- Published a Service System Management Implementation Plan with specific deadlines for each phase of implementation;
- Made substantial progress on the six (6) operational challenges identified in the First Legislative Report;
- Completed most of the work on promulgation of Managing Entity Rule; and
- Published the second bi-annual legislative progress report.

Statewide, the Department's Regions and Circuits are still in various stages of implementing managing entities for behavioral health services. The map below (Figure 1) identifies counties that have established such entities, those counties where planning and community assessments are underway to determine readiness and those counties where minimal activity has occurred as of July 1, 2009.

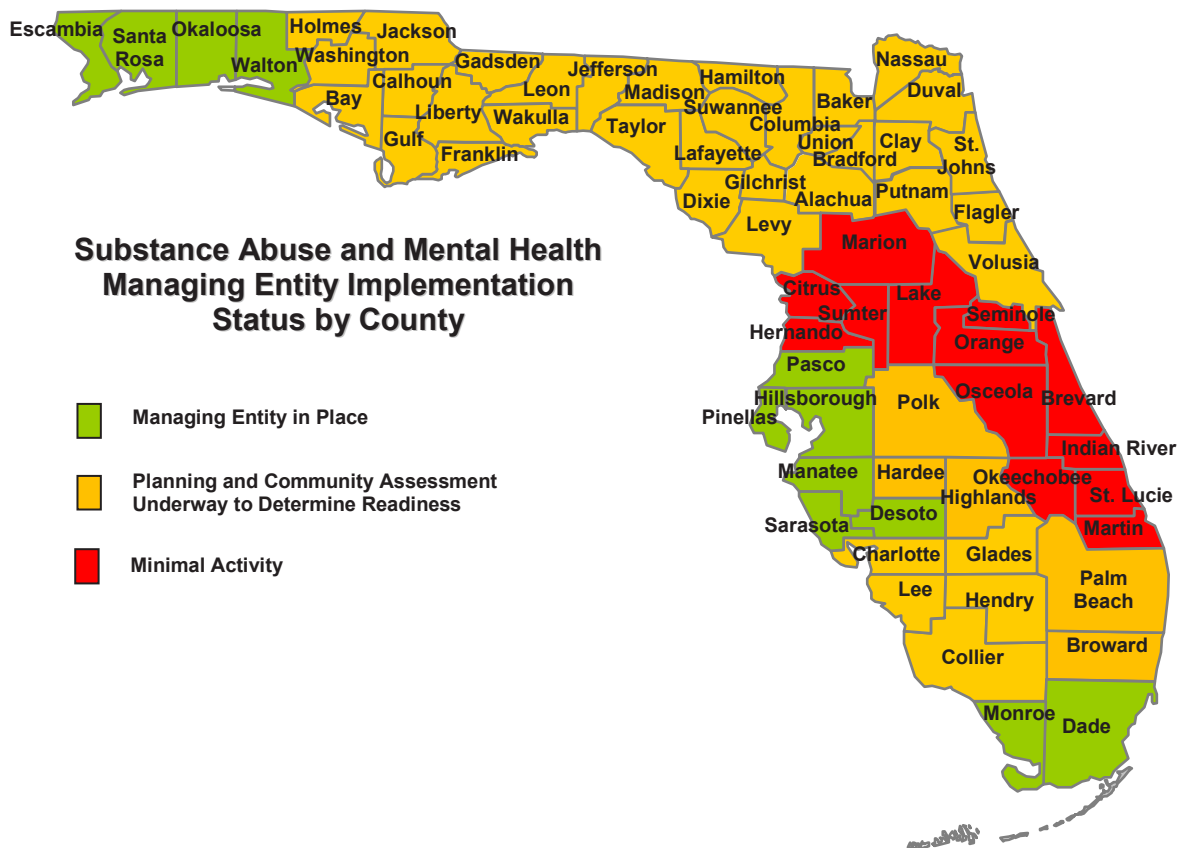
The Department has begun managing entity procurement in the SunCoast and Southern Regions. Public meetings in other Regions are engaging providers, consumers, and stakeholders in discussions on more efficient service delivery. Experience has shown that implementation of a managing entity or similar model takes place in at least six (6) stages:

- Community education and planning;
- Selection of managing entity or similar model by community consensus;
- Procurement;
- Contract Negotiation;
- Transition/Readiness Assessment; and
- Implementation.



The Department anticipates that the consideration and model selection process for four regions of the State (Northwest, Northeast, Central, and Southeast) will occur between July 1, 2009, and January 1, 2010, at which time each Regional Director who does not have an approved plan for managing entity implementation shall present a Regional Implementation Plan to the Secretary. On July 1, 2010, and quarterly thereafter, the Regional Director will report to the Secretary on issues encountered, assistance needed, and progress for each stage. The Regional Implementation Plan will include progress on each of the six (6) stages of implementation and with timelines for full implementation by July 1, 2011.

**Figure 1: Progress towards Managing Entity Implementation**



## **CHAPTER 2: SUBSTANCE ABUSE PROGRAM**

### **Introduction**

Chapters 394 and 397 of the Florida Statutes govern the provision of substance abuse services, and provide direction for a continuum of community-based prevention, intervention, and treatment services. The Substance Abuse Program Office is also responsible for the licensure and regulation of all substance abuse providers in the state. Staff at the local level is responsible for licensing providers with support from staff in the central office.

Through the community-based provider system, the Substance Abuse Program provides a range of prevention, detoxification, treatment, and recovery support services for families, children, and adults. Prevention services are designed to preclude, forestall, or impede the development of substance abuse problems by addressing risk factors known to correlate to substance use. Detoxification, treatment, and recovery support services focus on reducing and eliminating substance use among identified populations in order to promote positive outcomes, reduce involvement in the criminal justice system, and maintain a substance-free lifestyle.

### **Prevention Program**

The Prevention Program targets services towards persons who are “at-risk” or who are likely to initiate substance use. Individuals are identified for services based on certain risk factors. For children, these risk factors include peer use, poor school performance, and family and/or environmental factors. For adults, the “at-risk” category includes individuals who may or may not be actively using substances but are determined likely to develop substance abuse or dependence based on the presence of risk factors such as workplace stress, personal loss/grief, social isolation, and medication misuse. At-risk individuals and their families are assisted through prevention and early intervention services that help to identify risky behaviors and the potential consequences of substance use, misuse, abuse, and dependence.

Children, youth, and adults who are “at-risk” of substance abuse include caregivers, and other community stakeholders. Prevention strategies reach out to: the general population, both youth and adults; high risk communities; and high-risk individuals. Some strategies (Level 1 Prevention) assist individuals by providing reliable information, education and training, and alternative activities. Other strategies (Level 2 Prevention) are tailored to meet the specific needs of individual youth who have been identified as exhibiting multiple risk factors. This group of individuals requires the most direct and intense forms of prevention strategies.

Prevention activities are designed to reach three overarching goals:

- reduce substance abuse related problems across the life span;
- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; and
- strengthen the capacity of state and community level stakeholders to implement evidenced based and culturally relevant programs and practices.

In order to reach these goals prevention uses an outcome based plan proven to align resources and maximize effectiveness. The Substance Abuse Response Approach (SARA) is based upon the national Strategic Prevention Framework model which:

- collects and analyzes data on substance abuse related consequences, consumption behaviors, and local conditions that contribute to those problems;
- uses that data to develop a comprehensive approach to identified problems; and
- supports parallel planning process in community anti-drug coalitions in order to identify target populations and service needs.
- The model also funds evidence-based programs and practices known to be effective in addressing these problems in three (3) ways:
  - Community Prevention: universal approaches aimed at impacting environmental factors related to state priorities;
  - Selected Prevention: evidence based programs with known effectiveness in addressing at-risk populations, typically within school settings; and
  - Indicated Prevention: evidence based programs with known effectiveness for target populations that are beginning to exhibit problem behaviors that may lead to increased substance use and abuse.
- And finally, the model monitors progress of its community prevention providers and coalitions to measure effectiveness and change over time.

The Substance Abuse Program uses its federal resources to fund 46 coalitions to use the SARA approach. Currently, 52 community coalitions are present in 46 of Florida's 67 counties. Some of our metropolitan counties have more than one coalition. The goal is to fund at least one community coalition in each of the state's counties.

#### Sources of Information

The state established a State Epidemiology Workgroup (SEW) for substance abuse in 2005. The SEW publishes an annual state epidemiology report and county epidemiology data profiles. Two regions within the Department have developed sub-state Drug Epidemiology Networks (DENs) to monitor regional

trends and conditions. Each community substance abuse coalition has a needs assessment workgroup which monitor local trends and conditions and develops needs assessment logic models.

The Substance Abuse Program Office administers the Florida Youth Substance Abuse Survey (FYSAS) annually to gather information on youth substance use and other risky behaviors and perceptions. Information regarding adult alcohol and other drug use is gathered through the Department of Health's Behavioral Risk Factor Surveillance System (BRFSS). The Substance Abuse Program Office will soon integrate the assessment and planning work of the coalitions with the implementation work of the providers, creating a data set that will allow for comprehensive system performance evaluation. Additional highlights from the FYSAS, the National Survey on Drug Use and Health, and the Behavioral Risk Factors Surveillance System Survey are presented in Appendix 3.

### **Treatment Program**

Substance abuse is a major health problem and is identified as a disease by Florida Statute s.s. 397.305. In 1993, the Florida Legislature passed the Marchman Act to enable families to address substance use and abuse within the family. "The Florida Marchman Act is a civil procedure that allows the friends or family of someone who is substance abuse impaired to confidentially petition the court to obtain confidential court ordered assessment, stabilization, and treatment. Under the Florida Marchman Act, the substance abuser cannot refuse help once the court order is issued.<sup>7</sup> Through a community-based provider system, Florida offers an array of substance abuse treatment services that are designed to assist individuals and families to respond to addiction problems. Detoxification, treatment, and recovery support services focus on reducing and eliminating substance use among identified populations in order to promote positive outcomes such as family unity and stability, reducing involvement in the criminal justice system, and maintaining a drug free lifestyle. An evolving component of substance abuse treatment is the use of medication assisted treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care.

### Treatment Services

The array of treatment services is designed to assist individuals and families to respond to addiction problems. These services include various levels of residential, outpatient treatment, and recovery support services with levels

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<sup>7</sup> Addiction Recovery Legal Services. <http://arlshelp.com>

varying based upon the severity of the addiction. The Substance Abuse Program Office is placing increasing emphasis on the use of evidence-based practices in order to improve client outcomes. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protection system, employment-related increased earnings, and better health.

### Opiate Treatment Programs

A major focus of treatment services involves methadone and other opiate maintenance programs. Due to increases in opiate use and the need for safe treatment for opiate dependence, the National Institute on Drug Abuse developed buprenorphine. This medication is similar to methadone but has fewer side effects. In order to prescribe buprenorphine, physicians must complete specific training and obtain approval from the federal Substance Abuse and Mental Health Service Administration (SAMHSA). These physicians are limited to a caseload of 30 individuals, at any given time, unless the physician is affiliated with a Department of Children and Families-licensed opiate treatment program.

As of this report, 836 physicians and 68 programs in the State of Florida are approved to prescribe buprenorphine for opiate addiction. This medication is also used as part of medication and methadone maintenance treatment programs in accordance with Section 65D-30.014, Florida Administrative Code (F.A.C.), which are licensed by the Department of Children and Families.

### Detoxification Services

Detoxification programs are provided on an outpatient or residential basis depending upon the individual's needs. The programs utilize medical and clinical protocol to assist adults and adolescents to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and Addiction Receiving Facilities provide emergency screening, short-term stabilization and treatment in a secure environment, 24 hours a day, seven days a week. Outpatient detoxification programs provide structured activities 4 hours per day, seven days a week.

Detoxification services are a critical part of the substance abuse services continuum. Individuals who are physically dependent on alcohol or other drugs often need both medical and counseling assistance while the body adjusts to the absence of drugs or alcohol. Successfully completing detoxification may be the first step to engaging in treatment and recovery. Client continuation in treatment services following detoxification can decrease the number of subsequent readmissions and improve client outcomes. The STAR-SI project demonstrated that improving the process for linking clients to additional services significantly improved client continuation in treatment, sometimes as much as 50%.

### Recovery Support Services

Recovery support services consist of services that are designed to provide continued support which emphasizes “client choice” in the development of natural supports. These services enable the client to obtain a combination of services such as substance abuse education, life skills, medical or health education, employment, supportive counseling, anger/stress management coping skills, and family/marital/parenting relationship skills, which are focused on promoting personal recovery and the prevention of future relapse.

### Licensure Services

While not a direct client service, licensure plays a vital role in the substance abuse treatment system. The Substance Abuse Program Office is required to administer and maintain a comprehensive regulatory process to license service providers and professionals who provide substance abuse services to individuals and families who are at risk of or challenged by substance abuse. This licensure process is governed or regulated by Chapter 397, F.S. and Chapter 65D-30, Florida Administrative Code (F.A.C.). Minimum standards for licensure are specified for the following program components: addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, intervention, prevention, and medication and methadone maintenance treatment. Specific criteria must be met in order for an agency to receive a license for any of these program components. As a result of recent changes to Chapter 397, F.S., a licensure rule revision workgroup is meeting to identify the necessary changes to the accompanying rule. Some of the areas that will require revision include definitions, the scope of licensure, and fee schedules. Modifying the scope of licensure to license components rather than programs represents a significant policy change.

### **Trends and Conditions**

Priorities for services have been identified based on the following trends and conditions in the state:

#### Health Care Reform

The potential impact of new programs and legislation, relating to health care reform, on the substance abuse service system presents serious issues. A central question that must be answered is whether or not making health care available to all people mean making mental health and substance abuse treatment also available. Themes of the various coverage options currently under consideration include: a push towards large providers, requiring more outcome data, providing payments to primary care management, and a push towards

global budgets. The Substance Abuse Program must be able to manage the change and build upon its strengths in order to meet its future requirements.

#### E-Counseling/Online Technology

Online Technology, commonly known as “E-therapy”, is an innovative approach to delivering behavioral health care services to appropriate individuals and families. Online technology services are provided via an internet site, telephones or handheld Personal Digital Assistants (PDAs). The State of Florida has identified and approved treatment agencies to pilot programs providing e-therapy services. The Department has established a statewide workgroup to address programmatic standards for e-therapy. The first meeting was convened early this year. The workgroup has developed draft programmatic standards for e-therapy and is in the process of developing licensure criteria.

#### Veterans Services

Returning veterans are emerging as a priority population in Florida’s substance abuse treatment programs. With more than 1.7 million veterans, Florida has the 2<sup>nd</sup> largest per capita veteran population in the nation. Of the approximately 29,000 Floridians who are likely to experience these conditions, an estimated 14,000 may not have sought proper care.

#### Homelessness

A recent study, *Homeless Conditions in Florida*, reported a total of 57,687 persons identified as homeless in 2009, which is a one percent decrease from the figure for 2008.<sup>8</sup> A total of 14,874 homeless persons out of the 33,777 persons interviewed during the study reported a disabling condition. “The primary conditions reported were physical disabilities (28.2%), drug or alcohol addiction (35.4%), and mental illness (27.9%).”<sup>9</sup> During FY 2008-2009, a total of 7,048<sup>10</sup> individuals were homeless at the time of admission to contracted substance abuse services, representing 7.8 percent of all admissions.

#### Employment

Unemployment contributes to increased rates of homelessness, incarcerations, and hospitalizations. Employment opportunities for adults are a critical concern during the current economic downturn. Transition, supported and independent employment partnerships with local businesses increase members’ opportunities for competitive employment in the community.

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<sup>8</sup> Florida Department of Children and Families, Homeless Conditions in Florida 2009, Annual Report, Fiscal year 2008-2009, June 30, 2009, p. i.

<sup>9</sup> Ibid., p.5.

<sup>10</sup> Florida Department of Children and Families’ Substance Abuse and Mental Health Information System (SAMHIS).

### Criminal Justice Involvement

Criminal activity and substance abuse are irrevocably related, resulting in enormous social and economic costs to society. Approximately two-thirds of the persons receiving substance abuse services have had some involvement in the criminal justice system. Effective alternatives to incarceration, that allow substance-involved offenders to receive needed treatment and support while in the community, are critically needed in communities.

### Drug Use and Perception Trends

- In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly opiates and benzodiazepines, which has created an added demand for medically-assisted detoxification programs and specialized long-term treatment programs.
- Alcohol continues to account for the highest percent of treatment admissions for adults (34.7%), followed by crack and cocaine (25.1%), and marijuana (22.2%).
- Marijuana accounts for the highest percent of adolescent admissions (70.4%) followed by alcohol (13.2%).
- Most drug-related deaths in Florida involve the use of two or more substances. In 2008, alcohol continued to be the most prevalent substance found in drug-related deaths in Florida (4,070), followed by benzodiazepines (3,229), and cocaine (1,791). The Florida Department of Law Enforcement (FDLE) has also noted a sharp increase in the presence of opiates in the body at death. The number of occurrences include: oxycodone (1,574), methadone (936), hydrocodone (870), and morphine (660).
- There were 3,737 involuntary admissions filed under the Marchman Act for assessment, stabilization and treatment during this time frame.
- The number of counties with functioning community substance abuse coalitions continues to increase and the capacity and sustainability of those coalitions continues to strengthen.
- Underage drinking costs Floridians about \$3 billion annually.<sup>11</sup>
- Although rates of underage drinking in Florida have dropped slightly in recent years, the rates of young Floridians who report using alcohol (37 percent) continues to exceed that of the nation (29 percent).<sup>12</sup>

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<sup>11</sup> The 2009 Economic Costs of Underage Drinking in Florida, (The University of Miami's Health Economics Research Group Department)

<sup>12</sup> According to the 2008 FYAS and 2008 Monitoring the Future.



- Older adults with substance abuse issues are most frequently encountered in primary health care settings, as opposed to traditional substance abuse programs. Engagement of older adults in health care settings helps to prevent the need for deep-end care for individuals that otherwise go “undiagnosed” until the need for intensive treatment arises.

Additional highlights from the FYSAS, the National Survey on Drug Use, and Health and the Behavioral Risk Factors Surveillance System Survey are presented in Appendix 3.

### **Programmatic Goals, Objectives, and Initiatives for Substance Abuse**

The Department’s *Strategic Plan* identifies a number of programmatic initiatives bearing on the future of substance abuse service delivery in Florida. These program specific initiatives also support the development and implementation of the priority systemic initiatives discussed above.

#### Inter-Agency Collaboration<sup>13</sup>

A Robert Wood Johnson-funded initiative allowed the Substance Abuse Program Office to develop systems designed to improve access to treatment services by Medicaid-eligible consumers and to increase the number of Medicaid-enrolled substance abuse providers. To continue this progress, substantial modifications to AHCA’s Medicaid Handbook would expand the types of substance abuse treatment services that are Medicaid-compensable. For example, the Substance Abuse Program Office continues to work with AHCA to encourage Medicaid’s adoption of substance abuse screening and brief intervention codes to allow medical professionals to bill Medicaid for these services.

The Substance Abuse Program Office coordinates initiatives in several areas with the Governor’s Office of Drug Control (ODC). These areas include substance abuse treatment for adolescents and the elderly as well as initiatives designed to prevent and reduce the incidence of suicide within the state.

The Department of Health (DOH) and the Substance Abuse Program Office work collaboratively on several initiatives including:

- The prevention and reduction of the use of tobacco and drugs;
- The annual administration of the *Florida Youth Substance Abuse Survey (FYSAS)*, *National Survey on Drug Use and Health (NSDUH)*, and other surveys conducted in conjunction with the Center for Disease Control (CDC);
- Reaching at-risk individuals to offer testing and HIV services; and

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<sup>13</sup> Strategic Plan Goal 4, Objective 4, Initiative 4.4.2 - *Facilitate Inter/Intra agency process integration to improve services to our citizens.*

- DOH oversees programs and services for drug endangered children that work cooperatively with the Department's Family Safety and Substance Abuse intervention and treatment programs.

#### Collaborative Community Substance Abuse Activities<sup>14</sup>

Two-thirds of the persons in substance abuse treatment are, to some extent, involved with the courts and/or the juvenile/criminal justice systems. The Department and the Department of Juvenile Justice (DJJ) have an interagency agreement promoting improved performance by both agencies and their contracted providers. Additionally, the Department works with the Department of Corrections (DOC) to jointly fund community-based treatment and diversion programs and collaborates with the State Court Administrator's Office to promote Drug Court programs. Florida recently received a five-year, \$1.8 million grant from SAMHSA to coordinate substance abuse and mental health services for veterans and their families, as well as strengthen jail diversion programs for veterans.

#### Community Process Capacity-Building Initiative<sup>9</sup>

Implementation of the Strengthening Treatment Access and Retention (STAR) State Implementation grant has focused on developing the capacity and infrastructure to improve the substance abuse treatment process across the state. More than 20 large provider agencies have participated in this project. Staff has learned to apply rapid cycle change processes that improve client access to and retention in substance abuse services. Although the grant period is completed, the Substance Abuse Program Office continues to sustain improvements by continuing to partner with provider agencies, providing training, and developing local capacity to initiate, manage, and sustain changes. In future years, improvement projects will focus on strategic initiatives identified through the activities of the Florida Learning System (FLS).

The Substance Abuse Program Office will build community capacity to improve the system of care through the utilization of the Substance Abuse Response Approach (SARA) by coalitions and the implementation of rapid cycle improvements by provider agencies, managing entities, and the state. Community coalitions carry out the SARA to produce high quality needs assessments, logic models, resource assessments, and community action and evaluation plans. Training, technical assistance, communication, and coaching support related to epidemiology, evaluation, and best practices in assessment and planning is critical to this initiative. The implementation of this initiative

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<sup>14</sup> Strategic Plan, Goal 3, Objective 3, Initiative 3.3.7 - *Work with law enforcement, health, education, and others to sustain community substance abuse coalitions to assess conditions underlying substance abuse and related consequences and to plan a response of evidence-based programs and practices.*

supports reduction in underage drinking and the increased use of evidence-based practices.

#### Campaign to Strengthen Evidence-Based Practices<sup>15</sup>

The Substance Abuse Program Office is assisting communities as they build system capacity to select and implement evidence-based practices through training, technical assistance, communication, and applied prevention science. The Substance Abuse Program Office promotes the adoption of evidence-based practices to include uniform screening and assessment tools, medication-assisted treatment, and long-term recovery support. This, along with improved information technology systems, including the expansion of e-therapy and e-treatment, and the adoption of electronic patient records will help to improve outcomes and accountability.

#### Continuous Quality Improvement<sup>16</sup>

The Substance Abuse Program Office is committed to developing a service delivery system based on the principles of continuous quality improvement. The Florida Learning System (FLS) and community coalition initiatives help to provide a foundation for systemic performance improvement.

FLS provides a management structure that facilitates the assimilation of information, identification of trends, and the implementation of strategic initiatives (see Figure 2 on the following page). The FLS Advisory Committee has identified the implementation of the National Outcome Measures (NOMs) and five other quality measures as critical to the effectiveness of the substance abuse program.

The Substance Abuse Program Office is integrating its community planning and performance data systems to facilitate system performance improvements. The combined system uses priority needs assessments and community plans to aid in assessing system effectiveness in selecting evidence based strategies, implementing strategies with fidelity, and progressing toward shared outcomes. The community, circuit, regional, and state dashboards resulting from the combined systems will track process and outcome measurement and will inform future Substance Abuse Program Office planning.

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<sup>15</sup> Strategic Plan Goal 3, Objective 4, Initiative 3.4.2 – *Implement the use of national outcome measures, evidence-based practices and five system quality indicators as the standard for system performance measurement and accountability.*

<sup>16</sup> Strategic Plan Goal 4, Objective 4.1, Initiative 4.1.2 – Require continuous quality improvement initiatives for all agency and provider activities.

**Figure 2: Conceptual Flow of the Florida Learning System**



Marchman Act Initiative<sup>17</sup>

The Substance Abuse Program Office is developing proposed changes to the Marchman Act in response to stakeholder concerns: families having difficulties navigating the court system, fee structures, legal options, and service options; law enforcement officers defaulting to Baker Act placements due to better familiarity with the mental health involuntary stabilization laws; and variance in the types of courts in each jurisdiction handling involuntary placement orders. The Substance Abuse Program Office will establish a Marchman Act revision workgroup to include consumers and families, the Office of Drug Control, the State Courts Administrator’s Office, and other appropriate persons to develop statutory changes for consideration in the 2011 Legislative Session.

**Data & Outcomes – Substance Abuse Program**

Specific Estimates of Service Needs

The National Household Survey on Drug Use and Health estimates there are 1,253,917 adults in need of individualized substance abuse services in Florida, of which 33 percent (413,793) adults, would seek services if available.

<sup>17</sup> Strategic Plan Goal 1, Objective 1.3, Initiative 1.3.5 - *Revise Chapter 397, F.S., to expand the time of involuntary admission for substance abuse assessment/stabilization under the Marchman Act from 72 hours to 120 hours, facilitating individual stability and ample time for comprehensive evaluation of further service needs.*

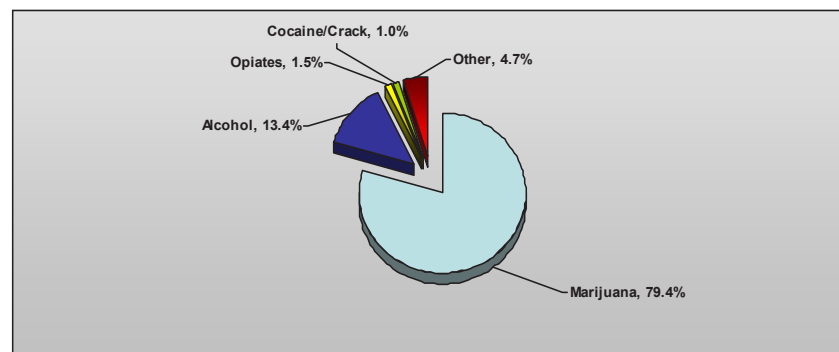
In FY 2008-2009, the Department provided services to approximately 30% of adults who would seek services (126,698).<sup>18</sup> There has been a waiting list of an average of 1,300 adults per month.

The Florida Youth Substance Abuse Survey, estimates there are 321,622 children in need of services, it is estimated that approximately 30%, or 106,135, of those would seek services if available. In Fiscal Year 2008-2009, the Department served approximately 50% (53,783)<sup>19</sup> of children through individualized services. Typically, an average of 200 children per month is on waiting lists for services.

### Primary Substance Abuse Problem at Admission

In FY 2008-2009, there were 15,710 children/adolescent admissions for substance abuse services. The primary drugs of abuse in order of prevalence were marijuana, alcohol, prescription opiates, and cocaine/crack. More than three of every four youth presented with a primary problem of marijuana use (see Figure 3).

**Figure 3: FY 2008-2009 Primary Substance Use Problem at Admission-Children**

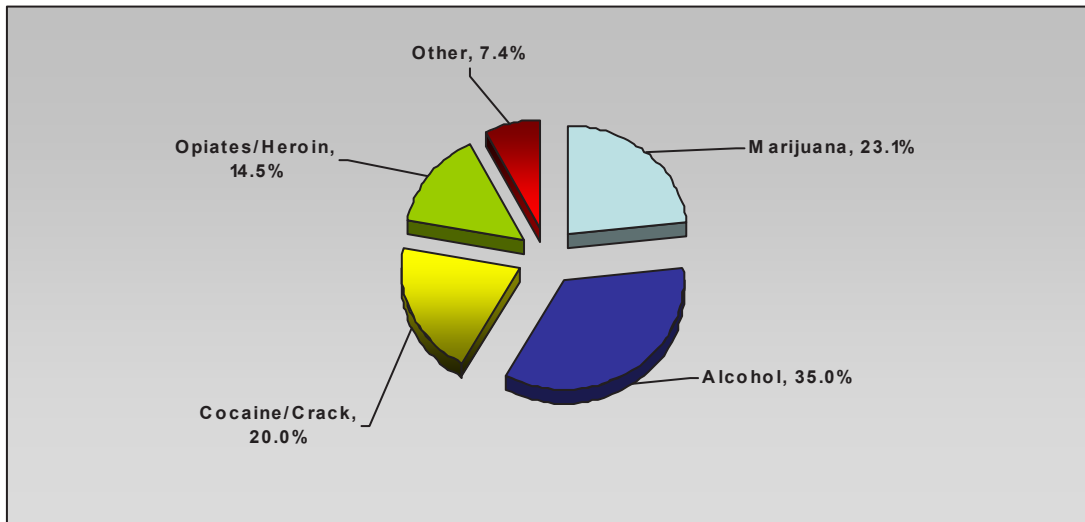


During the same period, there were 55,027 adult admissions for substance abuse services with an identified primary substance use problem. The primary drugs of abuse in order of prevalence were alcohol, marijuana, crack/cocaine, and prescription opiates. Slightly more than a third of the adult individuals presented with alcohol as the primary problem and one in every four individuals presented with marijuana as the primary problem. In recent years there has been a significant problem in Florida relative to opiate use, specifically the use of prescription painkillers such as oxycodone and hydrocodone (see Figure 4).

<sup>18</sup> In FY 2008-2009, there were a total of 125,698 adults served, of which 55,027 were new admissions, 56,444 were already receiving services, and 15,227 were in the SBIRT program.

<sup>19</sup> In FY 2008-2009, there were 53,783 children served of which 15,710 children were new admissions and 38,073 children were already receiving services.

**Figure 4: FY 2008-2009 Primary Substance Use Problem at Admission – Adults**



Note: Opiates include heroin, non-prescription methadone, and other opiates such as oxycodone and hydrocodone, among other prescribed medications for pain relief. Methamphetamine use comprises 85% of the amphetamine use by clients.

**Performance Measures**

The Department compiles and analyzes data on services, outcomes, and trends in consumer needs and service delivery. The following table details performance measures maintained by the Substance Abuse Program Office in compliance with federal, state, and Departmental requirements. The Substance Abuse Program Office is in the process of changing algorithms to align with Federal NOMs. The goal is to reduce the number of performance measures and utilize more effective measures demonstrating client outcomes.

<b>Children’s Substance Abuse Prevention, Evaluation and Treatment Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
SA045	Percent of children with substance abuse who complete treatment	GAA	74%	83.41%
SA046	Percent of children with substance abuse who are drug free during the 12 months following completion of treatment	LRPP	58%	No Prior Year Data
SA046a	Percent change in children abstinence from alcohol 30 days prior to admission and discharge	NOMS	Baseline FY 2010	

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Children’s Substance Abuse Prevention, Evaluation and Treatment (continued) Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
SA046d	Percent change in children abstinence from drugs 30 days prior to admission and discharge	NOMS		Baseline FY 2010
SA047	Percent of children with substance abuse 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	LRPP	85%	No Prior Year Data
SA051	Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services	LRPP	97%	No Prior Year Data
SA052	Number of children with substance-abuse problems served	GAA	50,000	53,783
SA055	Number of at-risk children served in targeted prevention	GAA	4,500	5,366
SA382	Number of at risk children served in prevention services.	GAA	150,000	132,877
SA5092	Substance usage rate per 1,000 in grades 6-12.	LRPP	340	No Prior Year Data
SA5092a	Alcohol usage rate per 1,000 in grades 6-12.	GAA	295	No Prior Year Data
SA5092m	Marijuana usage rate per 1,000 in grades 6-12.	GAA	110	No Prior Year Data
SA5093	Average age of first substance abuse	LRPP	14.3	No Prior Year Data
SA5093a	Percent of children who begin using alcohol at age 13 or less (early initiators)	NOM S		Baseline FY 2010
SA5093m	Percent of children who begin using marijuana at age 13 or less (early initiators)	NOM S		Baseline FY 2010
SA636	Percent of prevention program groups showing pre-post improvements in at least 3 of 4 National Outcome Measures (Abstinence).	NOM S		Baseline FY 2010

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Children's Substance Abuse Prevention, Evaluation and Treatment (continued) Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
SA695	Number of Children participating in Level 2 Prevention Programs	NOMS		Baseline FY 2010
SA725	Percent of children who successfully complete substance abuse treatment services.	GAA	48%	No Prior Year Data
SA751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.	GAA	19.6%	No Prior Year Data
SA752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.	GAA	93%	No Prior Year Data
SA761	Number of children participating in Level 1 Prevention programs	NOMS		Baseline FY 2010
SA762	Number of children participating in Prevention services	NOMS		Baseline FY 2010
SA763	Number of Children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities	NOMS		Baseline FY 2010
SA764	Number of Children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities.	NOMS		Baseline FY 2010
SA765	Percentage of Children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities	NOMS		Baseline FY 2010
SA766	Percentage of Children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities	NOMS		Baseline FY 2010



**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Adult Substance Abuse Prevention, Evaluation and Treatment Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
SA057	Percent of adults who are drug free during the 12 months following completion of treatment	LRPP	68%	No Prior Year Data
SA057a	Percent change in adult abstinence from alcohol 30 days prior to admission and discharge	NOMS	Baseline FY 2010	
SA057d	Percent change in adult abstinence from drugs 30 days prior to admission and discharge	NOMS	Baseline FY 2010	
SA058	Percent of adults employed upon discharge from substance abuse treatment services	LRPP	78%	68.91%
SA058a	Percent change in number of clients employed at discharge compared to admission.	NOMS	Baseline FY 2010	
SA061	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment	LRPP	55%	Baseline FY 2010
SA062	Percent of adults who complete treatment	LRPP	72%	81.00%
SA063	Number of adults served	GAA	115,000	126,698
SA753	Percentage change in clients who are employed from admission to discharge.	GAA	10%	No Prior Year Data
SA754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	GAA	14.6%	No Prior Year Data
SA755	Percent of adults who successfully complete substance abuse treatment services.	GAA	51%	No Prior Year Data
SA756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	GAA	94%	No Prior Year Data
SA767	Number of adults participating in Level 1 Prevention programs	NOMS	Baseline FY 2010	
SA768	Number of adults participating in Level 2 Prevention programs	NOMS	Baseline FY 2010	

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Adult Substance Abuse Prevention, Evaluation and Treatment (continued)</b>				
<b>Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
SA769	Number of Adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities	NOMS		Baseline FY 2010
SA770	Number of Adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities.	NOMS		Baseline FY 2010
SA771	Percentage of Adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities.	NOMS		Baseline FY 2010
SA772	Percentage of Adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities.	NOMS		Baseline FY 2010
SA775	Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services	GAA	45%	Baseline FY 2010
SA785	Number of at-risk adults participating in Prevention services	NOMS		Baseline FY 2010

<b>Executive Direction and Support</b>				
<b>Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
M0135	Mental Health: Administrative cost as a percentage of total program costs	GAA	4.87%	3.42%
M0137	Substance Abuse: Administrative cost as a percentage of total program costs	GAA	5.0%	4.54%
MH637	Rates of serious injuries and death per 1,000 Substance Abuse & Mental Health (SAMH) customers served.	Internal		Baseline FY 2010

## Next Steps

- The Substance Abuse Program Office will continue to shift the service model to a recovery and resiliency paradigm using the Florida Learning System service model. The model involves partners, stakeholders, and consumers in the statewide and local planning processes through the Advisory Committee. The Florida Learning System concentrates on improving efficiencies and includes an emphasis on early identification of substance abuse problems and engagement in effective, less costly interventions and services.
- The Substance Abuse Program Office will propose legislative changes to the Marchman Act (ss.397.675 -397.6977, F.S.), to expand provisions for emergency assessment, stabilization, and treatment for individuals at risk of harming themselves or others due to substance abuse impairment. Recommendations include expanding the length of emergency assessment/stabilization from 72 to 120 hours; involuntary assessment, stabilization, and treatment cases would be handled through drug courts; standardize court fees through the State Courts Administrator's Office; and to delineate training requirements for judiciary and law enforcement staff. These modifications will strengthen the state's ability to require follow through on court-ordered services.
- Build and support county-level capacity to assess substance abuse needs and resources and to identify evidence-based programs, practices, and strategies to address those needs and achieve county-level change to key substance abuse related measures.
- Link the Department-funded prevention programs, practices, and strategies to state priorities, regional priorities, and Department-approved community action plans.
- Strengthen the capacity for local community organizations to implement evidence-based environmental strategies and financially support the implementation of those strategies.
- Revise Rule 65D-30, F.A.C. to align licensing requirements to new statutory requirements and to reflect the Substance Abuse Response Approach. Participate in the workgroup to revise Rule 65E-14, F.A.C, to add new cost centers, eliminate outdated cost centers, and clarify local match requirements, and increase accountability and flexibility in the process while removing unproductive administrative barriers.

## **CHAPTER 3: MENTAL HEALTH PROGRAM**

### **Introduction**

The Mental Health Program Office is organized into three (3) primary program service components: Adult Community Mental Health (AMH), Children's Mental Health (CMH) and Mental Health Treatment Facilities (Facilities). The Sexually Violent Predator Program (SVPP) is a designated unit within the Facilities component. Central Office staff includes members of all service components. The program staff for adult and children's services is also located in each Circuit/Regional Mental Health Program Office. Facilities and SVPP staff are housed in the Central Office and in state-owned treatment facilities.

### **Children's Mental Health**

Florida has adopted "Guiding Principles of Care" as a sound statutory basis for Children's Mental Health (CMH) services. These principles require a community-based system that is child centered and family driven. The Children's Mental Health system provides for screening and assessment to promote early identification and treatment of mental health issues. The system requires that services are individualized, culturally competent, integrated, coordinated, and provide a smooth transition to the adult system for continued age-appropriate services and supports. The CMH program provides an array of formal and informal treatment services and supports in home, community-based, and residential settings through joint Medicaid and CMH contracts and vendors.

Services are designed to assist children and adolescents with mental health problems who are seriously emotionally disturbed (SED), emotionally disturbed (ED), or at-risk of becoming emotionally disturbed. Children's Mental Health services help children live with their families or in the least restrictive setting and to function well in school and in their community. Services are designed to build resilience and prevent or reduce the occurrence, severity, duration, and disabling aspects of children's mental and emotional disorders. Children's Mental Health also manages the Juvenile Incompetent to Proceed (JITP) program and an intensive behavioral health program for children enrolled in the State Children's Health Insurance Program (SCHIP).

### **Adult Community Mental Health**

Adult Community Mental Health includes outpatient and residential services, including a range of clinical treatment and support services. Services are available for adults with serious and persistent mental illness (SPMI), for adults in crisis, and for adults with forensic involvement. Services include:

- Florida Assertive Community Treatment (FACT) Teams,
- assessment,

- inpatient services in licensed hospitals,
- crisis support and crisis stabilization,
- short-term residential treatment,
- residential services,
- supported employment,
- Mental Health Clubhouses,
- educational services,
- medical services including psychotropic medications and psychiatric services,
- in-home and on-site therapeutic services,
- the Florida Self-Directed Care Program,
- day care services,
- drop-in and self-help centers, and
- case management services.

Assistant Living Facilities (ALF) with Limited Mental Health Licenses (ALF-LMHL) are a part of the housing continuum providing the least restrictive and most homelike environments for adults living with a mental illness. The Adult Community Mental Health Units submit an annual plan for ensuring service delivery to residents in ALF-LMHLs who have a mental illness. The plans address training for ALF-LMHL staff, placement, and follow-up procedures to support ongoing treatment for residents. The annual ALF-LMHL Circuit Plans are kept on file at the Central Office in Tallahassee. There are currently 3,796 ALF-LMHLs in Florida serving a total of 12,259 residents with mental illnesses. A Circuit breakdown of facility types and numbers of residents is available in Appendix 4.

### **Mental Health Treatment Facilities**

State Mental Health Treatment Facilities provide services to individuals who meet the admission criteria set forth in either Chapter 394, F.S. (relating to civil commitment) or Chapter 916, F.S. (relating to forensic commitment). These services include the most restrictive and intensive level of care available to individuals age 18 and older, and to juveniles adjudicated as adults and committed to a state mental health treatment facility. Services include psychiatric assessment, treatment with psychotropic medication, health care services, individual and group therapy, individualized service planning, competency restoration assessment and training, vocational and educational services, addiction services, and rehabilitation therapy and enrichment activities.

Facilities work in partnership with communities to help individuals who are experiencing severe and persistent mental illnesses. Services are designed to help residents manage their symptoms and apply skills and supports needed to be successful and satisfied when they return to the community environment of

their choice. For individuals who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

The state directly operates three (3) treatment facilities. Florida State Hospital (FSH) provides both civil and forensic commitment capacity. Northeast Florida State Hospital (NEFSH) provides civil commitment capacity. North Florida Evaluation and Treatment Center (NFETC) provides forensic commitment capacity. In addition to civil commitment services, NEFSH also provides forensic step-down services.

The state contracts for services with four (4) other mental health treatment facilities. South Florida Evaluation and Treatment Center and Treasure Coast Forensic Treatment Center both provide forensic commitment services and South Florida State Hospital provides civil commitment services as well as forensic step-down services under contractual arrangements with the Central Office. West Florida Community Care Center provides civil commitment services under contract with Circuit 1.

### **Sexually Violent Predator Program**

The Sexually Violent Predator Program (SVPP) serves two main functions. The first is screening and evaluating individuals referred for civil commitment. Second, the program provides long-term care, confinement, and treatment to individuals committed as sexually violent predators. The Florida Civil Commitment Center (FCCC) provides a service to this population located in Arcadia, Florida. The facility is managed by a private contractor. The program's mission is to reduce the risk of future sexual violence by providing specialized, long-term care, and treatment to those offenders committed to the Department as sexually violent predators. A Department priority is to provide state-of-the-art, comprehensive, quality treatment services to maximize residents' chances for successful community reintegration, free from sexual offending behavior. The multi-phase, multi-modal program provides integrated activities and treatment that focus on the outcomes of public safety, long-term treatment, and effective relationships with all agencies involved in the custody, care, and treatment of sexually violent predators.

The SVPP has processed over 35,000 referrals since its creation in 1999. Roughly four percent (4%) of referrals lead to a clinical recommendation for civil commitment. Approximately half of those recommendations resulted in actual commitment to the FCCC. Each person at FCCC, whether detained or committed, is encouraged to participate in treatment programming. Currently, 65 percent of all committed residents are participating in treatment programming. Sex offender treatment programming is long-term to maximize successful acquisition and practice of a well rounded, offense-free lifestyle. This program is

in compliance with treatment guidelines of the Association for the Treatment of Sexual Abusers.

### **Trends and Conditions**

The Mental Health Program routinely monitors emerging needs, service models and best practices of its programs. A number of important trends and conditions are the foundation for the initiatives discussed here.

#### Veterans Services

The need for targeted and expanded services to returning veterans is emerging as a national and statewide priority. A recent study estimated that 18.5% of all service members and veterans returning from the Gulf War experience Post Traumatic Stress Disorder (PTSD) or some form of major depression. The study also found that 53% of those in need sought help from a service provider in the previous year. With more than 1.7 million veterans, Florida has the 2<sup>nd</sup> largest per capita veteran population in the nation. Of the approximately 29,000 Floridians who are likely to experience these conditions, an estimated 14,000 may not have sought proper care.

#### Homelessness

The Homeless Conditions in Florida Annual Report for 2009 estimates more than 57,000 Floridians are homeless. Adults between 18 and 60 make up 78% of the estimated total. Children under 18 represent 16% and adults over 60 are 5%. Alarming, Veterans now make up nearly 14% of the homeless population. These numbers are assumed to under-represent the true size of the homeless population. Given Florida's current economic climate, the Department anticipates an increase in the number of homeless individuals and families who are in need of mental health services and supports. The state is ranked second in number of recent home foreclosures and has documented a 14% increase in Temporary Assistance for Needy Families applications during the past year. This growing, significant and vulnerable population represents a statewide critical need for community mental health services.

#### The Elimination of Disparities in Mental Health Care

During FY 2007-2008, Florida served 176,787 adults with serious mental illnesses and 81,954 children and youth with emotional disturbances. Of those, 13,323 adults and 5,694 children lived in rural counties. The Department of Health (DOH), the Department of Juvenile Justice (DJJ), and the Department of Corrections (DOC) are currently using telemedicine on a limited basis to provide services for individuals residing in rural areas. In an effort to increase and improve services for individuals with mental illnesses who live in rural areas the Department is exploring the expanded use of telemedicine. Successful outreach

will provide services to persons who may otherwise only come to attention of the Department during a time of crisis.

### Employment

Unemployment contributes to increased rates of homelessness, incarcerations, and hospitalizations. Employment opportunities for adults are a critical concern during the current economic downturn. Transition, supported and independent employment partnerships with local businesses increase consumers' opportunities for competitive employment in the community, improves quality of life, and support resiliency and stability.

### Suicide

Suicide is the ninth leading cause of death in Florida and the third leading cause for individuals between the ages of 15 and 24. The most recent available data (2007) attributes 2,570 deaths to suicide, roughly twice as many deaths as were attributed to homicide. The Mental Health Program is a voting member of the Suicide Prevention Coordinating Council (SPCC) and supports additional funding to continue the Florida Suicide Prevention Implementation Project led by the Florida Mental Health Institute (FMHI) at the University of South Florida (USF).

### Psychotherapeutic Medications

The Department is monitoring developments and best practices in the use of effective psychotherapeutic medications in mental health treatment facilities. Over the past few decades, several important psychotherapeutic medications have been developed, including medications used to treat depression, schizophrenia, and bipolar disorder. These new developments increase the availability of treatment choices to better meet individual needs, allowing for improved outcomes, increased functioning, and improved quality of life. New medications are more costly, however, and individual responses to different medications vary substantially. The Department is actively implementing the recommendations derived from the findings of the Gabriel Myers Work Group to improve the delivery of behavioral health services to children in foster care as described in the discussion on Integration with Child Welfare Services in Chapter 1.

### Forensic Commitment

The steady increase of forensic commitments in recent years has been a challenge to the Department, policymakers, advocacy groups, and other stakeholders to find alternatives to costly secure forensic facilities. The Department is continuing to support criminal justice diversionary programs and competency restoration training and maintenance programs in the community and jails. Collaboration with the Miami-Dade Forensic Alternative Center (MD-



FAC) Program, Mental Health Courts, and other emerging community programs will continue. The Department is currently meeting its statutory requirement to admit individuals to secure residential forensic treatment within 15 days of commitment. Data is closely monitored in an attempt to project when additional resources may be required to meet the demand of increasing commitments.

#### Sexually Violent Predator Program (SVPP)

Ongoing analysis of the Sexually Violent Predator Program forecasts an estimated 3,600 cases will be referred for screening and evaluation in Fiscal Year 2010. Approximately 2% of those cases will be recommended for civil commitment. The methodology for computing a felon's sentence was recently changed by the Florida judicial system, resulting in longer sentences for convictions related to sexual offenses. This change may decrease current projections. However, other developments in the judicial system may act to increase the number of referrals. The program has noticed a recent trend in court ordered releases without referrals for convictions associated with more technical violations.

#### **Programmatic Goals, Objectives, and Initiatives for Mental Health**

The Department's *Strategic Plan* identifies a number of programmatic initiatives bearing on the future of mental health service delivery in Florida. These program specific initiatives also support the development and implementation of the priority systemic initiatives discussed in Chapter 1.

#### Improve the SVPP Process<sup>20</sup>

In order to successfully manage the SVPP, the Department collaborates extensively with the Florida Department of Law Enforcement (FDLE), the Department of Corrections (DOC), the Department of Juvenile Justice (DJJ), Florida Prosecuting Attorneys, Offices of Public Defenders, State Courts Administrator Offices, and other agencies and organizations. As a result of these collaborative experiences, the SVPP recommends several revisions to Chapter 394, Part V, F.S., to reflect lessons learned by the collaborating agencies in the eleven (11) years of the Act's history. One recommendation would revise the current definition of qualifying sexual offenses to include only felony offenses. This change is in keeping with the Legislative intent of the law to limit its scope to the most dangerous of sexual offenders. Other recommendations include

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<sup>20</sup> Strategic Plan Goal 1, Objective 1.2, Initiative 1.2.8 - *Improve the effectiveness of the sexually violent predator program referral process through collaborating with the Florida Department of Law Enforcement, Department of Corrections, Department of Juvenile Justice, Florida Prosecuting Attorneys, State Courts Administrator Offices and other agencies and organizations.*  
Strategic Plan Goal 4, Objective 4.5, Initiative 4.5.2 - *Develop a 5-year strategy for meeting statutory requirements in the Sexual Violent Predator Program.*

changing the statewide outcome measure to better reflect the SVPP referral process and eliminating ambiguities in the statutory process for civil commitment that contribute to dangerous offenders avoiding commitment based on legal technicalities.

Improve the Use of Trauma-Informed Care and Reduce the Use of Seclusion and Restraint<sup>21</sup>

The National Association of State Mental Health Program Directors (NASMHPD) position statement on the use of seclusion and restraint highlights significant risks to people with psychiatric disabilities. These risks include serious injury or death, re-traumatization, loss of dignity, and other psychological harm. The Department accepts the use of minimal, appropriate seclusion and restraint techniques only when there is an imminent risk of danger to the individual or others and when no other safe and effective intervention is possible. State mental health treatment facilities have significantly reduced the use of seclusion and restraint.

Since 2008, the Department has worked closely with stakeholders to develop an administrative rule for civil receiving and treatment facilities consistent with national best practices. The rule addresses the reduction of seclusion and restraint use and trauma-informed care. The Department is currently promulgating revisions to Chapter 65E-20, F.A.C., Forensic Client Services Act, regarding reducing seclusion and restraint in the forensic state mental health treatment facilities.

Several specific ongoing initiatives in state mental health treatment facilities have resulted in significant decreases in both the number and duration of seclusion and restraint events in each facility. NASMHPD has provided training on “Creating Violence-Free and Coercion-Free Environments” to assist the facilities in the implementation of trauma-informed systems of care. These techniques are designed to decrease the use of restrictive interventions such as seclusion and restraint. Each facility also provides internal training emphasizing personal safety, individual preferences, verbal de-escalation techniques, and behavioral triggers so seclusion and restraint can be avoided. Each facility has implemented a comprehensive action plan to achieve reductions of seclusion and restraints and create an environment consistent with trauma-informed care.

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<sup>21</sup> Strategic Plan Goal 1, Objective 1.4, Initiative 1.4.2 - *Improve Trauma Informed Care service provision in the state mental health treatment facilities and community mental health programs to assist with recovery from mental illness and decrease the use of seclusion and restraint in civil and forensic state mental health treatment facilities and in community mental health programs.*

### Incident Reporting and Analysis System<sup>22</sup>

The Department has developed a new web-based Incident Reporting and Analysis System (IRAS), allowing the statewide tracking, analyzing, and trending of significant incidents. The IRAS includes seclusion and restraint events across all provider agencies that are operated, funded, or licensed by the Department. Pilot testing began in February 2009 at Northeast Florida State Hospital and among substance abuse and mental health providers in the Northeast Region. Statewide deployment across all Department Program Offices and providers will be completed during Fiscal Year 2011.

### Target Services to Homeless and At-Risk Veterans<sup>23</sup>

The Department received a Jail Diversion and Trauma Recovery Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This five (5) year award will strengthen coordinated behavioral health services and jail diversion services for veterans, particularly those with Post-Traumatic Stress Disorder, and their families. The Department will develop a Veterans Peer Support Specialist certification and implement a community-based pilot program in Hillsborough County beginning in 2010. A second pilot location will be launched in 2012. The program is designed to increase identification, assessment, linkage, access to trauma-related care and peer support services for veterans with mental health needs. Funds will also be used to provide further outreach and supports to veterans with substance abuse and mental health needs and their families.

### Housing for Consumers with Behavioral Health Disorders<sup>24</sup>

The Mental Health Program Office works with the Florida Supportive Housing Coalition, The Florida Housing Finance Corporation and the State Office on Homelessness to provide targeted technical assistance to areas in need. Projects for Assistance in Transition from Homelessness (PATH) programs continue to operate at full capacity offering outreach services to homeless persons with mental health issues. The Department has established 21 federally-funded Projects for Assistance in Transition from Homelessness (PATH) grant

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<sup>22</sup> Strategic Plan Goal 1, Objective 1.4, Initiative 1.4.3 - *Participate in the pilot project to report and analyze critical events via the Department-wide Incident Reporting and Analysis System.*

<sup>23</sup> Strategic Plan Goal 2, Objective 2.3, Initiative 2.3.2 - *Target veterans who are homeless or at-risk of becoming homeless with Department services*

<sup>24</sup> Strategic Plan Goal 2, Objective 2.3, Initiative 2.3.5 - *Work with the Florida Housing Finance Corporation to create new incentives and requirements for creating affordable housing to serve our clients with special housing needs..* And Strategic Plan Goal 3, Objective 3.4, Initiative 3.4.5 - *Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.*

programs in the state. Each Circuit maintains at least one (1) PATH project. This initiative is complemented by collaboration between the Department's Office on Homelessness and community grassroots coalitions in an effort to access all available resources and improve participation in local Co-occurring Initiative projects.

Adult Mental Health staff plan to review existing supportive housing programs funded by the Program Office. The review will include an assessment of the Supportive Housing Model endorsed by SAMHSA. The Mental Health Program will seek funding for Statewide Housing Rental Supplement Programs to assist individuals who meet specific eligibility requirements for costs associated with community rental housing.

The Program Office is actively increasing the availability of Social Security Insurance/Social Security Disability Insurance (SSI/SSDI) Outreach Access and Recovery (SOAR) training. This initiative teaches behavioral health workers how to assist people in completing SSI/SSDI applications in order to expedite Social Security Administration approval. Improved application submission and facilitated eligibility reviews result in faster dispersal of funds for housing and other needs.

#### Increased Diversion from the Criminal Justice System<sup>25</sup>

There are several approaches to this initiative including: The Adult Mental Health Program advocates for the use of Crisis Intervention Training throughout the state. This model trains law enforcement officers on the challenges that people with mental illnesses face and teaches skills for interacting more effectively with individuals who have mental illnesses.

The Department continued to monitor forensic referrals and forensic bed productivity and will recommend pursuing funding for additional secure forensic beds at mental health treatment facilities as needed in order to avoid a return to the historically lengthy waiting list for services. Simultaneously, the Department is providing alternatives to admission to a secure forensic facility, when appropriate and where available. These include in-jail competency restoration, pre-admission competency training, and competency maintenance training pending judicial review of those returned to jail. The Department works with the criminal justice

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<sup>25</sup> Strategic Plan Goal 2, Objective 2.4, Initiative 2.4.5 - *Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services.* And Strategic Plan Goal 2, Objective 2.4, Initiatives 2.4.6 - *Increase the diversion of people with mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.*

system to support those granted conditional release subject to participation in community-based restoration programs and other services.

The Adult Mental Health Program promotes several cost-effective community-based treatment alternatives for individuals with mental illnesses who become involved with the criminal justice system. Examples include Felony and Misdemeanor Mental Health Courts, Comprehensive Community Service Teams, Forensic FACT Teams, and Forensic Intensive Case Management Teams. The Department is conducting a fidelity and outcomes evaluation of the 31 Florida Assertive Community Treatment (FACT) teams. Adult Mental Health also promotes expanding mobile crisis units (MCUs) throughout the state and is actively pursuing grant and other funding opportunities. MCUs are teams of mental health professionals that respond to the scene of mental health crises (including homes and schools) to de-escalate the crisis and, when possible, avert Baker Act involuntary examinations and possible arrests.

Mental Health Program Office supports competency restoration services in the community and in the jail setting and designates community residential beds to divert the target population from jail and from more expensive secure forensic treatment facilities. Funds are available for transitional housing, medication, and other needs to support successful community living. The Program Office also funds forensic specialists and forensic case managers. Court liaisons are supported in key intercept points such as jails and public defender's offices. These liaisons provide arrestees with mental illnesses with early identification, advocacy for in jail mental health services, and/or offer appropriate community-based treatment alternatives.

The Department is evaluating the Miami-Dade Forensic Alternative Center (MDFAC) Program as an emerging alternative collaboration for possible deployment in other areas. This program is operated by Bayview Center for Mental Health and serves individuals charged with a non-violent felony offense and determined by the court to be appropriate low-risk participants. Under this model, the arrestee receives appropriate crisis stabilization services before being transferred to the MDFAC program for competency restoration training, ongoing treatment, and coordinated discharge planning.

#### Increase Educational Participation of Children with SED<sup>26</sup>

The Children's Mental Health Program is expanding its partnership with the Florida Department of Education (DOE) Serious Emotional Disturbed Network

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<sup>26</sup> Strategic Plan Goal 3, Objective 3.3, Initiative 3.3.1 - *Increase the number of foster children and children with severe emotional disturbance who regularly attend school and graduate from high school or post-secondary education.*

(SEDNET) to better meet the needs of foster children with severe emotional disturbances. DOE focuses on graduation rates and other success indicators of children with serious emotional disturbance in the school system. An inter-agency collaborative will provide increased data sharing and program linkage to statewide initiatives that will ensure appropriate services and supports are available to the target population.

#### Support Competitive Employment Opportunities<sup>27</sup>

Adult Mental Health staff will continue to support the Mental Health Clubhouse model. This model provides supported employment opportunities within the community. The Mental Health Program Office participates on the Employment Statewide Task Force and promotes legislation for the Medicaid Buy-In Program. Other community supported employment models are being examined for dissemination to encourage replication.

#### Facilitate Inter/Intra-Agency Process<sup>28</sup>

Youth transitioning to adulthood who are served by multiple agencies are, historically, the least likely to receive coordinated developmentally appropriate services matched to their complex needs. The Agency for Persons with Disabilities (APD) and AHCA have entered into an Inter-Agency Agreement with the Department creating a state Rapid Response Team and local review teams. These teams resolve placement or service delivery concerns for children who are served by multiple agencies. These teams also review and amend practices and policies impeding services. Collaboration between the agencies facilitates interagency planning, possible braiding of funding, and cross training.

#### Strengthen Mental Health Treatment Facility Management<sup>29</sup>

The Department has recently completed a comprehensive analysis of budget and staffing patterns at all state-operated mental health treatment facilities. Recommendations from the analysis will be implemented to streamline processes and improving efficiency. Revisions to the cost allocation system will give facility unit managers more control and responsibility for their budgets, improving accountability and keeping costs down.

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<sup>27</sup> Strategic Plan Goal 3, Objective 3.3, Initiative 3.3.6 - *Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.*

<sup>28</sup> Strategic Plan Goal 4, Objective 4.4, Initiative 4.4.2 - *Facilitate Inter/Intra agency process integration to improve services to our citizens*

<sup>29</sup> Strategic Plan Goal 4, Objective 4.5, Initiative 4.5.1 - *Strengthen Management of State Mental Health Treatment Facilities*

The three (3) state-operated facilities are being required to be accredited by the Council for Accreditation of Rehabilitation Facilities (CARF). Florida State Hospital is the first facility to complete the process and achieve full accreditation for the next three (3) years. Northeast Florida State Hospital completed its CARF monitoring review and anticipates full accreditation before the end of Fiscal Year 2009. Completion of the process by the remaining facilities will align standards in the state-owned facilities with those in the privatized mental health treatment facilities. The privatized facilities already have a similar accreditation from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

The Department also plans to develop or purchase an electronic medical record for use by all of the state mental health treatment facilities in collaboration with the Department's Information Technology staff. This initiative will improve the quality of care, the portability of data, and the consistency of information available across the system.

The Facility Clinical Advisory Committee is working with the Mental Health Program Office on the standardization of policies and treatment guidelines applicable to state-owned and privatized state mental health treatment facilities.

#### Improve the Juvenile Incompetent to Proceed (JITP) Program<sup>30</sup>

The Children's Mental Health Program has made substantial progress in managing the census and waiting list for the JITP program. Contracts with both the community provider and the secure residential provider have enhanced the admission and evaluation processes, discharge planning, inter-agency case management, and supportive therapeutic services. The Department intends to maintain increased levels of monitoring and technical support to support recent improvement in the reduction in instances of seclusion and restraint and the reduction in instances of inappropriate referral to the program.

#### **Data & Outcomes – Mental Health Program**

The Department compiles and analyzes data on services, outcomes, and trends in consumer needs and service delivery.

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<sup>30</sup> Strategic Plan Goal 4, Objective 4.5, Initiative 4.5.3 - *Improve the quality of care while managing the census and waiting list for Juvenile Incompetent to Proceed Program*

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Children's Mental Health Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
MH011	Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community. <i>(This measure deleted in GAA during FY2010.)</i>	GAA	350	351.76
MH012	Percent of school days SED children attended.	GAA	86%	91.03%
MH019	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing	GAA	75%	75.00%
MH020	Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing	GAA	50%	58.00%
MH030	Number of children served who are incompetent to proceed	GAA	340	515
MH031	Number of SED children to be served	GAA	46,000	50,993
MH032	Number of emotionally disturbed (ED) children to be served	GAA	27,000	32,167
MH033	Number of at-risk children to be served	GAA	4,330	2,427
MH377	Percent of children with emotional disturbances who improve their level of functioning	GAA	64%	66.42%
MH378	Percent of children with serious emotional disturbances who improve their level of functioning.	GAA	65%	69.51%
MH406	Average annual days ED children (excluding those in juvenile justice facilities) spend in the community. <i>(This measure deleted in GAA during FY2010.)</i>	GAA	360	360.92
MH638	Average days to admit juveniles committed pursuant to F.S. 985.223 as incompetent to proceed.	In Development		
MH681	Number of children discharged pursuant to F.S. 985.19 as incompetent to proceed.	In Development		
MH705	Percent of children with serious emotional disturbance who have an arrest history prior to admission that do not have an arrest after admission.	NOMS	In Development	
MH710	Percent of children with a serious emotional disturbance receiving Therapeutic Foster Care	NOMS	In Development	



<b>Children's Mental Health (continued)</b>				
<b>Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
MH778	Percent of children with emotional disturbance (ED) who live in a stable housing environment	GAA NOMS	95%	Baseline FY 2010
MH779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	GAA NOMS	93%	Baseline FY 2010
MH780	Percent of children at risk of emotional disturbance who live in a stable housing environment	GAA NOMS	96%	Baseline FY 2010

<b>Adult Community Mental Health</b>				
<b>Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure description	Type	Target FY 2010	Performance FY 2009
MH001	Average annual days spent in the community for adults with severe and persistent mental illness. <i>(This measure deleted in GAA during FY2010.)</i>	GAA	350	350.06
MH003	Average annual days worked for pay for adults with severe and persistent mental illness	GAA	40	39.77
MH009	Percent of adults with forensic involvement who violate their conditional release under Chapter 916, Florida Statutes, and are recommitted.	LRPP	2%	0.75%
MH016	Number of adults with a serious and persistent mental illness in the community served	GAA	136,480	146,697
MH017	Number of adults in mental health crisis served <i>(Combined total of MH5301 and MH5302)</i>	GAA	30,404	32,434
MH5301	Number of adults with episodes of serious and acute mental illness served.	Contract		12,433
MH5302	Number of adults with mental health problems served.	Contract		20,001

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Adult Community Mental Health (continued)</b>				
<b>Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure description	Type	Target FY 2010	Performance FY 2009
MH018	Number of adults with forensic involvement served	GAA	3,328	3,687
MH702	Percent of adults with serious mental illness receiving supportive housing services.	NOMS	In Development	
MH703	Percent of adults with serious mental illness who are competitively employed.	GAA NOMS	24%	Baseline FY 2010
MH704	Percent of adults with serious mental illness who have an arrest history prior to admission that do not have an arrest after admission.	NOMS	In Development	
MH706	Percent of adults with serious mental illness who are homeless or living in shelters	NOMS	In Development	
MH708	Percent of adults with serious mental illness readmitted to a civil state hospital within 30 days of discharge	NOMS	In Development	
MH711	Percent of adults with serious mental illness receiving assertive community treatment	NOMS	In Development	
MH712	Percent of adults with serious mental illness receiving supported employment services	NOMS	In Development	
MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	GAA	90%	Baseline FY 2010
MH743	Percent of adults in forensic involvement who live in stable housing environment.	GAA	67%	Baseline FY 2010
MH744	Percent of adults in mental health crisis who live in stable housing environment.	GAA	86%	Baseline FY 2010

**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Mental Health Treatment Facilities Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY2010	Performance FY 2009
MH015	Average number of days to restore competency for adults in forensic commitment.	GAA	125	127
MH037	Annual number of harmful events per 100 residents in civil commitment in each mental health institution	Internal	15	3.49
MH039	Annual number of harmful events per 100 residents in forensic commitment in each mental health institution	Internal	5	1.10
MH361	Number of people on forensic admission waiting list over 15 days.	GAA	0	0
MH372	Number of people in civil commitment, per Ch. 394, F.S., served	GAA	1,606	1,733
MH373	Number of adults in forensic commitment, per Ch. 916, F.S., served	GAA	2,320	2,866
MH5050	Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level.	GAA	67%	72.96%
MH5051	MH Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level.	GAA	40%	55.87%
MH632	Average days to admit adults committed pursuant to Chapter 916, F.S.	Internal	Baseline Year	
MH701	Number of adults in forensic hospitals awaiting law enforcement to return them to court.	Internal	Baseline Year	
MH709	Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge	GAA	8%	Baseline FY 2010
MH777	Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge	GAA	8%	Baseline FY 2010

<b>Sexually Violent Predator Program Dashboard Performance Measures – Fiscal Year 2010</b>				
Measure Number	Measure Description	Type	Target FY 2010	Performance FY 2009
MH283	Number of sexual predators assessed	GAA	2,879	5,005
MH379	Number of sexual predators served.	GAA	480	767
MH380	Annual number of harmful events per 100 residents in commitment.	GAA	3	0.75
MH5305	Percent of assessments completed within 180 days of receipt of referral.	GAA	85%	65.00%
MH6001	Number of residents receiving Mental Health treatment	GAA	169	259

**Recommendations**

Adult Community Mental Health

The Adult Mental Health Program Office has recommended a number of changes to the Baker Act. Many of the changes are technical in nature, while others relate to standards of care, individual rights, involuntary examination, involuntary placement, and transportation for children, adults, and elders. These recommendations include language revisions to reflect current best practice in the mental health field.

Children’s Mental Health

The Children’s Mental Health Program has recommended implementing a pilot community project using the early childhood consultation model. The pilot would offer therapeutic intervention for children and families and would impact 1,200 children aged five or younger.

Mental Health Treatment Facilities

The Department has proposed statutory changes to Chapter 916, F.S., to create the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act. One change establishes time frames for discharge action triggered by a facility report indicating that competency has been restored or that the client no longer meets commitment criteria.

Another proposed change would permit a facility to continue prescribed medication essential to the well being of the client upon admission, if expressed and informed consent is refused, pending a circuit court order for

psychotherapeutic medication. The proposals also include the authority for a community residential facility to petition for an involuntary treatment order for individuals on conditional release who refuse treatment and are considered a danger to self or others. Other changes establish a timeline for court appointed experts to take forensic examiner training and a five-year re-training requirement.

#### Sexually Violent Predator Program

The Florida Legislature's Office of Program Policy Analysis and Government Accountability (OPPAGA) has suggested that an intermediary, community-based program for individuals released from involuntary civil commitment would increase the success rate of treatment for sexual disorders. Currently, there is no such statutory provision for supervised release from civil commitment confinement. If release is ordered, committed individuals move from the highly secure, structured environment of the FCCC into the community without provisions for oversight or transition, such as supervision, aftercare services, and continued treatment. A safe, graduated transition would maximize the likelihood of successful re-entry into the community.

**CHAPTER 4: FINANCIAL MANAGEMENT**

**SAMH Program Legislative Budget Request**

The SAMH Legislative Budget Requests (LBR) have been submitted by the Department for Fiscal Year 2010-2011. The program requests the restoration of nonrecurring funding to continue critical crisis response and residential support services in established special member projects, to continue the current level of support for medications in facilities and to support the continued operation of the Florida Suicide Prevention Implementation Project. The LBR includes requests to restore recurring grant budget to the Community-Based Medicaid Administrative Claiming Program and to Mental Health Block Grant services. The LBR also has several technical transfer requests designed to realign staffing in certain areas and to address historically underfunded services, and a request to establish unfunded grant budget as a reserve for the application of Federal disaster mental health grants.

**Budget**

Substance Abuse Program

In FY 2009-2010, the Substance Abuse Program Office was appropriated \$215 million for children and adult services and program management. The table below depicts state and federal funding by program component.

<b>Substance Abuse Program Appropriations Fiscal Year 2010</b>				
<b>FUNDING SOURCE</b>	<b>Executive Support and Leadership</b>	<b>Child Substance Abuse</b>	<b>Adult Substance Abuse</b>	<b>Total</b>
General Revenue	\$3,119,297	\$ 40,208,993	\$ 32,055,193	\$ 75,383,483
Alcohol, Drug Abuse & Mental Health Trust Fund	\$7,450	\$ 713,792	\$ 958,529	\$ 1,679,771
Tobacco Settlement Trust Fund	\$2,265,489	\$ 28,959,758	\$66,225,279	\$ 97,450,526
Federal Grants Trust Fund	\$ 0	\$ 2,860,907	\$6,241,766	\$ 9,102,673
Operations & Maintenance Trust Fund	\$5,188,743	\$ 211,066	\$13,393,874	\$ 18,793,683
Grants & Donations Trust Fund	\$11,596	\$ 0	\$ 0	\$ 11,596
Administrative Trust Fund	\$204,000	\$ 640,000	\$10,189,790	\$ 11,033,790
Welfare Transitions Trust Fund	\$ 0	\$ 85,779	\$1,946,754	\$ 2,032,533
<b>Total</b>	<b>\$ 10,796,575</b>	<b>\$ 73,680,295</b>	<b>\$131,011,185</b>	<b>\$ 215,488,055</b>

The Substance Abuse Program Office uses the Florida Youth Substance Abuse Survey (FYSAS) to calculate the number of children and adolescents in need of substance abuse services in each region. The survey is administered on an annual basis to middle school and high school students throughout Florida to determine the prevalence of alcohol, illicit drug, tobacco, and prescription drug use. The alcohol and drug use rates are then applied against population figures by county to drive local services need figures.

The National Survey on Drug Use and Health (NSDUH) is conducted annually by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to identify alcohol and drug use among adults in the United States. The Substance Abuse Program Office uses the state-specific prevalence estimates from the survey and calculates them against the adult population estimates for each county to derive the local prevalence numbers. As with the children's prevalence figures, the adult figures are used in the determination of budget allocations to each region.

### Mental Health Program

Statewide Budget policies are governed by Chapter 216, F.S., which addresses the statewide budgeting process. During the 2009-2010 Legislative Session, all Mental Health Program activity was consolidated into a unified budget entity. The annual budget for the Mental Health Budget Entity is allocated to five program components as specified in the Approved Operating Budget (AOB): Adult Community Mental Health, Children's Mental Health, Mental Health Treatment Facilities, including Civil Commitment and Forensic Commitment, Sexually Violent Predator Program and Executive Leadership and Support.

The annual allocation for each program component is based on the previous Fiscal Year's AOB. Any adjustments to that base are allocated according to specific budget issue instructions or proviso language contained in the annual General Appropriations Act, with one (1) exception. Any new funding received for the Behavioral Health Network (BNET), a Children's Mental Health service, is allocated according to the spending patterns of BNET lead agency contractors within each region for the prior fiscal year. The exception is made to support existing program enrollment levels and address forecasted increases in regional enrollment levels.

Funding for each program component is further allocated to each of the Department's six (6) service Regions and to the Mental Health Program Central Office based on the previous Fiscal Year's AOB, with three (3) exceptions. All SVPP funds are allocated to the Central Office to ensure unified implementation of the program. Funds for contracted Mental Health Treatment Facilities are allocated to the Central Office or to the Region in which a specific contracted

facility is located. Funds for state-owned Mental Health Treatment Facilities are allocated directly to each facility. The following table presents the Fiscal Year 2010 appropriations by funding source and program component.



**Substance Abuse and Mental Health Services Plan: 2011 – 2013**

<b>Mental Health Program Appropriations</b>						
<b>Fiscal Year 2010</b>						
<b>FUNDING SOURCE</b>	<b>Executive Leadership &amp; Support Services</b>	<b>Adult Mental Health Services</b>	<b>Children's Mental Health Services</b>	<b>Mental Health Treatment Facilities</b>	<b>Sexually Violent Predator Program</b>	<b>Total</b>
General Revenue	\$ 9,051,719 <sup>31</sup>	\$ 243,426,017 <sup>32</sup>	\$ 65,555,694	\$ 256,492,238	\$34,426,992	\$608,952,660
Alcohol, Drug Abuse & Mental Health Trust Fund	\$ 969,755	\$ 26,843,069 <sup>33</sup>	\$ 8,211,470	\$ 0	\$ 0	\$ 36,024,294
Tobacco Settlement Trust Fund	\$ 0	\$ 206,775	\$ 0	\$ 0	\$ 0	\$ 206,775
Federal Grants Trust Fund	\$ 2,242,326	\$ 19,921,110 <sup>34</sup>	\$ 11,627,284	\$ 70,462,420	\$ 0	\$104,253,140
Operations & Maintenance Trust Fund	\$ 0	\$ 450,002	\$ 0	\$ 8,035,715	\$ 0	\$ 8,485,717
Grants & Donations Trust Fund	\$ 0	\$ 2,248,544	\$ 0	\$ 0	\$ 0	\$ 2,248,544
Administrative Trust Fund	\$ 9,871	\$ 1,989,563	\$ 451,901	\$ 0	\$ 0	\$ 2,451,335
Welfare Transitions Trust Fund	\$ 90,334	\$ 7,679,380	\$ 0	\$ 0	\$ 0	\$ 7,769,714
<b>TOTAL</b>	<b>\$ 12,364,005</b>	<b>\$ 302,764,460</b>	<b>\$ 85,846,349</b>	<b>\$ 334,990,373</b>	<b>\$ 34,426,992</b>	<b>\$ 770,392,179</b>

<sup>31</sup> Children's Mental Health: Nonrecurring budget of \$1,259,297 is appropriated for special member projects. Additional budget of \$850,422 will be transferred from the Adult Community Mental Health Services program component.

<sup>32</sup> Adult Community Mental Health: Nonrecurring budget of \$8,473,522 is appropriated for special member projects. \$850,422 of this appropriation is unallocated pending an amendment to transfer budget to the Children's Mental Health Services program component.

<sup>33</sup> Adult Community Mental Health: Alcohol, Drug Abuse and Mental Health Trust Fund budget of \$2,775,000 is unallocated pending an amendment to transfer budget to the Substance Abuse Program.

<sup>34</sup> Adult Community Mental Health: Federal Grants Trust Fund budget of \$5,400,000 is unallocated pending the receipt of revenue from the CBMAC Program to support program activities.

The Mental Health Program uses population data from the Office of Economic and Demographic Research to determine prevalence ratios for adults with Severe and Persistent Mental Illnesses (SPMI) and children with Serious Emotional Disturbance (SED). Funding thresholds for each Region are then determined by applying the SPMI and SED ratios to the population. The SPMI ratio is 3.3% for adults aged 18 through 54 and 0.08% for adults 55 and older. The SED ratio for children 17 and younger is 7.9%. Funding for each Region is based on the previous Fiscal Year's AOB. Any new funding which may be available is prorated to Regions whose base funding is below the statewide average spending per SPMI or SED.

The following table summarizes the Fiscal Year 2010 appropriation, exclusive of administrative expenses, for each region per adult with SPMI and child with SED. No new funding was appropriated in Fiscal Year 2010 to address discrepancies between the Regions.

<b>Adult Community Mental Health Funding Equity by Region FY 2010</b>				
<b>Region</b>	<b>Fiscal Year 2010 Appropriation</b>	<b>SPMI Population</b>	<b>Amount Per SPMI</b>	<b>% Over/Under Statewide SPMI</b>
Northwest	\$ 24,800,665	59,402	\$ 417.51	17.62%
Northeast	\$ 33,866,709	109,415	\$ 309.53	(12.80%)
SunCoast	\$ 82,624,897	192,230	\$ 429.82	21.08%
Central	\$ 63,918,262	197,987	\$ 322.84	(9.05%)
Southeast	\$ 39,482,815	127,181	\$ 310.45	(12.54%)
Southern	\$ 36,152,343	104,941	\$ 344.50	(2.95%)
<b>Children's Mental Health Funding Equity by Region FY 2010</b>				
<b>Region</b>	<b>FY 2010 Appropriation</b>	<b>SED Population</b>	<b>Amount Per SED</b>	<b>% Over/Under Statewide SED</b>
Northwest	\$ 5,063,486	24,303	\$ 208.35	8.05%
Northeast	\$ 8,851,409	45,603	\$ 194.10	0.66%
SunCoast	\$ 13,610,409	73,590	\$ 184.95	(4.08%)
Central	\$ 16,158,227	82,655	\$ 195.49	1.38%
Southeast	\$ 10,314,195	54,104	\$ 190.64	(1.13%)
Southern	\$ 9,313,911	48,084	\$ 193.70	0.46%

## **Substance Abuse and Mental Health Contracting System**

### Operational Standards

Substance Abuse and Mental Health services are procured through contracts in compliance with Chapter 287, F.S., and Chapter 60A-1, F.A.C. The Department's contract system is operated under Children and Families Operating Procedures (CFOP 75-2 and CFOP 75-10) published by the Department's Office of Contracted Client Services. The SAMH Central Office Contract Management Unit is responsible for publishing Program Specific Model Attachment (PSMAIs), which is applicable to the majority of the SAMH service contracts with community-based providers. This attachment ensures that all service contracts include the minimum program standards and data requirements.

The Department contracts with service providers who operate programs as an integral part of a performance-based program of services. All contracts entered into by the Department contain specific performance measures, standards, terms, and methodologies by which the performance of each provider is evaluated. Circuit Contract Managers access the Substance Abuse and Mental Health Information System (SAMHIS) Data Reporting System to verify provider compliance with performance measures. The Contract Management Unit and the SAMH Data Unit work closely on issues related to data extraction and system query capability. Recent enhancements to the data system provide contract staff and management greater access to the information needed for invoice verification and for monitoring provider compliance with performance measures.

### Risk-Based Monitoring Initiative

During Fiscal Year 2009, the SAMH Central Office Contract Management Unit, the Contract Oversight Unit, and Circuit Contract Managers developed Risk-Based Limited Scope Monitoring pilot projects. Statewide implementation of the monitoring tools will be completed by July 1, 2010. Contract monitoring is now driven by a collaborative team of stakeholders, led by the Contract Manager.

The SAMH Contract Management Unit and Program Office staff will be active participants in the risk-based monitoring initiative approach. Workgroups will identify key performance measures and indicators, review possible areas of monitoring overlap, including licensure and accreditation standards, and provide training and guidance to Contract Managers statewide on their role in the process. The increased involvement of Contract Managers in the monitoring process will provide opportunities to ensure appropriate oversight of provider performance, improve Contract Manager competencies, and promote the consistent application of contract policies and procedures.

Financial Rule Revision

The SAMH Central Office Contract Management Unit also publishes the Community Substance Abuse and Mental Health Services – Financial Rule (Chapter 65E-14, F.A.C.). The unit has begun the revision process to update the Financial Rule. The update will add new and eliminate outdated cost centers, clarify local match requirements, increase accountability and flexibility in the process, and remove administrative barriers. The administrative rule revision process includes a review of the requirements and responsibilities of the provider and the local government to supply matching funds, where appropriate or mandatory.



## CHAPTER 5: PERFORMANCE MANAGEMENT AND INFORMATION SYSTEMS

### Overview

The Department of Children and Families tracks specific performance measures relative to individuals served and service outcomes. The Mental Health Program tracks 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 tracks 14 performance measures related to adult and children's substance abuse. All programs report their performance measures to the central "Dashboard", which details the levels of performance for each region, circuit, and service provider continually. The Dashboard is publically available and can be accessed at: <http://dcfdashboard.dcf.state.fl.us/>.

The Department uses the Substance Abuse and Mental Health Information System (SAMHIS) to collect, maintain, analyze, and report data on persons served in state-funded mental health treatment facilities and state-contracted community substance abuse and mental health provider agencies. The SAMHIS application integrates socio-demographic and clinical data regarding persons served with data regarding provider sites, programs, performance targets, and outcomes. Details on the data modules and elements relating to community-based services are presented in – *DCF Pamphlet 155-2 - Substance Abuse and Mental Health Measurement and Data*. Details pertaining to services in state facilities are presented in *Minimum Data Sets for State Treatment Facilities*. These documents are available on the Department's Internet site at: <http://www.dcf.state.fl.us/mentalhealth/publications/index.shtml>.

SAMHIS' data warehouse component collects, analyzes, and reports both National Outcome Measures (NOMs) required by the Substance Abuse and Mental Health Block Grants and performance measures mandated in the General Appropriations Act (GAA). The GAA measures are posted to the Department's Performance Measure Dashboard, allowing access to data at the state, region, circuit, and provider levels. The measures currently posted to the Dashboard are aligned with the Agency Strategic Plan for Fiscal Years 2006 through 2009. In consultation with stakeholders, the Program Offices continue to review and refine the appropriateness and effectiveness of all performance measures, seeking the best approaches to measure successful performance of our providers.

### **National Outcome Measures (NOMs)<sup>35</sup>**

Recipients of Federal Block Grants or Performance Partnership Grants must report on designated National Outcome Measures (NOMs) to the Substance Abuse and Mental Health Service Administration (SAMHSA). 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. Both program offices have adopted these measures, developed methodologies for data collection, and are in the process of establishing performance baselines. The NOMS and other significant quality performance measures have been submitted to the Governor's Office as part of the Departments Long Range Program Plan (LRPP). The Department requests these measures be adopted in the Fiscal Year 2011 Government Accountability Act (GAA).

The Department also plans to implement several enhancements and new approaches to data management. The SAMHIS Query Facility module has recently been deployed to enhance data visibility. Authorized SAMHIS users at various levels can now run ad hoc queries on provider data sets in the system. The SAMH Data Unit and the Department's Office of Information Technology are developing various web-enabled standard reports and "drill-down" capability to display data at the state, region, circuit, provider, contract, and client levels.

A recent integral part of SAMHIS is the Substance Abuse Licensing Information System (SALIS), a web-based application supporting the process of licensing and monitoring substance abuse providers. The Department plans enhancements to SALIS, allowing providers to electronically process and submit portions of their own application data and incorporating laptop applications and handheld mechanisms to improve data collection and uploading functions of the Department's licensing and monitoring staff.

In collaboration with the Agency for Health Care Administration (AHCA) and the Florida Mental Health Institute (FMHI) at the University of South Florida (USF), the Department is developing a web-enabled application to host both Consumer Satisfaction Survey (CSS) data and Recovery Oriented System Indicator (ROSI) data. The Department will deploy pilot versions during Fiscal Year 2010 and deploy the system statewide in Fiscal Year 2011. Long term development will integrate CSS data elements into ROSI, allowing the merger of both into a single system.

Currently, FMHI hosts a web-based application it developed for the Department supporting the training and certification of mental health professionals in performing

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<sup>35</sup> Strategic Plan Goal 3, Objective 3.4, Initiative 3.4.2 - *Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability*

assessments using Functional Assessment Rating Scales (FARS) and/or Children's Functional Assessment Rating Scales (CFARS). The Department is finalizing modifications necessary to transfer this application from the FMHI website and deploy it within the Department's website during Fiscal Year 2010.

Data pertaining to substance abuse prevention services is currently collected, maintained, and hosted under a contract with the University of Miami using a third-party software vendor, KITS Solutions. Some of this data is uploaded into SAMHIS using an interface developed by the SAMH Data Unit. The Department is in the process of establishing a workgroup to evaluate this system and process for prevention data submission. The workgroup is comprised of staff from the State, Central, and Circuit offices as well as from provider agencies. The group will begin meeting in the spring of 2010.

### **Inter-Agency Data Sharing<sup>36</sup>**

The Department is required to identify persons eligible for publicly funded services and enroll them into state priority populations. The SAMH Data Unit and the Department's Office of Information Technology plan to establish an integrated enrollment process using electronic Health Information Exchange adapters to interface with the Department's data systems and those of other state and federal agencies, including:

- The United States Social Security Administration for demographic information to create unique identifiers for consumers across service providers;
- The Florida Department of Law Enforcement (FDLE) for NOMs data pertaining to the involvement of adult consumers in the criminal justice system;
- The Florida Department of Juvenile Justice (DJJ) for NOMs data pertaining to involvement of juvenile consumers in the juvenile justice system;
- The Florida Agency for Health Care Administration (AHCA) to access enrollment and encounter data for Medicaid eligible consumers who receive Medicaid-billable SAMH services and for Baker Act data maintained by FMHI;
- The Department's Office of Child Welfare and Community Based Care for data on consumers involved in the child welfare system, children under state supervision, and adults who put children at risk as reported in the Florida Safe Families Network data;
- Florida Circuit Courts, including Drug Courts and Mental Health Courts, for data on persons court-ordered to treatment;
- The Florida Department of Education (DOE) for NOMs data pertaining to suspended and expelled children; and
- The Florida Department of Health (DOH) for data pertaining to vital statistics, including deaths and pregnancy outcomes of consumers.

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<sup>36</sup> Strategic Goal 4, Objective 4.4, Initiative 4.4.3 - *Implement an IT infrastructure which allows program offices and different business partners to exchange data.*



To successfully interface with these systems, the Department must incorporate automated referral and electronic consent processes that meet the specifications of the National Health Information Network (NHIN). The SAMH Program Office and the Office of Information Technology plan to develop an in-house system with full NHIN interface capability. In order to identify persons with co-occurring mental illnesses and substance abuse disorders in state priority populations, the Department continues to seek resources for a software system with standardized, evidence-based, valid, and reliable clinical instrument(s).

An emerging need is the implementation of data systems with Electronic Health Records (EHR) capability. The Department works with SAMHSA's Center for Mental Health Services (CMHS), and Center for Substance Abuse Treatment (CSAT) as part of the National Data Infrastructure Improvement Consortium (NDIIC) to identify and evaluate EHR-capable systems. The Web Infrastructure for Treatment Services (WITS) is an EHR open-source system currently available free of charge and used by twelve (12) states and seven (7) counties throughout the country. The Substance Abuse Program Office has requested funding to acquire, configure, and implement the WITS system by Fiscal Year 2012.

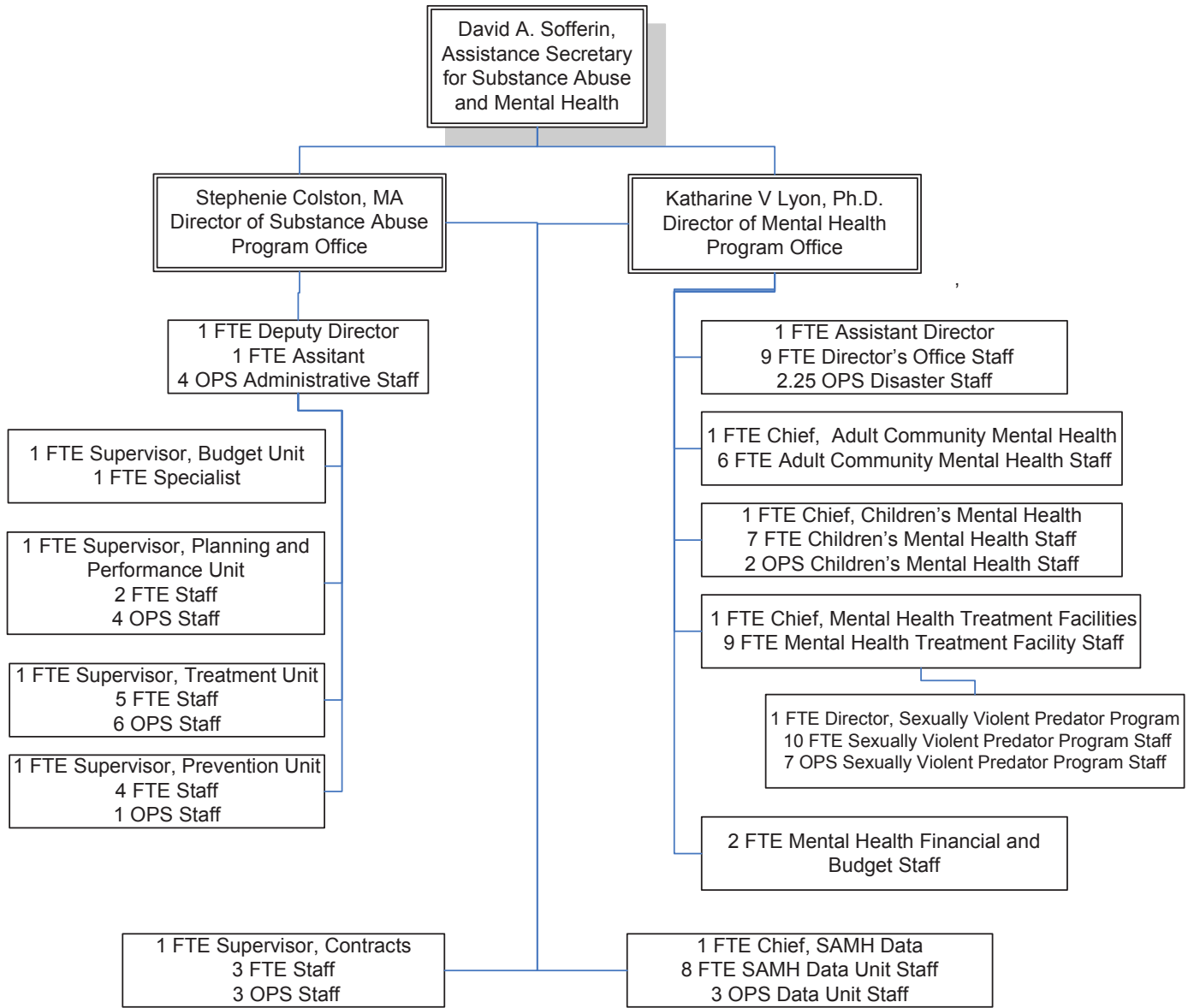
## **CHAPTER 7: CUSTOMER SATISFACTION**

Over 300 stakeholders were invited to participate in a stakeholder survey in October 2009. The survey was web-based and designed to obtain information regarding stakeholder satisfaction with SAMH's 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.

There were 65 respondents to the stakeholder survey. Overall, respondents indicated that they are treated courteously and their concerns were heard. Over 70% of respondents agreed that SAMH was responsive to their needs, that the respondent's opinions and contributions were valued, and that there was effective communication with stakeholders. SAMH staff were described by over 75% of stakeholders as cooperative, knowledgeable, and courteous. While the SAMH Program was rated an effective and collaborative partner, there was room for improvement. The most frequently identified issue was ease of use of the One Family Data system.

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.

**Appendix 1: SAMH Combined Organizational Chart**



## Appendix 2: Departmental Strategic Goals – SAMH

### Goal 1

#### Children and adults are free from abuse, neglect, violence, or exploitation

##### Objective 1.1

Reduce the number of child deaths and injuries in Florida related to abuse, neglect, and abandonment.

##### Initiative 1.1.3

Implement the approved recommendations of the Task Force on Fostering Success resulting from the Courtney Clark Action Plan and other special reports as requested.

##### Objective 1.2

Reduce domestic violence and sexually violent offenses.

##### Initiative 1.2.8

Improve the effectiveness of the sexually violent predator program referral process through collaborating with the Florida Department of Law Enforcement, Department of Corrections, Department of Juvenile Justice, Florida Prosecuting Attorneys, State Courts Administrator Offices, and other agencies and organizations (*LBR – SVPP*).

##### Objective 1.3

Reduce the number of adult deaths and injuries in Florida related to abuse, neglect, and exploitation.

##### Initiative 1.3.3

Expand use of evidence-based screening, brief intervention, referral, and treatment (SBIRT) through substance abuse service integration with mental health and primary health care and provide training to Adult Protective Services and Family Safety professionals on the use of SBIRT.

##### Initiative 1.3.4

Expand use of medication assisted therapies for opiate, alcohol, and other substance abuse, including buprenorphine and Vivitrol, to improve treatment outcomes and reduce the likelihood of substance-related deaths.

##### Initiative 1.3.5

Revise Chapter 397, F.S., to expand the time of involuntary admission for substance abuse assessment/stabilization under the Marchman Act from 72 hours to 120 hours, facilitating individual stability and allowing ample time for comprehensive evaluation of further service needs.

##### Initiative 1.3.6

Work with law enforcement to promote early identification of illicit methadone and methamphetamine abuse and provide timely screening and family-

centered intervention/treatment services in coordination with Protective Investigations in Family Safety.

Objective 1.4

Increase safety for children and adults

Initiative 1.4.2

Improve Trauma-Informed Care service provision in the state mental health treatment facilities and community mental health programs to assist with recovery from mental illness and decrease the use of seclusion and restraint in civil and forensic state mental health treatment facilities and in community mental health programs.

Initiative 1.4.3

Participate in the pilot project to report and analyze critical events via the Department-wide Incident Reporting and Analysis System; continue to analyze the current critical events reported to the Program Office for improved safety and trends.

**Goal 2**

**The basic needs of food, shelter, clothing and health are met for children and adults**

Objective 2.2

More families will have the basic needs of food, shelter, clothing, and good health to maintain in their communities.

Initiative 2.2.5

Increase access to early childhood mental health consultation in publicly funded child care settings to decrease expulsion rates and identify and address social and emotional needs of young children.

Objective 2.3

Fewer children and adults will be homeless.

Initiative 2.3.1

Increase affordable housing for persons with mental illness, young adults transitioning out of foster care, and veterans.

Initiative 2.3.2

Target veterans who are homeless or at-risk of becoming homeless with Department services (mental health, substance abuse, domestic violence, etc.).

Initiative 2.3.4

Increase prevention efforts to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions.

Initiative 2.3.5

Work with the Florida Housing Finance Corporation to create new incentives

and requirements for creating affordable housing to serve our clients with special housing needs.

Objective 2.4

More children and adults will live in their own homes or communities free from mental health problems.

Initiative 2.4.1

Develop a comprehensive, integrated, and continuous system of care for parents and children requiring substance abuse and/or mental health services as outlined in the “Gabriel Myers Task Force Report.”

Initiative 2.4.2

Ensure staff involved in the child welfare system have training available in substance abuse and mental health disorders and treatment.

Initiative 2.4.5

Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system, and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services.

Initiative 2.4.6

Increase the diversion of people with mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

**Goal 3**

**Adults, children, and families are active self-sufficient participants living in their own homes/community**

Objective 3.1

Increase the percent of children, persons with disabilities, and vulnerable adults that remain in or return to their home.

Initiative 3.1.2

Integrate the service functions of Family Intervention Specialists (FIS) and Case Managers to ensure a seamless delivery system for families involved in substance abuse, mental health, and child protection programs.

Objective 3.3

More children and adults will be adequately prepared to achieve and maintain independence.

Initiative 3.3.1

Increase the number of foster children and children with severe emotional disturbance who regularly attend school and graduate from high school or post-secondary education.

Initiative 3.3.6

Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

Initiative 3.3.7

Work with law enforcement, health, education, and others to sustain community substance abuse coalitions to assess conditions underlying substance abuse and related consequences and to plan a response of evidence-based programs and practices.

Initiative 3.3.8

Work with education partners to conduct a substance abuse prevention initiative that targets middle school youth.

Initiative 3.3.9

Promote adoption of evidence-based practices for individuals and families involved with the Temporary Assistance for Needy Families (TANF) and enhance service coordination with the Economic Self-Sufficiency Office to ensure early identification of substance abuse and mental health service needs for TANF clients.

Objective 3.4

More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness.

Initiative 3.4.1

Prioritize the integration of substance abuse services into the child welfare system.

Initiative 3.4.2

Implement the use of national outcome measures, evidence-based practices and five system quality indicators as the standard for system performance measurement and accountability.

Initiative 3.4.3

Sustain prevention and treatment funding during the economic downturn.

Initiative 3.4.4

Work with the Governor's Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor's Office, and Legislative staff toward the acceptance and funding of the programming and statutory language during the 2010 legislative session.

Initiative 3.4.5

Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

Initiative 3.4.6

Conduct a substance abuse prevention initiative to reduce adult heavy drinking and related consequences.

Objective 3.5

More children and adults with behavioral health problems will live in and be active successful participants in their own communities.

Initiative 3.5.1

Prioritize the integration of substance abuse, mental health, and domestic violence services into the child welfare system.

Initiative 3.5.2

Continue to explore ways to introduce concepts of self-direction into the state's mental health system, in accordance with Chapter 394.9084, Florida Statutes.

Initiative 3.5.3

Create a behavioral health service delivery system including co-occurring competent providers that use evidence based, consumer, and family-driven care consistent with the roll out of managing entities.

**Goal 4**

**DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission**

Objective 4.1

Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration.

Initiative 4.1.1

Implement managing entity or comparable collaborative, accountable system in selected Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes.

Initiative 4.1.2

Require continuous quality improvement initiatives for all agency and provider activities.

Objective 4.2

Decrease all processing errors and processing time.

Initiative 4.2.4

Integrate Florida Safe Families Network (FSFN) and other agency client data (e.g., Medicaid, FDLE, DJJ, etc.) into the Substance Abuse and Mental Health Information System (SAMHIS).

Objective 4.4

Increase efficiency, accuracy, and effectiveness through information management.



Initiative 4.4.1

Strengthen operations by implementing technology standards and best practices, particularly in relational database technology.

Initiative 4.4.2

Facilitate Inter/Intra-Agency process integration to improve services to our citizens.

Initiative 4.4.3

Implement an IT infrastructure which allows program offices and different business partners to exchange data.

Objective 4.5

Increase overall efficiency.

Initiative 4.5.1

Strengthen Management of State Mental Health Treatment Facilities.

Initiative 4.5.2

Develop a 5-year strategy for meeting statutory requirements in the Sexual Violent Predator Program.

Initiative 4.5.3

Improve the quality of care while managing the census and waiting list for Juvenile Incompetent to Proceed Program.

**Appendix 3: Florida Youth Substance Abuse Survey (FYSAS) Trends**

**Prevalence (2008 FYSAS)**

30-day (regular) use of:	<u>2002</u>	<u>2008</u>
Alcohol.....	31.2%.....	29.8%
Marijuana.....	12.1%.....	11.1%
Inhalants.....	3.6%.....	3.5%
Methamphetamine.....	0.9%.....	0.5%
Rx Depressants.....	2.9%.....	2.1%
Rx Pain Relievers.....	3.5%.....	3.2%
Rx Amphetamines.....	1.4%.....	1.2%
Steroids.....	0.6%.....	0.4%

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Binge Drinking (5 drinks at 1 setting in previous 2 weeks) 16.0%..... 14.8%

**Perceptions (2008 FYSAS)**

*Perception of Harm: 6<sup>th</sup> to 12<sup>th</sup> graders who perceive great harm when someone their age:*

	<u>2002</u>	<u>2008</u>
Drinks one or more alcoholic drinks nearly every day	38.5%	41.9%
Smokes a pack or more of cigarettes per day.....	63.7%.....	67.6%
Smokes marijuana regularly.....	58.1%.....	59.8%

*Disapproval: Youth who strongly disapprove of the following behaviors:*

Alcohol.....	38.5%.....	41.9%
Tobacco.....	63.7%.....	67.6%
Marijuana.....	58.1%.....	59.8%

**Adult Data and Outcomes**

**Prevalence (2006-2007 roll-up, NSDUH)**

Past month use of	<u>ages 18 to 25</u>	<u>26 and older</u>
Alcohol.....	59.3%.....	55.9%
Tobacco Products.....	41.2%.....	29.0%
Marijuana.....	17.4%.....	3.6%

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Binge Drinking (5 drinks in 1 setting in last month).... 39.0%..... 22.2%

**Perceptions (2008 BRFSS)**

The 2008 Behavioral Risk Factor Surveillance System Survey gathered information for the first time on adult perceptions of alcohol and other drug use.

*Perception of Harm: Adults who believe that people take great risk when they:*

Smoke 1 or more packs of cigarettes per day .....	80.9%
Smoke marijuana once a month .....	44.6%
Try cocaine, heroine, LSD, methamphetamine or other illegal drugs .....	85.3%
Use prescription drugs that are not prescribed for them .....	63.4%
Regularly use prescription drugs not prescribed for them .....	80.3%
Have one or two alcoholic drinks a day .....	28.9%
Have five or more drinks once or twice each week.....	49.6%

*Disapproval: Adults who strongly disapprove of the following behaviors:*

Smoking one or more packs of cigarettes per day .....	37.2%
Smoking marijuana regularly .....	40.5%
Having five or more drinks once or twice on a weekend.....	23.6%
Trying LSD, cocaine, methamphetamine, heroine, or other illegal drugs .....	62.6%

**Appendix 4: The ALF-Limited Mental Health Licensed Facilities Annual Survey**

<b>Circuit</b>	<b>Total # ALFs*</b>	<b>Total # ALF-LMHLs**</b>	<b>Total # LMHL*** Beds</b>	<b>Est. # MH**** Residents</b>
1	43	10	283	110
2 & 14	48	23	570	375
3 & 8	29	10	188	186
4	93	25	576	450
5	135	15	521	218
7	84	13	470	470
9	105	22	429	372
10	10	10	355	300
11	971	762	7,339	7,339
15	114	21	471	400
16	3	2	22	22
17	288	55	1,600	390
18	128	11	143	68
19	78	14	118	39
SunCoast	586	88	2,311	1,520
<b>TOTALS</b>	<b>2,715</b>	<b>1,081</b>	<b>15,396</b>	<b>12,259</b>

\* ALF – Assisted Living Facility

\*\* ALF-LMHL – Assisted Living Facility-Limited Mental Health License

\*\*\* LMHL – Limited Mental Health License

\*\*\*\* MH – Mental Health

## Appendix 5: Circuit Plans

### Circuit 1 Substance Abuse and Mental Health Program

#### 1. Organizational Profile/Program Description - SAMH

##### a. Location & Counties Served

Circuit 1 is a four county district, consisting of Escambia, Santa Rosa, Okaloosa, and Walton Counties, located in the Northwest Panhandle of Florida. The Circuit is primarily rural in the Northern and Central areas with population density closer to the coast. Escambia is one of the poorest counties in Florida with most jobs in the service and construction industries.

The Circuit 1 Substance Abuse and Mental Health (SAMH) Program Office is located at 160 Governmental Center in downtown Pensacola in the State Office Building Complex near city, county and other state government buildings.

Pursuant to Chapter 394.9082, Circuit 1 purchases most SAMH treatment services via the same Managed Behavioral Healthcare Organization (Managing Entity) that is under contract with the Agency for Health Care Administration (AHCA) for Medicaid behavioral health services {Prepaid Mental Health Plan (PMHP)}. Congruent with the Medicaid contract, SAMH services are financed utilizing a modified prepayment methodology. This allows for better integration of Medicaid and SAMH services, reduces administrative overhead, and standardizes access and clinical standards across both the AHCA and SAMH contracts. The Managing Entity (ME) subcontracts with a network of providers for all services covered by Medicaid and most SAMH services, including substance abuse treatment services. Network providers include all previous SAMH contracted providers, and other niche providers for specialty services. Substance Abuse Prevention and some Intervention services are not currently contracted with the Managing Entity.

The Circuit contracts with Lakeview Center, Inc. for the management and full operation of West Florida Community Care Center (WFCCC), an 80 bed designated state treatment facility located in Milton Florida. The facility is owned by the State of Florida. The governing body of WFCCC is composed of Department senior staff and community members. WFCCC serves persons with Serious and Persistent Mental Illness (SPMI) under the purview of the Baker Act and has over 213 discharges per year with an average length of stay of approximately 125 days. The Circuit 1 SAMH Program Office is responsible for all contract management responsibilities associated with this hospital.

In the fall of 2005, Circuits 1, 2, and 14 SAMH Program Supervisors in the NW Region collaborated to reorganize certain Circuit functions including Data Liaison and Substance Abuse Licensing activities. As a result of this reorganization, Circuit 1 is responsible for Data Liaison activities for the NW Region. Circuits 2 and 14 are responsible for Substance Abuse Licensing activities within the NW Region, with Circuit 1 staff performing support roles such as complaint investigations, within the Circuit.

Contract management functions are the responsibility of each circuit. Circuit 1 currently has one (1) career service FTE assigned to the contract management function. Currently, there are fifteen (15) active contracts including the large and complex Managing Entity contract.

b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	0	3	3
Mental Health	0	4	4
Total	0	7	7

c. Types of Services Provided and Number Served

Behavioral health services available for adult clients in Circuit 1 include all the substance abuse and mental health services that are listed under the SAMH Cost Centers, including a full continuum of Emergency, Inpatient, Outpatient, and services to promote Recovery and Resiliency. Substance abuse and mental health services are integrated and providers utilize a “no wrong door” approach. The Circuit has a comprehensive array of children’s services including a continuum of residential options (SIPP, TGHs, STFHS, and regular TFHs), emergency and crisis support services, and a full array of outpatient services, including specialized infant mental health services, and in-home and on-site services. The system of care in Circuit 1 is unique due to the integration of SAMH and Medicaid funding made possible by the SB 1258 Pilot Project. The SAMH-funded clients receive the same services, with the same access and clinical standards as a Medicaid-funded client in the Prepaid Mental Health Plan (PMHP). The payor source is not relevant to the client.

d. Local Partnerships and Stakeholder Input

- The SAMH Program Supervisor is an active member of the three public safety coordinating councils within Circuit 1, and ad hoc committees such as the Chief Judges Workgroup on Mental Health/Criminal Justice Issues. As a result of the above-referenced partnership, the SAMH Program Office has entered in to contracts with Okaloosa and Escambia Counties to improve efforts to divert persons with mental illness from the criminal justice system.

- The Circuit 1 SAMH Office has been involved in the planning and long term funding of the Dependency and Adult Drug Courts that have been in operation for many years.
- SAMH employees are members of the Child Welfare/Behavioral Health Service Integration Teams that meet monthly in each county. Members of the Team include all of the system partners that are involved in children's issues.
- SAMH staff members are members of the ongoing Crisis Intervention Team (CIT) planning group that includes law enforcement, NAMI, Consumer Action Council (CAC) members, and other stakeholders.
- The Program Supervisor and other SAMH staff attend the monthly CAC meetings sponsored by the Managing Entity.
- SAMH employees are members of the FACT Advisory Council.
- The SAMH Program Supervisor is co-sponsor of the Area 1 Medicaid Managed Care Advisory Committee.
- The SAMH Office is involved in many other ad hoc workgroups and stakeholder initiatives.
- The SAMH Program Supervisor is a member of the DCF contingent of the WFCCC Governing Body.
- The SAMH Program Supervisor is a charter member and past-president of the Partnership for a Health Community, a group formed to facilitate progress toward improved health outcomes for citizens of Escambia and Santa Rosa Counties. The Partnership includes leaders from the hospital and medical community, as well as leaders from various other community agencies and groups.
- The SAMH Program Supervisor is a member of the Re-entry Task Force, an inter-agency group formed to improve outcomes for inmates re-entering the community after incarceration in jails and prisons.

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

The Circuit has been using the Minkoff model of co-occurring systems for many years and all of our providers reorganized their services to reflect an integrated "no wrong door" approach. ABH has been contracted to continue the initiative and providers are continuing to assess their co-competencies using Minkoff's tools.

#### ii. Integration

- The SAMH Office and Access Behavioral Health (ABH) are continuously working to improve the integration of physical and behavioral health as many of our clients suffer with these co-morbidities. Lakeview Center, Inc. is working closely with Escambia Community Clinics which is the FQHC in our circuit to ensure that our clients receive integrated treatment. Our other network providers are also working to strengthen relationships with physical healthcare providers.

The SAMH Office, through ABH, has a number of processes in place to improve services for families involved with the Child Welfare System. Monthly county-specific “Integration Meetings” are facilitated by ABH to identify and resolve issues and improve communication among system stakeholders. These meetings routinely include ABH, SAMH, Families First Network (FFN – the lead community-based care agency), DCF CPI staff and managers, Children’s Home Society, Lutheran Services of Florida and other sister agencies. ABH has contracted for specialty services for the child welfare population. SAMH and ABH have initiated an Enhanced Behavioral Health Services program in Okaloosa and Walton Counties which provides highly qualified clinical staff for immediate (within 24 hours) assistance to CPIs and FFN staff to stabilize placements and prevent removals if possible. So far, the services have helped stabilize high risk families, and children have not had to be removed from the targeted families.

iii. Managing Entities

Circuit 1 is into its eighth year as the original pilot site for SB 1258 which was the first managing entity legislation. Basically, SB 1258 gave the Department permission to contract mental health and substance abuse services to the same managing entity (ME) that was contracted to the Agency for Health Care Administration (AHCA) for the Prepaid Mental Health Plan (PMHP). The purpose of the original legislation was to promote better integration of Medicaid and SAMH-funded services, promote and test new payment methods, and establish common access and service criteria. The goal was to promote a more seamless system of care for clients without regard to payor source.

b. Local Initiatives

- The SAMH partnership with the Managing Entity (Access Behavioral Health or ABH) has fostered a strong recovery and resiliency focus that has led to Circuit 1 being the leader of the Certified Recovery Peer Specialist initiative in the state. For four (4) years ABH has conducted yearly 40-hour training sessions for prospective Peer Specialists. Each of the training sessions has been convened in places with overnight accommodations to heighten the learning experience for the consumers. (The Certified Recovery Peer Specialist - A (CRPS-A) provides peer mentoring and support to individuals who are consumers of mental health service systems and achieves resiliency and recovery as defined by the individual consumer. The CRPS-A must be a true peer; this means that the peer specialist is also a consumer of public or private mental health services.)
- ABH sponsors strong Consumer Action Councils (CACs) which are active in both the eastern and western parts of the circuit. SAMH staff attends the meetings of the CACs and receive ongoing feedback from consumers.
- SAMH contracted with ABH to expand paid employment opportunities for the CRPS - A within our provider system. ABH has also hired CRPS-As to conduct follow-up calls to clients discharged from inpatient units to ensure better continuity of care. The SAMH Office also funded two Mental Health Associations to hire CRPS-As who



facilitate peer support programs and function as independent client advocates who can assist clients in various ways, including grievances, if necessary.

- The Circuit has been using the ROSI (Recovery Oriented Systems Indicators) to improve our recovery focus for over 4 years.
- At the organizational level, the SAMH Office and our network providers have had continuity of leadership which helped produce a strong partnership and a common vision.
- The SAMH Office has reorganized over the years to reflect the changing needs of our system including the emerging role of the Managing Entity (ME), the co-occurring initiative, and a holistic consumer/family-centered approach to service provision. We eliminated separate substance abuse and mental health programs and created a small co-competent clinical services section that handles both adult and child issues, which in many cases overlap. This has allowed us to view service delivery in a different light and see the big picture of family-centered services. We have removed functions that became redundant as the ME matured and contracted the Children's Mental Health position to the ME.
- SAMH, ABH and our providers enjoy productive community partnerships with law enforcement agencies as evidenced by the strong CIT Programs in Escambia and Santa Rosa Counties that have trained over 300 law enforcement officers (LEOs) and corrections staff in less than 3 years.
- SAMH enjoys a long standing positive relationship with the Circuit 1 court system resulting in a number of collaborative programs such as Adult and Dependency Drug Courts, SAMH-funded county-based Pretrial Release Officers, Drug Court Case Manager, and a Mental Health Court Case Manager.
- The circuit has a strong multi-agency forensic services program and an ongoing operational workgroup called the "Nuts and Bolts" Workgroup. This group meets monthly at the SAMH Office and is composed of operational level staff from jails, Pre-trial Release Officers, provider staff, SAMH and other stakeholders who work directly with our criminal justice clients.
- Lakeview Center, Inc. in Escambia County had developed a Community Response Team (CRT) for adults and a WRAP Team for children with the goal of stabilizing high risk adults and children and preventing acute hospital admissions and readmissions whenever possible. The CRT and WRAP teams are modeled after the FACT program but with 4-6 months lengths of stay. So far, the teams have been very successful at both preventing admissions and reducing re-admits.
- The eighty-bed West Florida Community Care Center (WFCCC) centrally located in Milton is the only community-based Designated Treatment Facility and is designed to reduce admissions to Florida State Hospital. WFCCC's small size, central location, and family-friendly treatment approach maximizes family participation in treatment and client outcomes.
- The Circuit 1 SAMH Office has won four Davis Productivity Awards, the most recent being this past year. The most recent award was for development and deployment of the "Rollings Report", a system of Crystal reports which assist providers in analyzing

and utilizing the data from the SAMH data system (SAMHIS). The reports enable the user to drill-down to the client level and can be used for both clinical and administrative quality improvement purposes.

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 1**

<b>Substance Abuse</b>	<b>TOTAL</b>
Adult Detox	\$ 787,661.00
Adult Prevention	\$ 344,103.00
Adult Treatment	\$ 3,296,018.00
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 4,427,782.00</b>
Children's Detox	\$ 12,057.00
Children's Prevention	\$ 999,913.00
Children's Treatment	\$ 2,018,908.00
<b>Subtotal Children's Substance Abuse</b>	<b>* \$ 3,030,878.00</b>
Executive Leadership & Support	* \$ 215,465.00
<b>Total Substance Abuse</b>	<b>\$ 7,674,125.00</b>
<b>Mental Health</b>	<b>TOTAL</b>
Adult Community Mental Health	**\$ 10,271,639
Institutional Mental Health	**\$ 5,809,489
Children's Mental Health	\$ 2,709,224
Executive Leadership & Support	\$ 315,497
<b>Total Mental Health</b>	<b>\$ 19,105,849.00</b>

\*These figures represent approval of a pending Budget Amendment to be submitted with the FY09-10 October Spending Plan.

\*\*This figure represents both Community Mental Health and Institutional funding. Circuit 1 receives \$5,809,489 of Institutional Budget for West Florida Community Care Center.

**4. Performance Management**

**a. Needs assessment**

- Increasing costs and decreasing revenues are impacting services. Although we are still meeting Access Standards by our transition to a “walk-in” clinic model, the increased demand for indigent services has put pressure on our system to remain responsive.
- Although we have reorganized our service delivery system to be ever more efficient, certain services such as residential substance abuse services are costly and in high demand. With our goal of increasing access for clients of the criminal justice system we have made it more difficult for clients outside that system to receive residential treatment.
- The demand for psychiatric services has greatly outpaced our ability to recruit and retain psychiatrists, and especially child psychiatrists. This is and will be an ongoing challenge.

b. Improvement Practices

Circuit 1 has implemented a quality improvement system with the Managing Entity (Access Behavioral Health or ABH, a division of Lakeview Center, Inc.) that utilizes the locally designed “Rollings Reports” to analyze client data with a strong focus on client outcomes. Circuit 1 has targeted progress in client’s functioning as measured by FARS and CFARS as the major indicator of the impact of our system of care. This focus has moved our Circuit from a lower tier performer in CFARS to the best in the state in just 2 years. Circuit 1 also measures high in other Dashboard Measures as well.

**5. Conclusion**

The SAMH Program Office plans to continue its efforts to: 1) promote the Recovery and Resiliency philosophy within the Circuit; 2) support and encourage co-competency within our provider agencies; 3) strengthen and improve our system of care; and 4) build upon and strength the numerous initiatives delineated in the narrative sections above.

## Circuits 2 and 14 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuits 2 and 14 are located in the Northwest Region and encompass a 12 county area. These counties include Leon, Wakulla, Gadsden, Liberty, Jefferson, Franklin, Bay, Gulf, Calhoun, Holmes, Washington and Jackson. Circuits 2 and 14 make up 7,632 square miles with a total population of approximately 662,560 (2008 estimate). With the exception of Bay and Leon counties, Circuits 2 and 14 are rural and sparsely populated, with high poverty levels, high unemployment, and little or no public transportation.

#### b. Staffing (OPS and FTEs)

The budget and staffing details provided below are totaled for Circuits 2 and 14, as the Substance Abuse and Mental Health Program Office (SAMH) for Circuits 2 and 14 functions as one staff/unit. The Circuit 2 and Circuit 14 distributions of adult and children’s substance abuse and mental health services budgets are detailed in Section 3.

Number of Employees

<b>Program</b>	<b>OPS</b>	<b>FTE</b>	<b>Total</b>
Substance Abuse	0	4	4
Mental Health	2.5	5.5	8
<b>Total</b>	<b>2.5</b>	<b>9.5</b>	<b>12</b>

#### c. Types of Services Provided and Numbers Served

##### i. Substance Abuse

Circuit 2 and 14 SAMH contracts with two comprehensive substance abuse agencies, DISC Village in Circuit 2 and Chemical Addictions Recovery Effort (CARE) in Circuit 14, for the provision of substance abuse prevention services, outpatient and intensive outpatient services, intervention/case management services, detoxification services, and residential treatment services. In Circuit 2, residential detoxification services are provided by Apalachee Center, the contracted comprehensive mental health provider. Also in Circuit 2, Turn About is contracted to provide intensive outpatient services for adolescents, which offers a needed alternative to residential placement for many of the area’s youth. For the provision of evidenced-based prevention services through the State’s Prevention Partnership Grant initiative, Circuit 2 and 14 SAMH contracts with DISC Village (Circuit 2) and Bay District Schools (Circuit 14).

ii. Mental Health

Circuit 2 and 14 SAMH contracts with two comprehensive mental health agencies, Apalachee Center in Circuit 2 and Life Management Center in Circuit 14, for the provision of a full range of mental health services, including Crisis Stabilization, Crisis Support/Emergency, varying levels of Residential Treatment, Case Management, Outpatient Individual and Group, Psychosocial Rehab, Drop-In Center, Comprehensive Community Service Teams, Forensic Services, Information and Referral, Outreach Services, Temporary Assistance for Needy Families funded services, Psychiatric/Medication Management, In-Home On-Site, and Supported Employment. Apalachee Center is also contracted to provide a Short Term Residential Treatment Program, FACT, and detox beds for Circuit 2, as well as Community Forensic beds (for use statewide). In addition to these comprehensive provider agencies, Circuit 2/14 SAMH contracts with provider agencies for behavioral health network services and for other outpatient children’s mental health services. There are also non-DCF funded mental health provider agencies located throughout both circuits.

Number of individuals Served in Substance Abuse in Circuits 2 and 14  
FY 08-09

Population/Measure	Circuit 2	Circuit 14
Number of Children with Substance Abuse Problems Served	1846	455
Percentage of Children who Complete Treatment	93.22%	93.48%
Number of Adults with Substance Abuse Problems Served	2965	2819
Percentage of Adults who Complete Treatment	90.38%	92.30%
Number of At-Risk Children Served in Prevention	37,180	49,100
Number of Adults Served in Prevention	500	1500

Number of Individuals Served in Mental Health in Circuits 2 and 14  
FY 08-09

ADULTS WITH:	Circuit 2	Circuit 14
Severe and Persistent Mental Illness	2670	2547
Episodes of Serious or Acute Mental Illness	65	230
Mental Health Problems	90	442
Forensic Issues	132	63
CHILDREN WITH:	Circuit 2	Circuit 14
Severe Emotional Disturbances	323	1353
Emotional Disturbances	296	690

d. Local Partnerships and Stakeholder Input

Circuits 2 and 14 have elected to receive public and stakeholder input by utilizing established and effective forums, coalitions, committees, etc. This includes, but is not

limited to, groups such as Big Bend Mental Health (Consumer) Coalition, FACT Advisory Committee, NAMI, Homeless and Hunger Coalitions, Children's Forums, Quarterly Behavioral Health Advisory Board meetings, Local Review Teams, Challenge Team staffings, Quarterly SAMH/Provider meetings, Community Based Care/Family Safety/SAMH system integration meetings, Child Welfare Interdisciplinary Team meetings, etc. Inclusion of the Circuit 2 and 14 SAMH Program Supervisor and staff into activities of existing and emerging stakeholder meetings has been well received by the community. This method of inclusion has resulted in more coordination and collaboration and in better feedback than the typically sparsely attended public meetings. In addition, it has enabled the SAMH Circuit 2 and 14 staff to be more consistently involved and to provide on-going coordination, technical assistance and problem solving, resulting in a higher potential for collaboration among the various stakeholders and community partners.

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

The Circuit 2 and 14 contracted mental health and substance abuse service providers have begun moving towards the implementation of a Comprehensive, Continuous and Integrated System of Care (CCISC) for persons with co-occurring substance abuse and mental health disorders. Circuit 2 and 14 SAMH staff recently met (9-17-09) with contracted service providers in Circuit 2 (Apalachee Center, DISC Village, Children's Home Society, Turn About, and Children's Medical Services) to discuss the co-occurring efforts each provider has made thus far, ways to improve referrals and cooperation between agencies, and the barriers that providers may be encountering.

In October 2009, Circuit 2 and 14 SAMH met with contracted service providers (Life Management Center and CARE) to discuss the co-occurring efforts those providers have made, ways to improve referrals and cooperation between the two agencies, and barriers that the providers may be encountering. Circuit 2 and 14 SAMH will continue to meet with all of these providers to ensure that co-occurring contractual requirements are met.

#### ii. Integration

Circuits 2 and 14 have been very successful in integrating child welfare and substance abuse/mental health services. Examples include:

- All Temporary Assistance for Needy Families (TANF) funded providers in Circuits 2 and 14 work collaboratively with child welfare to promote family reunification based on the court-ordered reunification plan.
- Circuit 2 and 14 contracted comprehensive substance abuse providers (DISC Village in Circuit 2 and CARE in Circuit 14) work collaboratively with Big Bend Community Based Care (CBC) in providing intervention services to families who are experiencing substance abuse issues and who are also involved in the Family

Safety System. Through SAMH funding for Family Intervention Specialist (FIS) positions, DISC Village and CARE are able to offer co-located services with the CBC across all Circuit 2 and 14 counties. They provide linkage to the child welfare system to engage and support substance abuse involved child welfare families in appropriate substance abuse treatment and recovery with a goal of improving both child welfare and substance abuse outcomes.

- Circuit 2 and 14 SAMH staff and child welfare staff participate in various local review teams, forums, and other multi-agency collaborations, the purpose of which is to address the needs of children common to multiple agencies and to facilitate partnerships among those who serve families of children.
- Circuit 2 and 14 SAMH also collaborates to improve the integration of mental health/substance abuse services with law enforcement. SAMH staff organizes ongoing Crisis Intervention Team (CIT) trainings in both circuits to provide law enforcement officers the knowledge, skills, and abilities needed to safely and effectively interact/intervene on behalf of consumers.

### iii. Managing Entity

A public meeting was held on December 4, 2008 with a broad representation of stakeholders to discuss the possibility of moving to a Managing Entity in Circuits 2 and 14, and discussions are still underway through regular meetings among provider agencies. There are many issues yet to be resolved before movement can proceed, the primary issue being whether to implement separate Managing Entities in Circuits 2 and 14, to implement one Managing Entity covering both Circuit 2 and 14, or to investigate other options with Managing Entities in adjacent circuits.

3. Finance/Budget

a. Level of Funding

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuits 2 and 14**

<b>Substance Abuse</b>	<b>Circuit 2</b>	<b>Circuit 14</b>	<b>TOTAL</b>
Adult Detox	\$ 608,500.00	\$ 878,101.00	\$ 1,486,601.00
Adult Prevention	\$ 24,207.00	\$ 19,020.00	\$ 43,227.00
Adult Treatment	\$ 1,614,761.00	\$ 1,465,260.00	\$ 3,080,021.00
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 2,247,468.00</b>	<b>\$ 2,362,381.00</b>	<b>\$ 4,609,849.00</b>
Children's Detox	\$ -	\$ -	\$ -
Children's Prevention	\$ 491,160.00	\$ 393,055.00	\$ 884,215.00
Children's Treatment	\$ 1,477,204.00	\$ 665,239.00	\$ 2,142,443.00
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 1,968,364.00</b>	<b>\$ 1,058,294.00</b>	<b>\$ 3,026,658.00</b>
<b>Executive Leadership &amp; Support</b>			<b>\$ 280,423.00</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 4,215,832.00</b>	<b>\$ 3,420,675.00</b>	<b>\$ 7,916,930.00</b>
<b>Mental Health</b>	<b>Circuit 2</b>	<b>Circuit 14</b>	<b>TOTAL</b>
Adult Community Mental Health	\$ 10,172,171.00	\$ 4,586,865.00	\$ 14,759,036.00
Children's Mental Health	\$ 1,362,955.00	\$ 1,017,363.00	\$ 2,380,318.00
<b>** Executive Leadership &amp; Support **</b>			<b>\$ 434,538.00</b>
<b>TOTAL Mental Health</b>	<b>\$ 11,535,126.00</b>	<b>\$ 5,604,228.00</b>	<b>\$ 17,573,892.00</b>

\* SAMH in Circuits 2 and 14 functions as one staff. ELS funds not distributed by circuit.

\*\* @\$58,000 of Circuit 2/14 Mental Health ELS budget supports a HQ Human Resources position which was mistakenly transferred to Circuit 2 SAMH from Florida State Hospital.

b. Procedures for allocation of funding

Circuit 2 and 14 Budgeting Priorities. In general, it is Circuit 2 and 14 SAMH's intention to budget and allocate funds in such a way as to facilitate the full implementation of the co-occurring initiative and to prioritize services which are evidence-based. Additionally, in both mental health and substance abuse, our priority is to allocate funds to serve those who are involved in the child welfare system. We also prioritize our monies to provide services to severely and persistently mentally ill adults, severely emotionally



disturbed children, and children and adults who have substance abuse diagnoses (especially substance abusing pregnant women and women with dependent children). Should additional monies become available, we would endeavor to increase accessibility and availability for mental health and substance abuse services in the outlying rural counties, implement the mental health clubhouse model in both circuits, develop a FACT team in Circuit 14, and increase the number of detox beds and substance abuse residential beds in both circuits.

#### **4. Conclusion**

The needs and/or opportunities for improvement are similar for both Circuit 2 and 14. Circuits 2 and 14 are both six-county areas and each are geographically large, sparsely populated, rural areas with high poverty levels, high unemployment, and no public transportation in five of the six counties. As a result, access to needed services is a challenge. A full range of substance abuse and mental health services is provided in the largest county in each circuit (Leon in Circuit 2 and Bay in Circuit 14). However, in the outlying counties of both circuits, only basic services are available, consumer choice is limited regarding choice of providers, and consumers typically must travel to Leon County in Circuit 2 or Bay County in Circuit 14 to receive specialized care (CSU, detox, residential). Serving persons who are involved with the forensic system is also a challenge because each circuit is partnering with six different law enforcement agencies, jails, county courts, etc.

Circuit 2 and 14 SAMH providers have successfully overcome many of the challenges and barriers noted above. The following are examples of some of their accomplishments:

- The collocation of staff in substance abuse and mental health provider agencies.
- Apalachee, a community mental health provider agency in Circuit 2, has partnered with Bond Clinic, a local community health clinic, to promote a public health approach in service delivery. The goal of this partnership is to improve both the physical and mental health outcomes for all service recipients.
- Provider agencies in Circuit 2 provide outreach services to persons experiencing homelessness in public parks, libraries, jails, bus stations, emergency shelters and many other areas where homeless people congregate.
- Circuit 2 and 14 provider agencies provide screening, assessment, and referral through collaboration with local Homeless and Hunger Coalitions. Circuit 14's community mental health provider agency partners with the local rescue mission by providing a case manager several days a week to assist in the Homeless Day Resource Center (HDRC). The purpose of the HDRC is to assist individuals and families to find permanent housing and employment and to make referrals in order to address additional needs, including substance abuse and/or mental health.
- Substance abuse providers in both Circuits actively work with law enforcement officials, judges, public defenders and other state agencies such as the Department of Juvenile Justice and the Department of Corrections. They operate local drug

courts in several counties of both circuits, operate the Juvenile Assessment Center in Circuit 2, and provide receiving centers in both Circuits for persons referred for services through the Marchman Act.

Circuits 2 and 14 staff members, along with mental health provider agencies and consumer groups, have been developing a system of care to increase accessibility as well as quality of care. The system of care places an emphasis on consumer and family input and includes the creation of outcome-based accountability, the integration of managed care, and the promotion of interagency collaboration and cultural competence.

## Circuits 3 and 8 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description

#### a. Location & Counties Served

Circuits 3 and 8 is a 13-county area consisting of Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor and Union counties, largely rural and includes some of Florida’s poorest counties. Circuit 8 also provides emergency inpatient care to Putnam County in Circuit 7. The combined population is 534,267. Alachua County is the most populated county at 227,120 (42%). Services are funded via contracts with Florida’s Department of Children and Families (DCF), as well as capitated and fee-for-service Medicaid, client fees and private insurance. Providers also receive County funds for core services.

#### b. Staffing (OPS and FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	0.5	4	4.5
Mental Health	2.8	3.5	6.3
Total	3.3	7.5	10.8

#### c. Types of Services Provided and Numbers Served

Circuits 3 and 8 provide a full array of substance abuse and mental health services to its citizens through a network of 13 contracted providers. Meridian Behavioral Healthcare provides the most comprehensive services to individuals in 10 of the 13 counties. All counties have access to Meridian’s residential facilities. The Circuit’s system of care is enhanced by the collaborative relationships that the providers and the SAMH Program Office have with Partnership for Strong Families, the community based care agency, the Court System, Guardian Ad Litem, Health Department, Department of Juvenile Justice, Children’s Medical Services, the schools, and Veterans Administration, to name a few.

**Number of individuals Served in Substance Abuse in Circuits 3 and 8  
FY 08-09**

<b>Type of Service</b>	<b># Served</b>	<b>Needs</b>	<b>Outcomes</b>
<b>TANF</b> SA & MH services for adolescents and adults. These clinical services range from outpatient to residential for both SA & MH.	596 MH 94 SA	New funds for promising meds which support SA & MH TANF client recovery.	
<b>Prevention level 2</b>	4,500	Additional prevention funding	Reduction in substance use
<b>Detox Services</b> Clinical procedures, for children and adults, assisting persons in withdrawal from substance abuse	570		
<b>Residential Services – Level 2</b> Adolescent boys (1 funded center) Adult services for the general population (3 funded centers) including residential services for women and their children.	310 ASA 50 CSA	More funding is needed for this high-risk group in order to support.	Reduction in substance use
<b>Intervention/ Outpatient Services</b>	3,698 ASA 577 CSA		Substance free at discharge

**Number of individuals Served in Mental Health in Circuits 3 and 8  
FY 08-09**

<b>Type of Service</b>	<b># Served</b>	<b>Needs</b>	<b>Outcomes</b>
<b>Acute Care Services:</b> <b>Crisis Support/Emergency</b> Emergency screenings, crisis telephone/suicide hotline, emergency walk-in <b>Crisis Stabilization Services</b> Residential Beds for acute care of persons experiencing mental health crises at four (4) funded centers	1,974           2,265	More beds are needed. We need an SRT psychiatric facility. Budget cuts forced the closure of one here in early fiscal yr 08/09 but the need is still present	
<b>Adult Community Support</b> Outreach Supported Employment (includes Forensics)	3,200 109	Housing issues for forensics.	
<b>Adult Residential Care</b> 29 Level II beds funded in 2 locations Family care homes – 15	151           20	More beds needed. Need expanded options for forensic clients	
<b>Adult Case Management</b>	1,013	More funding. Funds run out before the end of year.	
<b>Outpatient/Intervention Services</b> Offering an array of services: <ul style="list-style-type: none"> <li>• Intervention</li> <li>• Medical Services/Medication Clinic</li> <li>• Outpatient Counseling and Therapy</li> <li>• Indigent Psychiatric Medications Program</li> <li>• Drop In Center</li> <li>• Supported Housing</li> </ul>	2,303 6,879           9,627           456           300 40	Clients do not have income for medications. Clients who fall through the cracks sell their food stamps to buy their medications.  Also, not enough funds for people in psychosocial rehab/day treatment. Without Medicaid, there are not enough funds to keep clients in the program.  There is great need for transportation services in Baker County. The homeless population has no housing options. Only half of the population they serve has benefits.	

**Number of individuals Served in Mental Health in Circuits 3 and 8 (continued)  
FY 08-09**

<b>Type of Service</b>	<b># Served</b>	<b>Needs</b>	<b>Outcomes</b>
<b>Children’s Case Management</b>	678	More residential funding is needed. Case management for children without Medicaid is needed	
<b>Recovery and Resiliency,</b> Clubhouse services through Gainesville Opportunity Center offering peer support	65	More contingency funding and more staff are needed.	
<b>FACT</b> Florida Assertive Community Treatment	100	Enhancement funds are limited and are disproportionately used by those with the fewest benefits.	

**2. Initiatives**

a. Systemic/Statewide Initiatives

i. Co-occurring

Circuits 3 and 8 SAMH Program Office contracted agencies to implement a Comprehensive, Continuous, and Integrated System of Care (CCISC) for individuals with co-occurring substance abuse and mental health disorders. The Circuit is coordinating efforts with providers so they may share their expertise with each other. Hospital representatives have participated in this collaboration. We are currently reviewing Co-Occurring Competency plans received from our providers in October.

ii. Integration

Three Family Intervention Specialists (FIS) work closely with family safety clients in connecting with advocacy, rehab and wrap-around services with the Circuit’s main provider, Meridian Behavioral Healthcare, Inc.

iii. Managing Entity Implementation

Circuits 3 and 8 SAMH is exploring a managed system of care for substance abuse and mental health services. Circuit providers formed an Architect Committee to develop recommendations for implementation of this initiative. The committee has recommended a Rural Alternative Plan based on the Lakeview model.

3. Finance/Budget

**Substance Abuse and Mental Health Regional Budget Fiscal Year 2009-10  
Circuits 3 and 8**

<b>*Substance Abuse</b>	<b>Total</b>
Adult Detox	\$ 740,385
Adult Prevention	\$ 233,614
Adult Treatment	\$ 2,485,126
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 3,459,125</b>
Children's Detox	\$ 19,831
Children's Prevention	\$ 560,292
Children's Treatment	\$ 1,418,383
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 1,998,506</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 278,488</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 5,736,119</b>
<b>**Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 8,791,988
AMH-IDP Allocation	\$ 141,960
Children's Mental Health	\$ 1,888,376
<b>Executive Leadership &amp; Support</b>	<b>\$ 288,075</b>
<b>TOTAL Mental Health</b>	<b>\$ 11,110,399</b>
<b>GRAND TOTAL</b>	<b>\$ 16,846,518</b>

\*Substance abuse priorities are to enhance prevention services where possible. Residential services will be focused on becoming co-occurring.

\*\*Mental Health priorities are to enhance recovery and empowerment by adding additional Peer Specialists.

#### **4. Performance Management**

##### **a. Needs Assessment**

- More state and local level interaction is needed between TANF and work force boards for a more efficient treatment process.
- More science-based adult parenting courses.
- Work with AHCA and nursing homes to address the issues of nursing homes not taking clients back after a Baker Act stay.
- Work with (Housing and Urban Development (HUD) to bypass past charges related to mental illness.

#### **5. Conclusion**

##### **a. Accomplishments**

##### **i. Service Integration with Partnership for Strong Families (PSF – community-based care lead agency)**

- Foster Care Redesign activities have strengthened our tie with Partnership for Strong Families through the actions of the SAMH/Domestic Violence Subcommittee in providing immediate services to high risk cases.
- The work of the Referral Process Team which includes representatives from PSF, Providers, Children’s Legal Services (CLS), Child Protective Investigation and Guardian Ad Litem improved timely access to services and follow up reporting. In response to the work of this team, the provider developed a Web-based referral system which guarantees efficiencies in referrals and reporting.
- The Circuit SAMH and its providers work closely with the Partnership to ensure youth transitioning to adulthood are linked to adult mental health services when needed.
- SAMH works collaboratively with the CBC to improve psychotropic medication processes. SAMH established a reliable process with the residential treatment providers, PSF, and CLS so all required medication documentation is on file and maintained.
- The SAMH Mental Health Specialist meets monthly with Family Care Counselors and Mental Health Case Managers to staff children in residential treatment placement.

##### **ii. Dependency Drug Court (DDC)**

- There are three dependency drug courts in Circuits 3 and 8. The newest one started one and a half years ago in Levy County and is well supported by the community.
- The Circuit has a robust stakeholder committee which includes various domestic violence services.
- As a best practice, one FIS does substance abuse assessments at court immediately following the shelter process. If a client is determined to be eligible for the DDC Program, the DDC Committee will notify the client within 5 work days of this decision. This on-site assessment eliminates client no-shows and waiting lists.



iii. Strong Provider Network

- For the last six months Circuit 3 and 8 providers have met regularly to address Co-Occurring Plans and Managing Entities. The providers formed an Architect Committee to explore the development of an alternative Managing Entity.
- There are 15 SAMH providers in Circuits 3 and 8, with one major provider, Meridian Behavioral Healthcare, that serves 10 or our 13 counties. As a large provider their services are the most comprehensive, including two CSUs, a Detox Center, Substance Abuse Residential facilities for children and adults and two level 2 adult mental health residential facilities. These facilities are available to all residents in Circuits 3 and 8. Meridian works collaboratively with all providers to assure access to services. MBH also offers an excellent methadone program to residents of both circuits. Circuit 8 has one licensed Methadone program.

iv. Forensic System of Care

- In 2008, Alachua County received a Criminal Justice Reinvestment Grant to implement a Jail Diversion Team. This team provides ACT-like intensive services to divert persons with high recidivism with mental illnesses and /or co-occurring substance abuse disorders from the jail. *In less than a year and a half in the program participants have observed a 36% drop in jail days.*
- Two Mental Health Courts reported a significant reduction in recidivism. The Alachua County Court has been in operation since 2001. *For clients who successfully completed the program the average jail days before Mental Health Court was 24.39 days, and for the two years after Mental Health Court it was 1.58 days.*
- Chapter 916 Felony Court, which started in 2003, only deals with individuals who are Incompetent to Proceed or Not Guilty by Reason of Insanity (NGI). The benefit is that the same Judge, the Public Defender and same State Attorney who are all actively in the case from time committed, to conditional release and to termination of conditional release.
- Crisis Intervention Teams –The Circuit has trained 271 officers from patrol and the jail since 2005. There are 3 scheduled trainings a year. New 911 operators also receive 16 hours of training on CIT fundamentals.
- DOC Re-Entry Program – The SAMH Forensic Specialist is working with court services to establish a Re-entry Center in Circuits 3 and 8 for ex-offenders to have all services and entry to services.

b. Goals

1. Circuit 3 Stakeholder Coalition – Over the last five years, the Public Safety Coordinating Council (PSCC) in Alachua County has formed several, targeted subcommittees to address and evaluate the gaps and problems within the criminal justice system. It created a standing subcommittee in 2005, the Mental Illness Work Group (MIWg), with key stakeholders to bring forward a comprehensive plan. MIWg

created synergy and was determined to find collaborative approaches to better serve this population, and solve challenging social/community problems. MIWg included stakeholders who had a demonstrated commitment to jail diversion efforts. Led by Circuit Judge Martha Ann Lott (now Circuit 8 Chief Judge), it included the leadership of the Alachua County Sheriff's Office, the Gainesville Police Department, the State Attorney's Office and the Public Defender's Office, Meridian and CDS (the local community mental health and substance abuse provider agencies), National Alliance on Mental Illness (NAMI), the Alachua County Housing Authority, the North Florida Evaluation and Treatment Center (NFETC), Circuit 3 and 8 DCF Substance Abuse and Mental Health Program Office, and Alachua County Court Services. Our challenge is to develop a similar coalition in Circuit 3.

2. Consumer Support – SAMH has provided support to consumer empowerment and as a result of this effort the Peer Advocacy Network was created by consumers. Providers have also created of Peer Specialists positions. The challenge has been to maintain consumers in the positions and to have the Peer Advocacy Network be a viable consumer advocacy group.
3. Supervised Housing – There is a need for access to supervised housing for persons coming out the civil and forensic hospitals.
4. CIT Data – Circuits 3 and 8 SAMH is capturing CIT data to show the success of trained officers working with offending consumers. The Circuit is working to set up a system with all of the law enforcement agencies to assist in capturing that data.

## Circuit 4 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 4 serves the three most northeastern counties in Florida: Nassau, Duval and Clay. The major urban center is Jacksonville which has a unified government with Duval County. Nassau and Clay Counties are primarily suburban/rural in nature. The area is heavily influenced by the presence of two Naval bases in Duval County, and a large National Guard camp in Clay County.

County	Children		Adults		% Poverty
	Count	% of Circuit	Count	% of Circuit	
Clay	50,414	17.03%	146,057	16.03%	8.00%
Duval	229,347	77.49%	707,044	77.59%	12.40%
Nassau	16,208	5.48%	58,140	6.38%	8.90%
<b>Circuit 4</b>	<b>295,969</b>	<b>100.00%</b>	<b>911,241</b>	<b>100.00%</b>	<b>11.47%</b>
<b>Florida</b>	<b>4,336,964</b>	<b>21.88%</b>	<b>15,485,604</b>	<b>78.12%</b>	<b>12.10%</b>

Circuit 4 is operated in Jacksonville under the Northeast Region of DCF along with Circuits 3 and 8 (Gainesville) and 7 (Daytona Beach). Circuit 4 provides Substance Abuse and Mental Health services through 25 contracts with 19 service provider agencies. Unlike other Regions, Contract management is a separate department of the Northeast Region administration with three (3) contract managers under the SAMH Contract Supervisor assigned to Circuit 4 SAMH contracts.

#### b. Staffing (OPS & FTEs)

##### Number of Employees

Program	OPS	FTE	Total
Substance Abuse	1	3	4
Mental Health	0	10	10
<b>Total</b>	<b>1</b>	<b>13</b>	<b>14</b>

#### c. Types of Services Provided and Number Served

##### i. Substance Abuse

The Circuit 4 SAMH Program office contracts with five nonprofit agencies in Nassau, Clay, and Duval counties to provide an array of substance abuse aftercare, prevention, intervention and treatment services for children, adolescents, and adults that are at risk for or have substance abuse disorders. All substance abuse contracted agencies have

access to psychiatric services and other ancillary services to support their evaluation and treatment of co-occurring disorders. Additionally, 26 other licensed public non-profits and private for-profit substance abuse providers deliver services in the three counties. One of the contract providers has established through SAMSHA grant funds e-therapy/phone service capability that permits the individual to participate in evidence-based outpatient treatment at their convenience through a secure process over the Internet. This process also has contributed to that provider's capacity to move individuals from evaluation to the needed services more quickly.

ii. Adult Mental Health

The Adult Mental Health System in Circuit 4 provides a variety of services, such as medication management, crisis stabilization, housing, and case management, for individuals with serious and persistent mental illnesses, focusing on recovery versus stabilization. The Circuit also supports one of the two Self-Directed Care (SDC) programs in the state. The SDC program supports individuals with severe and persistent mental illnesses to direct their mental health treatment and purchase non-traditional services and supports. The Circuit's mental health system is accomplished through contractual arrangements with comprehensive and specialty providers. For example, Renaissance Behavioral Health offers a full range of treatment options; and Urban Jacksonville concentrates on elderly care. With respect to service areas, Clay and Nassau Counties are contiguous and Duval is an overlapping arrangement of agencies. The needs and service gaps of the adult system have been identified in conjunction with the City of Jacksonville through a comprehensive plan developed by the Mayor's Coalition for Adult Mental Health. Future program development and funding decisions will be set into the context of this plan.

iii. Children's Mental Health

Circuit 4 SAMH staff members participate in monthly meetings with staff from the Department of Juvenile Justice, Department of Health/Children's Medical Services, Community-Based Care, Agency for Health Care Administration and Agency for Persons with Disabilities to address any issues and select a champion for any "cross over" child. Monthly staffings have been beneficial in ensuring children are in the least restrictive setting, remain safely in their home and have a champion to ensure their needs are being met. Additionally, staff participates as a member of the Integrated Practice Team and Family Preservation Team to ensure substance abuse and mental health services are identified and available for community families as well as families involved with Family Safety. In addition, non-traditional services and supports related to the child's mental health needs are offered to children/families to prevent children from coming into care.

The two tables below depict the number of individuals served in Circuit 4 by county and program areas.

**Numbers Served in Substance Abuse and Mental Health in Circuit 4  
FY 08-09**

<b>COUNTY</b>	<b>Adult Mental Health</b>	<b>Adult Substance Abuse</b>	<b>Children’s Mental Health</b>	<b>Children’s Substance Abuse</b>
<b>Clay</b>	994	740	315	303
<b>Duval</b>	6,408	5,091	3,346	2,191
<b>Nassau</b>	798	589	454	380
<b>Total</b>	8,200	6,420	4,115	2,874

**Numbers Served in Forensic  
FY 08-09**

<b>Clay</b>	<b>Duval</b>	<b>Nassau</b>	<b>Circuit 4</b>
30	285	32	347

d. Local Partnerships and Stakeholder Input

Circuit 4 staff has recently worked with providers, consumers, family members, and community stakeholders to create the Northeast Florida Behavioral Health Alliance. This is an effort to combine the adult and children’s mental health coalitions and include substance abuse.

Input on the quality and consistency of adult mental health services is provided with participation of the following agencies: UACT, Florida Behavioral Health Alliance, Monthly Care Coordination Meetings, NEFSH Advisory Board, JAMI, SEDNET, Recovery and Resiliency Task Force, and CIT Training (Jacksonville Sheriff’s Office).

**2. Initiatives**

a. Systemic/Statewide Initiatives

i. Co-Occurring

Circuit 4 has created a CCISC Leadership Team which consists of representation from all contracted providers. All SAMH funded providers are moving their agencies towards being co-occurring capable. Compass and Codecat analysis, along with action plans for agency improvement, has been completed by our contracted agencies.

ii. Integration

Circuit 4 SAMH Program Office is working with Family Safety to integrate child welfare and substance abuse. The initiative is initially focusing on Duval County and substance abuse clients in coordination with Foster Care Redesign. The initiative will move to Nassau and Clay Counties and include mental health programs in the near future.

iii. Managing Entities

Currently, the substance abuse and mental health providers have formed a work group to discuss the managing entity or similar model and will make a recommendation to circuit administration. The circuit is on target with developing a plan to be submitted to the Secretary in accordance with the updated Statewide Implementation Plan issued December 2009.

b. Local Initiatives

i. Forensic

SAMH staff are working cooperatively with the jail to adhere to the 15 day statute requirements for Chapter 916 clients and divert felony clients through expansion of mental health court. Additionally, SAMH staff coordinates discharges from forensic and civil state hospitals; and identifies chronically homeless individuals with serious and persistent mental illness for jail diversion programs.

ii. Adult Mental Health

Circuit 4 SAMH Program Office staff, along with community partners, would like to expand the elderly continuum of care to include respite – crisis placement, psychiatric nursing home overlay, additional guardianship capacity, and integration of primary care – behavioral health assessment activities. Circuit 4 is in the process of designing a consumer conference to train consumers and family members with respect to advocacy and education and leadership

iii. Substance Abuse

The Circuit 4 SAMH Program Office is working toward all state-funded prevention services using evidence based programming, and strengthening partnerships between Prevention Coalitions and providers. This will also help to create targeted prevention for children involved with the child welfare system. In addition, SAMH will be working to improve access to detoxification services throughout the circuit.

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 4**

Substance Abuse	Total
Adult Detox	\$ 1,184,720
Adult Prevention	\$ 437,010
Adult Treatment	\$ 5,482,048
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 7,103,778</b>
Children's Detox	\$ 839,692
Children's Prevention	\$ 1,550,147
Children's Treatment	\$ 2,695,788
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 5,085,627</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 243,229</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 12,432,634</b>
Mental Health	Total
Adult Community Mental Health	\$ 15,436,391
Children's Mental Health	\$ 4,320,239
Executive Leadership & Support	\$ 693,530
<b>TOTAL Mental Health</b>	<b>\$ 20,450,160</b>

The Circuit 4 SAMH office procures services through a competitive process in accordance with the Department’s procurement operating protocols. Contract with community based substance abuse and mental health providers are executed on a three year cycle, with periodic adjustment to align with the Department’s annual operating budget.

**4. Conclusion**

The Circuit 4 SAMH Program Office has met many of the goals set for 2006-2009.

Adult Mental Health has:

- Implemented the Peer Specialist Program;
- Created a 10 bed transitional housing service for people released from jail (Help Center);
- Established a Recovery and Resiliency Task Force;
- Established a care coordination mechanism for elderly services (UACT); and
- Developed and supported mental health courts in Nassau and Duval Counties, and supported two respite crisis homes as diversion/alternative to Baker Act inpatient services.

Substance Abuse has:

- Developed a Prevention Coalition in Duval County (Safe and Healthy Duval Coalition, Inc.);

- Supported the development of co-occurring services;
- Supported drug court efforts throughout the circuit;
- Created two additional FIS positions in Clay and Nassau Counties, and
- Implemented the integration of substance abuse and child welfare services in coordination with Foster Care Redesign.



## Circuit 5 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 5 covers a five county area, including Marion, Citrus, Lake, Sumter, and Hernando counties. Circuit 5 has community mental health substance abuse agencies that cover one to two counties providing comprehensive services. There is “one-stop shopping” for consumers in each county. There are three major agencies providing substance abuse and mental health services under the direction of the SAMH Program Office in coordination with consumers, providers, and other stakeholders.

The Circuit has a total population of 1,017,781. The population broken out by county and provider is as follows:

- Marion has 329,418 and Citrus has 142,043. The combined total population is 471,461. The Centers is the comprehensive mental health and substance abuse provider of services covering 2,436 square miles.
- Lake has 288,379 and Sumter has 93,034 for a combined total population\_of 381,413. LifeStream Behavioral is the comprehensive mental health and substance abuse services provider covering 1,736 square miles.
- Hernando’s population is 164,907. BayCare Behavioral Health is the comprehensive mental health and substance abuse services provider covering 589 square miles.

#### b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	0	1	1
Mental Health	1	4	5
Total	1	5	6

#### c. Types of Services Provided and Numbers Served

Substance abuse comprehensive services include: detoxification; prevention; treatment & aftercare; residential; TASC; TANF; Outreach; Intervention; Information & Referral; Outpatient; Recovery Support; Case Management; Crisis Support; Room & Board with Supervision; and Emergency Services. A total of 3,625 adults and 2,530 children received substance abuse services in Fiscal Year 2008-2009.

Mental health comprehensive services include Crisis Stabilization; Crisis Support; CSU and CCSU beds; Emergency Treatment and Stabilization; TANF; Supported Housing &

Living; Clubhouse; FACT Team; Room & Board with Supervision; Case Management; Medical Services; Outpatient Services; In-Home & On-Site; Competency Restoration; and CCST Services. A total of 5,809 adults and 3,847 children were provided mental health services in Fiscal Year 2008-2009.

d. Local Partnerships and Stakeholder Input

- BayCare Behavioral Health, The Centers, and LifeStream Behavioral are all not-for-profit organizations providing comprehensive services through an organized system of care. Each of these agencies maintains a board of directors representing their respective communities. These agencies provide effective, efficient, and accountable management of the substance abuse and mental health system.
- A strong partnership with the circuit Community-Based Care (CBC) agency Kids Central, Inc. is evident through the circuit working agreement.
- Programs currently in place, such as W.R.A.P., A.I.M.S., and the Lighthouse Clubhouse, serve as evidence of supporting individuals and family, sustaining recovery, building resiliency, and optimizing the partnership with the Department and other stakeholders. These specific services also demonstrate a desire to meet the unique cultural and linguistic needs of the communities served.
- Camelot Community Care provides CARE Network, an information and referral network of CARE Consultants (experts in available mental health and substance abuse services) who provide direct service to individuals with mental health needs in the community as well as in the dependency system. These are frontline people who assist individuals and families in need of services and connect them with needed services from outpatient to residential.
- BayCare provides Family Intervention Specialists (FIS) who work alongside and in coordination with the CARE Teams. These teams also work directly with the dependency system in each county to assist individuals in securing the most appropriate SAMH services as indicated by their individual needs. The Family Intervention Specialists also provide assessment and referral for individuals who meet the TANF criteria. Additionally, Kids Central Inc., the Community-Based Care agency for Circuit 5, funds CARE Network members who work with the CPI in seeking diversion of children who are at risk of entering dependency care.
- Each of the agencies has an active utilization management function and quality improvement program. They each provide needed technical assistance/training to staff, subcontractors, and other stakeholders. They are each guided by boards of directors in long range planning and financial management. They work closely with their local communities, governmental agencies, judiciary, and law enforcement.
- The Circuit 5 Program Office coordinates with the Executive Directors, Mental Health Task Force and other groups to ensure the best mental health and substance abuse services through an ongoing survey of community needs. The Executive Directors is made up of executive leadership from contracted SAMH providers, CBC, DCF, and other stakeholders. The mental health task force is made up of consumers, SAMH providers, advocacy groups and others.
- H.S.A. is the Circuit 5 Administrative Services Organization for TANF.

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

Circuit 5 providers are co-occurring capable and all agencies have provided an action plan for implementation. Contracts for the agencies contain language regarding co-occurring services and each agency has complied with state requirements. Each agency has completed, or is working toward completing, CODECAT and COMPASS requirements. Evidence regarding a comprehensive, continuous integrated system of care model is in place. Contracts are reviewed throughout the year to determine that needed services are provided and funding is appropriate.

#### ii. Integration

Circuit 5 has been focused on integrating Substance Abuse and Child Welfare Services by utilizing Family Intervention Specialists (FIS). The FIS are staff positions of contracted substance abuse providers who perform linkage for the child welfare families to appropriate substance abuse treatment and recovery services with a goal of improving both substance abuse and child welfare outcomes. The FIS serve all counties in Circuit 5 and are colocated with Child Welfare staff in these counties.

#### iii. Managing Entities

Circuit 5 is currently reviewing the requirements under managing entities and will be moving forward with its planning process over the next few months.

### b. Local Initiatives

The C.A.R.E. Network and FIS Team are colocated in County offices, working together to identify needs and gaps in services. These teams also provide referral services to our TANF providers to insure case plans are being worked on and services are provided in a timely manner. The Lighthouse (clubhouse) is operated by The Centers. The A.I.M.S. program is operated by LifeStream. LifeStream holds the disaster recovery contract with subcontracts in place with The Centers and BayCare.

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 5**

<b>Substance Abuse</b>	<b>TOTAL</b>
Adult Detox	\$ 895,054
Adult Prevention	\$ 371,911
Adult Treatment	\$ 4,220,759
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 5,487,724</b>
Children's Detox	\$ -
Children's Prevention	\$ 417,962
Children's Treatment	\$ 2,677,361
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 3,095,323</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ -</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 8,583,047</b>
<b>Mental Health</b>	<b>TOTAL</b>
Adult Community Mental Health	\$ 11,099,495
Children's Mental Health	\$ 3,283,005
Executive Leadership & Support	
<b>TOTAL Mental Health</b>	<b>\$ 14,382,500</b>

**4. Conclusion**

- The recent Prevention Partnership Grant process resulted in two (2) grants for Circuit 5: Eckerd Youth Alternatives, Inc., serving Citrus County; and LifeStream Behavioral Centers, Inc., serving Lake County. These grants allow evidence-based prevention services to be delivered to our youth in Circuit 5.
- The Circuit 5 SAMH Program Office works closely with Substance Abuse Prevention Coalitions in Citrus, Marion, and Hernando counties.
- The Centers has just completed an Adolescent Residential Treatment program in Lecanto which will be opening in mid October. The facility will serve adolescent substance abuse clients from across the Circuit.

## Circuit 7 Substance Abuse and Mental Health Program

### 1. Organizational Profile/ Program Description - SAMH

#### a. Location & Counties Served

The Circuit 7 Substance Abuse and Mental Health Program Office is located in Daytona Beach. The Circuit is comprised of four counties: Volusia, Flagler, Putnam and St. Johns. Volusia County has a population of 515,177, the largest of the four counties, with St. Johns at 171,666, Flagler at 91,617, and Putnam at 74,981. The Volusia and Flagler areas have an overrepresentation of retirees, many of whom relocated to this area after visiting as tourists in previous years.

As of November 2009 unemployment in Volusia and Flagler is above the state average of 11.5% with Volusia being at 12.3% and Flagler being at 16.8%. Volusia and Flagler are among the top counties in the state for the percentage of people living in poverty. The number of Flagler County children living in poverty under the age of 18 years has increased over the last five years. The number of foreclosures has increased at a rapid pace in recent years. In Volusia, following a 91.4% increase from 2005-2006 to 2006-2007, foreclosures increased to 101.1% the following year. In Flagler, there was an increase of 139.3% from 2006-2007 to 2007-2008. The trend appears to be continuing for FY 2009-2010.

The rate of Baker Act involuntary exam initiations per 10,000 population shows an increase after two years of decline. The rate of suicide of persons over 60 years of age per 10,000 populations reveals that Volusia and Flagler are well above the state percentage of 1.8%. Volusia County is 33% above the state average for arrests for drugs - 12.6% vs. the state average of 9.1%. Both Volusia and Flagler are above the state average of youth use of illicit drugs/alcohol. Youth alcohol use reported within the last 30 days is higher than the state average.

#### b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE
Substance Abuse	0.5	2
Mental Health	0.5	5
Total	1	7

c. Types of Services Provided and Number Served

The Circuit 7 SAMH Program contracts with several agencies in the community that provide substance abuse and mental health services. Providers utilize evidence-based practices as indicated by the following programs/therapy in Children's Mental Health: Positive Parenting, Brief Strategic Family Therapy (BSFT), Client Centered and Play Therapy, Wrap Around, Cognitive Behavioral Therapy (CBT), Positive Behavioral Therapy, Nurturing Parenting Programs, Second Step, Behavioral Monitoring and Reinforcement Program, Reconnecting Youth and Arise Life Skills, and Marriage & Family Therapy. Children's Substance Abuse Evidence-Based Practices include: Moral Recognition Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Cognitive Behavioral Therapeutic Approach, Systemic Therapy, Community Reinforcement, Assertive Community Care, and the Assertive Community Reinforcement Approach.

Contracted services through the Circuit include; Florida Assertive Community Treatment (FACT) Teams, Assessments, Crisis/Support/Emergency, Crisis Stabilization Units (CSU), Medical Services, In Home On-Site, Inpatient, Intervention – Individual or Group, Case Management – Adult & Children's, Outpatient – Individual or Group, Residential Levels 1, 2, 3 & 4 (1 is the highest level of care and most restrictive), Short Term Residential, Aftercare, Comprehensive Community Service Team – Individual or Group, Day – Night, Drop In Center, and Incidental Expenses.

In FY 2008-09, substance abuse treatment contracted providers served 10,572 adults and 10,103 children. A critical measure for Circuit 7 is the percent of adults employed upon discharge from Substance Abuse Treatment Services. Circuit 7's performance is at 77.62%, which is slightly below the state target of 78%.

Mental health contracted providers served 10,196 adults and 3,662 children in FY 2008-09. A critical performance measures for adults is average annual days spent in the community for adults with severe and persistent mental illness. Circuit 7 surpassed the state target of 350 by providing 357.20 days in the community.

A critical performance measures for children is average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community. Circuit 7 averaged 346.91 days in the community. The state target is 350 days.

d. Local Partnerships and Stakeholder Input

Serenity House, an SAMH contracted provider:

- Will be applying for a HUD per diem grant for women veterans. The facility will have 10-15 beds to house the veteran women.

- Serenity House has also been awarded \$278,000 in Justice Assistance Grant (JAG) funding. This funding, when ratified by the Volusia County Council, will allow for the reinstatement of in-jail substance abuse treatment, enhanced jail diversion services and additional access to residential and outpatient services for non-violent dually diagnosed offenders. The program began on 10/1/2009.

The Homeless Coalition:

- Approved for \$1.3 million in Continuity of Care funding; an increase from its last award of \$960,000.
- Florida will be awarded \$60 million from the Homeless Prevention Act to focus efforts on preventing homelessness through assistance with phone, utility, and rent bills. The Homeless Coalition will be able to tap into those funds for this circuit.

The STAR Shelter:

- Has increased number of business partnerships.
- Bus tickets are being provided to individuals who access services at the homeless center and for the homeless to use to get to the hospital for non-emergency treatment.

Stewart-Marchman Behavioral Healthcare, a SAMH contracted provider:

- Has been successful in securing another year of non-recurring state general revenue funding to support Project WARM (Women Assisting Recovering Mothers) and Flagler Detox services.
- The agency also established the Vince Carter Sanctuary, which is foundationally a 12 step and abstinence residential program which encourages one's personal faith into their 12 step action recovery plan. The program services include: drug and alcohol detox; physician provided addiction education; ongoing physician monitoring; 24-hour nursing observation; Individual Counseling; Cognitive Behavioral Groups; Family and Marital therapy; Nutritional therapy and; Aftercare programming.

## **2. Initiatives**

### **a. Systemic/Statewide Initiatives**

#### **i. Co-occurring**

Circuit providers are working diligently with the Department to ensure compliance with the co-occurring timetable set in the Provider contracts. Missions, treatment philosophies and strategies are being put into place to ensure providers are co-occurring disorder capable. Providers are completing the COMPASS and CODECAT evaluating tools for their clinical practices. Change Teams are being identified to guide this process.

#### **ii. Integration**

Service integration with the Office of Child Welfare and Community-Based Care (CBC) continues to move in a positive direction. The Substance Abuse and Mental Health

Program Office has continuously identified children in the child welfare system with serious emotional disorders as a priority population. The Circuit 7 SAMH Program Office invites CBC staff to all Family Service Planning Team and Transitional Planning Team meetings when dependent children are involved.

The Family Intervention Specialists (FIS) have been instrumental in linking parents and other family members identified by the child protection professionals to substance abuse services. Since the FIS works directly with investigators, families are referred, linked to appropriate services and a case manager follows up with treatment recommendations.

There are ongoing cross training activities provided at the local as well as the state level encouraging staff to participate in Co-Occurring Disorders and Child Protection training. Currently, Circuit 7 SAMH is involved with Foster Care Redesign, Child Welfare Family Centered Practice, and the Adoption Competency Certification for Mental Health Professionals initiatives.

iii. Managing Entities

Circuit 7, Volusia, Flagler, St. Johns and Putnam counties, have convened at several meetings to discuss Managing Entities. The Flagler/Volusia Behavioral Health Consortium has convened a sub-committee to formulate a plan to demonstrate how Circuit 7 would create efficiencies and meet the required 10 functions of a Managing Entity.

b. Local Initiatives

The SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative is training curriculums for case manager assisting persons who are homeless apply for SSI/SSDI Disability Benefits. Access to SSI and /or SSDI can assist an individual with serious mental illness who is homeless in taking the first steps on his or her journey to recovery.

This approach to navigating the SSI process will increase the number of approved applications, reduce the time an applicant is without funds to provide food, medicine and/or housing and reduce the amount of money other agencies expend on approved disability services. This circuit has participated in completing two workshops in the Northeast Region with over 50 case managers and many community agencies.



**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 7**

<b>Substance Abuse</b>	<b>Total</b>
Adult Detox	\$ 1,796,850
Adult Prevention	\$ 266,978
Adult Treatment	\$ 5,137,441
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 7,201,269</b>
Children's Detox	\$ 1,000
Children's Prevention	\$ 645,007
Children's Treatment	\$ 2,672,485
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 3,318,492</b>
Executive Leadership & Support	\$ 255,810
<b>TOTAL Substance Abuse</b>	<b>\$ 10,775,571</b>
<b>Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 9,955,266
Children's Mental Health	\$ 2,174,799
Executive Leadership & Support	\$ 206,801
<b>TOTAL Mental Health</b>	<b>\$ 12,336,866</b>

Overview of Budget Priorities

The overall budget priority for Circuit 7 is to shift funding back to recurring general revenue. Many community projects are impacted by this. They are critical components to our comprehensive continuum of care. If funding is decreased, Volusia and Flagler counties alone would lose \$1.2 million. Many programs such as the long-term domiciliary, serving substance abusing and mentally ill individuals to live unassisted in the community, and residential programs supporting substance abuse and mentally ill men and women, including homeless and veterans, will be lost. Additionally, the WARM program, providing residential Substance Abuse and Mental Health services to pregnant women and their newborn children and eight (8) detoxification beds in Flagler County (an underserved area) would be eliminated. If these funds are not continued, the community behavioral health treatment for substance abuse and mentally ill clients will be adversely impacted.

**4. Conclusion**

Accomplishments and Goals

1. Circuit 7 providers performed well on their critical few performance measures:
  - Adult Mental Health: Days spent in the community for adults with severe, persistent mental illness- Circuit 7 was #1 in the State for Fiscal Year 2007-08, was “in the green” (meaning achieved the measure) for 25 consecutive months.

- Children’s Mental Health: Days spent in the community for children with serious emotional disturbances – Circuit 7 in SAMH providers has been “in the green” for the past two years.
  - Adult Substance Abuse: Adult employed upon discharge from treatment – has been “in the green” every month for the past three years.
2. The Circuit SAMH Program Office partnered with SED/NET, the school system and the managing entity for trainings in the community. Training was well received and had over 100 participants.
  3. SAMH Office staff participates monthly in a transitional service planning team for youth with mental illnesses transitioning to adulthood. Circuit 7 is In the process of developing strategies and funding sources to serve this population.
  4. The two Regional (SOAR) SSI/SSDI Outreach, Access, and Recovery Initiative Workshops conducted with community partners had an overwhelming response.
  5. Licensed 79 Substance abuse providers; there were no provider complaints.
  6. Conducted Substance Abuse Provider Workshop for Community Partners which was well received by the community with documented appreciation letters.
  7. Developed and implemented an emergency dental program to provide much needed dental services to over 45 clients to include cleanings, extractions, fillings and partial plates to the homeless and mentally ill.
  8. Initiated and developed two new Circuit forensic providers to meet the needs of the forensic defendants in outlying counties.
  9. Worked closely with Putnam Behavioral Healthcare and AHCA to transition 82 clients with severe mental health issues to other Assisted Living Facilities (Alf’s) within the state.
  10. Promoted Prevention with Putnam Behavioral Healthcare through a picnic for the community with food, games, and a community speaker.

## Circuit 9 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 9 is Florida’s second largest region for the delivery of social services to eligible individuals living in two counties that comprise the heart of Central Florida – Orange and Osceola Counties. Orange County is the sixth largest county in Florida with a population of approximately 930,000. There is a large transient population attracted by employment in the hotel and theme park sectors. There are 92,753 residents over the age of 65. Osceola County has 179,534 residents. Most of its employment is concentrated in the service and tourism industries. The county, once known for its cattle ranches, has a large and increasing Hispanic population.

Circuit 9 continues to experience substantial population and economic growth due to its climate and tourist attractions (Disney World, Universal Studios, Sea World, and the Kennedy Space Center) and associated contractors. Immigration into the Circuit is significant, as the weather and associated lifestyle attracts many visitors and transients, particularly during the winter. The actual population, at any given moment, is much higher than the official census and thus increases the demand for services.

#### b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	2	4	6
Mental Health	2	3	5
<b>Total</b>	<b>4</b>	<b>7</b>	<b>11</b>

#### c. Types of Services Provided and Number Served

#### Number of Adults and Children Served by Circuits 9 & 18 Substance Abuse and Mental Health Contracted Service Providers – FY 2008-09

Adult Mental Health Adults Served	Circuits 9 & 18	Central Region	Statewide
Adults with Serious Persistent Mental Illnesses	20,771	40,615	145,806
Adults w/Mental Health Crisis	3955	6,948	32,261
Adults w/Forensic Involvement	196	680	3,631
<b>Total Adult Community Mental Health</b>	<b>24,922</b>	<b>48,243</b>	<b>181,698</b>

<b>Children’s Mental Health Children Served</b>	<b>Circuits 9 &amp; 18</b>	<b>Central Region</b>	<b>Statewide</b>
Children with Serious Emotional Disturbances	7,690	12,495	50,774
Children w/Emotional Disturbances	2714	7,633	31,983
Children At Risk of Emotional Disturbances	366	494	2,427
<b>Total Children’s Mental Health</b>	<b>10,770</b>	<b>20,622</b>	<b>85,184</b>
<b>Adult Substance Abuse Adults Served</b>	<b>Circuits 9 &amp; 18</b>	<b>Central Region</b>	<b>Statewide</b>
Adult with Substance Abuse Problems	15,510	25,007	126,698
<b>Children’s Substance Abuse Children Served</b>	<b>Circuits 9 &amp; 18</b>	<b>Central Region</b>	<b>Statewide</b>
Children with Substance Abuse Problems	8,314	14,370	53,333

Circuits, Regional, and Statewide Data extrapolated from the DCF Dashboard

i. Mental Health

Adult Mental Health Services

Strengths:

- Wellness Recovery Action Planning (WRAP) is being provided at ALFs to assist residents in developing strategies to recover and maintain stability, and provide staff with support options for the individuals they serve.
- Social Independent Living Skills (SILS) Program for psychosocial rehabilitation is being provided at the Short-Term Residential Term (SRT) unit of the community mental health provider in Orange County. The goal of the program is to allow for continuity of care, to reinforce skills and knowledge acquired at treatment facilities, to increase GAF scores, and eventually to successfully divert individuals from going to the state hospital.
- Orange County is in the process of working towards Clubhouse ICCD certification, with the short term goal of finding a physical location aside from the community mental health provider.
- Osceola County contracts with the Fellowship House Program which provides housing and support services for individuals with mental illnesses released from jail.
- There is a FACT team in each of the counties in Circuit 9 (Orange and Osceola). These teams provide for a more intensive treatment option for the most severely ill individuals in the area. Both teams are almost at capacity.

Challenges:

- There is no incidental funding included in our contracts. This becomes an obstacle in assisting individuals with their recovery, and delays the discharge of individuals from state hospitals back to the community.

- There is the need to expand the Adult Foster Home program to assist with the placement and housing challenges in the area.
- There is a lack of extra funding for FACT teams. The amount allocated for FACT teams has not increased since its inception, putting them at a disadvantage when facing staff turnover, and cost of service provision.
- There is a lack of supported employment programs that assist individuals in working and finding meaningful jobs as part of their recovery programs. This causes providers to fall behind the expected target performance measure, and inhibits individuals' recovery process.
- There is a lack of housing options and of supported housing programs.
- There is a lack of programs for the dually diagnosed (or multi-diagnosed) individuals, especially those facing diagnoses of mental health and substance abuse, developmental disabilities and mental health, and/or brain injuries and mental health.
- There are no mobile crisis units to respond to issues of mental health crisis in the community before taking individuals into custody.

#### Children's Mental Health Services

##### Strengths:

- Behavioral Health Network (BNET) Program: The growth of the BNET Program in Circuit 9 has been consistent and outstanding. Due to the steady growth, the Circuit has continued to receive increased funding. The BNET Program has been quite successful in stabilizing children with emotional disturbance in the community.
- The SAMH Program has a very good relationship with all providers, CBCs and other community partners and works together by providing training and technical support when needed.

##### Challenges:

- There is limited funding for children who are under insured or uninsured.
- There is a lack of services for children who are mentally ill but also have a second diagnosis of mental retardation, Aspergers, Autism, etc.
- There is a lack of step-down programs for children with sexually reactive behaviors.
- Family Service Planning Team (FSPT) funding is limited as well.

#### ii. Substance Abuse

##### Strengths:

- Circuit 9 contracts with two (2) community agencies to provide Family Intervention Specialists (FIS). FIS are staff who link families in the child welfare system to appropriate substance abuse treatment and recovery. The goal is to improve the possibilities of each individual family staying together or be reunified, and for future child abuse/neglect in the family to be eliminated. There are two (2) FIS staff in both Orange and Osceola Counties.

- The Circuit 9 SAMH office and substance abuse providers work closely with the substance abuse prevention coalition in Orange County. This is conducted in conjunction with the Department's Strategic Prevention Framework Initiative.
- Circuit 9 has two contracted comprehensive provider agencies - The Center for Drug Free Living and Park Place Behavioral. Both are accredited by a Department recognized accrediting body. In addition, The Center for Drug Free Living, along with another provider, Informed Families, received a three-year Prevention Partnership Grant to provide evidence-based prevention services.

Challenges:

- Due to the recent rise in unemployment, substance abuse providers are reporting difficulties in meeting the performance measure on percentage of clients employed upon discharge from the program.
- There is a lack of a substance abuse prevention coalition and a detox program in Osceola County.
- The substance abuse comprehensive provider for Orange County emphasized the need for more beds in the Detox program. There is a waiting list for state funded residential beds.

**2. Initiatives**

a. Systemic/Statewide Initiatives

i. Co-occurring

- The Department of Children and Families' Substance Abuse and Mental Health Program hosted a follow-up meeting for the co-occurring initiative on May 15, 2009, at the Juvenile Assessment Center in Orlando. Dr. Kenneth Minkoff and Dr. Christie Cline from Ziapartners facilitated the second meeting in cooperation with circuit SAMH staff. The meeting provided opportunities for providers, treatment facilities and other stakeholders to actively plan their next steps toward becoming co-occurring capable and to receive technical assistance on the development of plans, working agreements, policies, and procedures. Many providers have successfully implemented the Comprehensive, Continuous Integrated System of Care (CCISC), using the COMPASS and CODECAT. The providers also are developing their implementation plans.
- The SAMH Program Administrator in Circuit 9 is a member of the Statewide Implementation team and attends regular meetings and conferences calls to further the initiative in Circuit 9.

ii. Integration

- Circuit 9 SAMH and Child Welfare/Family Safety staff participate in the Local Review Team. This is a multi-agency collaboration meeting to address the needs of children who are served by multiple agencies. This team meets monthly or on an emergency "if needed" basis. The focus of the team is to provide recommendations, identify less

restrictive interventions, and develop a systematic approach with the resources available in the community. (Agencies involved are Department of Children and Families, Agency for People with Disabilities, Agency for Health Care Administration, Department of Juvenile Justice, Children's Medical Services, Substance Abuse Mental Health Program, Family Service of Metro Orlando (CBC) and many others.)

- Circuit 9 SAMH staff is also a member of the Regional Children's Cabinet as well as the Orange County and Osceola County Children's Cabinet. The Children's Cabinet is a group of service providers, concerned citizens and advocates sharing one vision, mission and set of values to better serve the children and families in both counties.
- There is case-specific collaboration with Child Protective Investigators (CPI), Children's Legal Services (CLS), and Community Based Care (CBC) prevention programs to avoid shelters.
- Circuit 9 staff conducts case-specific service coordination and staffing of jointly served youth (DJJ-DCF-CBC).
- The staff provide cross-training of CPI and CBC staff on CMH topics (e.g. State Inpatient Psychiatric Program (SIPP), Incompetent To Proceed (ITP), common mental health issues of children in care).

iii. Managing Entity

- To comply with the legislative intent, SAMH Circuit staff met with providers, stakeholders, and consumers to discuss Managing Entities (ME) or similar models. In 2008, Stephenie Colston and Kate Lyon met with the providers, stakeholders, and consumers to present the ME legislation and answer questions.
- On March 25, 2009 – The Circuit 9 and 18 SAMH Office held a meeting to discuss Managing Entities. DCF Administrations and the SAMH staff moderated a panel discussion which included a representative from ME providers from around the state. Each ME provider briefly described the effectiveness of present services.
- In July 2009, a group of providers met with Regional Director John Cooper to discuss a "Hybrid Model" that they would like to present for consideration in Circuit 9 & 18.
- The Circuit SAMH staff distributed the Department's Service System Management Plan to Department staff, providers, consumer organizations and other stakeholders to inform them of the process to consider, select, procure, and implement managing entities.

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuits 9 & 18**

<b>Substance Abuse</b>	<b>TOTAL</b>
Adult Detox	\$ 4,279,732
Adult Prevention	\$ 747,625
Adult Treatment	\$ 9,413,035
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 14,440,392</b>
Children's Detox	\$ 1,029,340
Children's Prevention	\$ 2,467,447
Children's Treatment	\$ 4,836,819
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 8,333,606</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 458,617</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 23,232,615</b>
<b>Mental Health</b>	<b>TOTAL</b>
Adult Community Mental Health	\$ 28,280,144
Children's Mental Health	\$ 8,292,189
Executive Leadership & Support	\$ 785,161
<b>TOTAL Mental Health</b>	<b>\$ 37,357,494</b>

A Program Office in Circuit 18 has been established. However, budget has not been broken out, particularly for contracts.

**4. Conclusion**

**1. Orange County Central Receiving Center (CRC) Circuit 9**

The Central Receiving Center (CRC) has served as a single point of entry for Orange County citizens who are in crisis since April of 2003. With the continued support of the community and its providers, the CRC has served over 17,000 consumers. In this sixth year of operation, the CRC screened thousands of consumers in need of mental health and/or substance abuse treatment.

The project has thrived and continues to enormously benefit Orange County citizens due to the financial commitments provided by several stakeholders. The CRC Governing Board continues to provide leadership in finding additional sources of funding so that we can continue to appropriately assess and place the citizens of this county.

The Central Receiving Center has received national attention and continues to have people from all over the country visit to possibly duplicate the program. The issue related to the CRC is funding. The CRC has received a Special Project for the last five years and was decreased by \$3.2 million. However, Orange County is now allocating



this funding. The community is upset that this has not been put as a recurring line item in the Department of Children & Families Substance Abuse/Mental Health operating budget.

In early 2006, the CRC began working on CRC Phase Two. The CRC Phase Two opened in Spring 2008 and has provided a safe, stable living environment for individuals who have recently been screened at the CRC and received treatment from one of its providers. The target population is homeless and in need of a stable environment where they can be engaged in treatment toward recovery while more permanent and stable housing can be secured.

The facility consists of approximately 250-square-foot furnished rooms with one bathroom for one or two individuals. The program serves up to 40 people who may stay from three (3) months to one year. The program anticipates an average length of stay of 4.5 months for most consumers, with an average occupancy of ninety percent (90%).

#### *2. Circuit 9 Public Defender/ SAMH/DCF Competency Enhancement Program*

The Public Defender and the Department of Children and Families local Substance Abuse /Mental Health Office created a pilot program “Counsel Based Competency Enhancement Program.” It involves the Public Defender providing its own screening prior to a finding of incompetency and prior to the costs of hiring experts to evaluate and determine competency. A screening at the front door of the jail determines if competency could be completed internal to Public Defenders Office without the lengthy competency and restoration process. This groundbreaking program allows attorneys and social workers to work closely with clients who have been identified as having mental health issues and may be incompetent to proceed further in the court system. This program has successfully reduced the time for determining competency.

#### *3. Children’s Central Receiving Center/System of Care Initiative SAMHSA Grant*

The Orange County Youth and Family Services Division, has been awarded a six year Substance Abuse Mental Health Services Administration (SAMHSA) grant to begin the process of system integration, consolidation, and coordination. A holistic approach to early intervention, in a model that supports children and families with a uniform assessment based on individualized needs, is the goal. This system will maximize resources while ending duplication and creating “a no wrong door” approach.

The Children’s CRC project is a community-based project, which will require our service community to determine barriers but also opportunities for funding the system of care adequately once the SAMHSA grant has ended. In doing so a long-term financial plan, maximizing all state, federal, local, philanthropic and private funding will be required.

#### *4. SAMHSA Safe Schools Healthy Students Grant and DCF-Orange County*

In June of 2008, the Federal Department of Education awarded Orange County Public Schools (OCPS) the Safe Schools Healthy Students Grant. The SAMH office in Circuit

9 had input when writing this grant, OCPS will receive \$2,226,502 every year for the next four years. The grant is based upon the premise that schools and communities work in partnership to achieve the goal of safe and supportive school environments for our children. The critical feature is the linking and integration of existing services with new services and activities. This, in turn, will provide a comprehensive approach to mental health, safe school promotion, violence prevention, and healthy development that reflects the overall vision of the community. The OCPS plan includes the following five elements:

- a. Safe environments and violence prevention activities;
- b. Alcohol, tobacco, and other drug prevention activities;
- c. Student behavioral, social, and emotional supports;
- d. Mental health services; and
- e. Early childhood and social/emotional learning programs.

## Circuit 10 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 10 covers a three county area, including Hardee, Highlands, and Polk counties located in central Florida. The three counties are fundamentally rural with a population that fluctuates according to the season. Circuit 10's average annual population is approximately 718,000 people and the land area comprises nearly 3,705 square miles with a large agricultural industry. Unfortunately, Circuit 10 has a distinction as a drug and especially Methamphetamine corridor because of its proximity to Interstate 4 and location between Tampa and Orlando. The Circuit has embraced the principles of recovery and strives to incorporate these fundamental practices in every area of our system development. The SAMH Program Office continues to be open-minded to new and proven service deliveries such as WRAP, FACT Teams and NAMI's Peer-To-Peer trainings in order to bring hope and empowerment to our consumers, stakeholders, and community. The staff in the Circuit 10 Program Office continues to be committed to the recovery and resiliency process. Circuit 10 funds two (2) Transformation Specialists to work with children, families, adults and transitioning youth to provide them an opportunity to share information on the services that they are receiving and to suggest ways to improve on those services that they depend on. We continue to meet with provider agencies and others in a Transformation Steering Committee to oversee the Transformation Process in Circuit 10 and to ensure that the process stays on track and meets the needs of those receiving services. The Circuit pledges that our staff will strive to increase our knowledge of best practices and implement those practices that are consistent with recovery and resiliency.

#### b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	2	1	3
Mental Health	1	4	5
Total	3	5	8

#### c. Types of Services Provided and Numbers Served

Currently, Circuit 10's Substance Abuse & Mental Health Program Office contracts with or licenses community providers to provide assessment, case management, crisis intervention services, FACT services, intervention, medical services, methadone maintenance, outpatient competency restoration, out-patient (individual/groups), outreach, prevention, prevention/intervention, residential levels II, III, IV and IV, aftercare, incidental services, and room and board.

Circuit 10’s system of care is based on the CCISC model design and organizes services for individuals and families with co-occurring disorders that is designed to improve services capability on a statewide or regional basis to achieve:

- system level change;
- efficient use of resources;
- use of evidence-based and consensus-based practices;
- integrate mental health and substance abuse services throughout the system, by organizing a process in which every program improves its provision of co-occurring disorder services, and every clinical staff person improves its level of co-occurring disorder service competency based on their job and level of training.

**Number of Adults and Children Served by  
Circuit 10 Contracted Service Providers - FY 2008-09**

<b>Adult Mental Health Adults Served</b>	<b>Number Served</b>
Adults w/Serious Persistent Mental Illness	9,355
Adults with Serious and Acute Mental Illness	207
Adults with Forensic Involvement	266
Adults with Mental Health Problems	981
<b>Children’s Mental Health Children Served</b>	<b>Number Served</b>
Children w/Serious Emotional Disturbance	2,045
Children w/Emotional Disturbance	2,836
Children At-Risk	77
<b>Total Mental Health</b>	<b>15,767</b>
<b>Adult Substance Abuse Adults Served</b>	<b>Number Served</b>
Adults w/Substance Abuse Problems or At-risk of Substance Abuse	4,375
<b>Children Substance Abuse Children Served</b>	<b>Number Served</b>
Adolescents w/Substance Abuse Problems	2,997
Children At-risk of Substance Abuse	118,295
<b>Total Substance Abuse</b>	<b>125,667</b>

Opportunities for improvement are centered on the CCISC model, the integration of community stakeholders and the early prevention/intervention of gateway substances.

d. Local Partnerships and Stakeholder Input

- Partners-In-Crisis- Created to promote community collaboration across the mental health, substance abuse and criminal justice systems to reduce contact of people with mental illnesses and substance use disorders with the justice system and to support their recovery
- Town Hall Meetings- Established to educate citizens of the counties on initiatives and provide an avenue for them to offer input on the Circuit's system of care.
- Provider Quarterly Meetings- Initiated with the contract providers, licensed providers, and other state agencies; established to educate the partners on contract issues, performance measure reviews, grant opportunities, to integrate systems of care and collaborate on community resources.
- Infant Mental Health - Circuit 10 SAMH helped to establish the Tri-County Association of Infant Mental Health which is a collaboration of many local agencies involved with children in the 0-5 population.
- The Prevention Coalitions - Developed to bring all the stakeholders together to target high priority needs within the prevention community. The stakeholders meet monthly and inform the partners of their initiatives within the community to prevent school bullying, school violence, underage drinking and smoking.
- The Children's Cabinet - The Children's Cabinet of Circuit 10 was established based on the Governor's Children's Cabinet to address the needs of Circuit 10 youth.

**2. Initiatives**

a. Systemic/Statewide Initiatives

i. Co-occurring disorders

Circuit 10 has a contract for a full time CCISC Co-Occurring Disorders Systems Coordinator to provide leadership and guidance in the implementation of the Circuits Dual Diagnosis Action Plan. Recent activities have included the administration of the C0-FIT 100, an outcome and fidelity and implementation tool in the five primary mental health and substance abuse provider agencies in the circuit. The results of this tool (as well as re-administration of the COMPASS and the CODECAT) will be incorporated into the development of the updated 3-5 year strategic plan to continue moving the circuit towards a fully integrated system of care.

ii. Integration

- The Family Intervention Specialist services are integrated with the Child Welfare's Family Intervention Teams to provide front end substance abuse and mental health services to the Child Protective Investigators, which brings expert information to improve decision making.
- The Circuit has integrated Mental Health and Substance Abuse funding with providers contracts to advance the co-occurring initiative.

iii. Managing Entities

A series of Town Hall Meetings are scheduled over the course of the next four months to solicit input and feedback from community agencies, providers, consumers, and family members regarding the design of a managing entity framework for Circuit 10. Central Office leadership have been invited to present a “Managing Entity 100” to elicit feedback and assist with consensus building around a model for implementation in Circuit 10.

b. Local Initiatives:

- Peer-To-Peer Trainings being offered through Polk County NAMI.
- Transformation Specialist(s) for adults who provides direct input from a consumer’s perspective regarding the transformation of community services; and serves as a sounding board for individuals’ issues and concerns.
- Outpatient Community Competency Restoration Program competency training within the community.
- Family Intervention Specialist (FIS) services were moved to the front end of an investigation. The FIS workers are integrated with the Family Intervention Team concept and are in the homes within the first 48-hours of notice. They participate in the 30 and 50 day staffing with the CPIs and FIT supervisors.
- The circuit has two prevention coalitions that are targeting the high rate of violence, bullying, and alcohol usage among the youth in our counties.
- Circuit 10 SAMH funds a mental health case manager to assist with linking children adjudged incompetent to proceed with needed services.
- Circuit 10 SAMH staff established a Trauma-Informed Care workgroup to promote Trauma Informed Care principles and practice among community partners such as DJJ, child welfare, and the school system.

**Finance/Budget**

<b>Substance Abuse</b>	<b>Total</b>
Adult Detox	\$ 788,454
Adult Prevention	\$ 159,410
Adult Treatment	\$ 2,829,343
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 3,777,207</b>
Children's Detox	\$ 56,899
Children's Prevention	\$ 747,601
Children's Treatment	\$ 1,916,581
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 2,721,081</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 121,154</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 6,619,442</b>
<b>Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 13,212,409
Children's Mental Health	\$ 2,366,477
Executive Leadership & Support	\$ 300,446
<b>TOTAL Mental Health</b>	<b>\$ 15,879,332</b>

Circuit 10 has identified the following target populations as priority for budgeting:

i. Adult Mental Health

*People in Crisis*

- Individuals who are experiencing an acute mental or emotional crisis

*People with Serious & Persistent Mental Illness*

- Older Adults in Crisis (Age 60 and Over)
- Older adults who are at-risk of being placed in a more restrictive environment
- Individuals deemed incompetent to proceed or not guilty by reason of insanity under s.916, F.S.
- Other individuals involved in the criminal justice system
- Individuals diagnosed as having co-occurring mental illness and substance abuse

ii. Children Mental Health

- Children In Crisis
- Children who are Seriously Emotionally Disturbed
- Children who are Dependent and At Risk of Dependency

- Children who are 0-3 years of age with mothers who are under 21 years of age and have mental health, substance abuse or co-occurring disorders
  - Children Who are Emotionally Disturbed
  - Children Who are At Risk of Emotional Disturbance
- iii. Adult Substance Abuse
- Pregnant/Postpartum Women
  - IV Drug Users
  - Parents with Children At-Risk
  - Court Ordered Treatment Clients
  - Seniors
  - Adults At Risk of Substance Abuse Problems
- iv. Children's Substance Abuse
- Children with Substance Abuse Problems (to include under state supervision, not under supervision of court or in the custody of a state agency)
  - Children At-Risk of Substance Abuse

#### **4. Conclusion**

##### **a. Accomplishments:**

1. The combination of the Outpatient Community Competency Restoration Program (Circuit 10 SAMH funding) and Peace River Center's Forensic Intensive Case Management Services (Reinvestment Grant Funding) have impacted the number of admissions to a forensic facility last year (FY08/09 = 45 vs. FY 07/08 = 75).
2. The development of the Intensive Outpatient program to reduce the wait list and divert consumers from deep end residential services.
3. Circuit 10 SAMH Program Office and the local CBC established a workgroup in conjunction with Circuit 10 providers to improve access to services for families and children referred by the CBC and local case management organizations. The workgroup resulted in changes in the referral processes and the tracking of referrals that has already begun to demonstrate significant improvement in these processes.
4. Circuit 10 SAMH and a local mental health provider established a program to provide mental health case management to children adjudicated Incompetent to Proceed who may not be eligible for commitment to the Department for competency restoration services. This program has had positive feedback from DJJ and the Courts.
5. Circuit 10 SAMH facilitated the establishment of a local grant writing workgroup which involves local agencies and providers.

##### **b. Goals**

1. Provide early identification of parents and children who need substance abuse and/or mental health services.
2. Assist parents in attending and completing substance abuse and/or mental health services.



3. Implement aftercare and recovery services for parents and children completing substance abuse and/or mental health services throughout their involvement in the children welfare system.
4. Maintain adult forensic 15-day wait list at zero.
5. Implement managing entity or comparable collaborative, accountable system in selected Department regions and circuits.
6. Facilitate community comprehensive, continuous, integrated systems of care.
7. Continue to explore ways to introduce concepts of self-direction into the state's mental health system.
8. Expand the community services continuum and the self-directed care model.
9. Require continuous quality improvement initiatives for all agencies and provider activities

## Circuits 11 and 16 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuits 11 and 16 are located in the Southern Region and encompass a two (2) county area, consisting of Monroe County (Circuit 16) and Miami-Dade County (Circuit 11). The Southern Region Substance Abuse and Mental Health (SAMH) Program Offices strongly believe in carrying out the State’s mission to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Southern Region’s vision is to be recognized as a world class social services system, delivering valued services to our customers. The Southern Region is committed to providing the highest level and quality of service. The Region’s initiative to accomplish this vision is the creation of a system of care involving all consumers, stakeholders and providers under the auspices of the Miami-Dade and Monroe SAMH Circuit Planning Councils. The Region strongly promotes the Transformation Initiative by providing opportunities for recovery and resiliency to its consumers so that they can be self-sufficient, work towards improving their daily lives, and have choices and services that meet their needs.

Miami-Dade County is the most populous county in Florida, with over 2,398,245 residents and Monroe County is home to around 72,243 residents. Monroe County is 115 miles long and rural, in contrast with Miami-Dade County, which is an urban area that services the highest volume of consumers of any county in the State of Florida. These two counties comprise the highest number of individuals from a variety of cultures with severe mental illnesses, substance abuse and co-occurring disorders, as well as the highest rates of homelessness and incarceration.

#### b. Staffing (OPS & FTEs)

Number of Employees

Regional Program Staff	OPS	FTE	Total
Substance Abuse	7	6	13
Mental Health	5	11	16
<b>Total</b>	<b>12</b>	<b>17</b>	<b>29</b>

#### c. Types of Services Provided and Number Served

i. The SAMH Program Office works collaboratively with the not-for-profit providers in the community to secure the needed services for our consumers. The SAMH Program Office is dedicated to developing a comprehensive system of care which includes

mental health and substance abuse services to adults and children, as well as prevention, emergency/detoxification, and treatment services for individuals and families at risk of or affected by substance abuse or mental health issues. The Program Office contracts with community providers that offer:

• Assessment	• Crisis Stabilization
• Case Management	• Crisis Support
• Medication Management	• Comprehensive Community Service Teams
• Individual and Group Outpatient	• Refugee Family Services
• In-home & on-site services	• Prevention
• Outpatient Individual and Group for SA	• Intervention Individual Services
• Short-Term Residential Treatment (SRT)	• Mobile Crisis Team
• Day/Night	• Florida Assertive Community Treatment Team (FACT) Teams
• Day Care	• Levels I to V Residential, Supported and Satellite Housing
• Outreach	• Detox
• Supported Employment	• TASC Services
• Clubhouses	• Aftercare
• Drop-In-Centers	

Over the years, the Region has worked closely with numerous providers and stakeholders and managed its budget well to reduce lapses and maximize services. The Region has been challenged with budget reductions, the need to transform the mental health and substance abuse system, transition to pre-paid mental health plans and hurricane disasters; nonetheless, it has continued to serve approximately 60,000 consumers annually.

The number of clients served in fiscal year 2008-09 is as follows:

<b>Number of Clients Served Fiscal Year 2008-2009</b>	<b>Outcome</b>
Adult Mental Health Adults Served	
Number of adults with forensic involvement served	287
Number of Adults with Serious and Persistent mental illness	21,843
Number of Adults in mental health crisis served	2,623
<b>Total number of adults receiving mental health services</b>	<b>24,753</b>
Children’s Mental Health Children Served	
Number of SED children to be served	9,885
Number of ED children to be served	5,307
Number of at-risk children to be served	112
<b>Total number of children receiving mental health services</b>	<b>15,304</b>
Adult Substance Abuse Adults Served	
<b>Total number of adults receiving substance abuse services</b>	<b>11,599</b>
Children Substance Abuse Children Served	
<b>Total number of children with substance abuse problems served</b>	<b>7,911</b>
<b>Total number of adults and children served through Prevention Services</b>	<b>165,840</b>

ii. Needs/Challenges

- There is a need for Medicaid reimbursement of mental health transformation initiative goals such as evidence-based practices and recovery focused services. The last AHCA Medicaid Manual update was in 2004 and has not been revised to include new initiatives and goals in accordance with the DCF Mental Health Transformation Initiative, the President’s New Freedom Commission on Mental Health, or SAMHSA’s National Consensus Statement on Mental Health Recovery. There are currently no reimbursable Peer Specialist Services included in the Medicaid Manual. Payment for best practices and evidenced-based programs that focus on the principles of recovery and resiliency are not being funded and there is lack of flexibility in funding utilization.

- Currently there is a lack of consistency among the Medicaid managed care companies. This creates additional administrative work for the service providers. Some examples include: difficulties with members changing eligibility; sudden changes in authorization process; and prior authorization requirement for billing.
- The Work Incentives/Medicaid Buy-In (SB 348/HB 529- 2009) bill would have allowed people with disabilities (SSI recipients) who want to go to work to buy into Medicaid coverage. The bill died in committee. However, this bill is significant to the mental health system of care and SAMH transformation initiative; as such, there needs to be advocacy for consumer work incentives.
- A 2005 Miami-Dade County ordinance restricts housing options for individuals charged with sex offenses and affects our mentally ill sex offenders. The ordinance states that sex offenders may not reside within 2,500 square feet of schools, parks and other locations where children congregate. Our efforts to reintegrate mentally ill sex offenders residing in state treatment facilities, jails, and prisons back into the community are severely impeded, as housing options are restricted for this target population. During public meetings, stakeholders identified community housing needs for this population.
- Affordable housing is not available to consumers with mental health and substance abuse disorders who have low income and do not meet criteria for homeless housing funds.
- There is a need for more wrap-around services (i.e., case management, therapy, and support groups) for consumers residing in Assisted Living Facilities with Limited Mental Health Licenses.
- During our public meetings, consumers and stakeholders have identified lack of and affordable transportation as a need to access community services. This need is dire for both Miami-Dade and Monroe County. Miami is the largest metropolitan area in Florida with limited bus access to many areas. Monroe County is 115 miles long and rural; programs mainly operate in Marathon and Key West, leaving a gap in the other keys and with a one-lane road north and south, many consumers are not able to reach services. Transportation to and from programs is not feasible for many providers due to budget and staff limitations.
- There is a need for education and specific targeted programs for returning veterans and coordination through the veteran's task force.
- There is a need for a uniform data system which integrates both the substance abuse and mental health data reporting requirements. The current system requires dual entry for co-occurring clients.
- Consumers and stakeholders in public meetings agree that there should be increased availability of services such as Drop-In Centers, Clubhouses, and Teen Club Centers that will provide support to teens and adult consumers. This will facilitate consumers to engage in meaningful activities.
- In order to expand child welfare substance abuse and mental health integration, there is a need to expand SAMH treatment for parents of individuals who are actively using substances and may have a mental health diagnosis. This will help

keep families together during treatment under the umbrella of SAMH providers. We also need an expansion of residential treatment for moms and babies and for families as well as follow-up CCST teams to provide continuous support to families that complete residential and other treatment programs in the community.

## **2. Initiatives**

### **a. Systemic/Statewide Initiatives**

#### **i. Co-occurring**

Since 2004, The Southern Region has been implementing the Co-occurring “Comprehensive, Continuous Integrated System of Care” (CCISC) initiative and treatment model. This has included the continued implementation of an incentive approach for Learning Partnerships. Substance Abuse Prevention providers have recently participated in the CCISC initiative. In 2008, the Children’s System of Care began implementation with the adaptation of the COMPASS assessment to meet the needs of programs serving children and families, and a COMPASS was also implemented across prevention programs which have completed the first phase of training. Recently, providers of both children and adult persons served agreed on a uniform assessment tool for all clients age 13 years and older. The Global Assessment of Individual Needs (GAIN) is currently being implemented utilizing an electronic, web-based system. Currently, there are over 150 users throughout the Region with access to the web-based assessment system and eight (8) clinical leaders are completing the GAIN certification process. Substance abuse providers are in the implementation phase of using the Global Assessment of Individual Needs (GAIN) tool.

#### **ii. Integration**

In 2009, a community collaborative approach was initiated by SAMH in order to prevent and divert children and families from the dependency system by engaging the families in accepting community services. This collaborative approach includes Child Protective Investigators (CPI), Our Kids, Family Intervention Specialists (FIS), providers, Full Case Management agencies, domestic violence providers, Infant Mental Health Services Provider, Safe At Home Diversion Program and the Crisis Intervention Child Welfare Diversion Program. Family Intervention Specialists (FIS) use various best practices to engage the family: the Screening, Brief Intervention Referral and Treatment (SBIRT), Motivational Interviewing, and the Global Assessment of Individual Needs (Gain) will be used starting October 2009 to assess parents for substance abuse, mental health and trauma disorders. Family centered practices will be integrated to the above practices upon the completion of training for the various collaborators.

#### **iii. Managing Entities**

On October 6, 2009, Secretary Sheldon temporarily delayed the competitive process for the Managing Entities to ensure the objectives of s. 394.9082, F.S., and the Department’s policies are being addressed. During the months of September and October 2009, the SAMH Program Office conducted public meetings and received community and provider input in order to strengthen the local efforts and improve the

procurement process. The Southern Regional Director, Jacqui Colyer, along with the SAMH Program Office, continues to focus on building collaboration and stronger systems of care.

b. Local Initiatives

- The Circuit 11's Adult Mental Health (AMH) Program Office continues the development and promotion of the SSI/SSDI, Outreach, Access, and Recovery (SOAR) Community Initiative to address and expedite access to Social Security benefits. AMH has been instrumental in promoting the SOAR Initiative with the Central Office in Tallahassee, Florida, and has been recognized throughout the State for their leadership with this initiative. In 2008, the SOAR Data Tracking Program was implemented with 33 local agencies in order to measure the outcome of this initiative and results from the 2008-2009 Fiscal Year for Miami-Dade and Monroe counties have shown that 81% of completed applications are approved and the average time to a decision is 69 days (the national average rate of approvals is 37% taking approximately 9-12 months for a decision or 1-2 years for appeals). This translates to a cost savings for the state of approximately \$6.9 million annually.
- The Children's Mental Health Office created a Children's Crisis Response Team pilot project to divert children from residential treatment to less restrictive levels of care. The precipitating issues included long waiting lists for residential care and insufficient funding for the non-Medicaid children who were being recommended for this service. In the fourth year, the Team continues to supplement residential care with intensive services both pre and post residential episode, with intensive services to the family while the child is in residential care. Ultimately, the goal is to reduce lengths of stay and reduce recidivism. The Team has been very successful in diverting children from residential care.
- The region's Infant Mental Health Initiative has been to revitalize the Miami-Dade Chapter of the Florida Association for Infant Mental Health. The local chapter has become a vehicle for disseminating the most innovative evidence-based practices for this vulnerable group. The region was one of the first areas to receive funding for a local Infant Mental Health project which has remained in the forefront of our priorities. The SAMH Office trained clinicians in dyadic therapy through the Florida State University Center for Prevention and Early Intervention. Our Kids has assumed responsibility for the training with the goal of increasing capacity.
- Effective July 1, 2009, the Southern Region, in collaboration with the Eleventh Judicial Circuit and contracted providers, implemented a new forensic alternative program designed to divert incompetent individuals who would previously have been admitted to state hospitals and could be treated in a community commitment program. The novel program is expected to serve 25 individuals this year at a cost savings of approximately \$1,750,000.

3. Finance/Budget

**Substance Abuse and Mental Health Regional Budgets  
Fiscal Year 2009-10, Circuits 11 & 16**

<b>Program</b>	<b>Circuit 16</b>	<b>Circuit 11</b>	<b>Total</b>	<b>AOB</b>
<b>Substance Abuse</b>				
Adult Detox	\$ 200,370	\$ 624,515	\$ 824,885	\$,824,885
Adult Prevention	-	\$ 361,462	\$ 361,462	\$ 370,092
Adult Treatment	\$ 518,418	\$ 14,624,881	\$15,143,299	\$15,134,669
<b>Subtotal -Adult Substance Abuse</b>	<b>\$718,788</b>	<b>\$15,610,858</b>	<b>\$16,329,646</b>	<b>\$16,329,646</b>
Children's Detox	-	\$ 968,937	\$968,937	\$968,937
Children's Prevention	\$295,843	\$4,214,880	\$4,510,723	\$3,643,277
Children's Treatment	\$3,307,780	\$1,596,445	\$4,904,225	\$5,771,671
<b>Subtotal - Children's Substance Abuse</b>	<b>\$3,603,623</b>	<b>\$6,780,262</b>	<b>\$10,383,885</b>	<b>\$10,383,885</b>
Executive Leadership & Support	\$76,300	\$330,462	\$406,762	\$406,762
<b>Total - Substance Abuse</b>	<b>\$4,398,711</b>	<b>\$22,721,582</b>	<b>\$27,120,293</b>	<b>\$27,120,293</b>
<b>Mental Health</b>				
Adult Community Mental Health	\$2,671,402	\$34,740,418	\$37,411,820	\$37,411,820
Children's Mental Health	\$614,780	\$8,887,136	\$9,501,916	\$9,501,916
Executive Leadership & Support	-	\$954,557	\$954,557	\$954,557
<b>Total- Mental Health</b>	<b>\$3,286,182</b>	<b>\$44,582,111</b>	<b>\$47,868,293</b>	<b>\$47,868,293</b>

Budget Priorities

- The SAMH Program Office needs flexibility to use all cost centers in all program areas within mental health and substance abuse programs. In addition, flexibility is also needed for the service gaps and challenges aforementioned such as recovery-focused services, affordable housing, transportation for consumers and families to services, ALF overlay and wrap-around services, Drop-In Centers, Clubhouses, and Teen Club Centers.
- There is a need to identify a stable funding stream for SAMH programs in order to provide adequate and sufficient services.



- SAMH is committed to expanding the array of evidenced-based practices available. In order to continue to improve the quality of care within the mental health system and impact culture change, SAMH needs to be able to fund training to improve practice. Additionally, mental health providers need reimbursement for their staff to attend trainings due to caseload demands and limited coverage at programs.
- Additional funding for Family Intervention Specialist (FIS) programs is needed for continuation of services that aim to prevent and divert children and families from the dependency system.
- Certain Children's Mental Health (CMH) residential money was moved to the AHCA budget to create Statewide Inpatient Psychiatric Programs (SIPP), a valuable resource for the community. CMH in this region utilizes an innovative treatment approach to place children in the least restrictive placements possible and reduce SIPP placements. SAMH requests that the money saved in these innovative practices be sent back to the region to allow expansion of these programs.
- Funding of services is needed for veterans with mental health issues and co-occurring disorders.
- There needs to be funding for the expansion of mono-lingual residential treatment programs for women with children.
- Funding for medication assistance for substance abuse providers is necessary similar to the indigent drug program for mental health providers. Currently no funding exists to fund the medication needs of these consumers.
- There is a need to fund and support the use of Behavioral Health Electronic Records that will ensure better follow-up with consumers and improve information sharing and communication between community treatment providers.
- Support services for the Marchman Act and Baker Act Guardian Program needs to be funded. These services were previously funded through county funds and due to county cuts these services were eliminated.

#### 4. Conclusion

##### Accomplishments:

- The Southern Region Substance Abuse and Mental Health Program Office is the proud recipient of a 6-year SAMHSA grant for a total of \$9 million. The *"Miami Wraparound Project"* is a collaborative effort to enhance, expand and strengthen the existing community-based family and youth mental health services in Miami-Dade County, in order to better serve adolescents who have serious emotional disturbances (SED) and co-occurring substance abuse diagnosis and their families or caretakers. The Project will be a component of the broader Miami Dade County Children's Mental Health system of care and will enable youth to remain in the least restrictive settings. The goal is to transform the children's public mental health system of care into a recovery-based system of care for SED children and youth. The grant intends to serve a minimum of 1,500 youth.
- In October 2009, SAMH contracted provider, Fresh Start of Miami-Dade, Inc., with the Consumer Network, was awarded a Substance Abuse Mental Health Services

Administration (SAMHSA) Federal Grant for a Statewide Consumer Network, called “*Fresh Start Consumer Network of Florida*”, which totals \$210,000 over the course of three years. The consumer group will be leaders in the statewide recovery movement advocating for culturally and linguistically competent services to underserved populations, changing policy to enhance consumer-driven services, and organizing other Consumer Networks in the state via training and advocacy. The target population is comprised of adults with severe and persistent mental illnesses including veterans, victims of trauma, and individuals involved with the court system. Trainings will be held in the 3 largest cities in Florida, Tampa, Orlando, and Miami, but will be open to all consumers and providers throughout Florida.

- The SAMH program continues to promote recovery through the creative arts as a best-practice for prevention and recovery by coordinating annual art exhibits to enhance the lives of consumers (adults and youth) via art techniques that encourage wellness, self-help and empowerment. The AMH Program held the 2<sup>nd</sup> annual “Recovery in the Arts” Exhibit during Recovery Month in September 2009 which included photography and paintings by adult consumers of mental health services in addition to the first Behavioral Health Fair exhibiting 25 community providers. The Substance Abuse Program held its 3<sup>rd</sup> annual “Art Works in Prevention and Recovery” Exhibit for Red Ribbon week during the month of October 2009 which included art from youth in prevention programs in the form of dramatization, painting, poetry, and mandalas.
- Since 2006, the focus of consumer driven care has been in the forefront for the Substance Abuse treatment community. Through the TANF Consumers’ Forum, “Annual Family Fun Days” engaging over 500 consumers and families have been implemented during Recovery Month in September. In 2009, the community partnered with Rally for Recovery for a “Walk for Recovery” and fun day in the park. The event continues to promote family unity and consumer-driven care. The TANF Consumer Forum was established to engage and promote the client voice in the community as advocates. This Forum is a pathway for clients to utilize and have direct input to the system of care.
- The Southern Region promotes best practices through the utilization of the Wellness Recovery Action Planning (WRAP). Under the leadership of the AMH Program Office, as of 2009 over 400 consumers and staff within Miami-Dade and Monroe’s adult and children’s mental health and substance abuse providers have been trained in WRAP.
- In June 2008, CMH began an initiative to adapt WRAP for use with ex-foster care youth in Independent Living Programs, along with their case managers, and collaboration with our community-based care agency, Our Kids of Miami-Dade and Monroe. The project grew with post-workshop sessions and, in September 2008, an endorsement in which Our Kids hired seven of the youth as “Peer Specialists-In-Training.” CMH provided intense on-going training for the nine months of their employment, and in 2009, two of the trainees were hired by Our Kids as part-time peer specialists. In October 2009, an Independent Living coordinator from a Full Case Management Agency will complete the advanced five-day WRAP training,

which will allow her to be a WRAP Facilitator. This is the first time a dependency case manager will be equipped for the trainer role, further spreading WRAP recovery information in the child welfare community.

- The AMH Program has created Peer Specialist positions within Comprehensive Community Services Teams (CCST) who are using a team approach with Peer Specialists to guide and support the development of WRAP. In 2008, AMH and the Consumer Network promoted the Florida Certification Board's credentialing of Certified Recovery Peer Specialists (CRPS). Over 25 peer specialists have already received their certification in Miami-Dade alone. In 2008, AMH also developed and provided an intensive 3-day Peer Specialist Training to 30 Peer Specialists currently employed in community provider agencies. These trainings will enhance peer specialists' knowledge base and competencies.
- As of 2009, The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) program has expanded to serve defendants that have been arrested for less serious felonies and other charges as determined appropriate. The Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant was renewed to allow this expansion. Approximately 400 people were served in 2008/2009. The Misdemeanor Jail Diversion Program documents a 22% recidivism rate. The Felony Jail diversion Program preliminary data reflects that less than 5% of participants have been arrested on new charges while in the program.
- Currently, there are approximately 2,400 trained CIT officers in Miami-Dade County. The Eleventh Judicial Criminal Mental Health Project continues to provide Crisis Intervention Team training to law enforcement officers throughout Miami-Dade County. Additional trainings include: Communication Trainings for Call Takers and Dispatchers, Executive Training for Command Staff, and CIT Advanced Training for Hostage Negotiators. In addition, the CIT Coordinator actively serves as a liaison for police departments and receiving facilities. The CIT Advisory Committee has collaborated with Baker Act receiving facilities and has initiated joint meetings to promote collaboration.

## SunCoast Region Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description

#### a. Location & Counties Served

The SunCoast Region’s service area includes eleven (11) counties in central and southwest Florida. The Region includes Circuits 6, 12, 13, and 20. The Region includes the urban and rural counties of Hillsborough, Pinellas, Pasco, Manatee, Sarasota, DeSoto, Collier, Lee, Charlotte, Hendry and Glades, and a population of 4.4 million. In fiscal year 2007-08, the Region served 43,710 in adult mental health, 18,137 in children’s mental health and 38,449 in adult and children’s substance abuse.

The Region recently entered into negotiations with two (2) providers for the development of a managing entity to administer \$138 million in funds and services in the Region. Preparing for implementation, the Region has not replaced OPS staff who have left the Department in the past year. Those salary dollars will be transferred to the selected managing entity for administration of the contract.

This narrative reflects a Regional, rather than Circuit-based, approach to services in the SunCoast. Most staff are housed in the Regional office in Tampa, but travel to all eleven (11) counties. SunCoast will continue to operate on a Regional basis with the managing entity contract.

#### b. Staffing (OPS & FTEs)

The chart below reflects staffing as of November 1, 2009, and indicates positions being held as vacant pending transition to the managing entity contract.

Number of Employees			
Program	FTE	Vacant FTE	Vacant OPS
Substance Abuse	8	1	1
Mental Health	13	3	16
<b>Total</b>	<b>21</b>	<b>4</b>	<b>17</b>

#### c. Types of Services Provided and Number Served

##### i. Substance Abuse

Currently, all substance abuse funds are contracted through an existing managing entity. The range of services provided in the Region includes acute care to treatment and prevention services. A total of 25,047 adults and 13,402 children received public substance abuse services in FY 2008-09. The Region exceeded all of its outcome targets, with the exception of Adults Employed at Discharge, which reached 98% of the targeted goal. It is clear that the national economy has had a major impact on this measure.

Major strides had been made by the Region in reducing waiting lists for services over the past several years, however; waiting lists are again increasing due to the economic crisis.

There has been a steady trend in Pinellas and Pasco counties leading them to have the highest prescription drug death rates in the state. Methadone deaths are on the rise in the Region due to the prevalence of a cottage industry of cash-only pain management clinics. Additional resources are needed to address the increased demand for services.

ii. Mental Health

*Adult Services:*

The Adult Mental Health service system provides an array of recovery-focused services that include twelve FACT teams, nine comprehensive community service teams (CCST), multiple residential treatment facilities, supported housing, crisis stabilization, inebriate shelters, the Clubhouse model, and psychiatric services. In FY 2008-09, 18,137 adults received publicly funded services in the SunCoast Region. Although several providers did not meet their performance outcomes, corrective actions have been requested, or are already completed. One new trend, based on the national economy, has been the admission of many first timers to crisis services.

*Children's Services:*

The Children's Mental Health service array consists of community-based and residential services including information and referral, assessment, case management, intensive in home services, clinical intervention (individual, family therapy) medication management, crisis stabilization, therapeutic group homes, and the Statewide Inpatient Psychiatric Program (SIPP). All of these services are for indigent children and their families. Children's Mental Health staff also coordinates and collaborates with the Agency for Health Care Administration (AHCA) to assure Medicaid services are delivered to those who are eligible.

d. Local Partnerships and Stakeholder Input

Regional staff participate in various community collaborations which include stakeholders such as county governments, school systems, provider agencies, law enforcement, public defenders and state attorneys, hospitals, the Agency for Health Care Administration, Agency for Persons with Disabilities, Vocational Rehabilitation, the Department of Juvenile Justice, and consumers of services and local advocates. Three exceptionally strong consortiums include the Sarasota Substance Abuse and Mental Health Consortium, the Pinellas County Health and Human Services Collaborative, and the Children's Committee in Hillsborough County, all of which the Department jointly plans for and implements funding of these local initiatives.

Additionally, the substance abuse program facilitates bimonthly meetings, which are attended by both private and public providers and stakeholders.

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

Providers in all eleven counties have been trained in the Minkoff/Klein co-occurring model. The Region has also expanded the role of Family Intervention Specialists (FIS) to meet both substance abuse and mental health needs and expertise, as well as Protective Services clients and those in selected Child Protective Investigation units.

#### ii. Integration

SAMH staff partner with Family Safety and the four community-based care agencies in the Region. Staff assists Family Safety in provider monitoring, responding to complaints related to the child welfare population, and have collaborated on psychotropic medication policies. Adult and Children's Mental Health staff also partner with three AHCA area offices by assisting in SIPP monitoring and performance improvement plans, as well as integration with and monitoring of the Medicaid Prepaid Plan, Medicaid HMO's and the Child Welfare Prepaid plan.

Mental Health staff also integrate with Medicaid services as stated above, within the Department with Adult Services, and with the Department of Corrections regarding prisoners with serious mental illnesses returning to the community.

The Substance Abuse staff integrates with Child Welfare through the Family Intervention Specialist program. Substance abuse integrates with mental health through the four collocated Children's Crisis Stabilization Units and Juvenile Addiction Receiving Facilities. Two new adult pilots will be implemented in FY 2009-10 in Manatee and Pasco Counties based on a recent law change. Integrated intervention services currently exist in Hillsborough, Pinellas and Lee Counties for homeless individuals with substance abuse and/or mental health issues. Two inebriant shelters have been developed to provide overlay, intervention and treatment services.

#### iii. Managing Entities

The SunCoast Region has contracted with a managing entity for approximately twelve years to administer substance abuse funds and services. As stated in the organizational profile, the Region released an invitation to negotiate in May 2009, to identify prospective vendors to manage substance abuse and mental health services. The new managing entity structure is expected to increase access to care, improve coordination and continuity of care, and redirect service dollars from restrictive care settings to more community-based recovery services.

### b. Local Initiatives

- Increased Family Intervention Specialists to twenty six staff who are co-located with Child Welfare or CPI. These staff identify families needing screening and referral to treatment. This change was accomplished through the redirection of regional funds.

- Development of three Strengthening Treatment Access and Retention-State Implementation (STAR-S1) projects has increased the numbers of individuals who enter outpatient treatment after detoxification.
- Redesign of the adult mental health system, due to loss of funds and programs, to prioritize core services and to shift funds from existing recovery based programs into core services, and to expand criminal justice and forensic services in collaboration with counties, jails and public defenders' offices.
- Implemented a Family Self Directed Care program in Hillsborough County, which gives families their choice of services and a voice in their own treatment or plan. The provider has been able to braid Department funds with other community funding to increase the persons served.

### 3. Finance/Budget

#### Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10 SunCoast Region (Circuits 6, 12, 13 and 20)

Substance Abuse	Total
Adult Detox	\$ 6,620,060
Adult Prevention	\$ 1,243,046
Adult Treatment	\$ 18,404,837
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 26,267,943</b>
Children's Detox	\$ 2,252,558
Children's Prevention	\$ 4,394,836
Children's Treatment	\$ 9,388,821
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 16,036,215</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 723,592</b>
<b>Total Substance Abuse</b>	<b>\$ 43,027,750</b>
Mental Health	Total
Adult Community Mental Health	\$ 82,719,183
Children's Mental Health	\$ 13,466,364
Executive Leadership & Support	\$ 1,742,718
<b>Total Mental Health</b>	<b>\$ 97,928,265</b>

Budget priorities include the continuation of funding for core services and further expansion of recovery and resiliency services.

#### 4. Conclusion

##### Accomplishments:

- Co-location of Children's CSU's and JARF's in two counties has resulted in a cost savings and a reduction of waiting lists for services.
- The Hillsborough Anti-Drug Alliance's Prescription Drug Abuse Task Force has worked diligently to help get the Prescription Drug Monitoring Bill passed.
- Several SunCoast Counties (Hillsborough, Pasco and Pinellas) have hosted Operation Medicine Cabinet "Take Back" events to get unused and expired drugs out of community medicine cabinets where children have access to experiment.
- Hillsborough County's *Kid Fest* and *Too Good for Drugs Walk* attracted more than 5,000 attendees who received anti-drug messages.
- In Hillsborough County, the "Looking Ahead" Program has bridged services for persons returning from prison by providing mental health and substance abuse services.
- In Manatee County, community stakeholders and SAMH staff agreed to replace the Short-Term Residential Treatment program with an Intensive Outpatient Team which has kept more consumers living in their home community in a less restrictive setting.
- The Family-Directed Care program in Hillsborough County, Success for Kids, has allowed families to participate in their own treatment planning, use non-traditional service providers and add individual choice to their treatment planning.
- The Department has collaborated with Sarasota County, who was awarded a six-year six million dollar SAMHSA grant, to provide innovative services in Infant Mental Health.
- The Self-Directed Care program administered by NAMI of Collier County has provided creative services and choice to adults in that county.



## Circuit 15 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 15 is comprised of Palm Beach County (PBC), geographically the largest of Florida's sixty-seven counties, covering 2,386.5 square miles and the largest metropolitan county east of the Mississippi. Its size is not its only unique characteristic. Palm Beach County is a county of polarization - extreme wealth and extreme poverty where over 38 languages are spoken. To accommodate for the diversity and ensure consumers and their families a wide variety of services available to meet their needs, the Circuit 15 Substance Abuse and Mental Health Program Office contracts with twenty-four community based substance abuse and mental health providers. Service areas are "unofficially" sectioned into three areas - north, south and west to assure the availability of a culturally competent, accessible array of services. Currently, the Circuit 15 Department of Children and Families is partnered with Circuit 17, Broward County, under the auspice of the Southeast Region.

#### b. Staffing (OPS & FTEs)

Program	Number of Employees		
	OPS	FTE	Total
Substance Abuse	2	2	4
Mental Health	7	4	11
Total	9	6	15

#### c. Types of Services Provided and Number Served

##### i. Substance Abuse

The Circuit 15 SAMH Program Office contracts with thirteen (13) agencies throughout Palm Beach County to provide an array of substance abuse prevention, intervention and treatment services for children, adolescents and adults who are at-risk for or have substance abuse disorders. All substance abuse contracted agencies have access to psychiatric services to enhance their evaluation and treatment of co-occurring disorders.

The Circuit 15 Substance Abuse and Mental Health Program annually serves 13,000 adults and 5,000 children with substance related disorders.

During a time of increasing national unemployment, individuals with substance abuse and often co-occurring issues of mental health or past criminal involvement, have extreme difficulty securing and maintaining employment. The Circuit 15 Substance Abuse and Mental Health Program Office works in collaboration with community partners to implement strategic employment measures to counteract the current economic climate.

ii. Mental Health

The Circuit 15 SAMH Program Office contracts with sixteen (16) agencies throughout Palm Beach County to provide an array of mental health prevention, intervention and treatment services for children, adolescents and adults who are at-risk for or have mental health disorders. All mental health contracted agencies have access to substance abuse overlay services to enhance their evaluation and treatment of co-occurring disorders.

The Circuit 15 Substance Abuse and Mental Health Program Office works in collaboration with community stakeholders to define, refine, and perfect programs and services through evidence-based practices. The Circuit 15 Substance Abuse and Mental Health Program annually serves 8,000 adults and 5,000 children with mental health related disorders.

d. Local Partnerships and Stakeholder Input

The Circuit 15 Substance Abuse and Mental Health Program Office works in collaboration with community stakeholders to strengthen the interdepartmental relationship between the Department and the Division of Vocational Rehabilitation to form a seamless system of care for individuals with mental illnesses.

The Circuit 15 SAMH Program Office collaborates with system partners through the Palm Beach County Community Alliance, a planning council comprised of community funders and system directors. Through the participation of the Alliance and attendance at local planning meetings with the Department of Juvenile Justice, Department of Corrections, Criminal Justice Commission, Child Welfare and Children's Services Council, the SAMH Program Office is able to document the substance abuse and mental health needs of the community.

The Circuit 15 SAMH Program Office works closely with community-based providers and advocacy groups to promote ownership of substance abuse and mental health issues. The Circuit 15 Program Office has played a pivotal role in the development of the Palm Beach County Substance Abuse Coalition. In addition, the office facilitates the following monthly oversight meetings to ensure seamless services in the special initiatives targeting individuals involved in multiple systems:

- Child Welfare;
- Department of Juvenile;
- Children's mental health case management;
- Adult mental health case management;
- Forensic (Quarterly); and
- Acute Care.

Performance standards and measures are primary areas of concern for all suppliers who contract with the SAMH Program. Contract managers communicate both formally

and informally on a daily basis to ensure the standards include customer requirements which are effectively and efficiently delivered. All contracts are selected and managed consistent with the Florida Department of Management Services guidelines.

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

The Circuit 15 SAMH Program Office is working with system providers and contracted agencies to implement a Comprehensive, Continuous, Integrated System of Care (CCISC) for individuals with co-occurring substance abuse and mental health disorders. A circuit-wide implementation plan has been developed, outlining major milestones, with target dates for completion. By June 30, 2010, a comprehensive competency assessment of all contracted programs will be completed, leading the way for agency-specific action plans toward the development of co-occurring competent and co-occurring enhanced substance abuse and mental health programming.

#### ii. Integration

The Circuit 15 SAMH Program Office, utilizing the Family Intervention Specialist (FIS), developed and implemented a system of care for individuals involved in the Child Welfare System. The Child Welfare Substance Abuse Network, comprised of public, non-profit, and private, for-profit, community-based substance abuse treatment providers, carved out 51 residential and 115 outpatient treatment slots to facilitate early intervention and accelerate access to substance abuse services for individuals involved in the Child Welfare System. In FY 07/08, the Network assessed 1,422 individuals, 68% successfully engaged in services. In FY 08/09, 2,062 individuals were assessed for services with 70 % being engaged into the treatment process.

#### iii. Managing Entities

The Circuit 15 SAMH Program Office, in conjunction with Circuit 17, is in the initial process of implementing a managed system of care for substance abuse and mental health services. A Southeast Regional Implementation plan has been developed to steer the process with an implementation target date of 2012.

### b. Local Initiatives

- The Circuit 15 SAMH Program Office created and implemented the TASC Oversight Committee, a bi-monthly committee, comprised of community public and private stakeholders, to ensure youth involved with the Department of Juvenile Justice and their families receive timely substance abuse and mental health assessments, referral and linkage to community-based substance abuse and mental health services. As single point of access for assessment, referral, linkage and case management services allows the Committee to analyze data to ensure for evidence-based services.

- The Circuit 15 SAMH Program Office is a leading partner with local law enforcement. Routine meetings are scheduled between judicial staff, State Attorney, Public Defender, Court Administration, and the Criminal Justice Planning Council. Activities include the coordination of discharges from forensic and civil state hospitals; identification of chronically homeless individuals with serious persistent mental illnesses for jail diversion programs, coordination with the PBC Sheriff’s Office to develop re-entry services for individuals returning to the community who have SAMH issues and competency restoration services for juveniles and adults who are Incompetent to Proceed.

### 3. Finance/Budget

<b>Substance Abuse</b>	<b>Total</b>
Adult Detoxification	\$ 1,211,025
Adult Prevention	\$ 457,071
Adult Treatment	\$ 6,057,241
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 7, 725,338</b>
Children’s Detoxification Services	\$ 53,249
Children’s Prevention	\$ 1,191,461
Children’s Treatment	\$ 3,149,144
<b>Subtotal Children’s Substance Abuse</b>	<b>\$ 4,393,854</b>
<b>Executive Leadership and Support</b>	<b>\$ 146,195</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 12,265,387</b>
<b>Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 15,983,675
Children’s Mental Health	\$ 4,048,859
Executive Leadership and Support	\$ 273,199
<b>TOTAL Mental Health</b>	<b>\$ 20,215,733</b>

The Circuit 15 SAMH Program Office procures services through a competitive process in accordance with the Department’s procurement operating protocols. Contracts with community based substance abuse and mental health providers are executed on a three year cycle, with periodic adjustments to align with the Department’s Annual Operating Budget.

### 4. Performance Management

All contracted services are required to meet or exceed performance measures outlined by the Florida Legislature. The following table depicts the Southeast Region’s performance on key measures for substance abuse and mental health services.

**Circuit 15 SAMH Performance**

<b>Measure</b>	<b>Target</b>	<b>Performance</b>
<b>Substance Abuse</b>		
% of Adults Completing Treatment	73%	74.4%
% of Adults Employed at Discharge	79%	57.5%
% of Children Completing Treatment	78%	86.01%
<b>Mental Health</b>		
Average Annual Days Spent in the Community for Adults w/Severe & Persistent Mental Illness	350	333.06
Average Annual Days Worked for pay for Adults w/Severe & Persistent Mental Illness	40	42.46
% of School Days Seriously Emotionally Disturbed Children Attended	86%	85.6%
% of Children w/Serious Emotional Disturbances Who Improve Their Level of Functioning	65%	67.7%

**5. Conclusion**

The Circuit 15 Substance Abuse and Mental Health Program Office strategically implements statewide and local initiatives through the utilization of a Circuit-specific business plan. The Circuit 15 SAMH Business Plan organizes the following State and Circuit priorities into action steps with goals, objectives and time frames for completion:

- To unify traditionally funded programs and Medicaid to a ***managed system of care*** which includes utilization management of services, networks of providers, quality improvement, technical assistance for providers, centralized data systems, financial management, strategic planning, board of director engagement, and disaster planning activities.
- Prioritize the ***integration of substance abuse and mental health into the child welfare system*** by the development of evidence based, countywide substance abuse and mental health assessments, treatment and support services for individuals involved in the Child Welfare system.
- Prioritize the ***integration of substance abuse and mental health into the Juvenile Justice System*** by the development of evidence based, countywide

substance abuse and mental health assessments, treatment and support services for individuals involved in the Juvenile Justice system.

- Facilitate **Community Comprehensive, Continuous, Integrated Systems of Care** in Palm Beach County.
- Strengthen Management of Treatment Facilities through on-site monitoring and **technical assistance**.
- Improve Systems of Care by solidifying the **integration of substance abuse and mental health services into existing systems** (i.e., Department of Juvenile Justice, Forensic, Healthy Beginnings, Vocational Rehabilitation and Refugee Services).
- Integrate **Evidence Based Practice**/Programming into SAMH Purchased Services.
- Expand **consumer voice and choice** concepts into mental health and substance abuse services.
- **Increase community awareness** of publicly funded substance abuse and mental health services.

## **Circuit 17 Substance Abuse and Mental Health Program**

### **1. Organizational Profile/Program Description - SAMH**

#### **a. Location & Counties Served**

Circuit 17 is located in Broward County, a diverse community on the southeast coast of Florida. Broward County has a population of almost 1.8 million people. The county line goes east to west from the Atlantic Ocean to the Florida Everglades and from north to south from Palm Beach County line to the Miami-Dade County line.

Broward has a rich history dating back to when the area was inhabited by American Indian tribes, later as a trading post, and then onward to a settlement that began as mostly a farming community and now serves as a hub for both national and international travel and trade. The county encompasses over 160 ethnic groups and embraces its reputation as the “Venice of Florida.” The degree of diversity in the county challenges its ability to ensure the provision of affordable housing, quality education, meaningful employment and business opportunities, and accessible health and social services for its citizens. To a certain extent, the county has managed to address these needs.

Additionally, Broward continues to confront many of the challenges seen across the state. A rather large homeless population, a rise in HIV cases, a high suicide rate, a rising underage drinking problem and prescribed drug misuse, a growing population within our jails of individuals suffering from mental illnesses, a continuing child abuse problem, and a rise in Department of Juvenile Justice (DJJ) admission rates are just some of the social and behavioral health problems communities like Broward face.

Notwithstanding these challenges, the community continues to move forward in its commitment to its citizens. The Circuit 17 SAMH Program Office is committed to the more than 60,000 individuals it serves each year. Circuit 17’s vision is simple – to instill the hope for and possibility of recovery in the consumers and families served and the professionals and other key stakeholders involved in the service delivery system. Circuit 17’s initiatives promote that vision and its vow to its customers is to make that vision a reality. Increasing numbers of consumer-driven initiatives are being explored and developed. Evidence-based practices are being encouraged and more effective and consumer-oriented service delivery systems are being researched. It is our intention to not just reform our services but to transform them to be more reflective of the current knowledge and direction in the field of mental health and substance abuse services.

With recovery as the expectation and not the exception, Circuit 17 intends to bring light and hope to a population of individuals who for so long have only experienced the disabilities and disadvantages of an illness for which many believed there was no recovery. Circuit 17 continues to take the lead in mental health and substance abuse

services, works collaboratively with its many partners, and holds high its vision of “Recovery” and integration.

As the mental health authority, the SAMH Office in Broward County is responsible for the development, implementation, and oversight of community behavioral health care services, as well as the fiduciary agent to support that system. To achieve this, it has a longstanding history of working closely with other programs within DCF. In addition to the myriad of provider agencies, the SAMH Program Office collaborates with local funders, ChildNet, the judiciary, public defender’s office, state attorney’s office, law enforcement, and other state agencies such as Agency for Healthcare Administration (AHCA), Division of Vocational Rehabilitation, and others. These relationships are sustained through open communication, stakeholder committee meetings/workgroups, and shared ownership.

**b. Staffing (OPS & FTEs)**

**Number of Employees**

Program	OPS	FTE	Total
Substance Abuse	3	4	7
Mental Health	4	5	9
<b>Total</b>	<b>7</b>	<b>9</b>	<b>16</b>

**c. Types of Services Provided and Number Served**

**Number of Substance Abuse and Mental Health Consumers Served  
FY 2008-09**

<b>Program</b>	<b>Number Served</b>
Adult Mental Health	14,043
Children’s Mental Health	5,132
Adult Substance Abuse	13,076
Children’s Substance Abuse	32,705

**2. Initiatives**

Broward has long been in the forefront in the state in terms of implementing innovative practices and sharing lessons learned. Below is a list of some of our most recent initiatives:

- Integration with Family Safety/Child Welfare
- Forensic/Competency Restoration Program
- Freedom Project - a respite alternative for use by local law enforcement
- Office of Consumer Affairs
- Crisis Intervention Team Training



- Resource Books for youth and adult services – “Connections”
- Substance Abuse Aftercare Project
- WRAP Training
- Monthly Stakeholder Committee Meetings
- System wide Training for Provider Staff
- Collaboration with the Veteran’s Administration
- Peer Specialist Training/Certification Process
- Baker Act Task Force
- Mental Health/Criminal Justice Task Force
- Underage Drinking Task Force
- Case Management Coordinating Committee
- Integrated Services Workgroup
- Older Adult Workgroup
- Funders Forum
- Social Marketing Project
- Outpatient Detox
- Transitional Youth services
- Discharge planning in jails
- Homeless services
- Drop-In Center Services

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 17**

<b>Substance Abuse</b>	<b>Total</b>
Adult Detox	\$ 1,672,526
Adult Prevention	\$ 621,699
Adult Treatment	\$ 8,276,139
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 10,570,364</b>
Children’s Detox	\$ 212,940
Children’s Prevention	\$ 1,090,804
Children’s Treatment	\$ 4,809,761
<b>Subtotal Children’s Substance Abuse</b>	<b>\$ 6,113,505</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 250,825</b>
<b>Total Substance Abuse</b>	<b>\$ 16,934,694</b>
<b>Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 23,952,075
Children’s Mental Health	\$ 6,495,423
Executive Leadership & Support	\$ 466,257
<b>Total Mental Health</b>	<b>\$ 30,913,755</b>

#### **4. Conclusion**

##### **a. Accomplishments:**

1. Competency Restoration Program - These services have been consolidated within one agency and an increase in the number of people deemed competent has been achieved.
2. Peer Specialist Training - Circuit 17 has taken the lead to develop peer specialist training and offer training sessions at no charge.
3. Substance Abuse Bill/Ordinances -
  - The Prescription Drug Tracking Bill passed this year with leadership from the Broward community. This was a critical step in addressing the increase in prescription drug abuse.
  - A local ordinance passed in the City of Oakland Park requiring vendors that sell alcohol after midnight to complete a merchant education program. The training program was developed by the Task Force to Address Underage Drinking and will serve as a model for the state.
  - A county ordinance passed restricting youth under age 21 from entering freestanding bars as a result of efforts of the Task Force to Address Underage Drinking.
4. Co-Occurring Disorders Initiative - Developed standards manual and trainings for regional providers to move forward on this initiative.

##### **b. Challenges Ahead:**

1. Planning for implementation of System of Care - Working in partnership with regional staff, central office, consumers/family members, and providers to create a system that provides quality services and meets the local need.
2. Increased Demand for Mental Health and Substance Abuse Services -
  - Due to economic climate more residents seeking services
  - Numbers of consumers involved in the criminal justice system
  - Elimination of substance abuse treatment services in the jail
3. Anticipated Budget Reductions from Broward County Human Services Department - This will increase pressure as overall funding is reduced.
4. Blended Funding - This is a viable option to best serve youth transitioning to adulthood and those with co-occurring mental health and substance abuse disorders.

## Circuit 18 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

Circuit 18 just became its own SAMH circuit as of September 1, 2009. The Circuit is still working through many logistical issues. To its advantage, the system of care is well established though quite entrenched with the Circuit 9 system of care. It is doubtful that the two circuits will ever become two independent service systems, as resource efficiencies have long been established among and between the four counties that make up the two circuits. Circuit 18 provides mental health and substance abuse services to residents of Brevard and Seminole counties located in central Florida.

The geographical nature of Brevard County is prohibitive for adequate service coverage. The county is over 70 miles from north to south. While some providers have multiple offices, many do not and therefore cannot be a resource to all children and families who need services.

Due to Seminole County's traditional 'affiliation' with the Orlando/Orange County metropolitan area, its service network has struggled with becoming an independent array of services that are specific to the needs of its residents.

Professional and paraprofessional staff turnover is an ongoing issue, which undermines the community's faith in the system of care. Turnover in children's mental health services is typically related to low pay and excessive amounts of required documentation (e.g. for Medicaid payment). Many contractors struggle to stay competitive in the job market, especially for nurses and doctors.

#### b. Staffing (OPS & FTEs)

Number of Employees

Program	OPS	FTE	Total
Substance Abuse	0	2	2
Mental Health	2	2	4
<b>Total</b>	<b>2</b>	<b>4</b>	<b>6</b>

#### c. Types of Services Provided and Number Served

##### i. Substance Abuse

Circuit18 has two contracted comprehensive provider agencies. Circles of Care, Inc., and Seminole Behavioral Healthcare, Inc. Both are accredited by a Department recognized accrediting body. These agencies provide a full array of mental health and substance abuse services in Circuit 18, including detoxification units in both counties.

Additionally, TANF services are provided and managed by an Administrative Services Organization (ASO).

The recent Prevention Partnership Grant process resulted in three (3) grants for Circuit 18: Eckerd Youth Alternatives, Inc., and Prevent! of Brevard as well as the Center for Drug Free Living, Inc. serving Seminole. These grants allow evidence-based prevention services to be delivered to youth in Circuit 18.

The Circuit 18 SAMH Program Office works closely with Substance Abuse Prevention Coalitions in both Brevard (Brevard Youth Substance Abuse Prevention Coalition) and Seminole (Seminole Prevention Coalition) counties. Circuit staff is an active participant in both coalitions within the circuit and have been instrumental with current campaigns such as “Be The Wall”, which focuses on Substance Abuse Prevention.

The Circuit 18 Program Administrator attends the Seminole County Mental Health and Substance Abuse Task Force. The group recently met one of their major goals when Seminole County recently won a Drug Court grant.

#### ii. Mental Health

Circuit 18 has two contracted comprehensive provider agencies: Circles of Care, Inc., and Seminole Behavioral Healthcare, Inc. Both are accredited by a Department recognized accrediting body. These agencies provide a full array of mental health and substance abuse services in Circuit 18, including Crisis Stabilization Unit (CSU), residential, CCST, and Recovery/Resiliency. Additionally, various other providers deliver Title XXI B-NET, children’s residential treatment, Infant Mental Health, TANF, FACT Team, Adult Therapeutic Foster Care, Clubhouse, and Drop-in services.

#### iii. Opportunities for Improvement - Brevard County

- Insufficient number of Adult Congregate Living Facilities.
- No clubhouse.
- Public transportation limitations affecting access to services.
- FACT team (Brevard) always at capacity.
- Lack of resources in the community is resulting in longer length of stay in CSU’s, more frequent admissions to CSU’s, and more petitions to state treatment facilities.
- Addressing need for participation of Circles of Care in Care Coordination, Pre-Baker Act Screenings. This screening process brings together a team of people to evaluate the client’s appropriateness for state hospitalization.
- Need for supportive housing (w/case management, job and life skills training).

#### Opportunities for Improvement - Seminole County

- No FACT team.
- No Children’s Crisis Stabilization beds.

Opportunities for Improvement – Circuit-wide

- No mobile crisis unit to respond to emergencies, make assessments and de-escalate situations prior to individuals getting to the inpatient units.
- Need to develop an ALF-LMHL training to serve Brevard and Seminole Counties. Traditionally, the training for the former “District 7” was held in Orange County.
- Lack of services for children and adults who are mentally ill but also have a second diagnosis of mental retardation, Aspergers, Autism, brain injury, dementia, Alzheimers, etc.

**Number of Adults and Children Served by Circuits 9 & 18 Substance Abuse and Mental Health Contracted Service Providers – FY 2008-09**

<b>Adult Mental Health Adults Served</b>	<b>Circuits 9 &amp; 18</b>	<b>Central Region</b>
Adult w/Serious Persistent Mental Illnesses	20,771	40,615
Adult w/Mental Health Crisis	3,955	6,948
Adults w/Forensic Involvement	196	680
<b>Total Adult Community Mental Health</b>	<b>24,922</b>	<b>48,243</b>
<b>Children’s Mental Health Children Served</b>	<b>Circuits 9 &amp; 18</b>	<b>Central Region</b>
Children with Serious Emotional Disturbances	7,690	12,495
Children w/Emotional Disturbances	2,714	7,633
Children At Risk of Emotional Disturbances	366	494
<b>Total Children’s Mental Health</b>	<b>10,770</b>	<b>20,622</b>
<b>Adult w/Substance Abuse Problems Served</b>	<b>15,510</b>	<b>25,007</b>
<b>Children with Substance Abuse Problems Served</b>	<b>8,314</b>	<b>14,370</b>

Circuits and Regional Data extrapolated from the DCF Dashboard

d. Local Partnerships and Stakeholder Input

Circuit 18 SAMH Staff currently participate in all of the following meetings, and receive stakeholder input on a continual basis.

- Child Abuse Prevention Task Force – Brevard and Seminole
- Children’s Cabinet – Seminole
- Together in Partnership – Brevard
- Brevard Youth Substance Abuse Prevention – Brevard
- Seminole Prevention Coalition – Seminole
- Leadership Roundtable – Brevard

- Juvenile Justice Council – Seminole
- Severely Emotionally Disturbed Network (SEDNET) – Brevard
- Brevard Continuum of Care Coalition – Brevard
- Whole Child – Brevard
- Brevard Interfaith Coalition – Brevard
- Triad meeting – Brevard and Seminole
- FACT Team Advisory Board – Brevard
- Commission on Mental Health and Community Solutions – Brevard
- Seminole County Public Safety Coordinating Council – Seminole
- Mental Health and Substance Abuse Task Force – Seminole
- Interagency meeting – Circuit 18
- Continuity of Care – Statewide
- NEFSH Advisory Board
- Sentencing Alternatives Workgroup – Brevard

## 2. Initiatives

### a. Systemic/Statewide Initiatives

#### i. Co-occurring

- On August 11, 2009, the Circuit 18 Program Supervisor attended the Co-Occurring Statewide Steering Committee Meeting. This steering committee is responsible for steering the implementation of the Co-Occurring initiative and making recommendations to Headquarters. Members include each SAMH Program Administrator, Florida Alcohol and Drug Abuse Association (FADAA) and the Florida Council.
- Additionally, through contract management activities, compliance with co-occurring deadlines in the contract is monitored.

#### ii. Integration

##### *Adult Mental Health*

- A trial procedure was recently implemented in which SAMH staff will receive investigative reports in order to address issues and improve collaboration between Adult Protective Services (APS) and SAMH.
- APS and SAMH have also developed a procedure to hold a multidisciplinary staffing for difficult cases involving either the APS victim or caregiver.
- SAMH staff will be shadowing Adult Protective Investigators in the near future in order to gain their perspective.
- Other plans include community mental health training for APS staff, and inviting APS staff to various community mental health meetings.
- Recently, the Circuit 18 SAMH Program Administrator and Adult Mental Health Specialist met with the new Behavioral Health Unit Director at Wuesthoff Hospital. Many opportunities for collaboration and system improvements arose including provision of Baker Act training to the APS Team, which is in line with the Circuit's integration efforts.

### *Children's Mental Health*

- SAMH staff will be shadowing Child Protective Investigators in the near future in order to gain their perspective.
- Efforts are ongoing to develop a network of therapists who are certified in adoption competency, in order to support adoptive families.
- Case-specific collaboration between SAMH, Child Protective Investigators, Children's Legal Services, and Community Based Care prevention programs is occurring to avoid sheltering youth. The SAMH Children's Mental Health (CMH) Specialist has been co-located part-time in a Brevard County service center for 20 months, which has greatly facilitated communication and discussion of cases with investigators, their supervisors, and legal.
- SAMH staff are initiating Local Review Team (LRT) membership and coordination of case reviews via Interagency Agreements. The SAMH Children's Mental Health Specialist is the designee for receiving LRT staffing referrals and for coordinating the staffing.
- Case-specific service coordination and staffing of jointly served youth (Department of Juvenile Justice, DCF, and Community-Based Care), due to increased communication and improved relationships with Juvenile Probation.
- Cross-training of Protective Investigators and Community Based Care staff on children's mental health topics (residential, Incompetent To Proceed, common mental health issues of children in care).
- SAMH input to local planning teams.
- SAMH input to and participation in the local children's cabinets.
- Excellent relationships with DJJ, AHCA, CMS, and both CBCs in Circuit 18.

### *Substance Abuse*

- There are currently four (4) Family Intervention Specialists (FIS) in Circuit 18. FIS are staff positions of contracted substance abuse providers who perform linkage to the child welfare families in appropriate substance abuse treatment and recovery with a goal of improving both substance abuse and child welfare outcomes. The FIS serve both Brevard and Seminole counties and are co-located with Child Welfare staff in these areas. Currently, only 67% of referrals agree to services. The goal is to reduce the refusal rate.
- More emphasis is being placed on the use of Medication-Assisted Substance Abuse Therapies (such as Methadone and Suboxone) for parents of youth served by the Child Welfare System. Circuit 18 has 30 licensed physicians to provide these therapies and 2 licensed Methadone Maintenance Treatment Centers (Cocoa and Palm Bay)
- The Circuit 18 Program Administrator recently toured the Brevard Children's Advocacy Center. A follow-up meeting is planned to discuss ways of improving parent/birth mother access to substance abuse services.

iii. Managing Entities

- To comply with the legislative intent, the Circuit has met with providers, stakeholders and consumers to discuss Managing Entities. In 2008, Stephenie Colston and Kate Lyon met with the providers, stakeholders and consumers to present the ME legislation and answer questions.
- On March 25, 2009, The Circuits 9 & 18 SAMH staff and DCF Administration held additional meetings on ME that included representatives from ME providers from around the state. Each ME provider did an individual presentation and then answered questions as a panel. It was a very helpful and informative meeting.
- In July 2009, a group of providers met with Regional Director John Cooper to propose a “Hybrid Model” for consideration in Circuits 9 & 18.
- The Department’s Service System Management Plan has been distributed to Department staff, providers, consumer organizations and other stakeholders to help inform regarding the process to consider, select, procure, and implement managing entities or similar models for behavioral health services. This plan requires a Regional Implementation Plan be completed by December 31, 2009. The Circuit will continue to explore options with the community and Regional Administration to develop the plan.

b. Local Initiatives

Forensic Population

- The Circuit 18 SAMH Program Administrator hosted a conference call on in October with the Circuit 9 SAMH Program Administrator, and the Brevard Jail. A Forensic Social Worker provided information about the forensic program in Orange County and will assist Brevard County in developing a similar program.
- The Circuit 18 SAMH Program Administrator has been regularly attending the Seminole County Public Safety Coordinating Council at the Seminole County Sheriff’s Office. This group is chaired by Sheriff Eslinger and its members are comprised of various probation departments, the jail, the State Attorney’s Office, and the Mental Health Task Force. Each member reports their monthly statistics and discusses any issues. Sheriff Eslinger is an advocate for Seminole Behavioral Health’s Assisted Outpatient Treatment (AOT) Program. This program is an alternative to inpatient treatment for persons committed under the Baker Act. Sheriff Eslinger would like to see similar programs implemented throughout the state with the support of DCF.



**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets  
Fiscal Year 2009-10, Circuits 9 & 18**

<b>Substance Abuse</b>	<b>TOTAL</b>
Adult Detox	\$ 4,279,732
Adult Prevention	\$ 747,625
Adult Treatment	\$ 9,413,035
Subtotal Adult Substance Abuse	\$ 14,440,392
Children's Detox	\$ 1,029,340
Children's Prevention	\$ 2,467,447
Children's Treatment	\$ 4,836,819
Subtotal Children's Substance Abuse	\$ 8,333,606
Executive Leadership & Support	\$ 458,617
<b>TOTAL Substance Abuse</b>	<b>\$ 23,232,615</b>
<b>Mental Health</b>	<b>TOTAL</b>
Adult Community Mental Health	\$ 28,280,144
Children's Mental Health	\$ 8,292,189
Executive Leadership & Support	\$ 785,161
<b>TOTAL Mental Health</b>	<b>\$ 37,357,494</b>

A Program Office in Circuit 18 has been established. However, budget has not been broken out, particularly for contracts. (Prepared 10/5/2009)

**4. Conclusion**

a. Accomplishments:

1. Circles of Care held the ground breaking for their new 30,000 square foot crisis facility in Melbourne on October 19, 2009. This will have a positive impact on crisis bed (and possibly SRT bed) availability in Brevard County.
2. Adult Mental Health staff conducts bi-monthly quality of care reviews of the adult and children's CSU units. The circuit provides monthly reports of the findings and recommendations to address any deficiencies.
3. Both the Brevard and Seminole CSUs converted to an electronic records system, increasing quality of care standards.
4. Seminole County has an ICCD certified clubhouse.
5. Brevard County has a well established drop-in center. Executive Director, Jean McPhaden is well-known in the community and is proactive in advancing the development of the center and its members. The club house recently gained enough financial support to move into a new building, equipped with laundry facilities, a full kitchen, computer center, donation/gift shop, and recreational/leisure areas for its guests. Plans are to develop the drop-in center into a clubhouse.

6. The SOAR (SSI/SSDI Outreach, Access and Recovery) training is being offered to providers to help increase access to SSI/SSDI for the individuals serve.
7. Wellness Recovery Action Plan (WRAP) trainings are taking place in the Assisted Living Facilities. Providers in Brevard and Seminole Counties have been trained in WRAP to be used on an inpatient and/or outpatient basis. This will help to counter balance lack of services for those individuals that don't qualify for case management.

b. Goals:

*Adult Mental Health*

- Increase the number of ALF with Limited Mental Health License.
- Increase the number of adult therapeutic foster homes in Brevard County.
- Establish SRT beds in either Brevard or Seminole Counties.
- Develop a Clubhouse in Brevard County.
- Continue integration activities with Adult Protective Services.

*Child Mental Health*

- Increase niche services such as infant mental health, early childhood mental health consultation, treatment for youth with sexually inappropriate behavior, and dual diagnosis for MH-DD.
- Continue integration activities with Child Welfare and Child Protective Investigations.

*Substance Abuse*

- Increase adult Residential Detoxification Services by 25%.
- Establish a Residential Level IV Treatment Program with funding (tie in to VA grants with a large population of Homeless Veterans residing in Circuit 18).
- Determine the Need (Chapter 65D-30.014(3)(a)-(b)) for Medication and Methadone Maintenance Treatment for Seminole County. Currently there are no clinics that service this section of Circuit 18. The nearest clinics are located in Orlando (2), Kissimmee, Cocoa, and Palm Bay.
- Continue co-occurring readiness activities.

## Circuit 19 Substance Abuse and Mental Health Program

### 1. Organizational Profile/Program Description - SAMH

#### a. Location & Counties Served

The Circuit 19 geographic area covers four counties (Indian River, Martin, Okeechobee and St. Lucie) with a total of 2,405.24 square miles and a total population of 576,442. The population has increased an average of 19.15% over the period from 2000 through 2008 with St. Lucie County’s population increasing 37.6% which is 22.9% above the state’s average of 14.7%. The program office strives to meet the substance abuse and mental health needs of the growing population by taking into consideration comments and suggestions from its stakeholders, including consumers as well as providers and other community partners. At a time when the Circuit’s population has grown at an unprecedented rate, funding cuts have forced successful programs to either discontinue services or greatly reduce access to services. Lost funding for services include two walk-in centers, outpatient therapy for indigent consumers, one consumer drop-in center, beds and services for women who have co-occurring diagnoses and residential treatment days for persons who have severe and persistent mental illnesses and co-occurring substance dependence problem. High unemployment, along with loss of individual or family insurance, has increased the need for state-funded mental health services. The most recent figures for local unemployment stand at 13.6% for St. Lucie County, 15.2% for Indian River County, 11.3 for Martin County and 12% in Okeechobee County.

#### b. Staffing (OPS and FTEs)

Number of Employees			
Program	OPS	FTE	Total
Substance Abuse	0	1	1
Mental Health	2	4	6
Total	2	5	7

#### c. Types of Services Provided and Number Served

##### i. Substance Abuse:

Circuit 19 has 31 licensed substance abuse providers. Nine licensed providers have DCF contracts to provide substance abuse services. Four of the nine providers are licensed for residential services. One licensed provider specializes in children and adolescent services, and one licensed facility specifically for females. Contracted Circuit 19 substance abuse services provide a continuum of care for clients, including detoxification, residential, day or night treatment, outpatient, intervention, prevention, and aftercare services.

Circuit 19 has 22 providers that do not have contracts with this office. Each provider is required to submit aggregate data to this office each year that identifies the total number of clients served. The information they submit is not part of the data submitted to the SAMH warehouse by our contract providers, and thus is not captured by this process. In addition to the statistics in the SAMH warehouse, private licensed substance abuse providers served 2,449 children and adolescents and 5,060 adults last year.

Circuit 19 operates adult and adolescent drug courts in each of the four counties. Drug court treatment teams include primarily licensed substance abuse providers that do not receive any funding from this office. Several residential faith based providers assist the drug court treatment teams in two of our four counties.

The Circuit 19 SAMH office works closely with substance abuse prevention coalitions in Indian River, Martin, St. Lucie, and Okeechobee counties. Three of our four county coalitions are funded by the SARG grant process through the state SAMH office in Tallahassee.

Circuit 19 contracted providers serve more than 5,000 adults annually. Services provided are Outpatient – Individual and Group, Residential II, Intervention – Individual, Day/Night with Community Housing, Room and Board Level II with Supervision, Assessment, Case Management, Day/Night treatment, Outreach, Aftercare, Medical Services, Crisis Support Emergency, Substance Abuse Detoxification, Incidentals and Prevention. Some of these services are supported through Temporary Assistance to Needy Families (TANF) funding.

The Circuit has also provided treatment services to over 1,200 children and prevention services to over 500 children annually. Available services for children are Prevention, Residential II, Medical Services, Treatment Accountability for Safer Communities (TASC), Aftercare, Outpatient – Individual and Group and Intervention. Some Children's Services are also supported by TANF Funding.

## ii. Mental Health

### *Adult Mental Health Services*

Circuit 19 serves more than 8,000 adults annually. Services remaining after recent funding cuts include Comprehensive Service Teams consisting of the following services: assessment, intensive and regular case management, psychosocial rehabilitation, supportive housing and employment; medication management; two FACT teams; consumer-run drop-in centers in three counties; limited funding for residential co-occurring substance abuse treatment for persons with severe and persistent mental illness; one 6-bed residential treatment facility; a 20-bed short term residential treatment (SRT) facility; one crisis stabilization unit; one mobile crisis team comprised of co-occurring competent staff who respond to crisis situations for adults and children; and access to four private inpatient Baker Act receiving facilities.

*Children's Mental Health Services:*

Mental Health Services are provided to over 2,000 children annually. Circuit 19 is home to one inpatient treatment facility (SIPP) for children's mental health. Our largest local service provider has also begun steps to open a children's unit that will include 30 beds for crisis stabilization. At this time, we have only one private inpatient Baker Act facility which houses children.

Other services provided to children in Circuit 19 are Crisis Stabilization, Outpatient Individual and Group, Assessment, Case Management, Comprehensive Community Service Teams (CCST) – Individual, Crisis Support Emergency, In-Home and On-Site, Respite and Behavioral Health Network (BNET) Title XXI.

iii. Additional system Circuit 19 services include:

- The jail re-entry program which has graduated 211 individuals since its inception in 2005 and has a recidivism rate of 19%.
- The University of Florida's Department of Psychiatry outpatient psychiatric program in Indian River County funded jointly by a partnership of private citizens and the county. This augments the provision of services for persons deemed to be indigent while at the same time provides training/fellowships for licensed psychiatrists.
- Mental Health courts in two counties. The St. Lucie County MHC fluidly serves approximately 200 clients with a reported recidivism rate of 6%. This court operates largely on grant funding, the inception of which came as a result of significant partnership between SAMH and local stakeholders.
- Treasure Coast Forensic Treatment Center in Martin County opened in 2007, currently has a bed capacity of 223, and houses male forensic clients committed from counties statewide.
- Aftercare services, in coordination with the Department of Corrections and our local service provider, for prisoners being released to our four counties who have mental health and substance abuse needs.

Additional needs identified by various community partners, consumers and providers are for transitional housing as a step down for persons leaving the state hospital, the SRT or jail/prison and available for respite care; long-term *local* co-occurring residential treatment; quality day activities where emphasis is placed on recovery activities tailored toward individual support needs, whether or not the person has just begun in their road to recovery or have achieved a certain level of community living skills.

Circuit 19's system partner's funding reduction has resulted in less ability to meet the growing demand for substance abuse and mental health services, including their ability to "match" funding to meet Federal Block Grant requirements and State contracting compliance. All substance abuse and mental health services in Circuit 19 have seen increased waiting lists with increased time until admission. Some individuals without a payer source have not been able to access needed services.

d. Local Partnerships and Stakeholder Input

The Circuit 19 Program Office, in collaboration with several mental health partners, has been working together for several years to offer single-stream services to anyone with co-occurring disorders. However, mental health vs. substance abuse funding sources and regulations present operational challenges, e.g., which standards apply toward programming and cost reimbursement. A spreadsheet with all contracted adult and children's mental health program services has been developed to educate the community. The Circuit 19 SAMH Office hosts quarterly meetings comprised of contracted substance abuse and mental health providers, law enforcement, public defenders, featured guest speakers, and other community partners. The SAMH Office also sits on mental health and drug court teams, various committees to advocate for collaboration and partnership to forge initiatives of children's issues within the circuit. Such participation has enhanced the interagency partnerships between local and other governmental agencies. Furthermore, SAMH staff provides instruction and planning assistance for Crisis Intervention Team (CIT) training, which has been a successful means of educating law enforcement about mental health issues when dealing with people they encounter in the community.

The SAMH Program Administrator provides training to the Agency for Persons with Disabilities (APD) staff and their providers. Several mental health agencies along with the SAMH office provide targeted case management and ALF-Limited Mental Health training. Consumers attend contract negotiation meetings and assist with monitoring of contract providers and re-designation of receiving facilities.

**2. Initiatives**

a. Systemic/Statewide Initiatives

i. Co-occurring

Circuit 19 works closely with its mental health and substance abuse providers in the implementation of circuit-wide co-occurring services. Over 50 providers have taken a proactive approach to the integration of CCISC into their programs by mandating their staff participate in training through FMHI with follow up online and at various meetings with Ziapartners. Other community substance abuse and mental health providers are actively pursuing the integration of co-occurring services into their program. SAMH staff have attended several trainings both in Orlando and Ft. Lauderdale to acquaint them with the requirements of the Minkoff Model.

ii. Managing Entities

Circuit 19 has been exploring the possibility of an alternative to the managing entity model to unify funding and service delivery of substance abuse and mental health services in the community. The Program Office has had a meeting with providers and including the Circuit Administrator to discuss the feasibility for implementation of the Managing Entity/Similar Model. Technical assistance from the Central Office will be requested to address questions and concerns as the Circuit moves forward. Circuit 19 has already been successful in establishing a Children's Collaborative which functions

much like a managing entity and is operational throughout the circuit for the past three years.

b. Local Initiatives

Circuit 19 has initiated the SSI/SSDI Outreach, Access and Recovery (SOAR) Project. SOAR is a strategy that helps states increase access to SSI/SSDI for people who are homeless or a risk of homelessness. The Circuit 19 SOAR train-the-trainer will have trained 60 people from mental health and substance abuse programs, forensic, homeless shelters, faith-based programs and various other community partners by the end of October 2009.

**3. Finance/Budget**

**Substance Abuse and Mental Health Regional Budgets Fiscal Year 2009-10  
Circuit 19**

<b>Substance Abuse</b>	<b>Total</b>
Adult Detox	\$ 722,251
Adult Prevention	\$ 82,855
Adult Treatment	\$ 2,527,725
<b>Subtotal Adult Substance Abuse</b>	<b>\$ 3,332,831</b>
Children's Detox	\$ -
Children's Prevention	\$ 638,884
Children's Treatment	\$ 1,621,137
<b>Subtotal Children's Substance Abuse</b>	<b>\$ 2,260,021</b>
<b>Executive Leadership &amp; Support</b>	<b>\$ 67,924</b>
<b>TOTAL Substance Abuse</b>	<b>\$ 5,660,776</b>
<b>Mental Health</b>	<b>Total</b>
Adult Community Mental Health	\$ 11,849,986
Children's Mental Health	\$ 2,559,781
Executive Leadership & Support	\$ 321,699
<b>TOTAL Mental Health</b>	<b>\$ 14,731,466</b>

#### 4. Performance Management

The following table depicts Circuit 19’s performance on key measures for substance abuse and mental health services.

**Circuit 19 SAMH Performance**

Measure	Target	Performance
<b>Substance Abuse</b>		
% of Adults Completing Treatment	72%	93.74%
% of Adults Employed at Discharge	78%	71.22%
% of Children Completing Treatment	74%	96.26%
<b>Mental Health</b>		
Average Annual Days Spent in the Community for Adults w/Severe & Persistent Mental Illnesses	350	353.44
Average Annual Days Worked for Pay for Adults w/Severe & Persistent Mental Illnesses	40	37.49
% of School Days Seriously Emotionally Disturbed Children Attended	86%	87.28%
% of Children w/Serious Emotional Disturbances Who Improve Their Level of Functioning	65%	79%

#### 5. Conclusion

Circuit 19 has been working closely together with its community partners for many years. Collaboration between substance abuse and mental health providers have resulted in better coordination of services even though each agency has not always attempted to provide treatment to co-occurring individuals.

As substance abuse and mental health needs increase, a change in the approach to services (co-occurring, funding, managing resources, recovery-oriented) has created challenges and opportunities. Private community partners have come through by funding certain essential services when other funding sources have not been available. Even in austere times, such as today, Circuit 19 continues to operate under the Strategic Plan’s goals and objectives.

- Establish a managed system of care;
- Integrate substance abuse and mental health with child welfare;
- Integrate substance abuse and mental health into the Juvenile Justice;



- Implement Community Comprehensive, Continuous, Integrated Systems of Care;
- Integrate substance abuse and mental health services into existing systems;
- Promote Evidence Based Practice;
- Support consumer voice and choice;
- Increase community awareness; and
- Provide technical assistance.

There is a tremendous reservoir of talent existing among the persons we serve. We as an entity must continue to find means and ways of tapping that talent and channeling it into avenues of successful endeavors. This is our desire. This is our goal. This is our plan.