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Triennial Master Plan Annual Update Delivery of Substance Abuse and Mental Health Services

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

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Introduction

The Florida Department of Children and Families

The mission of the Florida Department of Children and Families (Department) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Department's vision is to empower Floridians with opportunities that support and strengthen resiliency and wellbeing and work towards achieving the following goals:

- **Operate as One Department of Children and Families**
- **Improve the Customer Experience and Outcomes**
- **Advance Accountability Throughout the System of Care**

The Office of Substance Abuse and Mental Health

The Office of Substance Abuse and Mental Health (SAMH) serves as the single legislatively designated mental health authority for the state. Working with behavioral health providers, SAMH administers the statewide system of care that provides services to individuals contending with mental health and substance use disorders. The Department accomplishes this by contracting with seven Managing Entities, across six regions, that work with inpatient facilities, community behavioral health centers, and numerous other providers to ensure access and deliver coordinated care across multiple levels.

Section 394.75, Florida Statutes (F.S.), requires the Department to prepare a state master plan every three years on the behavioral health system of care. The Department's master plan was submitted in Fiscal Year (FY) 2022-2023. Annually, the Department is required to submit a plan update to the President of the Senate and the Speaker of the House of Representatives by January 1 of each year. This report submission serves as the Department's annual update to the master plan.

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Improving Access to Behavioral Health Services

In FY 2022-2023, the Department served 44,746 children and over 185,000 adults. Approximately 80 percent of the population served by the Department were adults. Most individuals are served by the Department within the community mental health service setting (generally uninsured or underinsured adults), followed by state psychiatric hospitals, and residential treatment facilities. Funding to support the behavioral health services for these populations is derived from:

- State general revenue;
- Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grants; and
- Discretionary grants.

Prevention Programs

The Department continues to prioritize prevention throughout the system of care, promoting intervention at the earliest possible moment, focusing on resiliency and wellbeing, and reducing behavioral health crises. In addition to school based primary substance use prevention programs, the Department has a specific focus on suicide prevention and overdose prevention as follows.

Suicide Prevention

In 2021, 3,325 individuals were lost to suicide statewide. In Florida, suicide is the 12th leading cause of death with an age adjusted suicide rate of 13.8 per 100,000 individuals. To increase collaboration between state agencies and stakeholders, the Department's Statewide Office of Suicide Prevention facilitates the Suicide Prevention Coordinating Council to oversee the Florida Suicide Prevention Interagency Action Plan. The Action Plan guides suicide prevention efforts throughout the state, with a focus on the priority areas of awareness, prevention, intervention, and caring follow-up and support, incorporating 11 strategies that can be replicated and implemented by communities and organizations across Florida.

Overdose Prevention Program

This statewide program is designed to support the reduction of opioid overdose deaths and increased access to naloxone, a medication for opioid overdose reversal.

During FY 2022-2023, 158 new entities enrolled in the program bringing the statewide total of distributors to 423 organizations. Entities engaging with the program include substance use disorder and mental health treatment providers, opioid treatment programs, recovery community organizations, emergency departments, harm reduction programs, federally qualified health centers, homeless shelters, and other community-based organizations that provide easy access to naloxone.

For FY 2022-2023, the naloxone distribution program distributed 303,760 kits, resulting in a reported 13,226 overdose reversals; however, as many reversals are unreported the true impact is likely greater. The Department increased training opportunities on overdose recognition and response and resulted in 22,884 individuals attending statewide.

Opioid Overdose Prevention Awareness Campaign

The I SAVE FL program is focused on increasing awareness and availability of naloxone and provides information about accessing the medication across the state. The targeted audience includes individuals at risk of opioid overdose, inclusive of friends and family. The Department broadened material content to include language focused on increasing the awareness of the risks of opioid misuse and primary prevention education among young adults, parents, and caregivers. The I SAVE FL website, <https://isavefl.com/>, has a naloxone locator to assist individuals in finding providers and local resources.

Community-Based Program Implementations and Expansions

During FY 2022-2023, the Department received over \$126 million to expand access to behavioral health services throughout the state and reduce waitlists for services which support children and families with complex needs through teaming approaches, treatment, and recovery supports. The additional funds increased capacity for the behavioral health system of care in Florida and improved access to needed assessment and treatment for youth and adults. Below is a summary of program implementations and expansions of existing programs.

Community Action Treatment Teams

The Community Action Treatment (CAT) teams' services¹ are one of the most intensive and uniquely designed community-based services available to families in Florida. The CAT teams under contract with behavioral health Managing Entities conduct any combination of services and supports including case management, crisis intervention, counseling, psychiatric services, tutoring, and parental supports.

For FY 2022-2023, 11 new CAT teams were created, and seven existing teams expanded to provide increased CAT services which served 3,576 families and resulted in 91 percent of providers meeting targets for improved family functioning.

Family First Prevention Services Act Teams

Through the expansion of the Department's traditional model of CAT teams, a new strategy was developed. The Family First Prevention Services Act (FFPSA) teams use evidence-based practices that are supported by the FFPSA clearinghouse and tailor programs to meet the needs of the family. The program is based on strength-based approaches which provide the foundation for all interventions utilized by the clinical team.

¹ Status update on Specialty Teams as of June 30, 2023.

For FY 2022-2023, funding was dedicated to creating seven new FFPSA teams using the new in-home family therapy program. Of the seven, three were fully implemented last in the previous year. The Department continues to monitor progress toward implementation of the remaining four teams. These in-home family therapy programs utilize one of the following evidence-based practices:

- Homebuilders;
- Family Functional Therapy; or
- Multisystemic Therapy and Parent Child Interaction Therapy.

Mobile Response Teams

The Mobile Response Teams (MRTs) help to diffuse crisis situations and avoid the need for crisis services such as involuntary Baker Act examinations. Access to teams is available 24 hours a day, 365 days per year. Historically, MRTs generally focused on individuals under 25 years of age.

For FY 2022-2023, existing MRTs' capacity expanded focus to provide services to individuals of all ages. The 12 new teams were created bringing the total number of teams to a total of 51. MRTs received more than 28,000 calls to support individuals, an 11 percent increase from the previous year.

Family Intensive Treatment Teams

The Family Intensive Treatment (FIT) teams' services are designed to provide intensive community-based services to families with parental/caregiver substance misuse in the child welfare system. An important component of the model is the cross-system collaboration between the child welfare, judicial, and behavioral health systems.

For FY 2022-2023, five new FIT teams were added, and nine teams expanded capacities to provide increased FIT services bringing the number of teams statewide to 28 that served 1,469 individuals.

First Episode Psychosis Care

A team-based model, First Episode Psychosis Care services are utilized for adolescents and young adults experiencing symptoms of serious mental illness. The teams showed an 80 percent success rate of improved functioning for individuals experiencing first symptoms of a psychotic disorder. The evidence-based approach builds connections to services that are important to helping youth and families navigate difficult experiences and provides education on how to manage symptoms.

For FY 2022-2023, teams reported a 60 percent increase in the number of individuals served over the previous year.

Florida Assertive Community Treatment Teams

The Florida Assertive Community Treatment (FACT) teams serve adult individuals with serious mental illness with the goal to prevent recurrent hospitalization and incarceration, as well as improve community involvement and quality of life for individual. FACT teams serve as a step-down from inpatient settings, including State Mental Health Treatment Facilities. FACT teams primarily provide services to individuals where they live, work, or in other preferred settings, and are available 24 hours a day, 7 days a week.

For FY 2022-2023, six new FACT teams were implemented increasing the number of teams to 39. FACT teams served 3,627 individuals with 45 percent of individuals continuing to live independently.

Care Coordination

Care Coordination provides additional assistance to adults or youth to access available services and resources within communities. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems.

For FY 2022-2023, Care Coordination served 4,557 individuals including 272 families involved in the child welfare system with behavioral health needs, and 789 youth who utilized behavioral health crisis care services at a high rate.

State Opioid Response Programs

The State Opioid Response (SOR) Grant is a two-year grant award that provides funding for prevention, treatment, and recovery support services to individuals identified as misusing opioids or stimulants or having an opioid or stimulant use disorder. Funds support services such as medication-assisted treatment, therapy, evidence-based prevention programs, and recovery supports such as housing, employment support, transportation, and peer support.

Individuals Served FY 2022-2023		
Treatment and Recovery Support Services	Prevention	Media Impressions
23,059	91,634	7,487,815

Hospital Bridge Programs

A Hospital Bridge Program is a partnership between a hospital emergency department or jail and a Managing Entity provider to ensure access to buprenorphine for treatment of opioid use disorders. In the FY 2022-2023, there were 10,959 individuals screened in an emergency department with 8,636 referred to local providers for continued care. There were 732 individuals screened in a jail setting, with 471 connected to a local provider for continued care. There are 51 hospitals and nine jails participating in a bridge program.

Behavioral Health Consultants

These licensed clinicians co-located with child welfare staff, provide support to the investigative staff and dependency case managers in understanding the effects of the parent or caregivers' behavioral health issue, assist in understanding the signs and symptoms of opioid use disorders, and the best practices to engage and treat. In the FY 2022-2023, there were 11,160 child protective investigation cases supported by Behavioral Health Consultants with 8,306 of those cases involving a child five years old or younger.

Recovery Community Organizations

Through a collaboration with Faces and Voices of Recovery and the Managing Entities, the State Opioid Response grant funds the expansion of Recovery Community Organizations. Faces and Voices of Recovery provides technical assistance, consulting, and education to existing and emerging Recovery Community Organizations. Managing Entities contract with local Recovery Community Organizations to provide direct recovery support services within communities. There are currently 16 funded Recovery Community Organizations in six Managing Entity service areas.

Peer-to-Peer for First Responders

In partnership with First Lady Casey DeSantis, the Department invested over \$20 million to support Florida's first responders and families. In FY 2022-2023, the Department expanded peer-to-peer mental health services available for first responders to bolster existing prevention and intervention services. Services connect first responders and families with peers trained in offering information and supportive counseling. As of September 2023, over 814 first responder peers were trained to provide support, resulting in 19,861 peer services provided to first responders.

The Department has agreements and partners with the following providers:

- **Florida Agricultural and Mechanical University:** Northwest Region
- **Lutheran Services Florida Health Systems:** Northeast Region
- **University Central Florida RESTORES:** Central Region
- **Crisis Center of Tampa Bay:** SunCoast Region
- **First Call for Help of Broward:** Southeast Region

The Florida Agricultural and Mechanical University's 2nd Alarm Project developed the First Responder Behavioral Health Access Program Toolkit to provide first responder agencies with comprehensive education and training to improve the promotion of mental wellness within first responder communities. The Department's First Responder Resiliency resource page provides available mental health resources and access to the toolkit. (<https://myflfamilies.com/first-responder-resiliency>)

State Mental Health Treatment Facilities

Since 1876, the State of Florida has been delivering intensive inpatient behavioral health care to individuals with an array of chronic behavioral health conditions. These conditions have included schizophrenia, personality disorder, bipolar, severe depression, substance use disorder, dual diagnosis, suicidal behavior, ideations, or threats of suicide.

The State Mental Health Treatment Facility system is comprised of six inpatient behavioral health facilities representing 3,185 inpatient beds. Although these six facilities operate as one cohesive system, three are operated by the Department, representing 73 percent of total inpatient beds, with two of the facilities in the top 20 of the largest hospitals in the nation. The remaining three are managed through a contracted vendor and represent 27 percent of total inpatient beds.

Individuals enter State Mental Health Treatment Facilities through two of the following processes. Individuals are either referred by one of Florida's 67 county sheriff offices under Chapter 916, F.S., referenced as forensic patients, or are referred from one of the 120 designated receiving facilities under Chapter 394, F.S., Baker Act, referenced as civil patients. On average, staff review forensic and civil patient packets within 24 to 48 hours of submission and provide feedback. If the packet is complete, the individual is placed on the respective waitlist and admissions are scheduled based on facility bed availability.

For FY 2022-2023, the State Mental Health Treatment Facilities expanded overall inpatient behavioral health beds by 800 beds from 2,384 to 3,185, equating to a system bed increase of 34 percent. These additional beds have resulted in a decrease in the number of individuals in local jails waiting for admissions greater than 15 days by 40 percent and the number of individuals waiting in Baker Act receiving facilities by 88 percent.

Timing of discharge and discharge planning is critical to ensuring that individuals are clinically prepared and are connected to resources within local communities. This preparation ensures individuals do not need to return and receive additional inpatient services. In facilities, when an individual is discharged and then returns for inpatient care, it is classified as a readmission or a recidivism. Florida's forensic and civil readmissions or recidivism rates continue to place well below the national rates. In October of 2023, the state's 30-day forensic readmission rate was 0.17 percent (under the national rate of 3.3 percent), the 180-day forensic readmission rate was 2.02 percent (under the national rate of 10.8 percent), the 30-day civil readmission rate was zero percent (versus the national rate of 7.8 percent), and the 180-day civil readmission rate was 2.5 percent (under the national rate of 17.9 percent).

Service Gaps and Needs

Behavioral health service assessments, conducted in partnership with the Managing Entities pursuant to section 394.4573, F.S., describe the extent to which designated

receiving systems function as no-wrong-door models, the availability of services that use recovery-oriented and peer-involved approaches, and the availability of less-restrictive services. Managing Entities identify top unmet system needs in a variety of different ways, including analyses of waitlist records, surveys, and focus groups with consumers, providers, and other community stakeholders.

The Department remains focused on expanding supported housing for individuals experiencing homelessness or at-risk of becoming homeless and contending with serious mental illness and substance use disorders. Managing Entities maintain housing support as a high priority, and this is integral to the Department's goals of prevention and expanding access. The Department recognizes supportive housing as a cornerstone for recovery and aims to provide continuity of care and stability for Floridians living with serious mental illness and co-occurring substance use disorders to achieve recovery goals while also reducing the utilization of shelters, hospitalizations, and involvement with the criminal justice system. Evidenced-based pillars for effective supportive housing for this population include treatment and recovery supports; housing access and management; and community connections and partnerships. The Department in collaboration with the Managing Entities continues to explore new partnerships with local housing providers, homeless coalitions, and hiring care coordinators who work exclusively with supportive housing.

Improving Data Collection

The changing nature of the opioid epidemic underscores the need for fundamental changes in the collection and use of data so that individuals are linked to the implementation of effective service, treatment, and prevention approaches. With the modernization of data systems, SAMH will be able to identify trends to anticipate needs, redirect resources, and evaluate the effectiveness of interventions, including policy changes and reallocation of resources. Monitoring and modeling of geographic hotspots will be useful for understanding trends and patterns of opioid use and opioid use disorder.

The Department prioritizes analyzing data in ways that provide a deeper understanding of system challenges to improve outcomes for the individuals served and acknowledge the importance of access to near real-time data in informing practice.

While Baker Act data is robust and provides insightful information, the Department continues to identify areas to improve efficiency and strengthen critical services to Floridians. As a result, the Department developed and launched a web-based Baker Act Data Collection System to streamline data collection while enhancing data quality, accessibility, timeliness, and reporting through a public facing dashboard.

These enhancements will enable the Department to better meet priorities as the state's mental health and substance use authority, while allowing partners and stakeholders to make community-level decisions regarding crisis care using near real-time data.

Interagency Collaboration

The Department engages in several strategic initiatives to engage stakeholders and Floridians to improve the behavioral health system of care, increase knowledge of how to access services and supports and obtain important feedback about successes and possible barriers and gaps. Updates regarding these initiatives are highlighted below.

The Commission on Mental Health and Substance Use Disorder

Established in 2021 as defined in section 394.9086, F.S., and ratified in 2023 by the Florida Legislature, the tasks of the Commission on Mental Health and Substance Use Disorder (Commission) are to review and evaluate the current effectiveness of behavioral health services, identify barriers to care, and make recommendations regarding policy and legislative action to implement improvements. In addition, the Commission is responsible for assessing priority population groups that could benefit from publicly funded care and proposing recommendations to manage the delivery of services. The Commission must identify gaps in behavioral health care and assess current staffing levels and availability of services across Florida.

From January 2023 to November 2023, the Commission held six full Commission meetings and 34 subcommittee meetings. The Commission's Annual Interim Report, due to be published in January of 2024, provides recommendations for consideration to the Governor and Legislature.

The Suicide Prevention Coordinating Council

The Department's Statewide Office for Suicide Prevention works to develop initiatives and coordinate the state's suicide prevention efforts. The Statewide Office for Suicide Prevention's tasks include chairing the Suicide Prevention Coordinating Council, drafting and publishing the council's annual report, and developing the state plan for suicide prevention. The Statewide Office for Suicide Prevention maintains the Department's suicide prevention webpage, <https://www.myflfamilies.com/suicideprevention>, and provides educational materials and resources to individuals and agencies on suicide prevention best-practices.

Social media posts during the month of September included information on the Governor's proclamation extending support to Florida's continued observance of Suicide Prevention Awareness Month, risk and warning signs for suicide, common myths about suicide, and help-seeking information, including the promotion of the suicide prevention website. The posts accumulated more than 75,000 impressions. Over 10,000 marketing materials with the suicide prevention website were distributed across the state through

meetings and events in August and September, to attendees of the Suicide Prevention Coordinating Council's December meeting, the Annual Florida Children and Families Summit, and various community events.

The Suicide Prevention Coordinating Council advises on the development of the statewide strategic plan; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvement. The Florida Suicide Prevention Interagency Action Plan demonstrated success across each of the four focus areas of awareness, prevention, intervention and caring follow-up and support.

The First Responders Suicide Deterrence Task Force

The Department established the First Responders Suicide Deterrence Task Force (Task Force) in 2020 as required by section 14.2019(5), F.S. Findings and recommendations for training programs and materials to deter suicide among active and retired first responders were reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives each July, from 2021 through 2023. Each report included recommendations from the Task Force to revise and explore ways to integrate recommendations into policy and practice. Annual reports are published and available at www.myflfamilies.com/suicideprevention under the First Responder Mental Health and Suicide Deterrence Subcommittee tab.

While the statutory requirement that established the Task Force ended in July 2023, the Task Force members believed that while much progress had been made, there is work yet to do. To continue the momentum gained by the Task Force, a First Responder Suicide Deterrence Subcommittee was created under the Suicide Prevention Coordinating Council. The Subcommittee is charged with making recommendations on how to reduce the incidence of suicide, reduce the occurrence of attempted suicide, and development of training programs and materials to empower first responders to enhance mental health wellness. The Subcommittee's recommendations will be shared in future annual reports of the Suicide Prevention Coordinating Council.

The Subcommittee will foster a culture of mutual support and solidarity among active and retired first responders by:

- Providing training materials to first responder agencies in suicide prevention best-practices.
- Educating active and retired first responders on suicide awareness and help-seeking.
- Promoting awareness of existing resources among active and retired first responders.

The Statewide Quarterly Behavioral Health Meeting

The Department hosts statewide quarterly meetings with behavioral health stakeholders and partners to support a behavioral health system of care that fosters integration of services across current systems and increases preventative strategies to improve the lives of families in Florida. The meetings are a focused effort to strategize action-oriented plans that drive Florida's behavioral health system of care towards future goals of capacity building, interagency and stakeholder collaboration across the system, and integration of supports and services. The principal members are a diverse workgroup of individuals including state agency heads or designees, key behavioral health organizations, and mental health and substance use disorder professionals. Information on previous quarterly meetings and upcoming meetings are housed on the Department's website; <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/other-directories-and-links/statewide-quarterly>.

NOTICE OF FILING

Reporting Agency:	Department of Children and Families
Recipient Agency:	Governor Speaker of the House of Representatives President of the Senate
Subject:	Substance Abuse and Mental Health Services Plan Triennial State and Regional Master Plan
Report Due Date:	January 1, 2024
Statutory Requirement:	S. 394.75, F.S.
Abstract:	<p>A legislatively mandated report must be submitted to the Governor and Legislature each year, providing details about the Department's provision of services to child victims of commercial sexual exploitation.</p> <p>The 2023 report addresses requirements in Section 394.75, F.S. as follows:</p> <p>(1)(a) 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.</p> <p>A schedule, format, and procedure for development and review of the state master plan shall be adopted by the department by June of each year. The plan and annual updates must be submitted to the President of the Senate and the Speaker of the House of Representatives by January 1 of each year.</p> <p>Copies of this report may be obtained by contacting: Department of Children and Families 2415 North Monroe Street, Suite 400 Tallahassee, Florida 32303 Phone: 850-487-1111</p> <p>Lawful recipients will not be charged for copies. Charges for copies requested by others will conform to requirements of Department of Children and Families CFOP 15-9, Requests for Public Records.</p>