An Assessment of Behavioral Health Services in Florida

FISCAL YEAR 2017-18

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

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I. INTRODUCTION

The department is committed to transforming Florida's substance use and mental health system into a recovery-oriented system of care. This report addresses activities relative to this commitment, as well as satisfying the requirement in 394.4573, F.S., for the department to submit an assessment of the behavioral health services in Florida. This assessment considers 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.

From September 2016 through January 2017, summits in all regions of the state were held by the department to develop a shared vision for creating a recovery-oriented system of care. Although the shared principles are linked, because each region identified different top priorities and has access to differing resources, the implementation activities differ. Using a recovery-oriented system of care framework across the state allows for regional differences and priorities, while ensuring that systems and communities deliver high-quality care and services based on a recovery-orientation.

A triennial Needs Assessment, which addresses the specific components in the statute, was completed in the fall of 2016 by each Managing Entity. In a collaborative effort, the department worked with the Managing Entities to develop a reporting tool designed to capture the required elements. Updates to service provision this year are described in subsequent sections.

This report also addresses the requirement of 394.9082, F.S., which requires each Managing Entity, beginning in 2017, to develop an enhancement plan. The Enhancement Plans, as submitted by the Managing Entities, are available online at www.myfamilies.com/service-programs/substance-abuse/publications. These plans include a description of strategies for enhancing services and the identification of three to five priority needs within the service areas overseen by each of the seven Managing Entities.

II. TOP FIVE NEEDS

The top five 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. Responses from each of the Managing Entities are presented below, and result in an overall total of $57,211,375.00.

Table 1: Top Five Needs

Managing Entity	Priority Needs	Associated Budget
Big Bend Community Based Care (BBCBC)	1. Outpatient services for substance abuse and mental health in all service areas.	$1,380,285
	2. Residential/inpatient services for substance abuse in all service areas.	$2,297,016
	3. Housing options and supported housing for substance abuse and mental health in all service areas.	$690,000
	4. Prevention services for substance abuse in all service areas.	$630,000
	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.	$750,000
	BBCBC TOTAL:	$5,747,301

Managing Entity	Priority Needs	Associated Budget
Broward Behavioral Health Coalition (BBHC)	1. Restore non-recurring funds and fully fund Central Receiving System and Residential Services funding request (restore Central Receiving System, adult residential beds, children's residential beds, adult residential beds co-occurring, SA prevention services, and First Episode Psychosis Team; fund recurring Maternal Addiction Treatment, and recurring response to opioid crisis).	$6,108,204
	2. Housing and Care Coordination Teams to serve approximately 210 high utilizer individuals per year.	$1,955,000
	3. Ensure operational integrity for Managing Entity.	$351,469
	4. Multi-disciplinary Treatment Teams to serve 58 individuals on the Family Intervention Team and 60 families on the Community Action Team, annually.	$1,300,000
	5. Fund Priority of Effort for Acute Care Services to provide extended acute care residential beds and inpatient detox services with linkage to less restrictive community placements.	$4,343,500
	BBHC TOTAL:	**$14,058,173**

Central Florida Behavioral Health Network (CFBHN)	1. Increased availability of supportive housing programs.	$690,000
	2. Increased availability of affordable housing.	$264,956
	3. Need for additional short-term residential beds.	$2,593,070
	4. Increased availability of psychiatric medical services.	$3,510,977
	5. Service coordination and flexible funding for high service utilizing individuals.	$1,680,000
	6. Medical services using equity dollars	$401,181
	CFBHN TOTAL:	$9,140,184

Central Florida Cares Health System (CFCHS)	1. Housing.	$872,885
	2. Residential treatment for substance abuse and mental health.	$1,888,166
	3. Adult mental health outpatient treatment.	$426,300
	4. Adult case management.	$240,617
	5. Children's mental health outpatient treatment.	$0
	CFCHS TOTAL:	$3,427,968

Managing Entity	Priority Needs	Associated Budget
Lutheran Services Florida Health Systems (LSFHS)	1. Care coordination/housing coordination for high service utilizers.	$3,582,600
	2. Addictions receiving facility (ARF) and substance abuse residential beds to reduce wait list.	$2,276,140
	3. Central Receiving Systems	$3,571,935
	4. Short term residential treatment beds and Assisted Outpatient Treatment for mental health court.	$2,207,000
	5. Additional ME operating resources to maintain quality and operational integrity with increased workload.	$535,200
	LFSHS TOTAL:	$12,172,875

Southeast Florida Behavioral Health Network (SEFBHN)	1. Inpatient detoxification.	$1,500,000
	2. Increase access to psychiatric services.	$1,040,000
	3. Supported/transitional housing.	$450,000
	4. Crisis support/mobile crisis teams.	$240,000
	3. Additional Florida Assertive Community Treatment Team for forensic consumers.	$1,183,499
	SEFBHN TOTAL:	$4,413,499

Managing Entity	Priority Needs	Legislature Request
South Florida Behavioral Health Network (SFBHN)	1. Implementation of Centralized Receiving System throughout the Southern Region.	$4,200,000
	2. Restoration and additional funding for care coordination and housing (at both ME level and provider level).	$1,218,255
	3. Opiate funding.	$2,000,000
	4. Data analytics team.	$465,120
	5. ME operational integrity.	$368,000
	SEFBHN TOTAL:	$8,251,375

III. NO-WRONG-DOOR MODELS

Section 394.4573(1)(d), F.S., defines the no-wrong-door model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system." In accordance with the changes promulgated by Senate Bill 12 to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the Baker Act, and Florida Statute 397 (commonly referred to as the Marchman Act), the Managing Entities collaborated with each county to complete a Behavioral Health Receiving System plan. Implementation of the plan ensures coordinated provision of emergency services for people in need of crisis stabilization due to behavioral health disorders and supports a comprehensive behavioral system of care. The plans describe how the community shall ensure the provision of the no-wrong-door model, which includes response to individual needs and integrates services among various providers. In addition to development of these plans, the Managing Entities were asked to identify and describe the characteristics of the no-wrong-door model currently demonstrated within the services provided by their networks. 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 has moved 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. With changes in Senate Bill 12, area hospital emergency rooms are now expected to address behavioral health needs. In Circuit 1, education and training has been provided to assist with these changes and there is ongoing collaboration with stakeholders, including the circuit courts.

BBCBC's contracted Network Service Providers 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. These meetings assist in the development of relationships, identification of resources, and help to quickly resolve any issues that arise within circuits as well as the region. 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, which 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, including 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 single entry points 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):
The LSFHS network serves five judicial circuits spanning 23 counties, ranging from extremely rural to urban/suburban. Due to the geography, each circuit has designed a no-wrong-door model in collaboration with local stakeholders and community partners that can best meet the local needs within available resources. Three circuits have benefitted from the System Improvement Grants to implement their local model. Mental Health Resource Center (MHRC) serves Circuit 4 with an integrated service delivery model. Through two crisis stabilization units serving both adults and children, a Comprehensive Services Center co-located with the CSU and agreements with community partners MHRC provides comprehensive crisis stabilization, emergent (same day) and urgent care (within 24 hours) 24 hours a day, 365 days per year. LifeStream serves Circuit 5 using a single point of entry model. The Access Center provides a centralized, efficient system for referring agencies and consumers to easily access services from emergency services such as crisis stabilization, detox, assessment, and a range of residential and outpatient mental health and substance use services, as well as rehabilitative/supportive services. SMA serves Circuit 7 through a coordinated service model with multiple entry points where consumers can receive assessment and triage, emergency crisis stabilization or detox services if appropriate, and linkage to a range of mental health and substance use services based on assessed needs. The two circuits that have not had the benefit of grant funding for implementation have implemented coordinated systems and memos of understanding (MOUs) to ensure individuals in need of

services can be assessed in multiple entry points, including public and private receiving facilities, and access both emergency and non-emergency services regardless of entry point. Regardless of the model adopted, each circuit has implemented the formal and informal relationships and linkages to ensure access to a range of services including crisis response, screening and triage, care coordination, and linkage to a range of clinical and rehabilitative/recovery services.

Southeast Florida Behavioral Health Network (SEFBHN):
SEFBHN's no-wrong-door model continues to focus on four Mobile Crisis Teams operating within the network. The Mobile Crisis Teams are available 24 hours a day, seven days a week, 365 days a year. The ability of these teams to respond in a timely manner to the location of the individual experiencing the crisis is vital to assessing the situation and determining the most appropriate services for the individual. This may at times result in the need for admission to a Crisis Stabilization Unit or an inpatient detoxification facility, but they are also able to deescalate situations. The teams ascertain what resources are available, including natural supports and professional services, that can be utilized for the individual, and make the necessary linkages. Mobile Crisis Team staff also follow-up with the individual to see how they are doing.

Care coordination also has a strong role in the no-wrong-door practice model. The SEFBHN Coordination of Care Team works with the providers' care coordinators to improve transitions from acute and restrictive to less restrictive community-based levels of care; decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness; and focus on an individual's wellness and community integration. The team works to facilitate the recovery-oriented system of care (ROSC), by coordinating a network of community-based services that are consumer/person-centered. These services are supported by a Coordination of Care Module, which is a web based system that provides a tool to facilitate effective, evidence-based, recovery-based behavioral health service to the consumers. The system is designed to be used by SEFBHN's Coordination of Care Team, and providers, which allows for immediate information sharing needed to plan on behalf of the consumers. Ultimately these robust efforts to coordinate care for individuals ensure that they are not turned away from any service that will enable their recovery and wellness.

SEFBHN's partnership effort with the Health Care District of Palm Beach County to apply for funding to establish a No-Wrong-Door Central Receiving System through an RFP released by the Department of Children and Families did not result in an award. SEFBHN recognizes that the need still exists and has thus applied for a grant from the Health Care District of Palm Beach County to enhance their central receiving system capabilities. The funding will provide a range of crisis services that divert people from inpatient psychiatric hospitalization (local or state) and/or improper utilization of emergency rooms to less costly service alternatives. It will allow for the expansion of the mobile crisis teams and a Triage Coordinator who will oversee the virtual receiving system utilization; provide linkage with hospitals and service providers; coordinate transportation of individuals in crisis for treatment; and create capacity for individuals in crisis. The award decision is pending.

SEFBHN has also identified the need for an Addictions Receiving Facility (using a vacant facility owned by Palm Beach County) to develop the most comprehensive array of services as part of a Central Receiving System that in turn supports the no-wrong-door practice model. An Addictions Receiving Facility will also play a critical role in addressing the opioid abuse crisis in the community. This presents an exciting opportunity for the community as SEFBHN works in coordination with the local Palm Beach County funders and stakeholder agencies.

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 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 30 calendar days of the adoption.

During FY 16-17, SFBHN began implementation of a Centralized Receiving Facility System to continue to ensure the provision of the no-wrong-door model. SFBHN is implementing a coordinated receiving system as a system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.

Broward Behavioral Health Coalition (BBHC):
BBHC has a no wrong door policy throughout their system of care and is included in the contracts with their provider network. The Mobile Crisis Response Teams (for both adults and youth) in Broward County operate 24 hours a day, seven days a week, 365 days a year. They work in close collaboration with the Crisis Intervention Team officers and respond to an array of crisis situations. The Centralized Receiving System is designed to provide adults experiencing a crisis a convenient point of entry into the mental health and substance use systems for immediate assessment, as well as subsequent referral and linkage to appropriate and available providers and services. Individuals are assessed for care based on a triage model of urgency, in which concerns for safety to self and to others based on Baker Act and Marchman Act criteria are addressed first. Additionally, the Level of Care Utilization System (LOCUS) and Service Prioritization Decision Assistance Tool, standardized assessment tools, are utilized for further determination of needs. Individuals are offered referral and/or linkage to appropriate providers and services based on their desired need(s) as well as the professional determination of evaluating staff.

IV. 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. The 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 that employ peer specialists who provide recovery support services. Responses from each of the Managing Entities are presented below.

Big Bend Community Based Care (BBCBC):
Providers within the BBCBC network are committed to providing services in a manner that supports a recovery-oriented system of care as well as offering services that are consumer and family driven. Below is a summary of the efforts of BBCBC's network providers:

- Ability 1st: Ability 1st is a Center for Independent Living and as such employs 50 percent of staff who 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. The governing board of directors is composed of at least 51 percent persons with disabilities.
- Apalachee Center: This agency employs multiple peer specialists. Apalachee supports 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). Apalachee also partners with community organizations such as the local National Alliance on Mental Illness Chapter, hosting Family-To-Family training onsite, and regularly engaging in community events with this organization. Apalachee is 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: Uses strength-based approaches and have increased their collaboration with community stakeholders to better support multiple pathways toward recovery. They have many evidence-based practices and have received positive reviews from state reviewers for their involvement with Early Childhood Court, a program that focuses on the needs, safety and resilience of children. They are active partners in creating trauma-informed communities. The principles of Trauma Informed Care drive the services delivered.

• Chemical Addictions Recovery Effort (CARE): CARE has recovering employees and is in the process of creating peer specialist positions. CARE provides on-site 12 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 (CDAC): Services are consumer- and family-driven and include a very strong level of engagement with a full understanding of addiction that includes relapse. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. CDAC participated in a statewide learning collaborative for Care Coordination and focused on peer supports. There are peers on staff and the agency will soon be able to provide trainings to increase the peer specialist capacity. CDAC actively participates in creating a trauma informed communities program.

• Chautauqua Center: The agency has rebranded in order to improve the perception as an agency that addresses issues holistically. Services are based on the individual’s strengths, needs, abilities, and preferences. The individuals’ identified family and other natural support systems are included in all aspects of care based on the client’s preferences. Services are provided at times and places that allow for individuals and their support system to participate. They are active partners in creating trauma-informed communities.

• DISC Village: DISC Village utilizes existing supports and community partners to offer services to consumers where they live and work. This is accomplished 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. The 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 the agency. Peer services have been incorporated into the Family Intensive Treatment Team program.

• Escambia County Board of County Commissioners: Family members are encouraged to participate in the support and care of the consumer to ensure completion of the diversion programs. Services are trauma-informed, client-centered, and culturally competent.

• Ft. Walton Beach Medical Center (FWBMC): There are peer led groups on the acute unit that assist with education and awareness of resources. The peers also continue to engage individuals after they have been discharged from the program to encourage continued services as well as social connections in the community. The peer specialists are supported by the Okaloosa/Walton

Mental Health Association. FWBMC is also working with Bridgeway Center to divert those who present with Baker Act by linking to case management and community based services when appropriate.

• Lakeview Center: Lakeview was identified from the FITT region to have a representative attend the statewide training for ROSC. They have been involved with this initiative for many years and continue to identify ways to improve the principles in their agency. They have developed a program that provides intensive case management and care coordination to prevent individuals from moving into deeper levels of care and assist them in establishing meaningful lives in the community. They have a café that provides social connection that is staffed by peers. They have also created a trauma-informed agency and are partners in creating a trauma-informed community. West Florida Community Care Center (WFCCC), which operates under Lakeview Center, has a peer specialist on staff who is responsible for client advocacy, grievances, patient orientation for newly admitted clients, encourages client participation with surveys to assess overall patient satisfaction, and serves as a member of the Quality Committee. WFCCC is currently assessing how to incorporate the peer specialist role in discharge planning efforts.

• Life Management Center: Peer support groups and a peer drop-in center are used. Peer services have also been incorporated into the FITT program.

• Okaloosa Board of County Commissioners: Court services provide diversion opportunities so that treatment can be provided to individuals who have behavioral health issues and present through the judicial system. Services are trauma-informed, client-centered, and culturally competent. Case managers also make referrals to treatment providers as this is a court based program.

• Panhandle Behavioral Health: The agency provides training to other caregivers involved in the consumer's lives on recommended behavioral interventions. 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 employ peer specialists who 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 a recovery-oriented system of care in the region and will assist in analyzing the needs of the 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. To provide hope, CFBHN contracts with mental health and substance abuse organizations, including grass roots organizations such as NAMI affiliates in Pinellas, Collier, and Lee 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, Sarah Ann Center, and Share Spot). 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. The 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 subcontractors have been trained to facilitate these evidence-based and support-based practices: Directions for Living, Tri-County Human Services, WestCare Florida, Mental Health Community Centers, Mental Health Care, Inc. (DBA Gracepoint), Centerstone of Florida, and Boley Centers. In addition, these agencies provide recovery-oriented, peer-involvement opportunities through programs (Healthy Transitions, FITT, FACT 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 part of the recovery process, it is essential to foster resiliency for all individuals and families.” In collaboration with the department to promote a ROSC Transformation, CFBHN has developed a ROSC strategic planning committee that is comprised of Managing Entity employees, employed Certified Recovery Peer Specialist, consumer’s (peer) provider staff member, Certified Recovery Peer Specialist (Suncoast Regional DCF staff), and a Department of Correction’s staff member who meet bi-monthly to continue to develop and promote action to meet the goals for transformation. CFBHN contracts with the Agency for Community Treatment Services, Centerstone of Florida, Drug Abuse Comprehensive Coordinating Office, Mental Health Care, Inc. (DBA Gracepoint), Directions For Living, First Step of Sarasota, and Success 4 Kids and Families. These are just a few of the subcontractors that 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 who 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
- Mental Health Care, Inc. (DBA Gracepoint)
- Mental Health Community Centers
- Mental Health Resource Center
- NAMI Pinellas County Florida
- NAMI of Collier County
- NAMI Lee (DBA NAMI of Lee, Charlotte & Hendry Counties)
- Northside Behavioral Health Center
- Operation PAR
- Peace River Center for Personal Development
- 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 the network, CFCHS has initiated a contract with Mental Health Association of Central Florida to provide a 40-hour training to prepare peers in becoming 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 is currently working with the Peer Support Coalition of Florida to review current peer support resources and needs. The goal for the collaboration is to establish a ROSC committee to create a peer support network to include educational groups for peer specialists in the local area.

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
- RASE project

Lutheran Services Florida Health Systems (LSFHS):
LSFHS, in partnership with Jacksonville University, received a Health Resources and Services Administration (HRSA) grant to implement and evaluate an enhanced Certified Recovery Peer Specialist training program in Duval County. The first grant was a one-year project that recently graduated 52 Peers who are working, volunteering, or seeking employment. LSFHS, in collaboration with Jacksonville University, has recently been awarded a 4-year HRSA grant through the Behavioral Health Workforce Education and Training program that will train up to 70 individuals each year from 2017-2021, focusing on training peers to serve rural and medically underserved areas throughout LSFHS's 23 county region. Additionally, LSFHS has approached the City of Jacksonville for support to fund positions in their provider network for peers who have completed the training program. While most providers embrace the concept of ROSC and the use of peers, limited budgets do not always support adding positions. The city funding is being sought to fund salaries for 20 peers as well as two licensed clinicians to provide ongoing training, support, coaching, and supervision to ensure the success of the newly certified peers in their new careers. Each clinician will support 10 peers.
Agencies in the LSFHS network that employ Certified Peer Specialists and peers working toward certification as paid or volunteer staff include: Mental Health America of East Central Florida, Gateway Community Services, The Centers, Community Rehabilitation Center, I.M. Sulzbacher Center for the Homeless, Inc., Lifestream Behavioral Center, Mental Health Resource Center, Camelot Community Care, Clay Behavioral Health Center, Delores Barr Weaver Policy Center, Ability Housing of Northeast Florida, United Way of NE Florida, ARC, US Navy, Daniel Kids, United States Marine Corps, City Rescue Mission, Riverpoint, VA Outpatient Clinic, Alumni House, Beaches Recovery, Clara White Homeless Outreach, Duval Academy, and Recovery High School.

LSFHS, in partnership with Dr. Raymond Pomm, Gateway Community Services, River Region, St. Vincent's Hospital, UF Health, and the City of Jacksonville, is one of three systems awarded a hospital based pilot for treatment of opioid addiction. Through the STR Opioid grant, LSFHS will fund Certified Peer Recovery Specialists to engage with individuals who present in the emergency room for opioid overdose. The peers will engage both patient and family members'/support system in the emergency room and post-discharge to facilitate the transition from acute care to treatment and recovery. Peers are uniquely qualified to assist in overcoming resistance and navigating the transitions in care where individuals are most likely to disengage.

Southeast Florida Behavioral Health Network (SEFBHN):
SEFBHN is committed to ensuring that peers are an integral part of the network, which in turn supports a ROSC. SEFBHN's Network Housing Specialist is a Certified Recovery Peer Specialist and Certified Peer Trainer, a Certified Motivational Interviewing Trainer and a WRAP Advanced Level Facilitator, in addition to being the SOAR Local Lead and Trainer. This wealth of knowledge and expertise enables SEFBHN to offer more relevant trainings to support the work of peers. Many of these trainings require equally qualified co-trainers who are not readily available to assist. The reduction in administrative funding in the contract has required all staff to take on additional duties which also impacts how often trainings can be offered within the network.

In 2017, SEFBHN was able to provide the five-day peer certification course four times to a total of 62 individuals, adding to the 37 who had been trained between 2014 and 2106. A monthly peer support work group is held with the purpose of supporting and assisting peers going through the certification process. This workgroup also provides information on peer employment and volunteer opportunities within the community.

SEFBHN is partnering with the DCF Regional ROSC Quality Insurance Specialist, which was funded through the State Targeted Response initiative, with the establishment of a Peer Advisory Council. With the participation of providers and peers, the council will develop overall guidelines that can be used by provider agencies for their own policies and procedures.

SEFBHN believes that SOAR is critical to supporting the tenants of ROSC as the income derived from Social Security benefits an individual receives provides them with more autonomy and a greater ability to remain in the community. The SOAR Specialist provided training for providers and other community agencies such as the VA hospital social work staff**.**

The local NAMI office plays an important role in supporting peers and family members. The office continues to offer peer-to-peer and family-to-family training advocating for individuals with lived experience to become involved within the community. SEFBHN's Drop-In Centers offer ongoing support groups and workshops, allowing consumers to build their own recovery support system.

The following SEFBHN providers employ peers or offer volunteer opportunities for peers:

- NAMI of Palm Beach County
- Mental Health Association of Indian River County
- Jeff Industries
- Wayside House
- Substance Use Coalition of Indian River County
- Rebel Recovery
- New Horizons of the Treasure coast
- Henderson Behavioral Health

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.

SFBHN has a designated Peer Services Department which consists of one staff member, a Peer Services Manager, who serves as an advocate and mentor for individuals served within the network. The Peer Services Department has developed and implemented a Consumer and Family Resource Manual which

includes: a) services provided by the System of Care (SOC) and how to access the services, including a provider directory; b) Emergency services and what to do in case of a psychiatric or medical emergency; c) the individuals served rights and information on how to file complaints or grievances; d) information regarding available auxiliary aids and services, and how to request these services; e) cost sharing and fee payment requirements; and f) information regarding how to select a practitioner or change practitioners if the individual served wishes to change. Additionally, SFBHN has also established a Consumer Hotline (1-888-248-3111) to assist individuals and families in accessing SOC services. The Consumer and Family Resource Manual is available in English, Spanish, and Creole and is posted on SFBHN's website: http://sfbhn.org/consumers/resource-manual/.

The Peer Services Manager also continues to provide information, counseling and referrals to individuals who call the Consumer Hotline. This includes consumers who are interested in becoming Peer Specialists and Peer Specialists who want to be certified through the Florida Certification Board. Provider agencies and peer specialists use the SFBHN Peer Services Department to advertise and recruit for Peer Specialist positions and for people to find employment as Peer Specialists. The Peer Services Manager co-facilitates a quarterly Peer Specialist Support Meeting and Certification Technical Assistance Meeting for employed Peer Specialists within the Southern region. Peer support education is also provided to the network providers and their consumers. Some providers within the network are familiar with peer specialists and hire them to provide peer support to individuals using elements of a Recovery Oriented System of Care (ROSC). Other providers are learning about peer specialists and have invited the Peer Services Manager to their agency to educate them about the value and benefits of peer specialists on their staff and to discuss readiness for peer specialist integration within agency staff. The Peer Services Manager also meets with individuals in recovery within the SOC to educate them on possible career opportunities in the peer specialist/recovery coach career field.

Through its Peer Services Department, SFBHN has been working to expand Recovery-oriented principles. Activities include:

a. Increasing the number and quality of trained peer specialists, recovery coaches, support groups and parent support providers through trainings and support meetings which incorporate recovery oriented systems of care elements. Increasing the number of trained young adult peer specialists through collaborations with agencies that serve young adults. Increasing collaborations with consumer-operated/peer run/family-run recovery support service provider organizations.
b. Increasing the number of social supports for youth, young adults, adults, and families with mental illness and/or substance use disorders through collaborations with provider agencies that offer social support services.
c. Defining peer specialists and their roles within the behavioral health delivery system. Providing recovery oriented systems of care education to peer specialists and providers.
d. Increasing the number of peer specialists employed within the network. Educating provider agencies on the integration of peer specialists into their organization.
e. Providing trainings and support to organizations on recovery oriented systems of care, especially front-line staff.

Care Coordination activities are aligned with a Recovery Oriented System of Care (ROSC) as it links individuals to needed supports, calls for the use of holistic assessments, promoted shared decision making, enhances collaborations between the community and providers, and empowers individuals to be active participants in their recovery. ROSC also calls for the utilization of peer support and housing linkage/coordination throughout service delivery, included in care coordination activities. These activities are strongly encouraged/recommended throughout SFBHN's network service providers, which are monitored through various meetings and data collection.

SFBHN employs peer specialists at the following agencies:

- The Village South
- New Hope Corps
- New Hope Drop In Center
- Jessie Trice
- Jackson Health Systems

- Institute for Child and Family Health
- Guidance Care Center
- Fresh Start Drop In Center
- Federation of Families
- Fellowship House
- Douglas Gardens
- Citrus Health Center
- Community Health of South Florida, Inc.
- Banyan Health Systems
- Agape Family Ministries

Broward Behavioral Health Coalition (BBHC):
BBHC focuses on a ROSC that is peer-driven and has a consumer-operated provider, South Florida Wellness Network (SFWN) that has a full complement of certified peer specialists on staff. This organization not only provides peers support services, but also conducts the following trainings: Helping Others Heal (the peer specialist training), Wellness Recovery Action Plan, Whole Health Action Management, and Mental Health First Aid. They have also assisted other managing entities and providers in offering these training sessions. In addition, they have conducted workshops on the Supervision of Peers as this is an area that is a challenge to some provider agencies. South Florida Wellness Network has both Youth M.O.V.E. and Federation of Families chapters within their organization that engage youth and families with lived experience to develop leadership and advocacy across the system of care. The peers working at the Central Receiving Center are staff of SFWN who are out posted there to engage those individuals in need of support and linkage to crisis services. Many of the peers and family members from SFWN and NAMI Broward serve on the panel at the monthly Crisis Intervention Team Training to share their stories and educate law enforcement about recovery.

Through various initiatives such as the Power of Peers (POP) Program, Care Coordination, and the One Community Partnership² grant from the Substance Abuse and Mental Health Services Administration, BBHC has been able to fund additional peer specialists to work with adults, youth, and families with mental health and/or substance use diagnoses for ongoing supports. The POP Program was created to address the need for peer support for those individuals discharged from the state hospital. The two drop-in centers, 9Muses and Rebel's, were funded to have peers connect with the discharge ready residents, develop rapport, and then continue to provide support upon discharge and ongoing for as long as is beneficial. With the success of this program, BBHC contracted with SFWN to also provide peers to link with individuals (both youth and adults) at the Crisis Stabilization Units (CSUs) and the detoxification centers. Meetings are held with BBHC and the POP staff to share experiences, learn from each other, and provide ongoing support. Care Coordination has been implemented following Critical Time Intervention, which is an evidence-based practice that is time-limited (nine months) with caseloads of 15-20 individuals who are high utilizers of the system of care. It is an intensive case management practice that includes a case manager, a peer specialist, and a licensed clinician to provide oversight and support. The model is divided into three phases where the individual identifies goals they want to achieve and completes these before moving to the next phase. The transitional vouchers are available to meet the needs of the consumer in order to attain their recovery and succeed in the community.

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

- Archways
- Susan B. Anthony Center
- South Florida Wellness Network
- Foot Print to Success Clubhouse
- Banyan Health Systems
- NAMI Broward County
- Broward Addiction Recovery Center
- Broward County Elderly & Veterans Services
- Broward Regional Health Planning Council

- Our Children Our Future
- Chrysalis Health
- Mental Health Association of Southeast Florida
- Henderson Behavioral Health
- Memorial Healthcare System
- Smith Community Mental Health

V. 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:

• Aftercare • Day treatment • Medical services • Substance abuse outpatient detoxification • Treatment Alternatives for Safer Communities	• Case management • Florida Assertive Community Treatment Team • Medication-assisted treatment • Supported employment	• 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 2 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient substance abuse services. Table 3 below shows that individuals may have to wait weeks for their first outpatient substance abuse service.

Table 2: Waitlists for Outpatient Substance Abuse Services

Population	Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 15-16)	Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 16-17)
Pregnant women who inject drugs	0	0
Pregnant women	2	3
Women with dependent children	54	0
Adults who inject drugs	22	44
Children who inject drugs	0	0
Adults involved in the child welfare system	68	66
Children involved in the child welfare system	5	1
Adults who are homeless	3	38

Table 2: Waitlists for Outpatient Substance Abuse Services		
Population	**Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 15-16)**	**Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 16-17)**
Children who are homeless	0	0
Children involved in the juvenile justice system	107	10
All other adults	208	133
All other children	5	0

Table 3: 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 (FY 15-16)**	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 16-17)**
Pregnant women who inject drugs	0-64 days	0-18 days
Pregnant women	0-25 days	0-13 days
Women with dependent children	0-17 days	0-12 days
Adults who inject drugs	2-22 days	0-18 days
Children who inject drugs	0-36 days	0-73 days
Adults involved in the child welfare system	0-18 days	1-11 days
Children involved in the child welfare system	0-11 days	0-12 days
Adults who are homeless	3-18 days	0-8 days
Children who are homeless	0-8 days	0-5 days
Children involved in the juvenile justice system	1-50 days	0-62 days
All other adults	0-18 days	0-9 days
All other children	0-33 days	0-43 days

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

• Aftercare • Day treatment • Intensive case management • Supported employment	• Case management • Florida Assertive Community Treatment Team • Medical services • Supportive housing/living	• Comprehensive Community Service Team • In-home and on-site • Outpatient

Table 4 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient mental health services according to data reported by the Managing Entities. Table 5 below shows that many individuals experience wait times for their first outpatient mental health service, depending on which Managing Entities' system of care they encounter.

Table 4: Waitlists for Outpatient Mental Health Services		
Population	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 15-16)**	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 16-17)**
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	12	23
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	32	111
Adults who are homeless	251	181
Children who are homeless	0	2
Pregnant women	0	0
Individuals involved in the child welfare system	0	0
Adults involved in the criminal justice system	7	106
Children involved in the juvenile justice system	0	0
All other adults	809	423
All other children	1,901	638

Table 5: 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)**	**Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 16-17)**
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	0-18 days	0-4 days
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	0-14 days	0-12 days
Adults who are homeless	0-16 days	1-32 days
Children who are homeless	0-7 days	0-22 days

Table 5: 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)**	**Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 16-17)**
Pregnant women	0-15 days	0-6 days
Individuals involved in the child welfare system	0-45 days	0-59 days
Adults involved in the criminal justice system	0-13 days	0-30 days
Children involved in the juvenile justice system	0-16 days	0-30 days
All other adults	2-98 days	2-68 days
All other children	0-33 days	1-29 days

Gaps in services and service availability is a priority for the department. 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.

VI. 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 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.

VII. EVALUATION OF ENHANCEMENT PLANS:

Section 394.4573, F.S., directs the department to include an evaluation of each Enhancement Plan submitted by the Managing Entities. This evaluation included assessment of strategies for enhancing services, strengths and weaknesses, and the determination of priority needs. Within the table below are the evaluation responses.

Question:	BBCBC	BBHC	CFBHN	CFCHS	LSFHS	SEFBHN	SFBHN
1. Does the plan adequately address the priorities in the Needs Assessment?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Does the plan discuss how the priorities were determined?	Yes	Yes	Yes	No	Yes	Yes	Yes
3. Does the plan discuss how the priorities were ranked?	No	No	No	No	No	No	Yes
4. Are the priorities in agreement with department priorities?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Does the plan adequately describe the problem or unmet need?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Question:	BBCBC	BBHC	CFBHN	CFCHS	LSFHS	SEFBHN	SFBHN
6. Was data reviewed/included relative to the problem/unmet need?	Yes	No	Yes	Yes	Yes	Yes	Yes
7. Does the plan adequately describe strategies/services to meet the unmet need?	Yes	Yes	Yes	No	Yes	Yes	Yes
8. Does the plan clearly describe the target population?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Does the plan clearly describe the county(ies) to be served?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Does the plan clearly describe the service targets?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Does the plan clearly describe the specific services to be purchased?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Does the proposed budget address the unmet need?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Do the expected outcomes address the problem/unmet need?	Yes	Yes	Yes	No	No	Yes	Yes
14. Do the listed action steps lead to strategy implementation?	Yes	Yes	No	No	No	Yes	Yes

Managing Entity	Enhancement Plan Strengths	Enhancement Plan Weaknesses
Big Bend Community Based Care (BBCBC)	Well organized, generally easy to review and understand, good budget detail, and priorities generally correlated to findings from the Needs Assessment. The measures to be used to document expected results/outcomes were clear, and action steps identified to implement the recommended initiatives were clear.	Data to justify how the priorities were ranked/ordered was not specifically stated. Data to justify clearly how the unmet needs were identified could have been strengthened in the narrative. Language regarding the no-wrong-door concept was not used. How the priorities identified would impact the Opioid Crisis was not specifically addressed. On Priority 1, the number of residential programs for males requested was in conflict on the action plan.
Broward Behavioral Health Coalition (BBHC)	The plan addresses the department's priorities as well as the local problems and unmet needs, with the opioid crisis, housing needs, care coordination of identified priority and target populations, diversion from State Mental Health Treatment Facilities, discharge planning, an array of levels of care to ensure that an individual receives the most appropriately needed level of care, using a standardized assessment. The plan	The plan does not provide supporting data or what specific measures will be used to document performance data for the project. The plan does not rank the priorities.

Managing Entity	Enhancement Plan Strengths	Enhancement Plan Weaknesses
	addresses the impact it will have on various systems by serving the target population if funded as well as the expected outcomes.	
Central Florida Behavioral Health Network (CFBHN)	The plan addresses all of the top needs and goals identified in the Needs Assessment survey. With the exception of ME funding (priority 4), the plan describes each unmet need. The plan clearly describes almost all target populations and offers service targets for each unmet need. The specific services to be purchased are well described.	The plan could include more data to better contextualize unmet needs and justify increased funding. The plan does not address all priorities of the department, lacks an adequate description of strategies in addressing the opioid crisis and utilizing additional administrative funding, and lacks specific action steps for funding ME operations. The plan would benefit from more clearly defined outcomes and action steps.
Central Florida Cares Health System (CFCHS)	There was stakeholder and provider input. The area of Care Coordination showed thoughtfulness and vision.	Responses do not speak to the overall system and limited details provided on how the system would be improved and access to care. Action steps and strategy are limited. Justification and outcomes expected have limited data.
Lutheran Services Florida Health Systems (LSFHS)	The ME involved stakeholder input from a variety of sources, used data to support need assessment, and recognized housing as a vital part of care coordination.	There is no mention of facilitating partnerships between agencies and information sharing, and no mention of improving systems through the needs stated. LSF stated their Care Coordination would be better with more staff, which leads to concerns if they do not get new staff. Strategy implementation is very brief and does not connect to ROSC or Care Coordination. While there is a small number of individuals waiting due to lack of capacity in Circuit 5, the plan and strategy do not address adding capacity.
Southeast Florida Behavioral Health Network (SEFBHN)	The ME hired a consultant firm to conduct the needs assessment in all five counties to address both the mental health and substance abuse needs for children and adults. The plan addresses the department's priorities as well as the local problems and unmet needs. It provides supporting data as to the need for the priority.	The plan does not rank the priorities and does not directly address the no-wrong-door concept.
South Florida Behavioral Health Network ((SFBHN)	The plan prioritizes the greatest need in terms of central receiving facility implementation, care coordination, and the opioid epidemic. SFBHN has an achievable plan to meet these needs. The plan is based on significant community and stakeholder participation and is supported by data.	The plan does not significantly address the integration between child welfare and behavioral health, which is a department priority.

VIII. CONCLUSIONS:

Ongoing care coordination initiatives are helping to 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.

The department used the top five needs previously identified as part of the FY 16-17 Assessment of Behavioral Health Services to develop the following Legislative Budget Requests:

- Restoration and growth of Centralized Receiving System funding which is responsible for assessment, evaluation, treatment, or triage of individuals with behavioral health conditions.
- Funding for purchase of community-based competency restoration services for juveniles with intellectual disability autism, or dual diagnosis, who are adjudicated incompetent to proceed.
- Funding for expansion of the essential functions of the Managing Entities to include improving the utilization of existing housing options, developing new housing opportunities, and implementing care coordination activities for the department's priority populations, including individuals with behavioral health conditions who are: waiting for admission to or discharge from a state mental health treatment facility; high utilizers of acute care services; parents/caretakers of children involved in the child welfare system; and involved with the criminal justice system.
- Funding to create additional Forensic Multidisciplinary Teams to serve individuals with mental illnesses who are charged with non-violent felony offenses or are at-risk of being charged with a non-violent felony offense.
- Funding to implement Coordinated Specialty Care treatment teams targeting youth and young adults ages 15-30 with early serious mental illness, especially first episode psychosis.
- Funding for year two of Florida's Opioid State Targeted Response Grant through the Substance Abuse and Mental Health Services Administration, which is designed to address the opioid crisis by providing evidence-based prevention, medication-assisted treatment, and recovery support services. The four goals include reducing opioid-related deaths, preventing prescription opioid misuse among young people, increasing the number of individuals trained to provide medication-assisted treatment and recovery support services, and increasing access to medication-assisted treatment among individuals with opioid use disorders.
- Funding for supported employment services for individuals with mental health disorders. Supported employment services are evidence-based services in an integrated work setting with provide regular contact with non-disabled coworkers or the public. A job coach provides longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment.
- Funding to increase outpatient, aftercare, recovery support, residential, and medication-assisted treatment services as well as targeted outreach to pregnant women.

Some of the additional information collected during the development and evaluation of the Enhancement Plans may be used as part of the Department's Legislative Budget Requests in the future, in accordance with s. 394.9082(8), F.S.