



Substance Abuse and Mental Health Triennial Plan Update Fiscal Year 2020 – 2021

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

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Shevaun L. Harris
Secretary

Ron DeSantis
Governor

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I. Introduction

Pursuant to section 394.75, Florida Statutes, the Department of Children and Families (the 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 second update to the Fiscal Years (FYs) 2019-2022 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 (SMHTF) Improvements; and
- Information Management.

This update provides an overview of FY 2020-2021, including statewide progress on system priorities and strategic initiatives, budget as of July 1, 2020, 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 2019-2020 through 2021-2022, can be accessed at:

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

II. Annual Overview

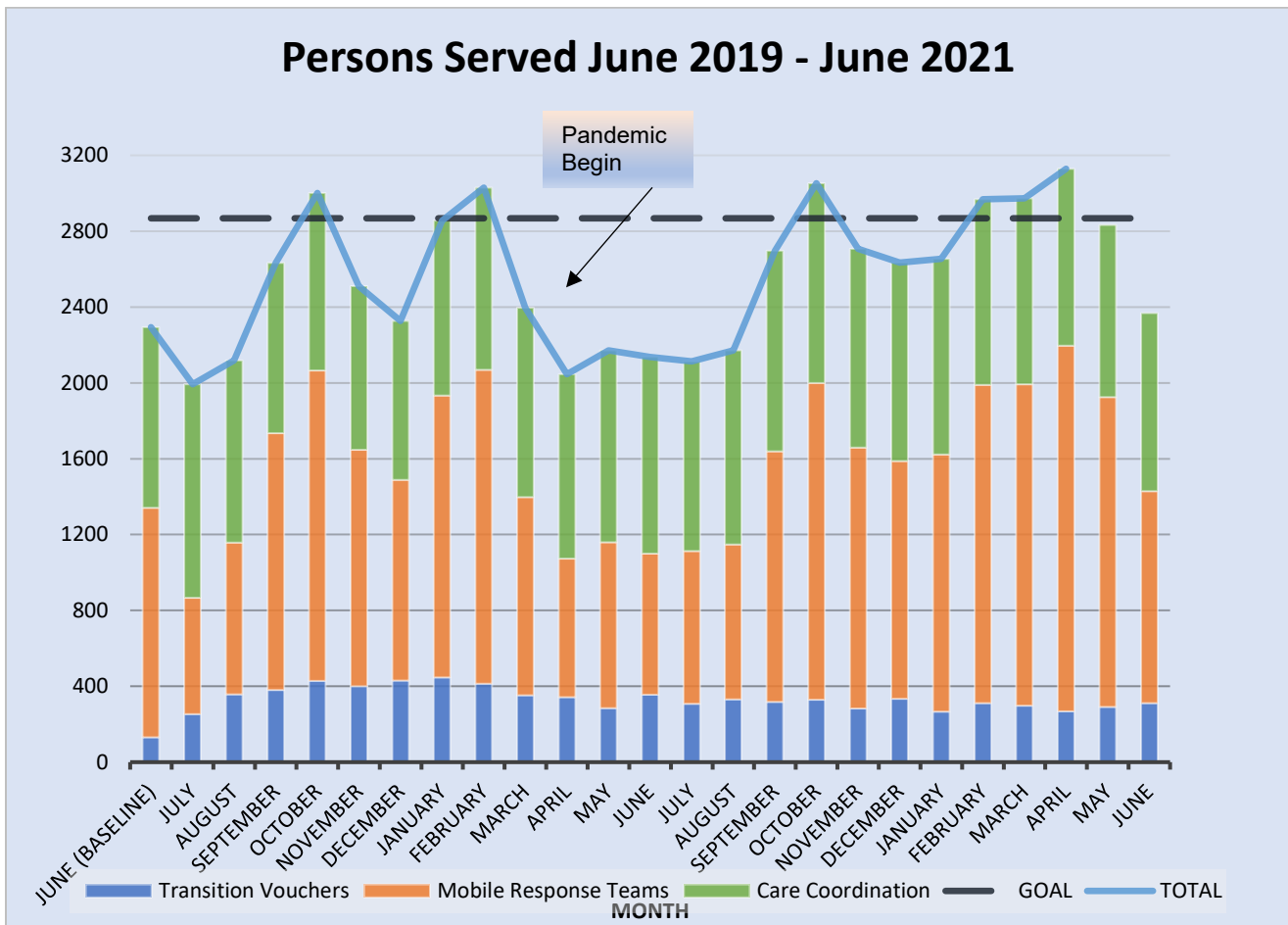
SAMH implemented a strategic approach, designed to reduce admissions into crisis stabilization units, inpatient psychiatric hospitals, SMHTFs, and inpatient detoxification units. The focus is on pre-crisis contacts to reduce admissions by increasing the number of individuals served by Mobile Response Teams (MRTs), which provide crisis care in the community and increase opportunities to stabilize individuals in the least restrictive setting to avoid hospitalization; Care Coordination, which assists individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care; and Transitional Vouchers,

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."

which are used to assist with housing and service needs outside the scope of the provider network by 25% from July 2019 through June 2021.

In February 2020, the goal 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 of 2020, the number of persons served dropped below baseline, as demonstrated in Chart 1 below. The use of MRT services decreased slightly; Care Coordination remained relatively stable; and the use of Transitional Vouchers remained higher than baseline.

Chart 1: Persons Served by Mobile Response Teams, Care Coordination and Transitional Vouchers



SAMH worked closely with the Managing Entities (MEs) and network service providers to conceptualize innovative strategies to limit the impact of the COVID-19 pandemic on the behavioral health services safety net. To ensure continuity of care for individuals and families receiving publicly funded behavioral health services, weekly calls were held with each of the Department’s regions, including regional SAMH staff, MEs, network service providers, and the Department’s headquarters SAMH staff to share information from the Department’s leadership and other agencies [especially the Department of Health (DOH)) and Division of Emergency Management (DEM)], ascertain needs on the ground, and share innovative practices. To mitigate negative consequences to the extent possible and support social distancing, 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).
 - U.S. Department of Health and Human Services Office for Civil Rights that they will exercise enforcement discretion and not impose penalties for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (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 (SAMHSA) regarding Methadone Opioid Treatment Programs (OTPs), the Department relaxed medication requirements by allowing:
 - Blanket exceptions for stable patients in an OTP to receive 28 days of take-home doses of 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 Department’s website on Suicide Prevention, including tips for social distancing, quarantine, and isolation, and the psychological effects of quarantine.
- Provided flexibility to service providers regarding the use of telehealth and telephonic service delivery methods to ensure continuity of care.
- Provided training to service providers on delivering services via telehealth.
- Implemented a more flexible payment structure for fee-for-service based on units a monthly fee to accommodate additional allowable expenses for personal protective equipment (PPE), increased cleaning and sanitation, staff overtime, telehealth technology, etc.
- Purchased PPE test kits for distribution to providers in areas heavily impacted by COVID-19.
- Applied for and was 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 was awarded a \$5M grant from the Federal Emergency Management Agency (FEMA) and SAMHSA for the Crisis Counseling Program which was 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 orders, which:
 - Temporarily suspended requirements for proof certain local or state approvals (e.g.: zoning compliance) if a provider was unable to submit documentation as a result of COVID-19 related delays.
 - Provided flexibility in onsite inspections, telehealth delivery methods, staffing, and required timeframes when compliance was directly affected by COVID-19 complications.

The Department also received \$104.3 million and \$54.8 million in COVID-19 emergency relief funding for the Substance Abuse Prevention and Treatment Block Grant (SAPT) and the Community Mental Health Services Block Grant respectively. Tables 1 and 2 below summarize approved utilization plans for the emergency grant funding.

Table 1: SAPT Block Grant Supplemental Funding Plan Proposal:

Total SAPT BG Supplemental Funding:	\$104,396,719
Admin DCF HQ (3%)	\$3,131,902
ME Administration (2%)	\$2,087,934
Amount for Primary Prevention set-aside (20%)	\$20,879,344
Amount for Treatment/Recovery Support Services	\$68,297,539

Table 2: CMHS Block Grant Supplemental Funding Plan Proposal:

Total CMHS Block Grant Supplemental Funding:	\$54,888,469
Admin DCF HQ (3%)	\$1,646,654
ME Administration (2%)	\$1,097,769
CSC-ESMI (10% set-aside)	\$5,488,847
Core Crisis Services (5% set-aside)	\$2,744,423
Amount for treatment/recovery services for SMI/SED	\$43,910,775

III. Update on Strategic Initiatives

For the FY 2020-2021 update to the Triennial Master Plan, the strategic initiatives section provides a progress summary and outcomes report for each objective. Tables 3-6 captures an overview of data trends and activities for each of the four strategic initiatives and highlights the Department’s efforts toward progress.

III.A. Strategic Initiative 1: Community-Based Health Promotion and Prevention

Table 3: Progress for Strategic Initiative 1

Strategic Initiative 1: Community-Based Health Promotion and Prevention		
Goal 1.1: Promote mental health and resiliency		
Objectives	Outcomes/Metrics	FY 20-21 Plan 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	During FY 2020-2021, 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 via electronic exhibits online. Training events and materials related to mental health and protective factors were also distributed to SAMH subject matter experts to share with providers and stakeholders. In response to the COVID-19 pandemic, FADAA established a separate web page and posted resources related to telehealth, anxiety, the post-COVID-19 workplace and mental health of young parents. In addition, the Department routinely updates information related to mental health such as, coping with stress, resources for parents, teachers, and physicians on the Department's Suicide Prevention website.

Goal 1.2: Prevent and reduce substance use		
Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 1.2.1: Strengthen the substance abuse prevention workforce through training and certification.	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>During FY 2020-2021, SAMH sponsored prevention-specific trainings through FADAA with a total of 1,667 attendees, including: Youth Coalitions Toolbox by Youth for Youth (204), Strategies for X, Y, and Z Generations: Prevention is for Everyone (292), New Findings on Harnessing Parents' Potential to Reduce Adolescent Substance Use Risk (191), Stigma, Drugs and Policy: How Language Drives Change (212), Overdose Prevention and Harm Reduction (361), Substance Use Trends Annual Update (246) and Substance Use Trends Annual Report (161).</p> <p>Additionally, 1,792 professionals completed the SAMH-sponsored course, Suicide Prevention; 175 individuals completed Youth Suicide Prevention; 171 completed Early Intervention in Adolescent Mental Health; and 745 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 rose from 169 in FY19-20 to 204 in FY20-21.</p>
Objective 1.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs in Florida through use of evidence-based practices.	Reduce the percentage of middle and high school students reporting alcohol use in the past 30 days: <ul style="list-style-type: none"> • High School from 21.2% to 20% (2018) • Middle School from 7.3% to 6.5% (2018) 	Data submitted for 2020-2021 was updated to reflect 19.9% for high school students and 8.2% for middle school students. No statistically significant change of middle and high school students reporting alcohol use in the past 30 days: <ul style="list-style-type: none"> ▪High School from 19.9% to 18.6% ▪Middle School from 8.2% to 7.4%
Objective 1.2.3: Improve the consistency and quality of prevention data entered into the Performance Based Prevention System (PBPS).	Increase data quality checks to monthly checks and provide training and technical assistance in response to data input errors quarterly.	The Department's prevention specialist continues to conduct weekly spot checks and follow-up calls for data quality in PBPS throughout the month. Technical assistance is provided to MEs and providers as needed. In addition, as part of a data enhancement plan, Collaborative Planning Group Systems, Inc. (CPGSI), the PBPS vendor, conducts random spot checks quarterly to review system entries and provides technical assistance to the MEs and their providers.

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 1.3.1: Collaborate and coordinate with the Department of Health's Priority Area Workgroup on Sexually Transmitted Diseases (STDs) and Other Infectious Diseases.	Increase the provision of infectious disease testing and linkage services.	The Department continues to collaborate with DOH on the Transmissible and Emerging Diseases Priority Area Workgroup. The most recent meeting, for the purposes of developing new goals, was held November 16, 2021
Objective 1.3.2: Analyze the impact of the new (Human Immunodeficiency Virus (HIV) Early Intervention Services Guidance Document on the number of individuals tested for HIV.		The Department analyzed the number of HIV tests conducted in FY 20-21. Approximately 14,251 HIV tests were conducted; 142 of these tests were positive, yielding a statewide test positivity rate of 1.0%, which exceeds the Department's standard (for cost-effectiveness) of 0.10%.
<i>Goal 1.4: Decrease the number of suicide deaths</i>		
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.	In 2019, Florida lost 3,465 lives to suicide (14.50 per 100,000 individuals). The number of suicide deaths in 2019 decreased by 2.86% from 2018. Provisional data indicates an estimated 3,113 individuals died by suicide in 2020. Although subject to change, if the data remains as indicated, this will demonstrate a 10% decrease in suicide deaths from 2019. The Department's Suicide Prevention website received more than 20,000 visits from January 2021 to October 2021. The Department, in collaboration with the Special Populations Committee of the Suicide Prevention Coordinating Council (SPCC), launched an initiative to address suicide in state and national high-risk groups through the development of educational materials. Materials developed include resources for loss survivors, diverse genders and sexualities, military service members and veterans, adolescents, men in middle years, and the committee collaborated with the Department of Elder Affairs for Older Americans month. Materials are primarily disseminated through social media platforms, newsletters (e.g., Florida Suicide Prevention Coalition), and employment-oriented online services such as LinkedIn. To support outreach efforts, the committee developed #StopSuicideFL to include in outreach. Materials have been shared by agencies within the SPCC as well as stakeholders including UF Health-Jacksonville, the Florida Veterinary Medical Association, and Vincent House- Hernando. Materials have reached over 90,000 Floridians.

<i>Goal 1.5: Increase access to naloxone to reduce opioid caused deaths</i>		
Objectives	Outcomes/Metrics	FY 20-21 Plan 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.	As of June 30, 2021, 219 providers were enrolled in the Department's Overdose Prevention Program.

III.B. Strategic Initiative 2: Access to Quality, Recovery-Oriented Systems of Care (ROSC)

Table 4: Progress for Strategic Initiative 2

Strategic Initiative 2: Access to Quality, Recovery-Oriented Systems of Care (ROSC)		
<i>Goal 2.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care</i>		
Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 2.1.2: Increase capacity for peer support.	Increase the number of: Certified Recovery Peer Specialists in the workforce from 505 to 525 Recovery Community Organizations from 1 to 5 Oxford Houses from 1 to 30	Through the State Opioid Response (SOR) grant, the Department contracted with Oxford House 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. From July 2020 through June 2021, Oxford House established 29 new homes (253 total beds - 150 men, 18 women, and 85 women and children) providing affordable housing to meet the needs of people in recovery. Furthermore, 1,397 clients have been served through this program, statewide, during the above dates. As of July 2020, there were 684 active certified recovery peer specialists. Recovery Community Organizations (RCO) increased to five.

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
<p>Objective 2.1.3: Increase access to medication-assisted treatment (MAT).</p>	<ul style="list-style-type: none"> • Increase the number Methadone Opioid Treatment Programs • Increase peer bridge programs in hospital emergency Departments 	<p>The Department issued awards for 42 additional Methadone Opioid Treatment Programs in 36 counties on July 10, 2020. As of November 2021, three have become licensed and the awardees for 33 counties are in the process of licensure. Hospital Bridge programs initiate buprenorphine treatment for individuals with opioid use disorders who have overdosed or experienced other medical problems due to opioid misuse. Where available, these programs use peer specialists to assist with engagement; provide linkage to a maintenance provider; and other community support resources and provide peer support until individuals are linked with community-based care.</p> <p>During FY 2020-2021, there were 39 hospitals under six MEs engaging in the Hospital Bridge program. The participating hospitals reported that 12,982 individuals were screened in emergency departments, and 778 were inducted with buprenorphine prior to discharge. The majority of people seen in the emergency department (8,461) were referred to community providers; of those referred, 5,210 were confirmed to be linked to care. The Hospital Bridge programs are funded under the SOR grant (38 hospitals) and the Partnerships for Success grant (one hospital).</p>

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
<p>Objective 2.1.4: Implement standardized assessments of service needs (i.e., level of care).</p>	<p>Statewide use of the American Society of Addiction Medicine's (ASAM) Continuum by contracted substance use treatment providers</p> <p>Increase in use of the Level of Care Utilization System (LOCUS) and the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS)</p>	<p>Through the SOR grant, the Department contracted with FEI Systems to implement the ASAM CONTINUUM software statewide. Based on feedback and concerns from MEs and contracted substance use treatment providers, the Department decided to not move forward with requiring the use of ASAM CONTINUUM.</p> <p>Providers may 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. Providers are encouraged to use licenses purchased by the Department. All licenses will expire on March 14, 2024. At that time, providers will be responsible for purchasing their subscriptions.</p> <p>Although the Department does not specify which level of care assessment network service providers use, there was a significant increase in the number of providers that utilized either the LOCUS or CALOCUS, from 8 in FY 19/20 to 27 in FY 20/21.</p>
<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>Demonstration project completed July 1, 2019 – June 30, 2020 among three MEs utilizing the Provider Self-Assessment Planning Tool (SAPT).</p>

Goal 2.2: Improve access to and retention in services

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
<p>Objective 2.2.1: Develop alternate access options and locations with centralized triage and service delivery functions.</p>	<ul style="list-style-type: none"> • 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. • Increase the number of Centralized Receiving Systems from 9 to 13. 	<p>Network service providers continue to utilize alternative access options such as the Hospital Bridge program and MRTs. In FY 20-21, there were a total of 22,160 calls to MRTs across the state. Of those, 16,651 required an acute response, which could be provided face to face or through telehealth. Through the SOR grant, the Department funded the University of Miami to implement a pilot program that provides buprenorphine to individuals with opioid use disorder through a mobile outreach unit. These clients are considered the “hard to reach” clients that would typically be part of a ME network. The client population includes individuals who are homeless or participate in syringe exchange programs. In FY 20-21, there were 57 individuals served with the mobile buprenorphine program, all of whom followed up with a MAT peer navigator or attended peer-led recovery support groups after being inducted on buprenorphine. All were successfully linked to community-based treatment services and all were successfully transitioned to a community substance abuse treatment service provider. The Hospital Bridge program grew from 29 to 39 participating hospitals in FY 20-21; this resulted in a 30% increase in the number of individuals screened; a 13% increase in the number of individuals inducted on buprenorphine; an 18% increase in the number of individuals referred to treatment; and a 20% increase in the number of individuals linked to community treatment.</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>The number of pregnant women served decreased from 1,703 in FY 19-20 to 1,440 in FY 20-21. The number of intravenous drug users served decreased from 12,183 in FY 19-20 to 4,633 in FY 20-21.</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>During FY 20-21, SAMH, in partnership with FADAA, conducted provider training webinars on strategies to improve access to and retention in services with a total of 3,629 attendees, including:</p> <p>Compassion Fatigue: Additional Risks while Serving Vulnerable Populations during a Crisis (680), Wraparound Services for Adults with Behavioral Health Conditions (273),</p>

		<p>Telehealth – Effective Clinical Supervision (317), Trauma-Informed Care, Suicidality and Motivational Approaches for Substance Use (409), Gender-Specific Groups for Women with Opioid Use Disorder (202), Ethics, Professional Boundaries, Confidentiality and HIPPA with Telehealth Services (311), Stigma, Drugs and Policy: How Language Drives Change (212), EBP Selection and Fidelity Resources (147), Evidence-Based Practice: Data Collection and Interpretation (224),</p> <p>Redefining Vulnerability: A Supervisor’s Super Strength to Staff Retention (192), Understanding and Challenging Barriers to Substance Use Treatment when Counseling Minority Clients (276), and Trauma Resolution in Relapse Prevention (386).</p> <p>In addition, SAMH, in partnership with FADAA, conducted 12 virtual workshops relating to access and retention with 482 attendees: Innovative Ideas to Engage Students and Youth During a Crisis (88), Developing Resiliency in Counselors (103), Motivational Interviewing in Tele-behavioral Health (139), and Mindfulness with Teens (152).</p>
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<i>Goal 2.3: Implement an integrated child welfare and behavioral health treatment-based model</i>		
Objectives	Outcomes/Metrics	FY 20-21 Plan Update
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.	Complete a Behavioral Health Gap Analysis in the Southern Region for children in foster care and collaborate with the Community-Based Care agencies (CBC), MEs, and managed care plans to implement recommendations for needed services.	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.

III.C. Strategic Initiative 3: Information Management

Table 5: Progress for Strategic Initiative 3

Strategic Initiative 3: Information Management		
<i>Goal 3.1: Improve data collection process</i>		
Objectives	Outcomes/Metrics	FY 20-21 Plan 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 meetings per year to include the following: number of system enhancements identified; number of system enhancements developed; and percent of system enhancements deployed on time.	The SAMH Data Advisory Committee continues to meet on a biweekly basis with meeting minutes recorded and published. In collaboration with the committee, the FASAMS database transitioned to an updated version based on the committee’s recommendations for improvements in July.
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.	The current processes for submitting fixes and enhancements continues to be followed. A weekly stakeholder report on outstanding and resolved tickets is provided, and pamphlet 155-2 updates are tracked and provided with each system release. Releases are scheduled to provide sufficient time for providers to adjust to new requirements.

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 3.1.3: Deploy data quality reports.	<p>Deployment of data quality documentation for distribution to submitting entities quarterly to ensure reliable data processes among data submitters.</p> <p>Deployment of data quality reports to measure the 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>	Each biweekly SAMH Data Advisory Committee meeting begins with a review of current data submissions compared to prior years. 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. A performance management workgroup has been established to define the algorithms required to produce required General Appropriations Act (GAA) metrics using FASAMS data.
<i>Goal 3.2: Improve process for reporting and analyzing performance outcome data</i>		
Objective 3.2.1: Develop and implement an integrated performance reporting system.	<p>Publication of data reporting processes monthly to ensure fidelity by submitting entities for Department-generated reports.</p> <p>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 the Department.</p>	Some facility and community dashboards are available and others are under development to reflect performance, contract deliverables and budget information.
<i>Goal 3.3: Propose New Person-Centered Performance Output and Outcome Measures</i>		
Objective 3.3.1: Document, design and test new person-centered performance measures.	Number of proposed outcome measures will be developed, revised, and deleted as necessary.	A performance metric workgroup (sub-group of the SAMH Data Advisory Committee) has been actively reviewing Guidance Document 24 in order to update National Outcome Measurement System (NOMS) and GAA performance metrics.

III.D. Strategic Initiative 4: State Mental Health Treatment Facilities Improvement

Table 6: Progress for Strategic Initiative 4

Strategic Initiative 4: State Mental Health Treatment Facilities Improvement		
<i>Goal 4: Improve the quality and performance of the SMHTF</i>		
Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 4.1: Improve operations and standardize practices to operate as “One Hospital”.	Achieve satisfactory ratings during quality reviews of facility practices.	During the COVID-19 pandemic in FY 20-21, onsite reviews were temporarily prohibited as facilities enacted regulations to protect the health and safety of the staff and client. Technical assistance was provided to facilities on a requested case-by-case basis.
	Decrease staff vacancy rates in direct care positions by 5%.	The average staff vacancy rate for direct care, including Human Service Workers (HSW) I and II, Unit Treatment and Rehabilitation Specialists (UTRS) and supervisors, Behavioral Program Specialists, and Rehabilitation Therapists (RT) for FY 20-21 is at 24% combined. Staffing challenges due to COVID-19 have impacted the direct care workforce at the SMHTFs especially hard, which have resulted in limited progress in reducing the staff vacancy rate. Ongoing measures are being sought, including revision of the salary scales, shift differentials and bonus opportunities at contracted facilities to improve the recruitment and retainment of direct care staff throughout the SMHTFs.
Objective 4.2: Collaborate with the community partners to increase discharges and diversions from SMHTFs.	Increase the number of forensic diversions and conditional releases from SMHTFs.	Post-commitment diversions reported during FY 20-21 increased by over 76% from FY 19-20. Many of the diversions were in response to the closure and phased re-opening of forensic beds at the SMHTFs. The number of individuals discharged from a SMHTF on conditional release also increased during FY 20-21, by almost 10% from FY 19-20.

Objectives	Outcomes/Metrics	FY 20-21 Plan Update
Objective 4.3: Increase therapeutic services and implement evidence-based programming and clinical best practices.	Complete action plan for implementing a ROSC framework.	The SMHTFs have ROSC action plans that are reviewed regularly and updated as needed. The third round of the Recovery Self-Assessment (RSA) was completed in August 2021. The SMHTFs are working on their third round of the SAPT now. The facilities will use the results from the RSA and SAPT to update their ROSC action plans. Statewide ROSC calls are held monthly and the progress on the action plans are discussed. The SMHTFs have ROSC teams that met regularly prior to the pandemic, often in collaboration with the MEs and community stakeholders. Teams are meeting more regularly now, and many have started plans for future ROSC events that include working in collaboration with their communities. Most SMHTFs have hired peer specialists. The peer specialists work with the residents to provide support and are valuable members of the teams. Statewide virtual ROSC summits were held June 26, 2020 and January 22, 2021. These were collaborative events that included staff from the SMHTFs, MEs, community providers and regional SAMH staff. A third summit is being planned for May of 2022.
	Increase the number of therapeutic and activity hours provided to 40 hours / week.	The average for therapeutic hours for FY 20-21 was 13.62 and for FY 19-20 was 17.13, which is a decrease of 3.5 hours. The average for activity hours provided for FY 20-21 was 11.71 and for 19-20 it was 14.78, which is a decrease of 3.07 hours. The COVID-19 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. In addition, ongoing hiring challenges facing both the state and nation have affected the recruitment and retention of key staff to perform these essential functions.
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 per 1,000 bed days.	In January 2019, the resident injury rate target was lowered to .21 injuries per 1,000 bed days. While the resident injury rate trended up slightly during FY 20-21, averaging .29 injuries per 1,000 bed days, it was almost 15% lower than the rate in FY 19-20.

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. Tables 7 through 8 represent the FY 2020-21 SAMH Approved Operating Budget ending June 30, 2021, which includes all budget actions approved by the Office of Policy and Budget, the Florida House and Senate. The budget is organized by program and funding source.

Table 7: FY 2020-21 Approved Operating Budget by Program

Table 7a: 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	\$58,525,209	\$63,989,290	\$32,464,346	\$154,978,845
Florida State Hospital	\$58,938,174	\$69,867,852	\$0	\$128,806,026
Northeast Florida State Hospital	\$80,794,219	\$0	\$0	\$80,794,219
North Florida Evaluation and Treatment Center	\$0	\$29,684,413	\$0	\$29,684,413
West Florida Community Care Center	\$2,205,003	\$0	\$0	\$2,205,003
Grand Total	\$200,462,605	\$163,541,555	\$32,464,346	\$396,468,506

Table 7b: Community Substance Abuse and Mental Health Services				
Regions	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Grand Total
Headquarters	\$39,285,439	\$22,302,372	\$13,881,666	\$75,469,477
Florida State Hospital	\$4,604,040	\$0	\$58,580	\$4,662,620
Northwest Region	\$54,261,718	\$24,298,105	\$3,471,711	\$82,031,534
Northeast Region	\$86,531,944	\$60,636,519	\$5,462,722	\$152,631,185
SunCoast Region	\$134,038,119	\$80,595,902	\$7,760,172	\$222,394,193
Central Region	\$50,306,633	\$37,858,406	\$3,864,877	\$92,029,916
Southeast Region	\$76,753,966	\$59,662,152	\$7,276,400	\$143,692,518
Southern Region	\$52,536,168	\$38,468,039	\$4,715,449	\$95,719,656
Grand Total	\$498,318,027	\$323,821,495	\$46,491,577	\$868,631,099

Table 7c: Community Substance Abuse and Mental Health - Managing Entities				
Managing Entities	Community Mental Health Services	Community Substance Abuse Services	Executive Leadership and Support Services	Grand Total
North West Florida Health Network	\$53,450,367	\$24,198,105	\$2,223,656	\$79,872,128
Broward Behavioral Health Coalition	\$36,618,783	\$28,900,645	\$2,494,218	\$68,013,646
Central Florida Behavioral Health Network	\$131,587,425	\$80,495,902	\$6,525,962	\$218,609,289
Central Florida Cares Health System	\$48,123,527	\$37,758,406	\$2,533,906	\$88,415,839
Lutheran Services Florida, Inc.	\$85,043,538	\$60,536,519	\$4,080,040	\$149,660,097
South Florida Behavioral Health Network	\$50,876,534	\$38,368,039	\$3,730,817	\$92,975,390
Southeast Florida Behavioral Health Network	\$38,676,356	\$30,661,507	\$2,849,405	\$72,187,268
Grand Total	\$444,376,530	\$300,919,123	\$24,438,004	\$769,733,657

Table 8: FY 2020-21 Approved Operating Budget by Funding Source

Table 8a: 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	\$137,759,861	\$2,926,856	\$14,292,128	\$154,978,845
Florida State Hospital	\$102,252,422	\$1,264,819	\$25,288,785	\$128,806,026
North Florida Evaluation and Treatment Center	\$29,682,913	\$1,500		\$29,684,413
Northeast Florida State Hospital	\$36,286,537	\$5,279,079	\$39,228,603	\$80,794,219
West Florida Community Care Center	\$1,540,211	\$9,487	\$655,305	\$2,205,003
Grand Total	\$307,521,944	\$9,481,741	\$79,464,821	\$396,468,506

Table 8b: 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	Grants and Donations Trust Fund	Welfare Transition Trust Fund	Grand Total
Headquarters	\$32,469,553	\$239,019	\$1,482,228	\$40,913,649	\$233,425	\$131,603	\$75,469,477
Florida State Hospital	\$4,604,040	\$0	\$0	\$58,580	\$0	\$0	\$4,662,620
Southern Region	\$66,099,597	\$376,554	\$21,059,543	\$6,746,016	\$0	\$1,437,946	\$95,719,656
Northwest Region	\$60,184,216	\$238,540	\$12,879,630	\$7,509,486	\$0	\$1,219,662	\$82,031,534
Southeast Region	\$93,376,268	\$676,461	\$26,170,315	\$20,672,291	\$0	\$2,797,183	\$143,692,518
Central Region	\$61,388,922	\$332,230	\$17,083,200	\$11,824,734	\$0	\$1,400,830	\$92,029,916
SunCoast Region	\$149,951,561	\$729,668	\$42,763,252	\$24,672,991	\$0	\$4,276,721	\$222,394,193
Northeast Region	\$105,511,485	\$532,947	\$27,379,912	\$16,937,085	\$0	\$2,269,756	\$152,631,185
Grand Total	\$573,585,642	\$3,125,419	\$148,818,080	\$129,334,832	\$233,425	\$13,533,701	\$868,631,099

Table 8c: 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	Grand Total
North West Florida Health Network	\$58,539,752	\$203,636	\$12,879,630	\$7,029,448	\$1,219,662	\$79,872,128
Broward Behavioral Health Coalition	\$45,014,327	\$192,561	\$11,995,721	\$9,421,864	\$1,389,173	\$68,013,646
Central Florida Behavioral Health Network	\$146,648,799	\$673,239	\$42,763,252	\$24,247,278	\$4,276,721	\$218,609,289
Central Florida Cares Health System	\$58,255,626	\$297,993	\$17,083,200	\$11,378,190	\$1,400,830	\$88,415,839
Lutheran Services Florida, Inc.	\$103,149,430	\$486,179	\$27,379,912	\$16,374,820	\$2,269,756	\$149,660,097
South Florida Behavioral Health Network	\$63,462,471	\$357,571	\$21,059,543	\$6,657,859	\$1,437,946	\$92,975,390
Southeast Florida Behavioral Health Network	\$45,479,404	\$227,647	\$14,174,594	\$10,897,613	\$1,408,010	\$72,187,268
Grand Total	\$520,549,809	\$2,438,826	\$147,335,852	\$86,007,072	\$13,402,098	\$769,733,657

V. Grants

Projects for Assistance in Transition from Homelessness

The Projects for Assistance in Transition from Homelessness (PATH) program is a formula grant administered by SAMHSA to all U.S. states and territories. Funding varies annually based on federal appropriations and the federal FY 20/21 Florida's allocation was \$4,334,339. 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 20-21, Florida utilized PATH funds to contract with 21 network service providers to implement 23 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; in the aggregate, providers offer all of the PATH-eligible activities during the course of the grant period. The Department provides statewide technical assistance to PATH providers and facilitates trainings in the areas of permanent supportive housing and other topics relevant to individuals experiencing or at risk of homelessness. During FY 2019-2020, Florida's PATH projects contacted 4,858 individuals, of which 2,666 were or became enrolled in services (including 130 veterans and 1,063 chronically homeless individuals).

Partnerships for Success Grant

Florida's Partnerships for Success (PFS) Grant is a 5-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 were 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 were implemented in each PFS county to expand school-based prevention programs. Local Drug Epidemiology Networks (DENs) were operational in each participating county and 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. During FY 2020-2021, the campaign website had 43,460,894 visitors. The campaign's website [ISAVEFL](#) is maintained by Department staff and features a naloxone locator to help Floridians find distribution sites in each county that provide free naloxone kits to individuals in need. During the 5-year grant period, the Department conducted 87 trainings, educating 2,026 individuals on overdose recognition and response. Of the 87 trainings, 18 trainings were conducted

during FY 2020-2021, educating 283 participants. The PFS grant also funds the development and implementation of a Hospital Bridge program at Memorial Regional Hospital in Broward County.

In collaboration with the DOH, enhancements to Florida's Prescription Drug Monitoring Program (PDMP) were also funded by the PFS grant to modify dangerous prescribing practices. Enhancements included the development of prescriber report cards and 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.

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 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 MEs 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. MEs 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 placed on initiating additional naloxone distribution programs through hospital emergency departments to individuals that experienced an overdose. Since the start of the SOR Grant through FY 2020-21, \$12,545,741.68 in SOR funds was used to purchase 177,987 Narcan Nasal Spray kits for enrolled providers to distribute. The grant has also allowed the University of Miami to pilot a program to provide buprenorphine to patients with opioid use disorder through a mobile outreach unit. These clients are considered the "hard to reach" clients that would typically be part of a ME network. The client population includes individuals who are homeless or participate in syringe exchange programs.

Increasing the capacity to provide recovery support services throughout Florida is another key component of the SOR grant. To date, 12 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. Through FY 2020-2021, there are 69 Oxford Houses with 569 beds throughout the state.

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 probation officers and judicial staff at drug courts and dependency courts throughout the state. The Department's six regional offices expanded use 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.

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 and has successfully ended. The purpose of the Florida Healthy Transitions grant was to engage and assist youth and young adults between the ages of 16-25, who were living with or were 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. Below are some of the target outcomes of the grant:

1. In its grant proposal, Florida Healthy Transitions staff committed to using grant funds to serve a total of 150 unduplicated transition-aged youth in Year 1, and 500 in each of the remaining four years of the project, for a total of 2,150.
2. The program staff anticipated that 75% (1,612) of the young people served would receive crisis counseling, intervention, and follow-up services from an outreach/social media component, while 25% (538) would receive more in-depth care management utilizing the wraparound approach.
3. Additional components were later added to better meet the needs of youth and young adults. These components were Educational/Vocational Support and Mental Wellness Support Groups.
4. A dedicated Florida Healthy Transitions program text line was added by the 2-1-1 contact center as a means of support for those who preferred to text instead of talk.

The goal of the cumulative strategies was (and remains) to create a “no wrong door” approach to accessing behavioral health treatment, intervention, and supportive services. Table 9 details the number of individuals served over the life of the Florida Healthy Transitions grant by the number achieved versus the number proposed in the grant application for each program component. Table 10 displays Healthy Transitions participant outcomes.

Table 9: Number Served Through Florida Healthy Transitions

January 1, 2016 – June 30, 2020

Indicator	Number Achieved	Proposed in Grant
Policy Development	11	11
Partnership/Collaborations	47	38
Community Outreach	33,070	1,612
Behavioral Health Screenings		
Unique Texters		
Referrals to Behavioral Health Services	1,813	
Care Coordination/Intensive Care Management/Wraparound Services	837	538
Educational/Vocational Support		
Mental Wellness Support Groups		

**Table 10: Florida Healthy Transitions Participant Outcomes
January 1, 2016 – June 30, 2020**

Outcome	Number of Participants	Outcome	Number of Participants
Engaged in Therapy or Med Management	78	Graduated from Post-Secondary Program	4
Obtained Health Insurance	21	Accessed Transportation Independently	38
Completed GED Program	25	Obtained Driver's License	5
Graduated from High School	15	Secured Stable Housing	46
Obtained New or Enhanced Employment	130	Obtained Florida State ID Card	8
Enrolled in College or Vocational Program	60	Completed Transition Plan Goals	54

This data represents only a *snapshot* of the numerous milestones achieved by the participants of Florida Healthy Transitions. The youth and young adult participants enrolled in Florida Healthy Transitions select their own transition plan goals. Achievements were based on the goals selected and achieved by the participants. For example, the five individuals who obtained their driver's licenses, identified obtaining a driver's license as a goal on their transition plan. Please note that due to the severity and multitude of challenges experienced by the youth and young adults, the average length of time between enrollment and goal attainment is 7.1 months so the aforementioned outcomes are significant.

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 ended in June 2021 after a no cost extension. The purpose of the project was to improve behavioral health outcomes for children and youth (birth-age 21) with serious emotional disturbances and their families. The project worked to strengthen the existing array of behavioral health services and to integrate the System of Care (SOC) approach into the Florida service delivery system. Four of the Department’s regions and the corresponding MEs implemented the values and services locally through this grant. More than half of grant funds were dedicated to behavioral health services for eligible individuals who have no insurance or are underinsured. Key outcomes included:

- 737 unduplicated children and youth were served.
- 2,090 individuals participated in wraparound training including *Wraparound 101* and Coaches Training required for certification as a wraparound facilitator or wraparound coach, and supportive trainings such as *Introduction to Wraparound*, *Wraparound for Clinicians*, and *Wraparound for System Partners*.
- Ninety-six individuals were certified as wraparound facilitators with every ME having at least two individuals certified.
- Forty-seven individuals were certified as wraparound coaches across six of the seven MEs.
- SAMHSA required grant funded providers to complete the National Outcome Measurement (NOM) tool for individuals receiving services at intake, every six months, and at discharge. Over the life of the grant, individuals and/or their caregivers reported an improvement from baseline to six months and from baseline to discharge on all measures. Table 11 includes some of the measures:

Table 11: National Outcome Measures

National Outcome Measure	Positive at Baseline	Positive at Six Months	Positive at Discharge
Functioning in everyday life	34.9%	61.3%	78.6%
No serious psychological distress	69.8%	87.5%	93.5%
Retained in the community	81.3%	93%	91%
Had no involvement with the criminal justice system	95.3%	98.9%	98.2%
Socially connected	62.9%	80.6%	91.7%

COVID-19 Emergency Grant

On April 1, 2020, The Department received \$1,999,828 in federal grant funds to provide an array of behavioral health services to the most significantly impacted areas in Florida. The funding was allocated to four MEs based on the highest impact of COVID-19 in their service area to serve individuals with serious mental illness and/or substance use disorders. Additional funding in the amount of \$2,859,403 was awarded to the Department on February 1, 2021, which expanded services to the entire State of Florida through all seven MEs through August 19, 2022. These funds provide crisis intervention, behavioral health treatment, and other recovery support services to individuals who are indigent, uninsured, or underinsured. Funding allows the Department to continue to serve healthcare practitioners and individuals with less

serious mental health issues requiring mental health care as a result of COVID-19. Funding will also provide psychiatric and therapeutic services via telehealth for individuals experiencing mental health and/or substance use issues because of COVID-19. Client target goal is 600 annually. To date the Department has served 893 clients with an intake coverage rate of 157.1%.

VI. State Policy Changes

VI.A. Legislative Bills

Two key pieces of state legislation were passed in 2021 that impacted behavioral health care in the Florida.

Senate Bill 590 School Safety

- Requires schools, including charter schools, to make a reasonable attempt to notify the student's parent, guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity to be taken to a receiving facility for an involuntary examination.
- Adds an additional data analysis requirement to the involuntary examination report that the Department is required to complete to include both the initiation of involuntary examinations of children and the initiation of involuntary examinations of students who are removed from a school. This report is due November 1 of each odd-numbered year.
- Requires the Department of Education's Office of Safe Schools to provide data to support the evaluation of mental health services. The data must include, for each school, the number of involuntary examinations which are initiated at the school, on school transportation, or at a school-sponsored activity, and the number of children for whom an involuntary examination is initiated.
- Adds requirement for each district school board, or charter school's governing board, to develop policies and procedures for timely notifying parents of incidents that impact student safety.
- Adds a requirement that each district school board shall adopt a policy to require the district superintendent to annually report to the Department the number of involuntary examinations, which are initiated at a school, on school transportation, or at school-sponsored activity.
- Adds requirement that school safety officers must complete mental health crisis intervention training using a curriculum developed by a national organization with expertise in mental health crisis intervention.
- Adds requirement for student identification cards in grades 6 through 12 to include the telephone numbers for national or statewide crisis and suicide hotlines and text lines.
- Adds requirements to the mental health assistance allocation plans to include procedures to assist a mental health services provider, a behavioral health provider, or a school resource officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiation of an involuntary examination.
 - The procedure must include strategies to de-escalate a crisis situation for a student with a developmental disability.
 - The policies of the school district must require that in a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination, unless the

child poses an imminent danger to themselves or others, before initiating an involuntary examination. This contact may be in person or using telehealth. The mental health professional may be available to the school district either by contracts or interagency agreements with the ME, one or more local community behavioral health providers, the local mobile response team, or be a direct or contracted school district employee.

Senate Bill 804 Substance Abuse Services

- Stipulates that an applicant who willfully and knowingly makes a false representation of material fact in a license application or who willfully and knowingly omits any material fact from a license application commits a third-degree felony.
- Provides that background screening exemptions procedures found in s. 397.4073 or s. 435.07, F.S., shall apply to all recovery residence owners, directors, and chief financial officers, and all recovery residence administrators.
- Adds a statement indicating if a licensed provider does not pay fines associated with licensure violations within 60 days after the date set by the Department, it shall immediately suspend the provider’s license.
- Adds a statement indicating if a provider does not pay the \$1,000 fine for an illegal referral to or from a recovery residence, the provider shall pay the fine plus interest at the rate specified in s. 55.03, F.S., for each day beyond the payment date. If the provider does not pay the fine plus any applicable interest within 60 days after the date set by the Department, it shall immediately suspend the service provider’s license.

VI.B. Proviso Projects

Several proviso projects were passed in 2021 that impact behavioral health care in the state of Florida. Table 13 presents a summary of those proviso projects.

Table 12: 2021 Proviso Projects

Proviso Title	Proviso Language	Funding Amount
Prescribed Medicine/Drugs – Non-Medicaid	From the funds in Specific Appropriation 332, the Department is authorized to transfer funds to the Agency for Health Care Administration from the General Revenue Fund and from the Federal Grants Trust Fund to purchase prescription drugs pursuant to the parameters of the Canadian Prescription Drug Importation Program as authorized by section 381.02035, Florida Statutes, for use in state programs as outlined in section 381.02035(3), Florida Statutes.	\$11,476,231
State Opioid Response Grant	Funds provided in Specific Appropriation 359A are contingent on a federal SOR grant being awarded to the Department. The purpose of the federal grant is to increase states’ efforts to address the opioid crisis by increasing access to MAT, reducing unmet treatment need, and reducing opioid overdose related deaths through prevention, treatment and recovery activities for opioid use disorders. The Department is authorized to submit a budget amendment requesting the release of funds, pursuant to the provisions of chapter 216, Florida Statutes. Release of the funds shall be contingent upon submission of a detailed spending plan describing the uses of the funds for MAT, prevention, and recovery services that are projected to be addressed with the funds.	\$90,130,714

Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects
Children’s Action Team’s for Mental Health and Substance Abuse Services	Funds provided in Specific Appropriation 361 are provided for 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. At a minimum, these funds shall provide for teams that cover the locations provided in s. 394.495(6)(e)(1), Florida Statutes.	\$30,750,000
Community Mental Health Services	From the funds in Specific Appropriation 362, the recurring sum of \$3,000,000 from the General Revenue Fund is provided to 2-1-1 providers for mental health services. These funds shall be placed in reserve. Pursuant to the provisions of chapter 216, the Department is authorized to submit budget amendments to request release of the funds held in reserve.	\$3,000,000
Additional Projects	<p>From the funds in Specific Appropriation 367, \$4,000,000 from the General Revenue Fund is provided to continue implementation of behavioral telehealth services to children in public schools, with an emphasis towards serving rural counties.</p> <ul style="list-style-type: none"> • Academy of Glengary - Employment Services for Persons with Mental Health Illnesses - \$100,000 • Aspire Health - Veterans and National Guard Mental Health Services – \$500,000 • Baycare – Veterans Intervention Program – \$485,000 • CASL Renaissance Manor - Independent Supportive Housing – \$1,250,000 • Centerstone Psychiatric Residency – \$250,000 • Circles of Care - Behavioral Health Services – \$750,000 • City of West Park - Mental Health Initiative – \$150,000 • Clay Behavioral Health - Community Crisis Prevention Team – \$500,000 • Community Rehabilitation Center - Project Alive – \$200,000 • David Lawrence Center Wraparound Collier Program (WRAP) – \$279,112 • Directions for Living - Community Action Team for Babies – \$670,000 • Flagler Health - Central Receiving Center – \$1,250,000 • Florida Recovery Schools – Duval – \$200,000 • Ft. Myers Salvation Army Residential Treatment Program – \$300,000 • Gateway Community Services - PROJECT SAVES LIVES – \$747,582 • Here’s Help - Juvenile Residential Treatment Expansion – \$250,000 	\$34,761,493

	<ul style="list-style-type: none"> ● Hillsborough County - Crisis Stabilization Beds – \$1,500,000 ● Jewish Family Service - Mental Health First Aid Coalition – \$100,000 ● Leon County Sheriff’s Office - Mobile Response Program (CALM) – \$350,000 ● LifeStream Behavioral Health - Crisis Stabilization Unit Services – \$1,100,000 ● LifeStream Behavioral Health - Central Receiving System – \$1,500,000 ● Marion County Law Enforcement Co-Responder Program – \$150,000 ● Mental Health Association Walk-in and Counseling Center – \$300,000 ● Northwest Behavioral Health - Treating Trauma Now – \$100,000 ● Okaloosa-Walton Mental Health and Substance Abuse Pre-trial Diversion Program – \$200,000 ● Peace River Center Sheriff’s Outreach Program – \$850,000 ● Personal Enrichment Through Mental Health Services Crisis Stabilization Unit Beds – \$750,000 ● Seminole County Hope and Healing Center (Opioid/Addiction Recovery Partnership) – \$400,000 ● Starting Point Behavioral Healthcare - Talkable TALKS – \$400,000 ● St. Johns EPIC Recovery Center - Women’s Substance – \$500,000 ● Veterans Alternative - Alternative Therapy Services Use Residential Treatment Beds – \$300,000 ● Flagler County Mental Health Drop-In Center – \$245,000 ● University of Florida Health Center for Psychiatry and Addiction – \$500,000 ● Broward County Long-Acting Injectable Buprenorphine Pilot Program – \$158,184 ● Broward Health - Integrated Medication Assisted Treatment Response (iMATR) – \$426,604 ● Florida Alliance of Boys & Girls Clubs Youth Opioid Prevention Program – \$1,000,000 ● Medication Assisted Treatment & Telehealth Enhanced Recovery (MATTER) – \$500,000 ● Project Opioid - Florida Opioid Pilot Program – \$200,000 ● STEPS Women’s Residential Services with Medication - Assisted Treatment – \$500,000 	
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Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects
Coronavirus (COVID-19) - Public Assistance	From the funds in Specific Appropriation 371A, \$2,859,403 of nonrecurring funds from the Federal Grants Trust Fund, provided by the COVID-19 Emergency Response Grant, is available for behavioral health services for individuals who are indigent, uninsured, or underinsured, and experiencing negative mental health issues due to the COVID-19 pandemic. From the funds in Specific Appropriation 371A, \$80,573,485 of nonrecurring funds from the Alcohol, Drug Abuse and Mental Health Trust Fund, provided by the Mental Health and Substance Abuse Block Grant, is for activities and services to individuals, families, and communities affected by substance use disorders, to adults with Serious Mental Illness (SMI), or to children with Serious Emotional Disturbance (SED). These funds shall prioritize the treatment and support of individuals without insurance, of services not covered by the Children’s Health Insurance Program (CHIP), Medicaid, Medicare, or of services not covered by the private insurance of indigent populations but have demonstrated success in improving treatment outcomes or supporting recovery.	\$83,432,888
Substance Abuse and Mental Health Administration	Funds in Specific Appropriation 374 are provided for the administrative costs of the seven regional MEs that deliver behavioral health care through local network providers. From the funds in Specific Appropriation 374, the Department shall conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of the managing agencies and shall cover the most recent two consecutive fiscal years. The review must include a comprehensive SOC analysis. The Department’s review shall be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives by November 1, 2021.	\$25,678,682
Florida Assertive Community Treatment (FACT) Team	From the funds in Specific Appropriation 374A, \$9,681,126 from the General Revenue Fund may be provided as the state match for Medicaid reimbursable services provided through the Florida Assertive Treatment (FACT) Team services in Specific Appropriation 207.	\$9,861,126
Grants and Aids to Local Governments and Non-State Entities – Fixed Capital Outlay Grants and Aids – Vincent House Hernando Mental Health Center	From the funds in Specific Appropriation 374B, \$500,000 in nonrecurring funds from the General Revenue Fund is provided for the Vincent House Mental Health Center in Hernando County.	\$500,000
Grants and Aids to Local Governments and Non-State Entities – Fixed Capital Outlay Guidance Care Center – Baker Act Receiving Facility Upgrades	From the funds in Specific Appropriation 374C, \$200,000 in nonrecurring funds from the General Revenue Fund is provided to the Guidance Care Center for capital upgrades to a Baker Act receiving facility.	\$200,000

Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects	Table 12: 2021 Proviso Projects
Grants and Aids to Local Governments and Non-State Entities – Fixed Capital Outlay Grants and Aids – The Grove Youth Residential Substance Abuse Treatment Facility	From the funds in Specific Appropriation 374D, \$150,000 in nonrecurring funds from the General Revenue Fund is provided for The Grove Residential Treatment Facility.	\$150,000
Grants and Aids to Local Governments and Non-State Entities – Fixed Capital Outlay Grants and Aids – South Florida Children’s Crisis Stabilization Center	From the funds in Specific Appropriation 374E, \$480,000 in nonrecurring funds from the General Revenue Fund is provided for the South Florida Children’s Crisis Stabilization Center in Miami-Dade County.	\$480,000
Grants and Aids to Local Governments and Non-State Entities – Fixed Capital Outlay Lakeland Regional Medical Center - Freestanding	From the funds in Specific Appropriation 374F, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided for the Lakeland Regional Medical Center that will offer coordinated acute care behavioral health services.	\$1,000,000
AHCA: Special Categories Other Fee for Service	From the funds in Specific Appropriation 207, \$24,990,000 from the Medical Care Trust Fund is provided to establish the FACT team services as a Medicaid state plan covered service. Medicaid coverage for the FACT team services is contingent on the availability of state matching funds of \$9,293,781 from the Medical Care Trust Fund being provided in Specific Appropriation 374A. The Agency for Health Care Administration is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.	\$24,990,000

VII. Statewide Performance Measurement

MEs 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, MEs met 14 of the 18 contractual performance measures (78%). The measures not met included Emotionally Disturbed and Serious Emotionally Disturbed improved based on the Children’s Functional Assessment Rating Scale scores, as well as adults with substance abuse who were stable housed and adults who gained employment. Although employment for adults with substance abuse improved, it did not meet target.

VIII. SAMH Contracts

The majority of the Department’s community-based substance abuse and mental health services are provided under contract with MEs, in compliance with s. 394.9082, F.S. MEs are

responsible for the development, implementation, administration, and monitoring of a subcontracted network of service providers in a defined geographic area. Table 13 below details ME contract status as of November 2021.

Table 13: Managing Entity Contracts

Contract	Region	Begin Date	End Date	Provider	Contract
AHME1	Northwest	4/1/2013	6/30/2023	North West Florida Health Network, 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 ME system. These contracts include:

- Three contracts for residential services at privatized SMHTFs;
- Four contracts for professional and operational support services at publicly operated SMHTFs;
- Fourteen 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 20 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. Ten additional grant agreements are in development for execution early in 2022.

IX. Update on Regional Plans

Central Region Plan

I. Organizational Profile

The Central Region has statutory responsibility for the planning, oversight, and administration of the behavioral health system in the following circuits/counties:

- Circuit 5: Hernando, Citrus, Marion, Sumter, Lake

- Circuit 9: Osceola, Orange
- Circuit 10: Polk, Hardee, Highlands
- Circuit 18: Seminole, and Brevard.

The Central Region behavioral health services are managed by Central Florida Cares Health System (CFCHS) for Circuits 9 and 18, Central Florida Behavioral Health Network for Circuit 10 (ME contract overseen by the Suncoast Region) and Lutheran Service Florida (LSF) Health Systems for Circuit 5 (ME contract overseen by the North East Region).

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

ROSC is a priority for the Central region SAMH Office and contracted MEs. The region utilizes its SAMH Quality Improvement Specialist (ROQIS) and ME peer liaisons to provide ongoing quality improvement trainings guided by the Recovery Oriented Quality Improvement Monitoring (ROM) Guidance Document finalized in fiscal year 21/22. Additionally, ME peer liaisons and SAMH ROQIS work together to guide individuals in recovery who may be interested in becoming certified peer specialists work toward certification.

Many agencies throughout the Region also contract with peer support specialists to enhance their service array, and the ROQIS and ME peer liaisons help to provide guidance and mentorship for these important roles. Certified peer recovery support specialists have also been infused in the system of care in multiple settings to include hospitals, crisis units, clinical teams and community-based care. Peers have also been used in several clinical teams throughout the region to support mothers involved with or at risk of an open child welfare case due to Substance Exposed Newborn maltreatment.

Certified peer recovery support specialists have also been included in the Hospital Bridge Program where individuals who have been hospitalized for opioid use are linked to peer supports and other supportive services to assist them in their journeys towards recovery. Peer recovery services were highlighted in CFCHS Symposium titled “Better Together” where a panel of peer support specialists discussed their work and the positive impact it is having in the community.

CFCHS has contracted with Recovery Connections of Central Florida (RCCF), a new RCO to provide substance use recovery resources for circuits 9 and 18. Future goals will include telehealth support through a team of recovery coaches and certified peer support specialists and a local RCO center for in-person support groups.

Mobile Response and CAT Teams

There are MRTs in each of the 12 counties within the Central Region, as well as a Community Action Team (CAT) services in each county. The MEs in the Central Region have executed agreements in Circuit 5 (LifeStream, Baycare, and Stewart Marchman), Circuits 9 and 18 (Devereux Advanced Behavioral Health and Brevard Family Partnership), and Circuit 10 (Peace River Center). In addition to these contracted services, local police and sheriffs’ offices in Circuits 9 and 18 have developed joint response models to meet the communities needs and help divert adults and children away from jail, crisis units and unnecessary hospitalizations into community-based treatment.

LSF has contracted with SMA Healthcare for Marion County and Lifestream Behavioral Center for the other four counties in Circuit 5 to administer CAT team services. CFCHS contracts with

Circles of Care in Brevard County and Aspire Health Partners for the other three counties (Orange, Osceola and Seminole) in Circuits 9 and 18. CFBHN contracts with Peace River Center for all three counties (Polk, Hardee and Highlands) in Circuit 10.

B. Community Based Health Promotion and Prevention

Central Region ME prevention-focused service providers work with the local prevention coalitions on the strategies set forth in each coalition's Comprehensive Community Action Plan. All Central Region ME prevention-focused providers use evidence-based models.

Prevent and Reduce Suicides

Each ME participated in many suicide prevention activities. A few to highlight include:

- Circuits 9 and 18 ME CFCHS participated in the Suicide Prevention Coordinating Council and funded peers who, among other tasks, ran support groups for individuals that focused on suicide prevention. CFCHS funds a regional prevention campaign aimed at young adults related to substance use and effects called “Better Without It”.
- Circuit 5 ME LSF provided specialized trainings to network service providers to develop best practices in suicide care management, recommending evidence-based screenings, risk assessment and safety plans when appropriate. LSF also provided two suicide awareness trainings: Question, Persuade and Refer (QPR) and the Collaborative Assessment and Management of Suicidality (CAMS) training.
- Circuit 10 ME CFBHN hosted a training for their adult system of care meeting focused on suicide prevention presented by Luisa Restrepo from the Crisis Center of Tampa Bay.

Expand Supportive Housing

Each ME has a housing specialist who works to enhance relationships with local assisted living facilities (ALFs). The goal for meeting with ALFs is to negotiate affordable and sustainable rent for the target population. The housing specialist in collaboration with the SMHTF and persons being discharged conducted site visits at various ALFs prior to discharge to ensure smooth transition into the community. The housing specialist works with the ME’s provider networks to assist with coordinating housing for persons receiving behavioral health services funded by the MEs. The housing specialists work closely with the care coordinators, FACT, state hospital liaisons, and forensic multidisciplinary teams to safely place individuals into housing in the community. The housing specialists also participates in the annual Point in Time Counts and maintains a list of housing options and supportive services.

To increase access to permanent supportive housing (PSH), CFCHS has expanded PSH case management with the Wayne Densch Center and Volunteers of America. The Wayne Densch Center provides supportive services to individuals with a behavioral health disorder in Ability Housing's Gannet Pointe and Village on Mercy PSH units. Volunteers of America offers supportive services through case management to assist in reducing behavioral health and/or psychosocial barriers that may inhibit individuals' ability to obtain and maintain PSH within the Brevard County Continuum of Care.

C. State Mental Health Treatment Facilities Improvement

Each Central Region ME works to improve coordination of services for individuals discharging from SMHTF and diverting individuals from SMHTF whenever possible. CFCHS has hired two full-time employees to support this population, which include the adult behavioral health specialist and forensic coordinator. These positions are ME level positions that are primarily

responsible for the coordination and oversight of network service providers that serve individuals with severe and persistent mental illness who have been committed to a SMHTF.

CFCHS contracts with community mental health treatment centers in each of its covered counties to provide both a community case manager and a forensic specialist for individuals residing in SMHTF. The community case manager and forensic specialist coordinate admission and discharge planning for the civil and forensic systems. They also track individuals during their SMHTF stay and post-discharge to ensure treatment engagement, stable housing, resumption, or acquisition of benefits, and meaningful involvement in the community.

III. Collaboration and Communication

The Central Region and its three MEs work together to serve and support the needs of the community through ongoing opportunities for partnership. Some of examples of collaboration taking place in the Central Region include:

Substance Exposed Newborns (SEN) Project: The Central Region SAMH Office and its 3 MEs are working in partnership with the Office of Child Welfare, Office of Economic Self Sufficiency, the Department's Abuse Hotline, local birthing hospitals, CBCs, community behavioral health service providers and DOH funded home visiting programs to prevent out of home placements for mothers with SEN maltreatments or to reunite families as soon as possible. With Hope Florida - A Pathway to Prosperity, the SEN Project has now expanded to serve families statewide.

House Bill 945: The three Central Region MEs coordinated HB 945 meetings for the Region's 12 counties. The purpose of these meetings was to bring together the community in identifying current crisis services and supportive community services for youth in crisis, to develop future plans to enhance services for youth in crisis, and to prevent crisis care whenever possible.

Criminal Justice Reinvestment Grants in Brevard, Osceola and Polk Counties: CFCHS was awarded two Criminal Justice Reinvestment Grants to create a co-responder model in partnership with law enforcement in Brevard County and a jail re-entry program in Osceola County. Additionally, the Department awarded Polk County Board of County Commissioners a grant to create a Hospital Bridge program that will link former inmates with needed community supports upon their release.

Youth at Risk Committees (YAR): Central Region MEs and Program SAMH staff participated alongside other community stakeholders in ongoing meetings to discuss and plan supports for youth most in need of behavioral healthcare. Other stakeholders included law enforcement, Medicaid managed care plans, Department of Juvenile Justice, community behavioral health providers, representatives of the judiciary and school personnel.

CFBHN worked closely with the Polk County Sheriff Department to help individuals with substance abuse and mental health issues access care and reduce the need for jail or law enforcement interventions.

CFCHS, in partnership with Orange County Drug Free Coalition, held a day-long symposium called "Better Together", which was designed to bring community leaders together to discuss the impact mental health and substance use has on first responders, persons in recovery and individuals in the community. The event included Senator Darryl Rouson as a keynote speaker, the University of Central Florida's Dr. Deborah Beidel who discussed trauma informed care specific to first responders, Homeless Services Network's Martha Are who presented on the

homeless crisis and actions to address, and leaders from Orange County Sheriff's Office and Orlando Police Department co-responder models to discuss successes in getting individuals into care instead of jails.

IV. Needs Assessment

The Central Region works in partnership with the Northeast and Suncoast Regions to review and analyze needs assessment information related to Circuits 5 and 10, and they exclusively work with CFCHS for Circuit 9's and 18's needs assessment. CFCHS completes a needs assessment every three years and the next assessment is due in 2022. CFCHS developed the 2019 Community Needs Assessment Questionnaire to gather feedback from various community stakeholders within Circuits 9 and 18. Survey participants represented state and county government, community-based care, school district, Medicaid Managed Care, advocacy groups/coalitions, including peer groups, homeless services, and behavioral health services providers. CFCHS also completes an annual enhancement plan and business plan that is submitted to the Department and outlines the priorities and plans for the year.

V. Budget

Total Amount of the SAMH State Funds Contracted for Services in the Central Region: CFCHS=\$96,027,233; LSF=\$37,866,658; CFBHN=\$27,287,574; Grand Total: \$161,181,465.

For the full procurement process, please see CFCHS Procurement Policies and Procedures located at <http://centralfloridacares.org/providers/policies-procedures/>

Northwest Region

I. Organizational Profile

The Northwest Region (NER) has statutory responsibility for the planning, oversight, and administration of the behavioral health system in the following circuits/counties:

- 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.

The Northwest Region behavioral health services are managed by Lutheran Service Florida (LSF).

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

The NER and LSF ensure a collaborative agreement is in place for the System of Care (SOC). The process of shifting from an acute care model to a recovery model has been infused in the MEds care coordination initiative. The MEds 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 NER 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 with expansion to a second site in Jacksonville in 2019. The first Comprehensive Service Center in Jacksonville began in 2017. That location has walk-in mental health services provided by Mental Health Resource Center, and also includes Social Security Outreach Access and Recovery (SOAR) processors, the Department's ACCESS services, and substance abuse services through on-site Gateway Community Services staff.

Improve access to services in both rural and urban areas

Most larger providers in the Region are using telehealth to provide services remotely as a way to increase capacity. Meridian Behavioral Healthcare in Circuits 3 and 8 (largely rural) are one of the leaders in this effort.

Recovery Community Organizations

A RCO is a non-profit organization led and run by representatives of local members of recovery on behalf of the recovery community. Services provided include public education, advocacy, and peer-based recovery support services. The NER has six RCOs, four of which are funded by LSF. The goal for RCOs is to provide ongoing services that include outreach, information and referral, recovery support and to provide incidental expenses. The goal of this program is to increase the number of individuals engaged in recovery support by 10% per year.

Recovery Oriented Quality Improvement Specialist

The NER employs a Department Recovery Oriented Quality Improvement Specialist (ROQIS) who focuses on ROSC activities. ROQISs provide technical assistance and consultation to provider agencies and other SOC partners to promote the expansion of MAT and care coordination services. The NER seeks to enhance the role of peers in the workforce for meaningful inclusion in the development and evaluation of regional ROSC practices.

One of those important ROSC activities are site visits. The Northeast Region ROSC specialist is part of a team with LSF staff that conducts site visits at provider agencies, which include touring the facility, client chart review, and speaking to employees and clients and their peer specialist if applicable.

A site visit report is written and shared with the provider agency. The purpose of these visits is to determine the agency's fidelity to ROSC principles and to identify and share opportunities for improvement.

Other activities of ROQIS include: 1) providing or assisting in providing ROSC trainings or presentations, 2) information sharing with individuals to connect them with an RCO in their area, 3) speaking with Sheriffs' Departments about overdose data for their areas and development of action plan steps to address increases, 4) working with individuals who want to bring more harm reduction practices to their communities, 5) putting together and delivering Helping Others Heal training manuals to individuals, 6) providing information to individuals who are considering becoming a certified peer, and 7) working with other staff in the compilation of a regional resource guide to be used by the Department's behavioral health consultants.

B. Opioid Epidemic

Reduce opioid related overdose deaths

Behavioral health consultants are employed by the Department with the goal to achieve and enhance program outcomes by improving the quality of engagement of the Department staff

with families and improving timely access to treatment and support services for families. Behavioral health consultants establish effective working relationships with Child Protective Investigators (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.

The NER has four Behavioral Health Consultants, one for each circuit, to work with CPIs.

Behavioral health consultants provide clinical expertise and assist with the identification of parents with behavioral health conditions in the child welfare system, with a concentrated focus on opioid use disorders. The Behavioral health consultants consult and collaborate with CPIs to build expertise with front line staff in the identification of substance use disorders, improve engagement with families, and improve access to treatment.

The Substance Exposed Newborn (SEN) project began in March 2021 in Duval County, and October 2021 in Volusia County. This program will expand in Circuits 3 and 8 in 2022. The regional pilot focuses on the unique and highly complex needs of the 0-12-month SEN population. This statewide initiative and regional pilot work to promote safety, foster recovery, and prevent removal where possible. The initiative works toward creating higher rates of reunification within the SEN population by strengthening the efficiency and effectiveness of existing service networks and increasing coordination and consistency of approach. Through a recovery-oriented effort, 277 families have been served in Duval County and 46 have been assessed by the behavioral health consultant in Volusia.

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

LSF received a three-year grant to provide enhanced screening for substance use disorder through the Screening, Brief Intervention and Referral to Treatment, which includes training health professionals in hospital settings to conduct screening; engaging individuals in expedited treatment; and increasing engagement through peer recovery specialists. Starting with one hospital at its inception, the program now has expanded to nine hospitals as a part of this Hospital Bridge Project.

C. Children’s Mental Health System of Care

Child Welfare, Substance Abuse and Mental Health Integration.

The NER Child Welfare and Behavioral Health 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 the Department SAMH staff assist with identification of behavioral health screening needs through appropriate questions about behavior, interactions, and history during consultations with staff. 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 utilization of behavioral health consultants in the Region has been instrumental in the integration of child welfare and behavioral health.

Addressing the complex needs of adolescents in the community or in the child welfare system continues to be a top priority for integration of services with the child welfare system. The ME continues to provide funding and oversight to two adolescent respite bed programs in Circuit 8 and Circuit 5 to close the care gap. Respite programs have become an important piece of the children's service array in the Northeast Region's service area. A viable response to the often-urgent needs of families, respite can reduce the unnecessary placement of adolescents in high-cost inpatient programs. The ME respite contracts ensure supervision is provided in a healthy, safe, and nurturing environment to help children reflect on their actions; identify the stressors that have led to negative outcomes; and to develop the skills necessary to make positive decisions, while allowing families time to engage in appropriate community services for the adolescent and their family. LSF supports providers in having respite residents participate in structured activities to benefit the children.

Through the incorporation of a regional children's care coordinator, the promotion of duties including training, linkage, and liaison with both the community members and families has continued addressing and reducing the number of high utilizers in the SOC. In September 2021, the SAMH NER Office created a pilot within the Volusia County Sheriff's Office. Law enforcement had identified a lack of service engagement, ownership and capacity for youth being Baker Acted and released, which is resulting in either re-admissions or criminal involvement due to a lack of system accountability and service capacity. This was identified as an immediate gap in the system that required attention. The pilot entails law enforcement referring families they identify in the field to the regional children's care coordinator who then contacts the family to provide resources and linkage to services.

To date, more than 49 families have benefited from these interventions. The coordinator also initiates partnerships with insurance plans, providing contact information for future resources, and establishes point of contacts for crisis situations. These measures all play a role in reducing of recidivism in the SOC and continued engagement with children in the SOC.

Mobile Response Teams

The statewide MRT program is designed to respond to those experiencing crisis and potentially in need of 24/7 crisis intervention services. The program's goals are to lessen the trauma of crisis situations, and if possible and appropriate, divert individuals away from Baker Act receiving facilities, emergency rooms or jails, and stabilize them in the most conducive setting possible. The NER has 10 MRT teams and the SAMH office is working with the ME to increase utilization.

D. Community-Based Health Promotion and Prevention

Network Service Providers

LSF currently subcontracts with 53 network service providers, including five vendors through purchase order agreements, which provide the full continuum of community-based substance abuse and mental health services across the Northeast and northern area of the Central Regions of Florida. LSF has developed a comprehensive behavioral health safety and coordinated system of care, which is both geographically and clinically responsive to the needs of the individuals, stakeholders, and communities it serves.

Through the care coordination process, individuals with complex needs who are high utilizers of acute care services are reviewed to ensure they are connected to the appropriate services and that the services they received are determined by their behavioral health needs, not their benefit status. If they do not have benefits, they are assisted in applying for benefits through the SOAR process.

By contract, LSF network service providers who have access to certain case management dollars are required to have at least one dedicated SOAR processor to assist individuals in applying for benefits. In FY 2020-2021, 145 applications for benefits were completed by SOAR processors; 82 applications were approved for benefits at a 56% approval rate. The average time to decision was 134 days. A total of \$148,308 in retroactive payments was returned to the system in FY 2020-2021.

Building a Trauma-Informed Jacksonville

LSF along with Kids Hope Alliance, Hope Street, Family Support Services, and Partnership for Children are leading an initiative designed to bring awareness on the important role that trauma plays in mental health and substance abuse treatment.

Recent activities include establishment of a steering committee/selection committee members, reviewing funding opportunities, and reviewing applications for a parent organization, which will be responsible for driving the initiative. LSF, along with its partner organizations, each have a representative on the committee. The Trauma Committee is currently exploring funding sources for infrastructure and salary for an identified coordinator.

Suicide Awareness and Prevention

LSFHS currently offers two different programs to train individuals in suicide awareness and prevention: Gatekeeper (QPR) Training and the CAMS training.

QPR is a program designed for anyone interested in learning about suicide awareness and prevention techniques. It is a one-hour course taught in a clear and concise format, focusing on the common causes and warning signs of an individual experiencing suicidal ideation, as well as how to help them use a technique known as “question, persuade, refer.”

The CAMS training is one of LSFHS’s most requested courses and is a comprehensive, evidence-based training on the management of suicidal risk. This program targets individuals working on a clinical level (therapists, psychologists, Masters-level case workers). It entails a pre-training knowledge assessment, a three-hour online course, the review of the course text *Managing Suicidal Risk, Second Edition: A Collaborative Approach*, an eight-hour live, unscripted role-play, and four one-hour consultation calls with CAMS staff.

Co-Responder Programs

A call to law enforcement is often the community response to individuals experiencing a behavioral health crisis due to mental health, substance abuse or co-occurring conditions. These calls frequently result in Baker Acts, involuntary admission to the crisis unit or jail when there are no other suitable community responses available.

Beginning in November 2016, the Gainesville Police Department and Meridian Behavioral Health piloted a small-scale co-responder team that worked up to 4 hours per week. In FY 2018-2019, through funding by a Gainesville Police Department and LSF/the Department, a pilot was funded consisting of a team of a crisis intervention team trained officer and Masters-level mental health clinician to partner as a team to respond to calls for service involving persons with mental illness, a mental health crisis and emotionally charged situations. Intervening in a proactive and preventive manner either before a situation becomes a crisis or at the earliest stage of system involvement increased jail diversions and crisis unit admission diversions.

The NER now has five Co-Responder Programs in the Gainesville area, three with the Gainesville Police Department and two with the Alachua County Sheriff's Office. There is also a Co-Responder Program in Volusia County and one in Duval County. The plan in Duval County is to expand to have one team in each of six Jacksonville Sheriff's Office zones.

E. State Mental Health Treatment Facilities Improvement

Discharges of Forensic Individuals from SMHTFs and Diversions of Forensic Individuals From Admission to SMHTFs

LSF conducts monthly calls to discuss the progress towards discharging forensic individuals who are on the "seeking placement list" as well as staff individuals on the waitlist who may be eligible for diversion.

In Duval and Volusia counties, there are pre-diversion teams that consist of a full-time staff who screens individuals who are at risk of forensic commitment and provides jail-based competency services as well as a peer specialist who meets with individuals and assists with reentry. LSF has awarded the forensic residential treatment facility (RTF) contract to Lifestream Behavioral and has begun holding meetings to discuss referrals.

The providers from across the LSF region review current waitlists to see if any males are eligible for post-commitment diversion if RTF placement is an option with the goal to opening a 16-bed, level 1 RTF.

Initially, the RTF will be utilized as a diversion resource and be an all-male facility. LSF also funds beds at Daysprings Village to serve forensic discharges from the state hospitals; utilizes adult family care homes contracted by Gulf Coast as a placement option; and funds a forensic multidisciplinary team in Duval County that serves as a diversion and discharge option for forensic individuals.

Jail-based competency services have become more widely utilized across the Region as the waitlist for state hospital forensic beds has continued to grow. LSF is committed to enhancing the forensic system and remains in continual contact with stakeholders to assess the needs and address any barriers in the system.

Housing

Housing is a critical component of success for both discharges from a SMHTF and diversion of individuals on a course to be admitted to a SMHTF.

Priority housing needs for SAMH's population include the best practice models of certified recovery housing, rapid re-housing, critical time intervention, and PSH. There is an overall lack of providers of housing support services and beds in the Region for individuals with substance abuse and mental health issues, including those being released from state hospitals, jail or prison who can live independently.

For those who cannot live independently, the need for nursing homes and ALFs that will accept consumers with significant needs is a priority throughout the Region. Without housing, individuals served in the SAMH system become high utilizers of costly, acute services, cycling in and out of high levels of care and facilities such as the state hospital system, crisis stabilization units and detoxification units. Providing stable housing and supportive wrap-around services to

these individuals promotes quality of life enhancement for the individuals and significantly reduces costs.

LSF continues to identify and develop housing resources to address unmet needs. To that end, LSF seeks grants that address housing needs or build housing services into grant applications for behavioral health services. LSF employs a housing system coordinator, two grant-funded housing resource specialists, a SOR housing resource specialist, a benefits specialist and two housing care coordinators.

By using flexible Community Transition Voucher program vouchers, LSF 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 faster than would otherwise be possible. Priority is given to individuals being discharged from state hospitals, jails or prisons.

LSF regional housing partners have frequent interaction with the two LSF housing care coordinators. The role of the housing care coordinator is to work closely with substance abuse and mental health service providers throughout the 23-county catchment area on both a system and provider level, ensuring homeless individuals or those facing homelessness can obtain suitable permanent housing. Housing care coordinators assist providers in a variety of ways, providing technical assistance to state and local government as well as housing case management providers, and help connecting providers and consumers to resources, housing-related services, and other supportive services. They ensure that network service providers prioritize housing and related support services to individuals who are homeless or at immediate risk of homelessness.

LSF provides annual training to case managers, care coordinators and other community partners to address safe, affordable, and stable housing opportunities, training in Housing Focused Case Management, Diversion, the SAMHSAs PSH model, Housing First and more.

The housing system coordinator and the regional director of housing and community inclusion help decision-makers understand the value of affordable housing and advocate for increased funding for housing and housing support services. In addition, they assist service providers in increasing their effectiveness through technical assistance, including helping them draw down funding related to housing through grants, and assisting community stakeholders with other funding opportunities.

Care Coordination

The LSFs clinical department prioritizes the state hospital population, which includes enrollments in care coordination, diversions or discharges from a SMHTF, and successful linkages to community services and resources upon discharge. The LSF care coordinator conducts weekly staffing calls with network service providers to obtain updates that help facilitate SMHTF discharges. LSF also participates in a monthly staffing call with the discharge department at Northeast Florida State Hospital. During these calls, discharge plans are finalized and barriers to discharge are often resolved.

The LSF clinical department strives to ensure successful discharges from the state hospital as well as placing emphasis on the importance on connecting discharging clients to the proper community services. On average, individuals are discharged within 60 days upon stabilization and proper linkages in the community. On a case-by-case basis, some individuals are followed past the 60-day mark due to the nature of the population enrolled in care coordination.

III. Collaboration and Communication

Jail Bridge Outreach

The Department's SOR grant lists jail bridge programs as one of the eight system priorities. After learning about Rebel Recovery and their jail bridge program in West Palm Beach, LSFHS intends to bring these lessons learned to the Northeast coverage area and look for opportunities to replicate efforts.

Opioid Overdose Recognition and Response NARCAN Training

Due to continued high overdose rates, the need for training continues regarding how to recognize and respond to an overdose and administer the lifesaving medication NARCAN. Recently, the Centers for Disease Control (CDC) released a report stating the highest number of overdoses on record occurred in 2020 with an estimated 93,000 deaths. This is a 30% increase in overdose deaths compared to the year prior. Most overdoses included fentanyl, and there was a sharp increase in the presence of stimulants – particularly methamphetamines.

Overdose rates across Florida continue to remain high as reported in county Opioid Task Force meetings. The LSF SOR project team lead has continued to provide a monthly Opioid Overdose Recognition and Response NARCAN training. Since beginning, these trainings in August 2020, LSF has trained 310 individuals on opioid overdose – NARCAN administration. During the first quarter, LSF provided its first Opioid Overdose and Response NARCAN training for Department staff. LSF SOR staff will continue to offer this training to the Department once every quarter. A total of 17 Department staff attended.

Permanent Supportive Housing (PSH)

LSF has implemented a new pilot that Florida Housing Finance Corporation (Florida Housing) is undertaking with assistance and involvement of the state's MEs. This new pilot funds the development of PSH for persons with severe and persistent mental illness who are high users of public crisis services, particularly emergency and acute care services. The proposed focus of this pilot is high utilizers of these services that are also facing housing instability, including individuals coming out of state hospitals or other behavioral health residential treatment facilities. Florida Housing proposes to provide development funding for the housing. Wrap around funding will be available through applicant partnerships with MEs.

In 2020, Florida Housing completed a pilot that evaluated cost savings and other measures provided through supportive housing with services to high utilizers of community crisis services (jails, emergency rooms, etc.) who were experiencing chronic homelessness. In that initiative, each of the three local pilots saw significant community cost savings (25%), even after housing costs were factored in. Between 77% and 87% of residents retained their housing, and residents' personal outcomes improved by the end of the two-year evaluation. The three pilots determined that the most critical strategies for resident success were the use of intensive, onsite resident services coordination and strong tenancy supports immediately upon residency.

LSFs new pilot will create a collaborative approach to state-administered funding for both housing and services (including strong tenancy supports and resident services coordination) to build a replicable approach for the future.

IV. Needs Assessment

The ME is finalizing the House Bill 945 Plan for each circuit in the NER. Some county plans are being created individually, while other counties have chosen to complete their plans as a circuit. The final drafts of year one will be submitted to the Department by December 31, 2021, and approximately March 2022, year two work groups will start addressing the identified areas from year one.

V. Budget

Total amount of the Department state funds contracted for SAMH services in the NER and Circuit 5 program contracted dollars include: Adult Mental Health: \$67,871,157.00; Adult Substance Abuse: \$51,857,390.00; Children's Mental Health: \$26,632,973; and Children's Substance Abuse: \$11,596,206.00. ME Operational Costs: \$5,205,968. The grand total budget is \$163,163,694.00.

Full description on how funds are allocated by OCA funds are in the approved FY 2021-2022 Cost Allocation Plan. The plan reflects the expenditures for SAMH 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 ME contract.

[Northwest Region](#)

I. Organizational Profile

The Northwest Region has statutory responsibility for the planning, oversight, and administration of the behavioral health system in the following circuits/counties:

- Circuit 1: Escambia, Santa Rosa, Okaloosa, Walton
- Circuit 2: Franklin, Gadsden, Wakulla, Leon, Liberty, Jefferson
- Circuit 14: Bay, Holmes, Washington, Jackson, Calhoun, Gulf.

The Northwest Region behavioral services are managed by NWFHN, which also covers two additional counties in Circuit 3 - Madison and Taylor to correlate with the State of Florida Judicial Circuits. The ME also holds the CBC contract for child welfare services in Circuits 2 and 14.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

"No Wrong Door" philosophy

NWFHN contracted with Apalachee Center, Inc. to provide central receiving facility services to serve individuals in Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties. The provider site is the central drop-off point for individuals being transported by law enforcement under a Baker or Marchman Act. A rotation system, monitored by NWFHN and an advisory committee, ensures equitable referral of clients to the three participating receiving facilities. According to data collected by the provider, contract targets are being met, which equate to improved and timely services to the population served.

In all circuits, ME staff have participated in or facilitated community meetings/workgroups to educate stakeholders to remove barriers to consumers receiving services regardless of point of entry.

Peer expansion

NW region and ME staff utilize interagency meetings and collaboration meetings to support the expansion of peer specialists, to provide technical assistance to providers and the community on a variety of concepts to support recovery management, and to facilitate partnership across systems. The ME and regional staff are working together to ensure compliance with the Florida Certification Board while supporting the acceptance of MAT, a strength-based approach, and an individual's choice. The ME and Region have provided and have several planned community activities involving the teaching of Wellness Recovery Action Plan (WRAP) and Helping Others Heal.

Recovery Community Organizations

NWFHN and regional staff are working with Oxford Houses and community stakeholders to increase the region's RCOs. Currently, there is one RCO being established through DISC Village.

B. Children's Mental Health System of Care

Child Welfare, Substance Abuse and Mental Health Integration

There are two CBC lead agencies in the region: Families First Network (FFN) serves Circuit 1 and NWFHN serves as both the lead agency for child welfare and the ME for SAMH in Circuits 2 and 14. As the ME, NWFHN continues to focus on the integration of child welfare and behavioral health services:

1. In Circuits 2 and 14, the NWFHN director of clinical services co-chairs a Clinical Services Workgroup, serves on the Child Service Array sub-group and the Department's Statewide Assessment Project Workgroup. Additionally, several NWFHN staff continue to actively participate in the statewide service array workgroups.
2. Throughout the Region, the ME and regional staff host or participate in integration meetings where community providers, stakeholders, and the community-based care provider review and discuss the Regional Integration Action Plan; evaluate and discuss priority of effort issues; and discuss and address community strengths/needs. HB945 and its components have been and will continue to help guide discussions.
3. There are three FIT teams that serve the NW Region. A monthly statewide conference call is convened for applicable stakeholders to address programmatic, operational, and data-related issues. FIT providers serve an average of 355 individuals a month, with an average 23 days from waitlist addition to the start of receiving services.
4. In Circuit 1, FFN, through Lakeview Center, has a care coordination program that provides a linkage for the families involved with child welfare to obtain referrals to an appropriate level of care. The care coordination program assists the ME with leading solution groups to address local issues as applicable with focus on the increased acuity of children. Schools' student services directors, MRT, National Alliance on Mental Illness (NAMI), and other community stakeholders are involved in this work.

5. The ME has received a SAMSHA grant that allow the offering of High-Fidelity Wraparound Services in Bay, Gulf, Jackson, and Calhoun counties to adults involved in the child welfare system whose behavioral health disorder is a contributing factor to the involvement in the system and to young adults with past/and or current trauma exposure who have “aged out” of the local foster care system.

Community Action Treatment Teams (CAT)

CAT teams serve all 18 counties in the NW region and are a critical part of the continuum of care for children and youth. Processes for referrals are in place and the slots are often full. The programs are seeing success with challenging cases. Monthly CAT meetings are provided by the Department HQ staff and a quarterly regional CAT team meeting was established to network, problem solve, and share best practices.

Child Care Coordinators

Efforts continue with creating a coordinated SOC for youth and young adults with requirements set forth by House Bill 945. Each circuit is working to complete elements from an action plan and are in the process of completing the plan template. Current processes and plans (local review team, which includes family team staffing process, and integration of services for 0-5) are being reviewed and have been updated.

School Collaboration

1. While maintaining goals of the House Bill 945, the ME has facilitated discussions with all school districts.
2. Within Circuit 1, three counties (Escambia, Okaloosa, Walton) have initiated a “handle with care” process that allows school staff to have limited information regarding an event that a child/youth experienced in preceding days that might impact the child/youth’s overall attitude or participation in education. This might involve an involuntary commitment, a situation involving child welfare, or other event leading to stress.
3. In several counties, school staff participate in collaboration meetings. Although agency participants vary by county, the overarching purpose of all meetings is to discuss system challenges, communication, and other topics that impact the children’s SOC.

Behavioral Health Network (BNet)

The Behavioral Health Network (BNet) is a statewide network of behavioral health service providers who serve children ages five to 19 years of age who meet all the following criteria:

1. Have a serious emotional disturbance or serious mental health or substance use disorder,
2. Are not eligible for Medicaid,
3. Are eligible for the KidCare subsidy program under Title XXI of the United States Public Health Services Act and,
4. Are enrolled in the Children’s Medical Services (CMS) Title XXI Health Plan.

The goal of the BNet program is to treat the entire spectrum of behavioral health disorders and provide both children and their parents with intense behavioral health planning and treatment services for the duration of the child’s enrollment. The child’s needs are the primary focus for treatment. BNet service providers address these needs through in-home and outpatient individual and family counseling, targeted case management, psychiatry services and medication management including direct access to the network service provider’s pharmacy with no co-payments, and advocacy and provision for wrap-around services to meet each child’s social, educational, nutritional, and physical activity needs.

C. Opioid Epidemic

The NW Region and the ME have worked together to provide opportunities to expand access to prevention services, intervention services, and treatment services for individuals struggling with substance use.

1. The SAMH region program has three behavioral health consultants (BHCs) who have established effective working relationships with CPI teams identified specifically for this initiative. The BHCs assist in the field and use clinical expertise to identify parents with behavioral health conditions, with a special focus on those with possible opioid disorders. The BHCs, CPI team leaders, as well as NW region SAMH and Child Welfare leadership staff meet as needed to ensure ongoing collaboration of efforts in this strategic initiative. BHCs provide consultation services to CPIs with an average of 200 consultations per month across all three circuits. One of the regions goals is to increase the number of joint visits by BHCs and CPIs.
2. The region utilizes the ROQIS to provide trainings and technical assistance regarding the use of MAT and needle exchange programs. The ROQIS works collaboratively with another peer specialist in the Region as well as the peer specialist at the ME, to ensure the community gains knowledge of ROSC initiatives; acceptable ways to support an individual struggling with substance use; and provider linked resources.
3. In the NW region, MAT services are provided by four network services providers funded via the Partnership for Success Grant. The Drug Epidemiology Network continues to provide county-level overdose prevention and Naloxone Training oversight, which is closely monitored by the ME.
4. The region and ME participate in meetings and discussions focused on the opioid epidemic. In all circuits, there are monthly or quarterly interagency/collaboration or alliance meetings which serve as forums to educate participants on data surrounding opioid use and the epidemic. In Circuit 1, the NWFHN network coordinator leads a planning committee for drug endangered children and communities, which includes community stakeholders and the local prevention coalition. Efforts include but are not limited to improved collaboration with first responders; development of a public service announcement to assist families in accessing services; increased awareness and partnerships with local pharmacies regarding safe storage/disposal of medications; education regarding substance use disorders; and increased communication and collaboration with the child welfare system. In Circuit 14, roundtable discussions are held in Bay and Jackson counties, which focus on the opioid epidemic, service availability, and unmet needs.

Services for Pregnant Women and Mothers

The ME and regional staff are active in addressing the needs of pregnant mothers who struggle with substance use. NWFHN currently contracts with three community providers to implement Substance Abuse Services for Pregnant Women and Mothers through the Federal Substance Abuse Prevention and Treatment Block Grant. Parenting interventions are completed to address and provide prenatal services, primary medical care, pediatric care, residential and outpatient treatment, detoxification, and case management.

Circuit 1 began serving this population through a pilot program that involved the use of three positions funded by the Coronavirus Aid, Relief, and Economic Security Act: housing coordinator, care coordinator and a peer. The program began receiving referrals on November 1, 2021. The program will continue regional and local efforts at expanding the use of the Plan of

Safe Care (POSC); utilizing peer support services; and receiving the appropriate level of treatment.

Circuit 14 CAMP (Children & Mother's POSC) meets on a monthly basis, establishes initiatives to support the use of a Plan of Safe Care and includes community partners to include the Department of Health, home visiting programs, substance use disorder treatment providers, hospital staff, and OB/GYN offices' Healthy Start navigators. The goal of a Plan of Safe Care is to strengthen the family with the support of the community, advocates, and service partners and to reduce or eliminate the likelihood of continued substance use. The group develop an online POSC Tool Kit for use by community partners to ensure ease of access to POSC materials and consistent information disseminated. The POSC Tool Kit has a tentative launch date of December 1, 2021.

In Circuit 2, the Department Circuit Community Development Administrator is facilitating discussions and meetings with community stakeholders and the ME with plans to initiate a program similar to Circuit 1 by April of 2022.

D. Community Based Health Promotion and Prevention

Mobile Response Teams (MRT)

The use of the MRTs are an integral part of prevention efforts and a valuable resource. The Circuit 1 team is managed by Lakeview; Circuit 2 and Madison/Taylor counties are managed by Apalachee Center and Circuit 14 is managed by Life Management Center. MRTs can provide support and direction to a youth or family in crisis, diverting from hospitalization and promoting wellness. MRT utilization has steadily increased each FY since its inception, and currently averages approximately 638 calls each month among all providers, with an average of 176 of those falling under the "acute response" criteria. One of the major successes of the MRTs is that approximately 77% of acute responses are diverted from unnecessary involuntary evaluation and are able to be referred to and receive services while living in the community. Another success is that the average response time for MRTs is approximately 10 minutes, well below the 60-minute requirement. Due to changes that resulted from House Bill 945 which requires an MRT to be contacted prior to a Baker Act, there have been some shifts in school districts' processes. The ME continues to collaborate with school administration, the Department of Juvenile Justice (DJJ), law enforcement, CAT Teams, the Mobile Response team and community behavioral health organizations to address school and community violence and coordination of behavioral health services. A NW region MRT meeting was held in August 2021.

Suicide Prevention

The ME, subcontracted providers, and NW region SAMH staff routinely participate in suicide prevention activities, including but not limited to, monthly suicide prevention coalition meetings where there is a focus on reducing the incidences of suicide and promoting wellness.

Stakeholders from the suicide prevention coalitions are apprised of information in the statewide Suicide Prevention Plan and participate in Suicide Prevention Day in local communities.

Mental Health First Aid (MHFA)

Mental Health First Aid is an evidenced-based, skills-based training course that teaches participants about mental health and substance use issues and provides a basic foundation on how to respond.

Most of the school districts in the NW region have a plan to train all staff on MHFA for youth.

The regional SAMH office has initiated an opportunity for all Department staff, especially new hires, to participate in MHFA training. The scheduled trainings can be found on the NW regional page. Any Department employee can use the event to register for any of the scheduled events.

E. State Mental Health Treatment Facilities Improvement

NW Region staff and the ME participate in bi-weekly forensic meetings in Circuit 2. These meetings are done in partnership with the Public Defender's Office, Apalachee Center, and the Leon County Court Administration. The meetings are currently being held virtually and are conducted to discuss individuals with both misdemeanor and forensic charges in Leon and Gadsden counties. All clients have a diagnosis of a mental illness or have been ordered to have a competency evaluation. During these meetings, updates are provided from all agencies, including upcoming court hearings, placement updates, treatment plans, and community resources. The ME reviews the 'return to court list' with the team and receives any updates that may be beneficial for the client returning to the community after incarceration or hospitalization. The meeting allows for the agencies to inquire about available resources from the ME in an effort to be proactive for care coordination. Current efforts are being made to standardize these meetings to ensure lack of progress regarding an individual's care can be addressed systematically.

In Circuit 2, the Leon County Sheriff's Office (LCSO) has established a new re-entry program called Vocational Education Encouraging Reform (VEER) and the Re-entry Innovative Services and Empowerment (RISE) Center. The goal for both is to provide an integrated approach to the continuum of care for currently incarcerated inmates, newly released individuals from the Leon County Detention Center (LCDC) and the Department of Corrections (DOC), as well as those involved in DJJ and the federal prison system. NWFHN has been engaged with LCSO and other community agencies to assist in the implementation of the RISE Center and its services. Apalachee Center Inc. and DISC Village Inc. have staff located at the RISE Center and in the LCDC to provide additional supportive services for individuals in need of mental health and substance abuse services.

NWFHN has care coordinators who are facilitating bi-weekly forensic waitlist calls in an effort to divert individuals awaiting admission to SMHTF. The NW region has successfully diverted an average of 13 individuals a month.

Circuit 14 and Circuit 1 have providers (Life Management Center and Bridgeway center) that received funding for jail diversion programs and are working with county officials and jails.

NW Region staff, ME staff and applicable stakeholder participate in transition calls to review and discuss any discharge barriers for individuals awaiting discharge and to improve transitions between acute and community-based levels of care. There is continued conversation with network service providers regarding engagement and diversion of individuals awaiting admission to a SMHTF.

III. Collaboration and Communication

The NW Region SAMH and ME staff work closely with community partners in all counties to include the following: county behavioral health consortiums and various advisory councils regarding the behavioral health service array and delivery; contracted provider groups; DJJ;

DOC; Judiciary; school systems; Child Welfare and Adult Protective Services; state hospitals; law enforcement; local hospitals; private providers, including inpatient units; local government; and various consumer and family groups. The Region is committed to serving and supporting the community's needs. The ME has identified strategies that align with both the NW region and the state's priorities to improve and monitor the current Behavioral Health System of Care. The NWR SAMH office staff meets with the ME as needed to address any contractual and/or programmatic issues. Through management and community partnership meetings, NWFHN receives informal and formal feedback regarding the service needs of the Region. Subsequently, new initiatives, services and activities are developed to address concerns, and existing services and practices are updated within the SOC.

IV. Needs Assessment

Since its implementation in 2013, NWFHN has completed three formal needs assessments and adjustments to the current service delivery system have been made based on these findings. The next triennial needs assessment is due in 2022. Additionally, informal needs assessments are conducted regularly through mechanisms such as network service provider monthly conference calls, and regular contacts with community stakeholders.

NWFHN completes an annual enhancement plan that is submitted to the Department and outlines the priorities for the year. The plan incorporates information obtained during needs assessment.

V. Budget

The total amount of Department state funds contracted with the ME to provide SAMH services to both children and adults in the NW Region is \$89,850,490.00.

The ME contracts with providers that are fiscally and operationally stable with a demonstrated history of performance, quality, and service efficiency. A wide array of behavioral health services are available in the Northwest Region. Service detail by provider can be located at the following link: <https://www.nwfhn.org>.

Southeast Region

I. Organization Profile

The Southeast Region (SER) has statutory responsibility for the planning, oversight and administration of the behavioral health system in the following circuits/counties:

- Circuit 15: Palm Beach
- Circuit 17: Broward
- Circuit 19: Martin, St. Lucie, Indian River, Okeechobee.

The Southeast Region behavioral health services are managed by Broward Behavioral Health Coalition (BBHC) for Circuit 17, Broward County, and Southeast Florida Behavioral Health Network (SEFBHN) for Circuit 15, Palm Beach County, and Circuit 19, the Treasure Coast.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

In FYs 2019-2020 and 2020-2021, both MEd, BBHC and SEFBHN, began to focus, together with the Department, on the integration of a ROSC oriented monitoring process for its providers with the Department's ROQISs. In its monitoring of providers, SEFBHN began to incorporate a ROSC tool to gauge how providers have implemented and integrated the recovery-oriented values and core principles. SEFBHN conducted interviews with clients served by ROSC when monitoring its providers. BBHC evaluated the use of a ROSC and other related assessment tools and the implementation of Cultural and Linguistic Competency Plans. This effort was to ensure providers weave the ROSC principles and values through their services and recovery supports.

RCOs were funded by both BBHC and SEFBHN in an effort to establish a safe space for individuals seeking to access recovery supportive opportunities to the broader community and provide primarily non-clinical, peer recovery support services, which include support for harm reduction strategies and improving health and wellness for people who use substances.

Peer support services are available through peer-run organizations, RCOs, and Federation of Families across the Region and funded by both BBHC and SEFBHN in their respective catchment areas.

South Florida Wellness Network (SFWN) works with hospitals, jails, courts, the central receiving system, DJJ, the child welfare system, and other community stakeholders to engage individuals into recovery supports; access treatment and resources; distribute NARCAN to prevent overdoses; and focus on harm reduction. They offer a safe space to receive supportive groups and activities that enable adults, youths, young adults, and families to focus on their recovery efforts. Additionally, they provide training opportunities to new peers and the community of peers throughout Broward County.

Fellowship Recovery is another certified RCO funded by BBHC to provide respite services for individuals awaiting a bed or opening in a substance use treatment program. They provide ancillary recovery support services and work with the community at large. Mental Health America of Southeast Florida offers peer support services to individuals with a primary mental health diagnosis. In FY 2020-2021, this organization took over operations for the Florida Initiative for Suicide Prevention, broadening its focus on recovery to include suicide prevention.

Rebel Recovery works with the hospitals, jails, courts, the central receiving system, DJJ, the child welfare system, and other community stakeholders to engage individuals in recovery supports, access treatment and resources, distribute NARCAN to prevent overdoses, and focus on harm reduction. They offer a safe space to receive supportive groups and activities that enable adults, youths, young adults, and families to focus on their recovery efforts. They also provide training opportunities to new peers and the community of peers in Palm Beach County. In addition to Rebel Recovery, a peer-run organization and certified RCO, in FY 2020-2021, SEFBHN began to fund Rite Life, a peer-run organization emerging as an RCO. Rite Life is located in Okeechobee County, serving the counties that make up the Treasure Coast: Indian River, Martin, Okeechobee, and St. Lucie counties.

Care coordination teams were developed to focus on the population that are identified high utilizers of behavioral health services. These teams provide intensive care management services that focus on the individual's needs, determine the level of care needed and provide linkages with services and supports. There is a defined case load capacity for each team, and a core group of professionals supporting each person on the team.

In FY 2020-2021, BBHCs implementation of the Care Coordination model using Critical Time Intervention, yielded an average readmission rate of 5.6 percent during care coordination to higher levels of care.

The impact of SEFBHN's Care Coordination model in FY 2020-2021 resulted in a reduction in the average re-admission of rate of 6.3 percent to higher levels of care during care coordination and supports the efficacy of these teams to keep individuals in the community.

B. Community Based Health Promotion and Prevention

BBHC is focused on the Centralized Receiving Facility contracted with Henderson Behavioral Health (Henderson) to enhance and increase alternative access options for adults with mental health and/or substance use disorders. Through their contract with Henderson, BBHC funds:

- Co-occurring services for assessment, evaluation, triage, coordination and linkage;
- Telehealth/Telemedicine;
- Co-occurring crisis stabilization and addictions receiving facility services with Henderson being designated for both;
- Short-term residential treatment; and
- Coordinated specialty care, early serious mental illness and first episode psychosis program.

MAT is offered across the network of providers funded by BBHC, which includes two Hospital Bridge Programs; Mommy and Me residential services at the Village South for pregnant women and women who are parenting children (up to the age of 12), residential, intensive outpatient, and outpatient services. Funding for transitional housing is factored into the service delivery plan.

BBHC funded the United Way of Broward County to establish a Suicide Prevention Coalition and begin efforts across its network and other system stakeholders to implement a Zero Suicide initiative.

The United Way is funded to provide evidence-based prevention services in Broward County through various mediums and environments, including Broward County Schools.

SFWN, Fellowship Recovery, and Mental Health America of Southeast Florida offer peer support services, outreach, engagement, linkages to treatment and resources, and activities that help individuals focus on their behavior health recovery.

BBHC partnered with the City of West Park to establish a grass roots, community-directed program for outreach, engagement, and coordination for mental health services, resources, and recovery supports. This project's goal is to reduce service gaps for children and adults with mental health issues with linkage to treatment. It employs residents of the community as community healthcare workers that will be able to work with BBHC and the City of West Park, as well as other stakeholders, to identify the needs of the community and provide the necessary outreach and engagement services. These efforts work to link individuals in need of services and sustain the engagement in service delivery.

SEFBHN is focused on a wholistic approach to its “No Wrong Door” system of care with 211 of the Palm Beaches and Treasure Coast (211) as the entry point for its “No Wrong-Door” Model, offering brief assessment, triage, information, referral, and linkage, as well as immediate warm hand-off to MRTs in the 5-county catchment area. Telehealth/telemedicine was implemented across the system of care.

The care coordination team created opportunities for cross-system collaboration and communication between SEFBHN, community stakeholder, and network service providers. Four network service providers: New Horizons of the Treasure Coast, JFK North, South County Mental Health Center, and Drug Abuse Foundation, maintain six full-time care coordination staff dedicated for care coordination. In the 4th quarter, New Horizons of the Treasure Coast added a part-time peer specialist to the care coordination team. Care coordination staff are responsible for implementing internal care coordination processes and collaborating with community stakeholders for the purposes of developing ROSC.

Rebel Recovery, serving Palm Beach County, and Rite Life, serving Okeechobee, Martin, St. Lucie, and Indian River counties are both peer-run organizations that provide recovery supports and peer services, as well as engagement into recovery; crisis support and detoxification; and MAT services. Further, SEFBHN funded a jail-bridge program through the Recovery Research Network, enabling individuals who are incarcerated to access MAT services while in jail and continue their treatment as they transition into the community. Funding for housing is available to individuals who need it. SEFBHN has been focused on duplicating its jail bridge program across its catchment area.

SEFBHN implemented a Zero Suicide initiative across its system of care and provides evidence-based prevention services through various mediums and environments, including in the school systems.

Throughout FY 2020-2021 Principals in all 5 ME counties have worked closely with the network agencies in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties to provide SAMH prevention messaging and programming, which schools offer via Google Classroom, ZOOM, and Microsoft Teams formats.

In FY 2020-2021, SEFBHN prevention agencies provided behavioral health prevention support messages, which school and community officials made available to their students and families. The messages provided resources to communities at large and provided opportunities for parents and youth to register into community and school virtual platforms.

C. Opioid Epidemic

Reduce opioid-related overdose deaths

The Southeast Region has hired behavioral health consultants who have established a working relationship with CPI teams in Circuits 15 and 19. Circuit 17 has a dedicated behavioral health consultant funded by BBHC.

Behavioral health consultants conduct joint responses with CPIs, in the field, providing subject matter expertise to identify parents with behavioral health disorders, with a special focus on those with possible opioid disorders. Behavioral health consultants assist in improving family engagement in accessing treatment.

The Southeast Region hired a ROQIS who focuses on ROSC activities, identifying community gaps to address access to services, treatment, and after care services and resources.

RCOs, recovery supports, peer support, Youth MOVE, and the Federation of Families are all critical components for outreach, engagement, and a path of recovery for individuals served by both BBHC's and SEFBHN's coordinated SOC.

BBHC funded the Hospital Bridge program through both its South and North Hospital Districts, Memorial Healthcare System and Broward Health Systems to provide MAT to individuals who overdose or come through their emergency department with an opiate use disorder. This program includes the emergency department physician, pharmacy department, a peer, and an outpatient treatment team to triage, assess, and engage the individual in MAT services.

Memorial Healthcare System is also funded to provide MAT services to pregnant mothers, Mothers In Recovery (MIR) Program. BBHC also funds the Broward County Long-Acting Injectable Buprenorphine Pilot Program with its substance use treatment provider, BARC. Medication Assisted Treatment and Telehealth Enhanced Recovery (MATTER) and Broward Health integrated Medication Assisted Treatment Response (iMATR) are two programs for which BBHC funds Broward Health Systems to address the opioid epidemic in the north end of the county.

SEFBHN funds Hospital Bridge program services for individuals who overdose and are taken to the emergency room and are engaged in MAT treatment with the treatment continuing in the community through outpatient services. Pinnacle Wellness Group provides MAT services for individuals released from the Port St. Lucie Jail. Services include outpatient, case management medical services, MAT and incidental expenses.

Both BBHC and SEFBHN network providers offer NARCAN to reverse overdoses for individuals who use opioids and family members and friends of individuals who use opioids.

D. State Mental Health Treatment Facilities Improvement

BBHC funds a forensic multi-disciplinary team to divert individuals eligible for this service from a forensic SMHTF. SEFBHN received funding to provide community-based forensic services, increasing their efforts to divert eligible individuals.

The SER SAMH Program Office worked with both BBHC and SEFBHN to identify individuals who are appropriate for diversion from civil admission to a SMHTF.

Both BBHC and SEFBHN funded Short-term Residential Treatment services to divert individuals from commitment to a SMHTF.

III. Collaboration and Communication

The SER and ME staff work closely with community partners and stakeholders in all counties. This includes participation in county behavioral health consortiums and various advisory councils. SAMH staff work with contracted provider groups, DJJ, DOC, Judiciary, State Attorney's Office, public defender's office, school systems, child welfare and adult protection, state hospitals, law enforcement, local hospitals and private providers including crisis units, local government and various consumer and family groups.

The SER is committed to serving and supporting the needs of the community. BBHC and SEFBHN have created strategies that align with both the Southeast Region's and the State's priorities to improve and monitor the current behavioral health SOC. The SER SAMH office meets with BBHC and SEFBHN routinely and attends each ME's meetings, including SOC and Continuous Quality Improvement, and board meetings. The SER SAMH Program Office continues to facilitate child welfare behavioral health integration efforts, diversion staffings, and meetings that further Department initiatives and help to achieve the intended goals. The Department, BBHC and SEFBHN partnership meetings, scheduled every other month, focus on addressing any contractual and programmatic issues, and opportunities to partner, and further the efforts/goals of the Region and Department as a whole.

In collaboration with Broward County, BBHC received a Youth System of Care Grant to serve 53 young people. Consequently, BBHC worked with Broward County Public Schools to hire a student navigation coordinator.

BBHC worked with its community to establish the Broward Suicide Prevention Coalition, which aligned its goals with the state goals established by the Statewide Office of Suicide Prevention.

The Palm Beach County Sheriff's Office (PBSO) has contracted with SEFBHN to coordinate client treatment services under the Justice & Mental Health Collaboration Program (JMHCP). This 2-year grant began on May 1, 2020. The funding provides for SEFBHN to hire a care coordinator and for treatment and non-treatment services for program participants. SEFBHN will also act as the fiscal agent to reimburse the providers through the federal grant funds. The target population for this grant are individuals identified by the PBSO Behavioral Services Unit in need of behavioral health services. It is expected that 200 adults and 40 juveniles will be served by this grant over the 2-year period.

The Department's presentations to hospitals and birthing facilities are opportunities to provide behavioral health information and resources to community partners. SEFBHN presented with Child Welfare and SAMH, ChildNet, and Children's Services Council on many occasions.

SEFBHN, in support of building mental health awareness in May, delivered a virtual Behavioral Health Resource Fair for Palm Beach County to help support local workforce for case managers and care coordinators across systems. About 30 behavioral health providers shared information and over 100 participants attended.

SEFBHN was awarded the SAMHSA System of Care Grant to start in August 2021, where policies building a children's system of care will be shared, Memorandums of Understanding and Agreements will be established across system stakeholders, and children and adolescents will be provided with outreach in varying community settings and targeted systems e.g., juvenile justice, schools, child welfare systems, information and referrals, evidence-based behavioral health services and supports.

Both BBHC and SEFBHN have levied stakeholders in their community to focus on the planning of a coordinated children's system of care, which include children's services council(s), community based care organizations, local government, local school districts, DJJ, and managed care organizations, in their respective catchment area, as well as providers, and entities that deliver or fund services for children in accordance with House Bill 945. Their plans are required to be submitted by January 1, 2022.

IV. Needs Assessment

Both BBHC and SEFBHN work with the local communities to address areas of need and gaps in the coordinated system of care. As such, each ME conducted a comprehensive needs assessment in calendar year 2019.

V. Budget

Total Department funds contracted-for SAMH services in the Southeast Region:

BBHC total funding: \$75,223,830; Program Contracted Dollars: Mental Health \$40,201,541.00; Substance Abuse \$31,626,117.00.

SEFBHN total Funding: \$80,524,676; Program Contracted Dollars: Mental Health \$42,361,843; Substance Abuse \$34,478,050.

Grand Total: 155,748,506.

For BBHC funded services, please see BBHC's website: <https://bbhcflorida.org/services-we-fund/>. For SEFBHN's funded services, please see SEFBHN's website: <https://sefbhn.org/>.

Southern Region

I. Organization Profile

The Southern Region (SNR) has statutory responsibility for the planning, oversight and administration of the behavioral health system in the following circuits/counties:

- Circuit 11: Miami-Dade
- Circuit 16: Monroe

The Southern Region behavioral health services are managed by South Florida Behavioral Health Network, Inc. (SFBHN) dba Thriving Mind South Florida.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care

SFBHN's network of behavioral health services aligns well with Florida's efforts to transform its current behavioral health system of care into a ROSC. SFBHN and the regional SAMH program office have collaborated to create a ROSC Steering Committee and developed a ROSC Action Plan for the Southern Region. The plan strives to transform the SOC into a ROSC that will:

1. Provide technical assistance to network providers on operationalizing ROSC within their agency;
2. Develop a Substance Use Coalition and a Provider Workgroup Coalition;
3. Provide training for providers on the integration and supervision of peer services; and
4. Provide workforce development training for peer specialists on knowledge, skills, professionalism, and employer's expectations.

Actions taken include:

- SFBHN has collaborated with SAMH regional staff, providers, and community stakeholders to establish the ROSC Steering Committee

- The Committee has been working to implement the SAPT and RSA tool with a system provider to measure the progress in ROSC development across the network of providers.
- SFBHN and SAMH regional staff have provided technical assistance to providers and community organizations in tailoring services to be consistent with recovery principles.
- ME and SAMH regional staff have worked to developed emerging RCOs in the Region.
- SFBHN has developed a peer services exhibit to track pertinent information regarding peer services throughout the network.
- SFBHN and the SAMH regional program office are working together on ROSC monitoring.

Recovery Peer Specialists

Utilize “Peers on the Move” (POTM), a peer-to-peer recovery support project, to assist individuals that are being discharged from South Florida State Hospital and from short-term residential treatment to reduce recidivism.

1. Peer specialists will teach and support the individual to play an active role in their treatment and recovery process;
2. Peer specialists will assist in linking the discharged individual with a community mental health center to continue medication management and treatment services in the community; and
3. Peer specialists will be an integral member of the individual’s treatment team.

SFBHN and regional office staff have 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.

No Wrong Door Access to Care

SFBHN’s network providers implement a “no wrong door” model through assessing, referring and/or treating individuals served to increase access of those identified as co-occurring to provide services for both disorders regardless of the initial point of contact.

The Southern Region implements policies and procedures tailored to individuals with co-occurring psychiatric and substance disorders in all programs to eliminate arbitrary barriers to initial evaluation and engagement. This includes:

1. Specifying mechanisms for helping each individual served (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible; and
2. If upon assessment, a network provider determines that the individual served requires a service they do not have the capability of providing, the network provider creates a referral for the individual to receive the service at an alternate provider.
3. The “No Wrong Door” model has been formalized in contracts with network providers.

B. Children’s Mental Health System of Care

SFBHN’s Children’s System of Care Department collaborates with community-based agencies and system partners (targeted case managers, social workers, counselors, judges, psychiatrists, psychologists, school system, shelters, and law enforcement) to ensure the

continuity of care throughout all levels of care. SFBHN works with network providers so that the least restrictive level of care is used, which meets the needs of the youth, prior to considering a higher level of care.

The ME works to reduce the number of children Baker Acted from Miami-Dade and Monroe County Public Schools, through efforts include:

1. Provide Training to Miami-Dade and Monroe County Public Schools personnel i.e., Youth Mental Health First Aid, Trauma Informed Care;
2. Increase prevention and education related to mental health, substance use, bullying and suicide;
3. Collaborate with Miami-Dade and Monroe County Public Schools to link children to behavioral health services, including the use of the MRTs; and
4. Oversee the use of incidental funds, which are utilized to support youth in the community and progressively gain stability so they will not require residential placement.

The ME will expand collaboration among community partners.

1. Participate in the School Health Advisory Committee, which focuses on improving the health and safety of students attending public and charter schools in Miami-Dade County;
2. Collaborate with Helping Our Miami Youth, which is a collective of community agencies working together to systemically decrease and ultimately eliminate youth homelessness;
3. Participate in Miami-Dade County Police Threat Management Section peer review.

The ME will expand the Children's SOC network for young adults with serious emotional disturbances or those that experience early onset of either a serious emotional disturbance or severe mental illness.

1. Expand and sustain authentic access and consumer knowledge of access to quality comprehensive, effective services, interventions and supports;
2. Enhance and improve transition planning;
3. Develop the workforce and support local adoption of SOC values and principles; and
4. Expand mental health related training.

The ME works to provide care for children/youth entering the SOC in the least restrictive setting.

1. Review incoming cases of youth who may require mental health and/or substance abuse treatment and help coordinate least restrictive level of care to meet the needs of the youth; and
2. Provide oversight of clinical quality, utilization, chart compliance, policy and procedure and implementation for district residential programs and community behavioral health providers for Miami-Dade and Monroe Counties.

SFBHN providers have several programs geared toward aiding parents involved in the child welfare system, including the Child Welfare Integration and Support Team (CWIST), Regional Partnership Grant (RPG), Family Intensive Treatment Team (FITT), Child Welfare Specialty Program (CWSP)/FITT lite, Families Engaged in Recovery and Safety (FERAS). The CWIST program is comprised of family navigators who follow cases for up to 90 days to ensure linkage, engagement, and compliance with recommended behavioral health services. SFBHN and Citrus

Family Cares Network (FCN) convene a quarterly workgroup to discuss the operational barriers that arise when coordinating services for child welfare involved families. This provides a forum to work through day-to-day difficulties that clients or providers may experience. SFBHN's child welfare integration coordinator chairs this workgroup and is tasked with ensuring that the goals of the Child Welfare Integration Program are being met, which includes retaining child welfare involved families in behavioral health treatment and prevent at-risk children from receiving out of home placement. Behavioral health providers in the program will measure access to treatment, retention in treatment, and successful discharges.

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 Departments 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 interagency collaboration protocols and working agreements based on consensus to achieve the following goals:

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

C. Opioid Epidemic

Miami-Dade County has seen a significant increase in opiate use within the last few years, along with the rest of the country. The proposed strategy to address the opioid epidemic utilizes a multi-level approach of leveraging community resources and includes the following:

Bring together community leaders/partners to address the opioid crisis:

1. Identify community leaders, partners and stakeholders along with available resources needed to address the needs of those affected by the opioid crisis;
2. Coordinate with stakeholders for behavioral health needs of the targeted population, including technical assistance and training to the community as necessary;
3. Participate in Miami-Dade County's 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;
4. Collaborate with law enforcement agencies to assist individuals that come in contact with police due to intoxication; and
5. Develop a process for network providers to access Narcan kits funded by the Department.

Increase referrals and linkages into behavioral health services for those affected by the opioid crisis:

1. Identify funding for detox and post-detox treatment (including MAT) to meet the demand of persons volunteering and being admitted through court order;

2. Contract with providers to implement behavioral health mobile teams to target specified areas;
3. Utilize peers within Jackson Memorial Hospital's emergency department to engage individuals that are in the ED due to an opioid overdose into services; and
4. Collaborate with University of Miami's Needle Exchange program (IDEA) to link individuals to treatment.

D. Community Based Health Promotion and Prevention

The regional prevention SOC goals are consistent with the state's SAMH prevention goals, as well as the SAMH Block Grant, and the objectives mirror literature on risk and protective factors as well as localized data regarding substance use and risks. The Florida Youth Substance Abuse Survey (FYSAS) data is used as a baseline guiding measure. Localized provider program-level data will also be used to measure interim success towards achieving the goals and objectives, as this data more specifically defines youth, families, and communities receiving prevention services. These include the following:

- Increase the age of onset for youth first use of marijuana (decrease lifetime use) and decrease the percentage of youth who report current use (past 30 days) of marijuana.
- Increase the age of onset for youth first use of alcohol (decrease lifetime use) and decrease the percentage of youth who report current use (past 30 days) of alcohol.
- Decrease lifetime use for youth who report misuse of over-the-counter and prescription drugs, and decrease lifetime use for youth reporting any use of illicit drugs (other than marijuana).

Increase the effective use of the strategic prevention framework to build capacity of the SFBHN prevention SOC to collaborate effectively to accomplish the goals and objectives of the Comprehensive Community Action Plan (CCAP), which are as follows:

- During FY 2019-2020, the prevention SOC served more than 451,835 community members including more than 131,000 youth 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 in FY 2019-2020. Overall, prevention programs were effective in increasing protective factors and decreasing risk factors consistent with the region's CCAP for preventing alcohol, tobacco, and other drug use among youth in South Florida. The Strategic Prevention Framework was used in implementing the CCAP consistent with the data in the community needs assessment and the risk and protective factors identified.
- Youth participating in the SFBHNs prevention SOC 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 SOC evidence-based practices.
- Substance Use: 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, Thriving Mind, and PSOC providers.

Consistent with the State priorities, SFBHN has identified the goals for suicide prevention.

1. Integrate and coordinate suicide prevention activities across multiple sectors; and
2. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behavior.

E. State Mental Health Treatment Facilities Improvement

SFBHN continues to strengthen their relationship with criminal justice partners through the continued efforts of the Jail-In Reach project. SFBHN maintains a care coordinator dedicated to this project in collaboration with 11th Judicial Criminal Mental Health Project. This project offers several interception points where individuals suffering from a mental health disorder who are incarcerated can be linked to community-based care. Facilitating access to community-based care is not only more recovery oriented, it also decreases the risk of forensic commitment. SFBHN will lead efforts to facilitate the understanding of Circuit 16's stakeholders of the different intercept points where the SFBHN's funded forensic specialist can facilitate access to care for individuals at risk of forensic commitment.

Reduce Forensic Admissions

The ME is working to maximize the use of the Jail-In Reach grant to increase diversions for Circuit 11 and develop a comprehensive and coordinated forensic diversion path for Circuit 16/Monroe County to reduce the number of individuals admitted to forensic mental health hospitals from both circuits.

Transitions from SMHTF

SFBHN was able to repurpose dollars to launch a Peers-on-the-Move pilot program with Fresh Start of Miami-Dade. The program receives referrals from local SMHTF of individuals who are

placed on the seeking placement list. The peers of this program engage individuals inside the SMHTF with the purpose of establishing rapport to promote engagement and compliance once discharged. This program has now been in existence for three years, and SFBHN will continue to fund this program to support and improve the transition of care from SMHTF to the community.

Care Coordination

Individuals that are placed on SMHTFs' seeking placement list are referred to care coordination services to facilitate their transition into the community. SFBHN actively participates in monthly discharge tracking meetings, along with network 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.

III. Collaboration and Communication

SFBHN coordinates with the Departments SAMH regional and headquarters offices in the implementation and oversight of the SOC. The Departments SAMH Program Office provides review and input into SFBHN's activities including conducting internal and external review activities to ensure that the agreed upon level of services are achieved and maintained throughout the network. The Southern Region SAMH office meets with the ME quarterly to address any contractual or programmatic issues.

SFBHN recognizes and values stakeholder collaboration and input into its network activities. The organization understands that meeting stakeholder needs and utilizing feedback is a core goal of a solid community network. SFBHN values stakeholder satisfaction and welcomes feedback about service delivery that may result in improved efficiency and effectiveness.

SFBHN engages in activities that continuously seek information from stakeholders regarding their experience with the organization and SOC providers. SFBHN employs various strategies to obtain feedback from stakeholders, which include: community forums; personnel exit interviews; provider/contractor surveys; community partnership meetings; personnel and community surveys; strategic planning meetings; provider and community focus groups and workshops; and provider meetings.

On a statewide level, SFBHN collaborates with the Florida Council for Community Mental Health (Florida Council), FADAA, and the Florida Association of Managing Entities (FAME). These collaboratives allow for statewide strategies and input to be incorporated into the Region's activities.

SFBHN engages with the SAMH Regional team quarterly during local planning meetings to discuss system needs, opportunities and challenges. Additionally, at the start of the COVID-19 pandemic, SFBHN implemented weekly calls with the Department and network providers as a touchpoint for open communications.

IV. 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 findings regularly since fully transitioning the

contract in 2010. Additionally, SFBHN conducts various activities to determine community needs. These include development of qualitative reports including analysis of trends, penetration rates, provider performance, treatment gaps, and other relevant information.

SFBHN submits a quarterly continuous quality improvement report to the Department that outlines various community activities and needs. These quarterly reports are shared at various planning committees including: SFBHN's SOC/QI Committee, the Board of Directors, ASOC providers & stakeholders, CSOC providers & stakeholders, and the Department's local office for public (community) comments. Feedback from the various committees/planning bodies are taken and incorporated into SFBHN's activities. Additionally, SFBHN annually reviews the data sets to determine trends and identify gaps. This analysis is shared at community planning meetings and with the Department. The results and feedback are then incorporated into SFBHN's strategic plan and goals. The strategic plan and goals are monitored regularly and reviewed at the various committee and community meetings to determine progress and make adjustments, if necessary.

The prevention SOC conducts a community needs assessment through the evaluation consultant and the community coalitions. The report is shared with the community.

V. Budget

The total amount of funding available in the Southern Region is:

- Adult Mental Health (AMH): \$42,390,712
- Children's Mental Health (CMH): \$8,787,327
- Adult Substance Abuse (ASA): \$32,929,137
- Children's Substance Abuse (CSA): \$12,266,421
- ME Operational Cost: \$4,689,809.00

Grand Total: \$101,063,406.

For the full description on how funds are allocated to purchase the covered services described above, please see SFBHN's Cost Allocation Plan, which is submitted annually to the Department.

[SunCoast Region Plan](#)

I. Organizational Profile

The SunCoast Region (SCR) has statutory responsibility for the planning, oversight, and administration of the behavioral health system in the following circuits/counties:

- Circuit 6: Pasco, Pinellas
- Circuit 12: Sarasota, Manatee, De Soto
- Circuit 13: Hillsborough
- Circuit 20: Charlotte, Lee, Glades, Hendry, Collier

The SunCoast Region behavioral health services are managed by Central Florida Behavioral Health Network (CFBHN), which also covers three additional counties in Circuit 10 - Polk, Highland, and Hardee to correlate with the State of Florida Judicial Circuits.

II. Strategic Priorities

A. Recovery-Oriented Systems of Care (ROSC)

ROSC continues to be a priority commitment with the SCR, CFBHN, and network service providers. The finalized guidance document and monitoring tools initiated the Recovery-Oriented Quality Improvement Monitoring (ROM) in FY 2021-2022. ROM is a collaborative monitoring process that includes ROQIS and CFBHN.

SCR and CFBHN work closely with network service providers to create an array of services and supports to meet an individual's chosen pathway to recovery and to promote recovery principles, which aligns with the FY 2020-2021 Enhancement Plan. Engaging work programs/clubhouses throughout the SCR/Circuit 10 is a pivotal service for individuals to help them develop skill sets.

Through care coordination efforts, network service providers can increase diversion from acute care settings to alternative community resources. SCR and CFBHN have also worked with the network service providers on utilizing voucher funding to pay for identified items and/or services to assist clients with stabilization and meeting their treatment goals. Each month, CFBHN convenes their providers to discuss trends and opportunities for improvement with the network providers implementing care coordination services.

SCR along with CFBHN explored opportunities to contract with RCOs within the community to build further supports for individuals with lived experience and promote recovery principles and concepts. CFBHN has contracted with Recovery Epicenter Foundation and continues to look for opportunities to increase RCOs throughout the SCR and Circuit 10.

CFBHN participated on a SMHTF (North Florida Evaluation and Treatment Center) ROSC initiative committee to increase networking and collaboration between the MEs, SMHTF, and community stakeholders for promoting warm handoffs to assist individuals being discharged from SMHTFs to re-enter their communities.

B. Enhance “no wrong door” model to optimize access to care for priority populations

Section 394.4573(1)(d), F.S., defines the No Wrong Door model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.” Florida’s designated receiving systems (commonly referred to as central receiving facilities) effectively function as no wrong door models for the delivery of services to individuals and families who have mental health and/or substance use disorders. Enhancing “no wrong door” philosophy throughout the SCR and Circuit 10 for a coordinated access to those experiencing crisis continues to be a priority. The acute care providers and local receiving facilitates, transportation companies and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual. The commitment to the concept of “no wrong door” was fully implemented during the contract negotiations with the central receiving systems in Hillsborough and Manatee counties. Although the concept is throughout the Region, and ongoing training and contract requirements are in place, services offered at the current central receiving facilities represent a more advanced model that reaches across professions, providers, and service providers- including medical services which CFBHN prioritized in their FY 2019-2022 needs assessment as well as FY 2021-2022 enhancement plan.

C. Certified Recovery Peer Specialists

Through the SOR grant, SCR SAMH hired a ROQIS who supports the Region with the ROM.

CFBHN's Consumer and Family Affairs Department and the ROQIS provide training to enhance and increase the pool of certified recovery peer specialists in the region. The promotion of evidence-based practices, such as Wellness Recovery Action Plan (WRAP), also provides consumers with life skills to enable them to thrive while living with a mental illness or co-occurring disorder. The WRAP trainings during the first quarter of the FY 21-22 took place with Circuit 6, Circuit 10, Circuit 12, and Circuit 13. CFBHN reported that approximately 80 participants attended each circuit presentation. Currently, Directions for Living, S4KF, and Chrysalis Health are the only three network service providers certified in the Region and are contracted to deliver wraparound with the Sunshine Health plan.

D. Community Based Health Promotion and Prevention

SCR and CFBHN work closely with community stakeholders throughout the Region. This includes active participation in county behavioral health consortiums, advisory councils, acute care meetings, and alliance meetings. SCR and CFBHN work with the DJJ, DOC, Department of Health, Agency for Persons with Disabilities, Department of Education, Medicaid Managed Care, Judiciary, school systems, child welfare and adult protection, SMHTF, law enforcement, local hospitals and private providers, local governments, faith-based entities, coalitions, and various consumer and family groups. A detailed list of these collaborations is included in Section III. These partnerships allow for opportunities to utilize data from other appropriate entities like law enforcement, as well as a project in Hillsborough, Pinellas, and Polk counties, comparing the booking data to other data sets to determine where individuals are contacting the various systems. The data sets used are medical examiner deaths by suicide and overdoses, county health plan data (where available), CFBHN service data and Baker Act data.

SCR and CFBHN continue to encourage network service providers in addressing the barriers to access by creating local partnerships, increasing in-home and on-site services, as well as greater use of telehealth. Telehealth has been vital in providing continuity of care.

SCR, CFBHN, and multiple stakeholders collaborate within the SOC on the SEN prototype for a more holistic approach with families to prevent child welfare involvement. CFBHN has three SEN care coordinators, subcontracted through First Step of Sarasota, where the prototype was launched. The prototype addresses the needs of adults and children, a priority of CFBHN's FY 2019-2022 needs assessment and FY 2021-2022 enhancement plan.

The Sheriff Data Sharing Project evaluates how many individuals booked into the county jails are receiving or have received (within one year before arrest) services through SAMH funding administered by CFBHN. This data process was developed to help all stakeholders better understand how individuals move through the CFBHN funded SOC and the jails. The collaboration also allows for the development of community-wide measures that show the change in the number of jail days over time prior, during, and following treatment episodes.

Below are a few of the behavioral health supports initiated due to the pandemic within SCR:

- SFBHN collaboration in Circuit 20
- SAMHSA COVID-19 Emergency Response for Suicide Prevention Grant at Centerstone (Circuit 12); and

- CFBHN's COVID-19 support helpline for the 14 counties that CFBHN covers through the Crisis Center of Tampa Bay.

E. Children's Mental Health System of Care

SCR and CFBHN continue to work on integration within child welfare, schools, and law enforcement to support children and their families. CFBHN provides network service providers and community stakeholders education with updated children's mental health system of care recovery topics that support children and their families. CFBHN also facilitates high-fidelity wraparound educational trainings, together with developing the coordinated children's care plan, based on HB 945, Section 394.4955, F.S., a priority in CFBHN's FY 2019-2022 needs assessment and FY 2021-2022 enhancement plan.

Prevention programs and coalitions work collectively with community partners to maintain engagement in substance abuse prevention education to youth.

The Pasco and Hillsborough County School projects were developed after the tragic shooting at Marjory Stoneman Douglas High School in February 2018, Governor Scott through Executive Order 18-81. The schools by each school district began meeting with CFBHN to find ways to use the additional funding to help meet the needs of the youth and prevent youth from going deeper into services by providing behavioral health services, staffings of youth, and resources to the youth and families. The partnership promotes service coordination for children who are most in need, a priority of CFBHN's FY 2019-2022 Needs Assessment.

From CFBHN's FY 2019-2022 Needs Assessment, the Charlotte Community Action Team (CAT) dollars, became recurring funding in the FY 2020-2021 legislative budget. Data show the greatest need for expanding CAT in Circuit 6 and Circuit 10 where CFBHN directed the increased funds for FY 2021-2022.

CFBHN provided technical assistance and participated in 89 interagency staffings the first quarter of the FY 2021-2022, including critical case staffings, and youth at risk staffings, which focused on diverting high-risk youth out of child welfare and deeper-end systems of care. Of the 89 interagency staffings, 88 high-risk youth were diverted from child welfare during the staffing. In addition, CFBHN facilitated child specific staffing team (CSST) staffings for 33 high-risk youth to identify resources available in the community and conduct referrals to the Statewide Inpatient Psychiatric Program and Therapeutic Group Homes. Interagency staffings help children who are most in need, which is priority in CFBHN's FY 2019-2022 Needs Assessment.

F. SMHTFs Improvement

Through diversionary efforts with SCR SAMH and CFBHN, 34 local receiving facilities, both public and private, as well as community case management agencies and FACT teams, work together to prevent SMHTF admissions as appropriate. Once an individual is admitted to the SMHTF, CFBHN and either the case management or FACT network service providers direct their efforts toward decreased length of stay, communication with the SMHTF Recovery Team, and discharge planning. A 12-bed Short-term Residential facility in Hillsborough County will be starting in FY 2021-2022 as it was recently awarded the AHCA license and the Department designation. This will help with diversionary efforts from SMHTFs. Expansion of SRT beds is identified as a priority in CFBHN's FY 2019-2022 needs assessment.

Through care coordination efforts, SCR SAMH and CFBHN continue to emphasize timely linkage to treatment for individuals discharging from a SMHTF. CFBHN has a goal for network providers to link to treatment within one to three days following discharge. Monthly care coordination webinars with network providers highlight goals and best practices, such as warm handoffs. CFBHN also includes goals to formalize “special staffing” conference calls between SMHTF, community provider and CFBHN for those cases posing a challenge for a positive outcome post discharge in their Plan for Reintegrating Discharge Ready Individuals. To maintain a continuity of care, CFBHN also communicates with all SMHTFs the existence of all community resources available in SCR/Circuit 10. This is to assist in accurate identification of discharge placements and to best coordinate all aspects of the SOC.

CFBHN funds a forensic multi-disciplinary team as well as an early diversion team pilot, both housed in Circuit 13 to assist in diverting our forensic individuals from SMHTFs.

III. Collaboration and Communication

SCR and CFBHN are committed to serving and supporting the needs of the community through ongoing opportunities for partnership. CFBHN has created strategies that align with both the SCR and state’s priorities to improve and monitor the current behavioral health system of care. SCR interacts with CFBHN multiple times throughout the week, and correspondence is frequent by telephone, online meetings, including the monthly contract meeting, and e-mails.

CFBHN works with many stakeholders throughout SCR and Circuit 10. Some of the collaborative projects include but are not limited to:

- Hope Florida - A Pathway to Prosperity’s Substance Exposed Newborn (SEN) focus for a holistic approach for connecting pregnant women and mothers to community services to help prevent child welfare involvement.
- Multiple stakeholders in the establishment of the Youth at Risk Committees. Stakeholders include law enforcement, DJJ, Medicaid managed care plans, providers, school systems, and judges.
- Collaboration to increase the number of SSI/SSDI Outreach, Access, and Recovery applications and to increase training across the region.
- CFBHN and homeless coalitions data sharing and the identification of those individuals utilizing services from both systems of care to support and prevent deeper end care.
- The Hospital Bridge Program through the SOR grant, has created an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms. Currently there are seven providers working with multiple hospitals throughout SCR and Circuit 10.
- Data sharing agreements with homelessness continuum of care programs (CoCs) to develop a cross-system to identify high-need individuals and families.
- Working with homelessness CoCs, homelessness leadership boards, local government, housing authorities, and local businesspersons to develop new housing projects.

- Working with the Sheriff Departments in Polk and Pinellas counties to help individuals with SAMH issues to access care and reduce the need for jail or law enforcement interventions.
- Development of the care coordination processes within CFBHN to improve outcomes and reduce the need for ongoing high-end services.
- Diverted 26 individuals from SMHTFs through ongoing collaboration and communication with stakeholders for the first quarter of the FY 2021-2022.
- The CFBHN UM/care coordination team continues to collaborate with providers to clarify the care coordination roles and enhance interdisciplinary efforts to improve implementation of care coordination requirements.
- Continued assisting with collaborations with FACT teams in discharge planning and diversionary efforts to SMHTF's.
- Continued collaboration on improving clinical services for high-risk youth and child welfare involved youth and coordination as a convener for Managed Medical Assistance plans when appropriate.
- Working with providers around the region to improve HIV services.
- Development of the peer workforce throughout the SCR/Circuit 10.
- Working with county partners on blending and braiding funding opportunities.
- Including faith-based representatives at CFBHN board of directors' meetings to aid in collaboration and support for the community.

IV. Needs Assessment

CFBHN's next triennial needs assessment is due by October 31, 2022. CFBHN is on track with the planning and implementation of the needs assessment and is collaborating with the other MEs for a more uniform process. CFBHN also completes an annual enhancement plan that is submitted to the Department and outlines the priorities for the year. The priorities of the enhancement plan are updated to address emerging needs in the community and current funding of services. Both the enhancement plan and needs assessment offer opportunities for SCR to identify areas for improvement in the SOC.

V. Budget

Total amount of SAMH state funds contracted for Suncoast Region:

Mental health = \$100,546,125

Substance abuse = \$32,386,154

CFBHN's operational costs = \$5,853,639

Grand Total = \$138,785,918

CFBHN reports spending on the Cost Allocation Plan and through the monthly invoicing process.