


Substance Abuse and Mental Health Annual Plan Update

January 2011

Florida Department of Children & Families

Charlie Crist, Governor **George H. Sheldon, Secretary**

Substance Abuse and Mental Health Services Plan 2010-2012

2011 Annual Plan Update

Compliance with Annual Reporting Requirements Per Section 394.75, Florida Statutes

Substance Abuse and Mental Health Programs Department of Children and Families

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Table of Contents

Plan Overview

Purpose of Plan

Every three years, pursuant to section 394.75, Florida Statutes (F.S.), the Department of Children and Families (DCF), in consultation with the Agency for Health Care Administration (AHCA), is required to develop a master plan for the delivery and financing of a system of publicly-funded, community-based substance abuse and mental health services throughout Florida. In the intervening years, the Department is required to submit a plan update that describes the Department's progress toward accomplishing the goals outlined in the triennial master plan. This 2011 plan update provides a status report on progress toward meeting these goals.

Organizational Profile

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

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

The objectives identified in the following sections represent the primary areas of focus for the SAMH programs and key strategies that were identified in the Substance Abuse and Mental Health Services Plan for 2010 – 2012. Many of these strategies were addressed in 2010.

The Substance Abuse and Mental Health Program Offices administer and manage the state's public substance abuse and mental health systems through:

- assessing the performance of these systems by coordinating, collecting, and analyzing service data, including performance measures;
- developing statewide rules, policies, and standards;
- providing consultation and assistance to the service circuits/regions, providers, consumers, and families;
- assisting in the preparation of statewide legislative budget requests (LBRs);
- setting priorities for the use of resources;
- allocating funds to circuits/regions;
- coordinating the development of statewide plans and programs; and
- collaborating with other state-level agencies, advocacy groups, and community organizations.

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

In addition to the six main areas above, the Mental Health Program Office is also responsible for organizing responses to the behavioral health needs of Florida citizens during disasters. Disaster Response Teams are established in response to hurricanes, floods, and other nationally and state-declared disasters.

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

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 focused to ensure effective management of substance abuse and mental health services at the community level, including the oversight of contracting, budgeting, licensure, and quality assurance activities. The program supervisors are the Department's representatives at the local level for mental health and substance abuse issues, and are expected to collaborate with local partners to ensure that a comprehensive system of substance abuse and mental health services are provided to citizens of their respective areas. Local partners include, but are not limited to persons receiving substance abuse and/or mental health services, Community-Based Care agencies, Agency for Health Care Administration, Department of Juvenile Justice, Department of Corrections, Department of Health, local government, the judiciary, law enforcement, advocacy groups, and providers of substance abuse and/or mental health services.

2010 Legislative Session

The Florida Legislature passed several bills in the 2010 legislative session that significantly impacted the substance abuse and mental health system.

HB 7069

Revised the requirements and procedures relating to background screening for persons or organizations that work with vulnerable populations. Some of the changes include increasing all Level 1 screening requirements to Level 2, specifying that persons shall not begin work until the background screening has been completed, and identifying additional crimes that may disqualify a person from employment.

HB 1005

Allowed wardens of correctional facilities to initiate procedures for involuntary inpatient placement, pursuant to s. 394.467, F.S., 60 days prior to release of inmates who meet commitment criteria. The Mental Health Treatment Facilities and the Department of Children and Families will need to coordinate direct admissions to treatment facilities in some cases. The total impact in terms of the annual number of inmates who will need involuntary treatment following release is unknown. There is the possibility that the facilities may need to adjust the number of beds utilized for civil commitments if the number of direct admissions is substantial.

HB 5307

Eliminated the Florida Substance Abuse and Mental Health Corporation, a nonprofit corporation created by the Legislature to oversee the coordination of substance abuse and mental health services in Florida. The SAMH Corporation also managed the Reinvestment Grants in 23 counties across the state. The grants provide funding to counties for planning, implementation, or expansion of a series of initiatives. The initiatives seek to improve public safety, avert increased spending on criminal justice, and improve access to treatment services for adults and juveniles who have a mental illness, a substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in or at risk of entering the criminal or juvenile justice system. The statute transfers management of the grants to the Department of Children and Families, but moves the dollars from recurring to nonrecurring funding.

HB 5311

Eliminated the Department of Health's (DOH) authority to regulate food hygiene and safety in group care facilities, including hospitals, by revising s. 381.006(16), Florida Statutes. Five of the eight state mental health treatment facilities are licensed as hospitals. All state mental health treatment facilities, including those licensed as hospitals, received quarterly food hygiene inspections by DOH prior to the change in law.

With the implementation of the new law, the facilities licensed as hospitals would no longer receive quarterly DOH food hygiene inspections. In addition, it was not clear if the three non-licensed facilities would continue receiving quarterly inspections. Based on DOH's decision to treat residential Substance Abuse facilities as covered facilities under the new legislation, there should be no long-term impact. This, of course, assumes that all Substance Abuse programs with food preparation capacity and serve food to clients are licensed in one of the "residential" components - residential treatment, inpatient detox, or crisis stabilization.

Recognizing the need to continue having facility kitchens inspected by certified environmental health specialists, the Department looked for an interim measure to continue inspections. The Department entered into an interagency agreement with the Department of Health to allow for local county health departments to continue inspecting kitchens at state mental health treatment facilities. DCF is also exploring additional measures to provide permanent resolution to this issue.

SB 1012

Changed Florida Statute (s) 985.64, to require the Department of Juvenile Justice to adopt rules to ensure the effective provision of health services to youth in facilities or programs operated or contracted by the department. Among other items, the rules are required to address the delivery of substance abuse treatment and mental health services. The Departments of Children and Families and Juvenile Justice will work together to coordinate the Juvenile Justice rulemaking to ensure that the rules adopted do not encroach upon the substantive jurisdiction of the agencies involved. The initial draft of rule 63N was provided to the Substance Abuse and Mental Health Program offices for review. The first public hearing on the rule was held on November 18, 2010.

Proviso

Children’s Mental Health - Purchasing Residential Treatment Service (PRTS). This proviso allows any general revenue not required for match for the Statewide Inpatient Psychiatric Program (SIPP) to be redirected to the local circuits to purchase residential treatment and community based services to reduce the need for in-patient treatment for non-Medicaid eligible children.

Joint Substance Abuse and Mental Health Initiatives

Florida's Substance Abuse and Mental Health Programs recognize that there is a high degree of comorbid alcohol, other drug and mental health disorders. To address this, the programs continue their collaborative relationship in addressing issues associated with integrated co-occurring disorder services.

Electronic Health Records (EHR)

The Department of Children and Families (DCF) has signed a license agreement with FEI, Inc., a Maryland corporation, to obtain, free of charge, the source code for their public domain Web Infrastructure for Treatment Services (WITS) application. WITS is an Electronic Health Record (EHR) software system, which is specifically designed to support the community mental health and substance abuse system of care, and is currently being used in more than twenty states and counties.

DCF has used the Request for Quote (RFQ) process to select and contract with an information technology contractor who will be responsible for configuring and hosting the WITS system during the development period from FY 2010-2011 through FY 2012-2013. After the WITS system is fully tested and approved, it will be deployed and hosted in the DCF environment at the Northwood Shared Resource Center (NSRC) starting in Fiscal Year 2013-2014.

DCF will use the Legislative Budget Request (LBR) process for future WITS enhancements in three major areas: (a) integration of EHR functions and features to support inpatient services in state mental health treatment facilities; (b) WITS maintenance and hosting at the Northwood Shared Resource Center (NSRC); and (c) the addition of EHR modules that are outside the scope of the current WITS data modules. These additional modules include TANF eligibility, query facility database, data visibility reports, and health information exchange.

Managing Entities

The 2008 Florida Legislature amended s. 394.9082, F.S. authorizing the Department of Children and Families to implement Behavioral Health Managing Entities. Managing Entities are a management structure placing responsibility for publicly financed behavioral health treatment and prevention services within a single, private, nonprofit entity at the local level. The goal of developing Managing Entities is to promote access to services, improve service continuity, and provide for a more efficient and effective delivery of substance abuse/mental health care services.

During 2010, a three year management plan for implementation, a statewide review of Human Resources, and an assessment of statewide training needs were conducted to guide the Department in its transition to Managing Entities. In addition, the Suncoast Region completed

negotiations with its Managing Entity in June 2010 and the Southern Region signed its contract in October 2010. The two managing entity contracts constitute approximately 39% of the total DCF SAMH dollars. These contracts have resulted in reducing SAMH staffing by 50% and the number of SAMH contracts managed by the regional staff has been reduced from 112 to two. Development of additional Managing Entities is anticipated during 2011.

Becoming Co-Occurring Capable

The Substance Abuse and Mental Health Program Offices are entering the third year of the Florida System of Care Initiative, designed to facilitate the development of co-occurring capabilities in every substance abuse and mental health provider with Department contracts. All substance abuse and mental health provider contracts have been amended to reflect the initiative with requirements to use tools developed by Ziapartners, Inc., a nationally renowned consulting firm for co-occurring disorders. These tools include the COMPASS and CODECAT, which are used to assess business approach and structures (COMPASS), and to assess clinician's knowledge, skills and abilities relative to co-occurring populations (CODECAT), respectively. Local providers and the department are receiving information needed to create a transition to a fully co-occurring competent system of care.

Through May 2010, the Department has hosted eight regional meetings with more than 600 stakeholders participating. The creation of a Co-Occurring Steering Committee in 2009 helped to encourage ownership of the initiative by state-level and local-level stakeholder groups, allowing for significant input from the committee on changes to the system of care. The third year of implementation of the Florida System of Care initiative includes one more year with Ziapartners, Inc., providing training and technical assistance for system evaluation and change agent/team development and implementation. Ziapartners will provide feedback to the Department on statewide and circuit-level progress throughout the 2010-2011 fiscal year through on-site workshops, conference calls, and webinars.

CBMAC – Community Based Medicaid Administrative Claiming

The Florida Legislature authorized the Department of Children and Families to continue the Community Based Medicaid Administrative Claiming (CBMAC) Program. Through this program, community mental health and substance abuse agencies are able to maximize Medicaid funding and provide additional or enhanced services to better meet the needs of Floridians with serious mental illnesses and substance abuse issues.

The Department contracted with Public Consulting Group (PCG) to set up, train SAMH providers statewide, and implement a Random Moment Sampling process by which participating providers may be sampled to determine the amount of their time that is eligible to be claimed as Medicaid administrative costs. The contract also requires PCG to train Department staff to take over the operation and management of the process. The Department's proposed Implementation Plan was submitted to the Centers for Medicare and Medicaid Services (CMS) in October 2010 for their review and approval. Once the Implementation Plan is approved,

quarterly requests will be accepted from the Department for federal funding of community based administrative activities performed for individuals who are Medicaid eligible. It is anticipated that the CMS review and approval process will be completed by early 2011.

Integration with Child Welfare

It is recognized that a significant portion of families involved with child welfare have substance abuse or mental health service needs. Families and children that come to the attention of the child welfare system have multiple risks and usually have a long history of experiencing family functioning issues and personal challenges with behavioral and physical healthcare. Integration of child welfare and behavioral health is critical to achieve better outcomes for the child and family. In August 2010, representatives of SAMH, Child Welfare Central Office and circuits, state organizations and community providers met at the Dependency Court Improvement Summit to initiate a plan to improve integration of services and supports for children and families involved with the child welfare system. Follow up to that meeting has resulted in the development of an action plan identifying steps necessary to implement the vision. Next steps include adoption of an integration of services model, completion of a statewide survey to identify base line information on current levels of integration, and integration of data systems to allow for appropriate aggregate reviews and case level data sharing. The group held another meeting in October 2010 to continue the process.

Incident Reporting and Analysis System

The Department has developed a web-based Incident Reporting and Analysis System (IRAS), which will support statewide tracking, analyzing, and trending of significant incidents including seclusion and restraint events. The system will be phased in across all agencies that are operated, funded, or licensed by the Department. Since February 2009, this system has been piloted and prototyped in substance abuse and mental health provider agencies in the Northeast Region and Northeast Florida State Hospital. The Department's plan is to complete the statewide deployment of this system across all Department Programs using existing resources.

Health Care Integration

The Substance Abuse and Mental Health Program Offices are focusing on health care initiatives to address the glaring disparity in life expectancy rates for people with serious behavioral health issues as compared to the general population. The key initiative is improving integration with Primary Healthcare.

In October of 2006 the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council released the landmark Morbidity and Mortality Report. The report pointed out that three out of every five persons with serious mental illnesses die due to a preventable health condition. This disparity in mortality is found to be caused, in large

part, to unmanaged physical health conditions caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.

On April 30, 2010 the Mental Health Program Office submitted a grant proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Primary Healthcare Integration initiative. The proposal was not chosen for funding so the necessary funding has been included in the Department's Legislative Budget Request to the 2011 Legislature, to implement this initiative.

Since 2006, the Substance Abuse Program office has been managing a federal SAMHSA grant for the BRITE (Brief Intervention and Treatment for Elders) program. This is based on the evidence based SBIRT (Screening, Brief Intervention, and Referral for Treatment) model. Currently the BRITE program is providing brief intervention and treatment through primary care physicians in 35 sites around the state. These sites include emergency departments, urgent care and walk-in centers, federally qualified health centers, Veteran's Hospitals and clinics, and other primary care clinics and community-based settings.

In addition to developing proposals for piloting improved integration, Substance Abuse and Mental Health contracts have been revised to require memorandum of understanding (MOU) with local Federally Qualified Health Centers (FQHC) in the provider's area. The goal of the MOU is to ensure that the current SAMH provider network is prepared to work with the Federally Qualified Health Centers (FQHC) to adopt a holistic approach to the individuals served.

In addition to efforts at the state level, the Department's contracted providers have actively pursued improving integration with primary health care. In October 2010, SAMHSA awarded Florida mental health and substance abuse providers six of 43 community agency awards to improve coordination between primary care and behavioral health services for individuals with mental illnesses or substance use disorders. Florida led the nation in the number of awards. The purpose of the grants is to help prevent and reduce chronic disease and promote wellness by integrating primary care into behavioral health services.

Mental Health

Overview

The Mental Health Program continues to focus on a system that promotes individual and family choice in mental health services and supports, and assures that those services reflect effective practices.

Florida Statutes require that the state manage a system of care for persons with serious mental illnesses. Section 394.453, F.S., states: "It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders." Section 20.19(4), F.S., creates within the Department of Children and Family Services a Mental Health Program Office. The Mental Health system of care serves *Individuals and Families At-Risk of or Challenged by Mental Illnesses or Co-occurring Substance Abuse and Mental Illnesses* through the following services:

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

Mental health programs comprise a statewide system of community-based privatized outpatient and residential services and state mental health treatment facilities. Community-based services are provided in each of the Department's service areas (circuit/regions) through contracts with providers.

There are a total of eight mental health treatment facilities for adults; three are operated by the Department and five are operated by private vendors. One facility serves civilly committed persons exclusively, three serve forensically committed persons only, and three serve persons committed through either process. One of the eight facilities is reserved for persons who are either committed through civil action as sexually violent predators or detained while awaiting trial to determine whether they will be committed as sexually violent predators. For children's residential services, the Department and Medicaid co-fund Medicaid contracted providers located in each of the Department's six Regions. Residential services for children who have been found incompetent to proceed are provided under contract with the Apalachicola Forest Youth Camp, operated by Twin Oaks Juvenile Development.

Mental Health

Current Conditions and Trends

- It is estimated that there are 784,558 adults with serious mental illnesses and 330,989 children in Florida with serious emotional disturbances based on the SAMHSA methodology for estimating prevalence rates.
- Of the approximately 57,643 homeless individuals in Florida, an estimated 5,499 have mental health disorders. Lack of affordable housing has been identified as the singular, most pressing unmet need by homeless coalitions.
- The Department of Corrections releases approximately 29,000 individuals each year. Of that number, 9.3% are individuals with mental disorders.
- All mental health treatment facilities, whether state operated or contracted, are now accredited either under the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- There continues to be a decline in the number of students identified as requiring exceptional student education services, including those with emotional and behavioral disorders (EBD). During 2009 – 2010, 8% of students were identified as having emotional and behavioral disorders.
- The dropout rate of students with emotional and behavioral disorders is among one of the highest for students with disabilities.
- Budget reductions have impacted both administration and access to mental health services consistently during fiscal year 2006 through to the current fiscal year.
- Research has proven that early access to treatment works and is cost-effective.
- Residential capacity for adults with mental illnesses continues to decrease. Since FY 06-07, there has been a 5% decreasing in adult crisis stabilization beds and a decrease of 17% in Short-Term Residential Treatment beds.
- The overall residential capacity of beds for state mental health treatment facilities is unchanged. However, utilization between civil commitment beds and forensic step-down beds in civil facilities recently changed as the result of demand. On July 1, 2010, 77 forensic step-down beds were converted to civil commitment beds in response to increased demand for civil beds.
- Data supports that a service system that provides access both to behavioral healthcare and primary healthcare results in better outcomes in each domain.

Funding for Fiscal Year 2010-2011

Appropriations for the Mental Health Program Office for Fiscal Year 2010-2011 are as follows:

Mental Health Program Appropriations Fiscal Year 2010-2011			
Budget Entity	**General Revenue**	**Trust Funds**	**Total Appropriations**
Executive Leadership & Support Services	$8,421,136	$6,989,818	$15,410,954
Adult Community Mental Health	$248,297,236	$49,769,444	$298,066,680
Children's Mental Health	$67,525,755	$22,550,873	$90,076,628
Adult Mental Health Treatment Facilities	$250,239,326	$75,740,184	$325,979,510
Violent Sexual Predator Program	$34,526,773	$0	$34,526,773
TOTAL	**$609,010,226**	**$155,050,319**	**$764,060,545**

Approved Operating Budget

The 2010 Florida Legislature made budget reductions that impacted the public mental health system. $10.5 million was cut from the two state operated civil state mental health treatment facilities - Florida State Hospital and Northeast Florida State Hospital. This includes a reduction of 118.5 staff positions and reductions in other funding categories, including expense purchases, contracted services, and medication. The Executive Leadership & Support Services entity absorbed a $535,892 budget reduction, along with the loss of seven full time equivalent (FTE) positions.

An additional $3,815,085 budget cut reduced funding for mental health services to adults by 1.3% in Community Mental Health Emergency Stabilization Services and Recovery Services. In FY 2009-2010, 168,940 adults were served in the community at an average annual cost of $1,609 per adult. This reduction will result in fewer services in the following domains: crisis diversion services (such as mobile crisis which helps to divert psychiatric inpatient stays, and short-term crisis stabilization units) or critical outpatient services such as case management, supportive housing, and employment support.

A total of $3,000,000 in General Revenue (GR), designated as match for the Statewide Inpatient Psychiatric Program (SIPP), was cut from the Children's Mental Health budget. The GR funds cut was identified as possible lapse funds, based on a decrease in need for and referrals of Medicaid eligible children to residential mental health treatment statewide over the past few years. In addition to the budget reduction, the legislature passed proviso language during the 2010 session to allow any general revenue not used as match for SIPP to be redirected to the local circuits to purchase residential treatment for non-Medicaid eligible children and community based services to reduce the need for this level of care.

Programmatic Goals, Objectives, and Initiatives for Mental Health

The SAMH 2010-2012 Plan identified a number of programmatic initiatives bearing on the future of mental health service delivery in Florida. The Department's current implementation status is discussed below:

Enhance the Sexually Violent Predator Program (SVPP) Process

The Department of Children and Families' Sexually Violent Predator Program is proposing revision to, and the creation of, several sections of Chapter 394, Part V, F.S., the Involuntary Civil Commitment of Sexually Violent Predators Act. This change is consistent with the Legislative intent of the law to identify a "small but extremely dangerous number of sexually violent predators" and place them in a secure facility for long-term care and treatment. Proposed changes include: (a) definitions of terms and statutory timeframes (including the 180 day mandate for processing Sexually Violent Predator referrals); (b) facilitating the deportation of illegal aliens who are detained or committed at the Florida Civil Commitment Center (FCCC); and (c) the introduction or removal of certain items from any facility that provides secure confinement and treatment for persons detained or committed to the Sexually Violent Predator Program (in particular, a modification is proposed that would prohibit the introduction of firearms and other dangerous contraband onto the grounds of FCCC).

Increase the Use of Trauma-Informed Care (TIC) and Reduce the Use of Seclusion and Restraint

Trauma occurs when an experience overwhelms an individual's ability to cope. Examples include physical, emotional, and sexual abuse, military combat, accidental injuries, domestic violence, and exposure to substance abuse by other household members. The Adverse Childhood Events study found that traumatic experiences during childhood increased the risk of negative outcomes during adulthood, including alcoholism, substance abuse, suicide attempts, severe obesity, depression, and hallucinations.

During July and August 2010, the Department and the Florida Peer Network co-hosted six regional seminars entitled Building Capacity for Trauma-Informed Systems of Care. These events were funded by Federal grant monies received from the National Association of State Mental Health Program Directors. Nationally recognized experts from the National Center for Trauma-Informed Care provided the presentations for these seminars. Over 2,000 individuals attended these seminars, with heavy representation from mental health and substance abuse providers, Child Welfare community-based care providers, DCF, DJJ, and various state agencies.

Each of these seminars was used as an opportunity to launch local TIC workgroups within the region. Workgroups may represent a single DCF circuit or multiple circuits, depending on local need. Workgroups include Mental Health, Substance Abuse and Child Welfare Community Based Care provider staff, Department staff, consumers with mental health and/or substance abuse needs and family members, and other stakeholders in the mental health system. Each TIC Workgroup will develop a strategic plan for the implementation of TIC in the group's local community. The workgroups will provide recommendations to the Department on how to move trauma informed care forward in Florida that may be implemented at the state, regional, or

circuit level. The Department will also consider statewide policy and budget recommendations made by the workgroups.

Since 2003 adults in state mental health treatment facilities, an additional objective of TIC approaches has been the reduction in the use and duration of seclusion and restraint events. Over the past three fiscal years, the number of seclusion events has significantly decreased statewide, from 27 per 100 persons served in Fiscal Year 2007-2008 to 3 per 100 persons served in Fiscal Year 2009-2010. The average duration of seclusion events dropped from over 12 hours in Fiscal Year 2007-2008 to just under 3 hours in Fiscal Year 2009-2010.

Children's mental health has also shown a significant decrease in the use of seclusion and restraint. In Fiscal Year 2008-2009 the Apalachicola Forest Youth Camp (AFYC) had 1,254 seclusion and 517 restraint events. In Fiscal Year 2009-2010, seclusions at AFYC decreased by 63% to 470 events, and restraints decreased by 77% to 119 events.

Children's Mental Health has several TIC initiatives that bring together multiple key stakeholders. In an effort to effectively assess, diagnose and treat children and youth with significant trauma, attachment difficulties and Reactive Attachment Disorder, Children's Mental Health obtained technical assistance from the Center for Child and Family Health (CCFH) to provide consultation and statewide training. CCFH is a collaboration of Duke University, North Carolina Central University, University of North Carolina at Chapel Hill, Child and Parent Support Services, the community, and was designated by the National Child Traumatic Stress as a Community Treatment and Services Center. The CCFH, in partnership with leading researchers in the field, has developed clinical guidelines to assist with the treatment of Reactive Attachment Disorder (RAD). These clinical guidelines will be the focus of statewide training over the next eighteen months and serve to improve Florida's capacity to serve these children and youth in the least restrictive setting possible using research based assessments and treatment practices.

Children's Mental Health staff are active participants in local trauma-informed care workgroups and provide training and technical assistance to providers. In collaboration with AHCA to encourage trauma-informed practices the following activities occurred:

- Language was added to SIPP "request for proposals" (RFP) documents requiring applicants for SIPP contracts to ensure that program policies and practices are trauma-informed.
- Training was provided to SIPP providers, personnel from AHCA, and Children's Mental Health staff on the Building Bridges Initiative, sponsored by the Substance Abuse and Mental Health Services Administration. The training encourages family and youth participation in both treatment planning and program development to ensure that transition and communication between community and residential services is seamless, promotes recovery, and does not traumatize those involved.

<u>Target Services to Homeless and At-Risk Veterans</u>

In October 2009, the Department was awarded a five-year, $1.8 million grant from the Substance Abuse and Mental Health Service Administration (SAMHSA) for Veteran's Jail Diversion and Trauma Recovery. The purpose of the grant is to build sustainable and

supportive capacity at the state and local levels to facilitate and integrate service delivery for veterans and their families. The grant supports piloting veteran-specific jail diversion programs in two areas of the state, anticipating that the pilot demonstration model will be replicated statewide. The first pilot site is in Hillsborough County (Northside Community Mental Health) and the program began providing service in November, 2010. Objectives for the project include creating a Veteran Peer Recovery Specialist certification. The role delineation study for this certification has been completed and the training curriculum is expected to be completed in 2011.

Clinicians in the pilot area have been trained to provide trauma-informed care to veterans who present with trauma-related disorders using the Seeking Safety model. The pilot agency is also working towards providing ancillary support services such as employment, housing and childcare, in addition to mental health services. Additionally, eligible veterans are being linked with services at the James A. Haley Veterans Hospital in Tampa. The ultimate goal of the Veteran's Jail Diversion and Trauma Recovery Grant is to reduce criminal justice involvement among veterans through an integrated service delivery continuum within the local communities. A second pilot site is scheduled to be selected by the end of 2011.

Housing for Consumers with Behavioral Health Disorders

Florida has made significant strides in addressing the service needs of its homeless population, primarily because of the federal Projects for Assistance in Transition from Homelessness (PATH) grant program. When the PATH program was first implemented in Florida, only eight areas of the state – those with the highest concentration of homeless populations (at the time) – participated in the PATH program. There are currently 22 PATH projects in the state, with at least one project located in each of the Department's local service areas. This federal initiative is complemented by the Department's Office on Homelessness and the local, grassroots collaboration that takes place between the Department and the homeless coalitions throughout the state. Local partnerships ensure targeted efforts to access all available resources, as well as participation in the numerous Continuum of Care plans developed throughout the state.

Supportive housing programs also assist individuals in finding and maintaining appropriate living arrangements consistent with their choices and preferences. Services and supports are provided to ensure continued successful living in the community. The goal of Supportive Housing is to ensure that everyone has the opportunity to live as independently as possible. This evidence-based practice is available statewide. From July 1 2009 to June 30, 2010, Florida served 2,085 persons in 26 Supportive Housing programs.

Florida's SOAR (SSI/SSDI Outreach, Access, and Recovery) Initiative continues to grow. This training initiative teaches individuals in the mental health field, among others, how to assist people in completing SSI/SSDI applications approved by the Social Security Administration expeditiously, thus providing income to use for housing and other essentials. The number of certified SOAR trainers increased by two in 2010. Another two individuals will be trained in 2011, bringing Florida's total number of certified SOAR trainers to 41 statewide. To date,

approximately 1,100 individuals have been trained to use the SOAR method when assisting consumers in completing SSI/SSDI applications.

Section 394.4574(3), F.S. requires each circuit in the state to develop detailed plans for Assisted Living Facilities (ALF) that holds a limited mental health license (LMH). These annual plans are developed with input from the local community, and demonstrate how each circuit ensures the provision of state-funded mental health and substance abuse treatment services to ALF mental health residents. Each circuit plan includes case management services, access to local consumer-operated drop-in centers, and access to services (including emergency) during non-business hours and holidays. Areas also covered in each circuit plan include supervision of the clinical needs of residents, and proof of required training provided to ALF operators during the previous 12 months. All circuits are in compliance with this statutory requirement. See Appendix 3: The Assisted Living Facilities (ALF) Limited Annual Survey

Increased Diversion from the Criminal Justice System

Under the direction of the Department, communities have joined together to develop local community intervention strategies that target persons committed or at-risk of being committed to the Department. Excellent examples of this approach are found in Broward, Dade, Orange, Escambia, Pinellas, and Duval counties. At a minimum, this approach requires stakeholder groups to include mental health consumers and families, county government and municipalities, law enforcement, the courts, and mental health service providers. Communities have reorganized their specific strategies to address individuals in the criminal justice system, as well as broader approaches to divert individuals from entering the criminal justice system. The Department has proposed draft legislation to develop safe, effective, and cost-effective community based treatment options to serve individuals currently involved or at-risk of future involvement in the justice system.

The 2010 Florida Legislature continued funding for the Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant Program, which was created in 2007. The purpose of this Program is to address the need for appropriate treatment of individuals with mental illnesses, or those with co-occurring substance abuse and mental health disorders, who are at-risk of entering or involved in, criminal and juvenile justice systems. These funds are intended to help each county plan, implement, or expand strategic initiatives to increase public safety, avert increased spending on criminal and juvenile justice, and improve the accessibility and effectiveness of treatment services. Of the $3.8 million appropriated in 2007, the 2010 Florida Legislature also continued the $120,000 allocated for grantee counties supported by the CJMHSA Technical Assistance Center (TAC) of the University of South Florida's Florida Mental Health Institute.

The TAC provides technical assistance to counties by projecting the effect of proposed interventions on the population of the county detention facility, and in monitoring the effect of a grant award on the county's criminal justice system. The TAC also disseminates evidence-based and best practices among grantees statewide, and acts as a clearinghouse for

information and resources related to criminal justice, juvenile justice, mental health, and substance abuse.

Approximately $3.8 million was made available to 38 counties during the first year of CJMHSA activity. In State Fiscal Year 2009-2010, $2.8 million was funded for continuation of the Implementation Grants. Existing grant activity will continue throughout Fiscal Year 2011 utilizing a carryover of unspent State funding with local county match dollars. The budget authority for Fiscal Year 2010-2011 is $3 million. A Request for Applications is currently being coordinated by the Department in order to award expansion monies to counties that have implemented this initiative. Counties must provide 100% match to qualify for CJMHSA, with the exception of those counties designated as "fiscally constrained" by the State. Fiscally-constrained counties are required to provide a 50% match. Over the three year period, county match funds of approximately $11 million will be used to expand community-based substance abuse and mental health services.

In FY 2010-2011, $2.7 million was made available to 14 counties during the fourth year of the CJMHSA grant program. Of the 14 grants, five were awarded to counties for Expansion grants which are intended to add to the existing services the counties are providing under the Implementation Grants that were awarded in 2007. The other seven grants were awarded for Implementation grants which counties are to use to provide services to target populations included in the county's CJMHSA strategic plan. Counties must provide 100 percent match to qualify for CJMHSA grant program. Over the three year period, county match funds of approximately $8,640,000 million will be used to expand community-based substance abuse and mental health services.

Florida Assertive Community Treatment (FACT) teams in Florida serve individuals who are involved with the court system. These teams provide intensive services which assist in keeping people out of jail. FACT teams have been lauded as "hospitals without walls" because they provide intensive services in the community while keeping people out of expensive inpatient settings and out of jails. Florida's FACT teams are considered to be a critical part of the continuum of mental health care in the State. The DCF adult mental health leadership partnered with the Louis de la Parte Florida Mental Health Institute (FMHI) to assist in evaluating the performance of the 31 teams statewide, including their effectiveness in preventing jail admissions. The evaluation objectives are three-fold: evaluate the model fidelity; analyze program outcomes; and, suggest possible enhancements**.** Fidelity reviews commenced in February 2010. All 31 teams are scheduled to be reviewed by February 2011. Once completed, the data will be analyzed and presented to the FACT teams and department leadership to determine next steps.

The Department has submitted a Legislative Budget Request (LBR) for a rate increase for the existing 31 FACT teams and to fund an additional 3 teams in new service areas. The current rates were established at the inception of FACT in 1999 and have not increased. The Department's 2011 LBR also seeks to expand services provided by mobile crisis teams (MCTs) in six (6) areas of the state where they do not currently exist. MCTs provide emergency mental

health evaluations by licensed clinical mental health professionals at the scene of a mental health crisis. MCTs provide immediate access to mental health professionals and can respond to residences, schools, nursing homes, Assisted Living Facilities, and jails, for example. By serving as first responders for mental health crisis, MCTs divert individuals from unnecessary involuntary examinations, costly psychiatric inpatient hospitalization, and jail admissions when appropriate to do so. They also provide immediate assessment/screening and referral to the appropriate level of service. There are currently 11 mobile crisis teams in Florida.

Increase Educational Participation of Children with SED

Children's Mental Health personnel coordinate closely at the state and local levels with the Department of Education (DOE) and the multi-agency Service Network for Students with Emotional Disturbance (SEDNET) to address the needs of students with emotional and behavioral disorders. SEDNET is a unique partnership of mental health, education, social services, and families, funded and managed by the Department of Education that promotes collaboration across the children's service system of care. Children's Mental Health is represented on the DOE State Advisory Council, the Statewide Transition Steering Committee and a subcommittee that addresses drop-out prevention. The dropout subcommittee is targeting youth with emotional and behavioral disorders as a priority population and is gathering data on dropout rates to identify areas with low dropout rates. Information on effective practices that increase school participation/ graduation and reduce the dropout rate among exceptional students, including students with emotional and behavioral disorders will be shared statewide.

Support Competitive Employment Opportunities

Florida promotes several employment models, including, Supported Employment's Clubhouse model. Supported Employment is an evidence-based model. These services are community-based, and take place in an integrated work setting that provides regular contact with non-disabled co-workers or the public. A job coach provides long-term ongoing support for as long as needed to assist the person served to maintain employment. This evidence-based practice is available statewide. From July 1, 2009 to June 30, 2010, Florida served 1,983 persons in 29 supported employment programs.

There are several communities that have been actively pursuing the development of the Clubhouse model. This model provides a place where people who have mental illnesses go to rebuild and/or regain control over their economic and social lives. Clubhouses are run jointly by the members and staff, who work side-by-side, in a unique partnership to ensure that the work of the clubhouse is completed every day. Work in the clubhouse and paid employment are recognized and valued as a vital part of recovery from mental illnesses. Members do not live at the clubhouse but use it as a base of community and peer support in their efforts to recover from the effects of mental illnesses. Toward this end, clubhouses engage in activities that help their members live successfully in the community.

Currently, there are six clubhouses in Florida, three of which have achieved international certification and three that are continuing to develop. Another three groups are working to establish programs. Increasing the number of clubhouses in Florida will help many individuals with mental illnesses secure employment. Employment for individuals with mental illnesses increases self-worth, and decreases the amount of state funding spent on deep-end services such as acute care and longer-term hospitalizations. Increased numbers of individuals with mental illnesses in the workforce means less people receiving long-term federal Supplemental Security Income (SSI) benefits and less people needing Medicaid insurance.

In 2010, new Clubhouse teams were sponsored to train at an international Clubhouse training center in South Carolina (the nearest center to Florida). Teams will be sponsored again in 2011. In addition, the Department has requested additional funding to establish new Clubhouses which will be considered in the 2011 legislative session.

Facilitate Inter/Intra-Agency Process

The Department's Mental Health Program Office has a statewide agreement with the Departments of Education, Health, Division of Vocational Rehabilitation, Work Force Innovation, and the Agency for Persons with Disabilities to improve transition planning for children with emotional disturbances. Implementation of the agreement continues to strengthen the partnerships with other agencies and integrate services for children and their families.

Children's Mental Health activities include active participation on the Department of Education's Statewide Transition Steering Committee and Drop-out Prevention subcommittee and membership on the State Advisory Committee on Exceptional Student Education. At the state and local levels, Children's Mental Health personnel coordinate with both the multi-agency Service Network for Students with Emotional Disturbance (SEDNET) and the Project 10: Transition Education Network. Respectively, these programs work to address the needs of students with emotional and behavioral disorders and promote successful transition outcomes for students with disabilities.

To improve outcomes for adults with mental illness, the Mental Health Program Office and the Department of Education's Division of Vocational Rehabilitation have finalized a Memorandum of Agreement. The purpose of the Agreement is to enhance the delivery of services between the two agencies. Additionally, statewide implementation of this Agreement will maximize customer choice, customer satisfaction, and will result in a more efficient use of services. This Agreement may be used in each DCF Circuit as the basis for local agreements, as well as for the coordination of services between local Mental Health (SAMH) and Vocational Rehabilitation (VR) offices.

Since 2006, the Department of Corrections and the Adult Mental Health Program have executed an Interagency Agreement outlining procedures for linking inmates with mental illnesses reaching the end of their sentences to community aftercare services. The Department of Corrections (DC) has worked with the Mental Health Program Office to develop, implement

and update a web-based application and database system to analyze and report data related to inmates released from prisons and referred to community mental health programs for aftercare service planning and delivery. This data system allows DC staff, Mental Health Program Office staff at the state, Region and Circuit levels, and provider staff, to coordinate activities related to appointment scheduling and service provision from the time the inmate is released from prison to the time he/she receives services in the community.

Strengthen Mental Health Treatment Facility Management

In July 2010, Secretary Sheldon appointed a Management Review Team to examine the operational effectiveness of the state mental health treatment facilities. The workgroup was tasked with:

- Reviewing strategic plans and supporting documents employing forensic and civil outcome data for cost savings, efficiencies, and lessons learned;
- Ensuring that all facility operations are viewed from a statewide systems approach, rather than focused on the needs of an individual institution;
- Identifying essential financial and personnel resources, both direct care and administrative and support, necessary to effectively and efficiently operate mental health treatment facilities to achieve desired results;
- Ensuring adequate emergency preparedness at all mental health treatment facilities; Identifying best practices that can be systematically implemented elsewhere;
- Exploring the use of centralized management concepts to foster better acquisition and sharing of resources among facilities; and
- Utilizing private and public sector partnerships for enhanced problem resolution.

The workgroup held six meetings between August 5 and October 15 and submitted a final report with findings and recommendations to Secretary Sheldon on October 15, 2010. The report addressed the seven topic areas indicated above and identified 48 findings with recommendations. The final report is posted to the department website. The Department is currently reviewing the report recommendations and will draft an action plan in response to the recommendations.

Other efficiency improvements at the state mental health treatment facilities include:

- All three state operated treatment facilities recently achieved Council for Accreditation of Rehabilitation Facilities accreditation which reflects superior standards of care and excellence in outcomes;

- Implementing an electronic time-keeping and scheduling system which is anticipated to increase efficiency and accountability; and

- Formation of a statewide taskforce for deploying the Department's recently acquired electronic health record to mental health treatment facilities by July 2013.

Improve the Juvenile Incompetent to Proceed (JITP) Program

The Children's Mental Health Program has made substantial progress in managing the census and waiting list for the JITP program. Since July 2009, the community competency restoration program has had no wait list, down from 90 waiting in 2007. The secure program's waitlist has varied from zero to a maximum of 7 during the same period, down from a high of 27 in 2007. 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.

Florida's Certified Recovery Peer Specialists Program

The Department has partnered with Florida's official certification entity, the Florida Certification Board (FCB), to develop and implement the country's most inclusive peer specialist program. This partnership requires applicants to become certified to meet the same strict certification process and ongoing educational requirements developed and maintained for other Substance Abuse and Mental Health (SAMH) professionals in the state through a strict process by the FCB. The credentialing process allows individuals with histories of SAMH to become part of the state's person driven system of service and care. The certified peer partnership has become a nationally recognized Evidenced Based Practice (EBP) though the proven process of providing services from the approach of empathy, personal empowerment, and positive role model. Currently 4 disciplines have been developed in Florida, Certified Recovery Peer Specialist- Adult, Certified Recovery Peer Specialist – Family, Certified Recovery Peer Specialist – Combined, and the substance abuse peer-Certified Recovery Support Specialist (CRSS). Additionally, Florida is in the process of developing veteran, forensic and in-patient peer specialists. These programs are currently in varying stages of development.

Substance Abuse

Overview

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

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

The Legislature appropriates Substance Abuse funding in three primary areas: Children's Substance Abuse; Adult Substance Abuse; and Program Management and Compliance. The Children and Adult funding categories are used primarily to contract with community-based providers for the direct provision of prevention, detoxification, treatment, aftercare, and support services for children and adults. Program Management and Compliance funding supports state and circuit/regional staff responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

<u>Prevention Services</u>

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

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

According to the Florida Youth Substance Abuse Survey (Refer to Appendix 4), alcohol, tobacco and other drug use among youth has generally declined since 2000. This statewide survey is

conducted annually at the state level and on even years at the county level. The 2010 survey results show a steady decline in youth-related alcohol, tobacco, and other drug use since its inception in 2000. For example, the prevalence of past month alcohol use has steadily decreased from 34.3% to 28.8% between 2000 and 2010; and use of marijuana use decreased from 14.4% to 13% over the same period. However, from 2008 to 2010, marijuana use did show an increase from 11.1% to 13% when youth were asked about use during the past 30 days. This sudden increase will be tracked to see if there is a significant long term trend.

Treatment Services

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

- Detoxification services use medical and clinical procedures to assist children and adults as they withdraw from the physiological and psychological effects of substance abuse.
- Treatment includes various levels of residential treatment and non-residential treatment, the type and duration varies according to the severity of the addiction.
- Aftercare consists of services designed to provide continued support to persons who have completed treatment and focuses on promoting recovery and the prevention of relapse.
- Recovery Support services consist of services that are designed to provide continued supports based on "client choices" which promote personal recovery and the prevention of future relapse. Examples of these services include education, supportive employment, and relationship skill building.

Substance Abuse Licensure System

The Substance Abuse Program administers a comprehensive substance abuse licensure system pursuant to Chapter 397 Part II, F.S., and Chapter 65D-30, Florida Administrative Code (FAC) Private and publicly-funded agencies that are not specifically exempted in Chapter 397.405, F.S, that are providing substance abuse treatment services, must be licensed in the state of Florida. The SAMH Program Office in each circuit/region is responsible for licensure of substance abuse agencies. Specifically, licensure specialists within the Department are located in each circuit/region to monitor substance abuse providers and ensure compliance with applicable statutory and regulatory standards.

The Substance Abuse Program Office has recently implemented the Substance Abuse Licensure Information System (SALIS). This statewide system supports entry and retrieval of data pertinent to the inspection, issuance, monitoring, and regulation of licenses issued to Substance Abuse service providers. SALIS enhancements accomplished during FY 2009-2010 has substantially improved the Department's ability to retrieve data and information on provider and programs licensed; tracking of provider compliance and accountability in meeting state and federal standards, and the standardization of the licensing process.

Substance Abuse
Current Conditions and Trends

- It is estimated that there are 1.3 million adults and 335,000 adolescents in Florida with substance use disorders.
- Alcohol continues to account for the highest percent of treatment admissions for adults (32.61%) followed by marijuana (21.34%) and crack/cocaine (11.76%).
- Marijuana accounts for the highest percent of adolescent admissions (78.12%) followed by alcohol (12.41%). The rate of underage drinking remains a significant concern in Florida.
- There were 2,937 involuntary admissions filed under the Marchman Act for assessment, stabilization, and treatment during FY 2009-2010.
- Older adults with substance use disorders are most frequently encountered in primary health care settings. It is imperative to develop partnerships and implement collaborative initiatives to better serve these older adults.
- The Florida Substance Abuse Prevention Advisory Council has identified underage alcohol use and adult binge drinking as primary areas of concern.
- In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, for adults, particularly opiates and benzodiazephines, which has created an added demand for medically-assisted detoxification programs.
- Approximately 954 physicians and 68 programs in the state are approved to prescribe buphenorphrine for opiate addiction.
- From 2005-2009 opiate-related deaths increased by 48.5% and benzodiazephine related deaths increased by 62.5%.
- Most drug-related deaths involve the use of two or more substances; alcohol continues to be the most prevalent substance found in drug-related deaths.
- Florida has the 2nd largest per capita veteran population in the nation with approximately 1.7 million veterans among its 16 million citizens. It is anticipated that over the next several year these veterans and others returning from active duty will create increase utilization of the publicly-funded system of care.
- The Substance Abuse Program Office licenses more than 2,445 publicly and privately funded provider agencies annually.
- The Patient Protection and Affordable Care Act (ACA) will significantly change how services to persons with Substance Use Disorders (SUDs) are provided and will require significant coordination between the publicly funded substance abuse service network and primary healthcare care service providers.
- A study comparing the direct cost of Substance Abuse treatment to monetary benefits to society determined that on average, costs were $1,583 compared to a benefit of $11,487 (a benefit-cost ratio of 7:1). *Ettner, S.L., D. Huang, et al (2006). "Benefit-cost in the California treatment outcome project: does substance abuse treatment 'pay for itself?'" Health Services Research, 41(1): 192-213*

Funding for Fiscal Year 2010-2011

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 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 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 2009-2010, the Department served approximately 46% (49,172) of children through individualized services, leaving a treatment gap of 56,963 children that were unable to be served. Typically, an average of 200 children per month is on waiting lists for services.

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 as part of the methodology in the determination of budget allocations to each region. The NSDUH survey 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. In FY 2009-2010, the Department provided services to approximately 33% of adults who would seek services (135,942), leaving a treatment gap of 277,851 adults that were unable to be served. There has been a waiting list of an average of 1,300 adults per month.

Substance Abuse Appropriations Fiscal Year 2010-2011			
Budget Entity	**General Revenue**	**Trust Funds**	**Total Appropriations**
Program Management & Compliance	$2,972,611	$8,408,484	$11,381,095
Adult Substance Abuse Services	$37,565,211	$92,721,169	$130,286,380
Children's Substance Abuse Services	$41,247,437	$32,757,509	$74,004,946
TOTAL	**$81,785,259**	**$133,887,162**	**$215,672,421**

Approved Operating Budget

The Substance Abuse Program was funded by the 2010 Legislature for a total of $ 215,672,421. The chart above displays in detail the specific appropriations for children and adults by funding source, including state general revenue and federal funds.

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 Department's systemic initiatives.

Inter-Agency Collaboration:

The Substance Abuse Program Office continues to work with other state agencies to improve the substance abuse system of care. Initiatives with other agencies include:

- Work with AHCA to encourage Medicaid's adoption of substance abuse screening and brief intervention codes which enable medical professionals to bill Medicaid for these services;
- Coordinate with the Governor's Office of Drug Control (ODC) to support key initiatives such as provision of substance abuse treatment for adolescents and the elderly, prevention of suicide within the state, as well as the reduction of underage drinking; and
- Collaborate with the Department of Health (DOH) to prevent and reduce the use of tobacco and drugs; administer the *Florida Youth Substance Abuse Survey (FYSAS)*, *National Survey on Drug Use and Health (NSDUH)*, other Surveys, and to offer HIV testing.

Address Prescription Drug Abuse Rates:

The rise of prescription drug abuse has achieved epidemic proportions in the U.S. during the past decade. Florida has become the epicenter for the availability of controlled prescription drugs; not only Floridians but out-of-state seekers of the easily obtained controlled substances flock to Florida thereby establishing the "Flamingo Express." As of September 2009, 33 of the top 50 dispensing practitioners of Oxycodone nationwide were located in Broward County; the other 24 for a total of 49 of 50 of the top Oxycodone dispensing practitioners are elsewhere in Florida. In an effort to abate prescription drug abuse and diversion in Florida the Prescription Drug Monitoring Program (PDMP) was passed during the 2009 legislative session. Governor Charlie Crist signed the bill into law on June 18, 2009, providing Florida with the ability to improve patient standard of care and reduce controlled prescription drug abuse and diversion.

The intent of this statute, s. 893.055, F.S., and the accompanying Public Records law s.893.0551, is to not interfere with the legitimate medical use of controlled substances; however, the people of Florida are in need of and will benefit from a privacy-protected PDMP. It will collect specified dispensed controlled prescription drug medication information primarily to encourage safer controlled substance prescription use and reduce drug abuse. The system will aid the state of Florida in educating and informing health care practitioners while providing an added tool in patient standard of care. The PDMP will allow health care practitioners to view all of their patient's dispensed prescription history that is fifteen days or later.

The PDMP will also act as a guide for public health initiatives to alert the population regarding the dangers of misusing prescription drugs and bolster prevention efforts in regard to the abuse and/or diversion of prescribed controlled substances. The ability to provide increased information will be used while designing the system to ensure that those who need prescribed controlled substances receive them in a manner that protects patient confidentiality. To ensure the legislative intent of the PDMP statute is adhered to during implementation of this database, the Implementation and Oversight Task Force will monitor, review, and make recommendations during the implementation process.

Although the PDMP is required by the s. 893.055, F.S., to be established by the Florida Department of Health by December 1, 2010, the Department of Health currently has a bid protest regarding the contractor they selected for establishing the database. It is not clear how the implementation will be delayed while the protest is resolved.

Maintain the Initiative to Improve Business Practices:

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) helps to provide a foundation for systemic performance improvement. The FLS provides a management structure that facilitates the assimilation of information, identification of trends, and the implementation of strategic initiatives. This model involves partners, stakeholders, and consumers in the statewide and local planning processes through an 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 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 data dashboards will continue to be used to track process and outcome measurement and will inform future Substance Abuse Program Office planning.

Increase the Use of Evidence-Based Practices:

The Substance Abuse Program Office promotes the adoption of Evidence-Based Practices (EBP) and is assisting communities to build system capacity to select and implement evidence-based practices through training, technical assistance, communication, and applied prevention science. Current initiatives to support the use of EBPs include:

- Development of an EBP Fidelity Assessment Survey Tool to evaluate the fidelity with which an EBP is being implemented when compared to its model;

- Implementation of an improvement process for agencies to self-assess EBP performance, identify opportunities for improvement, and utilize peer mentors for technical assistance;
- Revising the Independent Peer Review process to include rapid cycle process improvements, as a quality improvement mechanism, and Peer Mentors for site reviews and technical assistance;
- Continue to offer medication-assisted treatment with Vivitrol, this will in-turn expand the number of providers and clients who are involved; and
- Transition of prevention contracts through FY 2012 to utilize only evidence based programs.

Implementation of Access to Recovery (ATR) and expansion of SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program will significantly enhance our ability to increase the use of evidence-based practices.

Continue Collaborative Community Substance Abuse Activities:

The Substance Abuse Program Office continues to work with community partners to improve the substance abuse system of care. Some of these initiatives include:

- Working with the Veteran's Association to coordinate the provision of substance abuse and mental health services for returning veterans;
- Working with primary care physicians and hospitals to identify elderly persons needing substance abuse services through our Brief Intervention and Treatment for Elders (BRITE) Programs; and
- Working with Community-Based Care agencies contracted to provide child protection services to improve access to substance abuse services in their communities.

Continue Community Process Capacity-Building Initiative:

Through implementation of the Strengthening Treatment Access and Retention – State Implementation (STAR-SI) Grant, the Substance Abuse Program created an infrastructure to perform process improvements at the provider and state levels. Our office continues to sustain improvements obtained through the use of rapid cycle process improvement training, which was developed through the National Institute for Addiction Treatment (NIATx) at University of Wisconsin-Madison. By partnering with provider agencies, providing training, and developing local capacity to initiate, manage, and sustain those changes, we continue to see improvements in client access and retention in care. Currently, improvement projects focus on strategic initiatives to improve adult access to services through the Family Intervention Specialist contract, and increasing the use of EBPs with a high degree of fidelity. These initiatives were identified through the activities of the Florida Learning System (FLS).

Increase Link from Detoxification Services to Ongoing Treatment:

As a result of using a walkthrough process in conjunction with rapid cycle process improvements, provider agencies were able to establish service linkages between detoxification and other treatment services. As a result of these improvements, client continuation into treatment services dramatically increased, up to 50%. These types of improvements help to reduce client recidivism and Departmental reliance on more costly detoxification services. The Substance Abuse Office will continue to facilitate and support the use of the rapid cycle process improvements approach to enhance the effectiveness and efficiency of the current system of care.

Increase the Use of Vivitrol for Alcohol Dependent Populations:

Medication-assisted treatment is an evidence-based practice that is rapidly growing in the area of substance abuse treatment. In 2007, the Department introduced Medication-Assisted Treatment with Vivitrol as a component of substance abuse treatment for persons with alcohol dependence. Clients were offered Vivitrol based on their history of multiple treatment admissions and reported heavy drinking days. An evaluation of treatment with Vivitrol indicated a 2/3 reduction in further recidivism, reduced cost for treatment (64%), and improvement in other outcomes such as employment and stable housing.

Implement Marchman Act Statutory Changes:

Part V of 397, F.S. provides for the involuntary admission of persons that have lost the power of self control with respect to substance use; Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

Ongoing community meetings with advocates, judges, law enforcement, legal experts, treatment professionals, family members impacted by substance abuse, and the Substance Abuse Program Office continue to provide recommendations for improvements to the Marchman Act. Over the past year, five regional meetings were held with stakeholder and the concerns expressed included: families having difficulties navigating the court system; fee structures; legal and service options; law enforcement officers defaulting to Baker Act placements due to better familiarity with the mental health laws; and variations by courts in handling involuntary placement orders.

Continue Innovative Activities:

- Linking Department-funded prevention programs, practices, and strategies to state priorities, regional priorities, and Department-approved community action plans.
- Strengthening the capacity for local community coalitions to implement evidence-based environmental strategies for the prevention of substance use/abuse.

- Measuring the fidelity with which an Evidence-Based Practice is being implemented through the development of a Substance Abuse protocol. Providers are engaged in conducting self-assessments to identify areas of improvement. A peer mentoring process is being piloted, to provide external validation of the agencies findings as well as provide technical assistance, as needed.
- Conducting workgroup meetings to draft revisions to Rule 65D-30, F.A.C. that align licensing requirements to changes in Chapter 397, F.S., and to reflect the Substance Abuse Response Approach.
- Recognizing E-Counseling as a legitimate substance abuse treatment service and identifying ways to achieve accountability in the delivery of this service. A workgroup has developed draft written standards that are currently undergoing review.
- Increasing access to substance abuse services to veterans across a five county area through the implementation of a recently obtained Federal SAMHSA Access to Treatment and Recovery Grant.

Performance Measurement

Overview

The Department of Children and Families is mandated by the Florida General Appropriations Act (GAA) to track specific performance measures relative to individuals served and service outcomes for substance abuse and mental health. In Fiscal Year 2009-2010, the Department, with Legislative approval, replaced some GAA performance outcome standards with new national outcome measures (NOMS). The Mental Health Program is required to track 10 performance measures covering adult mental health, children's mental health, treatment facilities, and the Sexually Violent Predator Program. The Substance Abuse Program is required to track 2 performance measures related to adult and children's substance abuse.

Accountability Through Performance

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

National Outcome Measures

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

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

The National Outcome Measures, as well as other quality measures, have been adopted by the Legislature as part of the Government Accountability Act (GAA).

Legislative Status Report

The Department is required by Section 394.745, F.S., to submit a report to the Legislature by November 1 of each year describing the compliance of substance abuse and mental health service providers under contract with the Department. The report must describe the status of compliance with the annual performance outcome standards established by the Legislature and must address the providers that meet or exceed performance standards. Also included are providers that did not achieve performance standards for which corrective action measures

were developed, and the providers whose contracts were terminated due to failure to meet the requirements of the corrective plan. In Fiscal Year 2009-2010, there were 191 SAMH contracts that were accountable for 12 GAA performance outcome measure standards. Overall, there were 606 contracted GAA performance outcome standards in Fiscal Year 2009-2010. Of this total, contracted providers met or exceeded the targets for 456 GAA performance standards, for a 75.2 percent success rate.

Performance Outcomes and Clients Served

Appendix 2 provides a series of tables depicting FY 2009-2010 output (clients served), and outcome data for the Substance Abuse and Mental Health Programs, as well as Crisis Stabilization Unit (CSU) bed utilization in public receiving facilities. The CSU report is submitted annually to the Governor, the President of the Florida Senate, and the Speaker of the Florida House of Representatives in compliance with paragraph 394.461(4)(d), Florida Statutes, which requires the Department to collect data from public receiving facilities and treatment facilities and to submit an annual report.

Appendix 1: Department of Children and Families Strategic Plan - Goals and Objectives

The Department of Children and Families Strategic Plan identifies Department 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 Plan includes strategic objectives that focus on "Individuals and Families At-Risk of or Challenged by Substance Abuse or Mental Illnesses." The following goals were identified in the Department's 2010-2014 Strategic Plan:

Goal 1

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

- **Objective:** Reduce domestic violence and sexually violent offenses
- **Objective:** Increase safety for children and adults
- **Objective:** Reduce child deaths and injuries related to abuse, neglect and abandonment
- **Objective**: Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and abandonment

Goal 2

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

- **Objective:** Fewer children and adults will be homeless
- **Objective:** More children and adults with mental health problems will live in their own homes or communities

Goal 3

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

- **Objective:** More children and adults will be adequately prepared to achieve and maintain independence
- **Objective:** More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness
- **Objective:** More children and adults with behavioral health problems will live in and be active successful participants in their own communities
- **Objective**: Increase the percent of children and disabled adults who remain in, or return to their home

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:** Decrease all processing errors and processing time
- **Objective:** Increase efficiency, accuracy and effectiveness through information management and health information exchange
- **Objective**: Increase overall efficiency
- **Objective**: Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration

Appendix 2: Performance Measures for Substance Abuse and Mental Health

The following tables depict the FY 2009-2010 General Appropriations Act (GAA) measures and clients served data for the Substance Abuse and Mental Health Programs.

Children's Mental Health Services				
			FY09-10	
Population	MCode	Measure	Actual	Target
At Risk Of Emotional Disturbance	M0033	Number of children to be served	3,751	4,330
	M0780	Percent of children who live in stable housing environment	95.37%	96%
Emotionally Disturbed	M0032	Number of children to be served	35,641	27,000
	M0377	Percent of children who improve their level of functioning	64.86%	64%
	M0778	Percent of children who live in stable housing environment	99.65%	95%
Juvenile Incompetent To Proceed	M0019	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing	86.00%	75%
	M0020	Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing	54.00%	50%
	M0030	Number of children served who are incompetent to proceed	439	340
Seriously Emotionally Disturbed	M0012	Percent of school days attended	91.61%	86%
	M0031	Number of children to be served	52,870	46,000
	M0378	Percent of children who improve their level of functioning	67.86%	65%
	M0779	Percent of children who live in stable housing environment	98.81%	93%

Adult Community Mental Health Services				
			FY09-10	
Population	MCode	Measure	Actual	Target
Forensic Involvement	M0018	Number of adults served	3,608	3,328
	M0743	Percent of adults who live in stable housing environment	74.20%	67%
Mental Health Crisis	M0017	Number of adults served	29,826.00	30,404.00
	M0744	Percent of adults who live in stable housing environment	93.57%	86%
Serious Mental Illness	M0709	Percent of adults readmitted to a civil state hospital within 180 days of discharge	6.28%	8%
	M0777	Percent of adults readmitted to a forensic state treatment facility within 180 days of discharge	6.21%	8%
Severe And Persistent Mental Illness	M0003	Average annual days worked for pay	34.02	24
	M0016	Number of adults in the community served	156,966	136,480
	M0742	Percent of adults who live in stable housing environment	95.67%	90%

Adult Mental Health Treatment Facilities				
			FY09-10	
Population	MCode	Measure	Actual	Target
Civil	M0372	Number of people served	1,759	1,606
	M05050	Percent of adults who show an improvement in functional level	75.93%	67%
Forensic	M0361	Number of people on admission waiting list over 15 days	0	0
	M0373	Number of adults served	2,780	2,320
Incompetent to Proceed	M0015	Average number of days to restore competency	132	125
Not Guilty by Reason of Insanity	M05051	Percent of adults who show an improvement in functional level	63.61%	40%

Violent Sexual Predator Program				
			FY09-10	
Population	MCode	Measure	Actual	Target
Sexually Violent Predators	M0283	Number assessed	3,393	2,879
	M0379	Number served (detention and treatment)	757	480
	M0380	Annual number of harmful events per 100 residents in sexually violent predator commitment	0.45	3
	M05305	Percent of assessments completed within 180 days of receipt of referral	98%	85%
	M06001	Number of residents receiving mental health treatment	260	169

Substance Abuse - Adult Treatment				
			FY09-10	
Population	MCode	Measure	Actual	Target
Adult Treatment	M0063	Number of adults served	135,942	115,000
Adult Treatment	M0753	Percentage change in clients who are employed from admission to discharge	19%	10%
Adult Treatment	M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	7%	14.6%
Adult Treatment	M0755	Percent of adults who successfully complete substance abuse treatment services	52.27%	51%
Adult Treatment	M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	86%	94%
Adult Treatment	M0775	Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services	53.57%	45%

Substance Abuse - Children's Treatment				
			FY09-10	
Population	MCode	Measure	Actual	Target
Children's Treatment	M0052	Number of children with substance-abuse problems served	49,172	50,000
Children's Prevention	M0055	Number of at-risk children served in targeted prevention	4,720	4,500
Children's Prevention	M0382	Number of at risk children served in prevention services	137,481	150,000
Children's Prevention	M05092a	Alcohol usage rate per 1,000 in grades 6-12	288	295
Children's Prevention	M05092m	Marijuana usage rate per 1,000 in grades 6-12	130	110
Children's Treatment	M0725	Percent of children who successfully complete substance abuse treatment services	62.24%	48%
Children's Treatment	M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	16%	19.6%
Children's Treatment	M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	95%	93%

Appendix 3: The Assisted Living Facilities (ALF) Limited Annual Survey

The following table depicts the total number of Assisted Living Facilities, ALF Limited Mental Health (LMH) licenses, LMH beds, and an estimate of mental health residents per circuit respectively.

Circuit	Total number of ALFs	Total number of ALF-LMHs	Total number of LMH Beds	Estimated number of MH Residents
1	45	9	256	150
4	95	28	585	600
5	120	14	452	300
7	131	12	311	300
9	109	24	525	400
10	10	10	355	300
15	83	15	102	48
16	3	2	22	22
17	308	53	1,537	390
18	136	12	149	100
19	90	17	111	50
2 & 14	43	16	489	323
3 & 8	31	9	229	186
6,12,13 & 20	567	96	2,318	1,426
11	995	756	7,241	7,241
TOTALS	**2,766**	**1,073**	**14,682**	**11,836**

Appendix 4: Florida Youth Survey Trends

Prevalence (2010 FYSAS)

30-day (regular) use of:	2002	2010
Alcohol	31.2%	28.8%
Marijuana	12.1%	13.0%
Inhalants	3.6%	3.2%
Methamphetamine	0.9%	0.5%
Rx Depressants	2.9%	2.0%
Rx Pain Relievers	3.5%	2.9%
Rx Amphetamines	1.4%	1.1%
Steroids	0.6%	0.3%
Binge Drinking (5 drinks at 1 setting in previous 2 weeks)	16.0%	14.1%

Perceptions (2010 FYSAS)

Perception of Harm: 6th to 12th graders who perceive great harm when someone their age:

	2002	2010
Drinks one or more alcoholic drinks nearly every day	38.5%	42.6%
Smokes a pack or more of cigarettes per day	63.7%	66.5%
Smokes marijuana regularly	58.1%	54.1%

Disapproval: Youth who strongly disapprove of the following behaviors:

Alcohol	66.4%	66.7%
Tobacco	77.9%	81.5%
Marijuana	79.9%	76.8%

Adult Data and Outcomes

Prevalence (2006-2007 roll-up, NSDUH)

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

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%