



Substance Abuse and Mental Health Triennial Plan Update

Fiscal Year 2019-2020

Department of Children and Families
Office of Substance Abuse and Mental Health

December 31, 2020

Chad Poppell
Secretary

Ron DeSantis
Governor

Table of Contents

I.	INTRODUCTION.....	2
II.	ANNUAL OVERVIEW.....	3
III.	UPDATE ON STRATEGIC INITIATIVES.....	6
III.A.	Strategic Initiative 1: Community-Based Health Promotion and Prevention.....	6
III.B.	Strategic Initiative 2: Access To Quality, Recoveryoriented Systems Of Care	100
III.C.	Strategic Initiative 3: Information Management.....	155
III.D.	Strategic Initiative 4: State Mental Health Treatment Facilities Improvement.....	177
IV.	FINANCIAL MANAGEMENT	18
V.	GRANTS	22
V.A.	Projects for Assistance in Transition from Homelessness.....	22
V.B.	Partnerships for Success Grant.....	22
V.C.	State Opioid Response Grant.....	23
V.D.	Florida Healthy Transitions Grant.....	24
V.E.	Children’s System of Care Expansion and Sustainability Grant.....	25
V.F.	COVID-19 Emergency.....	277
VI.	POLICY CHANGES	288
VI.A.	Legislative Bills.....	288
VI.B.	Proviso Projects	311
VII.	STATEWIDE PERFORMANCE MEASUREMENT	355
VIII.	UPDATE ON THE CONTRACT MANAGEMENT SYSTEM.....	35
IX.	UPDATE ON REGIONAL PLANS	36
IX.A.	Northwest Region.....	36
IX.B.	Central Region	37
IX.C.	Suncoast Region.....	38
IX.D.	Southeast Region.....	39
IX.E.	Southern Region	45
IX.F.	Northeast Region.....	49
	Appendix I	48

I. Introduction

Pursuant to s. 394.75, F.S., the Department of Children and Families (DCF/Department) is required to develop a triennial master plan (Master Plan) for the delivery and financing of publicly-funded, community-based behavioral health services in Florida.¹ In interim years, the Department submits an update showing its programmatic priorities and progress towards the goals named in the Master Plan.

The Master Plan outlines statewide and region-specific priorities developed with stakeholder input and based on current trends and conditions related to behavioral health services in Florida. The Office of Substance Abuse and Mental Health (SAMH) utilizes the Master Plan to drive statewide quality improvement initiatives, create legislative budget proposals, and develop policies and programs to support the priorities and goals. This is the first update to the Fiscal Years (FYs) 2019-22 Master Plan, which outlined the following four key strategic initiatives:

- Community-Based Health Promotion and Prevention;
- Access to Quality, Recovery-Oriented Systems of Care;
- State Mental Health Treatment Facility Improvements; and
- Information Management.

This update provides an overview of FY 2019-20, including statewide progress on system priorities and strategic initiatives, budget as of July 1, 2019, grants administered throughout the year, legislative changes, contracts managed within SAMH, and region-specific updates. Overall, the Office of SAMH is making substantive progress toward its goals. Transformation of behavioral healthcare into a Recovery-Oriented System of Care with greater emphasis on prevention and reducing the need for crisis interventions through an effective service array delivered in the community continues to be the primary focus.

The Master Plan developed in 2019 for FYs 2019-20 through 2021-22, can be accessed at:

<https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf>

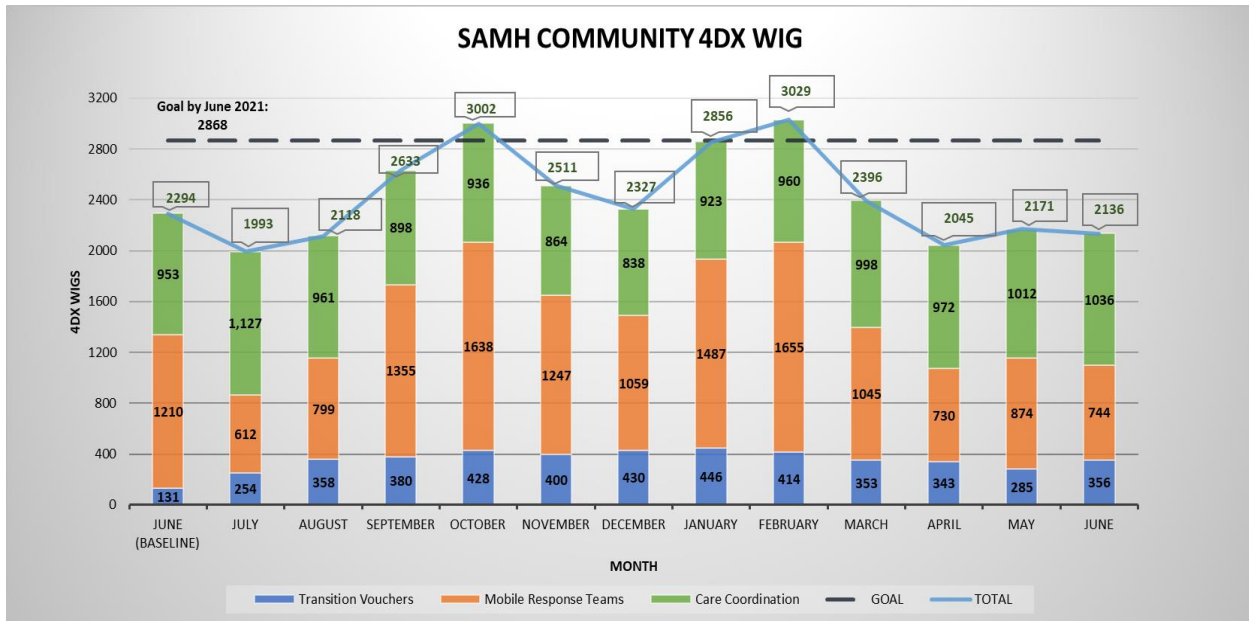
¹ S. 394.75, F.S., "Every 3 years, beginning in 2001, the Department, in consultation with the Medicaid program in the Agency for Health Care Administration, shall prepare a state master plan for the delivery and financing of a system of publicly funded, community-based substance abuse and mental health services throughout the state."

II. Annual Overview

The Department’s agency-wide goal is to reduce the number of families in crisis by increasing pre-crisis contacts and reducing re-entry into crisis-based services by 20% from July 2019 through June 2021. The Department has implemented the strategic approach called the 4 Disciplines of Execution, also known as 4DX, throughout the agency with the expectation that each program area develop strategies to meet this goal for their population of focus. For the Office of SAMH this translates into reduced admissions into crisis stabilization units, inpatient psychiatric hospitals, state mental health treatment facilities (SMHTFs), and inpatient detoxification units. The Office of SAMH focused on pre-crisis contacts to reduce admissions, specifically by increasing the number of individuals served by Mobile Response Teams, Care Coordination, and Transitional Vouchers by 25% from July 2019 through June 2021. In 4DX terms, this is known as the Wildly Important Goal (WIG).

In February 2020 that WIG was surpassed, and the number of persons served in the three targeted service areas increased by 32%. However, with the onset of the COVID-19 pandemic in March 2020 and subsequent school closures and stay at home recommendations, the number of persons served dropped below baseline. As demonstrated in Graph 1 below, Care Coordination remained relatively stable and use of Transitional Vouchers remained higher than baseline but use of Mobile Response Team services decreased significantly.

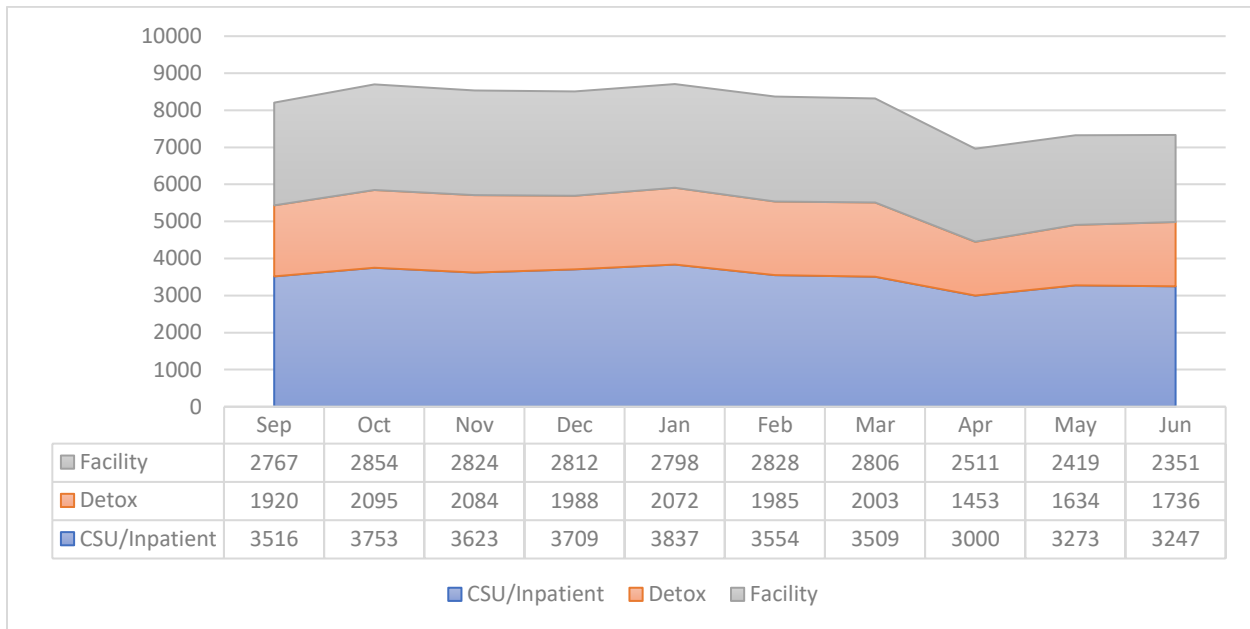
Graph 1: Number of Persons Served with MRTs, Care Coordination, and Transitional Vouchers



The decrease in service utilization was also evident in crisis settings. Although it may appear that the Office of SAMH is making progress toward the goal of reducing admissions to crisis settings, it is important to note that the decreases appear to be correlated with the pandemic. As an example, the number of persons served in SMHTFs actually increased from September to February 2020. Due to COVID-19, admissions to SMHTFs were halted at various times,

reducing the number of persons served from 2,806 in March to 2,351 in June 2020. Graph 2 below shows decreases in all crisis settings from September to June 2020.

Graph 2: Number of Persons Served in Crisis Settings September 2019 – June 2020



The reduction in persons served was evident throughout the entire system of care. According to the Managing Entities (MEs), contracted network service providers served 274,560 unduplicated individuals in FY 2019-20. In FY 2018-19, numbers served were reported as duplicated (339,039). When comparing duplicated numbers, the number of individuals served in FY 2019-20 (305,144) represent a 10% decrease from FY 2018-19. Again, decreases appear to be related to the COVID-19 pandemic. Table 1 below shows the unduplicated counts of persons served by the MEs.

Table 1: Number of Persons Served FY2019-20

Managing Entity	Total Served (unduplicated)
Big Bend Community Based Care	34,124
Broward Behavioral Health Coalition	21,938
Central Florida Behavioral Health Network	113,424
Central Florida Cares Health System	29,750
Lutheran Services Florida Health Systems	53,386
Southeast Florida Behavioral Health Network	21,938
South Florida Behavioral Health Network	30,584
Total	274,560*

*This number is unduplicated. Adding the individual ME counts will not add up to this number since individuals may be served by more than one ME.

The Office of SAMH has worked closely with the MEs and network service providers since the beginning of the pandemic to ensure continuity of care for the people we serve. Initially, weekly calls were held with each DCF region, including regional SAMH staff, MEs, network service providers, and DCF headquarter SAMH staff to share information from DCF leadership and other agencies (especially the Department of Health and Division of Emergency Management), ascertain needs on the ground, and share innovative practices. To mitigate negative consequences to the extent possible and support social distancing, the Office of SAMH took the following actions:

- Shared information from the:
 - U.S. Department of Justice Drug Enforcement Administration that practitioners may prescribe buprenorphine to patients using telemedicine and telephone without first conducting an in-person evaluation during this public health emergency under 21 U.S.C. 802(54)(D).1
 - U.S. Department of Health and Human Services Office for Civil Rights that they will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Based on guidance from the Substance Abuse and Mental Health Services Administration regarding Methadone Opioid Treatment Programs (OTPs), relaxed medication requirements by allowing:
 - Blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's methadone for opioid use disorder.
 - Requests for up to 14 days of Take-Home methadone for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.
- Posted information on the DCF website on Suicide Prevention, Tips for Social Distancing, Quarantine, and Isolation, and Psychological Effects of Quarantine during the Coronavirus Outbreak.
- Provided flexibility to service providers regarding the use of telehealth and telephonic service delivery methods to ensure continuity of care while maintaining adequate social distancing.
- Provided training to service providers on delivering services via telehealth.
- Implemented a more flexible payment structure for providers from fee-for-service based on units to a monthly fee for certain Other Cost Accumulators to accommodate additional allowable expenses for PPE, increased cleaning and sanitation, staff overtime, telehealth technology, etc.
- Purchased Personal Protective Equipment test kits for distribution to providers in areas heavily impacted by COVID-19.
- Applied for and were awarded a \$2M grant from SAMHSA to provide services for individuals experiencing mental health and substance use issues as a result of COVID-19.
- Applied for and were awarded a \$5M grant from FEMA and SAMHSA for the Crisis Counseling Program which will be utilized to increase staffing in Florida 2-1-1 networks

to provide brief crisis interventions, resources, and referrals for individuals impacted by COVID-19.

- Published Emergency Order DCF-20-190 effective through March 31, 2020 which:
 - Suspends statutory requirement for proof of satisfactory fire, safety, and health inspections, proof of accreditation, and compliance with local zoning ordinance for substance abuse licensure, in part, if a provider is unable to submit these items as a result of COVID-19 related delays.
 - Provides the Assistant Secretary of Substance Abuse and Mental Health discretion in the enforcement of standards established in administrative rules which (a) requires proof of satisfactory fire, safety, and health inspections, proof of accreditation, and compliance with local zoning ordinance; (b) requires inspections to be conducted onsite; (c) prevents telehealth delivery methods; (d) requires minimum staffing standards; or (e) establishes required timeframes when it is determined that strict compliance creates a risk to health or safety or when non-compliance is determined to be a direct result of COVID-19 complications.
- Policy, program, and operational support/supervision for the State Mental Health Treatment Facilities which serve individuals committed per Chapter 394, F.S. or Chapter 916, F.S.

III. Update on Strategic Initiatives

For the FY 2019-20 update to the Master Plan, provided below is a progress summary and outcome for each objective. Tables 2-5 provide an overview of data trends and activities for each of the four strategic initiatives.

III.A. STRATEGIC INITIATIVE 1: COMMUNITY-BASED HEALTH PROMOTION AND PREVENTION

Table 2: Progress for Strategic Initiative 1

Goal 1.1: Promote mental health and resiliency.		
Objectives	Outcomes / Metrics	Progress / Update
Objective 1.1.1: Increase the public’s awareness of mental health.	Disseminate educational materials and science-based messaging to educate the public about mental health and protective factors	MET: During FY 2019-20, SAMH, in partnership with the Florida Alcohol and Drug Abuse Association (FADAA), researched and posted mental health promotion resource materials in the online Resource Center and distributed materials through exhibits at four statewide meetings. Training events and materials related to mental health and protective factors were also distributed to providers and stakeholders. With the advent of the COVID-19 pandemic, FADAA established a separate website page to provide CDC and SAMHSA resources for substance use and suicide prevention, virtual recovery, managing anxiety and

		<p>stress, self-care, Mental Health First Aid, ACES and NIDA Tips for Teens.</p> <p>In March 2020, SAMH teamed up with the Executive Office of the Governor, DCF Child Welfare Office, Prevent Child Abuse Florida, and Ounce of Prevention and provided 6 weeks of webinars based upon the Protective Factors. In April 2020, SAMH began to meet with regional leadership and Managing Entities to educate the regions on Community Cafes, training leaders under each ME to conduct virtual Cafes based upon the Protective Factors to families during COVID 19. Trainings have been provided to parents, youth, peer specialists and community providers on: ACES and Strengthening Families Protective Factors Framework (10 of 12 completed- 66 individuals trained); and ACES and Strengthening Families Protective Factors Framework and Protective Factors Community Cafes (8 of 9 completed- 71 individuals trained).</p>
--	--	--

<p>Objective 1.1.2: Ensure the public is able to access services in their community.</p>	<p>Improve the functionality and contents of Florida’s Network of Care site</p>	<p>UPDATE: Florida’s Network of Care website is no longer funded through the Department and therefore no longer in operation. In order to provide a more comprehensive resource for the public, the Department has partnered with the Governor’s Office, using technology from Aunt Bertha and CarePortal, to create an online hub of resources at: https://www.myfloridamyfamily.com/</p> <p>The website will serve as a gateway to connect Florida families in need to local faith institutions and community organizations.</p>
---	---	---

Goal 1.2: Prevent and reduce substance use

Objectives	Outcomes / Metrics	FY 2019-20 Progress / Update
<p>Objective 1.2.1: Strengthen the substance-abuse prevention workforce through training and certification.</p>	<p>Increase the knowledge, skills, and abilities of the prevention workforce as evidenced by training attendance and a 5% increase in the number of certified prevention professionals in one year from baseline of 168.</p>	<p>PARTIALLY MET: During FY 2019-20, SAMH sponsored prevention-specific trainings through FADAA with a total of 1,662 attendees. Trainings included:</p> <ul style="list-style-type: none"> • Identifying Environmental Risk Factors for Relapse (141), • Drug Usage Patterns & Trends (156), • Mental Health, Substance Misuse and Suicide (255), • Intersection of Substance Use and Bullying (173), • Behavioral Health Among College Students (163), • Adverse Childhood Experiences (351), and • Drug Usage Trends Annual Report (423). <p>Additionally, 1,120 professionals completed the SAMH-sponsored Suicide Prevention course and 616 individuals completed the Overdose Prevention and Naloxone course on the Florida Certification Board (FCB) learning platform.</p>

		<p>According to FCB data, the number of certified prevention professionals remained relatively constant from FY 2018-19 (168) to FY 2019-20 (169) – a less than 1% increase.</p>
<p>Objective 1.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs in Florida through use of evidence-based practices</p>	<p>Reduce the percentage of middle and high school students reporting alcohol use in the past 30 days:</p> <ul style="list-style-type: none"> • High School from 21.2% to 20% (2018) • Middle School from 7.3% to 6.5% (2018) 	<p>PARTIALLY MET: According to the 2019 Florida Youth Substance Abuse Survey, the percent of high school students reporting past 30 day alcohol use decreased while the percent of middle school students increased as follows:</p> <ul style="list-style-type: none"> • High School: 19.8% (2019) • Middle School: 8.2% (2019) <p>In the long term, the percentage of Florida students using alcohol continues to decline. Between 2008 and 2019, past-30-day use declined 9.2 percentage points among middle school students and 19.7 percentage points among high school students.</p> <p>Substantially fewer Florida students are initiating the use of cigarettes and alcohol at a young age. For example, the number of high school students reporting early initiation of cigarette use (age 13 or younger) decreased from 19.9% in 2008 to 5.7% in 2019. Early initiation of regular alcohol use decreased from 5.9% in 2008 to 2.7% in 2019.</p> <p>The long-term trend for marijuana use among Florida students is mixed, with a history of both increases and decreases. Fortunately, the more recent trend is a reduction in past-30-day use from 12.4% in 2014 to 10.4% in 2019. Past-30-day rates of use for substances other than alcohol, cigarettes, and marijuana are very low, ranging from 1.9% for inhalant use to 0.2% for heroin use.</p>
<p>Objective 1.2.3: Improve the consistency and quality of prevention data entered into the Performance Based Prevention System.</p>	<p>Increase data quality checks to monthly checks and provide training and technical assistance in response to data input errors quarterly.</p>	<p>MET: The DCF Prevention Specialist conducts spot checks for data quality in PBPS monthly and technical assistance is provided to MEs and providers as needed. In addition, a data enhancement plan has been developed with Collaborative Planning Group Systems, Inc., the PBPS vendor, who now conducts random spot checks to review system entries and provides technical assistance to the MEs and their providers.</p>

Goal 1.3: Reduce the spread of infectious disease		
Objectives	Outcomes / Metrics	FY 2019-20 Progress / Update
Objective 1.3.1: Collaborate and coordinate with the Department of Health’s Priority Area Workgroup on STDs and Other Infectious Diseases.	Increase the provision of infectious disease testing and linkage services.	MET: The Department continues to collaborate with DOH on the Priority Area Workgroup on STDs and Other Infectious Diseases - two meetings were held in FY 2019-20. At the most recent meeting, the workgroup discussed COVID-related obstacles to HIV testing, and preliminary ideas for new activities and performance indicators to be used once the State Health Improvement Plan sunsets in 2021.
Objective 1.3.2: Analyze the impact of the new HIV Early Intervention Services Guidance Document on the number of individuals tested for HIV.		NOT MET: Since the release of the new HIV EIS Guidance Document, the number of individuals tested has decreased. The number of individuals tested decreased from 20,993 in FY 2018-19 down to 14,443 in FY 2019-20. In the future, in-depth reviews with the Managing Entities and the Regions will be needed to troubleshoot obstacles to full utilization and explore reallocating funds to areas/entities in need of greater onsite rapid HIV testing capacity.
Goal 1.4: Decrease the number of suicide deaths.		
Objectives	Outcomes / Metrics	FY 2019-20 Progress / Update
Objective 1.4.1: Decrease the number of suicide deaths.	Increase the number of individuals exposed to suicide prevention resources to more than 29,000 individuals.	<p>MET: There was a slight decrease in the number of suicide deaths from 3,552 in 2018 to 3,247 in 2019 (8.6% decrease). From July 2019 - September 2020 there were 18,313 organic website visits to the Department's Suicide Prevention page containing information about protective factors and resources promoting wellness and recovery.</p> <p>The Department also conducted a social media suicide prevention campaign targeting Floridian's aged 15-64 reaching 38,668 to date including:</p> <ul style="list-style-type: none"> • 893 advertisement engagements, and • 758 link clicks <p>The total number of individuals exposed to suicide prevention resources is 56,981 (96% increase).</p>
	NEW: Establish a First Responders Suicide Deterrence Task Force.	Senate Bill 7012 directed the Office for Suicide Prevention to establish a First Responders Suicide Deterrence Task Force. To date, SAMH has reached out to potential representatives of each organization required to participate based on their structure. Organizations were asked to nominate a representative and were provided

		with a copy of the legislation and the purpose and objectives of the Task Force. Three stakeholders, two of which are current first responders, and one former first responder working with organizations not officially listed on the Task Force have expressed interest in assisting Task Force efforts.
Goal 1.5: Increase access to naloxone to reduce opioid caused deaths		
Objectives	Outcomes / Metrics	FY 2019-20 Progress / Update
Objective 1.5.1: Continue implementation and expansion of the Overdose Prevention Program and naloxone distribution.	Increase naloxone distribution among individuals likely to experience an opioid overdose and to their loved ones from 96 participating providers to 115.	MET: As of 6/30/2020, 148 providers were enrolled and participating in the Department's Overdose Prevention Program. This represents a 54% increase. During FY 2019-20, 42 overdose prevention trainings were conducted, educating 693 individuals; 50,496 naloxone kits were distributed from providers to at-risk individuals and their loved ones; and 1,702 overdose reversals were reported.

III.B. STRATEGIC INITIATIVE 2: ACCESS TO QUALITY, RECOVERYORIENTED SYSTEMS OF CARE (ROSC)

Table 3: Progress for Strategic Initiative 2

Goal 2.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care		
Objectives	Outcomes / Metrics	Progress / Update
Objective 2.1.1: Increase care coordination for high risk/high utilizer populations with emphasis on individuals at risk of entering and being discharged from state treatment facilities.	Decrease acute care readmissions as follows: <ul style="list-style-type: none"> • Crisis stabilization 90-day readmissions from 21.3% to 18% • Inpatient Detoxification from 21.8% to 18% 	MET: <ul style="list-style-type: none"> • The 90-day readmission rate into Crisis Stabilization Units during FY 2019-20 was 14% • The 90-day readmission rate into Inpatient Detoxification during FY 2019-20 was 17%
Objective 2.1.2: Increase capacity for peer support.	Increase the number of: <ul style="list-style-type: none"> • Certified Recovery Peer Specialists in the 	MET: <ul style="list-style-type: none"> • The number of Certified Recovery Peer Specialists in the workforce has increased from 505 to 630 (25% increase). • The number of Recovery Community Organizations in the state has increased from 1 to 31 in various stages of

	<p>workforce from 505 to 525</p> <ul style="list-style-type: none"> • Recovery Community Organizations from 1 to 5 • Oxford Houses from 1 to 30 	<p>development (7 emerging; 13 in early development; and 11 fully developed).</p> <ul style="list-style-type: none"> • Through the State Opioid Response grant, DCF contracted with Oxford House, Inc. to implement recovery housing throughout the state to provide housing for individuals in recovery from substance use disorders. Prior to receiving SOR funding, there was only one Oxford House in Florida. As of 6/30/2019, Oxford House, Inc. established 39 homes (316 total beds - 159 men, 89 women, and 68 women and children) providing affordable housing to meet the needs of people in recovery. Furthermore, 254 clients have been served through Oxford Houses.
<p>Objective 2.1.3: Increase access to medication-assisted treatment.</p>	<ul style="list-style-type: none"> • Increase the number Methadone Opioid Treatment Programs • Increase peer bridge programs in hospital emergency departments 	<p>MET:</p> <ul style="list-style-type: none"> • OTPs: The Department issued awards for 42 additional Methadone Opioid Treatment Programs in 36 counties on 7/10/2020. As of October 2020, the awardees for 27 counties are actively taking steps to become licensed. The remaining 9 counties are involved in administrative challenges to the awards. Administrative hearings are scheduled for November and December 2020. • Hospital Bridge Programs: During FY 2019-20, the number of hospitals engaged in peer bridge programs increased to 29 under 5 MEs. The participating hospitals reported that 8,126 individuals were screened in emergency departments and 469 were inducted with buprenorphine prior to discharge. The majority of people seen in the emergency department (6,009) were referred to community providers, and of those referred, 3,722 were confirmed to be linked to care.
<p>Objective 2.1.4: Implement standardized assessments of service needs (i.e., level of care).</p>	<ul style="list-style-type: none"> • Statewide use of the ASAM Continuum by contracted substance use treatment providers • Increase in use of LOCUS and CALOCUS 	<p>PARTIALLY MET:</p> <ul style="list-style-type: none"> • Through the State Opioid Response grant, DCF contracted with FEi Systems to implement the American Society of Addiction Medicine’s (ASAM) CONTINUUM software statewide. However, based on feedback and concerns from Managing Entities and contracted substance use treatment providers, the Department decided to not move forward with requiring the use of ASAM CONTINUUM. Although DCF is no longer requiring the use of the assessment tool, as part of the FEi contract, DCF purchased ASAM licenses. Providers are allowed to use the full ASAM CONTINUUM comprehensive assessment tool or the abbreviated version, ASAM CO-Triage, which was designed to include both a structured interview and a clinical decision support algebraic algorithm. In May of 2020, there were 423 ASAM CONTINUUM and 99 CO-Triage

		<p>licenses being utilized. DCF staff will continue to encourage providers to use the licenses.</p> <ul style="list-style-type: none"> • During FY 2019-20, there was an increase of LOCUS/CALOCUS utilization. In FY 2018/19, only 3 providers reported having used the LOCUS/CALOCUS as opposed to 8 providers in FY 2019-20.
<p>Objective 2.1.5: Implement a recovery-oriented system of care (ROSC) framework in Florida to increase consumer engagement, choice and self-management, including job opportunities.</p>	<p>Providers and community stakeholders use the principles and core competencies of ROSC in their service delivery, as evidenced by program evaluations.</p>	<p>PARTIALLY MET: The Department engaged 3 Managing Entities and 34 of their providers in a ROSC evaluation project. Providers measured how their current practices aligned with the principles and core competencies of ROSC. Based on their scores, they received technical assistance and developed action plans to improve practices to align further with ROSC principles. Participating providers achieved improvements over the one-year project period in the following areas; Administrative Policies & Procedures, Community Integration; and Treatment Services, using a 4-point Likert scale (Diff 0.43).</p>

Goal 2.2: Improve access to and retention in services

Objectives	Outcomes / Metrics	Progress / Update
<p>Objective 2.2.1: Develop alternate access options and locations with centralized triage and service delivery functions.</p>	<p>Increase the use of alternative technologies, extended hours of operation, and non-traditional settings (i.e., community hospitals, local health departments) to provide services remotely.</p> <p>Increase the number of Centralized Receiving Systems from 9 to 13.</p>	<p>PARTIALLY MET: Due to the COVID-19 pandemic, service providers have had to implement telehealth strategies in order to continue services while social distancing, to the extent possible. Between March and August 2020, the percent of services delivered via telehealth ranged from 12.7% and 36%.</p> <p>Other alternate access options implemented include increased hospital bridge programs, in which hospital emergency departments are partnering with community medication-assisted treatment providers to engage individuals with opioid use disorders in the emergency department and either start them on buprenorphine and link them with a community provider for buprenorphine maintenance services, or link them to community providers for medication-assisted treatment and other levels of care.</p> <p>Three Access Centers have opened in counties that do not have a Baker Act receiving facility so that individuals in crisis can be triaged there and either linked with community services or transported to a receiving facility by the provider, greatly decreasing law enforcement travel time (LifeStream Behavior Center in Citrus County and SMA Healthcare in Flagler and Putnam Counties).</p>

		<p>SAMH submitted a Legislative Budget Request for 4 additional Central Receiving Facilities, but the issue was not picked up.</p>
<p>Objective 2.2.2: Implement innovative and intentional outreach strategies.</p>	<p>Increase the number of pregnant women and intravenous drug users receiving substance abuse services by 5%.</p>	<p>NOT MET: According to service records from FASAMS, the number of individuals served with a history of intravenous drug use increased by about 13% between FY 2018-19 and FY 2019-20 (from 10,768 up to 12,183). The number of pregnant women served decreased by about 13% between FY 2018-19 and FY 2019-20 (from 1,957 down to 1,703). This may be because pregnant women are eligible for Medicaid.</p> <p>The Department will continue to support outreach strategies for pregnant women through Department-funded training initiatives, like the online courses on Welcoming Services & Service Coordination for Women developed in partnership with the Florida Certification Board.</p>
<p>Objective 2.2.3: Identify barriers to retention as well as non-monetary incentives.</p>	<p>Provide technical assistance and training on strategies to remove barriers and incentivize participation in care.</p>	<p>MET: During FY 2019-20, SAMH, in partnership with FADAA, conducted provider training webinars on strategies to improve access to and retention in services with a total of 3,807 attendees, including:</p> <ul style="list-style-type: none"> • Relapse Prevention and Management (187), • Understanding the Housing First Model (132), • Promoting Engagement and Recovery Supports (132), • Mutual Aid: Community Recovery Support Groups (156), • Providing Effective Clinical Supervision (241), • Discharge Planning, Aftercare and Recovery Supports (223), • Natural Supports for Family Crisis Management (137), • Complex Trauma and Substance Use Disorders Applications (294), • Cognitive Behavioral Therapy (CBT) and Substance Use Applications (506), • Strengthening the Therapeutic Alliance (272), • Supportive Employment (344), • Recovery: Purposeful Post-Treatment Planning (289), • Supporting Recovery, Safety and Well-Being During the COVID-19 Pandemic (734), • Crisis Management and Response within Treatment Settings (160). <p>In addition, SAMH, in partnership with FADAA, conducted the following in-person trainings relating to access and retention with 413 attendees:</p> <ul style="list-style-type: none"> • Motivational Interviewing (171), • Retention: It's Time to Stop Kicking People Out of Treatment (99),

		<ul style="list-style-type: none"> • Trauma-Informed Clinical Supervision (143), <p>Using SOR grant funding, SAMH partnered with FADAA to conduct the following trainings by physician peer mentors with 301 attendees:</p> <ul style="list-style-type: none"> • Medication Assisted Treatment for Serving Special Needs Populations (125), • Sustaining Access to MAT and Recovery Amid COVID-19 (176). <p>SOR grant funding was also used to train 3,944 health care providers with Florida's Association of Healthy Communities (AHEC) Centers with in-person trainings and online courses for CMEs for medical professionals, including topics related to Identifying, Assessing and Treating Opioid Misuse, Health Professional's Impact on the Opioid Epidemic and The Opioid Addiction Training and Prevention Education Program for Primary Care Residents.</p>
--	--	--

Goal 2.3: Implement an integrated child welfare and behavioral health treatment-based model

Objectives	Outcome / Metrics	Progress / Update
<p>Objective 2.3.1: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.</p>	<p>Complete a Behavioral Health Gap Analysis in the Southern Region for children in foster care and collaborate with the CBCs, MEs, and managed care plans to implement recommendations for needed services.</p>	<p>MET: The Department contracted with the University of South Florida to complete a gap analysis study of behavioral health services for children in licensed foster care in the Southern Region, including Dade and Monroe Counties. The purpose of the study was to assess current processes for identifying children's behavioral health needs and coordinating care, the existing behavioral health service array and capacity, and behavioral health care service utilization among children who received out-of-home care in the Southern Region to determine where gaps in services exist. The final copy of the gap analysis was approved by the Department on July 8th, 2020. Based on the outcome and the recommendations of this study, the Department will collaborate with the CBCs, MEs, and managed care plans to ensure children in licensed foster care have their mental and behavioral health needs addressed through trauma-based and family-focused interventions.</p>

III.C. STRATEGIC INITIATIVE 3: INFORMATION MANAGEMENT

Table 4: Progress for Strategic Initiative 3

Goal 3.1: Improve data collection process		
Objectives	Outcomes / Metrics	Progress / Update
Objective 3.1.1: Establish Substance Abuse and Mental Health Data Improvement Workgroup to oversee system enhancements.	Meeting minutes from a minimum of four meeting per year to include the following: Number of system enhancements identified; Number of system enhancements developed; and percent of system enhancements deployed on time.	MET: In July 2019, the Department established the Substance Abuse and Mental Health Data Advisory Committee which assembled in July 2019, November 2019, and January 2020. Meeting minutes were recorded and published for each meeting. A subcommittee was developed in May of 2019 and has met on a bi-weekly basis with meeting minutes documented for each session. Sixty system enhancements have been implemented during the reporting period and each were deployed on time.
Objective 3.1.2: Deploy system enhancement process to ensure that all changes made in support of SAMH data collection aligns with approved policy and procedures.	Publication of system enhancement process with defined timelines for each step of the process to include the number of requests made and percent of requests resolved within specified timeframes.	MET: A defined process for requesting, developing and implementing system enhancements has been established and implemented. Weekly updates are provided to stakeholders to provide status on requested enhancements. There have been 60 system enhancements enacted during the reporting period and each of been delivered within specified timeframes.
Objective 3.1.3: Deploy data quality reports.	<ul style="list-style-type: none"> • Deployment of data quality documentation for distribution to submitting entities quarterly to ensure reliable data processes among data submitters. • Deployment of data quality reports to measure the 	<p>MET: The Office of SAMH developed an initial data quality report that is currently being distributed to all FASAMS submitting entities on a monthly basis beginning in December 2019. Additional data quality metrics will be added to this report within the next year and reports will continue to be distributed and discussed on a monthly basis to allow for more immediate reconciliation of data.</p> <p>Data quality reports containing the number of data submissions, percent of data exceptions, and the percent of data exceptions reconciled have been built in FASAMS and are routinely published within the system to provide immediate feedback and correction. System enhancements were introduced during the year to improve the identification and reconciliation of errant data.</p>

	<p>following: Number of data submissions by submitting entity by record type; Percent of data submissions accepted by submitting entity by record type; and Percent of data exceptions reconciled within contract or procedural timeframes.</p>	
--	--	--

Goal 3.2: Improve process for reporting and analyzing performance outcome data

Objectives	Outcomes / Metrics	Progress / Update
<p>Objective 3.2.1: Develop and implement an integrated performance reporting system.</p>	<p>Publication of data reporting processes monthly to ensure fidelity by submitting entities to DCF generated reports. Performance measures for this objective will include the number of reports published and deployed and the percent of reports that produce equivalent results between submitting entities and DCF.</p>	<p>MET: The Department acquired new reporting software, "QLIK", during FY 2019-20 and is currently working to develop performance outcome reports using this technology. This environment will allow for more real-time performance reporting and will offer submitting entities the ability to check and reconcile data elements comprising the performance outcome results.</p>

Goal 3.3: Propose New Person-Centered Performance Output and Outcome Measures

Objectives	Outcome / Metrics	Progress / Update
<p>Objective 3.3.1: Document, design and test new person-centered performance measures.</p>	<p>Number of proposed outcome measures will be developed, revised and deleted as necessary.</p>	<p>MET: Potential revisions have been proposed for each of the 18 performance outcome metrics during the current reporting period. The proposed revisions are currently undergoing further review before implementation.</p>

III.D. STRATEGIC INITIATIVE 4: STATE MENTAL HEALTH TREATMENT FACILITIES IMPROVEMENT

Table 5: Progress for Strategic Initiative 4

Goal 4: Improve the Quality and Performance of the SMHTF

Goal	Objective	Outcome/Metric	FY 2019-2020 report on Objective and Metric
Goal 4: Improve the Quality and Performance of the SMHTF	Objective 4.1: Improve operations and standardize practices to operate as “One Hospital”	Achieve satisfactory ratings during quality reviews of facility practices.	The SMHTFs strive for continuous quality improvement in their operations and practices. This is evidenced by the improved ratings during the last quality review in 2019 that resulted in a 13% reduction in the number of findings from previous reviews.
		Decrease staff vacancy rates in direct care positions by 5%	The staff vacancy rate for direct care positions for FY 19-20 decreased by 8% overall from FY 18-19. This is due in part to reducing the minimum qualifications for the HSW I position to not require a high school diploma which helped to increase our applicant pool.
	Objective 4.2: Collaborate with the community partners to increase discharges and diversions from SMHTF	Increase the number of forensic diversions and conditional releases from SMHTF	Collaboration with community partners continues to be a primary focus for SAMH with the state-wide expansion of the Forensic Community Liaison team. Post-commitment diversions during FY 19-20 have trended up by an average of 33% per month. The number of individuals discharged from a SMHTF on conditional release, however, declined during FY 19-20 by almost 27% from FY 18-19.
	Objective 4.3: Increase therapeutic services and implement evidence-based programming and clinical best practices	Complete action plan for implementing a Recovery Oriented Systems of Care (ROSC) framework.	All seven SMHTF have had ROSC action plans since 2018. These plans are updated as items are completed and new issues are identified. A second round for the Self Assessment Planning Tool (SAPT) and Recovery Self-Assessment (RSA) were completed in the fall of 2019. Data was provided to the SMHTF from those assessments as a vehicle to update their action plans. ROSC calls are held monthly and the progress on the actions plans are discussed.
		Increase the number of therapeutic and activity hours provided to 40 hours / week	The average for Therapeutic hours for FY 19/20 was 17.13 and for FY 18/19 it was 17.58, which is a decrease of 0.45 hours. The average for Activity hours provided for FY 19/20 was 14.78 and for FY 18/19 it was 13.52, which is an increase of 1.26 hours. The COVID pandemic impacted the total number of Therapeutic and Activity hours rendered, because Service Providers were reassigned to work the dorms due to critical direct care shortages.
	Objective 4.4: Improve physical infrastructure and practices to promote a safer environment	Decrease the rates of client injuries occurring in the facilities below .22	The resident injury rate remained above target throughout the fiscal year averaging .34 injuries per 1,000 bed days; however, the rate trended down in FY 19-20 by an average of 3.5% per month. The resident injury rate in June of 2020 fell to .22 injuries per 1,000 bed days.

IV. Financial Management

The allocation of state and federal funds provides the financial infrastructure for statewide publicly funded behavioral health prevention, treatment, and recovery services. The community SAMH services budget increased by \$59.6 million as compared to FY 2018-19, a 7.7% increase. The majority of community SAMH funding (89%) is encumbered in contracts with the MEs. Funding for mental health services in state mental health treatment facilities increased by \$3.5 million, a 1% increase. Tables 6 through 7 represent the FY 2019-20 SAMH Approved Operating Budget as of July 1, 2019. They are organized by program and funding source.

Table 6: FY 2019-20 Approved Operating Budget by Program

Table 6a: Mental Health Services (State Mental Health Treatment Facilities and the Sexual Predator Program)				
Regions	Civil Commitment Program	Forensic Commitment Program	Sexual Predator Program	Grand Total
Headquarters	\$38,632,517	\$59,660,175	\$33,524,491	\$131,817,183
West Florida Community Care Center	\$5,979,838	\$0	\$0	\$5,979,838
Florida State Hospital	\$52,449,992	\$68,556,389	\$0	\$121,006,381
Northeast Florida State Hospital	\$72,866,990	\$0	\$0	\$72,866,990
North Florida Evaluation and Treatment Center	\$0	\$27,358,549	\$0	\$27,358,549
Control ²	\$8,912,580	\$1,387,641	\$921,601	\$11,221,822
Collocated ³	\$109,328	\$74,073	\$141,489	\$324,890
Reserve ⁴	\$243,461	\$131,690	\$9,282	\$384,433
Unfunded Budget ⁵	\$214,711	\$20,000	\$0	\$234,711
Grand Total	\$179,409,417	\$157,188,517	\$34,596,863	\$371,194,797

² “Control”, Org L2-00, identifies budget authority being held until an allocation methodology is determined.

³ “Collocated”, Org L2-20, identifies budget authority identifies budget authority earmarked for expenditures shared among the Program Offices at Headquarters, such as property insurance, maintenance, courier services, etc.

⁴ “Reserve”, Org L2-98, identifies budget authority earmarked for the Department’s computer refresh.

⁵ “Unfunded Budget”, Org L2-99, identifies budget authority that does not have a revenue source to support it. For example, recurring budget authority is appropriated for multi-year grants. W the grant ends the budget authority remains in the Department. Since the grant ended, the budget authority no longer has a revenue source and it will be coded to unfunded budget. The Department deletes unfunded budget authority from its base budget during the Legislative Budget Request process. This balances the Department’s budget authority with revenues.

Table 6b: Community Substance Abuse and Mental Health Services

Regions	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Grand Total
Headquarters	\$17,258,031	\$27,477,222	\$9,598,431	\$54,333,684
Northwest	\$51,557,427	\$23,886,303	\$3,325,446	\$78,769,176
Northeast	\$82,254,020	\$58,485,689	\$5,395,631	\$146,135,340
Suncoast	\$130,023,175	\$79,563,243	\$7,655,163	\$217,241,581
Central	\$46,957,098	\$35,708,102	\$3,899,450	\$86,564,650
Southeast	\$73,772,993	\$58,627,369	\$7,141,133	\$139,541,495
Southern	\$49,458,995	\$39,516,780	\$4,795,398	\$93,771,173
Florida State Hospital	\$4,604,040	\$0	\$0	\$4,604,040
Control ²	\$4,215,544	\$1,385,967	\$3,035,603	\$8,637,114
Collocated ³	\$0	\$0	\$505,069	\$505,069
Reserve ⁴	\$0	\$0	\$64,380	\$64,380
Unfunded Budget ⁵	\$3,720,962	\$0	\$82,001	\$3,802,963
Grand Total	\$463,822,285	\$324,650,675	\$45,497,705	\$833,970,665

Table 6c: Community Substance Abuse and Mental Health Services-Managing Entities

Managing Entities	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Grand Total
Big Bend Community Based Care	\$50,707,086	\$23,886,303	\$2,097,508	\$76,690,897
Broward Behavioral Health Coalition	\$35,642,939	\$28,045,242	\$2,514,885	\$66,203,066
Central Florida Behavioral Health Network	\$127,922,491	\$79,563,243	\$6,506,839	\$213,992,573
Central Florida Cares Health System	\$44,874,002	\$35,708,102	\$2,651,656	\$83,233,760
Lutheran Services Florida Health Systems	\$80,736,503	\$58,485,689	\$4,057,956	\$143,280,148
South Florida Behavioral Health Network	\$46,899,371	\$39,516,780	\$3,701,624	\$90,117,775
Southeast Florida Behavioral Health Network	\$36,771,237	\$30,582,127	\$2,857,886	\$70,211,250
Grand Total	\$423,553,629	\$295,787,486	\$24,388,354	\$743,729,469

Table 7: FY 2019-20 Approved Operating Budget by Funding Source

Table 7a: Mental Health Services (State Mental Health Treatment Facilities and the Sexual Predator Program)				
Regions	General Revenue	Operations and Maintenance Trust Fund	Federal Grants Trust Fund	Grand Total
Headquarters	\$119,898,636	\$484,638	\$11,433,909	\$131,817,183
West Florida Community Care Center	\$4,360,762	\$22,144	\$1,596,932	\$5,979,838
Florida State Hospital	\$92,738,134	\$3,245,821	\$25,022,426	\$121,006,381
Northeast Florida State Hospital	\$31,126,160	\$4,845,722	\$36,895,108	\$72,866,990
North Florida Evaluation and Treatment Center	\$27,358,549	\$0	\$0	\$27,358,549
Control ²	\$10,228,122	\$106	\$993,594	\$11,221,822
Collocated ³	\$313,759	\$3,625	\$7,506	\$324,890
Reserve ⁴	\$363,330	\$6,871	\$14,232	\$384,433
Unfunded Budget ⁵		\$20,000	\$214,711	\$234,711
Grand Total	\$286,387,452	\$8,628,927	\$76,178,418	\$371,194,797

Table 7b: Community Substance Abuse and Mental Health Services							
Regions	General Revenue	Operations and Maintenance Trust Fund	Alcohol, Drug Abuse, and Mental Health Trust Fund	Federal Grants Trust Fund	Welfare Transition Trust Fund	Social Services Block Grant	Grand Total
Headquarters	\$26,212,302	\$89,784	\$1,202,350	\$26,443,476	\$2,258	\$383,514	\$54,333,684
Northwest	\$55,548,455	\$253,570	\$14,695,943	\$7,229,545	\$1,041,663	\$0	\$78,769,176
Northeast	\$100,297,834	\$522,349	\$27,189,068	\$15,689,666	\$2,269,756	\$166,667	\$146,135,340
Suncoast	\$144,110,890	\$739,013	\$44,112,583	\$23,780,153	\$4,276,720	\$222,222	\$217,241,581
Central	\$56,665,957	\$345,390	\$17,593,003	\$10,448,359	\$1,400,830	\$111,111	\$86,564,650
Southeast	\$89,726,986	\$655,322	\$26,794,258	\$19,512,190	\$2,797,183	\$55,556	\$139,541,495
Southern	\$62,597,236	\$384,374	\$21,627,538	\$7,273,755	\$1,743,826	\$144,444	\$93,771,173
Florida State Hospital	\$4,604,040	\$0	\$0	\$0	\$0	\$0	\$4,604,040
Control ²	\$2,284,331	\$1,169	\$650,318	\$5,701,296	\$0	\$0	\$8,637,114
Collocated ³	\$451,299	\$792	\$0	\$51,621	\$1,357	\$0	\$505,069
Reserve ⁴	\$61,903	\$1,190	\$0	\$1,179	\$108	\$0	\$64,380
Unfunded Budget ⁵	\$6,202	\$0	\$0	\$3,796,761	\$0	\$0	\$3,802,963
Grand Total	\$542,567,435	\$2,992,953	\$153,865,061	\$119,928,001	\$13,533,701	\$1,083,514	\$833,970,665

Table 7c: Community Substance Abuse and Mental Health Services - Managing Entities

Managing Entities	General Revenue	Operations and Maintenance Trust Fund	Alcohol, Drug Abuse, and Mental Health Trust Fund	Federal Grants Trust Fund	Welfare Transition Trust Fund	Social Services Block Grant	Grand Total
Big Bend Community Based Care	\$54,106,322	\$206,854	\$14,695,943	\$6,640,115	\$1,041,663	\$0	\$76,690,897
Broward Behavioral Health Coalition	\$43,789,089	\$195,640	\$12,438,531	\$8,335,077	\$1,389,173	\$55,556	\$66,203,066
Central Florida Behavioral Health Network	\$141,324,815	\$682,272	\$44,112,583	\$23,373,961	\$4,276,720	\$222,222	\$213,992,573
Central Florida Cares Health System	\$53,788,160	\$302,422	\$17,593,003	\$10,038,234	\$1,400,830	\$111,111	\$83,233,760
Lutheran Services Florida Health Systems	\$98,151,160	\$470,152	\$27,189,068	\$15,033,345	\$2,269,756	\$166,667	\$143,280,148
South Florida Behavioral Health Network	\$59,196,545	\$362,718	\$21,627,538	\$7,042,704	\$1,743,826	\$144,444	\$90,117,775
Southeast Florida Behavioral Health Network	\$43,366,214	\$218,768	\$14,355,727	\$10,862,531	\$1,408,010	\$0	\$70,211,250
Grand Total	\$493,722,305	\$2,438,826	\$152,012,393	\$81,325,967	\$13,529,978	\$700,000	\$743,729,469

V. Grants

The Department continues to implement the following grant programs.

V.A. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

The Projects for Assistance in Transition from Homelessness (PATH) program is a formula grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to all U.S. states and territories. Funding varies annually based on federal appropriations and the Federal FY 2019 allocation was \$4,334,938. The PATH grant funds services for adults with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless.

PATH funds can be utilized by local network providers for a variety of services, including outreach, case management, housing and employment support, psychiatric care, therapy, and recovery support. The goal is to actively engage individuals who meet criteria, end their homelessness, and engage them in services and supports that will help them in their continued recovery.

In FY 2019-20, Florida utilized PATH funds to contract with twenty-one network service providers to implement twenty-two programs throughout the state, based on prevalence of homeless individuals. Each provider designs their service array based on the existing resources and specific needs of their community, but all provide outreach and case management at a minimum. The Department provides statewide training and technical assistance to providers in the areas of permanent supportive housing and other topics relevant to individuals experiencing or at risk of homelessness. In Federal FY 2019, Florida's PATH projects contacted 5,358 individuals, 651 of which were not eligible and 2,867 were or became enrolled in services (including 130 veterans and 1,131 chronically homeless individuals).

V.B. PARTNERSHIPS FOR SUCCESS GRANT

Florida's Partnerships for Success (PFS) Grant is a five-year federal discretionary grant funded by SAMHSA at \$1.23 million per year (September 30, 2016 – September 29, 2021). The PFS grant is designed to reduce prescription drug misuse among Floridians ages 12-25 by strengthening prevention capacity and infrastructure at the state and community levels. The subrecipient communities are five urban counties (Broward, Duval, Hillsborough, Manatee, and Palm Beach) and three rural counties (Taylor, Walton, and Washington). In an effort to prevent prescription drug misuse among youth, Botvin LifeSkills Training (LST) programs are being implemented in each PFS county to expand school-based prevention programs, for a total of 11 LST programs. Local Drug Epidemiology Networks (DENs) are operational in each participating county and are integrated into the State Epidemiological Outcomes Workgroup (SEOW) to engage in community-level data collection and analysis related to substance use and the opioid crisis.

Using PFS funds, the Department launched a statewide opioid overdose prevention awareness campaign in November 2018 to educate the public on overdose recognition and response and to increase access to naloxone among those in the community that are at risk of experiencing or witnessing an overdose that is ongoing. The campaign includes a variety of educational advertising, targeted digital advertising on social media, and printed overdose prevention materials advertised at businesses throughout the state. A website has been developed featuring a naloxone locator map to show distribution sites throughout the state providing free naloxone kits to individuals and friends/families in need (<https://isavefl.com/>). The campaign is being expanded to also include education on primary prevention strategies to prevent the misuse of opioids and is expected to relaunch November of 2020. Through the PFS grant, the Department also conducts overdose prevention trainings for providers in the community interested in participating in the Overdose Prevention Program to distribute naloxone. Since the start of the PFS Grant through June 30, 2020, 68 trainings were conducted educating 1,698 individuals on overdose recognition and response. Of these, 15 trainings were conducted during FY 2019-20, educating 210 participants.

Another key component funded by the PFS grant includes the development and implementation of a hospital bridge program at Memorial Regional Hospital in Broward County. Through collaboration between Certified Recovery Peer Specialists, hospital emergency departments, and community-based treatment providers, the goal of the program is to utilize time spent in the emergency room to initiate buprenorphine induction and engage overdose victims in ongoing treatment and recovery support.

In collaboration with the Florida Department of Health, enhancements to Florida's Prescription Drug Monitoring Program (PDMP) were also funded by the PFS grant to modify prescribing practices. Enhancements included the development of prescriber report cards and the development of self-paced online training programs. The prescriber report cards will provide a summary of an individual prescriber's prescribing habits and will compare them with other nearby prescribers in similar practice settings. The report card aims to help a prescriber understand how their prescribing behavior compares to other prescribers in their field. The self-paced online training is related to registration and utilization of the PDMP for prescribers and pharmacists and best practices for utilizing information from the PDMP to inform prescribing and dispensing decisions.

V.C. STATE OPIOID RESPONSE GRANT

Florida's State Opioid Response (SOR) Grant is a federally funded discretionary grant through SAMHSA that aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT), reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of evidence-based prevention, treatment, and recovery support services for individuals with opioid use disorders and opioid misuse. The initial SOR award provided Florida \$126,243,378 (September 30, 2018 – September 29, 2020) to support a comprehensive response to the opioid epidemic. Due to the ongoing opioid crisis, Congress reauthorized funding for the grant program and Florida's most recent SOR award in the amount of \$200,340,874 (September 30, 2020 – September 29, 2022) will continue to address the need

for services, as well as expand the scope of the grant to include funding for prevention, treatment, and recovery support services for individuals with stimulant use disorders.

The goal of the SOR grant is to increase access to MAT for individuals with opioid use disorders that are uninsured, underinsured, or indigent. In addition to paying for FDA-approved medications to treat opioid use disorder, funds were used to support the following services: aftercare, assessment, case management, crisis support, day care, day treatment, incidental expenses, in-home and on-site, medical services, outpatient, outreach, recovery support, supported employment, supportive housing/living, detoxification, and residential treatment. Over \$28 million was allocated to the Department's Managing Entities during the first year of the grant to fund MAT services. An additional \$4 million per year has been provided to FADAA to fund Vivitrol treatment. Managing Entities also received \$2 million per year to fund primary prevention services in their communities.

The SOR grant has allowed the Department to continue and significantly expand the Overdose Prevention Program. Specific focus was aimed at initiating additional naloxone distribution programs through hospital emergency departments to individuals that experienced an overdose. Since the start of the SOR Grant through FY 2019-20, over \$5.5 million in SOR funds was used to purchase 78,670 Narcan Nasal Spray kits for enrolled providers to distribute.

Increasing the capacity to provide recovery support services throughout Florida is another key component of the SOR grant. Recovery Community Organizations (RCOs) were developed to work closely with community treatment providers and other stakeholders to provide outreach services, information and referrals, wellness recovery centers, harm reduction services, and other recovery support services. In addition, SOR funds were allocated to provide recovery housing certified by the Florida Association of Recovery Residences for individuals recovering from opioid use disorders and to implement new Oxford Houses throughout Florida to support individuals in recovery.

A variety of training and technical assistance initiatives were expanded through the SOR grant. The MAT Prescriber Peer Mentoring Project utilized expert medical mentors to provide guidance to prescribers regarding MAT programs and protocols. Training and technical assistance was also provided to judicial staff at drug courts and dependency courts throughout the state. The Department's six regional offices expanded employment of Behavioral Health Consultants to support child protective investigative staff. Behavioral Health Consultants collaborate with Child Protective Investigators and dependency case managers to build expertise with front line staff in the identification of substance use disorders, with specific focus on those with possible opioid use disorders, improve engagement with families, and improve access to treatment.

V.D. FLORIDA HEALTHY TRANSITIONS GRANT

The Florida Healthy Transitions Grant was a five-year federal discretionary grant, funded by SAMHSA at \$999,750 per year (September 30, 2014- September 29, 2019). A no-cost extension was awarded through June 30, 2020. The purpose of the Florida Healthy Transitions grant was to engage and assist youth and young adults between the ages of 16-25, who are living with or at-risk of developing a serious mental illness or co-occurring substance use disorder, to successfully transition to adulthood. The grant was administered by Central Florida Behavioral Health Network, in partnership with the Department. Florida Healthy Transitions

services were implemented in Hillsborough and Pinellas Counties. The program served over 32,820 youth, young adults and their families. Florida Healthy Transitions differed from other behavioral health programs in that it utilizes a peer-to-peer approach to service delivery. Over 75% of the program's direct service staff are young adults themselves. The program's services consisted of community outreach, 24/7 crisis intervention and suicide prevention, weekly mental wellness groups, recovery peer support, life skills training, linkages to community supports, intensive case management using the Wraparound approach, and innovative therapeutic activities (i.e., canoeing, spoken word, community drumming and field trips to local venues and parks). The program was founded on the following core premises:

1. Youth and young adult's voice and choice in their own care is critical.
2. Youth and young adults are the first experts of their lives, and most are capable of successfully reaching their goals, with the appropriate education, support, treatment and tools.
3. Peers are critical to the success of young people, as young people often learn best from other young people.
4. We must meet youth and young adults where they are... in their communities.

The ME has committed to continue funding Florida Healthy Transitions so the program will continue to engage and assist young people with obtaining employment and housing, GEDs/diplomas, post-secondary education, positive coping skills and increased social connectedness with their peers, loved ones and community.

V.E. CHILDREN'S SYSTEM OF CARE EXPANSION AND SUSTAINABILITY GRANT

Florida's System of Care Expansion and Sustainability Project is a four-year federal discretionary grant funded by SAMHSA at \$3 million per year (September 30, 2016 – September 29, 2020). The project is currently operating under a no-cost extension. The purpose of the project is to improve behavioral health outcomes for children and youth (birth-age 21) with serious emotional disturbances, and their families. The project is working to strengthen the existing array of behavioral health services and to integrate the System of Care (SOC) approach into Florida's service delivery system. The SOC employs a family-driven, youth-guided approach that expands and organizes community-based services and supports into a coordinated network, builds meaningful partnerships with families and youth, addresses cultural and linguistic needs, and improves functioning at home, in school, in the community, and throughout life.

Through the grant, the Department has convened a SOC State Advisory Group which produced a strategic plan with goals and strategies that guide implementation and can be accessed at <http://socflorida.com/>. Four DCF Regions and the corresponding MEs are implementing the SOC approach and services locally through this grant. The Central and Southern Region implemented the SOC approach and services through other grants in Orange, Seminole, and Miami-Dade

Counties.

More than half of grant funds are dedicated to behavioral health services for eligible individuals who have no insurance or are underinsured. Grant funded services include counseling, case management, recovery peer support, medication management, and other mental health services. Grant staff educate their communities about the SOC approach; engage community partners to work collaboratively; support the inclusion of families and youth in system governance; and champion the use of the Wraparound approach to care management and the use of Recovery Peer Support services in their local community.

Outcomes include implementing and sustaining the use of the Wraparound approach statewide and increasing the availability of Recovery Peer Support services.

- 546 individuals attended Wraparound 101 trainings; this training is the first step toward certification as a Wraparound Facilitator or Coach.
- As of June 30, 2020, there were 178 individuals certified as Wraparound Facilitators and 51 certified as Wraparound Coaches actively providing Wraparound.

Programs providing Wraparound include Community Action Treatment (CAT) teams, a few Family Intensive Treatment (FIT) teams, case management programs, and one Coordinated Specialty Care program.

During federal FY 2018-2019, the grant served 363 youth and their families with an average length of stay of 6.3 months. At intake, about half (48.5%) reported at least one problem behavior or mental health symptom and 81.6% reported difficulty functioning and coping at home, in school and with peers. At 6 months, only 16.2% reported at least one problematic area, and 60.5% reported difficulty functioning and coping at home, in school and with peers. Data is from the National Outcome Measures Instrument, administered at intake, six months, and discharge from services.

Table 8: Problem Behaviors, Symptoms, and Functioning at Baseline, Time 2* and Time 3*

	Baseline N=363		Time 2 N=258		Time 3 N=53	
Mental illness symptomatology	N	%	N	%	N	%
Children, youth & young adults with at least one problem behavior or mental health symptom.	176	48.5%	42	16.2%	13	24.5%
Functioning						
Children, youth and young adults who expressed difficulty functioning and coping at home, in school and with peers.	297	81.6%	156	60.5%	40	75.5%

*Time 2 is six months after admission. It could be a follow-up and/or a discharge at six months. Time 3 is any assessment after Time 2, which could be a 12-month follow-up and/or a discharge.

The National Outcome Measures Instrument also asks four questions on social connectedness and 6-months and discharge data show that perceptions of social connectedness strengthened as shown in Table 9.

Table 9. Social support and social connectedness at Baseline, Time 2 and Time 3

	Baseline	Time 2	Time 3
Number and percent of children, youth and young adults who ‘Agreed’ or ‘Strongly Agreed’ with the following statements.	N=339	N=142	N=40
I know people who will listen and understand me when I need to talk.	71.4%	94.4%	97.5%
I have people that I am comfortable talking with about my [my child’s] problems.	69.9%	93.0%	97.5%
In a crisis, I would have the support I need from family or friends.	68.8% ⁶	84.5%	95.0%
I have people with whom I can do enjoyable things.	76.7% ⁷	94.4% ⁸	90.0%

V.F. COVID-19 EMERGENCY GRANT

In April 2020, the Department was awarded the Emergency COVID-19 Grant by SAMHSA in the amount of \$1,999,828 for the period 04/20/2020 – 08/19/2021. The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. The program is designed to address the needs of individuals with serious mental illness, individuals with substance use disorders, and individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession. Florida is using \$1,800,000 in grant funds to purchase an array of behavioral health services for the target populations. Specifically, \$600,000 is allocated to IMPOWER (through the Central Florida Cares Health Systems Managing Entity) to provide psychiatric and therapeutic services via telehealth for healthcare practitioners and individuals experiencing mental health and/or substance use issues as a result of COVID-19. The remaining \$1,200,000 are allocated to 4 Managing Entities based on highest impact of COVID-19 in their service area to serve individuals with serious mental illness and/or substance use disorders. These funds will purchase crisis intervention, behavioral health treatment, and recovery support services.

⁶ N=337

⁷ N=338

⁸ N=144

VI. Policy Changes

VI.A. LEGISLATIVE BILLS

Several key pieces of legislation were passed in 2020 that impacted behavioral health care in the state of Florida. Table 13 presents a summary of those bills.

Table 10: 2020 SAMH-Related Legislative Bills

Bill Title	Bill Summary
<p>SB 7012 Substance Abuse and Mental Health</p>	<ul style="list-style-type: none"> • Broadens the duties of the Statewide Office of Suicide Prevention (SOSP) within the Department by: <ul style="list-style-type: none"> ○ Requiring SOSP to coordinate education and training curricula on suicide prevention efforts for veterans and service members. ○ Requiring SOSP to act as a clearinghouse for information and resources on suicide prevention by sharing evidence-based practices and collecting and analyzing data on trends in suicide. • Broadens the scope of the Suicide Prevention Coordinating Council (Council) by: <ul style="list-style-type: none"> ○ Requiring the Council to make recommendations on the implementation of evidence-based mental health programs and suicide risk identification training in the Council’s annual report on suicide prevention. ○ Revising the membership of the Council. ○ Requiring the Council to work with the Department to help make the public more aware of the locations and availability of behavioral health providers. • Requires the Florida Department of Transportation to work with the SOSP in developing a plan to consider the implementation of evidence-based suicide deterrents on all new infrastructure projects. • Creates the First Responders Suicide Deterrence Task Force (Task Force) adjunct to the SOSP for the purpose of making recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in the state. <ul style="list-style-type: none"> ○ The Task Force shall submit an annual report detailing its findings and recommendations for developing training programs and materials to deter suicide among active and retired first responders to the Governor and Legislature by each July 1, beginning in 2021, and through 2023. ○ This Task Force is repealed on July 1, 2023. • Defines the term “Coordinated specialty care program” to mean an evidence-based program for individuals who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to: <ul style="list-style-type: none"> ○ Intensive case management; ○ Individual or group therapy; ○ Supported employment; ○ Family education and supports; and ○ The provision of appropriate psychotropic medication as needed.

- Requires the Department, in its annual assessment of behavioral health services, to consider the availability of and access to coordinated specialty care programs and identify any gaps in the availability of and access to such programs in the state.
- Revises the definition of “mental illness,” as it relates to the Baker Act and post-adjudication commitment, to exclude “dementia” and “traumatic brain injury.”
 - This change will prohibit individuals with dementia or a traumatic brain injury who lack a co-occurring mental illness from being inappropriately admitted for involuntary examination at Baker Act receiving facilities or being involuntary committed to the Department’s state mental health treatment facilities.
- Requires Baker Act receiving facilities to include information regarding the availability of a local mobile response service, suicide prevention resources, social supports, and local self-help groups with the notice of the release provided to the patient’s guardian or representative if the patient is a minor.
- Repeals the requirement for the Department to develop a certification process for substance abuse prevention coalitions.
- Allows the following licensed health care facilities and professionals to contract with the Department and Managing Entities in order to provide substance abuse treatment, prevention, and intervention services without needing to become licensed by the Department:
 - A hospital or hospital-based component;
 - A nursing home facility;
 - An allopathic or osteopathic physician or physician assistant;
 - A psychologist;
 - A social worker;
 - A marriage and family therapist;
 - A mental health counselor; and
 - A crisis stabilization unit.
- Requires county jails to send all medical information for individuals in their custody who will be admitted to a state mental health treatment facility.
 - The Department is required to request this information immediately upon receipt of a completed commitment packet which is provided by the court. Upon receipt of such a request, the county jail must provide the requested information within 3 business days or at the time the defendant enters the physical custody of the Department, whichever is earlier.
- For defendants who have been charged with a felony and have been adjudicated incompetent to stand trial due to mental illness:
 - Requires county jails to administer the same psychotropic medication as prescribed by the Department when a forensic client is discharged and returned to the county jail, unless the jail physician documents the need to change or discontinue such medication.
 - The Department treating physician and the jail physician must collaborate to ensure that medication changes do not adversely affect the defendant’s mental health status or his or her ability to

continue with court proceedings; however, the final authority regarding the administering of medication to an inmate in jail rests with the jail physician.

- For defendants who have been adjudicated not guilty by reason of insanity:
 - Requires county jails to administer the same psychotropic medication as prescribed by the Department when a forensic client is discharged and returned to the county jail, unless the jail physician determines there is a compelling reason to change or discontinue the medication.
 - If the jail physician changes or discontinues the medication and the defendant is later determined at the competency hearing to be incompetent to stand trial and is recommitted to the Department, the jail physician may not change or discontinue the defendant's prescribed psychotropic medication upon the defendant's next discharge from the forensic or civil facility.

HB 945
Children's
Mental Health

- Requires the Department and the Agency for Health Care Administration (AHCA), beginning FY 2020-21 through FY 2021-22, to:
 - Identify children and adolescents who are the highest users of crisis stabilization services.
 - Collaboratively take appropriate action within available resources to meet the behavioral health needs of such children and adolescents more effectively.
 - Submit joint quarterly reports to the Legislature listing the actions taken by both agencies to better serve such children and adolescents.
- Requires the Department to contract with the Managing Entities for crisis response services provided through mobile response teams (MRTs) for the provision of immediate, onsite behavioral health services to children and young adults through age 25 who meet specified criteria.
- Establishes minimum standards and requirements for MRTs, consistent with the Department's MRT Framework.
- Establishes specific requirements for the procurement of MRT's providers by the Managing Entities.
- Requires Managing Entities to develop and submit a plan that promotes the development and effective implementation of a coordinated system of care to integrate services provided and funded through the state child serving systems to facilitate access to needed mental health services.
 - Managing Entities must submit the plans to the Department by January 1, 2022. The Managing Entity and collaborating organizations are required to implement the coordinated system of care as specified in the plan by January 1, 2023, and must review and update, as necessary, the plans every three years thereafter.
 - State agencies shall provide reasonable staff support to the planning process if requested by a Managing Entity.
- Requires preservice training for foster parents to include information about, including contact information, for the local MRTs to address any behavioral health crisis or to prevent placement disruption.

	<ul style="list-style-type: none"> • Adds requirements for schools to verify that de-escalation strategies have been utilized and outreach to an MRT has been initiated prior to submitting the student to an involuntary examination. • Requires the Department and AHCA to jointly assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers of services and submit a report on their findings and recommendations to the Governor and Legislature by November 20, 2020.
SB 1120 Substance Abuse Services	<ul style="list-style-type: none"> • Requires, rather than allows, the Department to grant an exemption from a disqualifying offense for service provider personnel, including peer specialists, that are subject to the backgrounds screening requirements and who meet specified criteria. • Adds the crimes listed in s. 408.809, F.S., to current list of disqualifying offenses for recovery resident administrators. • Removes current provisions relating to exemptions for disqualifying offenses for recovery residence owners, directors, chief financial officers, and administrators established in Ch. 397, F.S., that are duplicative and inconsistent with the requirements of Ch. 435, F.S. • Adds criminal penalty (first degree misdemeanor) for any person who willfully and knowingly violates the referral requirements (to or from recovery residences) in s. 397.4873, F.S. • Revises current provisions relating to patient brokering so that the statute does not apply to any discount, payment, waiver of payment, or payment practice not prohibited by the federal antikickback statute. This restores the statute to 2018 status, reversing changes made in 2019.
SB 1286 Contraband in Specified Facilities	<ul style="list-style-type: none"> • Revises current list of items considered to be contraband in Department-operated or contracted forensic facilities (Ch. 916, F.S.) and juvenile commitment programs/facilities (Ch. 985, F.S.) to prohibit the introduction of the following items: <ul style="list-style-type: none"> ○ Makes the introduction of medical marijuana, hemp, or industrial hemp a third-degree felony if introduced on forensic facilities and a second-degree felony if introduced into juvenile commitment programs/facilities. ○ Makes the intentional and unlawful introduction of a cellular telephone or portable communications device inside the secure perimeter a first-degree misdemeanor. ○ Makes the intentional and unlawful introduction of a vapor-generating electronic device into the secure perimeter a first-degree misdemeanor.

VI.B. PROVISO PROJECTS

Several proviso projects were passed in 2019 that impact behavioral health care in the state of Florida. Table 14 presents a summary of those proviso projects.

Table 11: 2019 Proviso Projects

Proviso Title	Proviso Language	Funding Amount
---------------	------------------	----------------

<p>State Opioid Response Grant</p>	<p>Funds provided in Specific Appropriation 368A are allocated in a lump sum and contingent on a federal State Opioid Response (SOR) grant being awarded to DCF. The purpose of the federal grant is to increase states' efforts to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through prevention, treatment and recovery activities for opioid use disorders.</p>	<p>\$69,852,144</p>
<p>Community Action Treatment Teams</p>	<p>Funds provided in Specific Appropriation 370 shall be used by DCF to contract with providers⁹ for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics.</p>	<p>\$30,800,000¹⁰</p>
<p>Recurring Base Appropriations</p>	<p>From the funds in Specific Appropriation 371, the following recurring base appropriations projects are funded from recurring general revenue funds:</p> <ul style="list-style-type: none"> • Citrus Health Network - 455,000 • Apalachee Center - Forensic treatment services - 1,401,600 • Henderson Behavioral Health - Forensic treatment services - 1,401,600 • Mental Health Care (Gracepoint) - Forensic treatment services - 700,800 • Apalachee Center - Civil treatment services - 1,593,853 • LifeStream Behavioral Center - Civil treatment services - 1,622,235 • New Horizons of the Treasure Coast - Civil treatment services - 1,393,482 	<p>\$8,568,570</p>
<p>Supported Employment</p>	<p>From the funds in Specific Appropriation 371, \$700,000 from the General Revenue Fund is provided for supported employment services for individuals with mental health disorders.</p>	<p>\$700,000</p>
<p>Women's Special Task Force Funding</p>	<p>From the funds in Specific Appropriation 373, \$10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, childcare and post-partum case management supporting both the mother and child</p>	<p>\$10,000,000</p>

⁹ See line item 367 in the FY 2019-20 GAA for complete listing of providers.

¹⁰ \$750,000 per CAT Team Provider.

	consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.	
Family Intensive Treatment (FIT) Teams	From the funds in Specific Appropriation 373, \$12,060,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.	\$12,060,000
Family Intensive Treatment – Recurring Base Appropriation	From the funds in Specific Appropriation 373, \$840,000 from the General Revenue Fund shall be provided to Centerstone of Florida for the operation of a Family Intensive Treatment (FIT) team (recurring base appropriations project).	\$840,000
Recurring Base Appropriations	From the funds in Specific Appropriation 373, the following recurring base appropriations projects are funded from recurring general revenue funds: <ul style="list-style-type: none"> • St. Johns County Sheriff’s Office Detox Program - 1,300,000 • Here’s Help - 200,000 • Drug Abuse Comprehensive Coordinating Office (DACCO) - 100,000 	\$1,600,000
Central Receiving Facilities	From the funds in Specific Appropriation 374, the department shall designate an additional Central Receiving Facility in Judicial Circuit 18. Such designation shall be to an existing, not-for-profit, comprehensive community mental health facility not already receiving Low Income Pool payments for uncompensated services. The community mental health facility to be designated must currently serve as a single point of entry for individuals needing evaluation or stabilization under s. 394.463, F.S., or s. 397.675, F.S., or crisis services as defined in ss. 394.67(17)-(18), F.S., for mental health and/or substance abuse disorders.	\$19,878,768
Vivitrol	From the funds in Specific Appropriation 375, the sum of \$1,900,000, of which \$500,000 is nonrecurring (HB 4429)(Senate Form 1658), from the General Revenue Fund shall continue to be provided to the department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.	\$1,900,000
Child Welfare Prevention Services	From the funds in Specific Appropriation 375, the nonrecurring sum of \$11,160,000 from the Federal Grants Trust Fund is provided for the implementation of evidence-based prevention services that meet the requirements of the Family First Prevention Services Act.	\$11,160,000
Member Projects	From the funds in Specific Appropriation 376, the following are	\$15,486,694

funded nonrecurring from the General Revenue Fund:

- BayCare Behavioral Health - Veterans Intervention Program (HB 2313)(Senate Form 867 - \$485,000
- CASL Renaissance Manor - Independent Supportive Housing (HB 4385)(Senate Form 1599) - \$1,100,000
- Circles of Care - Behavioral Health Services (HB 9087)(Senate Form 1643) - \$700,000
- Clay Behavioral Health - Community Crisis Prevention Teams (HB 4915)(Senate Form 1018) - \$500,000
- David Lawrence Center Wrap-Around Collier Program (Senate Form 1168) - \$279,112
- Directions for Living - Community Action Team for Babies (HB 2609)(Senate Form 1027) - \$550,000
- Florida Assertive Community Treatment (FACT) Team - St. Johns and Putnam Counties (HB 2685)(Senate Form 2033) - \$1,250,000
- Ft. Myers Salvation Army Co-Occurring Residential Treatment Program (HB 4889)(Senate Form 618) - \$300,000
- Gateway Community Services - Project Save Lives (HB 2305)(Senate Form 1010) - \$747,582
- Here's Help - Juvenile Residential Treatment Expansion (HB 2631)(Senate Form 1309) - \$225,000
- Hillsborough County - Behavioral Health Residential Treatment Services (HB 4503)(Senate Form 2464) - \$1,200,000
- Hillsborough County - Crisis Stabilization Units (HB 4067)(Senate Form 2313) - \$800,000
- LifeStream Behavioral Health - Central Receiving System(HB 4185)(Senate Form 1871) - \$500,000
- LifeStream Behavioral Health - Crisis Stabilization Units (HB 2333)(Senate Form 1790) - \$300,000
- Northwest Behavioral Health Services - Training Trauma NOW (HB 3949)(Senate Form 2339) - \$50,000
- Okaloosa-Walton Mental Health and Substance Abuse Pretrial Diversion Project (HB 4209)(Senate Form 2213) - \$350,000
- Personal Enrichment through Mental Health Services - Crisis Stabilization Services (HB 2653)(Senate Form 1274) - \$750,000
- Road to Recovery - Modernizing Behavioral Health System (Senate Form 1285) - \$3,500,000
- Seminole County Sheriff - Substance Abuse Recovery Center (HB 3065)(Senate Form 1852) - \$400,000
- South Florida Behavioral Network - Outpatient Behavioral Health Services Pilot (HB 2839) - \$400,000
- St. Johns EPIC Recovery Center - Detoxification and Residential Treatment (HB 2669)(Senate Form 2034) - \$600,000

	<ul style="list-style-type: none"> • STEPS Women's Level II Residential Treatment (HB 4735) (Senate Form 2342) - \$250,000 • University of Florida Health Center Psychiatry (HB 4731)(Senate Form 1324) - \$250,000 	
Telehealth	From the funds in Specific Appropriation 376, \$4,000,000 from the General Revenue Fund is provided to competitively procure for the implementation of a pilot project that provides behavioral telehealth services to children in public schools, with an emphasis towards serving rural counties.	\$4,000,000
Member Project	From the funds in Specific Appropriation 376, \$500,000 from the Federal Grants Trust Fund using federal funds received from the State Opioid Response Grant is provided to Memorial Healthcare System for Medication Assisted Treatment Community Expansion (HB 4303)(Senate Form 1619).	\$500,000
Member Project	From the funds in Specific Appropriation 383C, the nonrecurring sum of \$250,000 from the General Revenue Fund is provided to Lakeland Regional Medical Center for a facility providing acute care behavioral health services (HB 4343)(Senate Form 1774).	\$250,000

VII. Statewide Performance Measurement

Managing Entities submit person-level data electronically to the state database system, FASAMS. This data includes socio-demographic and clinical characteristics of those served, the types and amounts of services provided, and the outcomes of those services. Overall, ME's met 17 of the 18 contractual performance measures (94%). The only measure not met was the percent of children with serious emotional disturbances who improve their level of functioning. This is a noteworthy improvement compared to FY 2018-19, during which the Managing Entities met 72% of their performance measures. The FY 2019-20 statewide performance measures are available in Appendix I.

VIII. Update on the Contract Management System

The majority of the Department's community-based substance abuse and mental health services are provided under contract with Managing Entities, in compliance with s. 394.9082, F.S. Managing Entities are responsible for the development, implementation, administration, and monitoring of a subcontracted network of service providers in a defined geographic area. Table 9 below details Managing Entity contract status as of October 2020.

Table 12: Managing Entity Contracts

Contract	Region	Begin Date	End Date	Provider	Contract
AHME1	Northwest	4/1/2013	6/30/2021	Big Bend Community Based Care, Inc.	AHME1

JH343	Southeast	11/1/2012		6/30/2024	Broward Behavioral Health Coalition, Inc.	JH343
IH611	Southeast	10/1/2012		6/30/2024	Southeast Florida Behavioral Health Network, Inc.	IH611
QD1A9	SunCoast	7/1/2010		6/30/2023	Central Florida Behavioral Health Network, Inc.	QD1A9
GHME1	Central	7/1/2012		6/30/2023	Central Florida Cares Health Systems, Inc.	GHME1
EH003	Northeast	7/1/2012		6/30/2023	Lutheran Services Florida, Inc.	EH003
KH225	Southern	10/1/2010		6/30/2023	South Florida Behavioral Health Network, Inc.	KH225

The Department contracts for additional services outside the scope of the Managing Entity system. These contracts include:

- Four contracts for residential services at privatized state Mental Health Treatment Facilities;
- Five contracts for professional and operational support services at publicly operated state Mental Health Treatment Facilities;
- Twenty-four contracts for statewide operational support and technical assistance services;
- One contract for involuntary civil commitment services for sexually violent predators, pursuant to Chapter 394, Part V, F.S. and twenty contracts with independent clinical professionals for evaluations and assessments required by the involuntary civil commitment judicial process;
- One contract for statewide Juvenile Incompetent to Proceed Services, under s. 985.19, F.S.; and
- Twenty-six grant agreements for county Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Programs, in compliance with s. 394.656, F.S., and one contract for the Reinvestment Grant Program Technical Assistance Center.
- Thirteen contracts implementing the COVID-19 Crisis Counseling Program.

During Fiscal Year 2020-21, the Department will initiate additional performance evaluation and assessment of Managing Entity contracts by the Quality Office and anticipates revisions to metrics applied in the next iteration of these contracts. The Department has also assigned responsibility for all “lead agency” procurements to the Division of Procurements and begun rolling out additional Contact Manager training requirements.

IX. Update on Regional Plans

IX.A. NORTHWEST REGION

Organizational Profile

The staffing level in the NW Region SAMH Program Office has change over the past year. To fulfill its statutory obligations, the Office is staffed by a Program Director; one (1) Administrative Assistant; three (3) Licensure/System of Care staff; two (2) Children's Mental Health System of Care grant-funded staff; three (3) Behavioral Health Consultants; one (1) Data Liaison/Program Consultant; one (1) Managing Entity Contract Manager; and two (2) Certified Recovery Support Specialists.

Strategic Priorities

In Circuit 1, the ME has contracted with Lakeview Center, Inc. to provide Central Receiving Facility Services. In addition, Life Management Center of Northwest Florida was contracted to provide Central Receiving Facility services for individuals in Circuit 14. The ME has developed two programs specifically targeted at the child welfare population: Evidence based Family Functional Therapy (FFT) in Circuit 14, and evidence-based Wraparound targeted at families in the child welfare system as part of Hurricane Michael response and funded through a SAMHSA grant.

IX.B. CENTRAL REGION

Strategic Priorities

The ME ROSC Lead and DCF ROSC Quality Improvement Specialist have facilitated Helping Others Heal & WRAP classes for 60 recovery peer specialists. There has been an increase in the number of Florida Certified peers working at the contracted providers. Additionally, a Peer Respite Facility called Peer Support Space and the Central Florida Recovery Community Organization (RCO) were established in Orlando. The RCO was the result of a partnership with FADAA and Floridians for Recovery, who are implementing an Aetna Grant to develop RCO's throughout the state. Board of Director meetings are held bi-weekly until the development of the Governing Board. Agenda items during the 1st quarter included strategic planning, 501(c)3 filing status, and development of a website. In February 2019, the DCF ROSC Quality Improvement Specialist in collaboration with FADAA and consultant Lonnetta Albright conducted a Recovery Management Workshop to providers in the Orlando area. The DCF ROSC Quality Improvement Specialist has also partnered with the RASE Project Training Coordinator and Career Source Brevard in educating the community about ROSC Concepts.

In terms of housing, the ME - Central Florida Cares Health System (CFCHS) - met with Aetna's Managed Care Plan Specialists to review the referral process for individuals enrolled in their behavioral healthcare plan in need of housing. The meeting determined a designated contact for enrolled individuals in need of stable housing. The ME Housing Specialist participated in the Central Florida Commission on Homelessness' Technical Expert Committee. The committee determined priorities for adapting the coordinated entry process to prioritize individuals who are at higher risk of contracting COVID-19. The committee's priorities were finalized and submitted to the executive committee for final approval.

CFCHS established a process with several providers to screen cases of individuals petitioned to state mental health treatment facilities. Monthly meetings are held with the providers to develop

a plan based on client needs and to ensure that all least restrictive options are exhausted prior to sending individual to state mental health treatment facilities. CFCHS also worked to increase capacity for Competency Restoration by training each of the forensic specialists in Competency Restoration.

The Forensic Multidisciplinary Team funding was moved from Orange County to Brevard County due to a number of barriers that continued to prevent the Orange County team from achieving the expected census of 45 (the Orange County Forensic Multidisciplinary Team only operated at capacity one month). The team is now with Circles of Care in Brevard. Additionally, CFCHS coordinated the Brevard Quarterly Forensic Meeting to increase community collaboration, address barriers, and community partner responses to COVID-19. Attendees included the Public Defender's Office, felony mental health judge, the Forensic Multidisciplinary Team, Circles of Care leadership, and other stakeholders. The group discussed the adjustments made to services due to COVID-19, and Circles of Care highlighted their use of telehealth. The team also discussed implementing jail-based competency restoration training in order to increase diversions.

Needs Assessment

In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 individuals and community stakeholders surveys were collected and analyzed. The top 5 services needed but was not accessible are (1) Housing assistance; (2) Crisis Stabilization/Support, (3) Outpatient services (4) Long-term Residential treatment program; (5)Aftercare/Follow-up

IX.C. SUNCOAST REGION

Strategic Priorities

Recovery Oriented Systems of Care (ROSC) continues to be a priority within the SunCoast Region (SCR) SAMH program office, Central Florida Behavioral Health Network (CFBHN), and the Network Service Providers (NSPs). Because of the COVID 19 pandemic and subsequent CDC and Department of Health guidelines, the Wellness Recovery Action Plan (WRAP) in-person trainings were postponed, and the region is exploring virtual trainings.

In line with 4DX, enhancing the “no wrong door” philosophy throughout the region is another priority that coordinates access to care for individuals experiencing crisis. The acute care providers, local receiving facilitates, transportation companies, and law enforcement have signed agreements to ensure the most efficient and least impactful approach. The commitment to the “no wrong door” concept was implemented during contract negotiations with the Central Receiving Systems (CRS) in Hillsborough and Manatee counties. Although the region practices the “no wrong door” concept, and ongoing training and contract requirements are in place, the services offered at the CRS facilities represent a more advanced model that reaches across professions and service providers, including medical services, to reduce the number of

individuals in crisis, which, CFBHN's 2019-2022 Needs Assessment identified as a priority and is supported by the SCR.

Needs Assessment

The SCR and CFBHN collaborates on CFBHN's 2019-2020 Enhancement Plan, which continues to examine ways of reducing the waitlist for CAT services. One way is collaborating with the MMA plans to use In-Lieu of Services. Projects relating to Child Welfare and Medicaid to help meet the needs of children and families have been taking place to facilitate better access and navigation through the system of care.

Collaboration and Communication

The SCR and CFBHN continue to partner with the State Mental Health Treatment Facilities (SMHTF) to improve care coordination, formalize staffing, and through 4DX; work on increasing diversions from SMHTFs. Additionally, SCR and CFBN continue to prioritize collaboration with Circuit 10 stakeholders to ascertain how partnerships (public/private/faith-based) can enhance services and assist with funding to meet the needs of individuals within the respective communities. Funded by the SOR grant, the Hospital Bridge Program has expanded from NSPs DACCO Behavioral Health, First Step, David Lawrence Center (DLC), to also include BayCare, ACTS, Operation PAR, and Tri County Human Services.

Despite the widespread impacts of the pandemic, and a 3% reduction in CFBHN's annual budget, NSPs continue to support individuals and families. According to data reported by CFBHN, telehealth and telephonic services have increased 7,000% since the pandemic. To serve individuals in need during the pandemic, SCR SAMH and CFBHN introduced programs such as: Thriving Minds in Circuit 20, SAMHSA COVID 19 Emergency Response for Suicide Prevention at Centerstone, CFBHN's COVID support helpline for the 14 counties that CFBHN covers through the Crisis Center of Tampa Bay.

IX.D. SOUTHEAST REGION

Strategic Priorities

Broward Behavioral Health Coalition (BBHC) has implemented an evidence-based 9-month program known as Critical Time Intervention (CTI) to support individuals through their recovery. Southeast Florida Behavioral Health Network (SEFBHN) employs an enhanced Coordination of Care Module, which is an electronic system that connects all five counties' substance abuse and mental health providers. This modality is used to communicate service availability, provide comprehensive historical information on the person served and to determine the most appropriate level of care that best meets the individual's need and reduces wait times.

The Southeast Region has three RCOs: Fellowship Living, South Florida Wellness Network and Rebel Recovery. BBHC implemented the "Power of Peers" program, utilizing Peer Recovery Specialists to encourage the person served with continued engagement in their treatment in the community upon discharge from a SMHTF. SEFBHN contracts for Recovery Support services that connect with individuals and offer peer support services to further assist them with skills necessary to maintain their recovery. In FY 2020-21, SEFBHN is focused on working with a

peer-run organization to establish peer run services in the Treasure Coast to serve that area that has been identified as in need of recovery support peer specialists.

Community Based Health Promotion and Prevention

The Central Receiving Center (CRC), operated by Henderson Behavioral Health, is providing alternative access options to youth and adults experiencing a mental health and/or substance use crisis. Services of the CRC include assessments, peer support, crisis support, psychiatric services, case management, care coordination, transportation, and referral and linkages to other services, as needed.

Of note, BBHC and SEFBHN have adopted the Zero Suicide Initiative throughout their provider network. BBHC funded the United Way to establish the Broward Suicide Prevention Coalition, bringing a broad cross-section of stakeholders in Broward County together monthly to address attempted suicides and deaths in the County and action steps to support this initiative. Both BBHC and SEFBHN work with the School Districts in their respective counties to address a seamless system of behavioral health care service delivery from school to the community for students and their families. Mobile Response Teams in all three circuits, funded by their respective MEs, triage calls, provide linkages to resources, services, supports, and respond face to face for cases requiring in-person clinical assessment, generally, in less than 35 minutes on average and provide warm handoffs to other service providers, as needed. Both Managing Entities and their network service providers have greater involvement with child welfare professionals, incorporating family safety issues into treatment plans thus helping families heal from behavioral health disorders and trauma in a recovery and supportive environment.

BBHC funded Memorial Healthcare System (MHS) to provide Medication-Assisted Treatment (MAT) services for individuals who overdose or come through their Emergency Department (ED) with an Opiate Use Disorder. This program includes the Medical Staff, Pharmacy, Peer, and an outpatient treatment team to triage, assess, and engage the individual in MAT services. Further, MHS is funded to provide MAT services to pregnant mothers known as the Mothers in Recovery (MIR) Program which increases the number of babies born drug-free and reduces high cost visits to the emergency room.

SEFBHN has contracted with myStrength®, an interactive digital app that is web based, and more importantly, evidenced based, used to address behavioral health as well as physical issues, including, depression, anxiety, stress, substance use, chronic pain and sleep challenges. MyStrength® partners with more than 100 of the largest healthcare payors and providers in the US to extend evidence-based behavioral health access to covered members, promoting higher levels of engagement and satisfaction, improved outcomes, and reduced cost of care delivery. This convenience is easily accessible by all hand-held devices and has well served residents in both the rural as well as urban areas within the five counties. The Substance Abuse Call Center (SACC Line) through 211 is used as an access point to promote engagement for individuals using substances who are involved in the child welfare system and to address

opioid related issues. SEFBHN contracts with Rebel Recovery, a peer run organization that provides peer services and engagement into treatment and many other services.

Opioid Epidemic

The SER hired Behavioral Health Consultants (BHCs) who have established a working-relationship with Child Protective Investigator (CPI) teams in Circuits 15 and 19. In Broward County, the ME funded one Full-Time Equivalent to work on this initiative. The BHCs assist in the field and use their clinical expertise to identify parents with substance use disorders. The BHCs carry and distribute NARCAN to parents that have been identified as having or suspected of having an opioid use disorder. The BHCs assist in improving family engagement to access treatment. Monthly collaborative meetings are held to improve the child welfare behavioral health integration initiative. In Broward County, the Hospital Bridge Program has been initiated which has been operational in both safety-net hospitals of the county. The SER employs a peer specialist who focuses on ROSC activities. The SER has established two additional Recovery Community Organizations with South Florida Wellness Network in Broward County and Rebel Recovery in Palm Beach County in addition to the existing Fellowship Living RCO, in Broward County. BBHC and SEFBHN established respite beds for persons awaiting bed space to treatment programs, and provide linkages, resources, and interim support services. SEFBHN funded SAFE Mobile Response Team which consists of clinicians and Recovery Support Specialists who help to engage parents/caregivers into treatment services.

State Mental Health Treatment Facilities Improvement

BBHC funds a Forensic Multi-Disciplinary Team to divert individuals from the SMHTF and coordinates beds with Miami-Dade's Forensic Alternative Center (MD-FAC) for diversion. Additionally, BBHC contracted with Citrus Health Network to operate a Short-Term Residential Treatment facility and funded 12 beds. The SER SAMH Program Office facilitates monthly forensic meetings with stakeholders to address challenges, barriers, and solutions to the mental health forensic system. To focus on civil and forensic diversions from SMHTFs, the SER Program Office facilitates weekly collaborative meetings with each ME which is in alignment with the statewide initiative of reducing the number of individuals and families in crisis. The goal of these collaborative meetings are to identify potential diversions where clinically appropriate, to less restrictive community-based treatment alternatives.

Collaboration and Communication

The SER Program Office and Managing Entities work closely with our community partners in all counties through participation in county behavioral health consortiums and various advisory councils surrounding service options and delivery. BBHC and SEFBHN have created strategies that align with both the region's and the state's priorities to improve and monitor the current Behavioral Health System of Care. The SER meets bi-monthly with each ME to address community and programmatic needs.

Needs Assessment

A Needs Assessment was conducted by each Managing Entity that incorporated input from a broad cross-section of stakeholders, which led to the development of priorities identified in the Enhancement Plans. BBHC's Enhancement Plan, identified five (5) priorities:

Priority 1: Develop and implement a plan for Zero Suicide initiative.

Funding request: \$500,000.00 (includes \$100,000.00 each for Selective Prevention, Universal Direct Prevention, Universal Indirect Prevention, EBP Training and Consultants In-Home/On-Site).

There is a need for alignment in a system-wide approach to suicide prevention in Broward County including capacity building, education and training. There has been an increase in suicide calls to Broward 2-1-1 and this number has increased with the COVID-19 Pandemic. Outcomes should improve as the Suicide Prevention framework is implemented by all BBHC network Providers.

Priority 2: Housing and Care Coordination Teams, and Family/Peer Navigator.

Funding request: \$2,100,000.00

BBHC plans to fund three specialized Care Coordination Teams at the provider level, with each team comprised of two Case Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. This will be an expansion of the existing Care Coordination initiative to include a team of specialists. Individuals will receive time-limited, intensive case management and peer support services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Family/Peer Navigators will be funded to facilitate access to services. This initiative will serve approximately 210 individuals (70 per team).

Priority 3: Ensure recurrent funding for Road to Recovery (Housing/Care Coordination)

Funding request: \$505,000.00 (including \$305,000.00 for Care Coordination Oversight at the ME level and \$200,000.00 Housing Coordination and Development.)

DCF will ensure that the Managing Entities are funded at an appropriate level to cover the cost to sustain operational integrity. Additional initiatives require oversight of new services such as FIT Teams, opioid treatment, CAT Teams, residential treatment, housing and care coordination, data analytics, and strategies to meet new priorities of effort. There will be increased ME operating costs including staff cost of living, health insurance, other professional liability insurance, and rent that is necessary for the ME operations. Increased funding to MEs is needed to sustain operational integrity and add proviso language that ensures the continuity of this funding level.

Priority 4: Multi-Disciplinary Treatment (MDT) Teams.

Funding Request: \$2,600,000.00 (including \$750,000.00 for an additional CAT Team; \$600,000.00 for an additional FIT Team; \$1,250,000.00 for an additional FACT Team).

Specific services to be provided will increase immediate access to substance use and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting education, transportation assistance, and peer support. Funding will also assist with expenses such as security deposits for housing, and expenses related to obtaining employment which will assist individuals in addressing their complex needs, achieve their identified goals on a long-term basis, and lead to self-sufficiency. The MDT Teams will annually serve approximately 60 individuals on the FIT Team, 70 youth and families on the CAT Team, and 100 individuals on the FACT Team.

Priority 5: Broward Forensic Alternative Centers (B-FAC)

Funding Request: \$2,645,593.00

The B-FAC will divert eligible individuals from forensic SMHTFs to a locked and secure community facility. The B-FAC will be a safe and cost-efficient community-based residential treatment alternative to serve 60 individuals, found incompetent to proceed (ITP), charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks, and who otherwise would be admitted to a SMHTF. Individuals will be treated in locked inpatient setting where they will receive crisis stabilization, SRT services, competency restoration training, and living skills for community re-integration. When individuals are ready to step-down to a less restrictive placement in the community, participants are helped with re-entry and ongoing service engagement.

The SEFBHN Enhancement Plan identifies five (5) priorities:

Priority 1: Increased Administrative funding for the Managing Entity Budget

Proposed Budget: \$2,987,777.95

Additional responsibilities continue to be assigned to the Managing Entity without additional administrative budget funding needed to effectively implement and administer them. The current administrative operating budget has consistently remained less than 5% of the total budget. As the state is facing reduced revenues due to the COVID-19 pandemic, Managing Entities are faced with reduced budgets. SEFBHN has assessed the current fiscal year budget and is working to adjust funding so that there is as little impact as possible on existing direct services. However, enhancements may not be possible. The need for an adequate number of staff is even more critical. The staff may be called upon to collaborate with providers for Care Coordination, to assist with increasing efficiencies by providing technical assistance and to complete data surveillance and address issues as they arise.

Priority 2: An additional FACT Team for Palm Beach County and an increase in the Reimbursement Rates for all existing FACT Teams.

Proposed Budget: \$2,049,503.00

Additional FACT Team availability will result in reduced use of costly high-end residential care. Carisk Partners who handles invoicing and data management for SEFBHN had previously completed a cost analysis for SEFBHN on the return on investment of FACT Teams to

demonstrate the financial benefits of FACT Teams. The costs for FACT Team consumers were compared to costs for the top 100 utilizers at the time of the cost analysis. The average cost per FACT Team consumer was \$3,090.00 and the average cost for the top 100 utilizers was \$15,527.00. Many of the costs associated with the Top 100 Utilizers are for intensive inpatient services, so while there is an obvious cost savings benefit, this is further augmented by maintaining individuals with serious mental illness in the community. While this increase would raise the cost per consumer, the sense of autonomy that a FACT Team participant realizes living in the community with the potential for obtaining employment is immeasurable.

Priority 3: Forensic Services

Proposed Budget \$2,842,111.80

This expansion of Forensic Services to our network will allow for more concentrated efforts in coordinating care and providing services necessary to divert the forensic consumer from admission to the state hospital, ensuring the safety of the people we serve, and the community.

Priority 4: Increased Access to Psychiatric Services

Proposed Budget \$1,352,000.00

Increased access to psychiatric services will allow the consumer more time to explain their symptoms to the psychiatrist who in turn will also have more time to accurately diagnose the consumer and prescribe the most appropriate medicines at the appropriate doses. The consumer is stabilized, reducing the need for interim appointments, and inpatient crisis stabilization placements, and the psychiatrists have more time to treat additional consumers.

Priority 5: Supportive Housing

Proposed Budget: \$546,000.00

SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with serious mental illness and co-occurring disorders. The services provided would include a transitional setting with 6 beds. Individuals would be living independently, paying their own room and board but have access to a supportive living coach and be offered life skill and independent living training. The provider will also assist the residents of the home/apartment in applying for SOAR benefits, and food stamps and in identifying other resources in the community such as public transportation or supportive employment services. They also generally have access to 24-hour crisis support services, although these services may not be available onsite. This level of supportive housing is intended to be transitional – allowing individuals a safe stable setting while they learn needed skills to eventually live in community-based housing. An additional component would provide these Supportive Housing Services for individuals who are already living on their own or looking to transition to a more independent setting (i.e., the adult who has been living with family but who wants to or needs to find their own living arrangement).

IX.E. SOUTHERN REGION

Recovery Oriented System of Care

The Southern Region (SR) SAMH program office and South Florida Behavioral Health Network (SFBHN) participated with network service providers and community stakeholders to establish the Recovery Oriented System of Care Steering Committee. The Committee has been working to implement the SAPT and RSA tools with a provider to measure the progress in ROSC development across the network of providers. SFBHN and SR SAMH staff have provided technical assistance to providers and community organizations in tailoring services to be consistent with recovery principles. ME and SR SAMH staff have worked to develop emerging RCO's in the region.

SFBHN has developed a Peer Services Exhibit to track pertinent information regarding Peer Services throughout the Network and in partnership with the SR SAMH staff has assisted providers with respect to peer supervision, onboarding, and identifying prospective peer specialists. Regional stakeholders have worked together to address the unique issues presented by the pandemic with respect to peer trainings and certifications. Additionally, the "No Wrong Door" model has been formalized in contracts with network service providers.

Children's Mental Health System of Care

In FY 2019-20, CWIST replaced the former MSP and CCS programs in an effort to have a more streamlined process for Behavioral Health Consultants to provide consultative services to DCF Child Protective Investigators. The CWIST program is also comprised of Family Navigators who follow cases for up to 90 days to ensure linkage, engagement, and compliance with recommended behavioral health services. In addition, SFBHN and Citrus CBC convene a quarterly workgroup to discuss the operational barriers that arise in coordinating services for child welfare involved families. This provides a forum to work through day to day difficulties that common clients may come across or providers may experience.

The workgroup has achieved its goal of identifying and training Child Welfare Champions at each network provider to serve as a liaison for child welfare professionals. The DCF Program Administrators have been identified as the Behavioral Health Champions to be a counterpart to the Child Welfare Champions and serve as a liaison to the network provider staff. The workgroup will continue to work towards creating interagency collaboration protocols and working agreements based on consensus regarding values that underlie the collaboration and goal of the partnership. Goals of the workgroup include:

- Increase the understanding of the language that each system utilizes and encourage the use of system friendly language when communicating.
- Creating a uniform progress note for network providers to utilize when communicating program compliance and issues to the child welfare professionals and judiciary.
- Cross training for identified child welfare and behavioral health champions as well as other integration stakeholders.

Opioid Epidemic

SFBHN participated on the Miami-Dade County Opioid Task Force which was charged with providing recommendations to reduce opioid overdoses, prevent opioid misuse and addiction, increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. SFBHN collaborates with law enforcement agencies to assist individuals that are coming in contact with police due to intoxication and have developed a process for network service providers to access Narcan kits funded by DCF.

Community Based Health Promotion and Prevention

During FY 2019- 20, the Prevention System of Care (PSOC) served more than 451,835 community members, including more than 131,000 youths, across Miami-Dade and Monroe Counties. The total number of individuals exposed to prevention services has continued to increase over the past four years. In addition, more than 466 parents/adult guardians and over 9,531 youth participated in an evidence-based program (EBP) in FY 2019-20. Overall, prevention programs were effective in increasing protective factors and decreasing risk factors consistent with the region's Comprehensive Community Action Plan (CCAP) for preventing alcohol, tobacco, and other drug use among youth in South Florida. The Strategic Prevention Framework was used in implementing the CCAPs consistent with the data in the Community Needs Assessment and the risk and protective factors identified. Evaluation of prevention services noted the following:

- Youth participating in PSOC programs decreased risk for marijuana use, underage drinking, and legal drug use/misuse throughout Miami-Dade and Monroe Counties. Significant increases were seen in protective factors predicting substance use for participants of Prevention System of Care EBPs.
- Marijuana was the most frequently used substance reported by youth. Youth in the PSOC sample reported lower rates of alcohol use compared to the FYSAS. Prescription drug misuse remained low but was higher at pre-test compared to the FYSAS and was higher than in previous years. Vaping and e-cigarette use reported by high school youth increased from pre to posttest.
- Minor differences among gender, race/ethnicity, or grade/age differences were found across the effectiveness of the prevention programs. However, across nearly all developmental age groups and regions differences were noted.
- Substance use and mental health issues were commonly identified by providers through problem identification and referral strategies. These strategies often resulted in successful referrals for youth and their families to much needed services (72.4%), promoting coordination across systems of care.
- Despite school and county closures related to COVID-19, providers and coalitions continued to implement prevention strategies. They showcased their strong facilitation skills through innovative engagement strategies via online program delivery and use of social media.
- Program quality remained high across providers maintaining fidelity to their EBP models and with constant feedback loops between the evaluation team, Managing Entity, and PSOC providers.

State Mental Health Treatment Facilities Improvement

Individuals that are placed on the SMHTF's Seeking Placement list are referred to Care Coordination services in order to facilitate their transition into the community. SFBHN actively participates in monthly discharge tracking meetings, along with network service providers and the SMHTF, to discuss discharge planning efforts on behalf of the individuals. This forum also allows the community to discuss any new resources that are identified in the community.

Collaboration and Communication

SFBHN continues to conduct the various meetings and activities discussed above. The SR SAMH staff continued to engage with the ME quarterly during our Local Planning Meetings to discuss system needs, opportunities and challenges. Additionally, due to the COVID-19 pandemic, SFBHN implemented weekly calls with the Department and network service providers as a touchpoint for open communications during the pandemic. Ongoing meetings and collaborations have continued during the past fiscal year to continue to move our system forward.

Needs Assessment

SFBHN performs a community needs assessment every three years. The most recent community needs assessment was contracted to the Health Council of South Florida and completed in December 2019 for Miami-Dade and Monroe Counties. Adjustments to the service delivery system have been made based on these. Additionally, SFBHN conducts various activities to determine community needs such as running a variety of qualitative reports including, but not limited to trends, penetration rates, provider performance, and treatment gaps.

Appendix I

STATEWIDE PERFORMANCE

The table below shows the FY2019-20 Managing Entity performance measures, the associated target, goal direction, performance results, and whether, or not, the target was attained.

Adult Community Mental Health		Target	Goal Direction	FY 2019-20	Attained
M0003	Average annual days worked for pay for adults with severe and persistent mental illness.	40	↑	73	YES
M0703	Percent of adults with serious mental illness who are competitively employed.	24	↑	37	YES
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	90	↑	91	YES
M0743	Percent of adults in forensic involvement who live in stable housing environment.	67	↑	71	YES
M0744	Percent of adults in mental health crisis who live in stable housing environment.	86	↑	86	YES
Children's Community Mental Health					
M0012	Percent of school days seriously emotionally disturbed (SED) children attended.	86	↑	94	YES
M0377	Percent of children with emotional disturbances who improve their level of functioning.	64	↑	72	YES
M0378	Percent of children with serious emotional disturbances who improve their level of functioning.	65	↑	58	NO
M0778	Percent of children with emotional disturbance (ED) who live in stable housing environment.	95	↑	100	YES
M0779	Percent of children with serious emotional disturbance (SED) who live in stable housing environment.	93	↑	99	YES
M0780	Percent of children at-risk of emotional disturbance who live in stable housing environment.	96	↑	100	YES
Adult Community Substance Abuse					
M0753	Percentage change in clients who are employed from admission to discharge.	10	↑	34	YES
M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	15	↓	-62	YES
M0755	Percent of adults who successfully complete substance abuse treatment services.	51	↑	71	YES
M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	94	↑	94	YES
Children's Community Substance Abuse					
M0725	Percent of children who successfully complete substance abuse treatment services.	48	↑	85	YES
M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.	20	↓	-48	YES
M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.	93	↑	99	YES

IX.F. NORTHEAST REGION

I. Organizational Profile

The Northeast Region (NER) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight and administration of the behavioral health system in Circuits 3, 4, 7 and 8. Behavioral health services for the NER are provided through managing entity, Lutheran Services Florida Health Systems (LSF). The counties in this area, by circuit, include:

- Circuit 3: Columbia, Dixie, Hamilton, Lafayette, Madison, Taylor and Suwannee;
- Circuit 4: Clay, Duval and Nassau;
- Circuit 7: St. Johns, Putnam, Flagler and Volusia;
- Circuit 8: Alachua, Baker, Bradford, Gilchrist, Levy and Union.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

The NER and LSF ensure a collaborative agreement is in place for the SOC. The process of shifting from an acute care model to a recovery model has been infused in the Managing Entity's Care Coordination initiative. They have worked with providers over the last 18 months to bring them along in this transition. Managing Entity's current incorporated document for Care Coordination outlines the agreement and is part of the provider contract.

Enhance "no wrong door" model to optimize access to care for priority populations. The Region and LSF set forth actions to expand ability to offer walk-in same day services and an array of treatment options and ancillary services, which divert individuals from emergency rooms, Baker Acts, and involvement with the criminal justice system. The NER continues to build on the Central Receiving System initiative by expanding to a second site in Jacksonville in the spring of 2019. First Comprehensive Service Center in Jacksonville began in February 2017. This location has walk-in mental health services provided by Mental Health Resource Center, and Mental Health of America SOAR processors, DCF ACCESS services and substance abuse services through on-site Gateway Community Services staff.

The NER SOC Oversight Committee is investigating ways to include Temporary Assistance for Needy Families (TANF) dollars to fund services. The governance board continues to work with TANF representatives regarding braided funding for sustainability. The NER contract manager provided a presentation to the governance board on the process for utilizing funding sources for clients who are not Medicaid eligible or have an insurance gap.

Certified Recovery Peer Specialists

The NER established a SOC Governance Board to guide its Oversight Committee to support sustainability of core values and principles, through active and focused educational and outreach efforts of the SOC site coordinator. The Oversight Committee provides strong partnerships throughout the Region with DCF, community providers, stakeholders, families, youth and local community agencies.

Permanent Housing

By using flexible Community Transition Voucher program vouchers, SOC offers housing subsidies and support for related housing expenses to place individuals with serious substance abuse and/or mental health disorders into stable housing much quicker this past year. Priority is given to individuals being discharged from state hospitals, jails or prisons.

LSF has been working with providers to use the ASAM for Substance Abuse and the LOCUS/CALOCUS for mental health. Continued efforts are being made for all providers to use these assessments in addition to any others they complete. The NERs integration team has been working to finalize a universal consent for use across agencies to share information. LSF is also participating in a DCF-led statewide work group to revise the SAMH Community Consumer Satisfaction Survey to become more Recovery-Oriented. Data from current surveys collected by the ME indicate individuals need help to find meaning in their lives. The survey domain with the lowest satisfaction scores for the last 5 years has been Social Connectedness, in which six questions assess the consumers' relationship with staff, family, neighbors and the benefits these relationships bring to the individual's care and well-being. Another domain, Functional Satisfaction, addresses consumers' perception of their ability to function productively in society.

An analysis of domain scores and survey questions from 30 providers who surveyed a total 7,978 individuals served in FY 17-18 showed:

- 87.45% of respondents were satisfied with their Social Connectedness. Children's Substance Abuse programs within this overall score were the lowest at 85.27%; and
- 89% of respondents felt a Functional Satisfaction in their lives.

Improve access to services in both rural and urban areas.

Most larger providers in the region are using or developing telehealth capacity to provide services remotely. Meridian Behavioral Healthcare in Circuits 3 and 8 (largely rural) is one of the leaders in this effort. The use of telehealth has expanded capacity and will have expanded use as a by-product of Mobile Response Team implementation, effective January 2019.

- Meridian Behavioral Healthcare, through a tablet program, now provides qualified clients with a tablet and the data package needed to participate in Telehealth. These clients are high utilizers of services and have barriers to participating in telehealth without this assistance.
- Network Service Providers in circuits 4 and 7 are also identifying/expanding ways to engage clients and provide service options to work through COVID barriers to service. Through expanding use of telehealth and general telecommunications, a certain percentage of clients are reporting feeling safer utilizing these electronic services as an alternative to face-to-face interactions and are staying engaged in treatment.

Opioid Epidemic

Reduce opioid related overdose deaths.

The NER hired a Behavioral Health Consultant (BHC) to work with CPI teams identified specifically for this initiative. The BHC assists in the field to provide clinical

expertise in identifying parents with behavioral health conditions with a special focus on opioid disorders. The BHC assists in improving family engagement in accessing treatment. The BHC, CPI team leaders, and NER SAMH and Child Welfare leadership complete regular assessment of this strategic targeted response. A second BHC position has been advertised. The NER hired a Recovery Oriented Quality Improvement Specialist in September 2017, who focuses on ROSC activities.

The NER now employs four Behavioral Health Consultants, one for each circuit. The original first hire was assigned to a CPI team dedicated to substance exposed newborns. While that focus has now broadened for each of the four BHC Consultants, substance exposed newborns remains as a significant focus of their work.

Link opioid-related victims in hospital settings (emergency room or inpatient) to on-going treatment and recovery support.

LSF has received a 3-year grant to provide enhanced screening for SUD through the SBIRT (Screening, Brief Intervention and Referral to Treatment) which includes training health professionals in hospital settings to conduct screening, engage individuals in expedited treatment, and increase engagement through peer recovery specialists. LSF is grant funded to provide training to over 300 peer specialists over a four-year period.

- LSF Bridge Program linking opioid-related victims in hospital settings to ongoing treatment and recovery support has now been expanded to twelve hospitals throughout the region:

Flagler Health
Ascension Riverside
Ascension Southside
Orange Park Medical Center- Park West
Baptist North
Baptist Nassau
UF Health Jacksonville
Memorial Hospital
North Florida Regional Medical Center
Shands Gainesville
Advent Health
Halifax Hospital

- For Peer Specialist Training, the grant began September 2017 and ends August 2021. To date, 214 Peer Specialists have been trained (excluding the current Peers for this grant year).

LSF has been awarded a new 4-year, \$2.4 million grant to expand the number of peer and recovery support specialists providing behavioral health services to children whose parents are impacted by opioid use disorders (OUDs) and other substance use disorders (SUDs). The project will train more than 130 students over 4 years and offer both the Certified Recovery Peer Specialist (CRPS) and the Certified Recovery Support Specialist (CRSS) certificates. Partnering agencies include

Clay Behavioral Health Center, Inspire to Rise, River Region Human Services, and Starting Point Behavioral Healthcare.

B. Children's Mental Health System of Care

Child Welfare, Substance Abuse and Mental Health Integration.

The NER Child Welfare and Behavioral Health (CW/BH) Integration initiative promotes child welfare and behavioral health integration at all levels. The Region continues monthly team activities with numerous behavioral health providers, case management organizations, CBC Lead Agencies and the MEs at their local levels to improve integration. NER Child Protection and Child Welfare staff assist with identification of behavioral health screening needs through appropriate questions about behavior, interactions and history during consultations with staff. As assessment information is obtained through interviews and review of historical reports to understand the family's needs and if further substance abuse or mental health assessment is needed, referrals are provided for appropriate services. Mental Health First Aid Training has been offered throughout the region to child welfare staff. The region's Behavioral Health and Child Welfare Crossover Training has assisted staff with identifying behaviors in the home.

Implement integrative practice components for parental screening, referral for Behavioral Health Assessment, Family-focused Treatment and Aligned Planning and Teamwork.

The NER is reducing the number of out of home cases by increasing communication through the multidisciplinary team process, implementation of a system wide approach to requesting and accessing information between case management organizations and providers and improving performance on investigations involving substance exposed newborns.

C. Community Based Health Promotion and Prevention

The NER hired a DCF Recovery Oriented Quality Improvement Specialist staff position to provide technical assistance and consultation to provider agencies and other SOC partners to promote the expansion of medication assisted treatment (MAT) and care coordination services. The NER seeks to enhance the role of peers in the work force for meaningful inclusion in the development and evaluation of ROSC practices in the Region.

1. Our Recovery Oriented Quality Improvement Specialist has provided agencies and groups training on Harm Reduction Techniques, Self-Care, Youth Peer Services, SMART Recovery, Recovery Schools and How Families Deal with Substance Use Disorder. She has attended NAMI/AA/NA Support Meetings throughout Circuits 7 and 8. She has gone into different providers with our licensing team to provide trainings, and guidance and continue to follow up, and assist them.
2. She also supports the MAT community by providing a safe space for individuals receiving services from one provider agency in Duval County to speak freely about MAT and their Recovery. This group gathering has expanded over the last year and a half from a group of 5 individuals a week,

to 25+. She also started another group meeting outside of the provider agency so that anyone in the community could attend.

Improve quality of engagement of DCF staff with families and improve timely access to treatment and support services for families.

A Behavioral Health Consultant (BHC) was employed with the goal to achieve and enhance program outcomes. BHC will establish effective working relationships with CPIs to provide technical assistance (in the field) and consultation to assist in understanding signs and symptoms of opioid use disorders and best practices to engage, treat, and improve timely access to treatment.

Coaches Program developed and will continue to utilize Wraparound targeted for youth 16-21 years of age.

Circuit 7 youth substance treatment providers maintain their relationship with current substance use providers and engage new youth providers to utilize the Coaches Program as a step-down to support youth in recovery and to seek out peers for this age group. Service providers are encouraged to use the Wellness Recovery Action Plan (WRAP) which focuses on participants strengths. See Information on WRAP at <http://mentalhealthrecovery.com/>.

Transitional Life Coaches (TLC) program, conducted by St. Augustine Youth Services, supports youth ages 16-21 who are nearing adulthood with little system of support, a history of behavioral health issues, and who have not been successful with traditional services. TLC helps youth overcome and manage life challenges including housing, educational needs, employment and medical and behavioral health concerns.

LSF promotes the use of WRAP through the year in four separate regional trainings for provider staff and community stakeholders. The two-day training endorsed by the Copeland Center for Wellness and Recovery (<https://copelandcenter.com/>) is part of LSF's federal grant-funded Certified Recovery Peer Specialist Training. An information flyer with a link to register has been distributed to stakeholders and the provider network. During on-site monitoring in FY 18-19, the ME CQI Specialist discusses programmatic applications of WRAP with clinical supervisors and provides a recovery-oriented tool (the Recovery Capital Scale) utilized by peer specialists and navigators to help individuals grow recovery capital in their lives in the community.

D. State Mental Health Treatment Facilities Improvement

Decrease average length of time from SMHTF discharge to linkage to services in the community.

In the NER the ME implemented care coordination practices for people discharging from state mental health treatment facilities. Staff continue efforts in meetings with forensic evaluators to promote consideration of diversion on a case-by-case basis. From these efforts, the region sustained success of first five months of FY 2018-19 to reduce forensic admissions. While forensic commitments are up 13% statewide, NER forensic commitments are down 8%.

Reinforce exploration of diversion opportunities.

The NER and LSF continue to monitor the admission process to ensure all available less restrictive alternatives are considered in advance of transfer to the SMHTF.

Through local area consortium meetings, the Region continues to work on improvements/agreements for information sharing, where appropriate, between schools, law enforcement, behavioral health/child welfare providers and other relevant members of a multidisciplinary team. The provision through EO 18-21 for crisis intervention services to reduce Baker Acts through Mobile Response Teams in all counties is effective January 1, 2019.

- Mental Health Resource Center has formalized a jail-based competency restoration effort in Duval County with the public defender's office and has diverted 24 individuals in one month as a result of those efforts. A forensic specialist is providing competency restoration from 5pm-8pm during the week.
- LSF receives the forensic waitlist from DCF biweekly and engages with FACT teams who reach out to the receiving facilities and receive feedback from the providers on possible diversion candidates. As a team they try to develop a plan for any individual that has a potential for diversion. The new Northeast Region Community Forensic Liaison is also now playing a significant role in this diversion focus.

III. Collaboration and Communication

The Northeast Region SAMH Program Office and ME, Lutheran Services of Florida Health Systems, work closely with our community partners in all counties. The NER held Circuit Executive Order 18-81 meetings to improve communication, collaboration of participating agencies, and the coordination of services and the care of individuals identified as most in need. Participants in meetings have included representatives of schools, law enforcement, behavioral health/child welfare providers, juvenile justice, managed care plans, managing entity and DCF. Objectives include:

1. Opportunities for cost sharing to improve efficiencies and integration of funding:
 - Circuits 3 and 8 are looking into cost sharing with training programs and partnering with county funding projects and other agencies to fill gaps in system;
 - Circuit 4 is exploring cost sharing potential around Mobile Response Teams and child care center programs to enhance early education programs; and
 - Circuit 7 is considering trauma programs such as the "Handle with Care" project for all counties. Flagler County has already implemented "Handle with Care".
2. Creation of local Behavioral Health Consortia to carry forward the momentum initiated from Executive Order:
 - Each circuit has a Behavioral Health Consortium. Some priorities are identified with some gaps in service listed. Communication plans and memorandum of agreements are being developed.
3. Resource Identification/Sharing:
 - Each local consortium will develop a subcommittee with specific focus on communication to ensure points of contact are maintained. Each local consortium will develop, enhance and share community resource manuals;
 - Circuit law enforcement and school representatives need to know what the community offers, so they are equipped to link families they encounter with services;
 - Resource packets through ME will serve as a starting point for this effort; and

- Consideration of web-based platform to simplify, improve, keep information up-to-date and available to all parties.
4. LSF and Law Enforcement will collaborate and ensure access to mental health and substance use treatment services for persons released from county jails.
- ME provider agencies provide services in the specialty courts and coordinate with the jails locally for services;
 - Access to Care phone line promoted/marketed as means to promote access; and
 - Circuit Consortiums have jail re-entry team representatives in attendance.
- NER SAMH has been working collaboratively with its ME, Lutheran Services of Florida, its provider network, and local law enforcement to advance the Co-Responder Program. The goal of the program is to improve outcomes for individuals with mental illness experiencing a mental health care crisis, and/or involved in emotionally charged situations. A full-time Masters-level clinician and law enforcement officer are partnered together to respond to mental health crisis calls. Jointly, the co-responders determine the most appropriate means of serving the individual in crisis – to provide both immediate and extended support. In addition to responding to immediate calls, co-responders also conduct follow-up visits with individuals they have previously encountered to ensure they are connected to behavioral health services and other resources.

The Jacksonville Sherriff's Office (JSO) began a pilot Co-Responder program in January 2020. The program design is similar to one implemented in April 2018 in Gainesville with the Gainesville Police Department. The demonstrated positive outcomes from that Co-Responder Program has promoted the Alachua County Sherriff Office to create a Co-Responder Program for all of Alachua County.

- Many counties in the Northeast Region have suicide rates that are above the state average and stakeholders have communicated this concern to the ME. LSF Health Systems continues to be engaged in suicide prevention initiatives throughout the region, including the Florida LINC (Linking Individuals in Need of Care) suicide prevention grant and Zero Suicide. LSF has hosted suicide prevention conferences with well-known national experts. Through their Training Institute, LSF continues to provide suicide prevention trainings including QPR and other best practice offerings.
- LSF is beginning to hold community resource meetings across the region to ensure all stakeholders are aware of the resources available in each area. With the challenging economic condition, LSF has identified this communication initiative as a way to enhance resource sharing to prevent individuals from not connecting with housing and other resources.

IV. Needs Assessment

LSF conducts a triennial Needs Assessment to determine system needs and gaps in services. In between the triennial assessment, LSF conducts stakeholder survey of all stakeholders by mailing list to identify service gaps and community needs. The information generated through these various means inform the annual enhancement

plans, Business Operations Plan and grant writing efforts. Additional needs included in LSF enhancement plans include:

- Short term residential treatment beds- Currently, only 12 SRT beds in entire 23 county service area. Adequate SRT resources will reduce CSU recidivism and state hospital admissions. Requested 20 SRT beds, 10 in each of two locations;
- Housing and Care Coordination – Lack of affordable and supported housing is a key barrier to sustained recovery. Requested additional care coordination staff, housing resource staff and transitional vouchers;
- Assisted Outpatient Treatment (AOT)- Early indications suggest Mental Health Court program in Marion County is very successful. Requested additional resources to replicate this program in another location. The AOT program can be implemented in conjunction with the SRT beds to reduce unnecessary incarceration of individuals for behavioral health issues; and
- Substance Abuse Treatment -There is a waiting list for SA residential treatment across our service area. Requested a 10 bed Addictions Receiving Facility and 12 SA residential treatment beds.

LSF Health Systems contracted with WellFlorida Council and the Health Planning Council of Northeast Florida to conduct a triennial behavioral health needs assessment which was released in October 2019. This report serves to inform the development of the LSF Health Systems Strategic Plan for 2020-2023 as well as the annual enhancement plans submitted to the Department of Children and Families to address unmet needs. The Needs Assessment was presented to the community at Town Hall Meetings in each Circuit and in Behavioral Health Consortium meetings. LSF Health Systems will hold a strategic planning retreat to identify priorities and strategies for the next three years.

V. Budget

Total Amount of DCF State Funds Contracted for Mental Health and Substance Abuse Services in the Northeast Region and Circuit 5 Program Contracted Dollars include:

Adult Mental Health: \$68,746,523; Children’s Mental Health: \$11,808,011; Adult Substance Abuse: \$38,939,990; Children’s Substance Abuse: \$14,028,070. Total: \$133,522,594

Full description on how funds are allocated by OCA funds are in the approved FY 18-19 Cost Allocation Plan. The Plan reflects the expenditures for substance abuse and mental health services, and contains cost related to specific services or projects. Activities described in the Plan include specialty federal grants, special state projects, and specific targeted programs including set-aside requirements. The Cost Allocation Plan describes the grants, programs, and contracts outside of the purview of the substance abuse and mental health services covered in the Managing Entity contract.