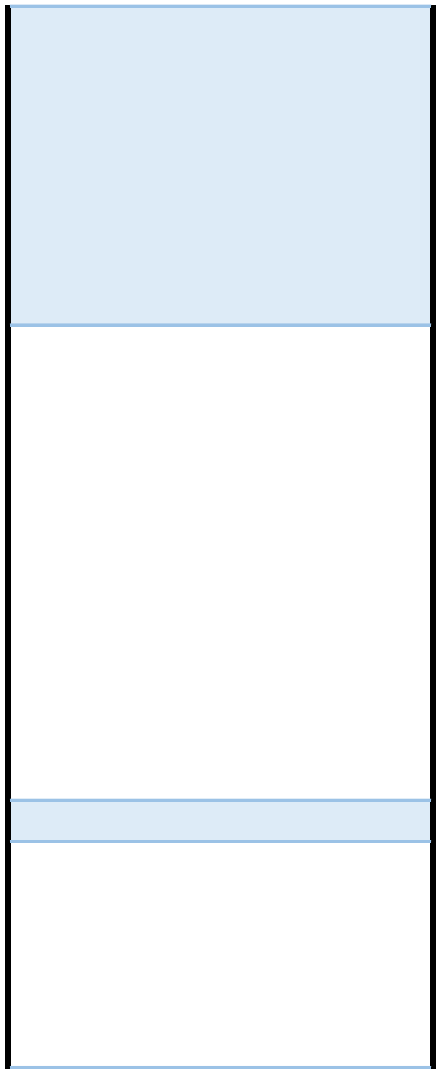
Column1
Needs assessment

Budget authorization
Method of payment

Outcomes/Accountability



AHCA
Constant conversation with providers, national and state professional organizations, health plans, and other stakeholders to get informed of issues and needs faced by Medicaid recipients and providers, coverage gaps that may negatively impact recipient health and outcomes, and opportunities to address those gaps.
Constant evaluation opportunities to improve service coverage maintaining the integ
Participation in interagency , community based organizations, or school staffing's for enrollees under 21 yrs. that may result in the provision of behavioral health or medical services.

Monthly meetings with DCF and other agencies to discuss policy, trends, best practices, and identified opportunities to improve the provision of behavioral health care for these children and SIPP placements from Medicaid Health Plans.
Process: Social Services Estimating Conferences (SSEC)
Timeline: immediate after GAA Budget is approved.
Fee-For-Service claim through FMMIS and is paid based on either the current established Fee Schedule or by claims submitted to a Managed Care Plan.

Medicaid health plans are required to report many performance metrics each year, including metrics specific to behavioral health. Each plan's performance is measured against national benchmarks (where those exist) and compared to the plan's previous year's performance.
Based on this activity, the Agency now requires each plan to undertake a Performance Improvement Project (PIP) with the common goal of improving follow-up after a hospitalization for mental illness, an emergency department visit for mental illness, or an emergency department visit for alcohol and other drug dependence. These PIPs are long- term with opportunities to revise or add activities based on data collected to keep driving performance up.

HEDIS measures required for CY 2022. The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.
Follow-Up Care for Children Prescribed ADHD Medication Antidepressant Medication Management Metabolic Monitoring for Children and Adolescents on Antipsychotics Follow-Up After Emergency Department Visit for Substance Use Follow-Up After Hospitalization for Mental Illness Follow-Up After Emergency Department Visit for Mental Illness Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Adherence to Antipsychotic Medications for Individuals With Schizophrenia Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
*NON-HEDIS measures required for CY 2022 reporting
Use of Pharmacotherapy for Opioid Use Disorder Concurrent Use of Opioids and Benzodiazepines Screening for Depression and Follow-up Plan: Ages 12 to 17 Screening for Depression and Follow-Up Plan: Ages 18 and older Use of Opioids at High Dosage in Persons without Cancer Medical Assistance with Smoking and Tobacco Use Cessation

DEM
The Division maintains several redundant forms of communication to intake needs and mission requests from County governments during and after a disaster, which includes requests for mental and behavioral health issues. Depending on the size and scope of the disaster, the Division may deploy liaisons to areas impacted by the incident and may create a public-facing portal for citizens to report unmet needs. Additionally, non-governmental organizations with liaisons in the State Emergency Operations Center (EOC) may communicate issues through their liaison.
All mission requests related to behavioral health resources and emotional and spiritual care are routed to the Division's Unmet Needs Coordinator and the Human Services Branch of the State Emergency Response Team (SERT) for review.

Governor of Florida must issue an executive order, which declares a state of emergency and authorizes the Division to expend funds to meet the needs of the incident.
Once an emergency is declared, all requests for assistance are entered as missions into webEOC, the Division's mission management platform. Missions are routed through the SERT to obtain quotes, receive approval from the SERT Chief, and generate purchase orders. In situations where the Division has procured a stand-by contract for services, a mission is entered to initialize that contract's terms. Such standby contracts are competitively procured in accordance with state procurement laws and rules.
When an incident is declared as an emergency or major disaster by the President of the United States, the Division also administers the FEMA Public Assistance grant. This program allows eligible local and state government agencies and private non-profits (PNPs) to apply for reimbursement for eligible disaster-related expenses. This may include reimbursement for emergency mental or behavioral health care or other crisis-stabilization measures, or damages to a facility owned by an eligible provider. The authority and funding for this federal program are codified in the Robert T. Stafford Disaster Relief and Emergency Assistance Act (U.S. Public Law 100-707)
Payments for services are made through a purchase order and an electronic payment in the Florida Accounting Information Resource (FLAIR). In situations where a purchase needs to be made immediately, it will be charged to a Division employee's purchasing card and later reconciled.

When the Division is reimbursing an eligible applicant for disaster-related mental health costs under the Public Assistance (PA) program, the request for reimbursement is reviewed and approved in the Recovery Bureau's PA Grants Management platform, www.floridapa.org. The Division is in the process of creating a comprehensive grant management platform for all of our grant programs, which will replace this platform in the future.

The Division is also developing a program to standardize the PA grant, called the Florida Recovery Obligation Calculation (FROC). FROC will streamline documentation and reimbursement processes, which will, in turn, expedite the delivery of funding to organizations who provide critical mental and behavioral health services.

The Division is focused on meeting immediate and short-term needs via mission request, and we measure our success by our speed and accuracy in fulfilling these missions. We also conduct a rigorous after-action review, whereby best practices and areas of improvement are captured in an improvement plan.

Mental health is included as one of the state's three long-term recovery priorities, along with community preservation and economic stabilization. To that end, at the direction of the Division, the Health and Human Services Recovery Support Function (RSF) is currently developing tools and information sharing networks across mental health partners at the non- governmental, local, state, and federal levels. Their efforts have an explicit goal of enhancing communities' resiliency to post-disaster mental health challenges. We are looking forward to the outcome of their work and are willing to share it with the Commission in the future.

In addition to the responses above, the Division has reviewed the Commission's Financial Analysis and concurs with your findings as it relates to the Florida Division of Emergency Management. We appreciate our partnership with the Commission on Mental Health and Substance Use Disorder and are looking forward to seeing the results of the Commission's work.

DJJ
Residential Commitment Services All youth recommended for commitment receive a comprehensive evaluation to identify their individualized treatment needs, which the Department utilizes to determine appropriate placement. The Office of Residential Services (ORS) contracts with private providers to operate Department residential programs. Youth are assessed and screened at intake prior to commitment, and on a regular basis thereafter. A Residential Assessment for Youth (RAY), Massachusetts Youth Screening Instrument, Second Version (MAYSI-2), Mental Health/Substance Abuse Screening, Suicide Risk Screening Instrument (SRSI), and Comprehensive Evaluation are completed for each youth upon admission to a program. **Funding adequacy** ORS monitors its annual recurring budget for the current fiscal year and
The **RAY** is an instrument used to identify the youth's criminogenic needs and assist staff address the youth's risk and protective factors. **MAYSI-2** is a screening instrument designed to identify signs of mental disturbance or emotional distress. **Mental Health/Substance Abuse Screening** determines the presence of a mental health or substance abuse problem, substantiates that the youth is positive in respect to some mental health or substance abuse factors, and identifies the potential need for further mental health or substance abuse evaluation. **SRSI** is an assessment which identifies suicide risk factors and if an Assessment of Suicide Risk is required. Comprehensive Evaluations are completed to determine the presence, or nature and complexity of, a mental health or substance abuse related disorder.
Probation and Community Intervention Services All youth are administered mental health, substance abuse and suicide risk screenings by Probation intake screeners upon initial arrest. Youth are referred for an array of outpatient services based on the results of an initial screening. Outpatient services are not funded by DJJ but may be funded by other community-based care agencies or private providers selected by parents/guardians. Youth disposed to probation are assessed utilizing the Community Assessment Tool (CAT) Full Assessment, which was developed to assist juvenile probation officers determine a youth's level of risk to re-offend, identify areas of highest criminogenic need, develop a meaningful intervention plan, and monitor progress in reducing risk factors. Indicators on the CAT may pinpoint a need for substance abuse and mental health services. The Department utilizes input from circuit and regional leadership as well as community partners to determine any service gaps that may exist. Some services are required to be administered to all youth we encounter requiring an ongoing need for those identified services. All youth committed to a residential facility require a comprehensive evaluation and may require further evaluation based on the results. **Funding adequacy** is determined in two primary ways. First, the Department determines

Detention Services
Mental health and substance abuse treatment services in Detention facilities are contracted through DJJ's Office of Health Services (OHS). Treatment services are monitored quarterly (and as needed) by licensed OHS clinicians and clinical technical assistance is provided as needed. Treatment services provided in detention include screening, comprehensive assessment, treatment planning, individual therapy, group therapy, family therapy, crisis intervention, suicide prevention, and discharge (transition) planning. In addition to clinical monitoring provided by OHS clinicians, on-site evaluations of the treatment services are reviewed through annual Quality Improvement reviews conducted by the Bureau of Monitoring and Quality Improvement (MQI).

Residential Commitment Services
The Department is required to follow section 287.057, Florida Statutes. Requirements for competitive purchasing, Requests for Proposal and Invitations to Negotiate procurement methods are commonly used to procure residential programs. The Request for Proposal process requires approximately seven to nine months to complete, and the Invitation to Negotiate process generally requires 10-12 months to complete. The Department strategically

Probation and Community Intervention Services
The Department may begin expending legislatively appropriated funds from the General Appropriations Act on July 1 on each fiscal year. Following the requirements for competitive purchasing and depending on the service type, the number of responses received from prospective providers, questions received and any possible protests, execution of a contract can take up to nine months. The procurement process generally begins one year prior to the end of any contract to ensure the availability and continuity of services. If the procurement process takes longer than anticipated, the current contract may be extended while a new

Detention Services
Detention Services receive contracted services funding through the General Appropriations Act and follows statutory requirements for competitive purchasing pursuant to Florida law.

Residential Commitment Services
ORS contracts for all of the services provided to youth, including the behavioral health services. The method of payments are a hybrid of fixed fee and cost reimbursement. The fixed fee method is composed of a filled bed per day rate (referred to as the filled per diem rate) and an unfilled bed per day rate. Contracted providers are eligible to receive funds for both filled and unfilled per diem rates if the contracted program is not on a freeze. There are some medical costs which are covered outside of the contract for which the ORS will reimburse the provider and is outlined in their contract as Additional Health & Well-Being Costs.
Non-Secure: Health care costs, not covered by other sources, are the responsibility of the Department to reimburse the provider for such costs and require documentation indicating the costs cannot be recouped from any other source.
Secure: Non-routine health care costs in excess of $5,000 or $7,500.00 (amount is based on

Probation and Community Intervention Services

Behavioral health service contractual agreements have two primary payment methodologies based on how the service is procured:

***** Line Item Appropriation Contracts/Member Projects – Any Line Item Appropriation Contract has a cost reimbursement payment methodology. The provider is required to meet certain deliverables outlined within the contract (e.g., serve a certain number of youth per month and/or provide a certain number of services) and are reimbursed for their expenditures during that month.

* Competitively procured rate agreements – Competitively procured rate agreements are paid on a fixed price unit rate basis. As the number of services needed can vary from year to year, none of these rate agreements have “overall contract amount not to exceed” listed in them. The rates for the individual services are listed and the provider is paid that rate, based on the

Detention Services

The Department pays providers on a fixed fee basis for a month of comprehensive medical and mental health and substance abuse services with a minimum percentage of staff coverage in each of the twenty-one (21) regional detention centers from the beginning and through the end of each invoice month.

Residential Commitment Services

The Bureau of Monitoring and Quality Improvement (MQI) conducts an annual compliance review of each program each fiscal year, which includes a review of the mental health services provided at each program. The Office of Health Services, Office of Education, contract managers, and other subject matter experts also monitor each program throughout the fiscal year. Deficiencies are assigned as required by FDJJ 2000 and entered into the Program Monitoring and Management module within the Department’s Juvenile Justice Information System (JJIS).

ORS collects data on dosage for interventions youth receive in their respective programs. The data indicates whether the youth received the recommended hours and weeks for a treatment intervention. This information is utilized to determine the effectiveness of services. ORS

Probation and Community Intervention Services

The Department utilizes a multitude of methods to evaluate the impact of any service. Such methods include annual reviews MQI, annual data review and confirmation (e.g., Offenses During Supervision, recidivism, etc.), fidelity monitoring by the Programming and Technical Assistance Unit, an ongoing review of service referrals, utilization, and successful termination versus unsuccessful discharges and tracking of progress through JJIS monitoring and management tool. Additionally, MHSA services may have ad hoc reviews of service delivery by OHS and the Office of Accountability.

The two primarily tracked outcomes the Department monitors are whether the services were provided in the timeframe prescribed by the agreement and if the services were provided by a clinician currently licensed in Florida. Licenses and credentials are pre- approved by the Department prior to service provision.

Detention Services

The processes used and outcomes collected are based on OHS clinical monitoring activities and MQI annual reports. Both monitoring entities independently provide on-site reviews of treatment services provided to youth to include screening, referral, comprehensive assessment, treatment plans, treatment plan progress, individual therapy, group therapy, family therapy, suicide prevention services, client stability and the decreased need for crisis stabilization.

The Department utilizes recidivism data to evaluate the impact of mental health, substance

DCF
In accordance with section 394.4573, Florida Statutes (F.S.), the Department must submit an annual report to the Governor, President of the Senate, and Speaker of the House of Representatives that provides an Assessment of Behavioral Health Services in the state. The assessment must address the: Extent to which designated receiving facilities function as no-wrong door models. Availability of treatment and recovery services that use recovery-oriented and peer-involved approaches. Availability of less-restrictive services. Use of evidence-informed practices. Availability of and access to coordinated specialty care programs. Identified gaps in the availability of access to behavioral health programs in the state.
In conjunction with the annual Enhancement Plans submitted to the Department by the Managing Entities, this assessment explains top priorities for each region, proposed strategies to implement, and resources required. The Department assesses need through a triennial needs assessment process as established in s.394.9082, F.S. The statute requires the Managing Entities to conduct community based public meetings with all relevant stakeholders and report the results to the Department each August.
The assessment includes a list and descriptions of any gaps in the arrays of services for children or adolescents identified pursuant to s. 394.4955, F.S. and recommendations for addressing those identified gaps. Each Managing Entity identifies their top five needs within the assessment and provides their assessment to the Department. The Department analyzes and compiles this information, looking for trends across Managing Entities. The Department considers the needs assessment results when proposing legislative budget requests and determining how to allocate funding. The Department conducts regular opportunities to gather feedback from key partners, stakeholders, and the public about the behavioral health system of care through public meetings such as the Commission on Mental Health and Substance Abuse, Quarterly Behavioral Health meeting, Quarterly Suicide Prevention Coordinating Council, and Block Grant Planning Council. The Commission on Mental Health and Substance Abuse has an active System of Care sub-committee that is conducting a needs assessment to identify gaps across the state. The findings will be included in the Commissions next report to Governor Ron DeSantis and the Florida Legislature.

The Department also conducts targeted needs assessment to focus on specific known gaps through sequential intercept mapping. This has occurred in the Suncoast region through a contract with the University of South Florida to evaluate the process for identifying children and families with behavioral health needs in the foster care system and connecting them to services and supports.
To determine the adequacy of funding to meet needs, the Department utilize assessment needs and gaps already identified, analyze grants funding to either request grant increase, applying for new available grant, or requesting additional funds through legislative budget request.

Per Florida Statute 216, the General Appropriations Act (GAA) is approved and implemented by the Legislature, which authorizes the spending and provides the budgetary outlay of the annual operating requirements of agencies. The estimated timeline for contract execution depends on the type of procurement method selected which could vary between six to nine months.

Per §394.9082(9), F.S., the Department pays Managing Entities an annual advance at the beginning of the fiscal year and pro rata monthly payments each month thereafter, except for the final fiscal year invoice. The final fiscal year invoice is subject to a year-to-date reconciliation process designed to offset any overpayments incurred under the pro rata payment model.
Managing Entities may pay subcontracted Network Service Providers under various methods defined in Ch. 65E-
14.021, F.A.C. Unless the Department elects to specify a mandatory method of payment for a project as a matter of policy, Managing Entities may subcontract using one or more of the following methods of payment.

Fee-for-service rate: a method of making payment for services, based on a negotiated schedule of fees set by contract or subcontract. This approach may take several different forms, depending on the specific subcontract structure. The most restrictive would be a fixed fee-for-service which applies to each service event, such as a bed day for Residential level 1, or a direct staff hour for Case Management. The most flexible would be a fixed fee for a subcontractual defined project period, such as a monthly or quarterly rate for any combination of the allowable services in the project. For example, the monthly rate approach is required for all CAT teams with a minimum target number of persons served each month.
Case rate: a negotiated payment for a clinically-defined episode of care for an individual served, based on a contractually defined for package of services to be delivered within a defined period of time.
Capitation rate: a negotiated monthly fee that is paid for an enrolled individual, whether or not

Cost reimbursement: This payment methodology may be used to reimburse for operational start-up costs for new services; for specific service contracts when required by statute, grant or funding source; or for specific fixed capital outlay projects appropriated by the legislature.

The Department of Children and Families, Office of Mental Health and Substance Abuse maintains multiple years of performance metrics housed in the Financial and Services Accountability Management System (FASAMS). These metrics are the standard National Outcome Metrics Substance Abuse and Mental Health Services Administration (SAMHSA) identified, which embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

Managing entities report monthly metrics as a contract deliverable (template 11, table 2) to evaluate their year-to-date performance. Metrics are included in the Long-Range Performance Plan (LRPP) submitted to the Legislature annually (§216.013 F.S

In addition to the performance metrics described above the Department also maintains multi-year data on numbers of clients served, called outputs. These output measures are also reported on the Long-Range Performance Plan and allow us to track service rates, as well as incidence and prevalence among specific populations.
The Department data systems also provides an array of non-standard reports based on individualized requests. It allows us to provide multi-year data based on populations, demographics, service types, funding type, clients, date ranges, areas of service, providers for the purpose of evaluating performance, federal requirements change or analysis.

DOC

OFFICE OF PROGRAMS AND RE-ENTRY

As of June 30, 2023, approximately 49,713 inmates have a substance use treatment need. During FY 2022-23, funding allowed the FDC to provide outpatient, intensive outpatient, and residential substance use treatment to approximately 7,498 inmates. Presently, the FDC is only funded for 3,231 SUD treatment seats in and 2,600 prevention seats. Based on the existing funding level, FDC can treat very few of the 49,713 inmates who need SUD treatment. The FDC determines the adequacy of its funding by determining the number of individuals with a need for treatment as described above, and measuring how many individuals can be served based on the existing funding levels. Presently, the FDC anticipates it would need approximately an additional $8.8 million to serve all individuals with an identified need that

OFFICE OF HEALTH SERVICES

When an inmate enters FDC custody, they are interviewed by a mental health professional and complete IQ testing at a reception center. Through the clinical interview and testing, areas of need are identified, and the inmate is referred to an institution that can provide the appropriate level of mental health care. Inmates can request mental health services on a routine and/or emergent basis at any time during their incarceration.

Other avenues of need identification are through FDC's own programmatic monitoring systems. One programmatic monitoring system is FDC's contract monitoring. Mental health services are provided by a contracted vendor, and FDC completes biannual audits of mutually agreed-upon performance measures related to mental health delivery at all major institutions. These audits can identify areas of need when evaluating contractor performance by reviewing mental health records and interviewing mental health service providers, inmates and security staff. Another programmatic monitoring system is the **Behavioral Risk Management Team (BRMT)**. This team provides external reviews and consultative services to assist in

Office of Mental Health Services – Mental Health (OHS-MH) within FDC employs an informatics team to synthesize data collected from the mental health service delivery system. This team allows OHS-MH to identify trends and anticipate needs within the correctional population. When needs are identified, this information is quickly disseminated to the contract staff through written and verbal communication. Moreover, OHS-MH has weekly meetings with the mental health contract staff to discuss provision of care and operational issues. As a result, the contractor can adjust their staffing and resources as needed.

OFFICE OF PROGRAMS AND RE-ENTRY

Per Florida Statute 216, the General Appropriations Act (GAA) is approved and implemented by the Legislature, which authorizes the spending and provides the budgetary outlay of the annual operating requirements of agencies. The estimated timeline for contract execution depends on the type of procurement method selected which could vary between six to nine months.

OFFICE OF HEALTH SERVICES

Approximately 18 months prior to the expiration of the contract, the Bureau of Procurement coordinated with the Office of Health Services to draft an ITN. The chronology of the process follows:

. The Bureau of Procurement advertised ITN-22-042 on April 1, 2022.

. The Department began negotiations with all Vendors on September 19, 2022. Negotiations continued through March of 2023.

. The Negotiation Team held a Public Meeting on March 23, 2023. At the meeting, the

OFFICE OF PROGRAMS AND RE-ENTRY

The Florida Department of Corrections utilizes the following payment methodologies in its substance use treatment contracts:

•**Per Diem** – payment is made per occupied seat/bed per calendar day.

•**Cost Reimbursement** – reimbursement of actual costs authorized in the contractual agreement with agreed documentation. This may include supplies, equipment, staff, etc.

•**Price per Service** – Individual service types (assessment, groups, treatment plan review, individual counseling, etc.) are reimbursed at an agreed upon rate outlined in a contractual agreement.

OFFICE OF HEALTH SERVICES

Compensation for the Comprehensive Health Care Services contract consists of two (2) components: reimbursement of actual expenses (Reimbursable Expenses); and a contracted percentage of Reimbursable Expenses to cover administrative expenses (Administrative Fee). The combined amount of Compensation Cap for these two (2) components shall not exceed the appropriated Compensation Cap (Cap) for each Fiscal Year.

OFFICE OF HEALTH SERVICES

The OHS Contract Monitoring Section is responsible for the implementation of a monitoring program for determine compliance with program requirements and performance measures. Four monitors audit the performance measures that are specific to delivery of mental health services. The monitoring instrument includes program requirements and is designed to identify trends, performance problems, and identify areas that require corrective action. Failure to adequately provide corrective action may result in financial consequences as allowed by the contract.

FDC utilizes multiple processes to assess the impact of mental health service delivery. OHS has a Quality Management (QM) Section that is responsible for the implementation of a program that evaluates and improves the quality of mental health care provided to inmates. Continuous operational QM efforts which are routinely performed by institutional and regional staff to ensure efficient operations include performing routine site visits to monitor and assure the mental health care system is working properly; reviewing and analyzing reports and logs to assess appropriate inmate access to mental health care within and outside the institution; performing problem resolution when necessary; and identifying and assisting with training needs. Clinical QM efforts are those that require specific records review of mental health care. This is accomplished through review of electronic mental health records by institutional and regional staff. Another valuable component is the multidisciplinary committees that are establrogrammatic monitoring system is the Behavioral Risk Management Team (BRMT). This

Additionally, **The Behavioral Risk Management Team** is a specialized unit of highly skilled and qualified mental health and nursing professionals. This team provides external reviews and consultative services to assist in identification of barriers to necessary mental health care of inmates in inpatient mental health units. The BRMT is strategically deployed for the purpose of risk identification and to assist with remediation. The BRMT supports the institutional leadership and the contracted staff to promote system integration and increase performance within the mental health delivery system. In addition, the team members provide training to institutional staff to address opportunities for improvement. Currently, OHS is expanding the