FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH ANNUAL PLAN UPDATE

STATE AND REGIONAL PLAN UPDATE
FISCAL YEAR 2016-2017

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

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Secretary

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I. Plan Purpose

Pursuant to s. 394.75, F.S., the Department of Children and Families (DCF/Department) is required to develop a triennial master plan (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 revised program priorities and progress towards the goals named in the Plan.

The Plan outlines statewide and region-specific priorities which are developed with stakeholder input and are based on current trends and conditions related to behavioral health services in Florida. The Plan identifies the following five key strategic initiatives:

- Access to Quality, Recovery-Oriented Systems of Care (ROSC);
- Community-Based Health Promotion and Prevention;
- Child Welfare, Substance Abuse, and Mental Health Integration;
- Information Management; and
- Forensic Waitlist Management

The Office of Substance Abuse and Mental Health (SAMH) utilizes the Plan to drive statewide quality improvement initiatives, create legislative budget proposals, and develop policy and programs to support the goals.

II. Update on Strategic Initiatives

For the Fiscal Year (FY) 2016-17 update to the 2017-19 Master Plan, the Department has provided a progress summary to each objectives and outcomes associated with the Substance Abuse and Mental Health strategic initiatives. Tables 1-6 provide an overview of data trends and activities for each of the five strategic initiatives.

II.A. STRATEGIC INITIATIVE 1: ACCESS TO QUALITY, RECOVERY-ORIENTED SYSTEMS OF CARE

Table 1: Progress on Strategic Goal #1.1

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 1.1.1: Implement care coordination practices for high-risk/high utilizer populations and people at-risk of entering and being discharged from state treatment facilities.	Decrease acute care readmissions and increase the number of days in the community between acute care admissions.	The SAMH Office collects and reports performance measure data for 30-day readmission rates for inpatient detoxification and crisis stabilization services. In FY 2015-16, performance for inpatient detoxification readmissions was approximately 10%, compared to 13% in FY 2016-17. Crisis stabilization readmission rates were approximately 15% in FY 2015-16, compared to 14% in FY 2016-17.

[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."

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 1.1.2: Promote peer support services.	Increase number of Certified Recovery Peer Specialists in the workforce.	From June 2016 to June 2017, the number of active Certified Recovery Peer Specialists (CRPS) increased from 313 to 418 and the number of Certified Recovery Support Specialists (CRSS) increased from 128 to 154. As of September 2017, there are 185 individuals in the process of receiving CRPS certification and 59 individuals in the process of receiving CRSS certification. DCF continues to increase CRPS capacity by increasing the number of CRPS Training Facilitators and provision of financial scholarships to remove barriers to individuals seeking certification.
Objective 1.1.3: Increase opportunities for individuals to reside in permanent supportive housing.	All seven Managing Entities (MEs) will have dedicated housing coordinators to identify and link consumers to safe and affordable supported housing.	All seven MEs have at least one dedicated housing coordinator position on their staff. The housing coordinators have identified and partnered with local housing stakeholders and have developed housing resource lists. Needs assessment and strategic plan development specific to permanent supportive housing is currently in progress by each ME. The Department is partnering with the Florida Housing Corporation to build an online platform for MEs and network service providers to locate affordable housing, as well as complete rental applications for eligible individuals, and support ongoing communication with the property manager/landlord.
Objective 1.1.4: Implement a standardized assessment of service needs (i.e., level of care).	Providers across the system of care use a common tool to determine an individual's service needs.	DCF deployed the Level of Care Utilization System (LOCUS) as the standardized instrument for assessing service needs in State Mental Health Treatment Facilities (SMHTF) on July 1, 2017. Facility staff received initial training via computer modules and access to the training manuals. Additional on-site training was provided by Deerfield Solutions and occurred in October 2017 at Florida State Hospital, Northeast Florida State Hospital, and South Florida State Hospital. All seven treatment facilities participated. One ME, Broward Behavioral Health Coalition, has implemented the LOCUS as the standardized instrument for assessing service needs in their provider network. In addition, the Department has required use for all Central Receiving System grant recipients.

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 1.1.5: Develop a recovery-oriented system of care framework in Florida to increase consumer engagement, choice and self-management, including job opportunities.	Providers and community stakeholders use the principles and core competencies of ROSC in their service delivery, as evidenced by consumer satisfaction surveys and secret shopper calls.	In FY 2016-17, the Department hosted 10 regional ROSC summit training events across the state. More than 1,100 key stakeholders attended, including individuals receiving services, behavioral health providers, and state agency partners. After each summit, a survey was completed by participants and key community stakeholders to assess alignment of their local system of care to the ROSC framework. Results indicated that providers rated themselves fairly high on implementation of recovery-oriented care, but recipients and their families scored the system significantly lower. Survey information was used to tailor two webinars focused on change management and the use of the ROSC Self-Assessment and Planning Tool. The Department continues to receive technical assistance from the Center for Social Innovation to promote implementation of ROSC among the behavioral health workforce. In addition, DCF has identified key community leaders to be trained as Change Agents to facilitate implementation of ROSC practices at a community and provider level. As part of the State Targeted Response (STR) Opioid grant, six peer specialist positions have been created in the SAMH regional offices to provide technical assistance to providers on the implementation of recovery-oriented practices, services, and supports. Additionally, a statewide action plan was developed that addresses multiple aspects of ROSC implementation at the state and region level.
Objective 1.1.6: Increase intensive, in-home team interventions that are available 24/7.	Increase the number of mobile crisis teams, community action teams, family intervention teams, and multi-disciplinary forensic teams in the state.	The Legislature appropriated funds in FY 2017-18 for three new Community Action Treatment (CAT) teams. Additionally, Specific Appropriation 361A provides a lump sum to the Department to address regional needs, including programs such as CAT teams, Family Intensive Treatment (FIT) teams, and Florida Assertive Community Treatment (FACT) teams. The Department has submitted a budget amendment for the lump sum that includes the addition of two new CAT teams, three new FIT teams, and expansion of three existing FIT teams.

Table 2: Progress on Strategic Goal #1.2

Goal 1.2: Improve access to services in both rural and urban areas		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.	Implement centralized receiving facilities in at least three areas of the state that currently do not have this capacity.	In FY 2016-17, Specific Appropriation 386 expanded funding and allowable service models for Centralized Receiving Systems. The Department conducted a second solicitation, generating three additional awards. Centralized Receiving Systems projects have been implemented in the following locations: • Duval, Baker, Clay, Nassau, and St. Johns counties • Orange County • Lake and Sumter counties • Manatee County • Hillsborough County • Osceola County • Broward County • Flagler and Volusia counties • Leon, Franklin, Gadsden, Jefferson, Liberty, Madison, Taylor and Wakulla counties
Objective 1.2.2: Develop alternate access options and locations with centralized triage and service delivery functions.	Increase the use of alternative technologies and non-traditional settings (i.e., community hospitals, local health departments) to provide services remotely.	The Department has identified several providers who are developing strategies to use alternative technology to provide services. One example is the use of myStrength, a digital application that allows providers to extend recovery tools to help individuals manage depression, anxiety, stress, and substance misuse online. Stewart-Marchman-Act Behavioral Healthcare is partnering with myStrength to incorporate myStrength tools into their care model. Central Florida Behavioral Health Network is exploring the possibility of developing a pilot using the myStrength application in partnership with BayCare hospital system. Additionally, telehealth services continue to be available through several service providers.
Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and families involved in the child-welfare system.	Increase the percentage of pregnant women and intravenous drug users receiving substance abuse services.	The number of intravenous drug users receiving treatment increased from 19,498 in FY 2015-16 to 21,739 in FY 2016-17, while the number of pregnant women and women with dependent children admitted to SAMH services decreased slightly from 14,313 in FY 2015-16 to 14,121 in FY 2016-17. However, the rate of successful completion of care for pregnant women and women with dependent children increased from 64 percent in FY 2015-16 to 68 percent in FY 2016-17.

Goal 1.2: Improve access to services in both rural and urban areas		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and families involved in the child-welfare system.	Increase the percentage of pregnant women and intravenous drug users receiving substance abuse services.	During FY 2016-17, the Department, in partnership with the Florida Alcohol and Drug Abuse Association (FADAA), developed provider training webinars on: • Increasing Outreach Efforts for Pregnant Women with Substance Use Disorders (SUDs), Intravenous Drug Users and Individuals Meeting Criteria for Care Coordination. • Increasing Treatment Completion Rates for Pregnant Women with SUDs, and • How to Develop and Document Clear, Concise Policies for Block Grant Requirements for Pregnant and Parenting Women with SUDs. In addition, SAMH is participating with the Florida Department of Health in the National Center on Substance Abuse and Mental Health Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and Their Infants, Families and Caregivers. The goal is to improve screening for substance use during pregnancy and increase referral rates from obstetricians and gynecologists to behavioral health providers. SAMH also developed a Legislative Budget Request (LBR) for FY 2017-18 to expand outreach services for pregnant women.
	Increase the percentage of individuals involved with the child-welfare system who successfully complete treatment for substance abuse.	

II.B. STRATEGIC INITIATIVE 2: COMMUNITY-BASED HEALTH PROMOTION AND PREVENTION

Table 3: Progress on Strategic Goals #2.1 through #2.5

Goal 2.1: Promote emotional health and well-being		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 2.1.1: Develop a strategic framework for prevention and community-based health promotion that fosters individual, family, and community resilience.	Increase the effectiveness and coordination of individual prevention and health promotion efforts.	The Florida Prevention Advisory Council workgroup has been established to continue development of the Florida Substance Abuse Prevention Strategic Plan. Three statewide focus groups were conducted with MEs, providers, and anti-drug coalitions to gather stakeholder feedback and substantial changes were recommended to the draft developed in FY 2016-17. The Substance Abuse Prevention Needs Assessment, including proposed statewide goals, was completed on July 5, 2017. The strategic plan for prevention and community-based health promotion is planned for completion in January 2018.

Goal 2.2: Prevent and reduce substance use		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 2.2.1: Strengthen the substance abuse prevention workforce.	Increase the knowledge, skills, and abilities of the prevention workforce.	During FY 2016-17, the SAMH Substance Abuse Prevention Workforce Committee held quarterly conference calls to support prevention training efforts. The Committee provided assistance with the Behavioral Health Workforce Survey and a training gap analysis. SAMH, in partnership with the Florida Certification Board, offered technical assistance and training for Florida's prevention credentialing. SAMH is also collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for the Application of Prevention Technologies to offer Substance Abuse Prevention Skills Training and CEUs for certification. SAMH sponsored prevention-specific trainings through the Florida Certification Board and the FADAA with a total of 860 attendees, including: • Opioid Overdose Prevention (226); • Florida Substance Abuse Trends (247); • Interagency Community Collaboratives (131); • Measuring the Impact of Environmental Strategies in Prevention (100); and • Selecting and Implementing Evidence-Based Programs (EBPs) Effectively (156). An additional 36 individuals viewed the archived versions of these webinars.
Objective 2.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs in Florida through the use of evidence-based practices, supported by data gathered among high-risk populations.	Reduce the percentage of youth aged 12 – 17 reporting substance use in the past 30 days.	According to the Florida Youth Substance Abuse Survey, Florida students reported dramatic reductions in alcohol and cigarette use. Between 2004 and 2016, the prevalence of past-30-day alcohol use declined by 14 percentage points, binge drinking declined by over 8 percentage points, and past-30-day cigarette use declined by 8 percentage points. In addition, past-30-day use of any illicit drug other than marijuana dropped from 10.6% in 2004 to 6.8% in 2016.
Objective 2.2.3: Enhance data-collection systems to inform data-driven planning and to measure outcomes.	Implement a new prevention data system and disseminate statewide and local data.	The Performance Based Prevention System (PBPS) has collected data from Florida's contracted prevention providers and anti-drug coalitions for a full year. Enhancements added to PBPS have enabled MEs, providers, and coalitions to perform a variety of additional functions.

Goal 2.2: Prevent and reduce substance use		
Objectives	**Outcomes / Metrics**	**Progress / Update**
		These functions include the collection of group activities by cohorts or campaigns, ability of the MEs to reject an Activity Log, and ability of administrators to filter and view only their activities. PBPS has provided a range of reports that are currently being used to inform data-driven planning, such as determining the number of at-risk children (165,550 in FY 2016-17) and adults (60,583 in FY 2016-17) served in the state with prevention services. PBPS is tracking the number of evidence-based programs used in Florida schools.
Goal 2.3: Reduce the spread of infectious disease		
Objective 2.3.1: Develop targeted outreach strategies specific to intravenous drug users.	Increase the number of intravenous drug users admitted to treatment.	The number of intravenous drug users admitted to treatment increased from 11,498 in FY 2015-16 to 12,506 in FY 2016-17. To improve outreach and treatment retention, the Department sponsored a training webinar called “Increasing Outreach Efforts for Pregnant Women with Substance Use Disorders, Intravenous Drug Users and Individuals Meeting Criteria for Care Coordination.” SAMH developed an LBR for FY 2017-18 to reduce waiting lists and increase substance abuse treatment services. Funds were also requested to establish hospital-based pilot programs to help treat those who have engaged in opioid overdose.
Objective 2.3.2: Engage and maintain intravenous drug users in treatment and support services.		The Department continues to expand its recovery-oriented system of care and peer recovery services to effectively engage and retain individuals in treatment and integrate services.
Goal 2.4: Prevent and reduce attempted and completed suicides		
Objective 2.4.1: Promote the development and implementation of effective practices and evidence-based suicide prevention and intervention programs.	Reduce the number of people who die of suicide in Florida each year.	Florida’s total number of deaths due to suicide decreased slightly in 2016 (3,122) compared to 2015 (3,152). Throughout FY 2016-17, the MEs and community partners provided various trainings across the state in an effort to reduce suicide deaths, including the following: Mental Health First Aid; Motivational Interviewing; Question, Persuade, and Refer; Question, Persuade, Refer, and Treat; Crisis Intervention; and Applied Suicide Intervention Skills Training.

Goal 2.4: Prevent and reduce attempted and completed suicides		
Objectives	**Outcomes / Metrics**	**Progress / Update**
		In addition to these evidence-based trainings, other suicide prevention activities included: Suicide Prevention Day at the Capitol, 2nd Annual Florida Taking Action for Suicide Prevention mini-conference, Local Outreach to Suicide Survivors (LOSS) Team conference, 6th Annual Bridges of Hope Walk, Suicide Prevention Community Summits, and Lighting the Darkness, remembrance ceremonies.
Goal 2.5: Reduce opioid-related overdose deaths		
Objective 2.5.1: Develop a comprehensive and coordinated overdose prevention initiative.	A reduction in the number of deaths caused by at least one opioid.	In 2016, 3,922[2] deaths were reported in Florida where at least one opioid was identified as a cause of death. This is a 55% increase from 2015, during which 2,535 deaths were reported where at least one opioid was identified as a cause of death. This dramatic increase was driven by Fentanyl analogs. The Partnerships for Success grant will fund an overdose prevention awareness campaign in 2018. During FY 2015-16, approximately $294,000 in federal block grant and general revenue was utilized to purchase 2,448 NARCAN® Nasal Spray kits. During FY 2016-17, approximately $489,000 federal block grant, general revenue, and Opioid STR grant funds was utilized to purchase an additional 6,762 kits. The 9,210 NARCAN® kits have been distributed to 35 organizations who expressed willingness and capacity to distribute the medication to persons at-risk of opioid overdose. During FY 2017-18, the Department will utilize $1,075,000 in Opioid STR grant funds to purchase NARCAN® for organizations to distribute medication as take-home kits to at-risk individuals, and $375,000 to equip law enforcement departments throughout the state with the medication. In addition, the Department was awarded the STR to the Opioid Crisis grant in May 2017, which includes $1,725,000 for the purchase and distribution of naloxone each year of the two-year grant from May 1, 2017, to April 30, 2018, and May 1, 2018, to April 30, 2019.

[2] All homicides were removed from this analysis (n<5). Deaths caused by opioids are not exclusively overdoses and include any deaths where the Medical Examiner determined that an opioid played a causal role after considering the totality of the circumstances.

Goal 2.5: Reduce opioid-related overdose deaths		
Objectives	**Outcomes / Metrics**	**Progress / Update**
		As of June 30, 2017, overdose recognition and response training has been conducted among an estimated 1,400 individuals, including drug treatment provider staff, community members, law enforcement officers, DCF regional and ME staff, the recovery community, physicians, nurses, pharmacists, and other health care professionals.

II.C. STRATEGIC INITIATIVE 3: CHILD WELFARE, SAMH INTEGRATION

Table 4: Progress on Strategic Goal #3.1

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 3.1.1: Develop an integrated, treatment-based practice model.	An integrated, treatment-based practice model ready for dissemination to the community.	Five of six regions have completed Child Welfare Behavioral Health Integration Self-Studies. Peer review teams were dispatched to each of those five regions to provide feedback and consistency of scoring. Regional-level action plans have been developed to move toward an integrated system of care.
Objective 3.1.2: Strengthen cross-system understanding and professional/ provider competencies and practices, with a focus on treatment goals, service planning, practice models, outcome expectations, and legal requirements.	Child welfare and behavioral health practitioners and providers have a similar set of goals and expectations.	Peer review visits to five of six regions have identified the need to strengthen cross-system understanding, increase efficiency, and enhance the effectiveness of practice within child welfare and behavioral health processes. Regional action plans were developed by five of the six regions with the overarching goal of integrating child welfare and behavioral health processes. Action plans are tailored to meet the specific needs of each region; all plans address the need for alignment of practice as well as objectives designed to increase joint accountability for shared outcomes. Plans are now being implemented and progress toward goals has been evident in each of the five regions reviewed.
Objective 3.1.3: Strategically select and integrate dedicated service modalities addressing the specific needs of the family.	Effectively treat behavioral health conditions by addressing trauma and the child-parent relationship by developing parenting skills and enhancing parental capacities,	Phase Three of the implementation of FIT programming was completed in FY 2016-17. All 20 FIT teams are now fully functioning. Revisions to the FIT guidance document, regular data reviews, and improved communication further shaped the program to more successfully address substance use, trauma, and parenting skills and capacities. Incorporation of the DLA-20 (Adult Functioning Assessment) into program practice has increased accuracy in the

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model		
Objectives	**Outcomes / Metrics**	**Progress / Update**
	and by improving family functioning.	assessment and measurement of participant progress. The Department is pursuing the expansion of FIT teams to cover additional counties with a high need for these family-centered services.
Objective 3.1.4: Create a systematic and focused leadership approach to implement an integrated, treatment-based practice model, which will include the monitoring and evaluation of implementation and outcomes.	Strategic approach to implementing and sustaining an integrated treatment model.	Region action plans developed as part of the peer review process address the need for alignment of practice as well as objectives designed to increase joint accountability for shared outcomes.
Objective 3.1.5: Implement flexible and dedicated funding strategies to support holistic and family-centered practice.	Funding strategies that fully support family-centered practice, including extensive engagement practices, a family focus, and team-based, flexible service delivery.	Some regional action plans are addressing objectives that will impact budget and sustainability, but the initial focus is on practice expectations and joint accountability. This will provide a better foundation on which to plan for future budget and sustainability efforts.
Objective 3.1.6: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.	Ability to address the needs of individual parents and children and the parent-child relationship in a holistic manner.	

II.D. STRATEGIC INITIATIVE 4: INFORMATION MANAGEMENT

Table 5: Progress on Strategic Goals #4.1 through #4.4

Goal 4.1: Enhance common registration and unique identification of individuals served		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 4.1.1: Develop and implement methodology for creating and maintaining unique client identifiers in statewide client index.	Compliance with HIPAA security standards to safeguard the privacy and confidentiality of protected health information.	The Department developed business and technical requirements for creating and maintaining a unique client identifier that can be used to match individuals served against other Department databases. The Master Client Index (MCI) process utilizes demographic resolution methodologies developed by the Office of Economic Self-Sufficiency to help establish a firm unique identifier. This process will be fully deployed by June 30, 2018, and will be integrated into the future Financial and Services Accountability Management System (FASAMS).
Objective 4.1.2: Ensure the accurate and consistent recording of demographic information for people served.	Increased accuracy and consistency for reporting unduplicated counts of people served.	Special codes were added to the existing Substance Abuse and Mental Health Information Systems to help track services and activities related to Care Coordination efforts. Additional business requirements have been identified, which will be added to FASAMS when that new system is fully deployed in FY 2018-19.
	Rapid and accurate identification of the proper individual records and their integration for the purpose of providing care coordination both within and across providers.	
Objective 4.1.3: Create and implement FASAMS, Florida Safe Families Network, and Florida Medicaid Management Information System.	Improved coordination of care for SAMH clients involved in the child welfare system.	Both the MCI process and future FASAMS system are designed to facilitate data exchanges between the Office of Substance Abuse and Mental Health with the Office of Child Welfare. The same processes will also enable an exchange of information with the Agency for Health Care Administration. Having an individual's identity fully resolved by using processes developed by the Office of Economic Self Sufficiency will also facilitate data exchanges beyond the SAMH system of care.
	Improved coordination of benefits and services for SAMH clients who are Medicaid-eligible.	
	Ability to track clients both within and beyond the SAMH system of care.	

Goal 4.2: Improve process for reporting and analyzing performance outcome data		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 4.2.1: Develop and implement an integrated performance outcome data module for clients, both with and without co-occurring disorders.	Improved care coordination for persons with co-occurring disorders. Reduced administrative costs due to less data-processing time and less data redundancy.	Business and technical documentation written for the future FASAMS system includes explicit ways to identify and monitor care for persons with co-occurring disorders. Not only will this facilitate utilization management reviews of persons served, but it should also result in a reduction in administrative costs for data processing time by eliminating redundancies. Full benefit to the service provider networks is anticipated to follow full implementation of FASAMS in FY 2018-19.
Goal 4.3: Improve accountability of units and costs of state-funded services provided to state target populations		
Objective 4.3.1: Develop stored procedures to facilitate reconciliation of FASAMS service data with associated payment data recorded in FLAIR and ME accounting records.	Ability to verify and approve invoices and payments based on reconciled service event data. Accurate analysis of the costs and outcomes of state-funded services provided to state target populations.	Business and technical documentation written for FASAMS explicitly includes functionality necessary to aid contract managers with invoice verification based on reconciled service event data. Preliminary requirements for reports necessary for an accurate analysis of costs and outcomes is included in the business and technical documentation. Input from the vendor selected to design and deploy FASAMS will be incorporated into the final analytical framework prior to full system implementation in FY 2018-19.
Objective 4.3.2: Establish guidelines for MEs to use when reconciling their accounting records to FASAMS service records.	Availability of standard expenditure report templates used statewide for verification and approval of payments for invoices billed by providers to MEs, and by MEs to the Department.	While standard documents presently exist to aid with invoice verification and approval of payments for invoices billed by providers to MEs, and by MEs to the Department, the Department intends to solicit advice from the vendor selected to design and deploy FASAMS to meet this objective.
Goal 4.4: Develop and implement a uniform, clinically-based scoring system to collect and report data pertaining to client's levels of care		
Objective 4.4.1: Acquire and implement LOCUS as the standard assessment tool for use by SAMH providers.	Ability to determine appropriate level of care for effective treatment of each client.	The Department implemented the LOCUS for Psychiatric and Addictive Services in the state mental health treatment facilities system of care. The Department is exploring the feasibility of using the LOCUS for community-based mental health services. Substance abuse services will continue to be monitored by the American Society of Addiction Medicine criteria.

Goal 4.4: Develop and implement a uniform, clinically-based scoring system to collect and report data pertaining to client's levels of care		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 4.4.2: Create and implement automated interface between FASAMS and LOCUS.	Ability to link data on client's levels of care to data on performance outcomes.	As the LOCUS is a privately held tool, the Department and the data vendor for the LOCUS have discussed the feasibility of sharing data from the LOCUS electronic data system with the future FASAMS system. Technical and business requirements for such an exchange have been contemplated as part of the FASAMS design process, but will need to be evaluated further to determine the most cost-effective approach to linking an individual's level of care data with performance outcomes.

II.E. STRATEGIC INITIATIVE 5: FORENSIC WAITLIST MANAGEMENT

Table 6: Progress on Strategic Goal #5.1

Goal 5.1: Decrease the wait time for forensic State Mental Health Treatment Facilities admission and return to court		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 5.1.1: Develop strategies to divert people from the state mental health treatment facility system.	Decrease the number of people on the waiting list for forensic admission longer than 12 days.	Strategies for keeping people out of SMHTFs continue to focus on boosting resources for community services. Forensic Multi-Disciplinary Teams were implemented across the five Florida counties in FY 2016-17 with the largest number of forensic admissions. Regional SAMH directors have been working with the MEs and providers to increase service delivery. At the end of the fiscal year, these teams were providing services at 86% capacity. The 40 forensic transitional beds are located at three facilities throughout the state and have sustained an average bed utilization of 83% during FY 2016-17. The Department submitted a budget request in FY 2017-18 for a comprehensive study of community behavioral health services and additional resources needed to decrease the number of persons served in SMHTF. The average number of days to admit persons into a forensic facility decreased by 20% from 12 days in FY 2015-16 to 10 days in FY 2016-17.
Objective 5.1.2: Develop strategies to expedite pick-up of people restored to competency.	Decrease the number of forensic residents waiting longer than 30 days to return to court.	Strategies to expedite the pick-up of people recommended as restored to competency have maintained focus on improving communication between SMHTFs and the courts. DCF's regional attorneys continue to intervene with courts

Goal 5.1: Decrease the wait time for forensic State Mental Health Treatment Facilities admission and return to court		
Objectives	**Outcomes / Metrics**	**Progress / Update**
		exceeding 30 days to pick-up and bi-weekly calls have continued between regional attorneys, headquarters, and facilities. The average number of days to pick-up decreased by 10% in FY 2016-17, from an average of 20 days in FY 2015-16 to an average of 18 days in FY 2016-17.
Objective 5.1.3: Conditionally release people who no longer appear to meet commitment criteria for placement in a SMHTF.	Decrease the number of forensic residents waiting longer than 30 days to return to court.	The Seeking Placement List Process was implemented in the Forensic SMHTF in an effort to address community housing and service barriers to discharge. In FY 2016-17, there was 105 forensic residents discharged from state facilities on conditional release. The Department plans to submit a budget request in FY 2017-18 for a comprehensive study of community behavioral health services and additional resources needed to decrease the number of persons served in SMHTF.
Objective 5.1.4: Develop a catalog of community-based forensic services.		In October 2016, the SMHTF headquarters coordinated the completion of a survey to identify the types and utilization of forensic housing and services offered in each region. Survey results were compiled to develop an inventory of forensic community housing and services. The inventory was distributed to the Regional SAMH Directors, the Facilities, and SAMH Headquarters staff.
Objective 5.1.5: Evaluate competency restoration programs and review performance measures.		The forensic facilities restored an additional 132 individuals to trial competency in FY 2016-17 compared with FY 2015-16. The statewide trimmed mean increased from 102 days in FY 2015-16 to 114 days in FY 2016-17. One facility improved its performance, restoring individuals in an average of 92 days. The legislature partially funded the Department's original budget request for FY 2017-18 to provide additional staffing for increasing competency restoration services in SMHTFs to align with service offerings in the benchmark state of Virginia.

III. Update on the Regional Plans

In addition to the statewide priorities, each of the Department's six Regions has provided an update to its comprehensive strategic plan. Each plan aligns the state with local priorities and initiatives, varying according to the needs of the local behavioral system of care. The updated regional plans are provided in Appendix I.

IV. Financial Management

The total number of clients served in the state increased from 303,768 in FY 2015-16 to 309,451 in FY 2016-17. The allocation of state and federal funds, including contracts with the MEs, provide the financial infrastructure for statewide behavioral health prevention, treatment, and recovery. Tables 7 through 10 show the SAMH funding for FY 2017-18, which will continue to support the state's behavioral health system of care.

Table 7: FY 2017-18 Mental Health Services and Community SAMH Services Funding

SAMH Funding (FY 2017-18)			
Mental Health Services		**Community Substance Abuse and Mental Health Services**	
Civil Commitment Program	$174,232,520	Community Mental Health Services	$430,056,820
Forensic Commitment Program	$146,917,334	Community Substance Abuse Services	$251,476,355
Sexually Violent Predator Program	$34,848,765	Executive Leadership and Support Services	$40,188,839
Total	**$355,998,619**	**Total**	**$721,722,014**

Table 8: FY 2017-18 SAMH Funding by Types of Funding Source

SAMH by Funding Source (FY 2017-18)					
Program	**General Revenue**	**Block Grant**	**Federal Grants**	**Other Funds[3]**	**Total**
Community Mental Health Services	$353,897,947	$34,500,437	$34,259,527	$7,398,909	**$430,056,820**
Civil Commitment Program	$95,160,657	-	$73,359,628	$5,712,235	**$174,232,520**
Forensic Commitment Program	$145,025,054	-	$54,766	$1,837,514	**$146,917,334**
Sexually Violent Predator Program	$34,848,765	-	-	-	**$34,848,765**
Community Substance Abuse Services	$107,612,546	$134,685,772	$834,577	$8,343,460	**$251,476,355**
Executive Leadership and Support Services	$28,217,573	$5,789,956	$5,067,771	$1,113,539	**$40,188,839**

[3] Includes funding appropriated from the Operations and Maintenance Trust Fund, Welfare Transition Trust Fund, and the Administrative Trust Fund.

Table 9: FY 2017-18 ME Schedule of Funds by Program Type beginning 07/01/17

ME Schedule of Funds By Program (FY 2017-18)			
Program	**Federal Funds**	**State Funds**	**Total**
Community Mental Health Services	$64,090,497	$294,388,286	**$358,478,783**
Community Substance Abuse Services	$128,718,137	$104,257,557	**$232,975,694**
Executive Leadership / Support Services	$2,719,449	$21,532,297	**$24,251,746**
Total	**$195,528,083**	**$420,178,140**	**$615,706,223**

Table 10: FY 2017-18 ME Schedule of Funds beginning 07/01/17

ME Schedule of Funds (FY 2017-18)				
Managing Entity	**Community Mental Health Services**	**Community Substance Abuse Services**	**Executive Leadership/Support Services**	**Total**
Big Bend Community Based Care	$32,608,929	$19,491,087	$2,343,216	**$54,443,232**
Broward Behavioral Health Coalition	$31,130,106	$20,479,107	$2,559,724	**$54,168,937**
Central Florida Behavioral Health Network	$117,706,944	$64,546,162	$6,127,443	**$188,380,549**
Central Florida Cares Health System	$39,560,245	$28,021,842	$2,605,218	**$70,187,305**
Lutheran Services Florida	$61,173,058	$45,830,326	$4,016,098	**$111,019,482**
Southeast Florida Behavioral Health Network	$32,554,780	$22,159,953	$2,790,873	**$57,505,606**
South Florida Behavioral Health Network	$43,744,721	$32,447,217	$3,809,174	**$80,001,112**
Total	**$358,478,783**	**$232,975,694**	**$24,251,746**	**$615,706,223**

V. Progress on Grants and Special Projects

The Department implements the following grant programs in support of the strategic initiatives:

V.A. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

The PATH program is a SAMHSA-funded formula grant administered to U.S. states and territories. Funding varies annually, based on federal appropriations. PATH funds provide services to adults with serious mental illnesses, including those with co-occurring substance use disorders, who are experiencing homelessness, or are 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, clinical care, and recovery support.

The goal of this program is to actively engage individuals, end their homelessness, and connect them to services and supports that will help them in their continued recovery. Florida uses PATH funds to contract with 23 network service providers statewide. Allocations are based on the prevalence of their local homeless populations. In Federal FY 2016-17, Florida received $4,336,545 in PATH funds, and provided outreach to approximately 12,435 people. Of that number, approximately 5,000 were linked to community mental health services. Additional information can be found at: https://www.samhsa.gov/homelessness-programs-resources/grants-programs-services/path-program/search-data-reports.

V.B. SYSTEM OF CARE STATEWIDE EXPANSION PROJECT

In August 2016, SAMHSA awarded Florida a Children's Mental Health System of Care Expansion and Sustainability grant to build on the foundation laid during previous grant periods. The current grant is for four years at $3,000,000 per year and focuses on specific counties or areas within four of the Department's six regions, primarily rural areas. This project will enhance the existing array of community-based services and supports for children, youth, and young adults who are the highest utilizers of behavioral health services and the most at-risk for out-of-home placements. The grant will help Florida improve access to a comprehensive array of behavioral health services and supports and to effective care coordination. A detailed description of the SOC approach can be accessed at: http://socflorida.com/index.html.

V.C. PROJECT LAUNCH (LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH)

The Department is in the final year of this grant, the purpose of which is to promote the wellness of young children up to the age of eight and their families, specifically those living with or at-risk for substance abuse. During this final year, the grant funded statewide training for school health staff and administration in trauma-informed care. In addition, the grant funded youth mental health first aid principles and initiated a learning collaborative for early childhood mental health consultants. The learning collaborative provides one year of training and technical assistance for a cohort of consultants to enhance their professional skills as well as support capacity building for consultation services. Early Childhood Mental Health Consultation is emerging as an effective strategy to help young children and their families increase social and emotional health while decreasing challenging behavior. From October 2016 to March 2017, 120 children received child development and social emotional screenings, and 14 parents received parental mental health and related screenings as part of grant activities.

V.D. PARTNERSHIPS FOR SUCCESS

Florida was awarded a five-year discretionary Partnerships for Success (PFS) Grant, effective October 1, 2016 - September 30, 2021. SAMHSA's Center for Substance Abuse Prevention informed Florida post-award that PFS grant funds could not be used to purchase and distribute naloxone, per the original project and budget narrative. Florida submitted a revised project and budget narrative and received a new notice of award in June 2017.

The revised PFS project activities include the implementation of the following:

- Eleven school-based prevention programs in PFS-funded counties;
- Drug Epidemiology Networks (DENs) in PFS-funded counties;
- Awareness campaign in targeted counties;
- Hospital-based pilot program in Broward county;
- The revitalization of the State Epidemiology Outcomes Workgroup (SEOW); and
- Overdose prevention trainings.

During FY 2016-17, school-based prevention programs were implemented in Walton and Washington counties. DENs were developed and implemented in the eight PFS-funded counties and the annual SEOW meeting was conducted in June. Overdose prevention trainings were conducted throughout the year. During FY 2017-18, an additional seven LifeSkills training programs will be expanded across the remaining six counties. Also, overdose prevention training will continue in PFS-funded counties, and an awareness campaign will be developed by PFS grant staff and DCF communications staff.

V.E. HEALTHY TRANSITIONS

The "Now is the Time" Healthy Transitions grant program is a five-year, $5 million project funded by SAMHSA to improve access to treatment and support services. Currently, Healthy Transitions is in its fourth year. The project serves Floridians aged 16 to 25 who have a serious mental health condition or are at-risk of developing one, and is administered by the Central Florida Behavioral Health Network, in partnership with the Department. The project pilots evidence-based services for this population in Hillsborough and Pinellas counties and includes referrals to behavioral health related services, care coordination, and mental health wellness groups. Since its launch in January 2016, Florida Healthy Transitions has accomplished the following:

- Provided services to 10,196 youth, young adults and families;
- Reached over 300,000 residents through the program's social marketing efforts, consisting of: billboards, bus and shelter ads, movie theater standees, and television commercials;
- Educated 4,193 individuals about the program through one-on-one outreach efforts at local activities, events, community meetings, and street outreach;
- Assisted 5,929 youth and young adults who contacted 2-1-1 for services, and based on their actual/potential risk factors, were screened for Healthy Transitions and related behavioral health services;
- Referred 702 youth and young adults to behavioral health related services, including but not limited to the Healthy Transitions program; and
- Utilizes text messaging with direct services staff and 2-1-1 staff and peer involvement at various levels, to include the employment of young adults as Youth Coordinators, Transitional Specialists (aka Intensive Case Managers/Care Coordinators) and 2-1-1 Care Coordinators. Additional information can be found at: http://www.samhsa.gov/nitt-ta/healthy-transitions-grant-information.

VI. Policy Changes

VI.A. LEGISLATIVE BILLS

Several key pieces of legislation were passed in 2017 that impact behavioral health care in the state of Florida. The following bills impact substance abuse and mental health programs and services in the state:

Bill Title	Bill Summary
HB 329 Child Protection	• Prohibits a time-sharing plan from requiring a minor child to visit a parent residing in a recovery residence between the hours of 9 PM and 7 AM, unless the court determines it is in the minor child's best interest. • Provides that a certified recovery residence may allow minor children to visit a resident parent, but may not allow the children to remain between the hours of 9 p.m. and 7 a.m., unless: ○ A court has determined it is in the minor child's best interest; or ○ The parent does not yet have a time-sharing plan and the recovery residence is a specialized residence for pregnant women or parents whose children reside with them. ○ Prohibits a minor child from visiting a parent at a recovery residence at any time if any resident of the recovery residence is required to register as a sexual predator or sexual offender.
HB 543 Regulation of Health Care Practitioners	Creates s. 465.1893, F.S., to authorize a pharmacist, at the direction of a physician licensed under Chapter 458, F.S., or Chapter 459, F.S., to administer a long-acting antipsychotic medication approved by the United States Food and Drug Administration by injection to a patient if the pharmacist meets specific requirements.
HB 807 Practices of Substance Abuse Service Providers	• Expands the current prohibitions on referrals between licensed treatment providers and recovery residences that do not obtain voluntary certification from DCF. • Prohibits a service provider, a recovery residence operator, or a third party who provides advertising or marketing services from engaging in deceptive marketing practices and provides criminal penalties for violations. • Makes it unlawful for any person to knowingly and willfully make a materially false or misleading statement or provide false or misleading information about the identity, products, goods, services, or geographical location of a licensed service provider, with the intent to induce a person to seek treatment with that provider. • Requires entities providing substance abuse marketing services to be licensed by the Department of Agriculture and Consumer Services under the Florida Telemarketing Act. • Creates a new provision for applications for disclosure of patient records for individuals receiving substance abuse services in an active criminal investigation, permitting the court, at its discretion, to enter an order authorizing the disclosure of an individual's substance abuse treatment records without prior notice. • Requires the Department to draft rules on minimum licensure standards and require certain providers to be accredited.

Bill Title	Bill Summary
	• Expands the Department's authority to take action against a service provider for violations on a tier-based system and includes fining authority. • Permits the Department to deny a licensed treatment provider's licensure renewal application if submitted fewer than 30 days before the license expires. • Requires the Department to set provider staff qualifications for who may provide clinical treatment services in rule. • Requires the Department to report to the Legislature on issues relating to staff qualifications by December 1, 2020.
SB 886 Public Records/ Substance Abuse Impaired Persons	Provides an exemption from public records requirements for petitions for involuntary assessment and stabilization, court orders, related records, and personal identifying information regarding substance abuse impaired persons. Also provides for future legislative review and repeal of the exemption.
HB 1051 Forensic Hospital Diversion Pilot Program	Amends s. 916.185, F.S., to add Okaloosa County to the list of counties where the Department may implement a forensic hospital diversion pilot program modeled after the Miami-Dade Forensic Alternative Center. This allows, but does not require, the Department to create a forensic hospital diversion pilot program in Okaloosa County.
HB 1121 Child Welfare	Requires the initiation of an involuntary mental health examination under the Baker Act of a minor within 12 hours of arriving at a facility. This bill also creates a task force within the Department of Children and Families to address the issue of involuntary examinations under s. 394.463, F.S., of children age 17 and under. The task force shall, at a minimum, analyze data on the initiation of involuntary examinations of children, research the root causes of any trends in such involuntary examinations, identify and evaluate options for expediting examinations of children, and identify recommendations for encouraging alternatives to and eliminating inappropriate initiations of these examinations. The task force shall submit a report to the Governor, the President of the Senate and the Speaker of the House of Representatives on or before November 15, 2017.
SB 2514 Health Care	Amends s. 394.9082(10), F.S., to eliminate the requirement that providers of public receiving facilities and all detoxification and addictions receiving facilities under contract with an ME to submit, in real time or at least daily, the number of clients qualifying as indigent occupying total licensed beds purchased by the Department in excess of licensed capacity to the Acute Care Services Utilization Database. CSUs licensed for both adult and child use will report each unit separately. In addition, this bill requires the Department to post the data collected from the MEs on its website by facility, and update this data monthly.

VI.B. PROVISO PROJECTS

As directed by the FY 2016-17 General Appropriations Act, the Department implemented the following proviso projects:

Proviso Title	Proviso Language	Funding Amount
Discretionary Programs – Lump Sum	Funds provided in Specific Appropriation 361A are provided to the Department for community-based behavioral health programs that address the unique needs of certain geographic areas of the state. Such programs include, but are not limited to: Florida Assertive Community Treatment (FACT) teams, Children's Community Action Treatment (CAT) teams, and Family Intensive Treatment (FIT) teams. The Department's determination shall be based upon those areas lacking in adequate resources and having the greatest need. The Department shall submit budget amendments requesting release of these funds pursuant to the provisions of chapter 216, Florida Statutes - $10,000,000	**$10,000,000**
Community Action Treatment Teams	Funds provided in Specific Appropriation 363, shall be used by the Department to contract with identified providers[4] for the operation of 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 - $19,500,000	**$19,500,000[5]**
Member Project	From the funds in Specific Appropriation 364, the following recurring base appropriations projects shall be funded with General Revenue Funds: Citrus Health Network - $455,000	**$455,000**
Forensic Treatment Services	From the funds in Specific Appropriation 364, the following recurring base appropriations projects shall be funded with General Revenue Funds: • Apalachee Center - Forensic treatment services - $1,401,600 • Henderson Behavioral Health - Forensic treatment services - $1,401,600 • Mental Health Care - Forensic treatment services - $700,800	**$3,504,000**
Civil Treatment Services	From the funds in Specific Appropriation 364, the following recurring base appropriations projects shall be funded with General Revenue Funds:	**$4,609,570**

[4] See line item 363 in the FY 2017-18 GAA for complete listing of providers.
[5] $750,000 per CAT Team Provider.

Proviso Title	Proviso Language	Funding Amount
(Transitional Beds)	• Apalachee Center - Civil treatment services - $1,593,853 • Lifestream Behavioral Center - Civil treatment services - $1,622,235 • New Horizons of the Treasure Coast - Civil treatment services - $1,393,482	
Member Project	From the funds in Specific Appropriation 364, the following project is funded from nonrecurring General Revenue Funds: Apalachee Center - Forensic treatment services (HB 2067) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 364, the following project is funded from nonrecurring funds from the Alcohol, Drug Abuse, and Mental Health Trust Fund: Stewart-Marchman Behavioral Healthcare - FACT team - Putnam and St. Johns counties (HB 3113) - $1,500,000	**$1,500,000**
Supported Employment	From the funds in Specific Appropriation 364, the nonrecurring sum of $1,000,000 from the General Revenue Fund is provided for supported employment services for individuals with mental health disorders.	**$1,000,000**
Women's Special Funding	From the funds in Specific Appropriation 366, the recurring sum of $10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.	**$10,000,000**
Family Intensive Treatment	From the funds in Specific Appropriation 366, the recurring sum of $9,360,000 from the General Revenue Fund is provided to implement the FIT team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.	**$9,360,000**
Family Intensive Treatment	From the funds in Specific Appropriation 366, $840,000 from the General Revenue Fund shall be provided to Centerstone of Florida (recurring base appropriations project) for the operation of a FIT team.	**$840,000**
Member Project	From the funds in Specific Appropriation 366, the following recurring base appropriations projects shall be funded with General Revenue Funds: St. Johns County Sheriff's Office - Detox program - $1,300,000	**$1,300,000**

Proviso Title	Proviso Language	Funding Amount
Member Project	From the funds in Specific Appropriation 366, the following recurring base appropriations projects shall be funded with General Revenue Funds: Here's Help - $200,000	**$200,000**
Member Project	From the funds in Specific Appropriation 366, the following recurring base appropriations projects shall be funded with General Revenue Funds: Drug Abuse Comprehensive Coordinating Office (DACCO) - $100,000	**$100,000**
Member Project	From the funds in Specific Appropriation 366, the following projects shall be funded with nonrecurring General Revenue Funds: Here's Help (HB 4359) - $300,000	**$300,000**
Member Project	From the funds in Specific Appropriation 366, the following projects shall be funded with nonrecurring General Revenue Funds: Informed Families of Florida - Child and adolescent substance abuse prevention program (Senate Form 1748) - $300,000	**$300,000**
Member Project	From the funds in Specific Appropriation 366, the following projects shall be funded with nonrecurring General Revenue Funds: Florida Association of Recovery Residences - Certification and training program (HB 2649) - $100,000	**$100,000**
Centralized Receiving Facilities	From the funds provided in Specific Appropriation 367, the sum of $10,114,918 from the General Revenue Fund and the nonrecurring sum of $1,770,165 from the Alcohol, Drug Abuse and Mental Health Trust Fund are provided to fund centralized receiving facilities designed for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes.	**$11,885,083**
Vivitrol	From the funds in Specific Appropriation 368, the recurring sum of $1,500,000 and the nonrecurring sum of $1,021,726 from the General Revenue Fund is provided to the Department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency (Senate Form 1470).	**$2,521,726**
Member Project	From the funds in Specific Appropriation 368, the nonrecurring sum of $300,000 from the General Revenue Fund is provided to the Office of the State Attorney in the Fifteenth Judicial Circuit to investigate and prosecute criminal and regulatory violations within the substance abuse treatment industry (Senate Form 2277).	**$300,000**
Member Project	From the funds in Specific Appropriation 369, the following recurring base appropriations project shall be funded with General Revenue Funds: The David Lawrence Center - $100,000	**$100,000**

Proviso Title	Proviso Language	Funding Amount
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Starting Point Behavioral Healthcare (HB 4045) - $200,000	**$200,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Clay Behavioral Health Community Crisis Prevention Team (HB 2263) - $300,000	**$300,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Johns Hopkins All Children's Hospital Mental Health Demonstration for Chronic Pain Patients (HB 2009) - $300,000	**$300,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Bridgeway Center Emergency Mobile Access Team (HB 3847) - $250,000	**$250,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Healthcare Network of Southwest Florida Integrated Behavioral Health Program (HB 2581) - $100,000	**$100,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Northside Mental Health Center - Crisis stabilization unit (HB 4039) - $275,000	**$275,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Veteran Intervention Program- BayCare Behavioral Health (HB 3669) - $485,000	**$485,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Veterans Alternative Retreat Program (Senate Form 1828) - $250,000	**$250,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: New Hope Residential Substance Abuse and Mental Health Treatment Project (HB 3259) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Opioid Abuse Pilot Program - Palm Beach (Senate Form 2276) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Manatee County - Opioid addiction recovery peer pilot program (HB 2641) - $500,000	**$500,000**

Proviso Title	Proviso Language	Funding Amount
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Centerstone of Florida - Psychiatric residency expansion (HB 2207) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Jewish Family and Children's Service of the Suncoast - Children's crisis teams (HB 2179) - $200,000	**$200,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Circles of Care - Geropsychiatric care center (HB 4111) - $850,000	**$850,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Assisted Living Services for Mental Health Clients - The Renaissance Manor (HB 2247) - $600,000	**$600,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Lifestream - Crisis stabilization unit (HB 3591) - $1,123,634	**$1,123,634**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Jerome Golden Center for Behavioral Health (HB 3111) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Personal Enrichment through Mental Health Services - Crisis stabilization unit (Senate Form 2233) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Circles of Care - Harbor Pines / Cedar Village (base recurring project funded as nonrecurring) - $485,000	**$485,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Circles of Care - Harbor Pines / Cedar Village (base recurring project funded as nonrecurring) - $970,000	**$970,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Ft. Myers Salvation Army (base recurring project funded as nonrecurring) - $165,000	**$165,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Gracepoint - Crisis Stabilization Unit (HB 3491) - $250,000	**$250,000**

Proviso Title	Proviso Language	Funding Amount
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: University of Central Florida - Post Traumatic Stress Disorder Clinic for Florida Veterans and First Responders (HB 3619) - $1,000,000	**$1,000,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Meridian Behavioral Healthcare (HB 3063) - $500,000	**$500,000**
Member Project	From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring General Revenue Funds: Directions for Living (HB 3897) - $400,000	**$400,000**
Member Project	From the funds in Specific Appropriation 369, the nonrecurring sum of $500,000 from the Welfare Transition Trust Fund is provided for the Maternal Addiction Treatment Program at Memorial Regional Hospital in Broward County (HB 3677).	**$500,000**

VII. Statewide Performance Measurement

MEs submit client-level data electronically to the state database system, the Substance Abuse and Mental Health Information System. This data includes socio-demographic and clinical characteristics of those served, the types and amounts of services provided, and the outcomes of those services. The FY 2016-17 statewide performance measures are available in Appendix II.

VIII. Update on the Contract Management System

During FY 2016-17, the Department expanded fiscal oversight of ME contracts. The CBC/ME Lead Agency Fiscal Accountability Unit, housed in the Office of Administrative Services, conducts on-site monitoring, desk audits and reconciliation reviews of ME expenditure reporting, and provides analysis of compliance with fund source documentation requirements for Contract Manager follow-up.

The Contract Oversight Unit (COU), housed in the Office of Contracted Client Services, expanded its monitoring methodology to provide additional performance-based summaries of ME practice. For each performance area within the monitoring scope, COU reports now identify strengths, best practices, opportunities for improvement, and findings of noncompliance, along with discussion of ME future planning activity pertinent to the performance area in question.

VIII.A. UPDATE ON ME CONTRACT MANAGEMENT

During FY 2016-17, the Department renewed the Northwest Region ME contract for 2 years.

Three ME Contracts expire 6/30/2019:

- AHME1 Big Bend Community Based Care, Inc.

- IH611 Southeast Florida Behavioral Health Network, Inc.
- JH343 Broward Behavioral Health Coalition, Inc.

Four contracts expire 6/30/2020:

- EH003 Lutheran Services Florida, Inc.
- GHME1 Central Florida Cares Health Systems, Inc.
- KH225 South Florida Behavioral Health Network, Inc.
- QD1A9 Central Florida Behavioral Health Network, Inc.

VIII.B. UPDATE ON OTHER SAMH-FUNDED CONTRACTED SERVICES

During FY 2016-17, additional service contracts outside the scope of the ME system, include:

- Four contracts for residential services at privatized SMHTFs. The Department is in the process of completing negotiations for one of these contracts and has initiated solicitation for a second;
- 11 contracts for professional and operational support services at publicly-operated SMHTFs;
- 28 contracts for community-based services, required to be provided outside the ME system. 25 of these contracts will be transitioned to ME subcontract status during FY 2017-18;
- 11 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 23 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
- 27 grant agreements for Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Programs, in compliance with s. 394.656, F.S.

A summary of all SAMH-funded contracts is provided in Appendix III.

Appendix I

REGIONAL PLAN UPDATE

Each Department region submitted to SAMH headquarters an update to their local plans. These plans are developed in consultation between the regional leadership team, the regional contracted ME, and other stakeholders.

Northwest Region
Regional Plan Update FY 2016-17

Big Bend Community-Based Care (BBCBC) was created in 2002 as a direct response to Florida's Legislative and Department of Children and Families' (DCF) initiative to improve child welfare services by developing solutions to care for children and families in their home communities. In 2013, BBCBC was awarded the contract to become the ME for Substance Abuse and Mental Health services within 16 counties in the Northwest Region, as well as Taylor and Madison Counties, in the Northeast Region. BBCBC continues to promote adherence to DCF's Strategic Goals and Objectives to ensure an effective, recovery-oriented behavioral health system of care as noted below.

Goal 1.2. Improve access to services in both rural and urban areas

Objective 1.2.1. Implement the Central Receiving Facility grant program for improved access to acute care services.

Apalachee Center, Inc., a Network sub-contract provider, applied for and was awarded a Central Receiving Facility (CRF) Grant. The Central Receiving Facility serves Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties. The provider functions as the central drop-off point for individuals transported by law enforcement under a Baker Act or a Marchman Act. A rotation system, monitored by BBCBC, ensures equitable referral of clients to the three participating receiving facilities and an Advisory Committee has been formed to ensure optimal system functioning. With partial funding from DCF, BBCBC provided additional funding to ensure full operational capacity of this initiative.

Objective 1.2.2. Develop alternate access options and locations with centralized triage and service delivery functions.

Pursuant to SB 12, BBCBC worked with each county in its catchment area to establish a transportation plan and to ensure a "no wrong door" approach for those seeking crisis services. This work identified the need for additional training regarding the Marchman Act and the Baker Act. In addition, behavioral health collaboration with local health departments, homeless shelters, and community health clinics has resulted in expanded service options as well as increased use of telemedicine.

Objective 1.2.3. Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and child welfare-involved families.

BBCBC, a child welfare and behavioral health agency, continues to emphasize the integration of these two services. BBCBC has implemented three FIT programs that serve each circuit of the region to provide substance use treatment to child welfare-involved families.

A Northwest Region Behavioral Health/Child Welfare Self-Study was conducted to identify challenges, best practices, and areas for improvement to serve this population. As a result, a Corrective Action Plan has been initiated to address improvement needs. The regional SAMH office employed a behavioral health consultant to develop a training plan to educate child welfare stakeholders regarding drug use by child welfare-involved pregnant and parenting women. Furthermore, BBCBC continues to facilitate Child Welfare/Behavioral Health Integration Meetings in Circuits 1, 2, and 14, so that essential partnerships can be developed and/or maintained, and to maximize resources for dually-served families.

Goal 2.2. Prevent and reduce substance use

Objective 2.2.1. Strengthen the substance abuse prevention workforce.

BBCBC continues to work with all prevention providers in the region to increase the knowledge, skills, and understanding of prevention initiatives and prevention evidence-based practices and curricula. In addition, BBCBC staff routinely attends Prevention Coalition meetings across the region to support and promote the prevention message, and to identify and address training needs of the workforce.

Objective 2.2.2. Prevent or delay the use of alcohol, tobacco, and other drugs as supported by data among high-risk populations in Florida through the use of evidence-based practices.

Consumers have the right to the most effective interventions and treatments available to promote recovery as emphasized by the region's Recovery-Oriented System of Care. To this end, BBCBC educates providers regarding the expectation and value of EBPs and national standards of best practice, and shares training opportunities and collaborative initiatives. BBCBC provides a list of sources for EBPs to agencies, and offers consultation on the selection of appropriate practices/curricula. BBCBC ensures that its providers implement a full array of clinical strategies and prevention curricula in accordance with the EBPs. The ME maintains a Substance Abuse EBP list for the Northwest Region. In FY 2016-17, as part of the PFS Grant, evidence-based prevention services were expanded in Washington, Walton, and Franklin counties. In FY 2017-18, prevention services will be expanded in Jackson, Jefferson, and Taylor counties as part of the Opioid Response Grant.

Objective 2.2.3. Enhance data collection systems to inform data-driven planning and measure outcomes.

Network sub-contract providers of BBCBC submit prevention data into Behavix, the agency's electronic data system, which permits and ensures prevention data reporting compliance, validity, and reliability. In FY 2016-17, BBCBC continued its efforts to ensure that primary prevention data is being coded accurately in the PBPS system. This is accomplished by reviewing monthly Activity Log reports in a timely manner, providing technical assistance by telephone/email, maintaining a FAQ document for providers, and by providing additional face-to-face system training when needed. BBCBC disseminates information related to provider-level trainings conducted by Collaborate & Grow. BBCBC's Prevention Specialist continues to participate in a monthly PBPS Workgroup which discusses system updates, action items, and facilitates system discussions.

In addition to prevention data, treatment-related data is also submitted into Behavix, which contains edits in accordance with DCF Pamphlet 155-2. The system links service units and events to the proper funding stream. If data is submitted by the provider with improper coding, it is rejected. BBCBC works with the provider to correct the data submission. Invoices can be calculated based on the contracted requirements of the program. Analysis of uncompensated care units at the end of each fiscal year is a part of an annual Needs Assessment review in order to determine if more resources are needed or if resources need to be deployed in a different way, or to a different provider.

Goal 4.3. Improve accountability of units and costs of state-funded services provided to state target populations

Objective 4.3.1. Develop stored procedures to facilitate reconciliation of FASAMS service data to associated payment data recorded in FLAIR and in ME accounting records.

BBCBC uses stored procedures to reconcile provider service data to the associated payment data. Accounting data and service data are integrated in Behavix on the same server and queried using Microsoft SQL. The budget-to-actual-expenditures, variance, unit, and set-aside fiscal reports have been automated in year-to-date and monthly formats.

The system's enhanced functionality allows providers to reallocate funding based on service needs. If providers have an established covered service rate, funding can be shifted within the other cost accumulator (OCA) with BBCBC approval, allowing providers to allocate additional unrestricted dollars, which promotes fiscal flexibility. The Behavix system links the end users, provider contracts, funding allocations, and service data to the provider invoice. In FY 2016-17, Behavix migrated the functionality to enter the DCF contract amounts for allocated and unallocated funding resulting in a totally automated process.

Objective 4.3.2. Establish guidelines for MEs use when reconciling their accounting records to FASAMS service records.

Currently, BBCBC requires service providers to submit all data to the Behavix data system by the 5th of each month, and requires invoice submissions by the 10th. This process helps to ensure providers can receive payment for availability and other non-data driven covered services/OCAs. In the future, after submitting monthly data, the provider will be able to review their invoice for accuracy and make changes to their data as needed. They will also be able to make adjustments for fees or other funding sources collected, as well as ensure that they are on target for meeting the goals regarding the number of clients to be served or units delivered.

Northeast Region
Regional Plan Update FY 2016-17

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care

Objective 1.1.1 Implement care coordination practices for high-risk/high utilizer populations and people at-risk of entering and being discharged from state treatment facilities.

In an effort to divert individuals from civil admission to a state mental health treatment facility, the ME requires a community mental health center to determine whether a person meets the statutory criteria for admission. If they do, the center assesses whether there are less restrictive resources available to meet the person's need. All clients awaiting admission are referred to a local FACT team for screening and potential diversion. Staff of provider agencies are expected to attend all discharge planning meetings. Agency staff participate in interdisciplinary staffings to discuss barriers identified and to develop solutions. Voucher funds are used to address non-treatment, but essential client needs, and are utilized to assist to support community living. Some examples of use include first month rent, bus passes and gas cards, clothing kitchen, and bedroom supplies and utilities.

When a rise in forensic commitments was noted in a county in Circuit 4, ME staff met with the public defender's office staff and the state attorney's office in that county. While acknowledging that there was a recent increase in violent crime, both offices presented that they were in favor of sending fewer individuals to the state hospital. Staff from both offices received an update on community resources available as incentive to advocate for diversion, as did the two main evaluators used by the Public Defender's Office. In addition, jails will begin notifying the Community Mental Health Centers (CMHC) when an inmate appears to have a mental illness and needs medication. The CMHC can then insure the inmate receives medication and services prior to the competency evaluation.

The most recent care coordination report indicated that for the FY to date, the percent of persons readmitted to a CSU or Inpatient Detox facility within 30 days was six percent for Circuit 3 & 8, six percent for Circuit 4, and fifteen percent for Circuit 7. Also, the ME reports indicated that all Northeast Region counties continue to pick up individuals to return to court in less than 30 days, with data being monitored on a monthly basis.

Objective 1.1.4 Implement a standardized assessment of service needs (i.e. level of care).

The ME engages provider agencies in meetings to operationalize a more formal program to standardize level of care determination. The ME recently met in all circuits of the region for an initial meeting and then have continued to discuss the initiative on monthly CEO call meetings.

Objective 1.1.5 Develop a recovery-oriented system of care framework to increase consumer engagement, choice, and self-management, including job opportunities.

The Northeast Region continues to assist Headquarters with spearheading the implementation of an effective Recover Oriented System of Care focused on bringing providers together for a coordinated delivery of services in order to meet the clients where they are. The Transitional Youth System of Care (TYSOC) Expansion Grant has already chosen its provider for services and has been fully implemented. It is actively engaging prospective clients in the four counties of Circuit 7, with the prospects of expanding into Alachua County in Circuit 8. Number served: 33 (with 4 waiting). The TYSOC employs a peer-driven approach while utilizing Wrap-Around

that allows the youth to have a say in the overall method in which the TYSOC engages its clients.

Goal 1.2: Improve access to services in both rural and urban areas

Objective 1.2.1 Implement the Central Receiving Facility Grant program for improved access to acute care services.

The Mental Health Resource Center (MHRC) received an award for funding in the first round of funding applications for a Central Receiving System. Because of the large geographical area covered by MHRC and eight Baker Act Receiving Facilities in their catchment area, the most effective model was a receiving system instead of one central receiving facility.

The MHRC program is also known as the Comprehensive Services Center (CSC). During the first quarter of FY 2017-18, there were 612 individuals presented to the CSC on a walk-in basis for services. Types of services requested during this same period included: Information and Referral (37), SOAR (97), Community Referrals (142), Medical Services (394), Counseling (256) and Substance Abuse services (57). Initially, the hours of operation were 8:00 AM - 4:30 PM, Monday through Friday. But due to demand, the hours were extended to 8:00 PM, effective September 4, 2017.

In addition to mental health services provided by MHRC, Gateway Community Services staff provide onsite substance abuse assessments, provide individual services, and they also offer groups two times a week. Mental Health America of Northeast Florida provides two full-time SOAR processors who work in conjunction with the MHRC SOAR processor.

Goal 2.2: Prevent and reduce substance use

Objective 2.5.1 Develop a comprehensive and coordinated overdose prevention initiative.

The Northeast Region has hired a Behavioral Health Consultant (BHC) who has established an effective working relationship with CPI teams identified specifically for this initiative. The BHC assists in the field and uses her clinical expertise to identify parents with behavioral health conditions, with a special focus on those with possible opioid disorders.

The BHC assists in improving family engagement in accessing treatment. The BHC, CPI team leaders, and Northeast Region SAMH and Child Welfare leadership meet every two weeks for assessment of efforts to date and to assure ongoing collaboration of efforts in this strategic targeted response.

The provider agency/hospital emergency room component of the Opioid Prevention initiative is in its start-up phase. The Northeast Region conducted interviews in September 2017 to hire a Recovery Oriented Quality Improvement Specialist who focuses on ROSC activities.

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model

Objective 3.1.2 Strengthen cross-system understanding and professional provider competencies and practices with a focus on treatment goals, service planning, practice models, outcome expectations and legal requirements.

The Northeast Region has developed a plan of action with multiple Child Welfare and Behavioral Health Integration goals.

The Regional Steering Committee met monthly for the first six months and continues to meet quarterly to address these goals and provide updates on Regional progress. Highlights of these

goals include: detailed steps to address the need to improve communication between child welfare and behavioral health staff, cross-training for child welfare and behavioral health staff, and to compare outcomes of both child welfare and behavioral health services.

The Northeast Region continues to utilize its established integrated programs such as the Family Intervention Specialist and FIT teams. The total served last year on three FIT teams is 187. The region is also examining the potential expansion of multiple integrated pilot programs and staffings that have developed throughout the region.

To promote consistent understanding and compliance with legal requirements and provider competency across 20-county region, the Northeast Region utilizes a well-balanced four-person team approach to accomplish the substance abuse licensing tasks. The team meets together at least once a month to sit down and discuss any difficulties they may be having and to coordinate their schedules if any assistance is needed to complete audits.

Complaints and investigations are also handled individually by each licensing specialist. If additional assistance is needed, the other team members assist.

Central Region
Regional Plan Update FY 2016-17

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care

Objective 1.1.1: Implement care coordination practices for high-risk/high utilizer populations and people at-risk of entering and being discharged from state treatment facilities.

The MEs and the Department's Central Region SAMH Program Office continue to work together to ensure the appropriate use of resources to effectively meet the behavioral health needs of individuals and families. This will help promote increased planning and delivery of services to people with mental health, substance abuse, and co-occurring disorders. Best practices for high need/high utilizer clients and persons at-risk of entering and being discharged from state treatment facilities continue to be explored with each ME.

Central Florida Cares Health System (CFCHS) implemented a care coordination program within each of their Community Treatment Centers in January 2016. They are currently funding care coordinators at the provider level. They also have two dedicated staff to oversee the practices and provide technical assistance to the providers' staff. Lutheran Services Florida (LSF) has also worked with their providers to provide care coordination. Central Florida Behavioral Health Network (CFBHN) has identified case management team leaders at their Community Treatment Centers. Clients served by the MEs through care coordination are detailed in the table below:

Total number of care coordination clients served in FY 2016-17

Priority Populations defined in Guidance 4 – Care Coordination	Central Florida Cares Health System	Lutheran Services Florida (Circuit 5)	Central Florida Behavioral Health Network (Circuit 10)
Adult acute-care high utilizers	164	28	42
Individuals discharged from a SMHTF	12	18	9
Individual awaiting placement in a SMHTF	-	11	6
Adults with multiple arrests/incarceration/ involuntary placement	-	17	19
Caretakers/parents involved with child welfare	-	17	-
TOTAL	**176**	**91**	**76**

Objective 1.1.2: Promote peer support services.

Several provider contracts through the MEs include a peer support component. Providers in the central region network have certified peer specialists on staff who serve as advocates and mentors to those receiving services. CFCHS has contracted with the Mental Health Association to provide peer specialist training in Circuits 9 & 18.

In June 2017, CFCHS's contract with the MHA provided Peer Specialist Training to 15 individuals. MHA has also held seven Introduction to WRAP Workshops, with a total of 63 participants. CFCHS has met with Peer Support Coalition of Florida to create a Peer Support network to include educational groups for Peer Specialists in the area.

Objective 1.1.3: Increase opportunities for individuals to reside in permanent supportive housing.

CFCHS hired a housing specialist in July 2016. The housing specialist has been attending the Continuum of Care meetings in the community, along with housing conferences and seminars. The housing specialist met with apartment management to discuss options for affordable housing, as well as provided technical assistance for providers on the Homeless Management Information System.

Objective 1.1.5: Develop a ROSC framework in Florida to increase consumer engagement, choice and self-management, including job opportunities.

The DCF Central Region and MEs continue to work statewide and regionally on ROSC action steps. The Central Region hosted two ROSC Summits for stakeholders. CFCHS also started preliminary meetings with Mental Health Association and Peer Support Coalition of Florida to discuss creating a ROSC Committee and next steps.

Goal 2.2: Prevent and reduce substance use

Objective 2.2.1: Strengthen the substance-abuse prevention workforce.

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

Objective 2.2.3: Enhance data-collection systems to inform data-driven planning and to measure outcomes.

All of the MEs continue to work with their providers on implementation of the Performance Based Prevention System for data collection that will drive prevention planning.

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model

Objective 3.1.2: Strengthen cross-system understanding and professional/provider competencies and practices, with a focus on treatment goals, service planning, practice models, outcome expectations and legal requirements.

DCF Central Region completed the Child Welfare Behavioral Health Integration Self-Study, Peer Review, and developed an Integration Plan of Action outlining goals through December 2018.

DCF Central Region is working with the MEs and CBCs, per the Integration Plan of Action, to develop an Integration Protocol to outline referral and communication between child welfare and behavioral health for mutually served clients.

Objective 3.1.3: Strategically select and integrate dedicated service modalities addressing the specific needs of the family.

The MEs continue to work with DCF Operations and Community-Based Care Lead Agencies to enhance engagement and treatment for parents enrolled in the FIT programs. FIT has also began integrating caregiver protective capacities in their comprehensive treatment plans.

Objective 3.1.6: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.

DCF Central Region has conducted a focus group in each of the region's four circuits, as part of the Integration Plan of Action, to repurpose existing FIS resources to enhance access to SAMH Subject Matter Experts for CPIs.

SunCoast Region
Regional Plan Update FY 2016-17

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care

Objective 1.1.1: Implement care coordination practices for high-risk/high utilizer populations and persons at-risk of entering and being discharged from state treatment facilities.

Care coordination and the civil state hospital admissions liaison for Central Florida Behavioral Health Network continue to work collaboratively on diversions and discharges. CFBHN works with each SMHTF on discharge planning; either through collective monthly calls with providers, CFBHN and the SMHTF, and/or individual pre-discharge staffings.

CFBHN utilization/care managers work closely with network providers to address the needs of designated high need/high utilizer clients. CFBHN utilization/care managers contact the treating provider immediately once CFBHN has been informed that a readmission has occurred. The utilization/care manager communicates with the provider to gather pertinent clinical and discharge planning information and assists the provider in finding service gaps that could contribute to continued readmissions.

These barriers can include (but are not limited to): lack of stable housing, poor access to outpatient care, limited access to medication refills, lack of transportation to medical/behavioral health appointments, and lack of stable income. Barriers are addressed through linkage to community and treatment resources, SAMH transition vouchers, and linkage to case management for continued assistance. CFBHN utilization/care managers also assist providers in locating specialized resources to assist with the specific needs that are identified during the care coordination process.

Objective 1.1.2: Promote peer support services.

From June 2016 to June 2017, CFBHN trained 55 individuals seeking to acquire certification as a certified recovery peer specialist adult, family, veteran, or youth utilizing the 40-hour curriculum “Helping Others Heal”- certified recovery peer specialist training. Three trainings were held in the SunCoast Region:

Training	Date	Location	Number of Participants
Helping Others Heal - Certified Recovery Peer Specialist Training 40 hour	October 17-21, 2016	Hillsborough County	20
Helping Others Heal - Certified Recovery Peer Specialist Training 40 hour	March 27-31, 2017	Charlotte County	17
Helping Others Heal - Certified Recovery Peer Specialist Training 40 hour	May 1-5, 2017	Pasco County	18

As of June 2017, there were 5 of the 55 individuals that had achieved certification, while another five were actively in the process of completing the certification process.

Goal 1.2: Improve access to services in both rural and urban areas

Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.

The central receiving facility maintains contracts with Centerstone of Florida, Inc. ($723,700) and Mental Health Care, Inc. (d/b/a Gracepoint Wellness) ($1,596,501). These contracts were continued through FY 2016-17. Both of the CRF facilities are fully operational and accepting persons experiencing acute crises. They are both utilizing a level of care to determine access to acute care services (or other appropriate level of care). They are providing care coordination as appropriate, which includes in-home, on-site, and utilization of incidental funds. Diversion is done during the screening and assessment processes. They have demonstrated an increase in linkage to behavioral health services within seven days of discharge. The CRFs have increased successful linkage with primary care and/or behavioral health medical homes within four weeks of discharge. There has been a decrease of utilization of acute care admissions for those receiving care coordination services.

Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and child welfare involved families.

Targeted outreach and engagement strategies are discussed on a monthly basis with treatment providers. Utilization/care managers continuously emphasize and coach providers on enhancing their ability to bring priority populations into treatment. CFBHN staff routinely monitors data and performs secret shopper calls to track the efficacy of emphasizing priority populations. These utilization/care managers and program managers at CFBHN continue to collaborate to ensure that subcontractors who serve individuals within the priority populations provide timely access to substance abuse and mental health residential services. The utilization/care managers also continue to monitor admissions, discharges, and any waitlists for services for persons in these categories. Information is used to develop trends in utilization and barriers to services. In addition, waitlist data from providers is used to assist in identifying trends within the region related to housing needs, physician availability and provider needs.

Utilization/care managers collaborate with subcontractors to identify interim services for individuals waiting for admission and, as appropriate, aftercare services for individuals discharged from these programs. The utilization/care managers collaborate with the program managers to address systems issues with subcontractors that impact admission, discharge, and outcomes (as well as to ensure that individuals waiting for services receive interim services). These services may include assessment and/or case management to assist in securing the placement, and other services as needed to maintain the individual until the appropriate level of care is available.

CFBHN continues to conduct quarterly “secret shopper” calls focused on priority access to treatment for pregnant women and other priority populations. The purpose of these calls is to attempt to access services in the same manner in which individuals served would access services. The goal is to observe access to care and quality of care standards, which include the following elements of the call. For example, to evaluate the number of times the call was transferred, the following questions were asked: Was the call transferred to voice mail? Was the call disconnected? Were the requested services immediately available? Were interim services offered within 48 hours if services were not immediately available? If interim services were offered, what type of services were offered?

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model. Child Welfare Integration

Child welfare/behavioral health integration continues to be a priority of effort across Florida. CFBHN continues to participate in numerous meetings and discussions around the region related to the integration goals and plans of action. CFBHN currently has eight FIT teams, including teams in Lee, Charlotte, Manatee, Pinellas, Pasco, Hillsborough, and Polk counties. CFBHN continues to facilitate meetings with the new FIT teams, the CBC, CPIs, local DCF, and other stakeholders to ensure adherence to the best practices of the FIT model. There are also two annual regional FIT meetings to discuss current local practices. A component of this includes assisting the state in facilitating statewide calls to collaborate with new FIT teams every other month.

There are eight family intervention specialist teams in the SunCoast Region and Circuit 10. CFBHN continues to monitor and work with providers on the set of performance measures and expectations. The goal is to focus on engagement, re-engagement, success, and discharge to continue to create a sense of urgency among providers and to better collaborate with the needs of child welfare. There are six Behavioral Health Consultants (BHC's) working within the SunCoast Region and Circuit 10 (with the most recent additions being in Manatee and Hardee/Highland counties). The Behavioral Health Consultants are licensed clinical professionals co-located with CPIs. The BHC's serve as subject matter experts and assist CPIs with understanding the impact of behavioral health issues with families they are working with.

Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court

CFBHN staff collaborate with state actors to minimize these wait times as much as possible. The regional forensic program manager participates monthly in statewide forensic conference calls to address DCF's priorities of effort. These calls discuss the monthly updates of the forensic action plans. SunCoast Region and Circuit 10 has diverted 185 individuals from the state hospital from July 2016 to July 2017 with continued increase from month-to-month. For the 2016-17 fiscal year, the SunCoast Region and Circuit 10 has also facilitated over 354 forensic residential referrals to the community partners within the region to promote diversions from the FSMHTF and assist in discharging individuals from the FSMHTF.

Hillsborough County (Circuit 13) is continuing to collaborate closely with the forensic multidisciplinary team. The regional forensic program manager continues to hold monthly, at minimum, progress calls with the Hillsborough County forensic community partners, including Northside Behavioral Health Center, Inc., Gracepoint, and the public defender's office, to review referrals and progress of the team. The forensic multidisciplinary team was fully staffed in November 2016 and currently is at capacity with 45 active individuals on the team and appropriate referrals are still being screened.

Northside Behavioral Health Center, Inc. is continuing the process of reviewing the community forensic clients to continue sending referrals to the Gracepoint forensic multidisciplinary team. Individuals who are referred and accepted to the forensic multidisciplinary team will be placed on a waitlist and open to forensic case management until a spot is available on the team.

Southeast Region
Regional Plan Update FY 2016-17

The Southeast Region (SER) service area includes two MEs: Broward Behavioral Health Coalition (BBHC) for Circuit 17 (Broward County), and Southeast Florida Behavioral Health Network (SEFBHN) for Circuits 15 (Palm Beach County), and 19, representing four counties (Martin, Okeechobee, St. Lucie, and Indian River).

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care.

Objective 1.1.1: Implement care coordination practices for high-risk/high utilizer populations and people at-risk of entering and being discharged from state treatment facilities.

Outcomes/Metrics: Decrease acute care readmissions and increase the number of days in the community between acute care admissions.

BBHC currently has three providers with care coordination teams in Circuit 17: Henderson has one adult Mental Health (MH) team, Archways has one adult MH team (many of these individuals have co-occurring disorders and some are forensic), and Banyan has one adult Substance Abuse (SA) team and one youth (MH and/or SA) team. This reflects a total of four team's total. Each team is comprised of a case manager, peer specialist, and a clinical oversight staff with a CM, and peer that provide direct service. Capacity for each team is 15-20 individuals. BBHC follows CTI (Critical Time Intervention), which is a time-limited evidence-based practice and trained 43 provider staff in WRAP from October 2016 to August 2017.

SEFBHN collaborates with SMHTF Liaisons to ensure a seamless transition back to the community by making sure that appropriate recovery oriented level of care services is being provided. SEFBHN contracts with multiple community providers, with a range of treatment and support services that can assist with successful reintegration and ongoing recovery. SEFBHN continues to facilitate services such as the transitional voucher program to divert individuals from SMHTF, homelessness, support recovery-based outcomes, and increase consumer choice and self-determination in their treatment and support service selection. SEFBHN is also implementing a Care Coordination Module, which is a web-based system that provides a tool to facilitate effective evidence-based, recovery-base behavioral health service to our consumers. The system is designed to be used by the SEFBHN Coordination of Care Team and our providers, which will allow for immediate information sharing to plan on behalf of the consumer. SEFBHN's Coordination of Care Teams will work closely with network providers using the core competencies detailed in the Department's Guidance 4.

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care.

Objective 1.1.2: Promote Peer support services.

Outcomes/Metrics: Increase the number of Certified Recovery Peer Specialists in the workforce.

The ROSC model rolled out in the SER on November 9th and 17th, 2016, in both MEs for the SER. From October 2016 to August 2017, the SER trained a total of 137 new peers. Both MEs continue to promote peer recovery support activities and will continue to train new peers. SEFBHN will be providing additional Certified Recovery Peer Specialist training workshops to increase the number of qualified Peer Bridgers/ Navigators for a new initiative being reviewed

for FY 2017-18. The table below indicates that 47 peers were trained by South Florida Wellness Network, which is contracted by BBHC to conduct the trainings in Circuit 17 (C17) from November 2016 to August 2017. The table further shows that SEFBHN trained 90 peers during the same time period.

Month	C17 # of CRPS Participants	C15 & C19 # of CRPS Participants
November 2016	16	-
December 2016	-	37
January 2017	-	14
March 2017	15	
June 2017	-	12
July 2017	16	19
Aug 2017	-	18
Total	**47**	**90**

Goal 2.2: Implementation of prevention initiatives of opioid addiction.

Objective 2.2.1: Strengthen the substance-abuse prevention workforce.

Outcomes/Metrics: Increase the knowledge, skills, and abilities of the prevention workforce.

Activities taking place within SEFBHN's network related to prevention initiatives of Opioid Addiction include the following:

- Preparing the messaging campaign and creating individualized focused messages for parents, teachers, middle school-age youth, high school youth, college students, and young adults. These messages will be disseminated in forums that will reach those various populations i.e. parent cafes/PTA meetings, etc. for parents, schools and school events for youth; youth sport clubs, locker rooms, and gymnasiums for high schoolers; college courtyard/plaza tabling information events, etc.; and teacher meetings.
- Developing messages for coaches posters, which support conversations with school athletic programs.
- Locating sites for physician/nursing trainings and medical practitioner presenters that can relate to the needs of the varying communities.
- Other priorities include training teachers in the Life Skills School Curriculum and reaching out to colleges regarding their coursework surrounding "Proper Prescribing Methods."

BBHC contracts with the United Way in Circuit 17 for its Substance Abuse Prevention. All subcontractors are using evidence-based practices. Trainings and webinars are conducted by DCF or their subcontractors such as FADAA. United Way uses their own epidemiologist for many of the training sessions. BBHC also contracted with three agencies, Banyan Health Systems, Broward Addiction Recovery Centers (BARC), and Memorial Healthcare Systems for Medication Assisted Treatment services to cover the North, Central, and South part of Broward County. Each provider is utilizing peers. Each agency served the following: BARC (169), Memorial Healthcare Systems (164), and Banyan Health Systems (169).

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model.

Objective 3.1.1: Develop an integrated, treatment-based practice model.

Outcomes/Metrics: An integrated, treatment-based practice model ready for dissemination to the community.

Circuit 17, Broward County, has one FIT team and one Family Engagement Program team, which uses peers to engage families and motivate them to follow through with recommended services. Also, Circuit 17 has been conducting cross-systems training to enhance the knowledge of the child welfare and behavioral health workers. Circuit 15 (Palm Beach County), has one FIT team and a 2-1-1 (First Call for Help) line. The line is established for the CPI and family to schedule an appointment for a substance abuse evaluation, from one of many substance abuse treatment providers. Circuit 19 has a 2-1-1 line as well.

Child welfare/behavioral health integration continues to be a priority of effort across Florida. The SER has one Behavioral Health Consultants (BHC) working with CPIs, conducting consultation on cases, as well as going out on investigations to provide integration of behavioral health services while in the field with CPIs. The Behavioral Health Consultant is a Master's Level Certified Addictions Professional co-located with CPIs and mobile across the three Circuits within the region. The BHC serves as a subject matter expert and assists CPIs with understanding the impact of behavioral health issues with families they are working within the SER, especially as it relates to the Opioid Epidemic. The SER has started its Self-study. A leadership meeting is being organized with the peer review process scheduled for November 2017.

Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court

Objective: 5.1.4: Develop a catalog of community-based forensic services.

Outcomes/Metrics: Decrease the number of forensic residents waiting longer than 30 days to return to court.

BBHC contracts with Broward Regional Health Planning Council (BRHPC) to serve those clients in SMHTFs. BRHPC visits these forensic residents quarterly and participates in the discharge planning process invoking an array of services, including housing, peer supports, and appropriate level of care services upon re-entry into the community. BBHC contracts with providers focused on community-based forensic services, including care coordination teams.

SEFBHN involves care coordination with discharge planning efforts and linkages to appropriate treatment services with each of the SMHTFs. Monthly calls are conducted with Florida State Hospital and South Florida State Hospital, including all case management and FACT providers and weekly ad hoc calls for special situations. This activity in turn promotes collaboration between local and state providers to promote a smooth transition for SEFBHN consumers returning to the community. Also, pre-discharge planning calls occur ongoing to determine who should be placed on the list of those seeking placements; SMHTF staff and community providers begin to identify service/treatment needs for the client. SEFBHN has prioritized SMHTF diversions and discharges for SEFBHN-funded, community-based residential beds. SEFBHN also invites the court system team to the monthly forensic meeting to facilitate sharing of information and care coordination.

Southern Region
Regional Plan Update FY 2016-17

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care

Objective 1.1.1: Implement care coordination practice for high-risk/high utilizer populations and persons at-risk of entering and being discharged from state treatment facilities

A total of 65 statewide meetings were held throughout FY 2016-17 related to care coordination. CCD continues to monitor network provider data and implement care coordination strategies with the South Florida State Hospital (SFSH) and Miami Beach Police Department. As part of the ongoing care coordination meetings, SFBHN oversees care coordination activities for SFSH consumers and requests the pending admission and discharge list from SFSH weekly to make referrals for possible diversion (see table below). SFBHN actively works with SFSH to determine the initial consumer's needs, track the process, and follow up on how those specific needs are being addressed by the provider.

FY 2016-17	Number of Admissions	Number of Discharges
Circuit 11: Miami-Dade	94	83
Circuit 16: Monroe	10	7

Objective 1.1.2: Promote Peer Support Services

A total of 265 consumers were served through Peer Support Services within the network. SFBHN has a designated Peer Services Department that has developed and implemented a Consumer and Family Resource Manual. The Peer Services Manager continues to provide information, counseling, and referrals to individuals who call the Consumer Hotline established by SFBHN. Provider agencies and peer specialists use the Peer Services Department to advertise and recruit for Peer Specialist positions and for people to find employment as Peer Specialists. The Peer Services Manager co-facilitates a quarterly Peer Specialist Support Meeting and Certification Technical Assistance Meeting for employed Peer Specialists within the Southern Region. A total of 85 individuals participated in these meetings.

Objective 1.1.3: Increase opportunities for individual to reside in permanent supportive housing

SFBHN works to increase and improve collaboration and coordination between MEs, designated lead agencies of continuum of care plans, and key state and local agencies that provide housing-related services. In the fourth quarter of FY 2016-17, SFBHN participated in 35 community housing meetings including: The Homeless Solutions Meeting conducted by Miami Beach Police Department; the Miami Dade Homeless Trust Landlord Town Hall meeting; the Youth Homelessness Initiative – Stable Housing Committee meeting; and the SFBHN Housing Initiative Meetings. The Housing Coordinator has been a part of CSH's Keeping Families Together Learning Academy to find supportive housing for child welfare involved families. SFBHN assists in linking consumers to additional services, serving 56 consumers served through housing pilot project in FY 2016-17.

Objective 1.1.5: Develop a ROSC framework in Florida to increase consumer engagement, choice, and self-management, including employment opportunities

SFBHN has expanded recovery-oriented principles by a) Increasing the number and quality of trained peer specialists, recovery coaches, support groups, and parent support providers through trainings and support meetings; increasing the number of trained young adult peer specialists through collaborations with agencies that serve young adults, and increasing

collaborations with consumer-operated/peer run/family-run recovery support service provider organizations; b) increasing the number of social supports for youth, young adults, adults, and families with mental illness and/or substance use disorders through collaborations with provider agencies that offer social support services; c) defining peer specialists and their roles within the behavioral health delivery system and providing recovery-oriented systems of care education to peer specialists and providers; d) increasing the number of peer specialists employed within the network and educate provider agencies on the integration of peer specialists into their organization; and e) providing trainings and support to organizations on ROSC staff.

Objective 1.1.6: Increase intensive, in-home team interventions that are available 24/7

SFBHN focuses on several approaches to developing and increasing intensive, in-home team interventions. Models such as the FACT Team are available to individuals with a severe and chronic mental illness. SFBHN also funds a Multi-Disciplinary Forensic Team and 2 FIT teams.

Goal 2.1: Promote emotional health and well being

Objective 2.1.1: Develop a strategic framework for prevention and community-based health promotion that fosters individual, family and community resilience

SFBHN invests in service strategies and coalitions that address targeted geographic areas and reach targeted populations across more than one area of the counties it serves. SFBHN had two coalitions for the Southern Region, one in each county it serves (Miami-Dade and Monroe). SFBHN Prevention System of Care served 203,683 participants during FY 2016-17 for direct services and 100,772 coalition participants, based on PBPS data. SFBHN has implemented a prevention strategy framework, which demonstrates best practices and research-based models that are realistic in scope, well-supported over time, and have significant opportunities for successful outcomes and replication. One goal of this framework indicates that SFBHN staff provides significant training, technical assistance, and support to the prevention providers to assist them in achieving their goals. In FY 2016-17, SFBHN sponsored five trainings for prevention providers and coordinated others in the community. SFBHN contracts its funding to the prevention providers who deliver direct services and track data toward service outcomes. The outcomes are tracked toward SFBHN Prevention System of Care goals, subsequently, toward the community goals of Monroe and Miami-Dade counties.

Goal 2.2: Prevent and reduce substance use

Objective 2.2.1: Strengthen the substance abuse prevention workforce

Prevention providers receive training and technical assistance through SFBHN. Through the monitoring team and the funded evaluation team, SFBHN is working to develop consistent data collection methods and identify gaps in training of the Prevention workforce to better impact outcomes and develop the workforce. More importantly to the SFBHN Prevention workforce development, all SFBHN contracted providers have language in their contracts which states that (1) each staff funded under the SFBHN Prevention contract must have a professional development plan which includes working toward Prevention Certification though the Florida Certification Board, and (2) each staff must have eight hours of training per fiscal year quarter.

Objective 2.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs as supported by data among high-risk populations in Florida through the use of evidence-based practices

SFBHN's strategies focus on the prevention providers implementing only evidence-based programs, practices, and activities as well as the evaluation of the Prevention System of Care, to track the prevention, and delay onset of the use of alcohol, tobacco, and other drugs. SFBHN providers are evaluated on EBPs, and feedback is provided through a data-drive process to guide better success. 12 evidence-based programs, along with six distinct coalition

environmental strategies, were implemented among the 16 contracted prevention providers. Through the EBPs implemented in the schools, 9,745 children and youth were served and completed the program (i.e., fully matched pre/posttests with results where data was collected for analysis). Community key stakeholders and partners request the services in the schools and other service sites. In FY 2015-16, 9,884 youth were served and completed programs with matched pre/posttests. This slight decrease was due to approximately 10% reduction in funding.

Objective 2.2.3: Enhance data collection systems to inform data-driven planning and measure outcomes

Through established protocols, SFBHN ensures the data in the Performance Based Prevention System and the data used in evaluation of the Prevention System of Care are consistent and used for payment for services provided and reported in the PBPS system. All SFBHN contracted prevention providers are required to use the PBPS system for accountability to the service provision. All providers are required to submit the program data monthly in the PBPS. Behavioral Science Research Institute evaluates prevention organization performance data to measure the outcomes in the contract Scope of Work for service activities. They use their own system of data collection and data from the PBPS system to determine individual provider outcomes, and relationship to, and attainment of, the SFBHN goals for prevention and community goals in the Comprehensive Community Action Plans for the Southern Region.

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model

Objective 3.1.1: Develop an integrated treatment-based practice model

SFBHN maintains collaborative agreements with system partners to ensure integration of behavioral health. SFBHN has maintained a Child Welfare Integration Specialist who focuses on activities related to this specialty population. Activities have focused on improving communication and care coordination between the Child Welfare System and the Behavioral Health System of Care.

Objective 3.1.2: Strengthen cross-system understanding and professional/provider competencies and practices as they relate to treatment goals, service planning, practice models, outcome expectations and legal requirements

In FY 2016-17, presentations/updates/trainings about the Clinical Consultation Service, Motivational Support Program, Family Intensive Treatment, Child Welfare Specialty Program and Regional Partnership Grant and integration efforts were provided by the SFBHN Child Welfare Integration Coordinator and co-facilitated with Our Kids.

Objective 3.1.3: Strategically select and integrate dedicated service modalities addressing the specific needs of the family

SFBHN continues to maintain dedicated contracts that focus on the child welfare population. These service contracts include: Motivational Support Program, Family Intensive Treatment Teams, Child Welfare Specialty Program and the Clinical Consultation Services.

Objective 3.1.6: Increase access to treatment services that are trauma-based, family focused, co-occurring capable and integrate parenting interventions targeted for parents in the child welfare system

SFBHN has established several initiatives that focus on clinical strategies that address a variety of community problems including the Child Welfare Population. Progress on these initiatives is tracked through the SFBHN CQI Department. Self-assessments are completed by the network providers annually and action plans developed to continue the implementation of these initiatives throughout the agency.

Appendix II

STATEWIDE PERFORMANCE MEASUREMENT

The Statewide Performance Measurement table indicates the performance measure, the associated target, goal direction, performance results, and whether or not the target was attained. In FY 2016-17, the Department met or exceeded 18 of 18 (100%) SAMH statewide performance measures compared to 15 of 18 (83.33%) in FY 2015-16[6].

[6] Data source: LRPP Exhibit II – Performance Measures and Standards.

Adult Community Mental Health		Target	Goal Direction	FY 2016-17	Attained
M0003	Average annual days worked for pay for adults with severe and persistent mental illness.	40	↑	64.93	YES
M0703	Percent of adults with serious mental illness who are competitively employed.	24	↑	45.72	YES
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	90	↑	94.55	YES
M0743	Percent of adults in forensic involvement who live in stable housing environment.	67	↑	74.12	YES
M0744	Percent of adults in mental health crisis who live in stable housing environment.	86	↑	87.57	YES
Children's Community Mental Health					
M0012	Percent of school days seriously emotionally disturbed (SED) children attended.	86	↑	93.35	YES
M0377	Percent of children with emotional disturbances who improve their level of functioning.	64	↑	92.30	YES
M0378	Percent of children with serious emotional disturbances who improve their level of functioning.	65	↑	86.19	YES
M0778	Percent of children with emotional disturbance (ED) who live in stable housing environment.	95	↑	99.72	YES
M0779	Percent of children with serious emotional disturbance (SED) who live in stable housing environment.	93	↑	99.31	YES
M0780	Percent of children at-risk of emotional disturbance who live in stable housing environment.	96	↑	97.25	YES
Adult Community Substance Abuse					
M0753	Percentage change in clients who are employed from admission to discharge.	10	↑	12.05	YES
M0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	15	↓	-16.07	YES
M0755	Percent of adults who successfully complete substance abuse treatment services.	51	↑	58.13	YES
M0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	94	↑	94.89	YES
Children's Community Substance Abuse					
M0725	Percent of children who successfully complete substance abuse treatment services.	48	↑	70.09	YES
M0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.	20	↓	-14.97	YES
M0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.	93	↑	99.52	YES

Appendix III

SAMH CONTRACTS FY 2016-17

Appendix III provides a summary of all SAMH-funded contracts with the Department.

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2017-18

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
AH409	Northwest	Lakeview Center	$2,250,000.00	$750,000.00	Community Services
AH410	Northwest	Chautauqua Offices of Psychotherapy	$2,250,000.00	$750,000.00	Community Services
AH411	Northwest	Bridgeway Center	$2,250,000.00	$750,000.00	Community Services
AHME1	Northwest	Big Bend Community Based Care	$326,759,897.93	$56,929,868.00	Managing Entity
AI102	Northwest	Lakeview Center	$34,943,280.00	$5,823,880.00	Privatized MHTF
BH303	Northwest	Life Management Center of N.W.F.	$2,250,000.00	$750,000.00	Community Services
BI201	Northwest	Aramark Management Services Limited	$88,690,220.00	$8,524,020.00	MHTF Support
BI205	Northwest	Florida State University	$68,337.00	$22,779.00	MHTF Support
BIU04	Northwest	Morrison Management Specialists	$26,444,448.26	$2,711,511.00	MHTF Support
CI003	Northeast	North Florida Regional Medical	$600,000.00	$300,000.00	MHTF Support
DH700	Northeast	Child Guidance Center	$2,250,000.00	$750,000.00	Community Services
DH701	Northeast	Meridian Behavioral Health	$2,250,000.00	$750,000.00	Community Services
DH702	Northeast	Sinfonia Family Services of Florida	$2,250,000.00	$750,000.00	Community Services
DI405	Northeast	Healthworks of Lake City	$198,744.00	$49,686.00	MHTF Support
DI406	Northeast	John J. Coleman, DPM	$53,318.37	$9,603.93	MHTF Support
DI409	Northeast	Behavior Management Consultants	$102,375.36	$34,125.12	MHTF Support
DI410	Northeast	Consent Advocates	$308,102.88	$77,025.72	MHTF Support
DI412	Northeast	Florida Clinical Practice Associates	$164,448.00	$14,148.00	MHTF Support
DI413	Northeast	Ernst Nicolitz, M.D., P.A.	$286,976.00	$143,488.00	MHTF Support
DI414	Northeast	Speech & Language Consultants	$78,000.00	$39,000.00	MHTF Support
EH003	Northeast	Lutheran Services Florida	$806,826,576.00	$112,366,159.00	Managing Entity
GH504	Central	Circles of Care	$2,250,000.00	$750,000.00	Community Services
GH506	Central	Aspire Health Partners	$2,250,000.00	$750,000.00	Community Services
GHME1	Central	Central Florida Cares Health Systems	$531,776,185.95	$70,275,305.00	Managing Entity
IH611	Southeast	Southeast Florida Behavioral Health Network	$369,844,132.00	$58,662,387.00	Managing Entity
IH612	Southeast	Sinfonia Family Services of Florida	$2,250,000.00	$750,000.00	Community Services
JH343	Southeast	Broward Behavioral Health Coalition	$333,873,085.07	$55,244,457.00	Managing Entity
KH225	Southern	South Florida Behavioral Health	$770,112,734.00	$80,001,112.00	Managing Entity
KH229	Southern	Citrus Health Network	$2,250,000.00	$750,000.00	Community Services
KH230	Southern	Institute for Child and Family Health	$2,250,000.00	$750,000.00	Community Services
LD982	Headquarters	ICF Macro	$1,634,262.00	$408,054.00	Operational Support
LD984	Headquarters	Collaborative Planning Group Systems	$637,827.84	$227,917.92	Operational Support
LD985	Headquarters	Acclaim Systems	$265,350.00	$88,450.00	Operational Support

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2017-18

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
LD986	Headquarters	Florida Alcohol and Drug Abuse Association	$6,317,513.00	$6,317,513.00	Community Services
LD987	Headquarters	Florida Alcohol and Drug Abuse Association	$2,929,012.00	$928,996.00	Operational Support
LH242	Headquarters	Alliance for the Mentally Ill	$938,242.00	$182,628.00	Operational Support
LH244	Headquarters	Kepro Acquisitions	$4,981,766.76	$900,786.00	Operational Support
LH273	Headquarters	Twin Oaks Juvenile Development	$47,353,759.68	$7,947,407.20	JITP Services
LH280	Headquarters	Lighthouse Software Systems	$140,400.00	$46,800.00	Operational Support
LH283	Headquarters	Lifestream Behavioral Center	$1,897,792.96	$275,557.76	Community Services
LH284	Headquarters	Apalachee Center	$1,864,589.44	$270,736.64	Community Services
LH285	Headquarters	New Horizons of the Treasure Coast	$1,630,183.52	$236,701.12	Community Services
LH286	Headquarters	Mental Health Care	$819,840.00	$119,040.00	Community Services
LH287	Headquarters	Henderson Behavioral Health	$1,639,680.00	$238,080.00	Community Services
LH288	Headquarters	Apalachee Center	$1,639,680.00	$238,080.00	Community Services
LH289	Headquarters	University of South Florida	$2,500,000.00	$500,000.00	Operational Support
LH290	Headquarters	Certification Board for Addiction	$1,352,745.00	$454,643.00	Operational Support
LH291	Headquarters	Informed Families	$1,800,000.00	$750,000.00	Community Services
LH292	Headquarters	University of South Florida	$2,107,201.30	$450,000.00	Operational Support
LH293	Headquarters	University of South Florida	$736,329.00	$83,352.00	Operational Support
LH294	Headquarters	Hillsborough County Crisis Center	$400,000.00	$20,000.00	Community Services
LH295	Headquarters	Salvatore M. Blandino	$328,192.00	$328,192.00	SVP Professional Services
LH296	Headquarters	Peter M. Bursten	$15,000.00	$15,000.00	SVP Professional Services
LH297	Headquarters	Chris J. Carr, Ph.D.	$40,000.00	$40,000.00	SVP Professional Services
LH298	Headquarters	Julie Costopoulos	$15,000.00	$15,000.00	SVP Professional Services
LH299	Headquarters	Karen T.J. Dann-Namer, Ph.D., Psy.D.	$20,000.00	$20,000.00	SVP Professional Services
LH300	Headquarters	Martin E Falb, Ph.D., P.A.	$20,000.00	$20,000.00	SVP Professional Services
LH301	Headquarters	Michael P Gamache	$20,000.00	$20,000.00	SVP Professional Services
LH302	Headquarters	Graham Psychological Services	$20,000.00	$20,000.00	SVP Professional Services
LH303	Headquarters	Red Hills Psychology Associates	$30,000.00	$30,000.00	SVP Professional Services
LH304	Headquarters	Specialized Treatment & Assessments	$15,000.00	$15,000.00	SVP Professional Services
LH305	Headquarters	Eric Jensen	$30,000.00	$30,000.00	SVP Professional Services
LH306	Headquarters	Jeffrey I. Musgrove, Psy.D.	$25,000.00	$25,000.00	SVP Professional Services
LH307	Headquarters	Advanced Psychological Associates	$20,000.00	$20,000.00	SVP Professional Services
LH308	Headquarters	Karen C. Parker, Ph.D., P.A.	$30,000.00	$30,000.00	SVP Professional Services
LH309	Headquarters	Gregory A. Prichard	$20,000.00	$20,000.00	SVP Professional Services

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2017-18

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
LH310	Headquarters	Sheila K. Rapa	$30,000.00	$30,000.00	SVP Professional Services
LH311	Headquarters	Celeste N. Shuler, Ph.D.	$30,000.00	$30,000.00	SVP Professional Services
LH312	Headquarters	Clinical & Forensic Psych Associates	$45,000.00	$45,000.00	SVP Professional Services
LH313	Headquarters	Daniel L. Ward, Ph.D., P.A.	$20,000.00	$20,000.00	SVP Professional Services
LH314	Headquarters	Wilson & Associates	$15,000.00	$15,000.00	SVP Professional Services
LH315	Headquarters	Patrick E. Cook, Ph.D.	$10,000.00	$10,000.00	SVP Professional Services
LH316	Headquarters	Carolyn Stimel, Ph.D.	$10,000.00	$10,000.00	SVP Professional Services
LH317	Headquarters	Lynne Westby	$120,000.00	$120,000.00	SVP Professional Services
LHZ43	Headquarters	City of Jacksonville	$1,200,000.00	$300,000.00	Reinvestment Grant Program
LHZ47	Headquarters	Centerstone of Florida	$1,200,000.00	$166,666.67	Reinvestment Grant Program
LHZ48	Headquarters	Meridian Behavioral Healthcare	$1,500,000.00	$125,000.00	Reinvestment Grant Program
LHZ49	Headquarters	Hillsborough County	$1,200,000.00	$400,000.00	Reinvestment Grant Program
LHZ50	Headquarters	Miami-Dade County	$1,200,000.00	$133,333.33	Reinvestment Grant Program
LHZ51	Headquarters	Orange County BOCC	$1,200,000.00	$100,000.00	Reinvestment Grant Program
LHZ52	Headquarters	Pinellas County BOCC	$1,200,000.00	$166,666.67	Reinvestment Grant Program
LHZ53	Headquarters	Guidance / Care Center	$1,073,044.50	$149,033.96	Reinvestment Grant Program
LHZ54	Headquarters	Collier County	$1,042,506.00	$347,502.00	Reinvestment Grant Program
LHZ55	Headquarters	Polk County	$1,200,000.00	$166,666.67	Reinvestment Grant Program
LHZ56	Headquarters	Lifestream Behavioral Center	$1,200,000.00	$100,000.00	Reinvestment Grant Program
LHZ57	Headquarters	Southeast Florida Behavioral Health Network	$1,200,000.00	$166,666.67	Reinvestment Grant Program
LHZ59	Headquarters	Lee County BOCC	$825,000.00	$68,750.00	Reinvestment Grant Program
LHZ60	Headquarters	Martin County Sheriff's Department	$1,200,000.00	$33,333.33	Reinvestment Grant Program
LHZ61	Headquarters	Lutheran Services Florida, Inc.	$58,313.00	$24,297.08	Reinvestment Grant Program
LHZ62	Headquarters	Broward Behavioral Health Coalition	$100,000.00	$33,333.33	Reinvestment Grant Program
LHZ63	Headquarters	SMA Behavioral Health Services	$71,023.00	$29,592.92	Reinvestment Grant Program
LHZ64	Headquarters	Hanley Center Foundation	$100,000.00	$41,666.67	Reinvestment Grant Program
LHZ65	Headquarters	Hanley Center Foundation	$100,000.00	$41,666.67	Reinvestment Grant Program
LHZ66	Headquarters	SMA Behavioral Health Services	$50,204.00	$20,918.33	Reinvestment Grant Program
LHZ67	Headquarters	Baycare Behavioral Health	$50,000.00	$20,833.33	Reinvestment Grant Program
LI702	Headquarters	Correct Care, LLC	$255,480,099.82	$26,502,809.96	SVP Facility
LI704	Headquarters	Correct Care, LLC	$243,192,018.41	$6,158,803.84	Privatized MHTF
LI801	Headquarters	Correct Care, LLC	$353,995,317.19	$35,944,247.35	Privatized MHTF
LI806	Northeast	Public Consulting Group	$3,522,307.00	$325,861.00	MHTF Support
LI807	Headquarters	Correct Care, LLC	$271,393,075.13	$27,762,640.95	Privatized MHTF
NH300	Northeast	Halifax Hospital Medical Center	$2,250,000.00	$750,000.00	Community Services
PH501	Central	The Centers	$2,250,000.00	$750,000.00	Community Services

Department of Children and Families Substance Abuse and Mental Health Contracts FY 2017-18					
Contract #	**Management Region**	**Provider**	**Contract Lifetime Funding**	**Current FY Funding**	**Service Type**
QD1A9	SunCoast	Central Florida Behavioral Health Network	$1,643,953,875.60	$188,962,309.00	Managing Entity
QH7CF	SunCoast	SalusCare	$2,250,000.00	$750,000.00	Community Services
QH8CH	SunCoast	Charlotte Behavioral Health	$750,000.00	$750,000.00	Community Services
TH507	Central	Peace River Center for Personal Improvement	$2,250,000.00	$750,000.00	Community Services
TH508	Central	Lifestream Behavioral Center	$2,250,000.00	$750,000.00	Community Services
YBI23	Northwest	Crown Health Care Laundry Services	$391,560.00	$391,560.00	MHTF Support
ZH308	Southeast	Family Preservation Services of Florida	$2,250,000.00	$750,000.00	Community Services