



An Assessment of Behavioral Health Services in Florida

FISCAL YEAR 2016-17

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

December 1, 2016

Mike Carroll
Secretary

Rick Scott
Governor

TABLE OF CONTENTS

I.	INTRODUCTION.....	2
II.	NO-WRONG-DOOR MODELS.....	2
III.	RECOVERY-ORIENTED AND PEER-INVOLVED APPROACHES.....	6
IV.	AVAILABILITY OF LESS RESTRICTIVE SERVICES.....	14
V.	USE OF EVIDENCE-INFORMED PRACTICES.....	16
VI.	TOP FIVE NEEDS.....	17
VII.	CONCLUSIONS AND NEXT STEPS.....	19

I. INTRODUCTION

This report is developed and submitted in compliance with s. 394.4573, F.S. This statute directs the Department to submit an assessment of behavioral health services in Florida that considers the following components:

- The extent to which designated receiving systems function as no-wrong-door models;
- The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;
- The availability of less-restrictive services; and
- The use of evidence-informed practices.

This report also addresses s. 394.9082(8), F.S., which requires the identification of five priority needs within the service areas overseen by each of the seven Managing Entities.

The Department worked in collaboration with the Managing Entities to develop a reporting template designed to capture the required elements through a series of questions and tables. Completed templates were submitted by the Managing Entities. Each of the sections that follow contain information provided by the Managing Entities, presented verbatim with the exception of minor edits for consistency of formatting and punctuation. Overall, responses reflect the fact that there is considerable variation in how the concepts above are understood and implemented. It is important to note that these responses reflect the state of behavioral health services prior to the designation and implementation of receiving systems as described in s. 394.4573, F.S.

II. NO-WRONG-DOOR MODELS

Section 394.4523(1)(d), F.S., defines the “no-wrong-door” model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.” Managing Entities were asked to identify and describe the characteristics of the “no-wrong-door” model currently demonstrated within the acute care services provided by their networks. The Department asked about acute care services in lieu of designated receiving systems since they are still under development. Responses from each of the Managing Entities are presented below.

Big Bend Community Based Care (BBCBC):

The Northwest Region is quite diverse and far-reaching geographically. Currently, the System of Care utilizes a no-wrong-door policy that allows for multiple entry points based on cooperative agreements with receiving facilities to place individuals in the most appropriate setting available; for example, because adolescent beds are not available at all receiving facilities cooperative agreements exist between community providers to ensure that adolescents are admitted to an appropriate setting.

Circuit 2 is moving toward a Centralized Receiving Facility Model with Apalachee Center being the primary entry point for stabilization. Other receiving facilities currently include Capital Regional Medical Center and Tallahassee Memorial Healthcare, in Circuit 2. Entry points in Circuit 1 and 14 include Baptist Hospital, Lakeview Crisis Stabilization Unit, Life Management Center, Emerald Coach Behavioral Health, and Fort Walton Beach Medical Center. In many cases these central receiving facilities provide both mental health acute care services and detox from substance use disorder services.

BBCBC contracted and other community facilities participate in regular meetings (Circuit and Regional) to discuss general access to crisis services, Baker Act/Marchman Act issues, coordination between facilities and in the community. Case managers from each of the community mental health programs visit individuals at the receiving facilities to encourage continued care. These collaborative efforts ensure a continuum of services are provided to meet needs, prevent acute care stays when possible, assist when

clients are being discharged back into the community, and provide the appropriate level of care and help maintain stability. Services include support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs.

Central Florida Behavioral Health Network (CFBHN):

CFBHN acute care providers adopted the no-wrong-door philosophy. This means that a person is assessed with processes that are co-occurring capable. The goal is to link the person to the appropriate needed services and the appropriate level of care. This includes treatment and social support services.

The no-wrong-door philosophy provides easy and convenient access to treatment. The acute care providers and local receiving facilities, transportation companies and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual.

The commitment to the concept of no-wrong-door was fully implemented during the contract negotiations with the Central Receiving Systems in Hillsborough and Manatee Counties. Although the concept is throughout the region, and ongoing training and contract requirements are in place, these negotiations represent a more advanced model that reaches across professions and service providers including medical services.

Central Florida Cares Health System (CFCHS):

CFCHS' network includes central receiving systems that consist of designated central receiving facilities functioning as a no-wrong-door model. These designated receiving facilities serve as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. These systems respond to individual needs and integrate services among various service providers, including ancillary services. These programs also provide or make referrals and/or arrangements for:

- Crisis support
- Assessment/triage services
- Crisis stabilization services
- Substance abuse detoxification
- Short-term residential treatment
- Residential treatment
- Case management
- Recovery support
- Medication-assisted treatment
- Housing
- Primary care
- Domestic violence services
- Medical services
- Medication management
- Outpatient therapy
- Partial hospitalization
- Psychological services
- Psychiatric services
- Vocational rehabilitation
- Dietary services through the Department of Health
- Entitlement programs

Lutheran Services Florida Health Systems (LSFHS):

LSFHS includes language in each of its subcontracts to ensure that its system of care offers open access across its region and monitors programs and practices to ensure this model is adhered to. The central receiving system model will be instituted in two areas of the region, with one already operational. This model allows consumers a single entry point to receive acute care services in the event of a crisis. Some agencies within the LSFHS network also offer Open Access models in which designated days and times are available for clients to receive assistance and screening without the need to schedule an appointment, thus reducing a barrier to access care.

Southeast Florida Behavioral Health Network (SEFBHN):

SEFBHN's no-wrong-door model functioning within our current system of care and existing resources focuses on our four Mobile Crisis Teams operating within our network. The Mobile Crisis Teams are available 24 hours a day, 7 days a week, and 365 days a year. The Mobile Crisis Team serves as a no-wrong-door model as they are available to anyone and go to where the acute situation or crisis is. Services are free to the individual and the Mobile Crisis Team addresses a wide variety of conditions, including suicidal and homicidal behaviors, individuals displaying hallucinations, family/peer conflicts and disruptive behavior. The Mobile Crisis Team can be the first on the scene or they may be called in by law enforcement or other professionals (school personnel, adult and child protection staff, other medical personnel). Once they have responded they will spend as much time as needed to deescalate the situation and determine what additional services the individual may need. Further supporting the no-wrong-door model, the Mobile Crisis Team will provide referrals to other services in the community to meet the ongoing needs of the individual and will follow-up to determine that the appropriate linkages have been made. When the situation warrants, they will assist with the individual being admitted to a Baker Act receiving facility or an inpatient detoxification facility depending on behaviors being displayed by the individual. The primary goal of Mobile Crisis Teams is to lessen trauma and prevent unnecessary psychiatric hospitalizations.

SEFBHN recognizes, however, that greater integration of our acute care services is needed and that the receiving facility and inpatient detoxification providers are in direct contact with each other in order to optimize access to the most appropriate ongoing care for the individual through a no-wrong-door Central Receiving System. SEFBHN worked with the Health Care District of Palm Beach County who in turn has submitted a proposal to a Request for Applications issued by the Department to implement such a system. Additional work is being initiated with our providers in our northern counties to align resources to ensure a Designated Receiving System that encompasses a no-wrong-door is also in place for consumers residing there.

South Florida Behavioral Health Network (SFBHN):

As requested in all of the Network Provider contracts, the Network Provider shall implement a no-wrong-door model as defined in s. 394.4573, F.S., by developing a process for assessing, referring and/or treating clients with co-occurring disorders, to increase access of persons identified as co-occurring, to provide services for both disorders regardless of the entry point to the behavioral health system. As used in conjunction with the Comprehensive Continuous Integrated System of Care model, the no-wrong-door (see www.kenminkoff.com/ccisc.html) model requires that systems develop policies and procedures that mandate a welcoming approach to individuals with co-occurring psychiatric and substance disorders in all system programs, eliminate arbitrary barriers to initial evaluation and engagement, and specify mechanisms for helping each client (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible.

A copy of the Network Provider's no-wrong-door policy is maintained in the Network Provider contract file. Should any updates to the no-wrong-door policy and procedure occur during the term of this contract, the Network Provider must submit the amended procedures to the Contract Manager within thirty calendar days of the adoption.

Broward Behavioral Health Coalition (BBHC):

Feedback from the provider focus groups indicated that the no-wrong-door policy is required at provider agencies by contract, but all employees may not know what it means and how to engage/link clients when they visit a program that they may not be eligible for. Providers requested more education and training on cultural competency and access awareness to demonstrate no-wrong-door policy. Feedback from consumer focus groups indicated that “sometimes they help us to find the services that we need, and sometimes they do not. It depends on who you ask and if they know how and where to find the services that we need.”

III. RECOVERY-ORIENTED AND PEER-INVOLVED APPROACHES

Section 394.4573, F.S., calls for an assessment of “the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches.” A system that adopts recovery-oriented and peer-involved approaches offers a flexible and comprehensive menu of services that meet each individual’s needs. The system offers services that are consumer- and family-driven. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. Peer-to-peer recovery support services are made available. Managing Entities were asked to identify and describe the characteristics of recovery-oriented and peer-oriented approaches demonstrated within their systems of care. They were also asked to list all contracted providers who employ peer specialists that provide recovery support services. Responses from each of the Managing Entities are presented below.

Big Bend Community Based Care (BBCBC):

Providers were asked to identify and describe the characteristics of recovery-oriented and peer-oriented approaches they demonstrate. The responses that were provided are summarized below:

- Ability 1st: Ability 1st is a Center for Independent Living and as such employs at 50% of staff that are persons with disabilities, including mental illness and substance use disorder. Peer-based, recovery oriented support is a core service of Ability 1st provided to consumers. Our governing board of directors is composed of at least 51% persons with disabilities.
- Apalachee Center: This agency employs multiple peer specialists. We have pioneered innovative approaches to integrated medical and behavioral healthcare (a best practice consistently endorsed by clients), community integration for historically difficult to place clients (a best practice consistently endorsed by clients), trauma-informed care (a best practice consistently endorsed by clients), constant, active solicitation of client and stakeholder feedback, open clinics (a best practice consistently endorsed by clients). We are community partners with our local NAMI Chapter, hosting Family-To-Family training onsite, and regularly engaging in community events with this organization. We are currently piloting Magellan's Peer Services engagement program (one of a handful of Community Mental Health Centers statewide doing this).
- Bay District Schools: The LifeSkills program is delivered during school hours. Parents are involved by parental communicators and parent resources that are available for parent check-out.
- Bridgeway Center: The principles of Trauma Informed Care drive the services delivered.
- Chemical Addictions Recovery Effort (CARE): CARE does have recovering employees and is in the process of creating peer specialist positions. We provide on-site twelve step meetings and sponsor meetings, which are all peer-to-peer recovery support services. Treatment planning and treatment services are client centered and involves the input and involvement of the client and the family/significant others.

- Community Drug & Alcohol Council: Our services are consumer- and family-driven. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. We have informal peer-to-peer support services and are developing a formal program.
- COPE Center: We utilize a recovery-oriented approach to service delivery that includes trauma informed care. Our services are based on the individual's strengths, needs, abilities and preferences. The individuals identified family and other support systems, if appropriate, are included in all aspects of care. Services are provided at times and places that are allow for individuals and their support system to participate.
- DISC Village: Our agency utilizes existing supports and community partners to offer services to consumers where they live and work. We do this through the development of person-centered treatment plans that actively involve the consumer to ensure that all activities help him/her build on existing strengths and engage family members where appropriate. Our goal is for consumers to achieve abstinence and gain improved health and an increase in their quality of life post treatment. Recovery-oriented activities can be found at all levels of care within our agency.
- Escambia County Board of County Commissioners: Family members are encouraged to participate in the support and care of the consumer to ensure that they comply with their court-ordered agreement.
- Ft. Walton Beach Medical Center: Our peer specialists are supported by the Okaloosa/Walton Mental Health Association. They are not hospital employees. Our intensive outpatient and partial hospitalization program are of great benefit to recovery but underutilized due to inability to pay and poor support from insurers.
- Lakeview Center: Many staff have a history of substance abuse or mental health issues.
- Life Management Center: Peer support groups and a peer drop-in center are used.
- Okaloosa Board of County Commissioners: Our case managers make referrals to treatment providers. These are court programs.
- Panhandle Behavioral Health: As part of our service, we have the ability to train other caregivers involved in the consumer's lives in the behavioral interventions we recommend for the consumers. This can increase the capacity in which the consumers can be successful in the environments they come in contact with on a daily basis.

The following providers also indicated that they employ peer specialists that provide recovery support services: Ability 1st, Apalachee Center, Bridgeway Center, COPE Center, DISC Village, Ft. Walton Beach Medical Center, Lakeview Center, and Life Management Center.

Central Florida Behavioral Health Network (CFBHN):

CFBHN adopted the Substance Abuse and Mental Health Service Administration's working definition of recovery from mental disorders and/or substance use disorders through the Recovery Support Strategic Initiative. This initiative supports the framework for the system of care in our region and will assist in analyzing the needs of our community. The Substance Abuse and Mental Health Services Administration's Recovery Support Strategic Initiative includes four major dimensions (health, home, purpose, and community) and 10 Guiding Principles of Recovery (hope, person-driven, many pathways, peer support, relational, culture, addresses trauma, strengths/responsibility, respect, and recovery) that support a life in recovery. The following characteristics of recovery-oriented and peer-oriented approaches are demonstrated through CFBHN and its subcontracted service deliveries.

Recovery can be achieved and transpires from "hope." Peers, family members, providers and other community members cultivate an inspiring and motivating message to individuals affected by mental illness and substance use that "hope" is the springboard to the recovery process.

CFBHN contracts with mental health and substance abuse grass roots organizations, including local National Alliance on Mental Illnesses (NAMI) affiliates in Pinellas, Collier, Lee, Charlotte and Hendry counties; Clubhouses (Vincent House and Hope Clubhouse); Recovery Programs (Agency for Community Treatment Services; Centerstone of Florida; Drug Abuse Comprehensive Coordinating Office; FirstStep of Sarasota; Operation PAR; SalusCare; Tri-County Human Services and WestCare Florida and Drop-In Centers (Project Return, Mental Health Community Centers, NAMI of Collier County, and Charlotte Behavioral Health Care) to provide “hope.” In addition, these agencies offer a variety of recovery-oriented programs such as peer supports, supportive employment and support groups.

According to the Substance Abuse and Mental Health Services Administration, “Recovery is person-driven. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.”

CFBHN’s subcontractors provide peer support services that are included in service delivery through Florida Assertive Community Treatment (FACT) teams and Peer Recovery Support. FACT’s Certified Recovery Peer Specialists assist the individual in the recovery process as they link them to community resources, provide social networking opportunities and support the individual in daily living activities. Mental health and drug treatment programs also include peer support through 12 Step programs and support groups; and the NAMI Signature programs and support groups provide education regarding the illnesses and diseases, as well as, one-on-one peer support. In addition, these support groups are run by trained peers who utilize national organizational support group training curriculum.

CFBHN oversees and ensures that the children’s and adult’s system of care encourage the use of person-centered evidence-based practices and evidence-support practices that demonstrate improvements in real-life outcomes. Transition to Independence Process, Wellness Recovery Action Plan, and the NAMI Family-to-Family programs facilitate a person-centered approach that provides supportive learning skills that engage in recovery. The following providers are subcontracted to facilitate these evidence-based and support-based practices: The Crisis Center of Tampa Bay, David Lawrence Center Mental Health Center, Directions for Living, Tri-County Human Services, WestCare Florida, Mental Health Community Centers, GracePoint, Centerstone of Florida, Peace River Center for Personal Development and local NAMI affiliates.

In addition, these agencies provide recovery-oriented, peer-involvement opportunities through programs (Healthy Transitions, Family Intensive Treatment teams, Florida Assertive Community Treatment teams, and Peer Assisted Liaison) that include assistance from Certified Recovery Peer Specialists as they provide role modeling, encourage engagement in treatment, and offer ideas for various methods in coping skills. Moreover, these services encourage person-driven, self-directed goal planning that empowers, strengthens, and encourages personal responsibility for the individual to exercise choice in services and treatment modality.

According to the Substance Abuse and Mental Health Services Administration, “Recovery occurs via many pathways. Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds — including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can

be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.”

CFBHN contracts with the Agency for Community Treatment Services, Centerstone of Florida, Drug Abuse Comprehensive Coordinating Office, GracePoint, Directions For Living, First Step of Sarasota, and Success 4 Kids and Families, who are just a few of the subcontractors who deliver recovery-oriented services and provide a supportive environment to inspire necessary steps toward recovery. The Wraparound process, Community Action Team, outpatient mental health and drug abuse treatments and case management are some examples of programs and methods that an individual can highly personalize and choose from as they develop a recovery pathway.

All of the contracted providers listed below employ peer specialists that provide recovery support services:

- Agency for Community Treatment Services
- Baycare Behavioral Health
- Boley Centers
- Centerstone of Florida
- Charlotte Behavioral Health Center
- Coastal Behavioral Healthcare
- Drug Abuse Comprehensive Coordinating Office
- Directions For Living
- Hope ClubHouse
- First Step of Sarasota
- GracePoint
- Mental Health Community Centers
- Mental Health Resource Center
- NAMI Pinellas County Florida
- NAMI of Collier County
- NAMI of Lee, Charlotte & Hendry Counties
- Northside Behavioral Health Center
- Peace River Center for Personal Development
- Project Return
- SalusCare
- Success 4 Kids and Families
- Suncoast Center
- Tri-County Human Services
- WestCare Florida

Central Florida Cares Health System (CFCHS):

CFCHS' central receiving systems have begun the process to provide peer support. CFCHS' network defines the Peer Support Specialist as a person who has progressed in their own recovery from alcohol or other drug abuse or mental disorder and is willing to self-identify as a peer. The Peer Support Specialist will work towards engaging individuals in behavioral health services. They work with the individual on meeting recovery goals, teach and mentor individuals in problem-solving skills in order to overcome fears, learn coping strategies, and engage in self-care and relapse prevention. Peer Recovery Supports encourage socialization with family and friends and participation in community based pro-social activities. Peer support includes community networking such as social, recreational, spiritual, educational, or vocational linkages. Unlike other clinical staff, peers are able to share their personal recovery experiences and role model healthy behavior, connect through social media, telephone, and email. They are able to aid individuals in keeping appointments and can assist them as they navigate the system of care on a more personal level. Services may be provided on a group or individual basis.

CFCHS' network providers also collaborate with NAMI as another form of peer support to engage family members in the recovery process. NAMI provides support, education and encouragement for families, along with advocacy, and respite. CFCHS' network providers provide NAMI with meeting space and encourage families to participate in NAMI groups as a support for them in coping with family members who suffer from a mental health disorder.

In order to increase the number of Certified Peer Recovery Specialists in our network, CFCHS has initiated a contract with Mental Health Association of Central Florida to provide a 40 hour training to prepare peers in becoming a Florida Certified Peer Recovery Specialists. Through the training, peers can gain knowledge of the major content areas including advocacy mentoring, and professional responsibility and recovery support. In addition, Mental Health Association will provide training in Wellness Recovery Action Plan. Individuals are given the opportunity to learn tools to meet recovery goals, maintain wellness, and develop a plan for crisis.

CFCHS network providers who employ peer specialist to provide recovery support services are as follows:

- Aspire Health Partners
- Children's Home Society
- Community Treatment Center
- The Grove Counseling Center
- House of Freedom
- Lifestream Behavioral Center
- Mental Health Association
- Mental Health Resource Center
- Park Place Behavioral Healthcare

Lutheran Services Florida Health Systems (LSFHS):

LSFHS, in partnership with Jacksonville University, has been awarded a Health Resources and Services Administration grant to implement and evaluate an enhanced Certified Recovery Peer Specialist training program in Duval County. The program will address the Northeast region's shortage of paraprofessionals with the skills and competencies to work with children, adolescents, and transitional-age youth at risk for behavioral health disorders. LSFHS will have two designated trainers that will provide an opportunity for students and community members interested in gaining the advocacy, mentoring and recovery support skills to effectively work with youth and families at risk of mental illness, substance abuse or suicide. The Certified Recovery Peer Specialist designation demonstrates competency in the field of peer-to-peer recovery support, enhances students' marketability, and introduces paraprofessionals to a recovery-oriented and multicultural perspective on behavioral health care for children, adolescents, and transitional-age youth.

Additionally, LSFHS has joined forces with the Department in promoting recovery oriented system of care transformation of services within the State of Florida. The Department submitted and received a technical assistance grant from the Center for Social Innovation and the Substance Abuse Mental Health Services Administration related to Recovery Oriented Systems of Care (ROSC). A ROSC is a value-driven approach focused on supporting the process of recovery within a person's life and environment. The Office of Substance Abuse and Mental Health's priority efforts is focused on the increase utilization of Certified Recovery Peer Specialist. Senate Bill 12 also focuses on the provision of recovery oriented services and supports. ROSC is an approach that aligns with and provides a framework for current efforts to address the Department's priority of efforts. LSFHS is in support of this approach to spread the word and hold providers accountable to implement ROSC.

Agencies with Employees who are Certified Peer Specialists	# of Peer Specialists
Mental Health America of East Central Florida	2
River Region Human Services	1
Gateway Community Services	2
The Centers	10
Community Rehabilitation Center	2
Mental Health America of Northeast Florida	2
I.M. Sulzbacher Center for the Homeless, Inc.	1

Agencies with Employees who are Peer Specialists w/o Certification	# of Peer Specialists
Mental Health America of East Central Florida	1
River Region Human Services	1
Lifestream Behavioral Center	8
Gateway Community Services	7
Community Rehabilitation Center	2
Mental Health Resource Center	3
Camelot Community Care	1
Clay Behavioral Health Center	5
Delores Barr Weaver Policy Center	2
Ability Housing of Northeast Florida	1
Mental Health America of Northeast Florida	1

Southeast Florida Behavioral Health Network (SEFBHN):

Consumer and family support within our service delivery area begins with a strong recovery orientation at the Managing Entity. With a Consumer Advocacy Manager and a Certified Recovery Peer Specialist on staff, SEFBHN has been working hard to continue growing our recovery-oriented initiatives both in-house and across our network. We continue to provide the 40-hour Helping Others Heal Recovery Peer Specialist Training, with 2 offerings last fiscal year, one training scheduled for the end of this month, and are exploring dates in January to offer another due to the growing interest level. We have seen a growing number of providers sending applicants and peer candidates our way to be trained, which is an excellent sign that peer services are expanding within our network, with both mental health and substance abuse providers utilizing peer specialists in a variety of roles. We have also seen an increased number of peer trainees seeking the Certified Recovery Peer Specialist - Family credential, which will only continue our momentum and capacity within the network to provide support to families alongside consumers. SEFBHN continues to support trained peers in securing volunteer opportunities and paid employment within the network, which assists in expanding opportunities and utilization of peers to new providers or new programs not currently integrating peer support.

In our network, we have roughly 18 providers utilizing peer specialists across a broad domain of services rendered: crisis stabilization units, short term residential units, state hospital step down programs, mental health court, assisting with case management services, housing programs, offender re-entry, employment services, Florida Assertive Community Treatment teams, drop-in centers, and more. Peers working and volunteering within our network wear a number of hats, and their responsibilities include facilitating

groups, providing individual mentoring, assisting with navigation of community resources, and helping to advocate for consumers and families. Peer support is available in many of the adult programs/services within our network, as well as to children and families. We offer continued training opportunities for both peers and providers using peers to ensure that our network continues to grow momentum towards recovery-orientation and embraces a well-rounded peer workforce, integrating best practices including Wellness Recovery Action Plan, Whole Health Action Management, Peer Support Whole Health and Resiliency, and Motivational Interviewing. Our ongoing partnership with Magellan Complete Care has provided several excellent training opportunities this year for peer specialists, including a peer-oriented Motivational Interview training with Ken Kraybill, several Wellness Recovery Action Plan 101 workshops for provider staff, and Advanced Level Wellness Recovery Action Plan facilitator training.

Peer specialists, consumers, and family members are also encouraged to participate on committees and work groups within our provider agencies, including ethics, rights and responsibilities, grievance, quality/performance improvement, trauma informed care, and consumer advisory boards. We work actively with our providers and peers across the network to ensure that consumers and families are well-represented in this regard, and are actively given a voice at the table, rather than being invited to participate for tokenism. We continue to reinforce the importance of obtaining consumer and family feedback, and relate the unique and unparalleled value that our consumers and families bring to the table in regards to providing feedback on network services.

Additionally, a variety of our providers offer support groups for consumers and family members alike. Some of our providers have facilitated partnerships with agencies offering support and services to families, such as NAMI of Palm Beach County, to ensure that families of their consumers are getting access to the help and resources they need in the community. Additionally, NAMI continues to offer peer-to-peer and family-to-family training within their organization to encourage individuals and families with lived experience to become involved in volunteering and giving back to those needing mentoring. Many of our mental health providers also encourage utilization of our drop-in centers for consumers to build recovery support in the community; ongoing support groups and workshops are offered throughout our service delivery area at our drop-in centers.

The following SEFBHN contracted providers employ peer specialists:

- New Horizons of the Treasure Coast
- South County Mental Health Center
- Jerome Golden Center
- Gratitude House
- The Lord's Place
- Henderson Behavioral Health
- Legacy Behavioral Health
- NAMI of Palm Beach County
- Mental Health Association of Indian River County
- Mental Health Association of Palm Beach County
- Community Partners/Housing Partnership
- Jeff Industries
- Wayside House
- Drug Abuse Foundation
- DATA
- Center for Family Services
- JFK Medical (via the Mental Health Association of Palm Beach County)
- Federation of Families

South Florida Behavioral Health Network (SFBHN):

According to the Substance Abuse and Mental Health Services Administration, a recovery oriented system of care is a coordinated network of community based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness and quality of life for those with or at risk. Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness and recovery from mental health and substance use conditions.

In FY 15-16, only Concept Health Systems had an allocation in the recovery support cost center. However, there are multiple providers who employ Peer Specialists within the system of care. These peer services are reported under other cost centers that do not include the recovery support cost center.

The number of our contracted providers employing Peer Specialists has increased based on a couple of indicators. One of these is that more providers are requesting technical assistance from our Peer Services Manager. Technical assistance includes how to develop a Peer Specialist Program, required trainings for peer specialists, Florida Certification Board requirements, recruitment of potential peer specialists and job descriptions for peer specialists. Another indicator is increased attendance at quarterly peer specialist support meetings and certification technical assistance meetings. Many of the participants in the certification technical assistance meetings are currently employed by our providers. They indicate their agency supports them becoming certified and is willing to pay for application costs, examination costs and certification costs.

Broward Behavioral Health Coalition (BBHC):

BBHC's system of care focuses on the development recovery-oriented system of care that is peer-driven. In our focus groups, we heard often that "peer support and mentorship is the answer" to many of the gaps we have for engagement and community integration. Through various initiatives such as the Power of Peers program and the One Community Partnership 2 grant from the Substance Abuse and Mental Health Services Administration, BBHC has been able to hire peer specialists to work with adults, youth and families for ongoing supports. Additionally, we support the new Youth M.O.V.E. and Federation of Families chapters who engage youth and families with lived experience to develop leadership and advocacy across the system of care. BBHC also sponsors trainings for initial and continuing education for peer specialists, their supervisors, and case managers on Wellness Recovery Action Plan, Whole Health Action Management, mental health first aid and other best practices.

BBHC was selected to participate in a Policy Academy grant for developing a statewide Recovery Informed Services initiative and action plan. BBHC is looking forward to the upcoming Regional Recovery Oriented System of Care summit to be held on November 9th at the Urban League in partnership with the United Way Commission on Substance Abuse to begin the shift towards recovery transformation.

The following contracted providers employ peer specialists that provide recovery support services:

- Susan B. Anthony Center
- South Florida Wellness Network
- Task Force for Ending Homelessness
- Foot Print to Success Clubhouse
- Banyan Health Systems
- NAMI Broward County
- Broward Addiction Recovery Center
- Passageway
- Chrysalis Health
- Mental Health Association of Southeast Florida

- Henderson Behavioral Health
- Memorial Healthcare System

IV. AVAILABILITY OF LESS RESTRICTIVE SERVICES

Section 394.4573, F.S., directs the Department to assess the availability of “less-restrictive services.” Outpatient services are less restrictive than residential treatment and acute care services. In order to gauge the availability of these less restrictive outpatient services, the Department asked the Managing Entities to provide waitlist numbers and statistics regarding the number of days between assessment and receipt of first outpatient service for certain special populations. These populations are highlighted because they are designated as priority populations according to federal and state statutes or because they are a particularly vulnerable group. For the purposes of this analysis, outpatient services for substance abuse include the following covered services:

<ul style="list-style-type: none"> • Aftercare • Day treatment • Medical services • Substance abuse outpatient detoxification • Treatment Alternatives for Safer Communities 	<ul style="list-style-type: none"> • Case management • Florida Assertive Community Treatment Team • Medication-assisted treatment • Supported employment 	<ul style="list-style-type: none"> • Comprehensive Community Service Team • In-home and on-site • Outpatient • Supportive housing/living
---	--	--

The tables below depict the figures provided by the Managing Entities. With regard to the length of time between assessment and first service, averages were not calculated due to missing values. The range of values reported by the Managing Entities is presented instead of averages. Table 1 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient substance abuse services. Table 2 below shows that individuals may have to wait weeks for their first outpatient substance abuse service.

Table 1: Waitlists for Outpatient Substance Abuse Services	
Population	Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 15-16)
Pregnant women who inject drugs	0
Pregnant women	2
Women with dependent children	54
Adults who inject drugs	22
Children who inject drugs	0
Adults involved in the child welfare system	68
Children involved in the child welfare system	5
Adults who are homeless	3
Children who are homeless	0
Children involved in the juvenile justice system	107
All other adults	208
All other children	5

Table 2: Range of Average Days from Assessment to First Outpatient Substance Abuse Service	
Population	Range of Average Days Between Assessment and First Outpatient Substance Abuse Service
Pregnant women who inject drugs	0-64 days
Pregnant women	0-25 days
Women with dependent children	0-17 days
Adults who inject drugs	2-22 days
Children who inject drugs	0-36 days
Adults involved in the child welfare system	0-18 days
Children involved in the child welfare system	0-11 days
Adults who are homeless	3-18 days
Children who are homeless	0-8 days
Children involved in the juvenile justice system	1-50 days
All other adults	0-18 days
All other children	0-33 days

With regard to outpatient mental health services, the following covered services are included:

<ul style="list-style-type: none"> • Aftercare • Day treatment • Intensive case management • Supported employment 	<ul style="list-style-type: none"> • Case management • Florida Assertive Community Treatment Team • Medical services • Supportive housing/living 	<ul style="list-style-type: none"> • Comprehensive Community Service Team • In-home and on-site • Outpatient
---	--	---

Table 3 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient mental health services. Table 4 below shows that many individuals will have to wait weeks for their first outpatient mental health service, depending on which Managing Entities' system of care they encounter.

Table 3: Waitlists for Outpatient Mental Health Services	
Population	Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 15-16)
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	12
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	32
Adults who are homeless	251
Children who are homeless	0
Pregnant women	0
Individuals involved in the child welfare system	0

Table 3: Waitlists for Outpatient Mental Health Services	
Population	Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 15-16)
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	12
Adults involved in the criminal justice system	7
Children involved in the juvenile justice system	0
All other adults	809
All other children	1,901

Table 4: Range of Average Days from Assessment to First Outpatient Mental Health Service	
Population	Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 15-16)
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	0-18 days
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	0-14 days
Adults who are homeless	0-16 days
Children who are homeless	0-7 days
Pregnant women	0-15 days
Individuals involved in the child welfare system	0-45 days
Adults involved in the criminal justice system	0-13 days
Children involved in the juvenile justice system	0-16 days
All other adults	2-98 days
All other children	0-33 days

These findings are alarming, particularly with regard to pregnant women, women with dependent children, children involved in the child welfare system, and other vulnerable populations. Addressing these troubling inadequacies will be a priority for the Department. The Department intends to further analyze this information in order to ascertain regional differences, disparities between urban versus rural access, and relationships between waitlist figures and service availability by county. A statewide table of available services by county, as reported by the Managing Entities, is available online at www.myflfamilies.com/service-programs/substance-abuse/publications.

V. USE OF EVIDENCE-INFORMED PRACTICES

Section 394.4573, F.S., calls for a description of the extent to which providers use evidence-informed practices. A variety of different evidence-informed practices are used within the Managing Entities' provider networks. All Managing Entities provided extensive lists which are available online at www.myflfamilies.com/service-programs/substance-abuse/publications. These lists reflect the fact that evidence-informed practices are utilized in all regions of the state; however, further analysis is required to accurately describe the extent to which these evidence-informed practices are implemented with fidelity.

VI. TOP FIVE NEEDS

Managing Entities were asked to rank order the top five unmet needs they identified (1=highest need and 5=lowest need). These needs were identified in a variety of different ways, including, but not limited to, analyses of waitlist records, surveys, and focus groups with consumers, providers, and other community stakeholders. This information was requested to help the Department prepare to address s. 394.9082(8), F.S., which requires each Managing Entity, beginning in September 2017, to develop a description of strategies for enhancing services and addressing three to five priority needs. The Department must then compile all of these enhancement plans and evaluate them in accordance with s. 394.4573, F.S. Responses from each of the Managing Entities are presented below.

Big Bend Community Based Care (BBCBC):

1. Outpatient services for substance abuse and mental health in all service areas
2. Residential/inpatient services for substance abuse in all service areas
3. Housing options and supported housing for substance abuse and mental health in all service areas
4. Prevention Services for substance abuse in all service areas
5. Electronic health record compatible/health information exchange platform to allow the real time updates of client data through web service calls without manual data entry

Central Florida Behavioral Health Network (CFBHN):

1. Increased availability of supportive housing programs
2. Increased availability of affordable housing
3. Need for additional short-term residential beds
4. Increased availability of psychiatric medical services
5. Service coordination and flexible funding for high service utilizing individuals

Central Florida Cares Health System (CFCHS):

1. Housing
2. Residential treatment for substance abuse and mental health
3. Adult mental health outpatient treatment
4. Adult case management
5. Children's mental health outpatient treatment

Lutheran Services Florida Health Systems (LSFHS):

1. Diversionary care for first episodes of psychosis
2. Transitional care
3. Housing for people out of jail (forensic)
4. Wraparound services for child welfare-involved families
5. Psychiatric care is needed due to difficulty finding and keeping Advanced Registered Nurse Practitioners

Southeast Florida Behavioral Health Network (SEFBHN):

1. Inpatient detoxification
2. Medication assisted treatment
3. Supported/transitional housing
4. Crisis support/mobile crisis teams
5. Additional Florida Assertive Community Treatment Teams

South Florida Behavioral Health Network (SFBHN):

1. Improving Standards of Care. This includes peer support, care coordination, continuum of services, early intervention, recovery-oriented systems of care, family involvement, development of standardized behavioral health treatment protocols, and more in-home/on-site treatment teams.
2. Data Reporting/Analytics. In order to really gauge the true needs in the community, the Strategic Planning Committee believes that it is vital for SFBHN to have its own data analytics team, which is permanently funded through Department dollars. At this time, resources from other areas are pulled to assist a small analytics team at SFBHN to complete specific projects; however those positions do not have permanent funding. Therefore SFBHN is looking to have a permanently funded, fully equipped data analytics team to be able to complete projects such as the community needs assessment, in an efficient and well thought out manner. This team will also be dedicated to working on additional projects which look at return on investment analyses, system improvements, etc.
3. Models of Care. Implement additional evidence-based practices that are already working nationally.
4. Housing. Affordable housing continues to be an area of concern for SFBHN-funded consumers. This issue was discussed at length during the last community needs assessment as an identified need in the community, especially for the behavioral health population. The Department of Housing and Urban Development recently cut millions of dollars in funding to the local Continuum of Care, the Miami-Dade Homeless Trust. These budget cuts have placed even more strain upon already scarce resources in the community for housing.
5. Integration. Increase the integration of both child welfare involved consumers as well as those who are criminal justice involved.

Broward Behavioral Health Coalition (BBHC):

1. Housing for:
 - Permanent and supportive housing
 - Emergency beds
 - Transitional living
2. Community support (expansion of peer and family specialists and flex funds):
 - Transportation
 - Childcare subsidy
 - Supported employment
 - Peer specialist services expansion
 - Aftercare planning, assistance, and support
3. Short term residential treatment (extended acute care beds)
4. Multidisciplinary treatment teams:
 - Children's Action Treatment Team to focus on the crossover youth involved in the juvenile justice system
 - Family Intervention Treatment Team to support families in the Child Welfare System
 - Florida Assertive Community Treatment Team (a "hospital on wheels" to help divert individuals from stat and reduce recidivism into crisis units)
5. Integrated primary/behavioral programs and supports for special populations including:
 - Lesbian, gay, bisexual, transgender, and queer/questioning
 - Criminal justice involved
 - Child welfare families
 - Juvenile justice involved youth
 - Culturally and linguistically appropriate programs

VII. CONCLUSIONS AND NEXT STEPS:

There is variation in the way that concepts like the “no-wrong-door model” and “recovery-oriented approach” are understood and implemented throughout Florida. Further review of the responses compiled in this assessment will be conducted by the Department and the Managing Entities to identify opportunities for improvement and areas where training and technical assistance are needed. These responses will also be used to inform and improve ongoing initiatives described in more detail below. Other needs identified by the Managing Entities are being addressed through ongoing initiatives. For example, the need for housing identified within the Managing Entities’ top five lists validates the use of full-time Lead Housing Coordinators who were recently employed within each Managing Entity. These Lead Housing Coordinators are responsible for conducting housing-focused needs assessments and developing strategic plans to address gaps.

The responses and figures provided by the Managing Entities also reflect a need for initiatives to reduce waitlists and improve the efficiency with which individuals are able to access care. Additional analysis of waitlist records and the time between assessment and first service will guide discussions around future initiatives.

In order to develop centralized receiving systems that use the no-wrong-door model, the Department issued a Request for Applications for a Centralized Receiving System Grant, pursuant to the FY 2015-16 General Appropriations Act, Line 377K. There are currently 5 central receiving systems up and running, including Aspire Health Partners (serving Orange County), LifeStream Behavioral Center (serving Lake and Sumter counties), Centerstone of Florida (serving Manatee County), Gracepoint (serving Hillsborough County), and Park Place Behavioral Health Care (serving Osceola County). An additional system operated by the Mental Health Resource Center (serving Duval, Baker, Clay, Nassau, and St. Johns counties) should be operational in March 2017. Pursuant to expanded appropriations in the FY 2016-17 GAA, three additional organizations have been awarded five-year Central Receiving System Grants. They are Apalachee Center (serving Madison, Taylor, Jefferson, Leon, Gadsden, Wakulla, Liberty and Franklin counties), Henderson Behavioral Health (serving Broward County), and Stewart Marchman Act Healthcare (serving Flagler and Volusia counties).

In order to develop a consistent understanding of a recovery-oriented approach, the Department is receiving technical assistance from the Center for Social Innovation. The goal is to build and enhance sustainable recovery-oriented systems and services. Recovery-Oriented Systems of Care (ROSC) is not a new initiative, but rather a framework to guide current efforts across Department programs and systems to focus on families involved with child welfare, individuals with behavioral health conditions in need of stable and permanent housing, individuals who access crisis and detox services as their primary care and those transitioning from state treatment facilities back to the community. The ultimate goal of the technical assistance and related activities is to build on current efforts to transform Florida’s behavioral health system from acute care to recovery and wellness. The vision for ROSC in Florida is an integrated, values-based system of care where recovery is expected and achieved through strong, meaningful partnerships and shared decision making. The Department is leading this effort in coordination with key partners and persons served to increase awareness of and buy-in for ROSC and how it aligns with current priorities such as care coordination, housing, families served by child welfare, and recovery oriented services and supports to include peers.

Ongoing care coordination initiatives are also helping ensure that systems of care are recovery-oriented and function as no-wrong-door models. Care coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. This includes services and supports that affect a person’s overall well-being, such as primary physical health care, housing, and social connectedness. Care coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation and the justice systems. It is time-limited, with a heavy concentration on educating and empowering the person served, and provides a single point of contact until a person is adequately connected to the care that meets their needs.

Based on the findings from this assessment, the Department has identified the following next steps:

- Review the findings from this assessment with the Managing Entities and collectively identify the strengths and weaknesses of the process used to compile this information. Use the lessons learned to improve the reporting template in collaboration with the Managing Entities.
- Work with the Managing Entities to develop strategies for reducing the number of individuals placed on waitlists and the amount of time they wait for services. The waitlist and wait time findings are alarming, particularly with regard to pregnant women, women with dependent children, children involved in the child welfare system, and other vulnerable populations. Addressing these inadequacies will be a priority for the Department.
- Use the open-ended responses provided by the Managing Entities to help operationally define concepts like no-wrong-door models, recovery-oriented approaches, and peer-involved approaches.
- Use clear and measurable content to develop performance measures and minimum expectations regarding the desired characteristics of systems of care.
- Incorporate findings from this assessment into ongoing initiatives related to Recovery Oriented Systems of Care, care coordination, housing, centralized receiving systems, and evidence-informed practices,
- Visually depict the geographic variation in access to services. Use this geospatial analysis to help identify service “deserts” and address access issues in these areas.
- Align this assessment with other strategic planning activities, including the compilation and evaluation of enhancement plans required under s. 394.9082(8), F.S., the Managing Entities’ triennial needs assessments required under s. 394.9082(5)(b), F.S., and the Department’s triennial master plan required under s. 394.75, F.S.