



SUBSTANCE ABUSE AND MENTAL HEALTH TRIENNIAL PLAN UPDATE

FOR FISCAL YEAR 2018-2019

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

December 6, 2019

Chad Poppell
Secretary

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Governor

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I. Introduction

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

The Master Plan outlines statewide and region-specific priorities developed with stakeholder input and based on current trends and conditions related to behavioral health services in Florida. The Office of Substance Abuse and Mental Health (SAMH) utilizes the Master Plan to drive statewide quality improvement initiatives, create legislative budget proposals, and develop policy and programs to support the priorities and goals. This is the last update to the Fiscal Years 2017-19 Master Plan, which outlined 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

This update provides an overview of FY 2018-19, including statewide progress on system priorities, budget as of July 1, 2018, grants administered throughout the year, legislative changes, and contracts managed within SAMH. A new Master Plan was developed in 2018 for fiscal years 2019-20 through 2021-22, which can be accessed at:

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

II. Annual Overview

Fiscal Year (FY) 2018-19 saw a tremendous amount of growth in Florida's behavioral health arena. As the state's leadership changed, so did the focus on mental health and substance use. Under the guidance of Governor Ron DeSantis and First Lady Casey DeSantis, Florida's leadership has taken a heightened interest in improving the mental health of Floridians. The First Lady established a campaign called "Hope for Healing Florida" which includes a resource guide that provides information to individuals seeking help for behavioral health issues. Department Secretary Chad Poppell has taken a bold approach to organizing resources to be directed to one primary goal, utilizing the strategic approach called the 4 Disciplines of Execution, also known as 4DX. The Department's primary goal is to reduce the number of families in crisis by increasing pre-crisis contacts and reducing re-entry into crisis-based services such as admission to a crisis stabilization unit, inpatient psychiatric hospital, state mental health treatment facility, or detoxification unit.

The network service providers under contract with the Managing Entities (MEs) served 339,093 individuals in FY 2018-19. This represents some amount of duplication across MEs as

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."

individuals are at times served by more than one ME. Table 1 below shows the unduplicated counts by ME.

Table 1: FY 2018-19 Individuals Served by Managing Entities

| ME | Total Served (unduplicated) | Adults Community Mental Health | Children Community Mental Health | Adults Community Substance Abuse | Children Community Substance Abuse |
|---------------|-----------------------------|--------------------------------|----------------------------------|----------------------------------|------------------------------------|
| BBCBC | 37,874 | 22,074 | 7,248 | 9,493 | 2,608 |
| BBHC | 25,630 | 14,084 | 2,560 | 9,177 | 2,004 |
| CFBHN | 116,557 | 71,225 | 17,564 | 31,031 | 8,349 |
| CFCHS | 31,586 | 14,714 | 2,254 | 14,523 | 4,058 |
| LSF | 52,707 | 32,312 | 5,081 | 17,261 | 2,913 |
| SEFBHN | 30,390 | 16,170 | 5,661 | 7,542 | 2,837 |
| SFBHN | 44,349 | 26,811 | 7,099 | 8,767 | 3,749 |

In January 2019, the Department launched the Financial and Services Accountability Management System (FASAMS), a new data system to replace the outdated Substance Abuse and Mental Health Information System (SAMHIS). FASAMS was implemented in compliance with s. 394.77, F.S., to meet the following statutory system requirements:

- A uniform management information and fiscal accounting system for use by providers of community substance abuse and mental health services.
- A uniform reporting system with uniform definitions and reporting categories.
- An integrated system with automated interfaces to Florida Medicaid Management Information System (FMMIS) and Child Welfare (FSFN) systems.

The goal of the new system is to provide data that demonstrates service utilization, cost, and outcomes at the person level. The system should also be able to interface with the Child Welfare and Medicaid data systems in order to follow individuals through their entire system of care involvement. At time of this writing, FASAMS is not yet functioning at expected levels and the Department is working with MEs and network service providers to improve how data is collected in the system. Due to significant differences in the data available in FASAMS compared to data in the ME systems, the Department is relying on ME data for more accurate reporting. As an example, FASAMS showed 275,628 unduplicated individuals served in FY 2018-19 as compared to 316,299 in FY 2017-18. Considering the increase in funding coupled with the differing numbers provided by the MEs, it is clear that this number is grossly underreported.

In terms of service capacity, FY 2018-19 saw a significant increase in services for children and young adults as well as services for individuals with opioid use disorders. This was predominantly due to increased appropriations from the Marjorie Stoneman Douglas High

School Safety Bill, increases in the Community Mental Health Block Grant, and federal opioid response grants.

Senate Bill 7026 or the Marjory Stoneman Douglas High School Public Safety Act was signed into law on March 9, 2018 in response to the tragic school shooting in Parkland on February 14, 2018. For FY 2018-19, \$9.8 million in recurring funds were appropriated to the Department for additional community action treatment (CAT) teams to ensure reasonable access among all counties. An additional \$18.3 million in recurring funds were appropriated to the Department for more mobile crisis teams (referred to as mobile response teams) to ensure reasonable access among all counties. CAT teams serve youth 11-21 years of age with a mental health diagnosis and 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; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Younger children with 2 or more characteristics may also be served. Mobile response teams respond to a mental health crisis anywhere in the community within 60 minutes and provide crisis intervention services, assessment, and referral to community resources, 24 hours per day, 7 days per week. They are available to individuals 25 years of age and under, regardless of their ability to pay, and must be ready to respond to any mental health emergency. In partnership with the MEs, the Department utilized these appropriations to expand CAT teams from 27 to 41 and enhanced capacity of 12 existing mobile response teams and implemented 28 new teams, making these services available statewide.

Increases in Community Mental Health Block Grant allowed the Department to implement 2 additional Coordinated Specialty Care teams, increasing the number of teams from 5 to 7. Coordinated Specialty Care (CSC) is a recovery-oriented treatment program for people with first episode psychosis (FEP). CSC promotes shared decision making and uses a team of specialists who work with the person served to create an individualized treatment plan. The specialists offer psychotherapy, medication management geared to individuals with FEP, family education and support, case management, and work or education support, depending on the individual's needs and preferences. The person served and the team work together to make treatment decisions, involving family members as much as possible. The goal is to link the individual with a CSC team as soon as possible after psychotic symptoms begin. The two new teams were implemented in Hillsborough and Orange counties.

Details regarding the federal grants in response to the opioid crisis can be found in section V of this report. It is important to note that in FY2018-19, the Department promulgated comprehensive changes to Chapter 65D-30 of the Florida Administrative Code which regulates substance abuse services. Most notably, the changes included a methodology for the needs assessment required in statute to establish additional methadone opioid treatment programs (OTPs). As a result of this change, the Department was able to publish the needs assessment in June 2019, which yielded need for an additional 42 methadone OTPs. The letters of intent to apply for licensure exceeded the need for OTPs in each county, so the Department has initiated a process for intended applicants to apply for the opportunity to move forward with licensure.

III. Update on Strategic Initiatives

For the FY 2018-19 update to the 2017-19 Master Plan, provided below is a progress summary for each objective and outcomes. Tables 2-6 provide an overview of data trends and activities for each of the five strategic initiatives.

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

Table 2: Progress on Strategic Goal #1.1 through #1.2

| Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery-based model of care | | |
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| 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. | PARTIALLY MET: The SAMH Office collects and reports performance measure data for 30-day readmission rates for inpatient detoxification and crisis stabilization services. Crisis stabilization readmission rates were approximately 11% in FY 2018-19, compared to the 14% readmission rate reported in FY 2016-17. Performance for inpatient detoxification readmissions was approximately 17%, compared to the 13% readmission rate reported in FY 2016-17. |
| Objective 1.1.2: Promote peer support services. | Increase number of Certified Recovery Peer Specialists in the workforce. | MET: The number of Certified Recovery Peer Specialists (CRPS) increased from 418 to 558 As of June 2019. DCF continues to focus on building statewide capacity and increasing skills-sets of CRPS by providing the 40-hour training and financial scholarships to remove barriers to individuals seeking certification. In February 2019, the Department partnered with the Statewide Peer Network to provide ongoing training and system development activities among the CRPS workforce. |
| 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. | MET: All seven MEs have at least one dedicated housing coordinator position on their staff who advocate for supportive housing services for people with behavioral health conditions, specifically targeting those experiencing homelessness and children aging out of foster care. Examples include, being involved on Affordable Housing Advisory Committees and partnering with the Florida Housing Coalition to provide technical assistance to service providers looking to build or rehab affordable housing developments. Housing Coordinators participate in many Homeless Continuums of Care (CoC) activities, including the annual Point-In-Time census, coordinated assessment, inventory of current services, gap analysis, coordination of local services, and strategic planning. MEs work with CoCs to |

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| | | <p>prioritize housing for individuals with the highest need who consistently utilize crisis services.</p> <p>Housing Coordinators often utilize Transitional Vouchers to help pay for incidentals such as temporary rental assistance, deposits, and moving expenses so that individuals can live in the most independent, integrated setting as possible.</p> |
| <p>Objective 1.1.4: Implement a standardized assessment of service needs (i.e., level of care).</p> | <p>Providers across the system of care use a common tool to determine an individual's service needs.</p> | <p>PARTIALLY MET: 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.</p> <p>ASAM criteria are used across the network service provider system for all substance use disorder services. Two MEs, Broward Behavioral Health Coalition and Southeast Florida Behavioral Health Network, are implementing 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.</p> |
| <p>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.</p> | <p>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.</p> | <p>PARTIALLY MET: In FY 2018-19, the Department hosted six Recovery Management workshops specifically designed for network service providers (NSPs) and MEs to support integration of recovery-oriented practice approaches. From December 2018 to April 2019 the department conducted seven recovery-oriented quality assurance site visits for MAT NSPs as part of the State Opioid Response (SOR) grant. Based on chart reviews and interviews during those visits, provider recovery orientation ranged from very little presence of the principal to a close approximation to the principal. The Department's Regional Recovery-Oriented Quality Improvement Specialist and ME partners continue to provide technical assistance to NSPs to enhance recovery-service delivery by developing strategic improvement plans and forming regional and community ROSC committees with traditional and non-traditional partners.</p> <p>In December 2019 with support of the SOR grant, the Department partnered with Faces and Voices of Recovery as national Subject Matter Experts to provide training and technical assistance to help establish recovery community organizations and recovery support services throughout the state as a critical component of a ROSC framework.</p> <p>The Department supports these groups by offering technical assistance and workforce development around topics such as implementation, recovery-framework structuring, facilitating community planning efforts, and identifying priorities. In August 2018 the Department concluded phase 1 of a twelve-month workforce</p> |

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| | | development program, designed to assist regional stakeholders in achieving positive outcomes that reflect recovery-oriented values. |
| 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. | <p>MET: In FY2018-19, the Department, through the MEs, implemented 28 new mobile response teams (MRTs) and enhanced 12 existing teams, for a total of 40 teams that provide statewide coverage. MRTs respond to individuals age 25 and younger who are in crisis. The Department established an MRT Framework as a practice tool and amended contracts with MEs to establish requirements for MRT services to respond 24/7 to the location of the crisis within 60 minutes.</p> <p>The Department, in partnership with the Florida Certification Board, developed and presented a series of 4 provider training webinars relating to Mobile Response which 843 persons attended overall. The following webinars are also available online:</p> <ul style="list-style-type: none"> • Introduction to Mobile Response Teams (165) • Building Partnerships with Local Resources for Crisis Response (306) • Crisis Assessment and Interventions (147) • Strengths-Based Crisis Planning (225) <p>CAT Team capacity also grew significantly, increasing the number of teams from 27 in FY2017-18 to 41 in FY 2018-19. In FY 2018-19 there were 3,081 individuals served statewide by CAT teams, which was a 33.84% increase from FY 2017-18 (2,302 individuals).</p> <p>In FY 2018-19 Forensic Multi-Disciplinary Teams provided services to 427 individuals, a 23.5% increase from FY 2017-18.</p> |
| Goal 1.2: Improve access to services in both rural and urban areas | | |
| Objectives | Outcomes / Metrics | FY 2018-19 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. | <p>MET: The FY17-18 General Appropriations Act reduced Central Receiving Systems funding from \$20 million to slightly less than \$12 million and all existing grantees remained funded at reduced levels.</p> <p>The FY18-19 General Appropriations Act restored funding to \$19.8 million and all existing multi-year grants were restored proportionately to prior levels.</p> <p>Existing grant projects in the following locations will continue into FY 20-21.</p> <ul style="list-style-type: none"> • Orange County • Lake and Sumter counties • Manatee County • Hillsborough County • Osceola County |

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| | | <p>Existing grant projects in the following locations will continue into FY 21-22.</p> <ul style="list-style-type: none"> • Duval, Baker, Clay, Nassau, and St. Johns counties • Broward County • Flagler and Volusia counties • Leon, Franklin, Gadsden, Jefferson, Liberty, Madison, Taylor and Wakulla counties |
| <p>Objective 1.2.2: Develop alternate access options and locations with centralized triage and service delivery functions.</p> | <p>Increase the use of alternative technologies and non-traditional settings (i.e., community hospitals, local health departments) to provide services remotely.</p> | <p>MET: Many MRT providers utilize telehealth resources. In the rural northwest counties, the local sheriff's office is equipped with a HIPPA compliant tablet and connects with the MRT staff when responding to a call for assistance.</p> <p>Many MRT providers use telehealth resources, such as Zoom or Skype, when non-licensed staff respond to a call and a licensed clinician or psychiatrist is needed.</p> <p>In the Northwest Region telehealth kiosks were installed at 63 schools in 6 counties that were impacted by Hurricane Michael. To date, three counties are actively utilizing the kiosks, the ME is providing training and on-going support to school staff in the other three counties.</p> <p>Most services in rural Hendry and Glades counties are provided through telehealth. Most providers report that telehealth is a part of their service delivery system and there is a move to expand.</p> |
| <p>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.</p> | <p>Increase the number of pregnant women, women with dependent children, and intravenous drug users receiving substance abuse services.</p> | <p>MET: The number of pregnant women and women with dependent children admitted to SAMH services increased from 14,313 in FY 2015-16 to 19,584 in FY 2017-18.</p> <p>The number of intravenous drug users admitted to treatment increased slightly from 11,864 in FY 2017-18 to 12,965 in FY 2018-19.</p> <p>During FY 2018-2019, SAMH, in partnership with the Florida Alcohol and Drug Abuse Association (FADAA), conducted provider training webinars on treatment engagement and retention with a total of 2,384 attendees, including:</p> <ul style="list-style-type: none"> • Recovery Planning and Sustainability (170) • Treating Individuals Living with Complex Trauma and Substance Use Disorders (281) • Customer Service Strategies for Substance Abuse Treatment Engagement and Retention (162) • Trauma-Informed Cognitive Behavioral Therapy (CBT) for Individuals with Substance Use Disorders (181) • Motivational Interviewing Techniques for Engaging Individuals and Families in Treatment (555) • Using Community Outreach Strategies to Increase Engagement (245) |

- Multiple Pathways for Recovery (139)
- Evidence-Based Outreach and Engagement Strategies (287)
- Alternatives to Administrative Discharge (180)
- Using Telehealth for Treatment of Substance Use Disorders (184)

Using State Targeted Opioid Response (STR) funding, SAMH partnered with FADAA to conduct the following trainings by physician peer mentors with 453 attendees:

- Opioid Use Disorder During Pregnancy: A Review of Medication Assisted Treatment Workshops (51)
- Patient Retention in Medication Assisted Treatment Webinar (128)
- Comorbidities Associated with the Opioid Epidemic Webinar (112)
- Practices to Decrease Stigma and Shame in Patients with Opioid Use Disorder Webinar (162)

In addition, SAMH funded opioid use disorder trainings for child welfare and court staff using STR funding for a total of 1,020 attendees.

In-person trainings (374):

- Impact of Opioid Use on the Family: Improving the Odds for Opioid-Involved Families (250)
- Impact of Opioid Use on Caregivers and Children (82)
- Caregiver Opioid Use Disorders for Guardian Ad Litem (42)

Webinars (646):

- Raising the Children of Florida's Opioid Epidemic: Solutions and Support for Grand-families (156)
- Florida's Recovery Residence Options for Parents with Opioid Use Disorders Receiving Medication Assisted Treatment (115)
- Supporting Mothers and Babies Affected by Opioid Use Disorder (177)
- Opioid 101: What Every Foster Parent and Kinship Family Needs to Know about Opioid Use (198)

Online Course Modules:

- Speed-balling
- Stages of Change
- Issues and Promising Interventions for Children Zero to Three
- Complex Connections: Domestic Violence (DV), Opioid Use and Trauma
- Opioid Use and Family Dynamics
- Prevention Strategies for Youth Affected by Parents with Opioid Use Disorder

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| | <p>During FY 2018-2019, SAMH contracted with the Florida Association of Healthy Communities (FAHC)/AHEC to develop and provide opioid use disorder training for health care professionals and students. Statewide, 635 individuals received in-person training using the curriculum, Opioid Use and Opioid Use Disorder in Pregnancy.</p> <p>SAMH also contracted with the Florida Certification Board (FCB) to provide the online course, Creating a Culture of Engagement in Behavioral Health Services, which 127 learners completed between February and June of 2019. Finally, 307 individuals completed the Understanding and Working Effectively with Persons Who Inject Drugs online course and 203 learners completed the Welcoming Services & Service Coordination for Women online course sponsored by SAMH on the FCB website.</p> <p>The Legislative Budget Request (LBR) developed in FY 2017-18 to expand outreach services for pregnant women was funded during FY 2018-2019. There was a slight increase in the number of pregnant women served from 516 in FY 17-18 to 547 in FY 18-19.</p> <p>During FY 2018-2019, the National Center on Substance Abuse and Mental Health Policy Academy provided technical assistance to two communities in Bay and Escambia counties. The focus of the technical assistance was on Plans of Safe Care created for substance exposed infants and their families. The communities were offered technical assistance on how to bring stakeholders together to complete the plans. The technical assistance ended during the fiscal year.</p> |
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III.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. | <p>MET: In FY 2018-19 prevention providers and coalitions served the following in each Institute of Medicine (IOM) prevention category:</p> <ul style="list-style-type: none"> • Universal Indirect Total Served 21,520,012 • Universal Direct Total Served 670,414 • Selective Total Served 232,598 • Indicated Total Served 30,548 <p>Providers engaged in 56,505 indicated prevention activities, which was a 28% increase from 40,577 activities in FY 2017-18. A total of 65 evidence-based programs</p> |

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| | | <p>(EBPs) were used in Florida schools for all IOM categories, which is a 20% increase (52) from FY2017-18. Additionally, a total of 35 EBPs were used for indicated prevention compared to 15 in FY 2017-18, a 57% increase.</p> <p>The SAMH Prevention Specialist continues to facilitate monthly calls with the ME Prevention Coordinators and participates in the statewide prevention call with the Florida Alcohol Drug Abuse Association, the National Prevention Network call, Children's Behavioral Health and calls with the Department of Education for Healthy Schools.</p> |
| Goal 2.2: Prevent and reduce substance use | | |
| Objectives | Outcomes / Metrics | Progress / Update |
| <p>Objective 2.2.1: Strengthen the substance abuse prevention workforce.</p> | <p>Increase the knowledge, skills, and abilities of the prevention workforce.</p> | <p>MET: SAMH, in partnership with the Florida Certification Board, offered technical assistance and training for Florida's prevention credentialing.</p> <p>SAMH is also collaborating with SAMHSA's 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:</p> <ul style="list-style-type: none"> • 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). <p>An additional 36 individuals viewed the archived versions of these webinars.</p> |
| <p>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.</p> | <p>Reduce the percentage of youth aged 12 – 17 reporting substance use in the past 30 days.</p> | <p>MET: As indicated in the Florida Youth Substance Abuse Survey, Florida middle and high school students reported reductions in substance use. Between 2017 and 2019:</p> <ul style="list-style-type: none"> • Past-30-day use of any illicit drug other than marijuana dropped from 6.3% to 5.9% • Past-30-day use of alcohol dropped from 16.5% to 14.8% • Past-30-day marijuana/hashish use dropped from 10.6% to 10.4% • Past-30-day cigarette use dropped from 2.6% to 1.6% |
| <p>Objective 2.2.3: Enhance data-collection systems to inform data-driven planning</p> | <p>Implement a new prevention data system and disseminate statewide and local data.</p> | <p>MET: The Performance Based Prevention System (PBPS) is fully implemented and collects data from Florida's contracted prevention providers and coalitions. The system has become a reliable and user-friendly source of data for reporting on statewide goals. System reports are</p> |

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| and to measure outcomes. | | <p>accessible to all user levels to inform planning, track trends and progress.</p> <p>In FY 18-19 a financial enhancement was added to PBPS. This new component allows MEs to create a unique hourly rate for each provider, IOM category, funding source (Block Grant, Prevention Partnership Grant, STR, SOR or PFS) and program combination that will enable coalitions, providers, MEs and the Department to generate invoices and complete Block Grant financial reports.</p> |
| Goal 2.3: Reduce the spread of infectious disease | | |
| Objectives | Outcome / Metrics | Progress / Update |
| Objective 2.3.1: Develop targeted outreach strategies specific to intravenous drug users. | Increase the number of intravenous drug users admitted to treatment. | <p>MET: The number of intravenous drug users admitted to treatment increased from 11,864 in FY 2017-18 to 12,965 in FY 2018-19. Strategies such as hospital bridge programs and partnerships with peer organizations and the syringe exchange program appear to be effective in engaging IV drug users in treatment.</p> |
| Objective 2.3.2: Engage and maintain intravenous drug users in treatment and support services. | | <p>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.</p> |
| Goal 2.4: Prevent and reduce attempted and completed suicides | | |
| Objectives | Outcomes / Metrics | Progress / Update |
| 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. | <p>NOT MET: The total number of deaths due to suicide in 2018 was 3,552, an increase from 3,187 in 2017.</p> <p>MEs and stakeholders provided evidence-based programs to promote wellness and prevent suicide. In total, 23 organizations focused on this goal by providing trainings such as Question, Persuade, and Refer; Question, Persuade, Refer, and Treat; and Applied Suicide Intervention Skills Training. 101 trainings were provided to 5,270 individuals.</p> <p>During FY 17-18 and FY 18-19, 1,679 individuals completed the Suicide Prevention online course developed by the FCB in partnership with SAMH. 2,339 learners completed the Assessing Suicide Risk course. Other suicide prevention activities included: Suicide Prevention Day at the Capitol, Florida Taking Action for Suicide Prevention mini-conference, Local Outreach to Suicide Survivors (LOSS) Team conference, Bridges of Hope Walk, Suicide Prevention Community Summits, and Lighting the Darkness remembrance ceremonies.</p> |

| Goal 2.5: Reduce opioid-related overdose deaths | | |
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| Objectives | Outcomes / Metrics | Progress / Update |
| 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. | <p>MET: In 2018, 3,726 opioid-caused deaths were reported, a 13% decrease from 2017 (4,279). Counties, including Miami-Dade, Broward, and Palm Beach experienced reductions in opioid-caused deaths, which could in part be due to robust community-based naloxone distribution programs providing low barrier access to naloxone among people who use drugs.</p> <p>Since the start of the Department's Overdose Prevention Program through FY 18-19, the Department has purchased and distributed 67,622 naloxone kits to providers enrolled in the program. The number of participating providers in the program has grown to 120 organizations, ranging from substance use and mental health treatment facilities, homeless service organizations, harm reduction programs, peer recovery organizations, hospital emergency departments, federally qualified health centers, and other community-based organizations that work with people who use drugs and their peers. An estimated 3,190 overdose reversals have been reported. The majority of lives saved have occurred by people who use drugs, as they are commonly the first responders during an overdose and are well equipped to immediately administer naloxone when provided with low threshold access to the medication.</p> <p>The Department also conducts overdose prevention and harm reduction trainings to organizations interested in participating in the program. Since the start of the program in August 2016 through FY 18-19, 132 trainings have been conducted, educating an estimated 3,738 individuals. In addition, during FY 18-19, 429 individuals completed the online course, Overdose Prevention and Naloxone, developed by SAMH and the Florida Certification Board.</p> <p>The Department's PFS Grant also includes funds to support a statewide Opioid Overdose Prevention Awareness Campaign. Primary goals of the campaign include educating individuals at risk of experiencing or witnessing an overdose on how to recognize the signs, reverse an overdose using naloxone, and how to access naloxone in Florida. The Department entered into a contract with a selected media vendor, Skye Creative, to assist in implementing the campaign from November 2018 – March 2019. During this time, a website was created with a locator to inform Floridians of local naloxone access providers, educational materials were developed and disseminated through print and digital media, and focus groups were conducted to inform campaign materials and messaging.</p> |

III.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. | MET: The Department identified four Practice Expectations to guide improvements to treatment: Parent Screening, Referral for Behavioral Health Assessment, Family Focused Treatment, and Aligned Planning and Teamwork. Five of six regions submitted status summaries capturing local efforts. Three Statewide Priorities were identified based on these summaries to continue development of 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. | PARTIALLY MET: The Department's Statewide Priorities include goals, strategies, and objectives targeted at enhancing collaboration between child welfare and behavioral health practitioners. These goals were developed based on common needs identified in Regional-level action plans. Statewide workgroups completed recommendations for Assessments, Preferred Providers, and Service Planning and Financing. Guidance Document 19 was also incorporated into the Managing Entity contracts to outline requirements for Working Agreements with Community Based Care Lead Agencies. These requirements include assessing current array of services and addressing gaps, developing a referral and assessment process, establishing communication protocols to address information sharing and concurrent planning, coordination of care and data sharing. |
| 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, and by improving family functioning. | PARTIALLY MET: The FIT guidance document is revised on an ongoing basis to guide program improvement. Caregiver protective capacities assessed by child welfare in the Family Functioning Assessment have been integrated by the FIT teams into treatment planning and will be utilized as a performance measure for enhancement of parental capacity. An evaluation was completed of the FIT program by the University of South Florida, which resulted in integrated child welfare performance measures and development of a Fidelity Tool. FIT data has been shared with the Department's Office of Child Welfare to create ongoing integrated metrics. A FIT Manual is in development as a companion to the Fidelity Tool to provide consistent guidance and implementation of the program. |
| Objective 3.1.4: Create a systematic and focused | Strategic approach to implementing and sustaining an | MET: Regional action plans have been rolled into Statewide Priorities to provide a consistent approach to systems integration. One of these priorities is Joint |

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| leadership approach to implement an integrated, treatment-based practice model, which will include the monitoring and evaluation of implementation and outcomes. | integrated treatment model. | Accountability, Shared Outcomes and Information Sharing. Goals under this priority are: <ul style="list-style-type: none"> Strengthen the collaboration within program offices and external stakeholders to effectively implement policies and procedures requiring multidisciplinary support. Increase information sharing and establish cross-program data analysis to measure shared outcomes and support joint accountability. |
| 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. | PARTIALLY MET: Objectives of the Statewide Priorities include exploring DCF-funded and Medicaid-funded behavioral health services provided to the child welfare population and assessing the capacity and utilization of services such as Outreach, Recovery and Peer Support, and Case Management and availability of services afterhours, in-home, and through telehealth. This will allow for evaluation of true cost of service, client eligibility, and availability of resources to leverage relevant funding sources to meet the needs of families. |
| 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. | PARTIALLY MET: By assessing current capacity and utilization, behavioral health providers will be identified to pilot enhanced services. Several behavioral health providers throughout the state have developed referral routing and client tracking to increase timely access to treatment. This practice will expand through the Statewide Priorities. |

III.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. | MET: A process for creating a Master Client Index was deployed in the January 2019 release of the FASAMS data system. Ninety-five percent of clients in the FASAMS data system are currently assigned a unique client identifier. |

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| 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. | PARTIALLY MET: The FASAMS data system uses a master client index (MCI) to provide a distinct count of persons served and track care coordination services across provider networks. As previously stated, 95% of clients in FASAMS have an MCI assigned and 9,957 clients have been identified as receiving care coordination. Efforts improve the reliability and validity of data reported into FASAMS with system modifications are scheduled to through 8/1/2020. |
| | 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. | PARTIALLY MET: The foundation for integrating SAMH data with the Florida Safe Families Network (FSFN) and Florida Medicaid Management System (FMMC) was built into the FASAMS data system, using unique client identifiers and connecting key fields; and there are currently 113,721 clients identified in FASAMS. The department is currently developing an enterprise data system that will serve as the platform for interfacing between the FASAMS, FSFHN and FMMC data systems. |
| | 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. | PARTIALLY MET: A performance outcome module, capable of capturing outcome data for clients with and without co-occurring disorders, has been built into the FASAMS data system. The business rules and data structures that are embedded into performance outcome module are currently being reevaluated/revised to more closely with clinical practice. Modification to the existing FASAMS data structure are schedule through 8/1/2020. |
| | Reduced administrative costs due to less data-processing time and less data redundancy. | |

| Goal 4.3: Improve accountability of units and costs of state-funded services provided to state target populations | | |
|--|---|--|
| Objectives | Outcomes / Metrics | Progress / Update |
| 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. | PARTIALLY MET: The FASAMS data system was equipped with a sub-contract data module to provide a framework for reconciling service data with accounting records. While this framework has been developed, additional system modifications are being implemented to improve the accuracy of system reports. Modification to the existing FASAMS data structure are schedule through 8/1/2020. |
| | Accurate analysis of the costs and outcomes of state-funded services provided to state target populations. | |
| 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. | PARTIALLY MET: The FASAMS data system was equipped with a sub-contract data module to provide a framework for reconciling service data with accounting records. While this framework has been developed, additional system modifications are being implemented to improve the accuracy of system reports. Modification to the existing FASAMS data structure are schedule through 8/1/2020. |
| 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 4.4.1: 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. | MET: The LOCUS continues to be utilized in the state mental health treatment facilities and by certain community-based providers, most commonly as a discharge planning tool for individuals transitioning from institutional and inpatient care settings. While the LOCUS continues to have utility in specific treatment settings, it has been determined, upon further review, that other assessment tools can be more clinically appropriate in alternative treatment settings. For this reason, SAMH is no longer pursuing Objective 4.4.1-to implement the LOCUS as a standard assessment tool-and will, instead, enable providers to choose a validated assessment tool that best reflects their specific clinical objectives. Other assessment tools include FARS, CFARS, CGAS, ASAM, and Bio Psychosocial assessment. |

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| 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. | MET: The capability to link LOCUS assessment results, along with results of other assessment types (see 4.4.1 response), to FASAMS data has developed and was implemented in January 2019. |
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III.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. | <p>MET: The Forensic Multi-Disciplinary Teams and Forensic Transitional Beds continue to be part of the strategy to keep people out of SMHTF's. Forensic Multidisciplinary Teams provided services to 150 individuals during FY 2016-17; 346 individuals during FY 2017-2018; and 427 individuals during FY 2018-2019.</p> <p>The Forensic Transitional Beds had an average utilization of 95% during FY 2017-18 and 97% during FY 18-19. The Department has submitted a budget request during FY 19-20 for 48 additional forensic transitional beds.</p> <p>The average number of days to admit persons into a forensic facility was 9 days in FY 2017-18 and 10 days in FY 2018-19.</p> <p>A Strategic Plan for the community was developed during FY 2018-19 with specific goals and actions. The primary focus of the plan is training and outreach to community stakeholder on diversionary best practices such as the Sequential Intercept Model. The Department along with key stakeholders also participated in a SAMHSA's GAINS Center Competency to Proceed/Competency Restoration Learning Collaborative focused on this issue. This led to additional efforts including additional outreach, special projects and technical support for pilot communities.</p> |
| 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. | <p>MET: 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 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 increased by 10% in FY 17-18 (n = 22), from an average of 20 in FY16-17, although as of FY 18-19 (n = 18) decreased by 20%.</p> |

| | | |
|--|--|--|
| <p>Objective 5.1.3: Conditionally release people who no longer appear to meet commitment criteria for placement in a SMHTF.</p> | <p>Decrease the number of forensic residents waiting longer than 30 days to return to court.</p> | <p>MET: This process continues to be utilized in the facilities. They work in collaboration with the Network Community Providers and the Managing Entities to return residents to the community on Conditional Release. There were 130 residents discharged on Conditional Release during FY 2017-18 and 135 during FY 2018-19.</p> |
| <p>Objective 5.1.4: Develop a catalog of community-based forensic services.</p> | | <p>MET: In April 2019, the Department and forensic system stakeholders participated in the SAMSHA's GAINS Center Learning Collaborative as noted in 5.1.1. Within this collaborative the team developed a "forensic" category in the existing DCF resource website, Florida Network of Care. An inventory of services for each region was input in the category. Outreach was provided to forensic evaluators, courts, attorneys and law enforcement to promote the use of the system.</p> |
| <p>Objective 5.1.5: Evaluate competency restoration programs and review performance measures.</p> | | <p>MET: The forensic facilities restored an additional 164 individuals to trial competency in FY 2017-18 compared with FY 2016-17, and an additional 92 in FY 2018-2019 as compared to FY 2017-18. The statewide trimmed mean decreased from 114 days in FY 2016-17 to 96 in FY 2017-18, and to 88 in FY 2018-19. Over the course of the past two FYs, all facilities were noted as having decreased the average days to restore from that of the prior year. Funds received from the legislature per the Department's original budget request for FY 2017-18 to increase competency restoration services in SMHTFs to align with offerings in the benchmark state of Virginia were used to increase number of service hours to be received per resident for competency restoration services to include IMR.</p> |

IV. Financial Management

The allocation of state and federal funds provides the financial infrastructure for statewide behavioral health prevention, treatment, and recovery services. The community SAMH services budget increased by \$52.7 million as compared to FY 2017-18, a 7.3 percent increase. The majority of community SAMH funding (91%) is encumbered in contracts with the MEs. Funding for mental health services in state treatment facilities increased by \$11.7 million, a 3.3 percent increase. Tables 7 through 10 show the SAMH funding for FY 2018-19 based on the approved operating budget on the first day of the fiscal year.

Table 7: FY 2018-19 Mental Health Services and Community SAMH Services Funding

| SAMH Funding (FY 2018-19) | | | |
|-----------------------------------|----------------------|---|----------------------|
| Mental Health Services | | Community Substance Abuse and Mental Health Services | |
| Civil Commitment Program | \$178,492,718 | Community Mental Health Services | \$463,479,584 |
| Forensic Commitment Program | \$154,570,723 | Community Substance Abuse Services | \$270,651,500 |
| Sexually Violent Predator Program | \$34,590,772 | Executive Leadership and Support Services | \$40,251,944 |
| Total | \$367,654,213 | Total | \$774,383,028 |

Table 8: FY 2018-19 SAMH Funding by Types of Funding Source

| SAMH by Funding Source (FY 2018-19) | | | | | |
|--|------------------------|--------------------|-----------------------|--------------------------------|----------------------|
| Program | General Revenue | Block Grant | Federal Grants | Other Funds² | Total |
| Community Mental Health Services | \$391,553,510 | \$34,230,272 | \$29,921,731 | \$7,774,071 | \$463,479,584 |
| Civil Commitment Program | \$96,768,852 | - | \$75,804,868 | \$5,918,998 | \$178,492,718 |
| Forensic Commitment Program | \$152,593,897 | - | \$54,766 | \$1,922,060 | \$154,570,723 |
| Sexually Violent Predator Program | \$34,590,772 | - | - | - | \$34,590,772 |
| Community Substance Abuse Services | \$123,402,562 | \$111,535,369 | \$27,870,109 | \$7,843,460 | \$270,651,500 |
| Executive Leadership and Support Services | \$28,179,794 | \$5,885,767 | \$5,072,846 | \$1,113,537 | \$40,251,944 |

Table 9: FY 2018-19 ME Schedule of Funds by Program Type beginning 07/01/18

| ME Schedule of Funds By Program (FY 2018-19) | | | |
|---|----------------------|----------------------|----------------------|
| Program | Federal Funds | State Funds | Total |
| Community Mental Health Services | \$64,387,823 | \$357,690,947 | \$422,078,770 |
| Community Substance Abuse Services | \$135,311,241 | \$120,300,942 | \$255,612,183 |
| Executive Leadership / Support Services | \$2,327,993 | \$20,816,695 | \$23,144,688 |
| Total | \$202,027,057 | \$498,808,584 | \$700,835,641 |

² Includes funding appropriated from the Operations and Maintenance Trust Fund, Welfare Transition Trust Fund, and the Administrative Trust Fund.

Table 10: FY 2018-19 ME Schedule of Funds beginning 07/01/18

| ME Schedule of Funds (FY 2018-19) | | | | |
|---|---|---|--|----------------------|
| Managing Entity | Community Mental Health Services | Community Substance Abuse Services | Executive Leadership/Support Services | Total |
| Big Bend Community Based Care | \$48,280,879 | \$21,737,692 | \$1,958,321 | \$71,976,892 |
| Broward Behavioral Health Coalition | \$35,449,194 | \$22,562,887 | \$2,559,724 | \$60,571,805 |
| Central Florida Behavioral Health Network | \$127,421,076 | \$69,557,103 | \$6,017,584 | \$202,995,763 |
| Central Florida Cares Health System | \$44,188,437 | \$31,364,747 | \$2,460,279 | \$78,013,463 |
| Lutheran Services Florida | \$82,736,635 | \$50,842,425 | \$3,624,427 | \$137,203,487 |
| Southeast Florida Behavioral Health Network | \$36,485,858 | \$24,342,126 | \$2,715,179 | \$63,543,163 |
| South Florida Behavioral Health Network | \$47,516,691 | \$35,205,203 | \$3,809,174 | \$86,531,068 |
| Total | \$422,078,770 | \$255,612,183 | \$23,144,688 | \$700,835,641 |

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 funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a formula grant administered to all 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 are utilized by local network providers for a variety of services, including outreach, case management, housing and employment support, behavioral health treatment, 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 used PATH funds to contract with 25 network service providers statewide. Allocations are based on the prevalence of their local homeless populations. In Federal FY 2018, Florida received \$4,107,971 in PATH funds, and provided outreach to 8,546 people. Of that number, 2,095 were linked to community mental health services.

V.B. SYSTEM OF CARE STATEWIDE EXPANSION PROJECT (SOC)

In August 2016, SAMHSA awarded Florida a Children's Mental Health System of Care Expansion and Sustainability grant for four years at \$3,000,000 per year. The purpose of the grant is to improve behavioral health outcomes for children and youth (birth-age 21) with serious emotional disturbances and their families. The grant project is working to strengthen the existing array of behavioral health services and to integrate the System of Care (SOC) approach into Florida's service delivery system. The SOC uses a family-driven, youth-guided approach that expands and organizes community-based services/supports into a coordinated network, builds meaningful partnerships with families and youth, addresses cultural and linguistic needs, and improves functioning at home, in school, in the community, and throughout life. The Department has convened a SOC State Advisory Group that produced a strategic plan with goals and strategies that guide implementation, which can be accessed at <http://socflorida.com/>.

Four DCF regions and the corresponding MEs implement the grant in the following areas:

Table 11: System of Care Grant Areas

| DCF Region | Managing Entity | Counties |
|------------------|---|---|
| Northeast | Lutheran Services of Florida | Alachua, Flagler, Putnam, St. Johns, and Volusia |
| Northwest | Big Bend Community Based Care | Calhoun, Gadsden, Holmes, Jackson, and Washington |
| Suncoast | Central Florida Behavioral Health Network | Pinellas and Pasco |
| Southeast | Southeast Florida Behavioral Health Network | Okeechobee and the Glades area of Palm Beach county (Belle Glade) |

Grant funded services include counseling, case management, recovery peer support, medication management, and other mental health services. Grant staff educate their communities about the SOC approach; engage community partners to work collaboratively; support the inclusion of families and youth in system governance; and champion the use of the Wraparound approach to care management and the use of Recovery Peer Support services in their local community.

Outputs include implementing and sustaining the use of the Wraparound approach statewide and increasing the availability of Recovery Peer Support services. During Federal FY 2017-18, the grant served 291 individuals. At intake, about half had more than one problem area, and 38% had three or more problem areas. At discharge, only 10% reported at least one problematic area, and only 5% reported more than one problematic area. Data is from the National Outcome Measures Instrument, administered at intake, six months, and discharge from services.

V.C. STATE TARGETED RESPONSE TO THE OPIOID CRISIS (STR)

The State Targeted Response (STR) to the Opioid Crisis Grant is a formula grant funded by SAMHSA in the amount of \$27,150,403 annually for the period of May 1, 2017 through April 30, 2019. The grant is currently in a no-cost extension using unexpended funds in the Northwest and Southeast regions for services.

The goals of the grant are to reduce opioid-related deaths, prevent prescription opioid misuse, increase access to MAT (methadone, buprenorphine, or naltrexone), and increase the number of individuals trained to provide medication-assisted treatment and recovery support services.

Middle and high school students in high-need rural counties are provided school-based life skills training proven to prevent prescription opioid misuse. Uninsured and underinsured individuals with opioid use disorders are targeted to receive medication-assisted treatment, recovery support, and overdose prevention services. The majority of the funding is used for methadone maintenance and buprenorphine maintenance because controlled trials demonstrate that these services are most effective at retaining individuals in care, reducing illicit opioid use, and reducing opioid-related mortality. Extended release formulation of naltrexone that blocks the effects of opioids and is approved for the prevention of relapse to opioid dependence is also used. Hospital-based pilot programs seek to initiate buprenorphine assisted treatment with individuals in emergency departments as a result of their opioid misuse and coordinate ongoing care with community-based providers.

Funds are also used to provide training and technical assistance focused on medication-assisted treatment and recovery support services to a variety of stakeholders, including potential prescribers, peers in recovery, child welfare staff, and court staff, among others. The American Society of Addiction Medicine's computerized structured interview and clinical decision support tool is being piloted by providers. Additionally, grant funds are used to purchase and distribute Naloxone, the life-saving medication that can reverse an overdose if administered in time, and training initiatives.

Outputs and outcomes for the grant from 5/1/2017 to 4/30/2019 are as follows:

- Nearly 13,000 individuals received medication-assisted treatment services.
 - 55% were served with buprenorphine,
 - 34% were served with methadone, and
 - 11% were served with long-acting naltrexone (Vivitrol).
- The number of authorized buprenorphine prescribers in the Department's network increased by 150%, from only 65 prescribers before STR to 163 prescribers now.
- The number of Vivitrol prescribers in the Department's network quadrupled (from 11 prescribers to 46).
- 49 overdose prevention/response training events were conducted, educating approximately 1,643 individuals. An additional 3,441 individuals received training on a variety of other topics related to the prevention and treatment of opioid use disorders.
- 56,595 naloxone kits were purchased and distributed through a network of over 80 participating entities, including 5,000 kits provided to local law enforcement agencies.
- 2,647 overdose reversals were reported during the STR Project Period.
- Approximately 3,414 middle and high school students across 6 high-risk, rural counties received evidence-based Botvin LifeSkills Training. An evaluation of pre- and post-test surveys identified some statistically significant improvements in anti-drug attitudes, knowledge, drug refusal skills, and relaxation skills at several sites.
- Regarding outcomes among those receiving treatment services, the percent of negative drug test results increases from 70.5% in the first month of treatment to 90.2% at the sixth month of treatment.
- After the initial 31 days in services, the rate of non-fatal overdoses decreases by 70% and continues to drop from there.
- The rate of employment is 33% among those in care during the initial 31 days, compared to 61% among those in services at one year.

- Increases in housing and employment stability indicate greater ability to remain in treatment among individuals that have stable housing and employment at the beginning of treatment.
- 42.7% of individuals disengaged and left treatment before completion and another 20.5% were administratively discharged prior to completion.

V.D. STATE OPIOID RESPONSE (SOR)

The SOR grant is funded by SAMHSA and Florida's original allocation was \$50,056,851 annually for the project period September 29, 2018 through September 30, 2020. In March 2019, the Department received a supplement to the grant in the amount of \$26,129,676. The grant has built upon and expanded work implemented under the STR grant.

SOR is designed to address the opioid crisis and reduce opioid-related deaths by providing a comprehensive array of evidence-based prevention, medication-assisted treatment (MAT), and recovery support services. Treatment and recovery services target indigent, uninsured, and underinsured individuals with opioid use disorders or opioid misuse. Additionally, the Department uses SOR grant funds to purchase and distribute naloxone, the life-saving medication that reverses opioid overdoses. The Department also provides training on the use of naloxone and assists community-based organizations with the development of standing orders, policies, and protocols for community distribution and training. This multifaceted project also deploys Behavioral Health Consultants to support child protective investigators and a team of qualified medical professionals to assist with MAT capacity building, training, and technical assistance. Recovery residences using the Oxford House Model, Recovery Community Organizations, and a Veteran Support Line and mobile application are all expanding. SOR funds also supports curricula development for medical schools and bridge programs within hospital emergency departments for buprenorphine induction and linkage to maintenance providers. The Department has contracted with a vendor to develop a web-based platform to collect all SOR related client data from community providers for upload submission to SAMHSA, and for integration of the American Society of Addiction Medicine's (ASAM) CONTINUUM software and associated licenses.

In the reporting period of 9/30/2018 – 3/31/2019, the following progress was accomplished. It is important to note that this time frame overlapped with the STR grant. Network service providers were instructed to spenddown the STR grant prior to starting use of SOR funds.

- 848 people received treatment services
- 7 evidence-based prevention programs were implemented by 16 providers. Individual-based programs have served 3,876 youth to date. Media campaigns designed to prevent prescription opioid misuse have reached an estimated 362,738 individuals to date.
- 4 Oxford Houses opened in Florida with 13 residents.
- 2 Recovery Community Organizations, Rebel Recovery and South Florida Wellness Network, are actively engaged in preparations for the Council on Accreditation of Peer Recovery Support Services (CAPRSS) accreditation.
- The MYFLVET line received 1,076 calls, of which 2,166 referrals were made for veterans and their family members; and 127 were linked to care coordination services.

To further demonstrate the importance and impact of this grant, the Department requested SOR success stories from the field. Although several amazing stories were submitted, the on below

was chosen for inclusion to demonstrate how many systems and individuals are affected by the devastating effects of substance use and how the right services can change multiple lives.

A Child Protective Investigator (CPI) received a case in which a father had overdosed on heroin laced with fentanyl and tragically passed away. The mother found him after dropping their daughter off at school that morning. The mother reported to police that she also used heroin the prior evening. The family had 3 children under the age of 9 and the father was an ICU nurse and the primary provider. The SOR-funded Behavioral Health Coordinator accompanied the CPI to assess the mother and identify needed services. Initially, the CPI supervisor was leaning towards sheltering the children due to the mother's substance use. The mother reported her history of drug use and a desire to get assistance so she could stay with her husband's parents in their home and care for her 3 children. The Behavioral Health Consultant was able to connect the mother to medication-assisted treatment within 24 hours. The MAT provider provided services tailored to mother's needs, including counseling to address the grief and loss she was experiencing. The CPI was able to safety plan with the family and avoid sheltering the children. The mother has been successful in her recovery for 7 months and continues to work with the MAT program while raising her children.

V.E. PARTNERSHIPS FOR SUCCESS (PFS)

Florida was awarded a five-year SAMHSA discretionary Partnerships for Success (PFS) Grant, effective October 1, 2016 - September 30, 2021. The PFS project activities include implementation of the following:

- Eleven school-based prevention programs in 8 counties;
- Drug Epidemiology Networks (DENs) in 8 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.

As of June 30, 2019, 53 trainings have been conducted educating 1,488 individuals on overdose recognition and response. Additionally, 1,871 students have received Botvin LifeSkills Training through school-based prevention programs.

The Opioid Overdose Prevention Awareness Campaign contract with Skye Media ran from November 2018 through March 2019 with the mission to inform the family and friends of those who misuse opioids to recognize, prepare for, and act in an opioid overdose situation, targeting individuals ages 25-64. Target markets included Tampa, Tallahassee, Miami, Pensacola, West Palm Beach, Sarasota, Orlando, and Jacksonville. The campaign earned more than an estimated 95 million impressions across the eight cities that were targeted through the four-month campaign. A website was created with a locator to inform Floridians of local naloxone access providers, educational materials were developed and disseminated through print and digital media, and focus groups were conducted to inform campaign materials and messaging. In June 2019 a Request for Proposals (RFP) was initiated to continue the campaign and the Department anticipates a new contract to be in place by Fall 2019.

V.F. 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 a no-cost extension through June 2020. The project serves individuals 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 implements 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.

The program’s Local Evaluation Team tracks the National Outcome Measures (NOMs) entered into SAMHSA’s SPARS database. Data highlights from the program’s six-month participant follow-up, using the NOMs surveys, are listed below (n=67). The percentage achieved is in reference to the improvements in each NOM based on the participants’ baseline to 6-month assessments.

Table 12: Healthy Transitions NOMs

| National Outcome Measures | Percentage Achieved |
|---|---------------------|
| Increase in full/part-time employment | 31% |
| Decrease in the number of homeless nights | 42% |
| Improved ability to deal with crisis | 58% |
| Decrease in severe depression | 83% |
| Participants who would still elect to receive Healthy Transitions services, despite having other options | 97% |
| Decrease in the number of nights hospitalized for mental health | 97% |
| Family and Friends that support their recovery | 100% |
| Satisfaction with overall health | 100% |
| Decreased use of hallucinogens, inhalants, sedatives, meth and opioids | 100% |
| Increase among young people whose mental health symptoms are no longer bothersome | 150% |

VI. Policy Changes

VI.A. LEGISLATIVE BILLS

Several key pieces of legislation were passed in 2019 that impacted behavioral health care in the state of Florida. Table 13 presents a summary of those bills.

Table 13: 2019 SAMH-Related Legislative Bills

| Bill Title | Bill Summary |
|---------------------------------------|--|
| HB 369 Substance Abuse Services | <ul style="list-style-type: none"> • Authorizes the Department and the Agency for Health Care Administration to grant exemptions from disqualification to work solely in mental health treatment programs and facilities, in recovery residences, or in those programs or facilities that treat co-occurring substance use and mental health disorders, to an employee otherwise disqualified from employment under s. 435.07, F.S.; • Revises the definition of “recovery residence” in s. 397.311, F.S., to include the community housing component of a licensed day or night treatment facility with community housing; • Licensed day or night treatment with community housing providers will need to obtain certification as a recovery residence for their community housing components in order to continue referring individuals from the treatment portion of their program to their housing component; the housing components will also require a certified recovery residence administrator to actively manage them, and they would be subject to the referral restrictions of s. 397.4873, F.S.; • Creates a new exception to allow licensed service providers to be able to make referrals to or accept referrals from a non-certified recovery residence that is democratically operated by its residents pursuant to a charter from a congressionally recognized or sanctioned entity provided the residence or any resident of the residence does not receive a benefit, directly or indirectly, for the referral; this would apply to recovery residences such as the Oxford House. • Revises the definition of “clinical supervisor” under s. 397.311, F.S., to require that clinical supervisors meet the requirements of a qualified professional under s. 397.311(34), F.S.; revises the definition to also include a person who maintains lead responsibility for the overall coordination and provision of clinical services rather than just a person who manages personnel who provide direct clinical treatment; • Revises patient brokering statute in Chapter 817, F.S., so that the patient brokering statute does not apply to any such payment scheme expressly permitted under the federal anti-kickback statute; for entities that contract with a marketing provider that provides referral services to a recovery residence, the bill makes it a contractual requirement for the marketing provider to disclose the nature of the referral and the list of DCF’s licensed service providers and certified recovery residences; • Creates a definition for “peer specialist” that is consistent with the Department’s peer specialist guidelines and guidance documents; requires peer specialists to be certified, except in limited circumstances, to provide Department-funded recovery support services; • Provides qualifications for peer specialists; |

| Bill Title | Bill Summary |
|---|---|
| | <ul style="list-style-type: none"> • Requires the Department to approve training and continuing education programs for peer specialist certification; the Department must designate one or more credentialing entities that have met nationally-recognized standards for developing and administering certification programs to handle the training and certification of peer specialists; • Provides for review of certain decisions made by department-recognized credentialing entities; provides certain prohibitions and penalties; • Beginning July 1, 2019, peer specialists will be subject to level 2 background screenings, and, along with recovery residence owners, directors, chief financial officers, and clinical supervisors, will also be subject to disqualification for offenses in s. 408.809, F.S., in addition to those in ch. 435, F.S. • Expands the crimes for which an individual may receive an exemption from disqualification without the statutorily imposed waiting period, if they are working with adolescents 13 years of age and older and adults with substance use disorders; • Increases criminal penalties for certain offenses from a first-degree misdemeanor to a third-degree felony; creates a new offense for anyone who willfully, knowingly, or intentionally makes false statements, misrepresents, impersonates, fails to disclose, or otherwise fraudulently discloses inaccurate information on a licensure application when such fact is material to determining one's qualifications to be an owner, director, volunteer, or other personnel of a service provider. |
| SB 838 Public Records/Mental Health Facilities | <ul style="list-style-type: none"> • Provides an exemption from public records requirements for petitions for voluntary and involuntary admission for mental health treatment, court orders, related records, and personal identifying information regarding persons seeking mental health treatment and services; • Provides for future legislative review and repeal of the exemption; • Provides a statement of public necessity. |
| SB 1418 Mental Health | <ul style="list-style-type: none"> • Requires that when a patient communicates a specific threat to cause seriously bodily injury or death against an identifiable individual to a mental health service provider, the provider must release information from the clinical record of the patient sufficient to inform law enforcement of the potential threat; requiring the notified law enforcement agency to take appropriate action to prevent the risk of harm to the victim; • Increases the number of days, from the next working day to five working days that the receiving facility has to submit forms to the Department, to allow the Department to capture data on whether the minor was admitted, released, or a petition filed with the court; increases data gathering on involuntary examinations; • Requires the Department to report to the Governor and Legislature every two years on its findings and recommendations related to involuntary examinations of minors; • Requires the Department of Education (DOE), in consultation with the Department's Statewide Office for Suicide Prevention and suicide prevention experts, to add suicide screening as part of its requirements for "Suicide Prevention Certified Schools.;" DOE must keep a list of "Suicide Prevention Certified Schools" on its website, and school districts |

| Bill Title | Bill Summary |
|------------|---|
| | <p>must post on their websites a list of "Suicide Prevention Certified Schools" in their districts;</p> <ul style="list-style-type: none"> Requires DOE to identify available standardized suicide screening instruments that are appropriate to use with a school-age population and have acceptable validity and reliability, and include information about obtaining instruction in their administration and use; the suicide screening will be used alongside awareness and prevention materials for training instructional personnel in elementary, middle, and high schools in youth suicide awareness, prevention, and screening; Revises the statutorily defined purpose of the Department's Sexually Violent Predator Program (SVPP) to include that it rehabilitates criminal offenders upon commitment of a sexually violent predator; will allow SVPP to administer a criminal justice function pursuant to statute and therefore qualify as a criminal justice agency under federal law; allows the Department to gain access to records from the FBI's National Crime Information Center. |

VI.B. PROVISO PROJECTS

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

Table 14: 2019 Proviso Projects

| Proviso Title | Proviso Language | Funding Amount |
|---|--|---------------------------------|
| Community Action Treatment Teams | Funds provided in Specific Appropriation 367 shall be used by the Department of Children and Families to contract with the following providers ³ for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics. | \$30,000,000⁴ |
| Recurring Base Appropriations | <p>From the funds in Specific Appropriation 368, the following recurring base appropriations projects are funded from recurring general revenue funds:</p> <ul style="list-style-type: none"> Citrus Health Network - 455,000 | \$8,568,570 |

³ See line item 367 in the FY 2019-20 GAA for complete listing of providers.

⁴ \$750,000 per CAT Team Provider.

| Proviso Title | Proviso Language | Funding Amount |
|--|---|---------------------|
| | <ul style="list-style-type: none"> 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 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 368, the nonrecurring sum of \$100,000 from the General Revenue Fund is provided for the Apalachee Center Short-term Residential Forensic Treatment Program (Senate Form 2009) (HB 2395). | \$100,000 |
| Supported Employment | From the funds in Specific Appropriation 368, the nonrecurring sum of \$700,000 from the Social Services Block Grant Trust Fund is provided for supported employment services for individuals with mental health disorders. | \$700,000 |
| Road to Recovery | From the funds in Specific Appropriation 370, the nonrecurring sum of \$2,500,000 from the General Revenue Fund is provided to increase efforts to address the state's opioid crisis by increasing access to medication assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through prevention, treatment and recovery activities for opioid use disorders (Senate Form 2409). | \$2,500,000 |
| Women's Special Task Force Funding | From the funds in Specific Appropriation 370, \$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 370, \$12,060,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases. | \$12,060,000 |
| Family Intensive Treatment – Recurring Base Appropriation | From the funds in Specific Appropriation 370, \$840,000 from the General Revenue Fund shall be provided to Centerstone of Florida for the operation of a Family Intensive Treatment (FIT) team (recurring base appropriations project). | \$840,000 |

| Proviso Title | Proviso Language | Funding Amount |
|-------------------------------|---|---------------------|
| Recurring Base Appropriations | <p>From the funds in Specific Appropriation 370, the following recurring base appropriations projects are funded from recurring general revenue funds:</p> <ul style="list-style-type: none"> St. Johns County Sheriff's Office Detox Program - 1,300,000 Here's Help - 200,000 Drug Abuse Comprehensive Coordinating Office (DACCO) - 100,000 | \$1,600,000 |
| Vivitrol | <p>From the funds in Specific Appropriation 372, the recurring sum of \$1,500,000 from the General Revenue Fund shall continue to be provided to the department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.</p> | \$1,500,000 |
| Recurring Base Appropriations | <p>From the funds in Specific Appropriation 373, the following projects are funded from nonrecurring general revenue funds:</p> <ul style="list-style-type: none"> Clay Behavioral Health - Community Crisis Prevention Team (Senate Form 1036) (HB 4203) - 500,000 Gateway Community Services - Project Save Lives (Senate Form 1380) (HB 3425) - 696,267 St. Johns EPIC Recovery Center - Detoxification and Residential Treatment (Senate Form 1410) (HB 4917) - 250,000 Youth Crisis Center - Touchstone Village (Senate Form 2434) (HB 4093) - 200,000 Hillsborough County Baker Act Services (Senate Form 1770) (HB 2461) - 1,000,000 University of Florida Health Center for Psychiatry (Senate Form 1536) (HB 4659) - 300,000 Circles of Care - Harbor Pines and Cedar Village (Senate Form 1762) (HB 3257) - 500,000 Veterans Alternative - Accelerated Wellness Program (Senate Form 1321) (HB 3643) - 250,000 BayCare Behavioral Health - Veterans Intervention Program (Senate Form 1322) (HB 2433) - 485,000 LifeStream Central Receiving System - Citrus County (Senate Form 1323) (HB 3437) - 600,000 LifeStream Indigent Baker Act Inpatient Services (Senate Form 1155) (HB 2303) - 250,000 Florida Recovery Schools - Youth Behavioral Health Services (Senate Form 1952) - 100,000 CASL Renaissance Manor Independent Supportive Housing (Senate Form 1342) (HB 4971) - 500,000 SMA Healthcare - Florida Assertive Community Treatment (FACT) team - Putnam/St. Johns (Senate Form 1200) (HB 4903) - 1,250,000 | \$13,248,029 |

| Proviso Title | Proviso Language | Funding Amount |
|--|--|--------------------|
| | <ul style="list-style-type: none"> Road to Recovery - Modernizing Behavioral Health System (Senate Form 2409) - 3,500,000 Housing First for Persons with Mental Illness (Senate Form 1925) (HB 4017) - 100,000 Centerstone Psychiatric Residency (Senate Form 1455) (HB 4529) - 1,000,000 Trilogy Network of Care Software Solution (Senate Form 1352) (HB 2645) - 512,650 Ft. Myers Salvation Army Co-Occurring Residential Treatment Program (Senate Form 1335) (HB 4691) - 275,000 Directions for Living - Community Action Team (CAT) for Babies (Senate Form 1710) (HB 2337) - 200,000 Northwest Behavioral Health Services - Training Trauma NOW (HB 4719) - 150,000 Bridgeway Center - Okaloosa Telehealth Services (HB 3355) - 100,000 Okaloosa Walton Mental Health/Substance Abuse Pretrial Diversion Project (Senate Form 1904) (HB 3353) - 250,000 David Lawrence Center Wraparound Collier Program (Senate Form 1038) (HB 2657) - 279,112 | |
| Member Project | <p>From the funds in Specific Appropriation 373, the following project is funded from nonrecurring funds from the Federal Grants Trust Fund using federal funds received from the State Opioid Response Grant:</p> <ul style="list-style-type: none"> Memorial Healthcare - Medication Assisted Treatment Population Health Program (Senate Form 1639) (HB 4469) - 1,000,000 | \$1,000,000 |
| Member Project | <p>From the funds in Specific Appropriation 373, the following project is funded from nonrecurring funds from the Federal Grants Trust Fund:</p> <ul style="list-style-type: none"> Jerome Golden Center Co-Occurring Residential Treatment Program (Senate Form 1393) (HB 2381) - 100,000 | \$100,000 |
| Member Project | <p>From the funds in Specific Appropriation 373, the department is authorized to competitively procure for up to \$300,000 with a Managing Entity for an Involuntary Outpatient Services pilot program in Judicial Circuit 11. These funds shall be used by the pilot program to continue examining the impact of chapter 2016-241, Laws of Florida, on Baker Act services.</p> | \$300,000 |
| Acute Care Services Utilization Database | <p>The Office of Program Policy Analysis and Government Accountability (OPPAGA) shall conduct an analysis of the data contained in the acute care services utilization database established under section 394.9082(10), Florida Statutes, to determine the extent to which private and public sources fund the</p> | \$0 |

| Proviso Title | Proviso Language | Funding Amount |
|-----------------------|---|--------------------|
| | same bed day, if any. At a minimum, the analysis shall document the numbers of licensed beds and state contracted beds; the amount, by facility and in total, of state and federal funding expended for state contracted beds; and the average daily census of each facility in total and by payer source. OPPAGA shall submit a report to the President of the Senate and the Speaker of the House of Representatives by November 1, 2019. | |
| Member Project | From the funds in Specific Appropriation 381A, the nonrecurring sum of \$1,000,000 from the General Revenue Fund is provided to Agape Network for the expansion of a community health and residential treatment facility (Senate Form 2149) (HB 3359). | \$1,000,000 |

VII. Statewide Performance Measurement

MEs submit person-level data electronically to the state database 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. In the first half of FY2018-19, data was submitted into the Substance Abuse and Mental Health Information System. In the second half, data was submitted into FASAMS. Overall, ME's met 13 of the 18 performance measures (72%). The measures not met primarily focus on stable housing. The FY 2018-19 statewide performance measures are available in Appendix I.

VIII. Update on the Contract Management System

During FY 2018-19, the Department continued to expand fiscal oversight of ME contracts and technical assistance supports to ME financial officers. 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.

During FY 2018-19, the Department piloted an expanded Lead Agency Contract Oversight Unit (COU), monitoring team tasked with a systems analysis of Managing Entity Performance. The pilot project adopted a system monitoring model using a multidisciplinary team including peer and provider representation at 2 ME sites. The model is designed to evaluate ME performance indicators, quality assurance data, and contract measures; the effectiveness of leadership and governance practice, and continuous quality improvement activity; the scope of the subcontracted provider service array, the ME's role in coordinated planning to address needs impacting inter-agency stakeholders, and the reach of ME subcontract oversight; and the emergence of innovative practices and business models to address emerging needs. The Department has adopted the model for annual on-site monitoring of all MEs during FY 19-20.

VIII.A. UPDATE ON ME CONTRACT MANAGEMENT

All MEs achieved the accreditation status required by s. 394.9082(6)(a), F.S., before June 30, 2019. During FY 2018-19, the Department executed renewals, effective FY19-20, to contracts IH611 and JH343 for an additional five-year period, pursuant to s. 394.9082(6), F.S. Agency

decisions related to potential renewals of the remaining contracts are pending as of this report. The table below identifies all active ME contracts.

| Contract | Managing Entity | Service Area | End Date |
|--------------|---|--|-----------|
| EH003 | Lutheran Services Florida, Inc. | Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties | 6/30/2020 |
| GHME1 | Central Florida Cares Health Systems, Inc. | Brevard, Orange, Osceola and Seminole counties | 6/30/2020 |
| KH225 | South Florida Behavioral Health Network, Inc. | Miami-Dade and Monroe counties | 6/30/2020 |
| QD1A9 | Central Florida Behavioral Health Network, Inc. | Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties | 6/30/2020 |
| AHME1 | Big Bend Community Based Care, Inc. | Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties | 6/30/2021 |
| IH611 | Southeast Florida Behavioral Health Network, Inc. | Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties | 6/30/2024 |
| JH343 | Broward Behavioral Health Coalition, Inc. | Broward County | 6/30/2024 |

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

All children's Community Action Treatment (CAT) team contracts were successfully transferred to ME management during FYs 17-18 and 18-19. Service contracts outside the scope of the ME system as of 6/30/19 included:

- 4 contracts for residential services at privatized State Mental Health Treatment Facilities (SMHTFs).
- 11 contracts for professional and operational support services at publicly-operated SMHTFs;
- 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 21 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
- 24 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 II.

Appendix I

STATEWIDE PERFORMANCE

The table below shows the FY2018-19 performance measures, the associated target, goal direction, performance results, and whether, or not, the target was attained.

| Adult Community Mental Health | | Target | Goal Direction | FY 2018-19 | Attained |
|--------------------------------------|---|--------|----------------|------------|----------|
| M0003 | Average annual days worked for pay for adults with severe and persistent mental illness. | 40 | ↑ | 73.83 | YES |
| M0703 | Percent of adults with serious mental illness who are competitively employed. | 24 | ↑ | 35.59 | YES |
| M0742 | Percent of adults with severe and persistent mental illnesses who live in stable housing environment. | 90 | ↑ | 82.64 | NO |
| M0743 | Percent of adults in forensic involvement who live in stable housing environment. | 67 | ↑ | 62.50 | NO |
| M0744 | Percent of adults in mental health crisis who live in stable housing environment. | 86 | ↑ | 84.50 | NO |
| Children's Community Mental Health | | | | | |
| M0012 | Percent of school days seriously emotionally disturbed (SED) children attended. | 86 | ↑ | 87.05 | YES |
| M0377 | Percent of children with emotional disturbances who improve their level of functioning. | 64 | ↑ | 65.71 | YES |
| M0378 | Percent of children with serious emotional disturbances who improve their level of functioning. | 65 | ↑ | 61.45 | NO |
| M0778 | Percent of children with emotional disturbance (ED) who live in stable housing environment. | 95 | ↑ | 98.61 | YES |
| M0779 | Percent of children with serious emotional disturbance (SED) who live in stable housing environment. | 93 | ↑ | 99.51 | YES |
| M0780 | Percent of children at-risk of emotional disturbance who live in stable housing environment. | 96 | ↑ | 100.00 | YES |
| Adult Community Substance Abuse | | | | | |
| M0753 | Percentage change in clients who are employed from admission to discharge. | 10 | ↑ | 41.86 | YES |
| M0754 | Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. | 15 | ↓ | -59.53 | YES |
| M0755 | Percent of adults who successfully complete substance abuse treatment services. | 51 | ↑ | 54.64 | YES |
| M0756 | Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. | 94 | ↑ | 88.98 | NO |
| Children's Community Substance Abuse | | | | | |
| M0725 | Percent of children who successfully complete substance abuse treatment services. | 48 | ↑ | 76.75 | YES |
| M0751 | Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. | 20 | ↓ | -52.56 | YES |
| M0752 | Percent of children with substance abuse who live in a stable housing environment at the time of discharge. | 93 | ↑ | 98.29 | YES |

Appendix II

SAMH CONTRACTS FY 2018-19⁵

| Department of Children and Families Substance Abuse and Mental Health Contracts FY 2018-19 | | | | | |
|--|-------------------|---|-----------------------|----------------|---------------------|
| Contract # | Management Region | Provider | Total Contract Amount | FY18-19 Amount | Service Category |
| AHME1 | Northwest | Big Bend Community Based Care. | \$488,931,121 | \$74,922,474 | Managing Entity |
| AI102 | Headquarters | Lakeview Center | \$34,943,280 | \$5,823,880 | Privatized SMHTF |
| BI201 | Northwest | Aramark Management Services Limited | \$89,071,804 | \$9,469,421 | SMHTF Support |
| BI205 | Northwest | Florida State University | \$136,674 | \$22,779 | SMHTF Support |
| BIU04 | Northwest | Morrison Management Specialists | \$27,804,316 | \$1,359,868 | SMHTF Support |
| DI410 | Northeast | Consent Advocates | \$308,103 | \$77,026 | SMHTF Support |
| DI412 | Northeast | Florida Clinical Practice Associates | \$227,088 | \$115,217 | SMHTF Support |
| DI413 | Northeast | Ernst Nicolitz, M.D., P.A. | \$573,953 | \$143,488 | SMHTF Support |
| DI414 | Northeast | Speech & Language Consultants | \$156,000 | \$39,000 | SMHTF Support |
| DI417 | Northeast | Healthworks Of Lake City | \$99,327 | \$49,686 | SMHTF Support |
| DI420 | Northeast | Aramark Healthcare Support Services | \$2,850,000 | \$316,667 | SMHTF Support |
| DI421 | Northeast | Aramark Healthcare Support Services | \$450,000 | \$50,000 | SMHTF Support |
| EH003 | Northeast | Lutheran Services Florida | \$876,757,010 | \$142,277,408 | Managing Entity |
| GHME1 | Central | Central Florida Cares Health Systems | \$537,244,060 | \$84,509,840 | Managing Entity |
| IH611 | Southeast | Southeast Florida Behavioral Health Network | \$685,689,238 | \$67,260,201 | Managing Entity |
| JH343 | Southeast | Broward Behavioral Health Coalition | \$639,986,747 | \$62,754,113 | Managing Entity |
| KH225 | Southern | South Florida Behavioral Health Network | \$780,735,682 | \$89,873,384 | Managing Entity |
| LD982 | Headquarters | ICF Macro Inc | \$3,262,666 | \$518,303 | Operational Support |
| LD984 | Headquarters | Collaborative Planning Group System | \$1,412,408 | \$279,242 | Operational Support |
| LD986 | Headquarters | Florida Alcohol and Drug Abuse Association | \$21,319,363 | \$6,948,513 | Operational Support |
| LD987 | Headquarters | Florida Alcohol and Drug Abuse Association | \$3,884,492 | \$1,146,884 | Operational Support |
| LD988 | Headquarters | Peer Support Coalition of Florida | \$103,020 | \$42,650 | Operational Support |
| LD991 | Headquarters | Florida Association of Recovery | \$300,000 | \$300,000 | Operational Support |
| LD992 | Headquarters | Faces & Voices of Recovery | \$1,200,000 | \$360,000 | Operational Support |
| LD993 | Headquarters | Optimal Living Psychological Services | \$150,000 | \$37,500 | Operational Support |
| LD994 | Headquarters | Hillsborough County Crisis Center | \$1,667,207 | \$538,100 | Operational Support |
| LD995 | Headquarters | FEl.Com | \$4,265,980 | \$3,256,480 | Operational Support |
| LD996 | Headquarters | Oxford House | \$2,004,520 | \$573,300 | Operational Support |
| LD997 | Headquarters | Peer Support Coalition of Florida | \$800,000 | \$300,000 | Operational Support |
| LH242 | Headquarters | Alliance for The Mentally Ill of Collier County | \$938,242 | \$84,432 | Operational Support |
| LH244 | Headquarters | Kepro Acquisitions, Inc. | \$4,981,767 | \$900,786 | Operational Support |

⁵ Amounts reported as of 6/30/19. Renewals, amendments and extensions executed 7/1/19 or later are not reported here.

| Department of Children and Families Substance Abuse and Mental Health Contracts FY 2018-19 | | | | | |
|--|-------------------|--|-----------------------|----------------|---|
| Contract # | Management Region | Provider | Total Contract Amount | FY18-19 Amount | Service Category |
| LH273 | Headquarters | Twin Oaks Juvenile Development | \$46,845,860 | \$8,089,136 | Juvenile Incompetent to Proceed Program |
| LH289 | Headquarters | University of South Florida | \$2,500,000 | \$500,000 | Operational Support |
| LH290 | Headquarters | Certification Board for Addiction | \$1,427,745 | \$528,377 | Operational Support |
| LH292 | Headquarters | University of South Florida | \$2,107,201 | \$450,000 | Operational Support |
| LH293 | Headquarters | University of South Florida | \$736,329 | \$210,916 | Operational Support |
| LH294 | Headquarters | Hillsborough County Crisis Center | \$400,000 | \$80,000 | Operational Support |
| LH295 | Headquarters | Salvatore M. Blandino | \$18,192 | \$0 | SVP Professional Services |
| LH296 | Headquarters | Peter M. Bursten | \$32,305 | \$6,305 | SVP Professional Services |
| LH297 | Headquarters | Chris J. Carr Ph.D. | \$49,500 | \$4,500 | SVP Professional Services |
| LH298 | Headquarters | Julie Costopoulos | \$10,000 | \$0 | SVP Professional Services |
| LH299 | Headquarters | Karen T.J. Dann-Namer Ph.D., P.A. | \$101,000 | \$37,000 | SVP Professional Services |
| LH300 | Headquarters | Martin E Falb, Ph.D., P.A. | \$78,000 | \$50,000 | SVP Professional Services |
| LH301 | Headquarters | Michael P Gamache | \$29,660 | \$12,000 | SVP Professional Services |
| LH302 | Headquarters | Graham Psychological Services | \$120,500 | \$43,000 | SVP Professional Services |
| LH303 | Headquarters | Red Hills Psychology Associates | \$90,000 | \$30,000 | SVP Professional Services |
| LH304 | Headquarters | Specialized Treatment & Assessments | \$39,766.25 | \$17,000 | SVP Professional Services |
| LH305 | Headquarters | Eric Jensen | \$89,500 | \$34,000 | SVP Professional Services |
| LH307 | Headquarters | Advanced Psychological Associates | \$60,000 | \$20,000 | SVP Professional Services |
| LH308 | Headquarters | Karen C. Parker, Ph.D. P.A. | \$85,400 | \$30,000 | SVP Professional Services |
| LH309 | Headquarters | Gregory A. Prichard | \$40,600 | \$15,000 | SVP Professional Services |
| LH310 | Headquarters | Rapa, Sheila K., Psy.D., P.A. | \$90,000 | \$30,000 | SVP Professional Services |
| LH311 | Headquarters | Celeste N Shuler Ph D | \$77,000 | \$22,000 | SVP Professional Services |
| LH312 | Headquarters | Clinical & Forensic Psych Assoc | \$210,000 | \$85,000 | SVP Professional Services |
| LH313 | Headquarters | Daniel L. Ward, Ph.D., P.A. | \$45,000 | \$27,000 | SVP Professional Services |
| LH314 | Headquarters | Wilson Psychology Services | \$18,812.50 | \$7,000 | SVP Professional Services |
| LH315 | Headquarters | Patrick E. Cook, Ph.D. | \$13,000 | \$6,500 | SVP Professional Services |
| LH316 | Headquarters | Carolyn Stimel, Ph.D. | \$27,500 | \$10,000 | SVP Professional Services |
| LH317 | Headquarters | Lynne Westby | \$360,000 | \$120,000 | SVP Professional Services |
| LH318 | Headquarters | The Ronik-Radlauer Group | \$348,716 | \$157,708 | Operational Support |
| LH771 | Headquarters | Lutheran Services Florida | \$100,000 | \$33,333.34 | Reinvestment Grant Program |
| LH772 | Headquarters | SMA Behavioral Health Services, | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LH773 | Headquarters | Lighthouse Software Systems | \$522,120 | \$86,280 | Operational Support |
| LH774 | Headquarters | Trilogy Integrated Resources | \$762,650 | \$175,100 | Operational Support |
| LH775 | Headquarters | Florida Alliance For Healthy Communities | \$750,000 | \$750,000 | Operational Support |
| LH777 | Headquarters | Drexel University | \$122,912 | \$50,000 | Operational Support |
| LH778 | Headquarters | Peer Support Coalition of Florida | \$970,022 | \$98,196 | Operational Support |
| LHZ47 | Headquarters | Centerstone Of Florida | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ48 | Headquarters | Meridian Behavioral Healthcare | \$1,500,000 | \$500,000 | Reinvestment Grant Program |
| LHZ49 | Headquarters | Hillsborough County Florida BOCC | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ50 | Headquarters | Miami-Dade County | \$1,200,000 | \$400,000 | Reinvestment Grant Program |

| Department of Children and Families Substance Abuse and Mental Health Contracts FY 2018-19 | | | | | |
|--|-------------------|---|-----------------------|----------------|----------------------------|
| Contract # | Management Region | Provider | Total Contract Amount | FY18-19 Amount | Service Category |
| LHZ51 | Headquarters | Orange County BOCC | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ52 | Headquarters | Pinellas County BOCC | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ53 | Headquarters | Guidance/Care Center, Inc | \$1,073,044.50 | \$357,681.50 | Reinvestment Grant Program |
| LHZ54 | Headquarters | Collier County | \$1,042,506 | \$347,502 | Reinvestment Grant Program |
| LHZ55 | Headquarters | Polk County | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ56 | Headquarters | LifeStream Behavioral Center | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ57 | Headquarters | Southeast Florida Behavioral Health Network | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ58 | Headquarters | City of Jacksonville | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ59 | Headquarters | Lee County BOCC | \$825,000 | \$275,000 | Reinvestment Grant Program |
| LHZ60 | Headquarters | Martin County BOCC | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ68 | Headquarters | University of South Florida | \$260,381 | \$93,556 | Operational Support |
| LHZ69 | Headquarters | Hillsborough County Florida BOCC | \$1,200,000 | \$400,000 | Reinvestment Grant Program |
| LHZ70 | Headquarters | Southeast Florida Behavioral Health Network | \$1,126,044 | \$375,348 | Reinvestment Grant Program |
| LHZ71 | Headquarters | Seminole County BOCC | \$1,200,000 | \$403,000 | Reinvestment Grant Program |
| LHZ75 | Headquarters | Meridian Behavioral Healthcare | \$100,000 | \$100,000 | Reinvestment Grant Program |
| LHZ76 | Headquarters | Lutheran Services Florida | \$1,198,362 | \$366,384.34 | Reinvestment Grant Program |
| LHZ77 | Headquarters | Polk County | \$1,200,000 | \$333,333.33 | Reinvestment Grant Program |
| LHZ78 | Headquarters | SMA Behavioral Health Services, | \$695,181 | \$212,416.42 | Reinvestment Grant Program |
| LHZ79 | Headquarters | Broward Behavioral Health Coalition | \$1,200,000 | \$66,666.67 | Reinvestment Grant Program |
| LI702 | Headquarters | Wellpath Recovery Solutions | \$383,321,204.02 | \$25,999,224 | SVP Facility |
| LI807 | Headquarters | Wellpath Recovery Solutions | \$271,129,415 | \$28,523,348 | Privatized SMHTF |
| LI808 | Headquarters | Wellpath Recovery Solutions | \$133,179,050 | \$26,321,453 | Privatized SMHTF |
| LI809 | Headquarters | Wellpath Recovery Solutions | \$184,891,835.19 | \$37,085,563 | Privatized SMHTF |
| QD1A9 | SunCoast | Central Florida Behavioral Health Network | \$1,718,344,641 | \$208,549,544 | Managing Entity |