RON DESANTIS
Governor

SHEVAUN L. HARRIS
Secretary

Assessment of Behavioral Health Services

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

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Contents

Introduction

In accordance with section 394.4573, Florida Statutes (F.S.), the Florida Department of Children and Families' (Department) must submit to the Governor, President of the Senate, and Speaker of the House of Representatives an annual assessment of behavioral health services in the state. The annual assessment submitted by the Department must, at minimum, consider the needs assessments conducted by the Managing Entities (MEs) pursuant to s. 394.9082(5), F.S. The MEs are under contract with the Department to manage the daily operational delivery of behavioral health services through a coordinated system of care. Based on the MEs' knowledge of the areas they serve, data collection, analysis, and identified fiscal need, each ME has identified the most significant behavioral health priorities for each region, proposed strategies to implement, and required resources. As required by section 394.4573, F.S., all documentation submitted by MEs to the Department is included in the Appendix.

The Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state authority for substance abuse and mental health services and is statutorily responsible for the planning and administration of all publicly funded substance abuse and mental health services.

The statute emphasizes the need for continuity of care, especially for those transitioning between different levels of care or service providers. It also highlights the importance of a multidisciplinary approach and cooperation between various state agencies, community-based organizations, and service providers to ensure that individuals receive the necessary support and resources to aid their recovery and improve overall well-being.

To enhance access to behavioral health services and improve care coordination across providers and service levels, the Florida Legislature mandated that the Department contract with the MEs. These organizations work with local providers to ensure individuals receive timely care and prevent any gaps in services.

Florida Managing Entities

Under section 394.9082, F.S., SAMH oversees the performance of seven MEs. The MEs are not-for-profit organizations that manage the delivery of behavioral health services within each of the Department's six regions. The behavioral health services managed by the MEs include assessments, outpatient therapy for mental health and substance use, case management, residential services, peer support, crisis stabilization services, and other social supports such as supported housing, supported employment, peer-run organizations, and vouchers for essentials like transportation, clothing, or education. Individuals struggling with serious mental illness and/or substance use disorders are among the state's most vulnerable populations.

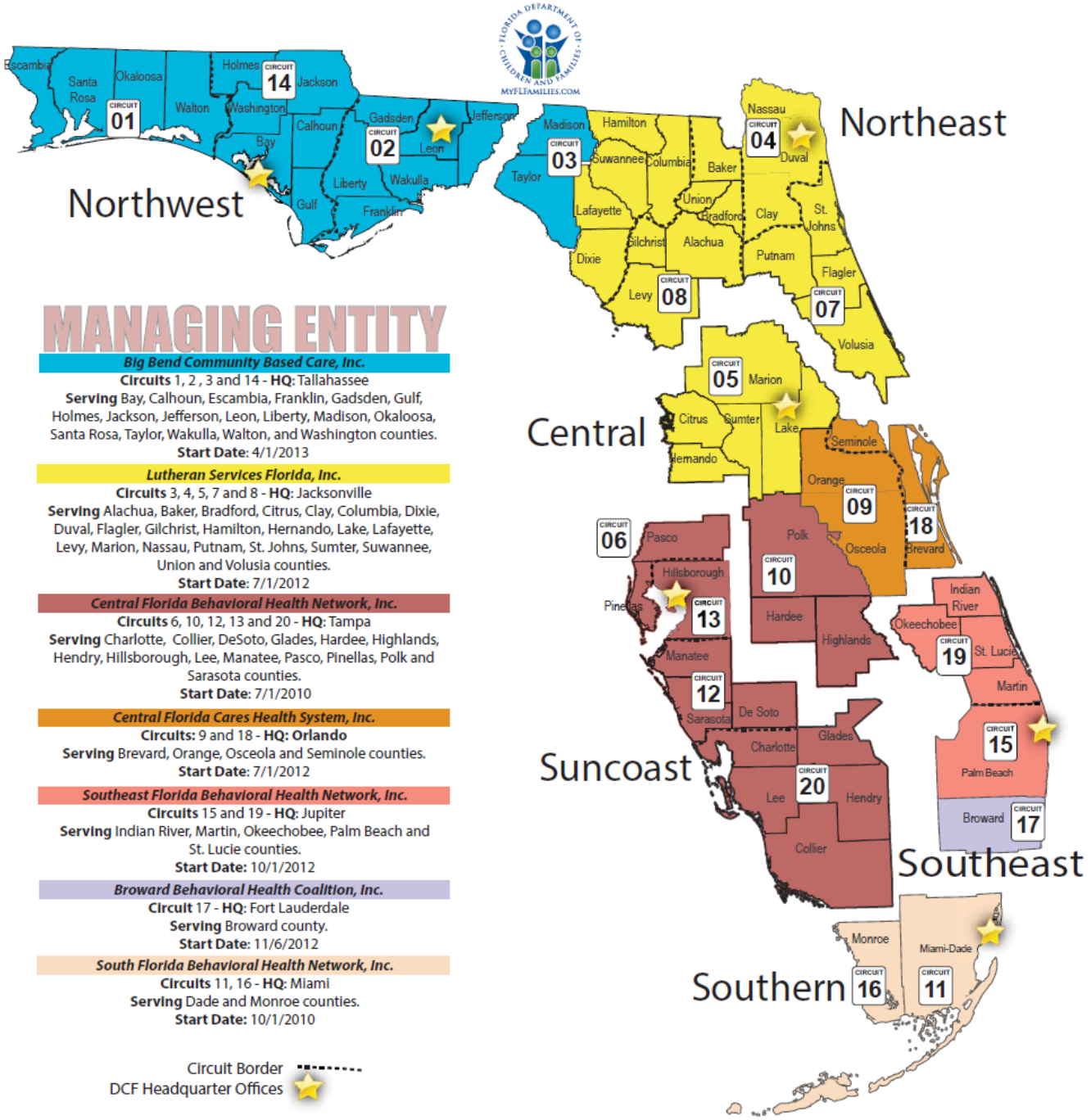
Furthermore, the MEs are tasked with the following statutory responsibilities:

- Establishing a comprehensive network of qualified behavioral health providers sufficient to meet the needs of the region's population.

- Implementing a coordinated system that facilitates prompt information sharing among providers, referral agreements, and shared protocols to ensure improved health outcomes.
- Collaborating with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
- Developing strategies to divert youth and adults with mental illness and/or substance use disorders from the criminal and juvenile justice systems while integrating behavioral health services with the Department's child welfare system.
- Promoting care coordination across the network and monitor provider performance to ensure compliance with state, federal, and grant requirements.
- Building and maintain relationships with local stakeholders, such as government entities (e.g., county or city commissions), community organizations, and the families of those served.
- Managing funds and explore additional funding sources, such as grants and local matching funds.

The following outlines the seven MEs and the areas that they serve:

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



MANAGING ENTITY

Big Bend Community Based Care, Inc.
Circuits 1, 2 , 3 and 14 - **HQ**: Tallahassee
Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.
Start Date: 4/1/2013

Lutheran Services Florida, Inc.
Circuits 3, 4, 5, 7 and 8 - **HQ**: Jacksonville
Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties.
Start Date: 7/1/2012

Central Florida Behavioral Health Network, Inc.
Circuits 6, 10, 12, 13 and 20 - **HQ**: Tampa
Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties.
Start Date: 7/1/2010

Central Florida Cares Health System, Inc.
Circuits: 9 and 18 - **HQ: Orlando**
Serving Brevard, Orange, Osceola and Seminole counties.
Start Date: 7/1/2012

Southeast Florida Behavioral Health Network, Inc.
Circuits 15 and 19 - **HQ**: Jupiter
Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.
Start Date: 10/1/2012

Broward Behavioral Health Coalition, Inc.
Circuit 17 - **HQ**: Fort Lauderdale
Serving Broward county.
Start Date: 11/6/2012

South Florida Behavioral Health Network, Inc.
Circuits 11, 16 - **HQ**: Miami
Serving Dade and Monroe counties.
Start Date: 10/1/2010

Circuit Border
DCF Headquarter Offices

Identified Priority Areas

For Fiscal Year (FY) 2024-2025, SAMH remains committed to ongoing priorities centered around ensuring access to substance use disorder and mental health services for the communities served. SAMH's focus is to expand community-based services such as Community Action Treatment (CAT), Family Intensive Treatment (FIT), Florida Assertive Community Treatment (FACT), and Mobile Response Teams (MRT). SAMH's primary focus is to foster a "no wrong door" approach and enhance stakeholders' collaborations to strengthen the behavioral health system. SAMH's main goal and objective is to improve prevention services, access to care, substance use services, housing support, and residential and outpatient treatment options. Connecting individuals to appropriate services that meet their behavioral health needs would be a preventive measure to mitigate further intervention, decrease treatment wait times, and yield better outcome measures.

In a series of historic settlements, the State of Florida secured opioid settlement funds at a total of $3.1 billion to be dispersed over an 18-year period through legal agreements with pharmaceutical companies and distributors involved in the opioid crisis. These funds are part of nationwide settlements aimed at addressing the damage caused by opioid addiction and the public health crisis it created. Florida's share of the settlement is allocated to support opioid prevention, treatment, recovery, and peer support, and technology/data exchange across the state. Local governments, healthcare providers, and community organizations are receiving these funds to expand access to services such as medication-assisted treatment, behavioral health counseling, overdose prevention initiatives, and substance use recovery support. The goal is to use these funds to mitigate the long-term effects of the opioid epidemic and help communities heal.

The State of Florida has and will continue to focus efforts on responding to the opioid epidemic. To that effect, the Department's Coordinated Opioid Recovery (CORE) Network is an initiative designed to combat the opioid crisis through a collaborative and integrated approach. It brings together state agencies, local governments, healthcare providers, law enforcement, and community organizations to develop and implement strategies that reduce opioid-related harm. The Department promotes cohesiveness and collaboration amongst behavioral health stakeholders including hospitals, counties, municipalities, providers, and other entities, to enhance the no wrong door model and strengthen warm handoffs to support the communities served. Most recently, SAMH collaborated and ensured a smooth transition of CORE from the Florida Department of Health.

CORE focuses on prevention, treatment, and recovery by ensuring individuals struggling with opioid use disorder have access to services such as medication-assisted treatment, mental health support, and recovery programs. The initiative emphasizes a comprehensive, data-driven approach to addressing the opioid epidemic, seeking to reduce overdose deaths, improve public safety, and enhance the well-being of communities across Florida.

The Department and MEs identify the needs of the communities served and work collaboratively to ensure that priority areas are the focal point of the upcoming year. Each ME

has listed their priority areas and provided reasoning as to why these various areas are to garner more funding and oversight. Within this assessment, the greatest needs for each region will be highlighted as well as needed for the state. Per statutory requirements, the following will showcase the annual assessment of behavioral health needs.

Extent to Which Designated Receiving Systems Function as a No-Wrong-Door Model

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." The Central Receiving Systems (CRSs) implement the no-wrong-door model when individuals access behavioral health services and coordinate services among various providers.

Section 394.462, F.S., directs counties, in collaboration with MEs, to create a transportation plan to assist in guiding First Responders to the most appropriate location with the capability to address the individual in need. The plan also includes an inventory of the participating service providers which specifies the capabilities and limitations of each provider and its ability to accept patients under the designated receiving system agreements.

To support the no-wrong-door model, the Department provides policy guidance and allocates resources to maintain CRSs. A CRS serves as a single-entry point for individuals needing evaluation or stabilization under Chapters 394 or 397, F.S., or crisis services. The CRSs conduct initial assessments, triage, care coordination, extend opportunities for jail diversion, which offer a more suitable and less costly alternative to incarceration, reduce the use of emergency departments, and increase the quality and quantity of services through care coordination and recovery support services.

The target populations for CRSs are:

- Individuals needing evaluation or stabilization under section 394.463, F.S. (Baker Act).
- Individuals needing evaluation or stabilization under section 397.675, F.S. (Marchman Act).
- Individuals needing crisis services as defined in subsections 394.67(17) and (18), F.S.

Table 1: Central Receiving Systems		
Managing Entity	**Provider**	**Location(s)**
BBHC	Henderson Behavioral Health	Broward
CFBHN	Gracepoint	Hillsborough
	Centerstone	Manatee
	Lightshare	Sarasota
	David Lawrence Center	Collier
	Charlotte Behavioral Health Care	Charlotte, Desoto
CFCHS	Aspire Health System	Orange, Seminole
	Park Place Behavioral Health	Osceola
	Circles of Care	Brevard
LSF Health Systems	LifeStream Behavioral Center	Lake, Sumter, Citrus
	Mental Health Resource Center	Duval
	Meridian Behavioral Healthcare	Alachua
	SMA Healthcare	Volusia, Marion
	Flagler Hospital	Flagler
NWF Health Network	Apalachee Center	Leon, Franklin, Gadsden, Jefferson, Liberty, Madison, Taylor, and Wakulla
	Lakeview Center	Escambia
	Baptist Health Care	Escambia, Santa Rosa
SEFBHN	NeuroBehavioral Hospitals	Palm Beach
Thriving Mind South Florida	Banyan Health Systems; Citrus Health Network; Jackson CSU CMHC; CHI CMHC	Miami-Dade
	Guidance Care Center	Monroe

Since implementation, CRSs have demonstrated the following outcomes:

- Reductions in drop-off processing times by law enforcement officers for admission to receiving facilities for examination and treatment.
- Increased participant access to community-based behavioral health services following referrals.
- Reductions in the number of individuals admitted to a state mental health treatment facility (SMHTF).
- Increased coordination with stakeholders, such as law enforcement, specialty courts, hospitals, counties, substance use treatment providers, Continuums of Care for people experiencing homelessness, housing providers, etc.
- Increase service coordination to include resources such as care coordination, information and referrals, peer support, housing, employment, medical care, food,

clothing, transportation, etc.
- Diversion from acute care and SMHTFs (civil/forensic), and forensic involvement.

The Availability of Treatment and Recovery Services that use Recovery-Oriented and Peer-Involved Approaches

Throughout the state there has been intentional development of Recovery Oriented Systems of Care.

Through the Opioid Settlement, the additional dollars to the state will allow continued focus on expanding the peer workforce and recovery-oriented approaches. CORE is an example of how opioid funding has provided individuals with lived experience to work within the hospitals and with treatment providers to help facilitate a pathway towards recovery. Opioid settlement funds helped the Department establish five new Recovery Community Organizations (RCOs) and increased the number of Peer Specialists in the workforce by 106. Additionally, 14 existing RCOs expanded their services or sites. For example, in the Central Region, RCO The RASE Project expanded services through a program that supports the Cocoa Police Department and general community efforts. Recovery Connections of Central Florida opened a new facility in Seminole County for drop-ins while expanding their mobile services. In the Suncoast Region, five existing RCOs were able to expand by adding capacity for outreach services or trainings on the Wellness Recovery Action Plan (WRAP) process.

Certified Peer Specialists work in Mobile Response Teams (MRT), Florida Assertive Care Teams (FACT), Community Action Teams (CAT), Crisis Stabilization Units (CSU), and Substance Exposed Newborn (SEN) providers. The regions have a Certified Peer Specialist to oversee evidence-based Recovery Oriented Monitoring in collaboration with the MEs. These Regional Certified Peer Specialists also provide training and guidance to the peer workforce and providers.

Recovery Community Organizations (RCOs), Certified Clubhouse Models, Oxford Houses, Drop-in Centers have increased throughout Florida as a manner of peer-to-peer support services.

The Availability of Less Restrictive Services

The current behavioral health services for youth and families include community-based prevention programs, outpatient care, in-home services, crisis stabilization, and residential treatment. In addition, teaming models such as FACT, MRT, FIT, CAT, and Coordinated Specialty Care for Early Psychosis Teams are available. In FY 2023-2024, the MEs reported that three pregnant women and 23 individuals who inject drugs were placed on a waitlist for outpatient drug treatment services. For all other non-priority populations, 248 individuals were placed on a waitlist for outpatient drug treatment services. With respect to outpatient mental health services, 599 adults and 1,241 children were placed on a waitlist in FY 2023-2024. Below is a high-level review of SAMH strategies that increase access to less restrictive services through collaboration efforts across behavioral health providers.

Short-term Residential Treatment (SRT): SRT provides care for individuals who are no longer experiencing a psychiatric emergency but need additional stabilization services before community placement and are a less restrictive alternative to a SMHTF for adults or a statewide inpatient psychiatric program for youth. SRT services allow adequate time to complete discharge planning after the examination period, including arranging continued treatment in the community and addressing treatment barriers, such as housing and transportation. These planning activities are critical to preventing rapid readmission to crisis stabilization services and can be an alternative option from longer term residential treatment.

In FY 2023-2024 the Department adopted necessary rule changes to eliminate barriers for serving youth in SRT level of care. The first SRT serving youth is now open.

Community Action Treatment (CAT) Teams: CAT teams are an in-home intensive treatment model that works with a family but focuses on the youth. Working together, these providers deliver community-based services to youth ages 11-21 years with a mental health or co-occurring substance use disorder diagnosis, with any accompanying characteristics such as being at risk for out-of-home placement. In FY 2022-2023, the Department expanded the capacity of CAT teams by funding 28 new teams and developing three new models: teams to focus on the youth population between zero to 10 years old, an in-home family treatment team approach, and a family crisis care coordination model. CAT teams have shown improved outcomes, including keeping youth at home and in the community, providing individualized treatment services and supports, assisting with successful transition to adulthood, and building natural supports within the community to help sustain gains made in treatment. This model is a safe and effective alternative to out-of-home placement for youth with serious behavioral health conditions. Upon successful completion, youth and families have the skills and natural support systems needed to maintain improvements.

Transitional Vouchers: Targeted for individuals who frequent inpatient settings, transitional vouchers reduce inpatient readmissions and homelessness. These efforts include a thorough assessment of needs and connections with community services and supports. Throughout FY 2023-2024, the MEs reported utilizing 4,481 transitional vouchers, primarily for housing assistance and subsidies.

Living Room Model (Respite): The Living Room model is a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. When people experience a mental health crisis, they are faced with the decision to go to the emergency department or to try to manage the crisis themselves. The state has opened a Living Room Model respite center to provide an alternative to acute care using clinical staff and peer specialists in a living room-style environment for up to 23 hours of observation. The model is an evidence-based practice, and outcomes are being monitored to consider expansion.

The Department funding allocated in FY 2024-2025 is listed in Table 2 and Table 3.

Table 2: Managing Entity Allocations	
Managing Entity	**Estimated Total Contracted for Less Restrictive Services**
BBHC	$53,409,938
CFBHN	$135,759,702
CFCHS	$66,832,088
LSF Health Systems	$107,515,143
NWF Health Network	$56,967,499
SEFBHN	$64,106,602
Thriving Mind	$62,904,554
Non-ME Contracts	$33,717,457
Total	**$581,212,982**

Table 3: Managing Entity Allocations by Program	
Targeted Program	**Estimated Total for Contracted for Less Restrictive Services**
Adult Mental Health	$259,290,511
Adult Substance Abuse	$140,877,909
Children's Mental Health	$120,591,604
Children's Substance Abuse	$60,452,957
Total	**$581,212,982**

The Use of Evidence-Informed Practices

The Department requires evidence-informed practices or evidence-based practices throughout the continuum of the behavioral health system of care to ensure the populations served receive quality services and access programs that yield positive outcomes. Evidence-based practices that have demonstrated effectiveness with established generalizability replicated in different settings and populations through peer-reviewed research. The MEs incorporate monitoring procedures into the provider network contracts to assess the feasibility and effectiveness of the programs in place. Evidence-based practices that are currently utilized include medication-assisted treatment, motivational interviewing, assertive community treatment, cognitive behavioral therapy, and trauma-informed care.

The Department is tasked with performing fidelity monitoring on the use of Florida Opioid Settlement dollars. Counties, municipalities, and providers are required to use evidence-based practices in accordance with the Florida Opioid Allocation and Statewide Response Agreement between local governments and the Office of the Attorney General. Opioid settlement funds may only be used for approved purposes, which include, but are not limited to, all the opioid-related prevention, treatment, and recovery support services and opioid abatement strategies listed in Schedule A (Core Strategies) and Schedule B (Approved Uses) from the Florida Opioid

Allocation and Statewide Response Agreement. Local Governments may choose from the approved uses in Schedule B, but priority must be given to the core strategies in Schedule A.

Qualified counties, nonqualified counties, municipalities, service providers, and MEs are required to expend the funding on approved purposes listed in Schedules A and B of the Florida Opioid Allocation and Statewide Response Agreement. Qualified counties, nonqualified counties, municipalities, and MEs shall prioritize the following services and initiatives:

1. **Medication-Assisted Treatment**: The clinical standard of care for the treatment of Opioid Use Disorder is medication-assisted treatment (MAT) using one of three types of FDA-approved products, namely methadone, buprenorphine-based products (including long-acting injectables), and long-acting, injectable naltrexone. All service providers that receive opioid settlement funds must permit continuation in MAT for as long as the authorized prescriber determines that the medication is clinically beneficial. Furthermore, while counseling and support services must be available for and offered to patients, providers shall not require mandatory counseling participation or mandatory self-help group participation as a condition of initiating or continuing medications that treat opioid use disorder (OUD), except those established by methadone providers and applied to individuals on methadone as required in Rule 65D-30.0142(2)(q), Florida Administrative Code.

2. **Coordinated Opioid Recovery (CORE) Network of Addiction Care:** The essential component of the Coordinated Opioid Recovery (CORE) Network of addiction care model is 24-7, low-barrier access to buprenorphine induction services that address withdrawal and cravings, confer a protective effect against overdose, and begin the path to recovery. The CORE model includes the use of specialized EMS protocols for overdose and acute withdrawal, transport to an Emergency Department-based addiction stabilization center with experts in addiction medicine willing to initiate buprenorphine treatment, and peer support specialists to help with engagement and linkage to long-term, individualized, integrated treatment. The Department's contract Guidance #41 describes the CORE model and associated requirements in more detail: https://www.myflfamilies.com/document/54331.

3. **Hospital Bridge Programs**: Individuals with OUD can access buprenorphine induction before discharge from hospitals, with a buprenorphine prescription and peer engagement for a warm handoff serving as the bridge to a community-based provider offering long-term, integrated MAT. The primary components of the Hospital Bridge program include initiation of buprenorphine before discharge, with a "bridge" prescription for enough medication to support individuals until they can be linked to a long-term MAT provider in the community, with peer engagement throughout. Individuals may be connected to a peer either onsite, via phone, or video conference to help navigate the referral process to the local MAT provider. The peer will schedule an appointment with the local MAT provider, explain the transition process, provide general support during the entire process, and assist in a warm hand-off to the local MAT provider. An emergency opioid antagonist or antidote should be dispensed, not merely prescribed, before discharge from the hospital for all individuals entering an ED for opioid overdose or misuse, regardless of whether they agreed to participate in MAT.

4. **Peer Supports and Recovery Community Organizations**: Recovery Community Organizations (RCOs) are independent, non-profit organizations led and governed by representatives of local communities of recovery. RCOs provide certified peer recovery support services, recovery-focused community education and outreach. RCOs work closely with community treatment providers and other stakeholders to provide outreach, information and referrals, wellness recovery centers, and other recovery support services. Peers and RCOs will work closely with hospitals and long-term community-based providers participating in the Coordinated Opioid Recovery (CORE) Network model and Hospital Bridge programs. Both programs utilize the peer workforce to coordinate care and engage the individual in ongoing treatment and recovery support.

Needs Identified by the Managing Entities

The following sections provide descriptions of the priority needs identified by the MEs. In their needs assessments, the organizations reported areas requiring additional funding varying from expanding services. In addition, the quantity of identified needs varied between MEs. The MEs continue to cite housing and housing coordination as the greatest need, as well as Care Coordination and case management, jail, forensic facility diversion, and the expansion of behavioral health services. Depending on the region, each ME faces unique challenges and proposes specific solutions to overcoming them.

Table 4: Managing Entity Priority Needs

Managing Entity	Priority Needs	Associated Budget
Broward Behavioral Health Coalition (BBHC)	Increase Funding Levels to Prior to the Spending of the Supplemental Block Grant	$ 11,691,327
	Ensure Recurrent funding for the Operational Integrity of the Managing Entity***	$ 1,865,665
	Community Treatment and Support Services - Broward Forensic Alternative Center	$ 3,358,000
	Community Treatment and Support Services - Short-term Residential Treatment (SRT) Services for Jail Diversion Persons Served	$ 3,358,000
	Community Treatment and Support Services - Stepping-Up Initiative for Jail Diversion	$ 510,400
	Community Treatment and Support Services - Housing and Care Coordination Teams, and Family/Peer Navigator	$ 2,050,000
	Community Action Treatment (CAT) Team for Ages 0-10	$ 750,000
	We Are Supported: Baker Act Care Coordination Integrated Data System Pilot Expansion	$ 650,000
	BBHC Total	**$ 24,233,392**
Central Florida	Operations	$ 2,423,671
	Housing	$ 2,419,800

Behavioral Health Network (CFBHN)	Prevention	$ 942,500
	Substance Misuse Disorder and Mental Health: Services	$ 4,175,000
	CFBHN Total	**$9,960,971**
Central Florida Cares Health System (CFCHS)	Substance Exposed Newborn (SEN) Program	$ 350,000
	Adult Substance Abuse Residential Treatment	$ 765,606
	S.T.R.I.V.E- Family Stabilization Program	$ 630,000
	School-Based Intervention Program	$ 377,950
	School-Based Substance Abuse Prevention Program	$ 580,000
	CFCHS Total	**$ 2,703,556**
Lutheran Services of Florida Health Systems (LSF Health Systems)	Workforce Recruitment, Retention, and Sustainability Plan	$ 5,516,528
	Housing: Care Coordination/Housing Coordination	$ 4,081,000
	Daysprings Village - State Mental Health Treatment Facility Discharge/Diversion Placement	$ 2,542,853
	Block Grant Community-Based Services	$ 14,226,766
	ME Operating Resources	$ 6,380,230
	LSF Health Systems Total	**$ 32,747,377**
South Florida Behavioral Health Network dba Thriving Mind South Florida (Thriving Mind)	Housing	$ 1,400,000
	Care Coordination: System Level Care-Coordination	$750,000
	Expanding Behavioral Health Services: Youth Respite Program	$ 582,400
	Expanding Behavioral Health Services: Youth Crisis Stabilization Unit	$ 2,920,000
	Suicide Prevention	$ 610,000
	Thriving Mind South Florida Total	**$ 6,262,400**
Southeast Florida Behavioral Health Network (SEFBHN)	Housing: Expansion of Supported and Transitional Housing	$ 1,000,000
	Increased Substance Use Funding for Areas of Prevention, Non-Residential and Residential Treatment***	$ 4,000,000
	Increased Administrative Funding for the Managing Entity Budget***	$ 1,000,000
	Funding for Zero Suicide	$ 500,000
	SEFBHN Total	**$ 6,500,000**
Northwest	Forensic Multidisciplinary Team (FTM)	$ 2,600,000
	SOAR Dedicated Process Pilot	$ 250,000

Florida Health Network (NWF Health Network)	Care Coordination: Early Childhood Care Coordination	$ 860,000
	Florida Assertive Community Team (FACT)	$ 1,000,000
	Central Receiving Facility- Circuit 14	$ 3,250,000
	NWF Health Network Total	**$ 7,960,000**

*** Notes a direct administrative ME budget priority.

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Housing

The Department recognizes housing as a cornerstone for recovery from mental health and substance use disorders and aims to provide continuity of care and stability for individuals with serious mental illness with co-occurring substance use disorder to achieve recovery goals while also reducing the utilization of shelters, hospitalizations, and involvement with the criminal justice system. Six of the seven MEs identified housing as a priority area for additional resources and considering that Broward and Miami-Dade Counties have some of the most expensive home and rental costs, in addition to shortages, the MEs serving those areas see housing as one of the greatest needs for the individuals they serve.

Thriving Mind proposes strategies to improve collaboration with community partners and strengthen relationships with housing providers, developers, and the Florida Housing Finance Corporation. This Housing Collaborative identifies and develops supportive housing services that complement/facilitate access to those individuals currently in our residential system of care and/or those with the skills to benefit from supportive housing. Thriving Mind aims to serve 210 adults with a request for $1,400,000.

NWF Health Network proposes the creation of an SSI/SSDI Outreach, Access, and Recovery (SOAR) Dedicated Processor Pilot. Data suggests there is a significant gap in the capacity of the SOAR program to effectively connect eligible individuals, particularly those with serious mental illness and co-occurring disorders, to the essential benefits they need. The challenges are worsened by the rural nature of the Northwest region, which limits access to resources and services, contributing to prolonged homelessness, unaddressed healthcare, substance misuse, and mental health needs. The requested funding will be utilized to strengthen the SOAR initiative by enhancing the effectiveness of the application process, increasing outreach efforts, and providing additional support to the providers involved. Addressing these critical gaps, aims to improve approval rates, expedite the application process, and ultimately reduce homelessness by securing the necessary benefits for this vulnerable population.
NWF Health Network aims to serve 50-75 individuals per FY with a request for $250,000.

SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with Serious Mental Illness (SMI) and co-occurring disorders. The services provided would include transitional housing beds, an additional component for individuals living on their own or looking to transition to a more independent setting, and an increase in funding for transitional housing vouchers for individuals with substance use disorder. The provider will also assist residents in applying for disability benefits through Social Security using SOAR, an evidence-based practice, and Supplemental Nutrition Assistance Program (SNAP) and identifying other resources in the community such as public transportation and supportive employment services. This proposal is consistent with the principles of the Recovery Oriented System of Care in that it can reduce the use of more restrictive placements, sustained recovery for individuals receiving these services, and increase in the individuals receiving these services living independently. SEFBHN aims to serve 150 individuals for transitional

housing and 100 for transitional housing vouchers, with a request for $1,000,000.

BBHC currently addresses homelessness through improved care/housing coordination, but the ME identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level and increase funding for the implementation functions at the provider network level. BBHC will expand specialized Care Coordination Teams at the provider level, comprised of two Care Coordination Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. These teams aid individuals who are experiencing homelessness or at risk of homelessness with navigating levels of care and addressing any barriers to sustainable housing. BBHC aims to serve 140 adults with a request for an additional $2,050,000.

CFCHS intends to address homelessness by creating and appointing a Housing and Employment Coordinator within the Substance Exposed Newborn (SEN) Program. This position will focus on assisting individuals served in obtaining safe and affordable housing while also encouraging them to obtain and maintain consistent housing for self-sustainability and long-term success.

LSF Health Systems proposes to expand Care/Housing Coordination with an action plan that includes ensuring appropriate funding is available, hiring additional qualified ME staff, procuring service provider(s) via an Invitation to Negotiate (ITN), negotiating and contracting with provider(s), and beginning to provide services. The proposal intends to potentially reduce the reliance on acute care and criminal justice systems to address ongoing behavioral health needs, improve overall health, well-being, and quality of life for individuals with serious mental illness (SMI), substance use disorder (SUD), or co-occurring conditions through improved engagement, coordination of assessment, and linking to needed services and supports, and demonstrate a reduction rate in acute care and criminal justice systems readmissions for individuals with stable, supportive housing. LSF Health Systems currently maintains a community-based model which requires five care coordinators within the 23-county catchment: one each for Circuit 4, Circuit 5, Circuit 7, Circuits 3/8, and the State Hospital care coordinator. Some of the current funding for Care/Housing Coordination at the ME level is non-recurring; the Managing Entity is requesting funding to sustain this critical process. For FY 2024-2024, LSF Health Systems aims to serve 500 individuals with a request for $4,081,000.

To address the need for housing, CFBHN proposes using vouchers and supported housing to address the lack of affordable, adequate, and accessible housing. This proposal would support the Suncoast Region and Circuit 10 with a requested amount of $2,419,800, serving an additional 386 individuals. This will address housing in several ways:

1. Working to support high need high utilizers.
2. Working to support individuals accessing Clubhouses with housing projects.
3. Increasing Permanent Supportive housing in 4 counites of Sarasota, Lee, Polk, and Charlotte in partnership with Community Assisted and Supported Living (CASL).

These identified priorities directly correspond to the Department's goal of addressing the affordable housing crisis, preventing intensive behavioral health services, and reducing recidivism. By providing eligible individuals who are experiencing homelessness or at risk of homelessness with sustainable housing, the Department can better aid them in a stable setting that will promote improved outcomes and potentially lead to stable employment.

Table 5: Managing Entities' Proposed Housing Strategies			
Managing Entity	**Housing Strategy**	**Number Served**	**Amount Requested**
BBHC	Housing and Care Coordination Teams, and Family/Peer Navigator	140	$ 2,050,000
CFBHN	Increase Access to Housing through Vouchers and Increase Supportive Housing Access	386	$ 2,419,800
CFCHS	Housing and Employment Coordinator, SEN Program	50	$ 350,000
LSF Health Systems	Housing Coordination and Care Coordination	500	$ 4,081,000
NWF Health Network	SOAR Dedicated Processor	50-75	$ 250,000
SEFBHN	Expansion of Supported and Transitional Housing	150	$ 1,000,000
Thriving Mind South Florida (SFBHN)	Community Partnerships Housing Collaborative	210	$ 1,400,000

Care Coordination and Case Management

For individuals contending with mental health diagnoses and substance use disorders, a lapse in care can have negative consequences, such as an admission to an emergency department, inpatient facility, or crisis stabilization unit. In some cases, not receiving the proper care at the right moment can result in arrest or suicide attempts. Due to the need for individuals to receive prompt and appropriate services, care coordination and case management are priority areas for the MEs. Defined in statute as having “planned organizational relationships” to “ensure service linkage,” care coordination involves communication across providers, health insurers, and facilities to prevent gaps in care and promote the best behavioral health outcomes.

Seven of the MEs identify care coordination and case management as a priority and are already overseeing delivery across their regions. They report the need for recurring funds in addition to further appropriations to meet the demands of a growing population.

BBHC, serving Broward County, identified the need to sustain recurrent funding for existing care coordination teams and increased funding to implement an expansion of functions at the provider network level. Given that housing is this ME’s highest priority, recurrent funding for care coordination will continue benefiting individuals who are experiencing homelessness or at risk of homelessness. BBHC notes that approximately 140 additional individuals would benefit from an expansion of care coordination at the provider network level.

Additionally, BBHC proposes implementing the “We Are Supported” Baker Act Care Coordination Integrated Data System Pilot Expansion. "We Are Supported" is intended to improve data sharing among providers and caregivers so that youth who experience a Baker Act receive high- quality, coordinated, and rapid care. Twenty-five percent of youth who experience a Baker Act once will experience it again. The overall goal is to lower recidivism rates among youth in Baker Act situations, provide savings to both the state and hospitals, and to empower caregivers to make the best healthcare decisions for their child. All parents of Baker Acted children will be educated on the Baker Act and receive an enhanced electronic consent form to promote parental choice in various languages as needed. Parents will be allowed to follow up on discharge planning recommendations and treatment once their child is released from the receiving facility. They will be able to easily communicate with all systems authorized by them and involved with their children. Approximately 2,000 individuals are expected to be served, and BBHC is requesting $650,000.

LSF Health Systems serves 23 counties in the Northeast region and emphasizes a heavy concentration on their care/housing coordination programs. Their care coordination program walks hand-in-hand with their housing coordination with goals of decreasing avoidable hospitalizations, inpatient care, incarcerations, and homelessness while

focusing on the clientele's wellness, physical health, and community integration. LSF Health System's care/housing coordination program also assists with improving transitions from acute and restrictive to less restrictive community-based levels of care while also increasing diversions from state mental health treatment facilities. LSF Health Systems reports a need to maintain recurrent funding to ensure their robust housing coordination efforts continue to meet the needs of their 23 counties to serve 500 individuals.

CFCHS, which serves Orange, Osceola, Brevard, and Seminole counties, contracted with The Health Council of East Central Florida in 2022 to conduct a behavioral health needs assessment which identified a need for family stabilization services through the Supportive Trusting Relationships with Inclusion, Vision, and Empathy (S.T.R.I.V.E.) program. S.T.R.I.V.E. was formed to support and enhance case management services that are engaged with Orange County families that have youth at risk of being involved in the juvenile justice system. The in-home services provided by a team of clinicians focus on those involved in the child welfare dependency system, connecting them to the proper services and providing tools to increase the probability of reunification. The team has set a minimum target of 25 families per year with a total budget of $630,000.

Thriving Mind, serves Miami-Dade and Monroe counties and identifies system-level care coordination as one of its five priority areas. Seeking to serve 250 youth and adults with additional funds, this ME intends to reduce gaps in care and prevent readmissions. Thriving Mind reports the long-term goal of care coordination in the Southern Region, is to be able to utilize the data collected through this process to develop behavioral health treatment protocols like those that are currently used in the medical field. The development of these protocols will enable the system to better identify crisis indicators and improve early intervention services. Thriving Mind also seeks to provide care coordination to all target populations.

NWF Health Network (NWFHN) has identified the need to expand Early Childhood Care Coordination (ECCC). This priority emerged from the challenges associated with serious behaviors that push children into the dependency system, the decreasing age at which youth are showing significant behavioral disruptions, and the growing recognition of the need for earlier intervention to address behavioral health and developmental disabilities. Young children are particularly likely to benefit from even modest investments in supportive environments, positive relationships, and early intervention and prevention efforts.

ECCC will assist in identifying needs and linking families to community services and the parenting coaches will work with the families and childcare agencies to identify strategies and provide interventions to promote age- appropriate behaviors.

Currently, ECCC is only offered in one county in Circuit 1, Okaloosa. With additional

funding, NWFHN seeks to expand ECCC to add four teams to cover the entire Circuit, consisting of Okaloosa, Escambia, Walton, and Santa Rosa Counties. NWFHN aims to serve families with youth ages zero through five with behavioral challenges who come to the attention of childcare providers, pediatricians, or child protective investigators. The program aims to serve 200 children annually with a request for $860,000.

CFBHN, which serves 14 counties in the Suncoast Region and Circuit 10, proposes additional supports for substance use disorder and mental health care coordination to serve individuals with an increase in funds of $1,000,000. This proposal will support individuals needing more intensive services that are not already linked into programs. This will reduce avoidable hospitalization, inpatient care, incarcerations, and homelessness.

The MEs propose measuring success by evaluating whether individuals receiving the services have decreased rates of admissions to acute care settings (e.g., hospitals, crisis stabilization units). This is in addition to comparing lengths of time between admissions and whether increased services reduce wait times and improve accessibility.

Care coordination and case management are not the only services that advance the Department's goal of preventing intensive treatment. Wraparound services can benefit families and individuals by offering care planning and support. In Orlando and its surrounding counties, CFCHS reported there are waitlists for existing CAT teams and another resource for families that require assistance is necessary. The CFCHS requests funding to increase wraparound services to meet this demand, specifically in school settings with prevention and intervention-based programs. This program expansion will serve approximately 180 youth in Osceola and 20 students per school in Brevard, Osceola, and Seminole counties.

Ensuring care coordination, case management, and wraparound services for eligible individuals can have a drastic effect on improving behavioral health outcomes. Following discharge from an inpatient facility, an individual will need follow-up services, such as outpatient therapy or psychosocial rehabilitation. Connecting individuals to providers is critical to preventing and reducing further admissions. By working to eliminate gaps in care, the MEs can relieve pressure on inpatient facilities and improve outcomes for individuals that receive community-based care. This contributes to the Department's priorities of initiating treatment before a crisis begins and relying more on community behavioral health providers.

Table 6: Managing Entities' Proposed Care Coordination and Case Management Strategies			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
BBHC	Housing and Care Coordination Teams and Family/Peer Navigator	140	$ 2,050,000
BBHC	We Are Supported: Baker Act Care Coordination Integrated Data System Pilot Expansion	2000	$ 650,000
CFBHN	Substance Use Disorder and Mental Health Care Coordination	To be determined	$ 1,000,000
CFCHS	S.T.R.I.V.E- Family Stabilization Program	30 families	$ 630,000
LSF Health Systems	Expanding Care Coordination and Care Coordination/Housing Coordination	500	$ 4,081,000
NWF Health Network	Early Childhood Care Coordination	200	$ 860,000
Thriving Mind	System Level (ME) Level Care Coordination	250	$ 750,000

Jail and Forensic Facility Diversion

When individuals with serious mental illness and/or substance use disorder experience a crisis, law enforcement often responds to the situation. This can result in someone being arrested, taken to jail, or placed in a forensic facility, which detract from the Department's goals of preventing higher rates of incarceration and inpatient admissions for this population. Florida desires to prevent crisis situations; the MEs have identified actions necessary to divert individuals from local jails and state forensic facilities. These actions include a variety of innovative strategies as well as measures to address critical shortages. Two of the MEs have identified measures that can aid in achieving this goal.

BBHC reports a different need in this category. Noting that Broward County has among the highest number of civil and forensic commitments to State Mental Health Treatment Facilities in the state. BBHC and their criminal justice partners are committed to diverting eligible individuals from forensic facilities. To accomplish this, BBHC proposes The Broward Forensic Alternative Center (B-FAC). B-FAC will provide services by diverting eligible individuals from forensic facilities to a locked and secure residential facility as an

alternative to a forensic state treatment facility. The B-FAC will be a cost-efficient community-based residential treatment alternative to serve 80 Incompetent to Proceed (ITP) individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks. Individuals will be treated in a locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration. When ready to step-down to a less restrictive placement in the community, participants will be provided with assistance. BBHC estimates that the B-FAC will serve up to 80 individuals and is requesting $3,358,000.

Similarly, BBHC is committed to diverting eligible individuals from forensic facilities that meet criteria under the Baker Act and need a longer stabilization period. BBHC proposes an additional 20 Short-term Residential Treatment (SRT) beds to serve 80 individuals as a safe and cost-efficient community-based residential treatment alternative for those at risk of or committed to both civil and forensic state hospitals.

Lastly, BBHC identifies difficulties with identifying inmates who could be diverted into community mental health/SUD programs and linking behavioral health professionals and providers to work in collaboration with judges, state attorneys, and public defenders. The proposed strategy is to employ Stepping-Up collaboration and strategies to avoid incarceration. BBHC aims to serve approximately 200 individuals with a request for $510,400.

NWFHN proposed to add two Forensic Multidisciplinary Teams (FMTs) teams to Circuit 1. One team serves Escambia and Santa Rosa Counties, and one serves Okaloosa and Walton Counties. NWFHN reports the number of individuals served through forensics in these counties continues to rise. There is an over-representation of people with mental illness and/or substance use disorders in the criminal justice system. This problem includes difficulties in identifying inmates who could be diverted into community mental health/substance use disorder programs and linking behavioral health professionals and providers to work in collaboration with judges, state attorneys, public defenders, evaluators, and community providers. There has been a 100 percent increase in the number of commitments from Okaloosa County.

Forensic Multidisciplinary Teams (FMTs) provide a 24 hour a day, seven days per week, comprehensive approach to divert individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports.

NWF Health Network aims to serve 90 individuals per FY (45 per team) with a request for $2,600,000.

Table 7: Managing Entities' Proposed Jail and Forensic Facility Diversion Strategies			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
BBHC	Broward Forensic Alternative Center	80	$ 3,358,000
BBHC	SRT Services for Jail Diversion Persons Served	80	$ 3,358,000
BBHC	Stepping-Up Initiative for Jail Diversion	200	$ 510,000
NWF Health Network	Forensic Multidisciplinary Teams (FMT)	90	$ 2,600,000

Expanding Behavioral Health Services

In conducting needs assessments for FY 2023-2024, the MEs identified services needed in their regions of the state. Generally, these expanded services consist of:

- Multidisciplinary Teams.
- MRTs and Co-Responder Teams.
- SMHTF Reintegration Programs
- Care Coordination.
- Additional SRTs.
- Respite Programs.
- Increase in Children's CSU Beds.

BBHC proposes a Community Action Treatment (CAT) Team for ages 0-10 to provide community-based services to children ages 0-10 and families with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement due to a mental health or substance abuse issues and are assessed for an in-home program. CAT for Ages 0-10 is intended to be a safe and effective alternative to out-of-home placement. Upon successful completion, the families will have the skills and natural support system needed to maintain improvements made during services. The CAT Team is intended to serve 35-45 children and their families per team with a request for $750,000.

CFBHN proposed to increase SRT bed capacity. The proposed increase by CFBHN will reduce the SMHTF waitlist and support more preventative treatment within the Suncoast region and the entire state. The proposed increase to SRT bed capacity is intended to serve 20 individuals with a request for $1,200,000.

CFCHS identified “S.T.R.I.V.E,” a family-based in-home program to support families who have certain risk factors. Priority is given to youth with anti-social behavior, aggressive conduct disorder, drug use, school behavior referrals, truant and drop-out, and family conflict. CFCHS’s proposed strategy of implementing a program providing intensive services would address this identified gap within the child welfare system of care. The interventions will be centered around a strength-based model built on a foundation of strengthening and empowering families to operate as a strong unit. As previously mentioned, the team has set a minimum target of 25 families per year with a total budget of $630,000.

CFCHS proposed to implement prevention and intervention programs for youth up to 17 years of age with serious emotional disturbance, emotional disturbance, or at risk of emotional disturbance and at-risk of substance misuse. The various interventions will include classroom lessons to specifically target youth in 3rd-6th grades to increase protective factors to combat and reduce substance use and abuse in lieu of positive coping mechanisms. The goal is that all Brevard, Osceola, and Seminole county students will have access to these lessons and further supportive services.

SEFBHN proposes increased substance use funding for areas of prevention, non-residential community-based, and residential treatment. A significant challenge in combating substance use is the availability of an array of services that are targeted to the population at the various stages. Funding to continue prevention will allow for these evidenced-based programs to continue. Evidence shows that early prevention is key to combating the epidemic of substance misuse by providing education across systems. The funding for these programs will allow for access to various levels of care across the network, reduction in the use of more restrictive placements, sustained recovery for consumers receiving these services, and increase in number of consumers receiving these services. The programs proposed by SEFBHN are targeted for both children and adult substance abuse and intended to serve 500 individuals for residential and non-residential programs and 35,452 individuals for prevention efforts.

NWFHN proposes adding two new FACT teams. The area of Circuit 1, represented by Okaloosa and Walton Counties does not currently have a FACT team. There has been an increased demand for services, utilization at the community CSU that exceeds availability (with rates of ER visits related to mental health among the highest in the state), and an increase in those with substance use and mental health issues becoming involved in the criminal justice system. By providing access to individuals at the community and outpatient levels, more intensive and costly services can be prevented. NWF Health Network seeks to employ a different strategy for reducing forensic facility admissions. NWF Health Network aims to serve 200 individuals per FY (100 per team) with a request for $1,000,000.

Another high priority of NWFHN Health Network’s need is to establish a CRF to serve the

residents of Circuit 14, which encompasses Bay, Gulf, Jackson, Calhoun, Holmes, and Washington Counties. The facility would serve as the screening and assessment hub for all individuals detained under the Baker Act. Implementation of this facility will provide clinical and other advantages for the client, assist law enforcement, and decrease use of hospital emergency departments. NWFHNF proposes to develop a CRF in Circuit 14 that will deliver in-patient services to approximately 1,890 individuals annually with a request for $3,250,000.

LSF Health Systems proposes an increase in funding for Dayspring Village, which operates three programs (Phoenix Program, Sunrise Program, and Sunset Program) that are necessary for post-discharge from state mental health treatment facilities. These programs assist individuals with serious mental illness and individuals on conditional release who are ready to reintegrate into the community from state mental health treatment facilities. These individuals need additional care, supervision, and support to be safe and successful in a community setting. Services are delivered in an assisted living environment that provides comprehensive wraparound services, care coordination, benefit restoration, nursing care when needed, coordination with primary care, development of daily living skills, and socialization with the goal of developing increased independence and eventual transition to a less intensive service in the community.

Dayspring Village receives referrals from counties throughout Florida, but due to the increased demand for these types of services, limited capacity in other DCF Regions, and a no-wrong-door philosophy, these services, and resources have been insufficient to meet demands resulting in approximately one million dollars in uncompensated care during FY 2023-2024. FY 2023-2024 data revealed 36 unique individuals from outside the Northeast Region received services at Dayspring Village. Without these resources, Dayspring Village will have to reduce the number of individuals served. The result would be longer stays for individuals ready for discharge from the state hospitals and possible recidivism for individuals who are discharged and do not have the necessary and appropriate resources in place to support long-term success in a community setting. LSF Health Systems is requesting $2,542,852 in funding to sustain and expand these services intended to serve 36 individuals.

Thriving Mind plans to fund a respite program serving up to 50 youth. A respite program is a voluntary, short-term, overnight program. Respite provides community-based, non-clinical crisis support to help youth and families. Providing temporary relief can improve family stability and reduce the risk of abuse and neglect. Requesting respite care for youth can help families maintain the caregivers' well-being and keep the family intact. The funding amount requested to serve this population is $580,000.

The target population to be served for youth respite is ages 14 to 17 years old with a mental health disorder who are at risk of out-of-home placement and receiving services

from wraparound programs such as Community Action Treatment (CAT) teams or Children's Crisis Response Team (CCRT) or have been staffed during Local Review Team meetings.

Thriving Mind South Florida proposes to increase Children's CSU beds by 16 in the Southern Region. Currently, the inventory of Children's Designated Baker Act Receiving Facility beds is a total of 86 beds in Miami-Dade County. Monroe County does not have a CSU that serves youth, so those individuals are transferred to Miami-Dade County's only Children's CSU, Citrus Healthcare Network. This is a three-to-four hour drive, making it difficult or impossible for families to visit their children in inpatient care. A 16-bed Children Crisis Stabilization Unit can potentially serve up to 1,900 children annually with an average length of stay of three days. The total amount of funds requests for 16-beds is $2,920,000.

It is important to note that one of the region's contracted providers, Community Health of South Florida, will be inaugurating a 20 bed CSU at their south Dade location tentatively in early 2025. This building offers the system of care the opportunity to fund children's crisis services to meet the community's identified needs. That facility is located at the southern end of the county, close to the Monroe County line. The funds requested here could fund a 16-bed children crisis unit, with no additional capital expenditure, that would meet the needs of both counties.

Table 8: Managing Entities' Proposed Strategies for Expanding Behavioral Health Services

Managing Entity	Proposed Strategy	Number Served	Amount Requested
BBHC	Community Action Treatment (CAT) Team for Ages 0-10	35-45	$ 750,000
CFBHN	Expand SRT Access	20	$ 1,200,000
CFCHS	S.T.R.I.V.E-Family Stabilization Program	50	$ 765,606
CFCHS	School-Based Intervention Program	180+	$ 377,950
CFCHS	School-Based Substance Abuse Prevention Program	500+	$ 580,000
LSF Health Systems	SMHTF Reintegration Programs	36	$2,542.852.80
NWF Health Network	Florida Assertive Community Team (FACT)	200	$ 1,000,000
NWF Health Network	Central Receiving Facility- Circuit 14	Approx. 1,890	$ 3,250,000

SEFBHN	Increased Substance Use Funding for Areas of Prevention, Non-Residential and Residential Treatment	35,452 500	$ 4,000,000
Thriving Mind South Florida	Respite	50	$ 582,400
Thriving Mind South Florida	Increased Children CSU Beds	Approx. 1,900	$ 2,920,000

Conclusion

The enclosed annual needs assessments are submitted to SAMH by the Managing Entities (MEs) pursuant to section 394.9082, F.S. Any descriptions or lists of gaps in services, recommendations for addressing such gaps, and determination of fiscal need were identified by the ME and based on their individual knowledge of the area they serve, data collection, and analysis. The Department is responsible for compiling all plans and must include in their annual report all plans submitted by the MEs pursuant to s. 394.9082(8).

The Behavioral Health Assessment is a tool for evaluating the mental health and substance use needs of individuals and families across the state. This assessment outlines the extent to which designated receiving systems will 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.

Furthermore, this assessment reflects the priority needs identified by the seven Behavioral Health MEs within their FY 2024-2025 Enhancement Plans to increase the effectiveness of the Florida behavioral health system. By identifying specific challenges and providing a framework for appropriate interventions, the assessment focuses on supporting vulnerable populations in receiving the care and support necessary to improve their well-being. The purpose of the behavioral health MEs is to plan, coordinate, and contract for the delivery of community mental health and substance use services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services. MEs are required to promote the development and implementation of a coordinated system of care. A coordinated system of care means the full array of behavioral and related services offered by all service providers in a region or community, participating either under contract with an ME or by another method of community partnership or mutual agreement.

A key component of this system is the collaboration with MEs within the individual regions. In conjunction with SAMH, the MEs play a crucial role in allocating resources, monitoring

service quality, and ensuring access to care, ultimately helping to create more efficient and responsive support systems. The Department collaborates with MEs on priority area initiatives, and in FY 2024-2025, SAMH remains committed to addressing mental health and substance use disorder across the state and regionally.

Appendix A: Broward Behavioral Health Coalition, Inc. (BBHC)

Fiscal Year 2024-2025 Enhancement Plan
Local Funding Request

Introduction

In 2016 the Florida Legislature passed Senate Bill 12, which amended Florida Statute 394 related to Managing Entities (MEs) duties to include the development of annual Enhancement Plans. These Plans include priority needs for the ME. In 2021 the legislator passed a bill requiring the MEs to conduct a Statewide Cultural Health Disparities and Needs Assessment. FAME and all the MEs agreed to conduct a Statewide Cultural Health Disparities and Needs Assessment. These was submitted to the Department in June of 2022. Broward Behavioral Health Coalition, Inc. (BBHC) completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community that is incorporated in Broward's portion of the Statewide Cultural Health Disparities and Needs Assessment conducted by the Health Planning Councils and ME.

During FY 2023-2024 priorities for funding were identified via BBHC's System of Care Committee, Provider Advisory Council, Consumer Advisory Council, and various community partnership meetings such as Department of Children and Families' (DCF's) Forensic System meeting, Baker Act and Marchman Act meetings to address gaps in the implementation, meetings with the Judiciary, State Attorney and Public Defenders, BBHC's Quarterly Provider Network Meeting, among others.

BBHC solicited feedback from its network of providers regarding the services provided by the BBHC network via BBHC's Provider Advisory Council, the Clinical Quality Improvement (CQI) Committee, BBHC's Quarterly Provider Network Meeting, DCF's Forensic System Meeting, and Baker Act and Marchman Act meetings. Additionally, BBHC solicited feedback from the network's Recovery Oriented System of Care Committee, and through meetings with the Judiciary, State Attorney and Public Defenders offices.

Broward County Jails have been under a consent decree for a few years. All the items on this consent decree have been resolved, except for the number of individuals with mental health illnesses lingering and deteriorating in the jails. This large number of individuals

with mental illnesses and/or SUD are overrepresented within the jail population. BBHC implemented the Stepping Up Initiative and a robust jail diversion program. However, the legislature did not fund this initiative. BBHC has continued to support the initiative in collaboration with Broward County. They stepped in and provided $1,000,000 to expand the jail diversion program. These services will enhance BBHC's system of care to expeditiously identify, screen, engage, stabilize, and discharge these individuals from the jail to the community, with appropriate level of care and supports.

Overall, the COVID-19 pandemic severely impacted the way of life and the provision of behavioral health services. This crisis resulted in financial uncertainty, job loss, anxiety and depression caused by the isolation and the loss of lives due to COVID-19, which increased the need for additional services. Workforce issues, post pandemic, has impacted the capacity of providers to hire staff. Higher cost of living, including lack of housing affordability, has impacted discharges from crisis and residential treatment facilities of persons served. Our network experienced: a lack of access to Civil State Hospital beds due to Forensic stepdown; criminal justice discharges from crisis stabilization units being withheld due to lack of appropriate levels of care in the community and lack of appropriate residential levels of care and multidisciplinary treatment to support for young children and parents in the community.

On July 12, 2024, BBHC received a Schedule of Funds with a $13 million funding reduction to the BBHC budget. According to DCF, the Supplemental Block grant and other grants had expired. The Supplemental Block Grant that we were expecting to receive in FY24-25 is no longer available, and the State only had $10 million in the Supplemental Block Grant left that would be allocated across all MEs. This early reduction in funding is severely impacting our system of care. Funding to minimize the impact to the system is coming from one time only carry forward funds that will not be available next FY. That will result in an even more severe impact to access behavioral health services including prevention treatment, crisis, and supportive services in Broward County.

Priority 1: Reinstate Funding Levels to Prior to the Reduction of the Supplemental Block Grant
Funding Request: $11,691,327.00

Acuity levels of individuals coming into care continue increasing since the COVID-19 pandemic. Additionally, the number of individuals with high acuity have increased consistently. The need for higher levels of care and intensive wrap around services to support recovery has intensified. The funding reduction has impacted the entire system of care – prevention, crisis services, treatment, and supportive services. Without these funds the number of individuals in jail, streets, emergency rooms, crisis units, child welfare system and juvenile justice system etc. will dramatically increase. Our inability to provide treatment and wrap around services will gridlock residential services making it very

difficult for individuals and families to step down into less restrictive levels of care with the needed supports for recovery.

Number of individuals to be served:
Approximately 2,200 individuals and families (Treatment)
500 individuals and families (Prevention)

Priority 2: Ensure Recurrent funding for the Operational Integrity of the Managing Entity
Funding request: $1,865,665.00

The 2022 Florida Legislature appropriated $126 million of recurrent funds for behavioral health services including care coordination at the ME level and the provider level.
Funds are needed to maintain the sustainability of the ME's recurring funds. As a result of the Supplemental Block Grant and other DCF Grant funding reductions BBHC has a shortage of funding in our ME recurring Operational budget. It is imperative that this funding is reinstated to secure the integrity of the operations and the oversight and management of the provider network.

Priority 3: Community Treatment and Support Services

A. **Broward-Forensic Alternative Center**
   Funding Request: $3,358,000.00

Broward County has the highest number of commitments to State Mental Health Treatment Facilities in the state. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities, but there needs to be a locked and secure facility available. The Broward Forensic Alternative Center (B-FAC) will provide services by diverting eligible individuals from forensic facilities to a locked and secure residential facility as an alternative to a forensic state treatment facility. The B-FAC will be a cost-efficient community-based residential treatment alternative to serve 80 Incompetent to Proceed (ITP) individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks. Individuals will be treated in locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration.
When ready to step-down to a less restrictive placement in the community, participants will be provided with assistance to re-entry and ongoing service engagement.

Number of individuals to be served: 80 individuals.

B. **Short-term Residential Treatment (SRT) Services for Jail Diversion Persons Served**
   Funding request: $3,358,000.00

Broward County has the highest number of civil and forensic commitments to State Mental Health Treatment Facilities, in the state. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities, that meet criteria under the Baker Act and need longer stabilization period. Additional SRT beds will be a safe and cost-efficient community-based residential treatment alternative to serve individuals at risk of or committed to both civil and forensic state hospitals.

Number of individuals to be served: 20 SRT beds to serve 80 individuals

C. Stepping-Up Initiative for Jail Diversion
Funding Request: $510,400.00

Broward County is experiencing an over-representation of people with Mental illness (MI) and/or Substance Use Disorders (SUD) in the Criminal Justice system. This problem includes difficulties in identifying inmates who could be diverted into community mental health/SUD programs and linking behavioral health professionals and providers to work in collaboration with judges, state attorneys, and public defenders.

The proposed strategy is to employ Stepping-Up collaboration and strategies to avoid incarceration. The goal of the national Stepping-Up Initiative is to identify inmates who may be diverted into community mental health or SUD programs using standard assessment tools in the jails and linking behavioral health professionals and providers to work with judges, state attorneys, and public defenders.

Number of individuals to be served: Approximately 200 individuals are expected to be served.

D. Housing and Care Coordination Teams, and Family/Peer Navigator
Funding request: $2,050,000.00

The Legislature restored funding for the Housing and Care Coordination at the ME and providers level with the $126 million appropriation. BBHC has identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level and increase funding for the implementation functions at the provider network level. This will support the Care Coordination/Housing Initiative implemented since the beginning of 2016.

BBHC will expand specialized Care Coordination Teams at the provider level, comprised of two Care Coordination Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. BBHC will need to maintain these Care Coordination initiatives. Individuals will receive time-limited, intensive case management and peer

support services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Family/Peer Navigators will be funded to facilitate access to services.

This initiative will serve approximately 140 individuals.

The need for funding in Broward County is as followed:

- Care Coordination/Housing Teams (CCHT) at the provider level - $700,000, (Two teams will serve 140 high utilizer individuals per year @ $350,000/per team)
- Voucher Funding for 140 individuals participating in CCHT- $750,000
- Family Peer Navigators will be able to serve 300 families depending on support needed - $600,000

Priority 4: Community Action Treatment (CAT) Team for Ages Zero to 10
Funding Request: $750,000

The CAT Team will provide community-based services to children ages zero to 10 and families with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement due to a mental health or substance abuse issues and are assessed for an in-home program. This is intended to be a safe and effective alternative to out-of-home placement. Upon successful completion, families will have the skills and natural support system needed to maintain improvements made during services.

Number of individuals to be served: CAT Team to serve 35-45 children and their families per team - $750,000 (Children).

Priority 5: We Are Supported: Baker Act Care Coordination Integrated Data System Pilot Expansion
Funding request: $650,000

"We Are Supported" is intended to improve data sharing among providers and caregivers so youth who experience a Baker Act receive high-quality, coordinated, and rapid care. Twenty-five percent of youth who experience a Baker Act once will experience it again. The overall goal is to lower recidivism rates among youth in Baker Act situations, provide savings to both the state and hospitals, and to empower caregivers to make the best healthcare decisions for their child.

This is county wide collaboration that will enhance care coordination approach utilizing an integrated data system that will inform real time all the authorized systems about the Baker Acted child. This will facilitate the treatment and discharge planning coordination with all the involved systems. All parents of Baker Acted children will be educated on the

Baker Act and receive an enhanced electronic consent form to enhance parent's choice, in various languages as needed. This will guide them through this process. These parents will be allowed to follow up on discharged planning recommendation and treatment once released from the receiving facility. They will be able to easily communicate with all systems authorized by them and involved with their children.

Number of individuals to be served: Approximately 2000 individuals.

Appendix B: Central Florida Behavioral Health Network, Inc. (CFBHN)

Fiscal Year 2024-2025 Enhancement Plan
Local Funding Request

Introduction

The enhancement plan outlines Central Florida Behavioral Health Network (CFBHN) priorities. The specific elements contained in the plan result from the needs assessment and ongoing input from stakeholders, including family members and individuals served, community- based care lead agencies, local governments, law enforcement, and Network Service Providers (NSP). The plan below will have no less than three and a maximum of five unmet needs identified priorities.

After careful review of the current budget and the needs of the SunCoast Region, CFBHN has submitted this plan outlining the use of an additional $9,963,971 to be allocated within the region. The plan includes a summary of the collaborative projects in the plan, and a description of how the funding from the most recent legislative session was allocated. The plan outlines the enhancements by priority and the detailed action steps for implementation, as well as specific measures that would be used to evaluate the strategy's performance.

Unmet Need
Priority #1: Funding for ME Operations
Funding Needed: $2,423,671
Problem #1.1

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. Problem #1: Employee Retention – there has not been a comprehensive compensation market adjustment in nearly three years. During this time the market has shifted, and employees have faced significant inflation and general cost of living increases.

ii. Problem #2: New Employee Recruitment: – There has not been a comprehensive compensation market adjustment in nearly three years. During this time, the market shifted, and the SunCoast region faced significant inflation and general cost of living increases.
iii. Unmet Need: Improve capacity to manage the System of Care: The System of Care has grown significantly over the years; however, our CFBHN staffing capacity has not kept pace. Our costs to do business have increased across the board, and we need additional resources to continue to operate at the expected level.

b. The proposed strategy and specific services to be provided
    i. Increase pay scale for identified positions within CFBHN that are below the competitive range for the marketplace as determined by the compensation survey.
    ii. Increase pay scale for identified positions within CFBHN that are below the competitive range for the marketplace as determined by the compensation survey.
    iii. Add critical positions CFBHN identified as needing additional staff resources.
        1. Contract Specialist
        2. Finance Specialist
        3. Acute Care Program Manager
        4. QI Specialist
        5. Consumer & Family Affairs Specialist
c. Target population to be served
    i. All population categories for SunCoast Region
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. All SunCoast Region counties would be served by this enhancement.
e. Number of individuals to be served
    i. N/A

2. Please describe in detail the action steps to implement the strategy.
    a. We will conduct a current compensation survey.
    b. Develop revised pay scales with focusing on positions falling the farthest below the market.
    c. Implement new pay scales for existing employees and new employee recruitment.
    d. Add employees based upon enhancement funds and identified priorities for additional positions.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $2,423,671 total for ME Operations, including personnel needs mentioned

above.

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Improved capacity to move dollars out to providers more quickly and using methods more accommodating to network service providers such as bundled rates.
    b. Significantly greater capacity to be engaged throughout the region at a micro level, resulting in greater engagement around strategy and implementation as well as results and reporting. Greater ability to be pro-active within the region with network service providers.
5. What specific measures will be used to document performance data for the project?
    a. Employee Retention Rate
    b. Days of vacant (open) positions.

Unmet Need Priority #2: Housing
Funding Needed: $2,419,800
Problem #2.1:

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. This addresses the lack of adequate, affordable, and accessible housing for individuals with behavioral health issues. The strategy is to increase housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes. CFBHN plans to use the Carisk system for these services.
b. The proposed strategy and specific services to be provided
    i. The expansion of housing vouchers for consumers identified as having high need/ high utilization of behavioral health services using the Carisk system to track these individuals and the use of the vouchers. This will be flexible lengths of housing based upon individualized needs.
c. Target population to be served
    i. Individuals identified as having a high need for behavioral health services.
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. The entire SunCoast Region and Circuit 10
e. Number of individuals to be served
    i. Approximately 250 individuals

2. Please describe in detail the action steps to implement the strategy
    a. Ensure funding is available through Legislative Budget Request.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $750,000

1. The funding needed is based upon 250 individuals/3 months of housing and $1,000 monthly for rent. The 3 months is simply an estimate as the length of housing may greatly vary from 1 month to 6 months.

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Improves services through care coordination for the high need/high utilization program population and reduces readmissions and incarcerations.
5. What specific measures will be used to document performance data for the project?
    a. Improve transitions from acute and restrictive to less restrictive community-based levels of care.
    b. Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness.

Problem #2.2:

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. This addresses the housing needs of individuals with behavioral health issues who are members of the Clubhouse model in the Suncoast region by increasing housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes. CFBHN plans to use the Carisk system for these services.
b. The proposed strategy and specific services to be provided
    i. The strategic use of housing vouchers for consumers identified by the Clubhouse with housing projects, using the Carisk system to track these individuals and their use of the vouchers.
c. Target population to be served
    i. Individuals with behavioral health issues provided services by the Clubhouses with housing projects.

d. County(ies) to be served (County is defined as county of residence of service recipients)

        i. The entire SunCoast Region and Circuit 10
    e. Number of individuals to be served
        i. 20
2. Please describe in detail the action steps to implement the strategy.
    a. Ensure funding is available through Legislative Budget Request.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $ 280,800
        i. 20 Individuals for 12 months at a monthly rental rate of $1170.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Improved coordination of housing services for individuals with behavioral health issues, allowing them more opportunities to seek employment and education.
5. What specific measures will be used to document performance data for the project?
    a. Increased days in stable housing.
    b. Increased days in Transitional, Supported, or Independent Employment.
    c. Decreased hospitalizations, inpatient care, incarcerations, and homelessness.

Problem #2.3:

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

    d. The problem or unmet need that this funding will address
        i. Increase permanent supportive housing in four counties.
    e. The proposed strategy and specific services to be provided
        i. Through housing vouchers, Community Assisted and Supported Living (CASL) permanent supportive housing apartments residents will be supported until stability is obtained.
    f. Target population to be served
        i. Residents of CASL permanent supportive housing apartments residents with behavioral health issues.
    g. County(ies) to be served (County is defined as county of residence of service recipients)
        i. Sarasota, Lee, Polk, and Charlotte.
    h. Number of individuals to be served
    i. 116
2. Please describe in detail the action steps to implement the strategy

    a. Supplement 25 percent of the CASL units (Arbor Village – 80, Cypress Village – 95, Swan Lake Village – 84, Fairlawn Village – 116, Jacaranda Place – 88) using the Carisk system and housing vouchers.
    b. Ensure funding is available through Legislative Budget Request, additional grant dollars, or, where possible, internal budget shift
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $ 1,389,000
        i. 116 individuals served for 12 months at a monthly rent of $1,000.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Increase the success of an already established program with a reputable reputation statewide to assist individuals with behavioral health issues.
5. What specific measures will be used to document performance data for the project?
    a. Days in stable housing.
    b. Decrease hospitalizations, inpatient care, incarcerations, and homelessness

Unmet Need Priority #3: Prevention
Funding Needed: $942,500
Problem #3.1

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

    a. The problem or unmet need that this funding will address
        i. Problem #1: Increase the number of prevention programs and initiatives.
    b. The proposed strategy and specific services to be provided
        i. Outlined covered services in the Florida Administrative Code 65E-14 for Prevention Services.
    c. Target population to be served
        i. Children and adults experiencing substance misuse issues.
    d. County(ies) to be served (County is defined as county of residence of service recipients)
        i. SunCoast Region and Circuit 10
    e. Number of individuals to be served
        i. To Be Determined
2. Please describe in detail the action steps to implement the strategy
    a. Ensure funding is available through Legislative Budget Request, additional

grant dollars, or, where possible, internal budget shift

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $942,500
        i. This amount is intended to replace the funds that were reduced in the 24/25 Schedule of Funds for Prevention.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Increase Prevention Services by:
        i. ACTS, Hillsborough County - Will increase services for specific populations in Hillsborough County programs with the new allocation.
        ii. BayCare, Pasco County. This funding will provide prevention services in Pasco County for school-based programs.
        iii. David Lawrence, Collier County - These funds will be used to increase prevention services in Collier County with a focus on reducing the impact of Opioid use.
        iv. COVE, Hillsborough County - These fund school-based prevention programs and some environmental strategies. In addition, it will provide substance abuse educational programming for senior and college age populations. Additional Opiate school technology-based program added, administered through tablets during 9th grade health classes to address the opioid crisis in Florida.
        v. Inner Act Alliance - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
        vi. Operation PAR, Pinellas County - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
        vii. Tri-County, Polk, Highlands, and Hardee counties - funding to provide school and community-based prevention programs for Polk, Highlands, and Hardee counties with a focus on reducing the impact of Opioid use.
        viii. Youth and Family Alternatives, Pasco County - These funds will be used to increase prevention services in Pasco County with a focus on reducing the impact of Opioid use.
5. What specific measures will be used to document performance data for the project?
    a. Impressions of advertisements, and/or
    b. Numbers served, and/or
    c. Pre-post tests

Unmet Need Priority #4: Substance Use Disorder and Mental Health: Services
Funding Needed: $4,175,000
Problem #4.1

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

   a. The problem or unmet need that this funding will address
      i. Problem #1: High waitlist for State Hospital Intake
   b. The proposed strategy and specific services to be provided
      i. Establish recurring funding for Circuit 13 (C13) Short Term Residential Treatment (SRT) bed capacity. This will ease the State Hospital waitlist.
   c. Target population to be served
      i. Mental Health
   d. County(ies) to be served (County is defined as county of residence of service recipients)
      i. Entire State
   e. Number of individuals to be served
      i. 20

2. Please describe in detail the action steps to implement the strategy
   a. Ensure funding is available through Legislative Budget Request.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
   a. $1,200,000
      i. SRT Beds at $337.76
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
   a. Increase SRT beds in C13 to serve statewide needs.
5. What specific measures will be used to document performance data for the project?
   a. Increased number of individuals diverted from the state hospital.

Problem #4.2

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

   a. The problem or unmet need that this funding will address
      i. Problem #4.2: Clubhouse model not available throughout the SunCoast Region

b. The proposed strategy and specific services to be provided
    i. CFBHN believes in the Clubhouse model and has a history of providing operation dollars for these projects. Funding to provide operational dollars for the clubhouse in Charlotte and Collier Counties. The funding will promote Supported Employment, Housing, and clubhouse services. These projects involve public, private, and county stakeholders working together to expand this model of recovery. CFBHN, working with community stakeholders, has developed a legislative budget request to present for consideration to the local legislative delegation.
c. Target population to be served
    i. Mental Health
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. Charlotte County and Collier County
e. Number of individuals to be served
    i. 200

2. Please describe in detail the action steps to implement the strategy
    a. Ensure Clubhouse/Recovery through Work Programs throughout the SunCoast Region.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $500,000
        i. Start-up cost of $250,000 for each new Clubhouse.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. We anticipate expansion of the Clubhouse model to Charlotte and Collier counties. This is a model with proven success by decreasing social isolation and promoting community.
5. What specific measures will be used to document performance data for the project?
    a. Increased number of individuals served with employment.
    b. Increased number of individuals served with stable housing.

Problem #4.3

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. Problem #4.3: Increase the funding support to Clubhouses located

in current SunCoast Region counties.

b. The proposed strategy and specific services to be provided
    i. CFBHN believes in the Clubhouse model and have a history of providing operational dollars for these projects. We request funding to increase operational dollars for the Clubhouse in Hillsborough, Polk, Pasco, Pinellas, Lee, Manatee, and Sarasota Counties. The funding will promote Supported Employment, Housing, and clubhouse services. These projects involve public, private, and county stakeholders working together to expand this model of recovery. CFBHN, working with community stakeholders has developed a legislative budget request to present for consideration to the local legislative delegation.
c. Target population to be served
    i. Individuals experience Mental Health challenges.
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. Hillsborough, Polk, Pasco, Pinellas, Lee, Manatee, and Sarasota Counties.
e. Number of individuals to be served
    i. 800

2. Please describe in detail the action steps to implement the strategy
    a. Ensure continued growth and development of Clubhouses throughout 14 Counties.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $950,000
        i. This funding will permit us to increase the base funding for each Clubhouse in the SunCoast Region to the targeted recurring amount of $250,000.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Increase the support to Clubhouses in current counties. This is a model with proven success by decreasing social isolation and promoting community.
5. What specific measures will be used to document performance data for the project?
    a. Increased number of individuals served with employment.
    b. Increased number of individuals served with stable housing.

Problem #4.4

1. Please describe the process by which the area(s) of priority were determined.

What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. Problem #4.4: This request is to fund the community-based services once discharged from Orient Road Jail Project. Funding breakdown, $425,000 for community-based services and $100,000 for incidentals services. The strategy is to reduce the number of individuals released from jail returning to jail by providing treatment and temporary housing. This is a community stakeholder- driven project including the Hillsborough County Health Plan, Sheriff's Department, Network Service Provider, and CFBHN.
b. The proposed strategy and specific services to be provided
    i. Community-based services, this is an average of case management, supported housing and supported employment
c. Target population to be served
    i. Mental Health & Substance Use Disorder
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. Hillsborough County
e. Number of individuals to be served
    i. 341

2. Please describe in detail the action steps to implement the strategy
    a. Ensure funding is available through Legislative Budget Request.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $525,000
        i. This is the proposed amount provided by Hillsborough County for a portion of this project.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Reduced rate of overdoses among individuals served in the first 90 days post discharge from jail.
    b. Increased rates of stable housing upon discharge from jail.
5. What specific measures will be used to document performance data for the project?
    a. Reduction in recidivism rate for individuals served in Hillsborough County Jail.

Problem #4.5

1. Please describe the process by which the area(s) of priority were determined.

What activities were conducted, who participated, etc.

Please describe:

a. The problem or unmet need that this funding will address
    i. Problem #4.5: This is to provide expanded care coordination services throughout the network. CFBHN staff strategy is to provide additional services for those who are not in Florida Assertive Community Treatment (FACT) teams or in other intensive services to stabilize the individuals identified as high need/high utilizer program participants within the communities.
b. The proposed strategy and specific services to be provided
    i. Care Coordination
c. Target population to be served
    i. Mental Health and Substance Use Disorder
d. County(ies) to be served (County is defined as county of residence of service recipients)
    i. Entire SunCoast Region and Circuit 10
e. Number of individuals to be served
    i. To Be Determined

2. Please describe in detail the action steps to implement the strategy
    a. Ensure funding is available through Legislative Budget Request.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
    a. $1,000,000
        i. This is based upon historical figures used to fund similar projects.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.
    a. Improves services through care coordination for the high need/high utilization program population and reduced readmissions and incarcerations.
5. What specific measures will be used to document performance data for the project?
    a. Improve transitions from acute and restrictive to less restrictive community-based levels of care.
    b. Increase diversions from state mental health treatment facility admissions.
    c. Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness.

Appendix C: Central Florida Cares Health System (CFCHS)

Enhancement Plan
Fiscal Year (FY) 2024-2025

ENHANCEMENT PLAN SUMMARY

Priority of Needs for Services	
Substance Exposed Newborn (SEN) Program	$ 350,000
Adult Substance Abuse Residential Treatment	$ 765,606
S.T.R.I.V.E - Family Stabilization Program	$ 630,000
School-Based Intervention Program	$ 377,950
School-Based Substance Abuse Prevention Program	$ 580,000

Priority Needs for Services
Substance Exposed Newborn (SEN) Program

A. Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served, and community stakeholders surveys were collected and analyzed.
- Utilized historical data provided by Department of Children and Families (DCF) on maltreatment cases involving SEN intakes.

B. The problem or unmet need that this funding will address.
In the past three years, the Department's data outcomes reflect that about two percent of intakes for maltreatments involve 0–12-month-old substance exposed children. Additionally, nine percent of removals of children in unsafe homes included substance--exposed newborns.

The following tables shows the historical data collected by DCF related to maltreatment cases:

Removals Involving a Substance Exposed Newborn			
	FY 21-22	**FY 22-23**	**FY 23-24**
Circuit 9	413	300	242
Circuit 18	382	326	277

C. The proposed strategy and specific services to be provided.

In support of DCF's goal of promoting safety, fostering recovery, and preventing removal, CFCHS is proposing to implement a team approach service program to serve families with or at risk of Neonatal Abstinence Syndrome (NAS)/Substance-Exposed Newborns (SEN). The team's goal is to provide immediate access to care coordination, linkages to behavioral health treatment services, housing/employment assistance and/or peer support services. The team will consist of the following:

Title	#FTE	Responsibilities
SEN Care Coordinator	1.0	• Identify service needs and choice of the individual served • Serve as single point of accountability for the coordination of an individual's care with all involved parties • Develop a care plan with the individual based on shared decision making that emphasizes self-management, recovery, and wellness. This must include transition to community-based services and/or supports. • Coordinate care across systems, to include behavioral and primary health care as well as other services and supports that impact the social determinants of health.
Housing and Employment Coordinator	1.0	• Assist client in obtaining decent and affordable housing of his/her choice • Assist clients in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups. • Assist clients obtain competitive employment opportunities. • Build extended ongoing support with agencies and partners to assist a person in maintaining employment.
Peer Support Coordinator	1.0	• Assist clients in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups.

D. Target population to be served
Families at risk or with Neonatal Abstinence Syndrome/Substance Exposed Newborn

E. Please list the counties where the services will be provided.
Brevard County

F. Number of individuals to be served
Approximately 50 individuals

Please describe in detail the action steps to implement the strategy

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2025	CEO, CFO	DCF	Contract amendment
2	Work with current provider to expand treatment capacity	3/31/2025	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2025	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2025	Provider	ME	Services being provided

G. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**School-Based Intervention**		**Total Budget:**		**$ 350,000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Use	Fee for service	Bundled	N/A	$350,000	

H. Identify expected beneficial results and outcomes associated with addressing this unmet need.

a. Provide early identification of at-risk families and immediate access to behavioral health services for families in the child welfare system with early engagement strategies
b. Promote increased engagement and retention in treatment
c. Increase affordable housing options for individuals
d. Reduce the number of out-of-home placements when safe to do so
e. Reduce rates of re-entry into the child welfare system

I. What specific measures will be used to document performance data for the project?

f. Percentage change in clients who are employed from admission to discharge
g. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge
h. Percent of adults with substance abuse who live in a stable housing environment at the time of discharge

Adult Substance Abuse Residential Treatment

A. Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.?

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

Substance abuse residential treatment provides a safe and structured setting to help individuals who may not respond to less intensive care due to severe dysfunctional behaviors related to substance abuse. The average number of individuals on a waitlist for the last three years is 647, equaling 1920 unduplicated persons. Many of these individuals are involved with the child welfare system and may be on the waitlist for up to several weeks, delaying access to the recommended service meeting their needs.

In addition, CFCHS will focus on ensuring that individuals involved in the child welfare system and Drug Court will have access to residential treatment when necessary. In the last three years, 117 individuals were admitted to Seminole County Drug Court alone. With the court system involved, 67 percent of those individuals successfully completed

treatment.

C. The proposed strategy and specific services to be provided.

Additional funding would allow to expand the capacity of state funded substance abuse residential beds within CFCHS network.

D. Target population to be served.

- Adults with a substance-related disorder as defined by a DSM-5 diagnosis.
- Priority would be given to individuals who are identified as pregnant, IV drug users, or involved in the child welfare system.
- Individuals involved in the child welfare system and Drug Court.

E. Please list the counties where the services will be provided.

Orange, Brevard, Osceola, and Seminole

F. Number of individuals to be served.

300 Individuals with 15 additional beds

G. Please describe in detail the action steps to implement the strategy.

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2025	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2025	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2025	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2025	Provider	ME	Services Being Provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Adult Substance Abuse Residential Treatment**		**Total Budget:**		**$765,605.75**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse	Fee for service	19 - Residential Level 2	$ 238.67	$435,572.75	5 beds
Substance Abuse	Fee for service	20 - Residential Level 3	$ 90.42	$165,016.50	5 beds
Substance Abuse	Fee for service	21 - Residential Level 4	$ 90.42	$165,016.50	5 beds

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Additional funding would increase the capacity of residential beds and decrease waitlists. Individuals involved in the child welfare system would be able to access the recommended service and work towards meeting compliance with court orders case plans.

J. Specific measures that will be used to document performance data for the project.

- Percentage change in clients who are employed from admission to discharge.
- Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.
- Percent of adults who successfully complete substance abuse treatment services.
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.
- Number of adults that receive substance related services.
- Reduction in time spent on wait list for ASA residential service.
- Reduction in percentage of clients added to wait list who ultimately receive services.

S.T.R.I.V.E - Family Stabilization Program

A. Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served and community stakeholders surveys were collected and analyzed.
- Utilized historical data provided by Department of Children and Families (DCF) on maltreatment cases involving SEN intakes.

B. The problem or unmet need that this funding will address.

The departments data reflects the following removal rate:

Child Welfare Removals			
	FY 2021-2022	**FY 2022-2023**	**FY 2023-2024**
Circuit 9	632	551	513
Circuit 18	688	629	452
Totals	1320	1180	965

C. The proposed strategy and specific services to be provided.

The Supportive Trusting Relationships with Inclusion, Vision, and Empathy (S.T.R.I.V.E.) programs are enhanced family stabilization services designed to complement case management services by providing intensive in-home family engagement through supportive and therapeutic services to successfully prevent removal and/or reunite youth with their families. The S.T.R.I.V.E. Team provides intensive in-home services to oversee and support the stabilization of youth who have entered the child welfare dependency system and who are dually involved or at risk of becoming involved in the juvenile justice system. Services are designed to unify the family and implement preventative measures to strengthen and stabilize the family. The S.T.R.I.V.E. Team works collaboratively with community-based partnerships to successfully prevent children from entering out-of-home care while ensuring the safety, well-being, and permanency of children and families. Through intensive, in-home services, the S.T.R.I.V.E. program oversees and supports families who have entered the Child Welfare Dependency System and who are dually

involved, or at risk of becoming involved, in the Juvenile Dependency System. Through principles guided by Motivational Interviewing and Family Team Conferencing, youth, and families are assessed to address risk and protective factors within and outside of the family that impact the youth and their adaptive development. BAYS also connects each child and their families to community resources such as substance abuse, mental health, educational, and career services. These services will be identified through the assessment process with the child and family, using Motivational Interviewing as the modality. Services are designed to partner with the family and implement preventive measures to strengthen and stabilize the family.

The goals of the S.T.R.I.V.E. program are to work in collaboration with case management to youth and families to prevent removal of and/or reunite children from out-of-home placements to permanent parental home or relative/non-relative placements safely, effectively, and therapeutically, provide or link families with services and supports that will enable them to effectively advocate and care for their children with to prevent future placement disruption and to implement evidence-based prevention services and measures designed to stabilize and support children and families for safe case closure.

D. Target population to be served.
Families who have entered the Child Welfare Dependency System and who are dually involved, or at risk of becoming involved, in the Juvenile Dependency System.

E. Please list the counties where the services will be provided.
Orange County

F. Number of individuals to be served.
Minimum of 25 families per year.

G. Please describe in detail the action steps to implement the strategy.

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2025	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2025	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2025	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2025	Provider	ME	Services Being Provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**STRIVE Program**		**Total Budget:**		**$ 630, 000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse/Mental Health	Fee for service	Bundled	N/A	$ 630,000	

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Empower families and youth to make informed decisions on services that best meet their needs.
- Increase the families' natural support system.
- Reduce psychiatric hospitalization.
- Reduce out-of-home placement.

J. Specific measures that will be used to document performance data for the project

- Percent of school days seriously emotionally disturbed (SED) children attended.
- Percent of children with emotional disturbances (ED) who improve their level of functioning.
- Percent of children with serious emotional disturbances (SED) improve their level of functioning.
- Percent of children with emotional disturbance (ED) who live in a stable housing environment.
- Percent of children with serious emotional disturbance (SED) live in a stable housing environment.
- Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment.

School-Based Intervention Program

A. Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served, and community stakeholder surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

The purpose of school-based intervention programs is to provide focused support and guidance to adolescents who may be experiencing mental health issues, substance use/misuse, relationship problems, or other behavioral difficulties. By receiving services through an intervention program, individuals can experience positive outcomes in their lives. For example, in FY 23-24 this program was able to divert 89 percent of adolescents from expulsion.

C. The proposed strategy and specific services to be provided.

The Intervention Substance Use program is a diversion program to prevent expulsion. Students are referred directly by the public school after receiving a level 4 disciplinary infraction. Completing the intervention program successfully ensures that the student is allowed to stay at their home school and avoid expulsion or transfer to alternative schooling. The program provides students and parents an opportunity to participate in a structured intervention group in lieu of a recommendation for expulsion, no record in the student's cumulative folder and not being assigned to an alternative school. Each cohort of eight to ten families is facilitated by two counselors, one working with the parents and one with the students. Services include the following:

- Scheduled intake/Brief Assessment
- Family Session
- Intervention groups with a Psycho-education approach relevant to the following topics: defining substance use disorders, social, medical, and legal consequences of substance use and family effects of substance use, etc.
- Individual session for discharge.

D. Target population to be served.

At risk children and/or children with substance use disorders and behavioral issues at school.

E. Please list the counties where the services will be provided.

Osceola

F. Number of individuals to be served.

At least 180 students.

G. Please describe in detail the action steps to implement the strategy.

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2025	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2025	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2025	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2025	Provider	Managing Entity	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**School-Based Intervention**		**Total Budget:**		**$ 377,950**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Use	Fee for service	Intervention - Individual	$86.36	$377,950	

I. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
   - Increase parental understanding of signs and symptoms of substance abuse in adolescents.
   - Increase student awareness of the dangers and risks of substance abuse.
   - Improve communication skills of parents and youth.
   - Increase problem-solving skills of parents and youth.
   - Help promote stronger, healthier family relationships.
   - Provide a recommendation of further services that may benefit the family.

J. **Specific measures that will be used to document performance data for the project.**
   - Total number of students served
   - Total who completed program
   - Diverted from expulsion

School-Based Substance Abuse Prevention Program

A. **Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.**

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served, and community stakeholders surveys were collected and analyzed.

B. **The problem or unmet need that this funding will address.**

CFCHS has identified a need to restore with recurring funding prevention services due to the expiration of Block Grant supplemental funds in the next FY. This upcoming adjustment of funding will affect school-based programs that increase protective factors from substance use.

C. **The proposed strategy and specific services to be provided.**

Universal Direct strategies: Classroom presentations that will provide weekly lessons from Botvin Lifeskills curricula and use other substance use prevention resources to enhance these lessons. Weekly lessons will target the entire population of 3rd-6th grade students at the selected school with a goal of increasing protective factors to reduce the likelihood of substance use and abuse as a coping mechanism later in life. Topics will include empathy, self-esteem, goal setting, impulse control, appreciating diversity, the influence of ads, understanding emotions, and substance use prevention. Universal

Direct services may also include prevention guidance sessions on an as needed and non-reoccurring prevention session for the general population served. Other strategies for Universal Direct services include Family Nights where parents are provided with resources on family strengthening and substance abuse prevention, teacher and school staff trainings on conflict resolution, family-centered practices, trauma-informed care, and substance use prevention.

Selective strategies: Small groups, which are a subgroup of classroom services, where 20+ youth per school participate in small, intensive, psychoeducational groups. These sessions allow youth identified with a higher risk of substance use to practice prevention skills and strategies to reduce risk factors and enhance protective factors.

Indicated strategies: Individual support, where a youth is identified as having detectable signs or is manifesting behavioral effects of specific risk factors for substance use. Indicated services will be provided to up to 3 percent of the targeted youth population per school and will include a prevention plan that identifies the youth's risk factors and strengths to set goals that align with these strengths. In weekly sessions, progress is reviewed. The prevention plan is reviewed and updated until goals are met, and the youth is successfully discharged.

Universal Indirect strategies: promote youth and family focused strength-based strategies (i.e. "I Choose Me" embraced by the Brevard Prevention Coalition) to increase community protective factors and increase substance use awareness.

D. Target population to be served.

Elementary and middle school students

E. Please list the counties where the services will be provided.

Brevard, Osceola, Seminole

F. Number of individuals to be served.

Universal Direct- all participating students in each school Selective- at least 20 students per school

Indicated- no more than three percent of the student population in each school

G. Please describe in detail the action steps to implement the strategy.

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2025	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2025	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2025	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2025	Provider	Managing Entity	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**School Based Prevention**		**Total Budget:**		**$580,000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse	Fee for service	Prevention-Indicated	$ 56.88	$ 30,000	
Substance Abuse	Fee for service	Prevention-Selective	$ 59.78	$ 50,000	
Substance Abuse	Fee for service	Prevention-Direct	$ 63.80	$ 500,000	

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Increase protective factors to reduce the likelihood of substance use and abuse as a coping mechanism later in life.

J. Specific measures that will be used to document performance data for the project.

- Universal Direct Students increase knowledge through curriculum.
- Activity surveys will assess the effectiveness of topics delivered.
- Selective Students increase perception of risk or harm of alcohol/drug use.
- Parents report positive changes in his/her child's life and behaviors as a result of the program.
- School staff report positive changes in student's decision making as a result of program.
- Youth/Adult participants in the schools and in the community observe a campaign strategy each contract year.
- Number students served.
- Successfully Completing Services.
- Parents report that their child received and practiced strength-based skills.
- School staff report that child received and practiced strength-based skills.
- A reduction of 6th grade alcohol-related referrals to Alternative Learning Centers (ALC).
- A reduction of 6th grade opioid-related referrals to ALCs.
- Students/families will be better equipped to improve daily temperament, sense of wellbeing and family functioning after participating in outreach and supplementary programming.
- Students reporting overall improvement in students' daily temperament, sense of wellbeing, and family functioning.
- Number of students participating in Brevard Prevention Coalition activities.

Appendix D: Lutheran Services Florida (LSF) Health Systems
Fiscal Year 2024-2025 Enhancement Plan

Local Funding Request 1: Workforce Recruitment, Retention, and Sustainability Plan

1. Introduction
As required by Section 394.4573, F.S., in 2022 LSF Health Systems (LSF) conducted a triennial needs assessment for submission to the Florida Department of Children and Families. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

In addition, LSFHS team members participate in more than ***80 distinct community and stakeholder meetings***, building valuable cross-system partnerships and gathering critical data from providers, stakeholders, community partners, persons served and their families, on the behavioral health needs and goals of most importance to their specific communities. Data gained from these meetings is analyzed, trended, and is used in strategic planning for improvements that are responsive to the needs of the individuals and their communities. Examples of the types of meetings attended include:

County Health Advisory Groups	County Community Alliances
County Baker Act Task Forces	Human Trafficking Task Forces
County Continuums of School Mental Health Services	Department of Juvenile Justice Circuit Advisory Boards
County Health Improvement Plan (CHIP) meetings	County Behavioral Health Consortiums
Uplift Community Faith Based Initiative meetings.	Community Based Care (CBC) Lead Agency meetings with each CBC

The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

Additionally, we implemented an annual salary study of more than 5,000 substance abuse and mental health (SAMH) related positions among 95 percent (61/64) of our providers in August 2022. In August 2023 and August 2024, we conducted a follow-up study of the same 5,000+ positions among 100 percent of our providers. To determine position types and local salaries, we utilized Exhibit C-D of LSF subcontracts with providers. Exhibit C-D included organizational financial data, including personnel data of position title, full time equivalent (FTE), salary, percent paid by SAMH subcontract, and percent paid by other sources. We categorized by position title into position types (e.g., peer specialist). We identified the corresponding market rate by comparing multiple sources such as the Occupational Outlook Handbook (U.S. Bureau Of Labor Statistics, 2023). If multiple sources were available, we calculated the average market rate salary. Finally, we created a salary dashboard summarizing the data. (Please refer to the file: *LSF SAMH Provider Salary Study FY 2024-2025* for details).

2. Please describe:

a. The problem or unmet need that this funding will address.

In the aftermath of the COVID-19 pandemic, the behavioral health field saw major changes including increase in the use of technology to provide telehealth services and an increase in providers who specialize in remote work, creating significant competition for behavioral health professionals, especially licensed clinicians, nurses, nurse practitioners, etc. Additionally, increased focus nationally on behavioral health, reduction of stigma, and focus on the opioid crisis have increased demand for services. This increased demand, and opportunity for more flexible work, along with inflation have put pressure on wages and contributed to continued workforce challenges. To a lesser-known extent, providers believe part of their workforce challenge is related to a new phenomenon recognized nationwide as the great resignation. A final theme emerging from the qualitative interviews was that providers often did not have established a written succession plan if key personnel vacated positions.

Providers continue to cite workforce recruitment and retention as a top need and, by extension, a top barrier to providing some services as expected. The quantitative salary survey helped illustrate the existence of insufficient compensation for positions throughout the providers' organizations. We calculated the difference and percentage difference between the service providers' average starting salaries and the average market salaries for each position. The definition of "market" for this analysis includes those entities that compete for limited staffing with the safety net behavioral health providers in LSF Health Systems' network including but not limited to private for-profit providers, hospital systems, insurance companies, and school systems. For FY 2021-2022, across all positions, the average starting salaries were found to be 12-22 percent below the market rate. To ensure a sufficient workforce to meet the need for service provision, providers implemented salary increases for key positions. LSF Health Systems provided three rate increases in the last two years based on available resources and a

review of agency capacity reports and budgets. Despite these efforts, which have helped reduce the time to fill vacancies and increased employee retention, several positions continue to remain under market. We illustrate the salary compensation challenge in Table 1.

Table 1. Comparison of LSF Health Systems providers' average starting salary and market starting salary across 7 positions.

Position	Average Local Salary	Average Market Salary	Difference in Average Local and Market Salaries	Percent Difference in Average Local and Market Salaries
Advanced Registered Nurse Practitioner	$ 123,297.05	$ 126,260.00	$ (2,962.95)	-2%
Behavioral Health Technician	$ 32,234.74	$ 39,700.00	$ (7,465.26)	-19%
Case Manager Bachelor's Level	$ 39,391.66	$ 41,410.00	$ (2,018.34)	-5%
Licensed Counselor	$ 52,495.92	$ 61,627.00	$ (9,131.08)	-15%
Director	$ 81,138.76	$ 110,680.00	$ (29,541.24)	-27%
Licensed Practical Nurse	$ 50,570.35	$ 59,730.00	$ (9,159.65)	-15%
Non-Licensed Counselor	$ 51,392.06	$ 53,710.00	$ (2,317.94)	-4%

b. The proposed strategy and specific services to be provided

In this section, we discuss two strategies and related implementation steps.

Strategy 1: Compensation Support

In FY 2024-2025, we propose increased funding for providers to increase salaries in the seven key positions to at least meet market rates. As we do not have the funding to support this proposal, we request the Department of Children and Families provide additional recurring funding to begin in FY 2024-2025. We will use the additional recurring funding to decrease the gap between current salaries and market rates per positions

outlined in this enhancement plan. Nearly all providers operate from various funding sources. As such, SAMH funding accounts for a varying percentage of each providers' budget, and, by extension, salaries. In aggregate, DCF funding supports 49.1 percent of provider salaries. If the Department of Children and Families awards additional recurring funding, we will calculate, by provider, the percentage of SAMH funding that supports salaries to determine each provider's allocation.

Strategy 2: Recruitment, Retention, and Sustainability of Programs

In FY 2024-2025, we propose to evaluate providers use of allotted funds and its impact on increasing and retaining staff capacity to address three priorities:

Priority 1. Decrease length of Recruitment Process.
Priority 2. Retain key staff.
Priority 3. Sustain key child, family, and adult programs (FACT, CAT, EBP Teaming Models) through staff retention.

To address these priorities, LSFHS will provide guidance to providers on how the additional funds may be used to fulfill the individualized key performance indicators related to recruitment and retention. If funding permits, we propose contracting with MTM Services to build upon prior work done in FY 2022-23 to assist providers in identifying and meeting key indicators. Ongoing reviews will be conducted to identify best practices for workforce development to ensure successful retainment of staffing capacity.

b. Target Population to be served:

Table 2. Target populations to be served.

Data Point	Description
Target Population	Direct: Individuals within LSF Health Systems providers in the NER who currently fill (or will potentially fill) the 7 positions outlined in this plan Indirect: Persons served in SAMH programs
Counties served	23-county catchment area of Northeast Region
Individuals Served	Direct: Individuals within LSF Health Systems providers in the NER who currently fill (or will potentially fill) the 7 positions outlined in this plan Indirect: Persons served in SAMH programs (by extension of retaining qualified individuals, we hypothesize that the count of persons served will remain stable or increase)

d. Counties to be served

Alachua, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Baker, Bradford, Putnam, Union, Volusia, Flagler, St Johns, Nassau, Duval, Clay, Marion, Lake, Sumter, Hernando, Citrus

e. Number of individuals to be served

The salary study indicates 2,859 staff positions who deliver behavioral health services to thousands of individuals annually. Retaining staff and filling vacant positions is critical to maintaining system service capacity and impacts census-based team models and access to traditional services for thousands of consumers.

3. Please describe in detail the action steps to implement the strategy.

See attached excel workbook-action plan tab.

4. Identify State funds requested to address the unmet need. Please identify any other sources of state and county funding that will contribute to the proposal.

Proposed State Funds (FY 2024-2025): $5,516,527.54. This is based on the salary analysis in Table 3 which indicates it will take $4,448,812.53 to bring the remaining below market positions to a compensation level commensurate with the market. That amount is calculated on the percentage of salary attributed to the DCF funded portion of the aggregate provider salaries. A fringe calculation of 24% was added to reach the requested amount of $5,516,527.54.

Table 3. LSF Health Systems Provider Salary Study

LSF Health Systems Provider Salary Study FY 2023-2024 | Data Dashboard	
Total Providers Funded Count*	65
Total Providers Studied Count*	65
Total Providers Studied Percent*	100%
Total Positions (in FTEs)	2,859
Total Salary (All Sources)	$52,578,379.19
Total Salary (Department)	$25,826667.91
Total Salary Percent (Department)	49.12%
Market-Local Salary Difference Amount	($9,056,969.82)
Market-Local Salary Difference Percent	-17.23%
Total LSF Health Systems Request for Salary Corrections	$ 4,448,712.53

*Report based on FY 2023-2024 salary data.

5. Identify expected beneficial results with and outcomes associated with addressing this unmet need.

For the past two years, system capacity issues have been exacerbated by workforce shortages. Reduced time to hire and increased staff retention will result in increased

system capacity and consistency of services for individuals, resulting in improved access to services and consistent quality of care.

6. What specific measures will be used to document performance data for the project?

In Table 4, we show the expected beneficial results as performance outcome measures. We explain the documented performance via evidence methodology and LSF POM Lead. As this is our baseline year for such an evaluation, our measures of success are dichotomous (e.g., increased or decreased). In future years, we will set measures based on predicted percentages.

Table 4. FY 2024-2025 Enhancement Plan Performance Outcome Measure

Performance Outcome Measure	Evidence Methodology	LSF POM Lead
Increased salary	Comparison of FY 2023-2024 and FY 2024-2025 salaries per position via the annual salary survey	LSF Health Systems Director of Data Analytics
Decreased hiring time	Comparison of post-to-fill rate of time between FY2023-2024 and FY 2024-2025	LSF Health Systems Director of Data Analytics
Increased retention time	Comparison of retention rate of FY 2023-2024 and FY 2024-2025 between dates of hire and pre-determined time periods	LSF Health Systems Director of Data Analytics

Local Funding Request 2: Care Coordination/Housing Coordination

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by Section 394.4573, F.S., in 2022, LSF Health Systems (LSF) conducted a triennial needs assessment for submission to the Florida Department of Children and Families. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients,

community members, healthcare providers, community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

In addition, LSFHS team members participate in more than ***80 distinct community and stakeholder meetings***, building valuable cross-system partnerships and gathering critical data from providers, stakeholders, community partners, persons served and their families, on the behavioral health needs and goals of most importance to their specific communities. Data gained from these meetings is analyzed, trended, and is used in strategic planning for improvements that are responsive to the needs of the individuals and their communities. Examples of the types of meetings attended include:

County Health Advisory Groups	County Community Alliances
County Baker Act Task Forces	Human Trafficking Task Forces
County Continuums of School Mental Health Services	Department of Juvenile Justice Circuit Advisory Boards
County Health Improvement Plan (CHIP) meetings	County Behavioral Health Consortiums
Uplift Community Faith Based Initiative meetings.	Community Based Care (CBC) Lead Agency meetings with each CBC

The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

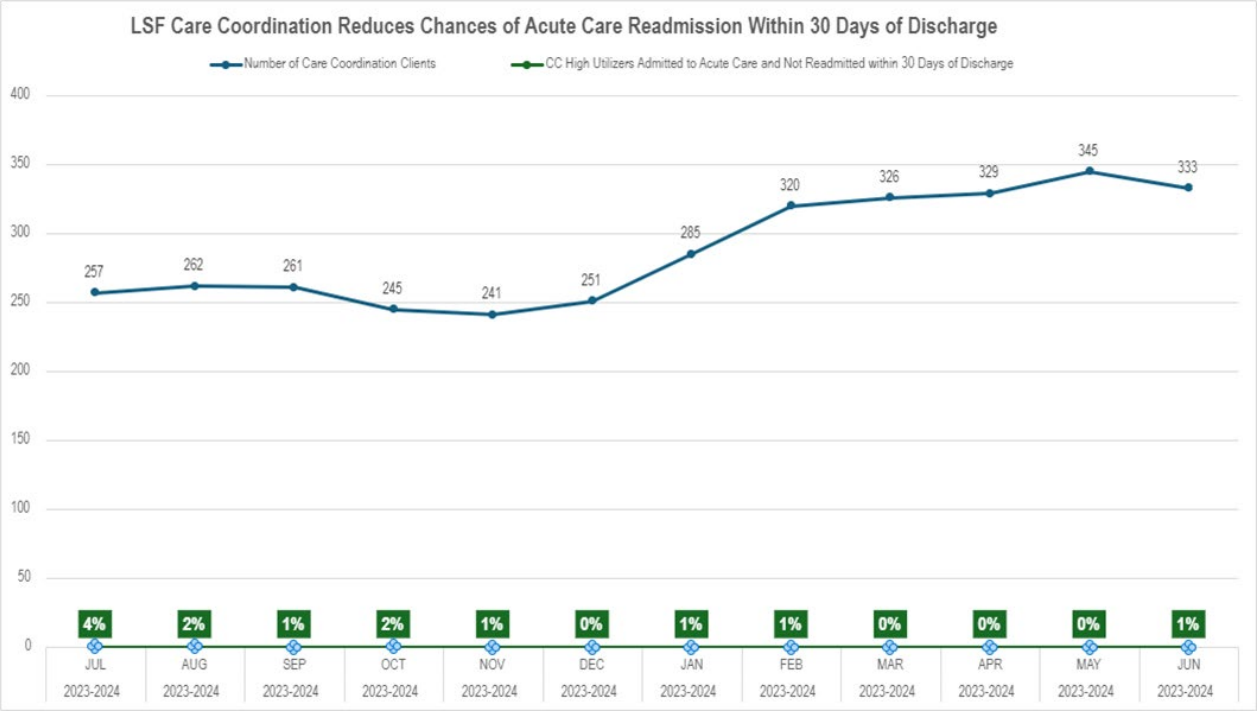
2. **Please describe:**

a. **The problem or unmet need that this funding will address**

A coordinated effort to connect high-risk, high-need individuals to appropriate services is critical for our system to function effectively and efficiently, a. Absent this coordination, individuals with a serious mental illness, substance use disorder, or co-occurring disorders are prone to cycle in and out of acute care settings, including CSU and inpatient detox, jails, emergency rooms, and homeless facilities. A collaborative coordinated system to connect high-risk, high-need individuals to the right services at the right time can improve overall health, well-being, and quality of life for individuals experiencing serious mental illness (SMI), substance use disorder (SUD), or co-occurring conditions. Data shows that a robust care coordination and/or housing coordination program significantly reduces recidivism to acute care or criminal justice facilities. In addition, reducing reliance on more costly acute care services or the criminal justice system to address ongoing behavioral health needs will ensure efficient use of public funds.

Data for acute care admissions and readmissions within 30 days show that enrollment in Care Coordination at either the system or provider level reduces admissions and readmissions. As investments in care coordination have increased, high utilizers who have acute care admissions or readmissions have decreased both in number and percentage. See Chart 1 for data from FY 2023-2024.

Chart 1-Readmissions to acute care for individuals enrolled in Care Coordination



Safe, stable housing is critical to an integrated service coordination effort in a Recovery Oriented System of Care. Permanent Supportive Housing is defined as “an evidence-based housing intervention that combines non-time limited affordable housing assistance with wraparound supportive services for people experiencing homelessness, as well as other people with disabilities” (United States Interagency Council on Homelessness, 2016.) DCF POE data indicates insufficient community housing options are the most significant barrier to discharge from a State Mental Health Treatment Facility (SMHTF) within 30 days. Stakeholder survey input also ranks inadequate housing options as a significant community resource gap. High-risk, high-need individuals with serious mental illness, substance use disorder, or co-occurring conditions are more likely to be disproportionately represented in acute care and criminal justice settings when they do not have stable housing.

b. The proposed strategy and specific services to be provided

LSFHS has implemented the care coordination initiative in accordance with DCF program guidance to the extent possible with existing resources. To obtain full benefit from this effort it is critical to ensure adequate resources to fully implement a robust

care coordination effort at both the systemic (Managing Entity) level and the service (Provider) level. To promote community collaboration and ownership of responsibility for high-risk, high-need individuals, LSFHS has adopted a community-based model. The model requires a care coordinator at the ME level for each Judicial Circuit and a single Care Coordinator for the State Hospital population. The LSFHS 23 catchment area requires five care coordinators, one each for Circuit 4, Circuit 5, Circuit 7, Circuits 3/8, and the State Hospital care coordinator. Some of the current funding for Care Coordination and Housing Coordination at the ME level is nonrecurring, putting in jeopardy the ability of the ME to continue to manage this critical process. Loss of nonrecurring revenue in FY 2024-2025 will result in the Managing Entity having to lay off two Housing Coordinators due to insufficient resources.

At the provider level there are 10 providers who serve most consumers who meet the criteria for high risk, high need:

- Adults with three or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or

- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF to the community.

The appropriation of Care Coordination funding in FY 2018-2019 enabled LSFHS to invest in several innovative provider pilot programs to reduce acute care and SMHTF admissions and readmissions. For example, wraparound services, including supportive housing, case management and therapeutic services, comprehensive, individualized services to provide options for individuals ready for discharge from the SMHTF, collaborations with law enforcement to reduce arrests related to behavioral health issues, and pairing care coordinators with children's CSU facilities to identify children with multiple Baker Act admissions and engage families in community services. These innovations continued in FYs 2019-2020, 2020-2021, 2021-2022 and 2022-2023, 2023-2024 and are an important part of the system of care. Availability of resources has required enrolling the most needy, highest priority consumers in care coordination services. There continues to be many individuals who are high need/high utilizers or are one admission away from meeting the definition as such who would benefit from care coordination if resources were available.

Investing additional resources in care coordinators at the provider level can help improve outcomes for consumers and reduce costs to the system by meeting the needs of individuals in the community rather than in acute care settings.

Assuming an appropriate case load for a provider level care coordinator of 10 people, with an average length of service of three months, one care coordinator can serve 40 individuals in a 12-month period.

During the 2023-2024 legislative session, the Florida Legislature passed HB7021. This bill requires enhanced discharge planning and care coordination for individuals being discharged from involuntary examination or admission to an acute care/crisis facility.

On average, within the LSF service area, there are 400 to 500 high utilizers in Crisis Stabilization or Detox facilities that meet the criteria for care coordination. Based on this average, the system would need 12 care coordinators at the provider level.

LSFHS has implemented a robust housing coordination initiative. The FY 2023-2024 goals included:

- Increase the number of SAMH clients housed, with an emphasis on the highest cost high utilizers and individuals transitioning out of State Mental Health Treatment Facilities (SMHTF) and jail/prison systems.

- Strengthen the Continuum of Care and Housing Provider Network

The following charts summarize outcomes related to these goals.

Table 6: Individuals Housed

Housing Care Coordinator, SOR and Mental Health Court Outcomes	FY 2023-2024
# of people assisted – LSF Admin Housing Care Coordinators	889
# of people assisted - Hernando County Drug Court	82
# of people assisted – SOR/MSTVS	104
# of total assistance instances	1,075
# Individuals Housed	55
# PATH Consumers Housed	103
# Property Manager/Rental owner/RE agent contacts/Housing Located	60

Table 7: Community Engagement

Meetings Attended	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019	FY 2017-2018
Number of CoC meetings attended	482	366	311	241	255	315
Number Meetings with PATH staff	143	195	115	76	25	35
Number Meetings with Community Agencies and Housing Providers	684	678	798	339	200	186
Number Meetings with DCF and LSFHS contracted providers	719	397	245	312	118	118
Number Meetings with Landlords/Property Managers	66	342	286	277	18	0
Number Meetings related to SOAR	86	53	62	53	25	54
Number of New Housing Contacts Mapped	N/A	62	170	170	29	N/A
State Hospital Consumers staffed	92					

Table 8: SOAR Outcomes

SOAR Outcomes	FY 2023-2024	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020
Number of approvals for SSI/SSDI (Initial and Recon)	53	52	73	85	91
Total Applications Submitted	75	74	113	170	140
Percent approval rate for SSI/SSDI	69.85%	75%	65%	54%	65%
Average Days to Decision (Initial)	155	331	166	143	100
Total Collected in Retroactive Payments	$262,862	$127,078	$186,362	$183,354	$153,830

The proposed model to meet needs is community-based following judicial circuits and includes Three Housing Care Coordinators; one Housing Care Coordinator for Circuits 3, 8, and 5, and one each for Circuits 4 and 7. Housing Coordinators assist providers in a various ways, helping connect behavioral health providers to the notion of housing as healthcare, the housing provider community, housing-related services, and other supportive services. They ensure that network service providers prioritize housing and related services to individuals who are individual experience homelessness or at immediate risk of homelessness. They assist providers in ensuring that individuals with behavioral health challenges receive the necessary housing and support services to be successful in the community-based housing of their choice to the extent possible.
Housing Care Coordinators follow the provider's actions from referral until the consumer is housed and provide annual training to case managers, discharge planners, care coordinators, and other community partners.

The program addresses safe, affordable, and stable housing opportunities. It trains in Housing-Focused Case Management, Diversion, the Substance Abuse and Mental Health Services Administration's Permanent Supportive Housing Kit, and Housing First. Housing Care Coordinators are also versed in Supportive Employment practices and community inclusion best practices.

The model also includes two Housing Resource Development Specialists that identify housing, employment, and resource availability across the service area, focusing on areas with a dearth of options for a wide spectrum of consumers who need independent housing. Housing Resource Development Specialists assist providers in building rapport with ALFs, Nursing Homes, Adult Family Care Homes, and Recovery Homes, identifying or recruiting accessible homes and independent landlords for individuals with disabilities, and keeping detailed and current records of their own. The Housing Resource Development Specialist assists providers in mobilizing and effectively coordinating existing services and informal supports; they do not create additional housing, income, treatment, or other resources but seek to maximize access to and the impact of existing resources surrounding the housing through data, mapping, and best practice. As an example, discharge planners at the provider level and SMHTF will be greatly assisted by the Housing Resource Development Specialists as collaborative efforts between providers and the LSFHS specialists will reduce the number of individuals waiting to discharge from a state mental health treatment facility and fill the gaps in placement options for the specific populations that are more difficult to house.

Additionally, the model includes a SOAR Subject Matter Expert/Manager to provide training and technical assistance as well as programmatic oversight to SOAR processors in the provider network. A well trained and proficient corps of SOAR processors will ensure benefit eligible individuals are assisted in applying for and receiving entitlement benefits in a timely manner, improving their ability to be self-sufficient and reducing their

reliance on other public funding.

Services provided include:

Care Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing, and facilitating partnerships, purchase of services and supports (ME).

- Assessment of needs including level of care determination, active engagement with consumer and natural supports, shared decision-making, linking with appropriate services and supports, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider).

- Transitional Vouchers allow for individuals to have flexibility in addressing their behavioral health needs in the least restrictive, community-based setting and allow for the opportunity to implement service delivery in alignment with the principles of ROSC.

Housing Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing, and facilitating partnerships, identifying ways to increase housing resources, oversight of housing providers, training, and technical assistance for SOAR processors to increase the number of individuals with benefits, purchase of services and supports through voucher system (ME).

- Assessment of needs, active engagement with consumer and natural supports, shared decision- making, linking with appropriate services and supports, facilitate successful application for benefits through the SOAR model, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider).

- Housing Vouchers: By utilizing flexible vouchers similar to the Community Transition Voucher program underway in the LSFHS Region, providers would have the capacity to offer housing subsidies and support for related housing expenses to place individuals with serious SA and/or MH disorders in stable housing as quickly as possible. The vouchers may also be used to cover incidental expenses such as medications not covered by third party payers. Priority for the vouchers will be given to those individuals who are being discharged from state hospitals, jails, or prisons. Any remaining funds will be made available to SAMH consumers in the region in need of support to maintain housing stability and avoid repeat

hospitalizations. Increased availability of flexible resources through transitional vouchers will enable the system to expand the reach of care coordination and housing coordination to be more proactive, reaching high risk, high need individuals sooner to reduce recidivism rates and improve quality of life outcomes.

c. Target population to be served

- Adults with three or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or

- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF to the community.

- High risk, high service utilizers with serious mental illness, substance use disorder or co- occurring conditions who are homeless or at risk of homelessness.

d. County(ies) to be served (County is defined as county of residence of service recipients)

Duval, Nassau, St Johns, Clay, Baker, Volusia, Flagler, Putnam, Baker, Union, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Alachua, Lake, Marion, Sumter, Citrus, and Hernando.

e. Number of individuals to be served
500

3. **Please describe in detail the action steps to implement the strategy.**
   See attached excel workbook- action plan tab.

4. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.**
   $4,081,000. See attached excel workbook- budget tab.

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

   - Properly resourced, care coordination has the potential to reduce the reliance on acute care and criminal justice systems to address ongoing behavioral health needs, saving public dollars as these interventions come with significantly higher cost than community-based services.

   - Improved overall health, well-being, and quality of life for individuals with SMI, SUD

or co-occurring conditions through improved engagement, coordination of assessment, and linking to needed services and supports.

- Individuals with stable supportive housing are less likely to cycle in and out of acute care and criminal justice systems resulting in more efficient use of public funds.

- Improved overall health, well-being, and quality of life for individuals with SMI, SUD, or co-occurring conditions through a Housing First focus.

6. **What specific measures will be used to document performance data for the project?**

- Percent of detox readmissions within 30 days
- Length of time between admissions
- Percent of discharge from a civil facility within 30 days
- Number of individuals housed
- Length of time on Seeking Placement List for discharge from SMHTF
- Time from referral to housed
- New housing resources identified
- System cost for individual pre and post housing
- Increase in individuals receiving benefits

Local Funding Request 3. Daysprings Village - State Mental Health Treatment Facility Discharge/Diversion Placement

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by Section 394.4573, F.S., in 2022, LSF Health Systems (LSF) conducted a triennial needs assessment for submission to the Florida Department of Children and Families. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

In addition, LSFHS team members participate in more than ***80 distinct community and stakeholder meetings***, building valuable cross-system partnerships and gathering critical data from providers, stakeholders, community partners, persons served and their families, on the behavioral health needs and goals of most importance to their specific communities. Data gained from these meetings is analyzed, trended, and is used in strategic planning for improvements that are responsive to the needs of the individuals and their communities. Examples of the types of meetings attended include:

County Health Advisory Groups	County Community Alliances
County Baker Act Task Forces	Human Trafficking Task Forces
County Continuums of School Mental Health Services	Department of Juvenile Justice Circuit Advisory Boards
County Health Improvement Plan (CHIP) meetings	County Behavioral Health Consortiums
Uplift Community Faith Based Initiative meetings.	Community Based Care (CBC) Lead Agency meetings with each CBC

The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

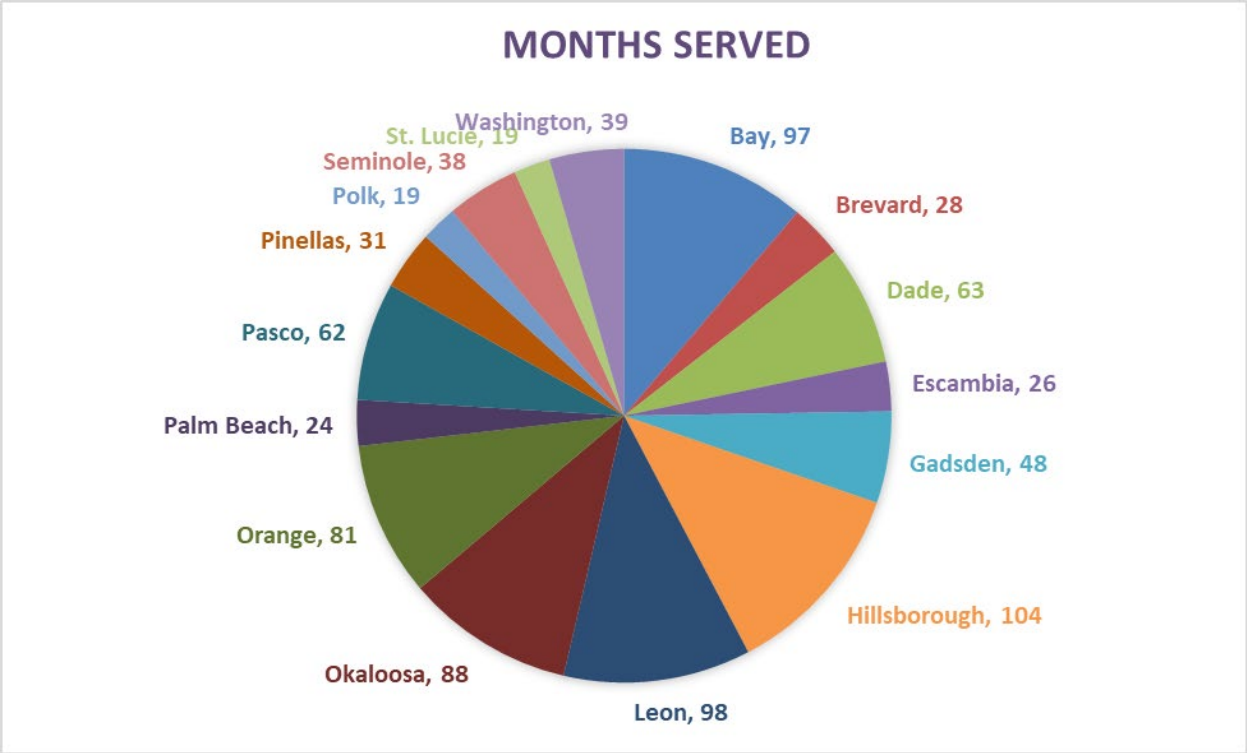
1. **Please describe:**

    a. **The problem or unmet need that this funding will address**

Dayspring Village operates three programs addressing the needs of individuals transitioning from State Mental Health Treatment Facilities. The Phoenix Program is a 28-bed program that is part of a forensic redesign initiative aimed at creating stepdown beds from the secured forensic state hospital facilities to less secured community based residential settings. The Phoenix Program allows for specialized level of increased supervision, on site program supports aimed at the transition process towards successful community placement and ensuring public safety. The Phoenix Program handles complex cases that involve individuals under conditional plans of release, or medical complexity that at times and require close observation. The program involves close coordination with the forensic case management team, discharge planning and benefit restoration and often addresses the needs of those not eligible for benefits due to immigration status. The Sunrise Program is a 10-bed civil program aimed at helping individuals who have been ready for discharge at the state hospital move from the hospital into the community at a faster pace. The program includes the provision of care coordination services, the restoration of benefits and the provision of onsite groups, daily contact with the care coordinators and specialized group outings into the community to foster development of daily living skills and increased independence. The Sunrise Program has an average length of stay of six to nine months and the care coordinators work towards a safe and appropriate discharge plan to help ensure individuals are in an appropriate and least

restrictive setting. The Sunset program is similar to the Sunrise program however Sunset focuses on older adults with serious and persistent mental illness along with medical conditions requiring an assisted living environment ready to step down from State Mental Health Treatment Facilities.

Due to the high demand for these types of services, limited capacity in other DCF Regions and a no wrong door philosophy, Dayspring Village receives referrals from counties throughout Florida. Existing resources are not sufficient to meet demand, resulting in approximately one million dollars in uncompensated care in FY 2023-2024. Chart shows the distribution of residents at Dayspring Village from outside the Northeast Region and the months of care provided. In FY 2023-2024, 36 unique individuals from outside Northeast Region received services at Dayspring Village.



b. **The proposed strategy and specific services to be provided**

This plan proposes additional funding to meet the needs of individuals with serious and persistent mental illness and individuals on conditional release who are ready to reintegrate into the community from State Mental Health Treatment Facilities, and who need the additional care, supervision, and support to be safe and successful in a community setting. Services are delivered in an assisted living environment that provides comprehensive wraparound services, care coordination, benefit restoration, nursing care

when needed, coordination with primary care, development of daily living skills, and socialization with the goal of developing increased independence and eventual transition to a less intensive service in the community.

c. **Target population to be served**

Individuals ready for discharge from State Mental Health Treatment Facilities or who can be diverted from admission to State Mental Health Treatment Facilities, and individuals with conditional release agreements.

d. **County(ies) to be served (County is defined as county of residence of service recipients)**

Services are provided in Nassau County but available to individuals residing in any Florida County.

e. **Number of individuals to be served**

36 individuals

3. Please describe in detail the action steps to implement the strategy.

See attached excel workbook- action plan tab.

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$2,542.852.80 - See attached excel workbook- budget tab. This request is to make up the funding shortfall after all available funds have been accessed. One other possible source of funds is for the MEs for the regions that are home to the individuals placed at Dayspring Village provide the funding for their residents.

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Without these resources, the provider, Dayspring Village will have to reduce the number of individuals served due to lack of funding. The result would be longer stays on the seeking placement list for individuals ready for discharge from the state hospitals, and possible recidivism for individuals who are discharged and do not have the necessary and appropriate resources in place to support long-term success in a community setting.

6. What specific measures will be used to document performance data for the project?

- Number of individuals with no subsequent crisis unit or state hospital admissions
- Number of individuals who successfully transition to less restrictive settings
- Consumer/Family satisfaction

Local Funding Request 4. Restore Block Grant Funded Community-Based Services

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by Section 394.4573, F.S., in 2022 LSF Health Systems (LSF) conducted a triennial needs assessment for submission to the Florida Department of Children and Families. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

In addition, LSFHS team members participate in more than ***80 distinct community and stakeholder meetings***, building valuable cross-system partnerships and gathering critical data from providers, stakeholders, community partners, persons served and their families, on the behavioral health needs and goals of most importance to their specific communities. Data gained from these meetings is analyzed, trended, and is used in strategic planning for improvements that are responsive to the needs of the individuals and their communities. Examples of the types of meetings attended include:

County Health Advisory Groups	County Community Alliances
County Baker Act Task Forces	Human Trafficking Task Forces
County Continuums of School Mental Health Services	Department of Juvenile Justice Circuit Advisory Boards
County Health Improvement Plan (CHIP) meetings	County Behavioral Health Consortiums
Uplift Community Faith Based Initiative meetings.	Community Based Care (CBC) Lead Agency meetings with each CBC

The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. Please describe:

a. **The problem or unmet need that this funding will address**

Unanticipated expiration of supplemental block grant funding prior to the end of the grant period has resulted in widespread concerns about the ability to sustain crucial services. Prevention, substance abuse and mental health services including inpatient, residential and outpatient services have been impacted, as well as the First Episode Psychosis programs and programs specific to the SEN/NAS population. Reductions in funding have resulted in Network Service Providers making plans to lay off staff and reduce capacity to match expenses to available revenue.

b. The proposed strategy and specific services to be provided

The proposed strategy would be to restore funds to the providers and services that were impacted by the reductions through contract amendments as funds become available.

c. **Target population to be served**

Individuals, both children and adults, who experience substance use or mental health disorders or cooccurring disorders and individuals who benefit from prevention programs to reduce the risk of developing substance use disorders.

d. County(ies) to be served (County is defined as county of residence of service recipients)

Duval, Nassau, St Johns, Clay, Baker, Volusia, Flagler, Putnam, Baker, Union, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Alachua, Lake, Marion, Sumter, Citrus, and Hernando.

e. **Number of individuals to be served**

Over 5,000

3. Please describe in detail the action steps to implement the strategy.

If additional funds are identified, the ME will conduct an analysis of the funding OCAs provided and proportionate allocation of resources to providers who lost resources due to reductions in funding. Allocation decisions will be based on priority populations, underserved communities, and equitable distribution across providers/counties. The ME will amend network service provider contracts to reflect the additional funds.

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

$14,226,766.42 in state funds is requested to sustain services funded through supplemental block grant funding for which there is no other identified funding source. See attached ME Feedback Template 8.28.24.

3. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Crucial services in prevention that have no other means of funding will be able to continue, bringing school and community-based prevention initiatives to thousands of individuals. Services specific to the SEN/NAS population will be sustained, allowing for specialized services outside the routine services for all individuals with substance use or co-occurring disorders. System capacity for residential and outpatient services for substance use, mental health and co-occurring disorders will be retained, reducing potential waitlists for services that would be inevitable if funding is reduced.

4. **What specific measures will be used to document performance data for the project?**

Each of the different programs/OCAs have their own specific performance outcomes. We would use the data submitted to FASAMS or PBPS to measure compliance with the required outcomes. Because the impact of the budget reductions in supplemental block grant is broad, we cannot specify all the specific outcomes in this request.

Local Funding Request 5. Managing Entity Operating Resources

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As required by Section 394.4573, F.S., in 2022 LSF Health Systems (LSF) conducted a triennial needs assessment for submission to the Florida Department of Children and Families. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

In addition, LSFHS team members participate in more than ***80 distinct community and stakeholder meetings***, building valuable cross-system partnerships and gathering critical data from providers, stakeholders, community partners, persons served and their families, on the behavioral health needs and goals of most importance to their specific communities. Data gained from these meetings is analyzed, trended, and is used in strategic planning for improvements that are responsive to the needs of the individuals and their communities. Examples of the types of meetings attended include:

County Health Advisory Groups	County Community Alliances
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County Continuums of School Mental Health Services	Department of Juvenile Justice Circuit Advisory Boards
County Health Improvement Plan (CHIP) meetings	County Behavioral Health Consortiums
Uplift Community Faith Based Initiative meetings.	Community Based Care (CBC) Lead Agency meetings with each CBC

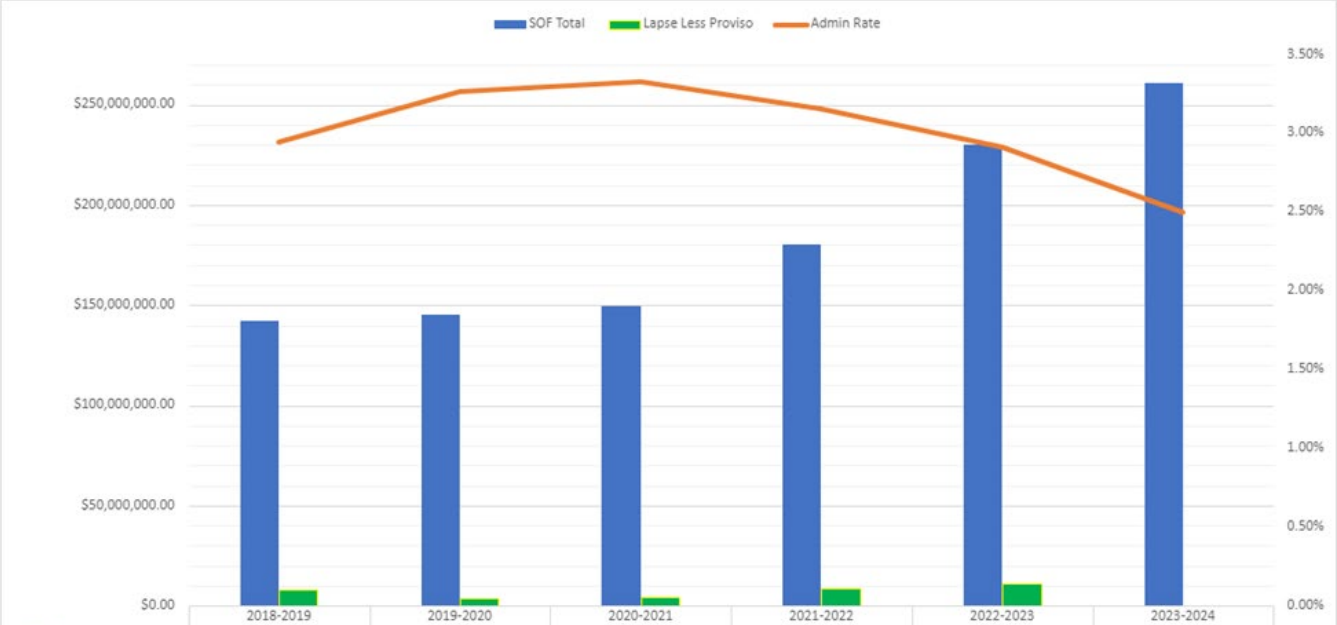
The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. Please describe:

a. **The problem or unmet need that this funding will address**

As indicated in the Chart, the services budget for LSF Health Systems has increased incrementally yearly. As the scope of work and size of budget has increased, through the addition of funding through a variety of sources, including the Florida Opioid Settlement, including the management of funds for the nonqualified counties, the resources to fund Managing Entity (ME) operations have not increased commensurately. The workload associated with these new initiatives is substantial. The number of providers with contracts or agreements through LSF Health Systems has increased from 67 providers at the beginning of FY 2023-2024 to 98 providers at the beginning of FY 2024-2025.

Chart 1-Year over Year Budget, Carry Forward and ME operations admin rate



	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
SOF Total	$142,277,408.00	$145,100,245.00	$149,787,977.00	$180,559,047.00	$230,278,790.00	$261,100,086.00
Lapse Less Proviso	8,181,223.10	3,678,331.42	4,460,201.85	8,758,259.00	11,167,976.53	
% Lapse Less Proviso	5.75%	2.54%	2.98%	4.85%	4.85%	
Admin Rate	2.94%	3.27%	3.33%	3.15%	2.91%	2.50%

Chart 1 presents the year over year comparison between ME revenue, carry forward and administrative rate. In FY 2023-2024 LSF Health Systems had $48,751,525 in funding with no attached resources for ME operations. At an administrative rate of 4 percent which is modest, that would equate to $1,950,062 in resources to manage the additional workload. At a 2 percent administrative rate, the unrealized resources would be $975,030.

As workloads have increased, we have seen an unprecedented increase in staff turnover as employees seek positions with better work/life balance. The FY 2024-2025 Schedule of Funds has a reduction of almost $775,000 in ME operating expense compared to FY 2023-2024. This will require staff layoffs of seven positions including positions critical to the ability to fulfill all contractual obligations and preclude any salary increases. Reductions in staff leading to increased workloads and fear of future layoffs generally result in additional staff resignations. Losing the trained staff with significant institutional knowledge will further impact the ability to meet contract deliverables, at least until hiring and training periods can be completed.

b. **The proposed strategy and specific services to be provided**

The proposed strategy is to use the budget prepared by LSF Health Systems outlining the resources needed to complete the tasks required by the Managing Entity contract with the Department of Children and Families. The budget was developed based on the funding as of October 27, 2023. The request would be to provide funding in addition to the current funding for ME Operations in the 2024-2025 Schedule of Funds to bring the funding amount equal to the proposed budget for ME Operations. Please see attached ME budget and

budget narrative.

c. **Target population to be served**

Directly, the population to be served is the ME workforce. Indirectly the population to be served is the provider network and ultimately the consumers served by the network. Adequate staffing allows LSF Health System to provide the oversight, support, technical assistance and outcome management necessary to maintain an efficient and effective system of care.

d. **County(ies) to be served (County is defined as county of residence of service recipients)**

Duval, Nassau, St Johns, Clay, Baker, Volusia, Flagler, Putnam, Baker, Union, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Alachua, Lake, Marion, Sumter, Citrus, Hernando,

e. Number of individuals to be served

N/A. These funds are requested for ME operating expense.

3. Please describe in detail the action steps to implement the strategy.

If additional funds are identified by the Department of Children and Families for ME operations, LSF utilize funds as outlined in the attached budget. If less than the full amount is received, LSF will prioritize activities as follows:

- recruit and hire key positions as identified in the attached budget.
- Provide market adjustments for key positions as identified in the attached budget

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Please see attached budget and budget narrative. This request is for $6,380,230, which is the difference of the total ME operating request ($12,070,050) minus the current operating funds in the most recent schedule of funds ($5,689,820).

5. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Providing adequate funding for ME operations will increase the efficiency and effectiveness of the system of care. Loss of resources in FY 2024-2025 will impact the ability to sustain some of the most significant value-added contributions the ME has made to the system, including a robust peer training and ROSC initiative, resource development efforts that have resulted in millions of dollars in outside grant funding, efficient and effective management of contracts with 98 providers including oversight of compliance and performance outcomes, payment of invoices and collaborative efforts that have brought significant new services online through the eight CORE projects and 19 nonqualified counties.

6. **What specific measures will be used to document performance data for the project?** Existing contract measures will be used to document performance through the monthly and quarterly reporting process as well as the quarterly Contract Oversight Team and annual contract monitoring by the Department of Children and Families.

Appendix E: Northwest Florida (NWF) Health Network
Enhancement Plan
Fiscal Year 2024-2025

C-1.1.8 Enhancement Plan
Effective as of 2017, the Managing Entity shall develop an annual Enhancement Plan for Department approval, due on September 1. The Enhancement Plan shall:
C-1.1.1.1 Identify a minimum of three and a maximum of five priority needs for services in the geographic area;
C-1.1.1.2 Provide a detailed description of the Managing Entity's strategies for enhancing services to address each priority need;
C-1.1.1.3 Include an implementation plan for each strategy which specifies actions steps and identifies responsible parties; delineates specific services to be purchased and the projected cost of those services; projects the number of individuals to be served and estimates the benefits of the services; and
C-1.1.1.4 Be based upon a planning process which includes consumers and their families, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders.

Introduction

The attached enhancement plan outlines Northwest Florida Health Network's (NWFHN) priorities. The specific elements contained in the plan are result from the needs assessment and ongoing input from stakeholders, including family members and individuals served, community- based care lead agencies, local governments, law enforcement, and Network Service Providers (NSP). The plan below will have no less than three and a maximum of five unmet needs identified priorities.

After a careful review of the current budget and the needs of the Northwest Region, NWFHN has submitted this plan outlining the use of an additional $7,960,000 to be allocated within the region. The plan includes a summary of the collaborative projects in the plan and a description of how the funding from the most recent legislative session was allocated. The plan outlines the enhancements by priority and the detailed action steps for implementation, as well as specific measures that would be used to evaluate the strategy's performance

Unmet Need Priority #1:
Funding for Forensic Multidisciplinary Team (FCM)
Funding Needed: $2,600,000

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Based on the 2024 priority of effort and community and department feedback, NWF Health Network (NWFHN) has determined a need for enhanced forensic services in Circuit One.

Please describe:

a. **The problem or unmet need that this funding will address:**

I. The number of individuals served through forensics continues to rise, with no additional funding since the inception of the NWFHN contract with the Department of Children and Families.

II. There is an over-representation of people with mental illness and/or substance use disorders in the Criminal Justice system. This problem includes difficulties in identifying inmates who could be diverted into community mental health/substance use disorder programs and linking behavioral health professionals and providers to work in collaboration with judges, state attorneys, and public defenders, evaluators, and community providers. There has been a 100 percent increase in the number of commitments from Okaloosa County.

III. There are consistent challenges reported by local jails regarding individuals returning from the state hospital, delays in admission to the state hospital which results in longer than necessary stays in a jail setting for mental health patients, (the average wait is 53 days for Okaloosa and 57 days for Walton). Challenges to meet the coordination needs for individuals returning to the community after being released from the jail, decompensation of individuals in the jail setting, and minimal diversions and conditional releases of clients who could potentially be served in less restrictive environments are often-cited reason.

b. The proposed strategy and specific services to be provided:

Ensuring care coordination, case management, and wraparound services for eligible individuals can drastically improve behavioral health outcomes.
Following discharge from an inpatient facility, an individual will need follow-up evaluations, as well as less intensive services such as outpatient therapy or psychosocial rehabilitation. Connecting individuals to providers is critical to preventing and reducing further admissions. By working to eliminate gaps in care, the Managing Entities (ME) can relieve pressure on inpatient facilities and improve outcomes for individuals that receive community-based care. This contributes to the Department's priorities of initiating treatment before a crisis begins and relying more on community behavioral health providers.

Forensic Multidisciplinary Teams (FMTs) provide a 24-hours per day, seven days per week, comprehensive approach to divert individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports. The FMTs will serve individuals in the pre- and post-adjudicatory phases. Many of these individuals are charged with "lesser" felony offenses and do not have a significant history of violent offenses.

The Forensic Multi-disciplinary team will address the above identified problem by:

- Diverting individuals who do not require the intensity of a forensic secure placement from the criminal justice system to community-based care,

- Eliminating or lessening the debilitating symptoms of mental illness that the individual experiences,

- Addressing and treating co-occurring mental health and substance use disorders

- Increasing days in the community by facilitating and encouraging stable living environments,

- Reducing future admissions and readmissions to judicial settings

- Reducing costs for the state of Florida

- Improving Behavioral Health outcomes

The FMT shall offer the following services.

- Crisis Intervention and On-Call Coverage: This service shall be available 24 hours a day, seven days a week. The team must operate an after-hours on-call system staffed with a mental health professional.

- Assessments: The FMT shall initiate all assessments within 72 hours of the individual's admission to the program. The Team Leader must ensure that the individual's assessments are complete within 15 days of admission. Each assessment area is completed by an FMT team member with knowledge and skills in the area being assessed and is based upon all available information. The assessments shall include, at a minimum:
    - Psychiatric history and diagnosis, including co-occurring disorders
    - Stipulations from the individual's Court order(s)
    - Mental status
    - Strengths, abilities, and preferences
    - Physical health
    - History and current use of drugs or alcohol
    - Education and employment history and current status
    - Social development and functioning
    - Activities of daily living
    - Family relationships and natural supports

- Case Management and Intensive Case Management: These services include the provision of direct services, and the coordination of ancillary services designed to:
    - Assess the individual's needs and develop a written treatment plan,

- Locate and coordinate any needed additional services,
- Coordinate service providers,
- Link participants to needed services,
- Monitor service delivery,
- Evaluate individual outcomes to ensure the participant is receiving the appropriate services,
- Provide competency restoration training and skills building,
- Coordinate medical and dental health care,
- Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan,
- Coordinate individual access to eligible benefits and resources,
- Address educational service needs, and
- Coordinate forensic, legal services, and court representation needs

- Medical Services: The Psychiatric ARNP or Psychiatrist shall provide psychiatric evaluation, and medication management, administration, and education on a regular schedule with arrangements for non-scheduled visits during times when the individual has increased stress or is in crisis.

- Substance Abuse and Co-Occurring Services: The FMT shall address co-occurring needs of individuals through integrated screening and assessment, followed by therapeutic interventions consistent with the individual's readiness to change their behaviors.

- In-Home and On-Site Services: The FMT shall provide or coordinate individual, group, and family therapy services. The type, frequency, and location of therapy provided shall be based on individual needs and shall use empirically supported techniques for the individual, their symptoms, and behaviors.

- Incidental Expenses: FMT funds may be used to provide Incidental Expenses, pursuant to Rule 65E-14.021, F.A.C., and applicable Managing Entity policy.

- Outreach and Information and Referral: The FMT shall provide Outreach services to individuals who may benefit from FMT services and to educate potential referral sources on the program design and capacity. The FMT shall provide Information and Referral services to address individual rehabilitative and community support needs beyond the scope of the FMT service array.

c. Target population to be served:

The FMT provides services to: (1) Individuals determined by a court to be Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI), pursuant to Chapter 916, F.S., on

a felony offense; or (2) Persons with serious and persistent mental illness who are charged with a felony offense and, prior to adjudication, are referred to the FMT by duly authorized representatives of local law enforcement, local courts, the State Attorney, the Public Defender, or the Managing Entity.

d. Counties to be served:

The enhancement request includes two teams for Circuit One. One team to cover Escambia and Santa Rosa Counties and another to cover Okaloosa and Walton Counties.

e. Number of individuals to be served:

The FMT program is adapted from the Florida Assertive Community Treatment (FACT) model. Each team will have the capacity to serve a total of 45 individuals at any given time.

2. Please describe in detail the action steps to implement the strategy:

a. Ensure funding is available
b. Procure service provider(s) via RFP
c. Negotiate and contract with provider(s)
d. Begin providing services

*Reference table 1.2 for additional details

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

a. $2,600,000 total budget amount

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

On any given day in Florida, there are approximately 17,000 prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in the community who experience serious mental illnesses. Annually, as many as 125,000 adults with mental illnesses or substance use disorders requiring immediate treatment are arrested and booked into Florida jails. Over the past nine years, the population of inmates with mental illnesses or substance use disorders in Florida prisons increased from 8,000 to nearly 17,000 individuals. In the next nine years, this number is projected to reach more than 35,000 individuals, with an average annual increase of 1,700 individuals.

Forensic mental health services cost the state a quarter-billion dollars a year and are now the fastest growing segment of Florida's public mental health system. Over the past nine years, forensic commitments have increased from 863 to 1,549 admissions annually. Individuals with serious mental illnesses or substance use disorders who meet the criminal

justice system are typically have no income, uninsured, unstably housed, members of minority groups, and experiencing co- occurring mental health and substance use disorders. Majority of these individuals are charged with minor misdemeanor and low-level felony offenses that are a direct result of untreated psychiatric conditions. Due in large part to inadequate community- based treatment capacity and infrastructure, individuals with mental illnesses or substance use disorders who become involved in the justice system are at increased risk of subsequent recidivism to the justice system. As many as half of individuals with mental illnesses and/or substance use disorders who recidivate to the justice system are charged, not with committing new offenses, but for violating conditions of probation or parole, such as failing to report to treatment or to maintain stable housing or employment.

Many of the individuals meeting F.S. 916 criteria are charged with lesser felony offenses, do not have a significant history of violent offenses, and are appropriate for community restoration. FMTs operating 24 hours per day, 7 days a week, offer intensive community-based services including housing support, which are key in diverting individuals from state mental health treatment facilities (SMHTF), and reducing subsequent arrest.

An FMT in Circuit 1, the largest in the Northwest Region, would allow the opportunity to decrease commitments and increase diversions and conditional releases by:

a. Providing judges, attorney, and forensic evaluators with an alternative to incarceration and commitment to SMHTF.
b. Reducing the social costs of providing inappropriate mental health services or no services at all.
c. Providing an effective linkage to community-based services, enabling people with mental illness to live successfully in their communities, thus reducing the risk of homelessness, run-ins with the criminal justice system, and institutionalization

5. **Specific measures that will be used to document performance data for this project:**

a. Number of referrals accepted/denied/waitlisted - monthly and FY to date
b. Number of new admissions Number currently being served
c. Number of Community 916 individuals being served Number Discharged Successfully
d. Number Discharged unsuccessfully Number Discharged from Forensic Facility Number on waiting list
e. List of outreach activities/community contacts
f. List of barriers (for example: to engagement, resources, administrative, community)

Table 1.1

NWF Health Network Enhancement Plan FY 24-25							
Priority 1	**Forensic Multidisciplinary Team (FMT)**					**Total Budget:**	**$ 2,600,000.00**
Budget							
Program	**Payment Methodology**	**Covered Services** *(add rows to each Payment Methodology as necessary)*	**Proposed Rate**	**Available Service Capacity (Units)**	**Minimum Required Service Level (Units)**	**Operating Budget Allocation**	**Comments**
Forensic FACT - Mental Health	Case Rate	N/A	N/A	N/A	N/A	$ 2,000,000.00	2 teams at $1,000,000 per team
Forensic FACT Housing support - Mental Health	Cost Reimbursement	N/A	N/A	N/A	N/A	$ 600,000.00	Rent support for 50 people per month at $500 per month for each of the 2 teams

Table 1.2

NWF Health Network Enhancement Plan FY 24-25					
Priority 1	**Forensic Multidisciplinary Team (FMT) Services**				
Action Plan					
	Tasks	**Target Completion Date**	**Resource People**	**Other Resources**	**Success Indicator**
1	Ensure funding is available	3/30/2025	Budget Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2025	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2025	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2025	Provider	Manging Entity	Services being provided

Unmet Need Priority #2:
SOAR Dedicated Processor Pilot
Funding Needed: $250,000

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

The priority areas for the SOAR-dedicated position within the NWF Health Network were determined through a comprehensive process that involved a needs assessment, stakeholder feedback, and an analysis of the critical barriers faced by individuals experiencing homelessness. The SOAR (SSI/SSDI Outreach, Access, and Recovery) model is a proven, evidence-based approach that addresses one of the most significant challenges for the homeless population: accessing SSI/SSDI benefits. Economic stability is a key social determinant of health, and the lack of income due to disabling conditions often exacerbates homelessness. The SOAR program is designed to break this cycle by increasing access to

income and health care benefits, thereby improving housing stability and reducing the reliance on emergency services.

By establishing a SOAR-dedicated position, NWF Health Network aims to enhance the coordination of care, expedite the SSI/SSDI application process, and ultimately reduce homelessness in the region. The inclusion of this dedicated role is essential for achieving the broader goals of the Housing Strategic Plan, which focuses on improving collaboration, expanding housing coordination, and providing sustainable housing solutions for the most vulnerable populations. The SOAR initiative, backed by a structured planning process and continuous stakeholder engagement, represents a critical component in addressing the systemic barriers to housing stability in the Northwest region of Florida.

Please describe:

a. The problem or unmet need that this funding will address:

The problem or unmet need that this funding will address centers on the low success rate of disability benefit applications submitted using the SOAR model in the Northwest region of Florida, encompassing Circuits 1, 2, and 14. Data collected over three FYs from July 1, 2021, to June 30, 2024, underscores this challenge.

In Circuit 2, a total of 93 initial SOAR applications were submitted between July 2021 and June 2024. Of these, only 8 were approved, 18 were denied, 56 remain pending (with the oldest dating back to September 2021), and 11 were archived. Additionally, Circuit 2 processed 8 reconsideration applications, with 1 approved, 8 denied, and 7 still pending. In terms of Administrative Law Judge (ALJ) SOAR hearings, 1 application was

approved, while 3 are still awaiting decisions. This data highlights the challenges faced within Circuit 2 in achieving timely and successful outcomes for disability benefit applications, emphasizing the need for increased resources and support to improve the effectiveness of the SOAR model in the region.

In Circuit 1, data from 2024 shows that a total of 8 initial SOAR applications were submitted across providers, with mixed outcomes. Of these, 1 application was denied, and 7 remain pending. This data highlights a broader challenge within Circuit 1, where the majority of applications are still awaiting decisions, indicating a need for targeted interventions to improve processing times and approval rates for disability benefit applications using the SOAR model.

In Circuit 14, a total of 41 initial SOAR applications were submitted, resulting in 16 approvals, 11 denials, 9 still pending, and 5 archived. Additionally, Circuit 14 processed 3 reconsideration applications, with 1 approved, 1 denied, and 1 still pending. This data reflects both the progress and ongoing challenges in Circuit 14, underscoring the need for continued efforts to enhance the efficiency and success rates of SOAR applications in the region.

This data underscores a significant gap in the capacity of the SOAR program to effectively connect eligible individuals, particularly those with severe mental illness and co-occurring disorders, to the essential benefits they need. The challenges are exacerbated by the rural nature of the region, which limits access to resources and services, contributing to prolonged homelessness, unaddressed healthcare, substance misuse, and mental health needs. The funding will be utilized to strengthen the SOAR initiative by enhancing the effectiveness of the application process, increasing outreach efforts, and providing additional support to the providers involved. By addressing these critical gaps, the goal is to improve approval rates, expedite the application process, and ultimately reduce homelessness by securing the necessary benefits for this vulnerable population.

b. The proposed strategy and specific services to be provided:

The proposed strategy for utilizing the funding aims to significantly enhance the effectiveness and efficiency of the SOAR program in the Northwest region of Florida by introducing a dedicated SOAR-dedicated case manager. This role will streamline the SSI/SSDI application process by developing standardized protocols, employing technology to track and manage applications more effectively, and ensuring that each application is comprehensive and timely. The SOAR case manager will also lead enhanced outreach efforts, focusing on high-need areas, particularly in rural communities, to connect eligible individuals who are not currently accessing the program.

Additionally, this strategy emphasizes strengthening partnerships with local agencies and community organizations, creating an integrated service network that holistically addresses physical health, mental health, substance misuse and housing needs.

The dedicated SOAR case manager will play a crucial role in coordinating these efforts, ensuring that vulnerable individuals receive the support they need throughout the application process. The funding will also enable data-driven improvements, enhancing data collection and analysis capabilities for continuous monitoring and refinement of the SOAR process. By improving approval rates, reducing processing times, and ensuring sustained support, the SOAR-dedicated case manager will be instrumental in advancing the stability and well-being of vulnerable individuals in the region.

c. Target population to be served

The target population to be served by this funding includes individuals in the Northwest region of Florida who are experiencing homelessness or are at risk of homelessness and have severe mental illness or co-occurring disorders. This population often faces significant barriers to accessing disability benefits, which are crucial for securing stable housing and addressing their health needs. The funding will specifically focus on reaching those in rural areas where access to services is limited, as well as individuals who are disconnected from traditional support systems. By enhancing the SOAR program's capacity, the initiative aims

to improve outcomes for these vulnerable individuals, ensuring they receive the benefits they are entitled to, which in turn can lead to greater stability, improved health, and a path out of homelessness.

d. Counties to be served

The proposed funding will support counties within the Northwest region of Florida, specifically targeting Bay, Escambia, and Leon. These counties include both urban and rural areas, with a focus on addressing the needs of individuals experiencing or at risk of homelessness who have severe mental illness or co-occurring disorders. To maximize the impact of this initiative, we plan to pilot a SOAR-dedicated case manager position in Bay, Escambia, and Leon Counties. This pilot will serve as a model for expanding dedicated processors across the region. By focusing on Bay, Escambia, and Leon Counties, we can refine and enhance the effectiveness of the SOAR program, particularly in reaching vulnerable populations in both urban and rural settings. The pilot will help us identify best practices, streamline service delivery, and ensure that resources are accessible across this diverse region, with particular attention to the rural counties where resources are often more limited.

e. Number of individuals to be served

The funding is expected to serve approximately 50-75 individuals per FY across the Northwest region of Florida. The focus will be on individuals experiencing homelessness or at risk of homelessness with severe mental illness or co-occurring disorders. By improving the efficiency and effectiveness of the SOAR application process, the initiative aims to increase the number of individuals who successfully obtain disability benefits, thereby improving their stability and overall quality of life.

1. Please describe in detail the action steps to implement the strategy
*Reference Table 2.1 for additional details

a. Ensure funding is available through appropriation or internal budget shift
b. Procure service provider(s) via ITN or RFP
c. Negotiate and contract with provider(s)
d. Provide community outreach
e. Begin providing services

2. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
*Reference Table 2.2 for additional details

a. $2,600,000 total budget amount

3. Identify expected beneficial results and outcomes associated with addressing this

unmet need.
SOAR stands for SSI/SSDI Outreach, Access, and Recovery. It is an initiative designed to increase access to Social Security disability benefits (SSI/SSDI) for people who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and /or a co-occurring substance use disorder. To address this unmet need is expected to yield significant benefits for the Northwest region of Florida. The initiative leverages the existing strengths of local providers and case managers, who bring expertise and dedication to the SSI/SSDI application process. By building on this foundation and employing a proven, evidence-based approach, we can enhance the effectiveness of applications, ensuring more individuals gain access to the benefits they need. The funding provides an opportunity to streamline the application process, improve stakeholder collaboration, and expand the reach of services, particularly to underserved rural communities. Piloting a SOAR-dedicated case manager in Bay, Escambia, and Leon Counties will allow us to develop a scalable model that can be replicated across the region. Our aspirations are focused on achieving higher approval rates for disability benefits, reducing application processing times, and ensuring that individuals experiencing or at risk of homelessness can secure stable income and housing. We aim to create a more coordinated and responsive system that better supports the health and well-being of our most vulnerable populations. The expected results include increased financial stability for beneficiaries, reduced homelessness, and improved health outcomes. Additionally, the initiative will strengthen the capacity of local providers, lessen the burden on emergency services and shelters, and contribute to a more integrated and effective community response to homelessness and mental health needs. In the long term, we anticipate a reduction in chronic homelessness, better social integration of vulnerable individuals, and an overall enhancement of quality of life in the Northwest region of Florida.

4. What specific measures will be used to document performance data for the project?

a. Application Approval Rate
b. Application Processing Time
c. Number of Individuals Served
d. Outreach and Engagement Activities
e. Housing Stability Outcomes
f. Client Satisfaction and Feedback
g. Training and Capacity Building Outcomes

Table 2.1

NWF Health Network Enhancement Plan FY 24-25

Priority 2	SOAR Dedicated Processor

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through appropriation or internal budget shift	1/1/2025	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2025	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s) a. Ensure appropriate staffing / Training b. Ensure appropriate procedures are in place	5/1/2025	Program Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Provide community outreach	6/30/2025	Program Manager	Provider, Operations Manaer	Community awareness; knowledge of referral processes.
5	Begin providing services	7/1/2025	Provider	ME	Services being provided

Table 2.2

NWF Health Network Enhancement Plan FY 24-25

Priority 2	SOAR Dedicated Processor Pilot		Total Budget:	$ 250,000.00

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
SOAR	1/12th	Project Code	N/A	N/A	N/A	$ 250,000.00	Three positions for pilot in in largest counties (Escambia, Bay, Leon) at $75,000. Budget allocation based on salary, benefits, administrative costs, operational expenses, and outreach.

Unmet Need Priority #3:
Early Childhood Care Coordination Team
Funding Needed: $860,000

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

This area of priority was identified by challenges faced with severe behaviors that lead to children going into dependency, decreasing ages for youth identified with significant behavioral disruption and realization of need for more early intervention services to address behavioral health and developmental disabilities. Young children have the most developmental plasticity and are the most likely to benefit from modest investments in protective and enriched environments, good relationships, and early intervention and prevention.

Please describe:

a. The problem or unmet need that this funding will address:

Early Childcare Coordination (ECCC) will assist in identifying needs and linking families to community services and the parenting coaches will work with the families and childcare agencies to identify strategies and provide interventions to promote age- appropriate behaviors.

Background:

When mental health concerns are not addressed early, they can lead to more severe and complex conditions that require more extensive treatment and care. This can result in higher healthcare costs, as well as indirect costs related to decreased productivity and quality of life.

Half of all mental disorders start by 14 years and are usually preceded by non-specific psychosocial disturbances potentially evolving in any major mental disorder and accounting for 45 percent of the global burden of disease across the 0–25 age span. While some action has been taken to promote the implementation of services dedicated to young people, mental health needs during this critical period are still largely unmet. These urges redesigning preventive strategies in a youth-focused multidisciplinary and trans- diagnostic framework which might early modify possible psychopathological trajectories. [1a]

Promotion, prevention, and early intervention strategies may produce the greatest impact on people's health and well-being [1]. Screening strategies and early detection interventions may allow for more effective healthcare pathways, by acting long before

health problems worsen or by preventing their onset [2]. They also allow for a more personalized care in terms of tailoring health interventions to the specific sociodemographic and health-related risk factors as well as activating interventions specific to illness stage [3]. In this regard, the application of clinical staging models has been suggested to improve health benefits, by addressing the needs of people presenting at different stages along the continuum between health and disease [4].

Despite challenging, reformulating health services in this perspective may increase prevention and early intervention effectiveness, disease control and overall care, positively impacting on the health and well-being outcomes of a broader population [5]. Not to be overlooked, it may potentially reduce disease burden and healthcare system costs [6].

Theoretical considerations about the opportunity to intervene in this specific age window in terms of mental health follow several evidence-based considerations. First, mental health is a key component of the person's ability to function well in their personal and social life as well as adopt strategies to cope with life events [12]. In this regard, early childhood years are highly important, considering the greater sensitivity and vulnerability of early brain development, which may have long-lasting effects on academic, social, emotional, and behavioral achievements in adulthood [13].

In addition to long term benefits, adding behavioral health coordination to the 0 through 5 population will increase family stability and decrease the childcare disruptions or out of home placements for the most challenging children.

b. The proposed strategy and specific services to be provided:

Expansion of Early Childhood Care Coordination (which exists currently in Okaloosa County) to add four teams to cover Circuit One. (Based on the population, Escambia and Santa Rosa would have 3 teams and Okaloosa Walton would have two teams.) Outreach will be provided to Early Learning Coalition, Childcare providers, pediatricians and the Department of Children and Families/ Child Protective Investigations. Youth who are displaying behavioral challenges will be identified, families will be provided with information about ECCC and referred to the Early Childhood Care Coordination. Those providing the services should be trained in an evidence-based program (i.e., Conscious discipline) to assist with parenting guidance and care coordinators will receive clinical supervision.

Within 24 hours of receiving a referral, the care coordinator will attempt to reach the family. There will be frequent contact within the first 30 days (3 times a week) during which time information will be gathered using a wraparound approach. The Early Childhood Care Coordinator (ECCC) may also facilitate community integration and continuity of care through multi-disciplinary staffing and by ensuring individuals have linkages to their

community and support systems. The ECCC will provide guidance on goal setting and appropriate resources to support a youth's/families ongoing stability.

The parent support coaches will work directly with the families and childcare settings to reduce behavioral challenges. This program will establish new strategic partnerships with other agencies and community groups to enhance the pipeline of stability services, work with a variety of community partners to establish connections and participate in partner and community meetings to communicate about the ECCC program. Agencies and specialists that may be included: primary care, childcare, Head Start, Early Intervention, developmental (occupational, speech, physical) therapists, and child welfare workers. Services should:

- Focus on biological, cognitive, and socio-emotional development of the child.
- Strive to strengthen and preserve the child's primary attachment and relationships.
- Emphasize prevention and early intervention through timely screening, identification, and delivery of services to maximize the child's opportunities for normative development.
- Support the stability of the child's family (whether adoptive, biological, or foster)
- Empower families by making them full partners in the planning and delivery of services
- Be culturally competent and respect the family's unique social and cultural values and beliefs.
- Support the early identification of infants, young children and families at risk and provide individualized service plan based on a comprehensive biopsychosocial assessment.
- Be integrated and coordinated between all involved agencies

The ECCC will engage with clients using a trauma-informed, participant-centered, and recovery-oriented approach, facilitating the connection of families to appropriate resources that will support stability.

This is intended to be a time limited service (90 days) to assess the youth and family, utilize wraparound philosophies, meet with involved individuals, and agencies, individually and via team staffing, provide support and coaching in the home, provide recommendations for interventions in the home setting and link to community services as appropriate.

c. Target population to be served:

Families with youth ages 0-5 with behavioral problems who come to the attention of Childcare providers, pediatricians, or Children's Protective Investigators.

d. Counties to be served:

- Escambia County
- Okaloosa County
- Santa Rosa County.
- Walton County

e. Number of individuals to be served:

Fifty children to be served by each team annually

2. **Please describe in detail the action steps to implement the strategy**

a. Ensure funding is available through appropriation or internal budget shift
b. Procure service provider(s) via ITN or RFP
c. Negotiate and contract with provider(s)
d. Provide community outreach to DCF/CPI, Childcare organization, ELC and pediatricians
e. Begin providing services

*Reference Table 3.1 for additional details

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal**

*Reference Table 3.2 for additional details

a. $860,000 total budget amount

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

a. Families are connected to needed services and supports to address challenges Parents report less frustration with their child's challenging behavior, reduced CPI involvement.
b. Reduced changes in environments. (Suspensions / expulsions from childcare / dependency)
c. Parent caregiver capacities are increased
d. Children have improved success in formal schooling
e. Decrease of significant challenges related to Behavioral Health and/or developmental disabilities later in youth due to early intervention.

5. What specific measures will be used to document performance data for the project?

a. Number of referrals accepted/denied/waitlisted - monthly and FY to date

b. Number of cases - monthly and FY to date Number of active cases as of the end of the month Number of new cases – monthly and FY to date
c. Number of discharged cases by reason - monthly and FY to date List of outreach activities/community contacts
d. List of barriers (for example: to engagement, resources, administrative, community partner, etc.)

Table 3.1

NWF Health Network
Enhancement Plan FY 24-25

Priority 3	**Early Childhood Care Coordination Team**				
Action Plan					
	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through appropriation or internal budget shift	1/1/2025	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2025	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s) a. Ensure appropriate staffing / Training b. Ensure appropriate procedures are in place	5/1/2025	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Provide community outreach to DCF/CPI, Childcare organization, ELC and pediatricians	6/30/2025	Operations Manager	Provider, Operations Manaer	Community awareness; knowledge of referral processes.
5	Begin providing services	7/1/2025	Provider	ME	Services being provided

Table 3.2

NWF Health Network
Enhancement Plan FY 24-25

Priority 3	**Early Childhood Care Coordination Team**					**Total Budget:**	**$ 860,000.00**
Budget							
Program	**Payment Methodology**	**Covered Services** *(add rows to each Payment Methodology as*	**Proposed Rate**	**Available Service Capacity (Units)**	**Minimum Required Service Level (Units)**	**Operating Budget Allocation**	**Comments**
Escambia ECCC (2Teams)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects	N/A	N/A	N/A	$ 430,000.00	Budget amount based on current budget from similar program within the network.
Walton ECCC (1 Team)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects	N/A	N/A	N/A	$ 215,000.00	Budget amount based on current budget from similar program within the network.
Santa Rosa ECCC (1 Team)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects	N/A	N/A	N/A	$ 215,000.00	Budget amount based on current budget from similar program within the network.

Unmet Need Priority #4:
Florida Assertive Community Team (FACT)
Funding Needed: $1,000,000

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

In the behavioral health assessment of December 2023, the department has identified a goal of expanding community-based services to better support the vulnerable populations served, including the Florida Assertive Community Treatment (FACT) teams. There has been an increased demand for services, utilization at the community CSU that far exceeds availability (with rates of ER visits related to Mental Health among the highest in the state), and an increase in those with substance use and mental health issues becoming involved in the criminal justice system. Providing access to individuals at the community and outpatient levels, can prevent more intensive and costly services.

The triennial needs assessment, completed in 2020 indicates Okaloosa as the third largest client population in the NW Region at 12.4 percent. Walton county was identified as the fastest growing area at 15.7 percent. The top 5 needs included: Outpatient services (#1), Housing and supported Housing (#3), psychiatric services (#4) and transportation (#5), all which could be benefited through FACT.

There are currently 32 FACT teams in Florida. However, Circuit 1, represented by Okaloosa and Walton Counties, does not currently have a FACT team.

Please describe:

a. The problem or unmet need that this funding will address:

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships have a positive effect upon outcomes and quality of life. Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. ACT may also reduce staff burnout and increase job satisfaction, cost-effectiveness, and client satisfaction.

Background:

The real birth of the model we know today as ACT occurred during the 1970s and 1980s when a group of innovative psychiatrists and mental health professionals, including Drs. Arnold Marx, Mary Ann Test, and Leonard Stein, challenged the traditional approach to mental healthcare. Driven by the belief that people with serious mental illnesses could live fulfilling, productive lives as valuable members of their communities, these pioneers sought to provide comprehensive, individualized, and flexible support directly to the community members in need.

Drawing inspiration from various sources such as community psychiatry, psychosocial rehabilitation, and the principles of recovery, these early ACT teams embarked on a brave new path. They aimed to bridge the gaps in care by delivering various services, including psychiatric treatment, medication management, housing support, vocational assistance, and social integration.

The FACT program goals are to:

- Implement with fidelity to the Assertive Community Treatment (ACT) model
- Promote and incorporate recovery principles in service delivery
- Eliminate or lessen the debilitating symptoms of serious mental illness and co-occurring substance use that the individual may experience
- Meet basic needs and enhance quality of life
- Improve socialization and development of natural supports
- Support with finding and keeping competitive employment
- Reduce hospitalization, Increase days in the community
- Collaborate with the criminal justice system to minimize or divert incarcerations
- Strengthen parenting skills for those who have children
- Lessen the role of families and significant others in providing care.

b. The proposed strategy and specific services to be provided:

FACT teams serve individuals aged 18 and older with a diagnosis of serious mental illness, particularly Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder.
These individuals may also have co-occurring substance use disorder and are at risk for decompensation and rehospitalization even with the availability of traditional community-based services.

FACT treatment is based on continuous need, and there are no concrete time frames associated with length of stay; however, services are designed to move individuals toward independence and are not to be considered lifelong services. FACT teams utilize a transdisciplinary approach to deliver comprehensive care and promote independent, integrated living. FACT teams operate continuously 24 hours a day, 7 days a week, 365-days per year via worked shifts and on call during non-business hours. FACT teams

primarily provide services to participants where they live, work, or other preferred settings. FACT is recovery-oriented, strengths-based, and person-centered.

FACT teams provide a comprehensive array of services for program participants, such as helping find and maintain safe and stable housing; furthering education or gaining employment; education about mental health challenges and treatment options; assisting with overall health care needs; assisting with co-occurring substance abuse recovery; developing practical life skills; providing medication oversight and support; and working closely with individuals' families and other natural supports.

Program characteristics include:

- The FACT team is the primary provider of services and a fixed point of accountability,
- Services are primarily provided out of office
- Services are flexible and highly individualized
- There exists an assertive, "can do" approach to service delivery; and
- Services are provided continuously throughout the individual's participation.
- The FACT teams emphasize recovery, choice, outreach, relationship building, and individualization of services. Enhancement funds are available to assist with housing costs, medication costs, and other needs identified in the recovery planning process. The number and frequency of contacts is set through collaboration rather than service limits. Service intensity is dependent on need and can vary from minimally once weekly to several contacts per day. This flexibility allows the team to quickly ramp up service provision when a program participant exhibits signs of decompensation prior to a crisis ensuing.
- Teams must provide a minimum of 75 percent of all services and supports in the community. This means providing services in areas that best meet the needs of the individual, such as the home, on the street, or in another location of the participant's choosing.
- The FACT team is expected to assist program participants in attaining recovery goals, enabling transition to less intensive community services. The team conducts regular assessments of the need for services and uses explicit criteria for participant transfer to less intensive service options. Transition is gradual, individualized, and actively involves the participant and the next provider to ensure effective coordination and engagement. The team approach to delivering services and lack of service limits make FACT a unique service.

c. Target population to be served:

The individual must be at least 18 years of age and have a diagnosis within one of the following categories as referenced in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition or the latest edition thereof:

- Schizophrenia Spectrum and Other Psychotic Disorders

- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders, and Personality Disorders.

The individual must meet one of the following seven (7) criteria:

- More than three crisis stabilization unit or psychiatric inpatient admissions within one year
- History of psychiatric inpatient stays of more than 90 days within one year
- History of more than three (3) episodes of criminal justice involvement within one year
- Referred by one of the state's correctional institutions for services upon release
- Referred from an inpatient detoxification unit with documented history of cooccurring disorders
- Referred for services by one of Florida's state hospitals, or
- High risk for hospital admission or readmission.

d. Counties to be served:

- Okaloosa County
- Walton County

e. Number of Individuals to be served:

100 individuals per team

2. Please describe in detail the action steps to implement the strategy

a. Ensure funding is available
b. Procure service provider(s) via RFP
c. Negotiate and contract with provider(s)
d. Begin providing services

*Reference Table 4.1 for additional details

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal

a. $1,000,000 total budget amount

*Reference Table 4.2 for additional details

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The expected benefits of adding the FACT team include:

- Improving outcomes for individuals with severe mental illnesses who are at risk of psychiatric crisis and hospitalization and involvement in the criminal justice system
- Promoting recovery, independence, and a higher quality of life for individuals who were once marginalized within hospital walls
- Providing more intensive services for those who may be diverted from state hospital
- Reducing hospitalizations and overall costs
- Increasing Housing Stability

5. What specific measures will be used to document performance data for the project?

a. The team is required to meet the following numerical targets for the target population "Adults with Serious and Persistent Mental Illness" as established in the General Appropriations Act.
   - Percent of adults with severe and persistent mental illnesses who live in stable housing environment that is equal to or greater than 90 percent or the most current General Appropriations Act working papers transmitted to the Department of Children and Families; and
   - Average annual days worked for pay for adults with a severe and persistent mental illness that is equal to or greater than 40 days worked for pay or the most current General Appropriations Act working papers transmitted to the Department of Children and Families.

b. FACT teams must incorporate the following performance measures:
   - Fewer than 10 percent of all individuals enrolled will be admitted to a state mental health treatment facility while receiving FACT services.
   - Within three (3) months of discharge from the program, fewer than 10 percent of all individuals will be readmitted to a state mental health treatment facility.
   - 75 percent of all individuals enrolled will either maintain or show improvement in their level of functioning, as measured by the Functional Assessment Rating Scale (FARS).

c. FACT teams must also incorporate the following process measures:
   - 90 percent of all initial assessments shall be completed on the day of the person's enrollment with written documentation of the service occurrence in the clinical record.
   - 90 percent of all comprehensive assessments shall be completed within 60 days of the person's enrollment with written documentation of the service occurrence in the clinical record.
   - 90 percent of all individuals enrolled shall have an individualized,

comprehensive recovery plan within 90 days of enrollment with written documentation of the service occurrence in the clinical record.

- 90 percent of all individuals enrolled shall have a completed psychiatric/social functioning history timeline within 120 days of enrollment with written documentation of the service occurrence in the clinical record.
- 50 percent of all individuals enrolled shall receive supported employment services toward a goal of obtaining or maintaining paid, competitive employment within one year of enrollment with written documentation of the service occurrence in the clinical record.
- 90 percent of all individuals enrolled shall receive an assessment to determine independent housing goals within one year of enrollment with written documentation of the service occurrence in the clinical record.
- 90 percent of staffing requirements, including required FACT team composition and ratio of participants to direct service staff members will be maintained monthly.

Table 4.1

NWF Health Network Enhancement Plan FY24-25					
Priority 4	**Florida Assertive Community Team (FACT)**				
Action Plan					
	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2025	Budget Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2025	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2025	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2025	Provider	ME	Services being provided

Table 4.2

NWF Health Network
Enhancement Plan FY 24-25

Priority 4	Florida Assertive Community Team		Total Budget:	$ 1,000,000.00

Budget

Program	Payment Methodology	Covered Services *(add rows to each Payment Methodology as necessary)*	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Florida Assertive Community Team	Case Rate	N/A				$ 1,000,000.00	

Unmet Need Priority #5:
Central Receiving Facility- Circuit 14
Funding Needed: $3,250,000

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

This area of priority was identified by recent events through communications from various community stakeholders in the Circuit 14 area.

Please describe:

a. The problem or unmet need that this funding will address:
During informal discussions with Emerald Coast Behavioral Hospital (ECBH) administration, Life Management Center (LMC) administration, and various Sherriff Departments, the need for a Central Receiving Facility was identified. There were concerns mentioned of indigent persons bypassing Managing Entity funded beds, and therefore, there was consideration among ECBH administration to relinquish the Baker Act receiving facility designation. This action would ultimately reduce the number of Baker Act receiving beds in the area from 84 to 16. ECBH reports 68 available beds and LMC reports 16 available beds.

Background:
The Baker Act, Florida Statute 394, also known as the Florida Mental Health Act is Florida's law which governs the emergency treatment of mental illness in the state of Florida. Florida Statute 394.463 and Chapter 65E-5 of the Florida Administrative Code allow for a person to be taken to a receiving facility for an involuntary examination if there is reason to believe that he or she has a mental illness, as defined in statute, and because of his or her mental illness:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine if the examination is necessary; **and**
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real
- and present threat of substantial harm to his or her well-being; and it is apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or**
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to self or others soon, as evidenced by recent behavior.

An individual can be placed on a "Baker Act" in several different ways. The first is through

a judge entering an “Ex Parte Order for Involuntary Examination,” also referenced as BA-1. Others include the execution of a certificate for involuntary examination by a law enforcement officer, or by the execution of a certificate by an authorized professional, also referenced as, BA-52. An authorized professional includes a physician, clinical psychologist, clinical social worker, mental health counselor, marriage and family therapist or psychiatric nurse. In all cases, Florida Statute 394.462 mandates that a law enforcement agency take the individual who has been placed on a “Baker Act” into custody, and then transport that person to the nearest receiving facility for examination.

Receiving Facilities
A receiving facility is allowed to receive and hold involuntary patients under emergency conditions for psychiatric evaluation and to provide short-term treatment. The Department of Children and Families designates facilities as Baker Act Receiving Facilities before the facility is licensed by the Agency for HealthCare Administration (AHCA). Receiving facilities may be designated as “public” or “private.” Public receiving facilities have a contract with the Department to provide mental health services to all persons regardless of the ability to pay. A private receiving facility does not receive funds from the Department but receives reimbursement for services from other sources such as Medicaid, Medicare, or other third-party payers. There are two receiving facilities in Bay County, one public receiving facility, Life Management Center, and one private receiving facility, Emerald Coast Behavioral Hospital which, cover admissions of involuntary clients under the Baker Act for the six-county service area Bay, Gulf, Washington, Holmes, Jackson, and Calhoun.

Transportation
Once an involuntary examination has been initiated, law enforcement is responsible for taking custody of the person and delivering him or her to the nearest receiving facility for the mandated involuntary examination.

Current:
Emerald Coast Behavioral Hospital and Life Management Center are the nearest receiving facilities for all of the Circuit 14 counties. Both facilities receive adults and children.

b. The proposed strategy and specific services to be provided:

A Centralized Receiving Facility is needed for the residents of Circuit 14 counties. The facility would serve as the screening and assessment hub for all individuals detained under the Baker Act. Implementation of this facility will provide clinical and other advantages for the client, assist law enforcement, and decrease use of hospital emergency departments. See more details under question number four.

c. Target population to be served:

Youth and adults from Bay, Gulf, Washington, Holmes, Jackson, and Calhoun counties being transported by law enforcement under involuntary Baker Act.

d. Counties to be served:

- Bay County
- Calhoun County
- Gulf County
- Holmes County
- Jackson County
- Washington County

e. Number of Individuals to be served:
Total Life Management Center public funded beds utilized in a six-month period (1/1/24-6/30/24): 945

2. Please describe in detail the action steps to implement the strategy

a. Ensure funding is available through appropriation or internal budget shift
b. Procure service provider(s) via RFP
c. Negotiate and contract with provider(s)
d. Begin providing services

*Reference Table 5.1 for additional details

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal**

a. $3,250,000 total budget amount

*Reference Table 5.2 for additional details

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Clinical Advantages
It is often difficult to determine what particular issue is driving an individual's symptom presentation. A system with a centralized intake process is a far more efficient and effective model for handling the transport of all individuals in need of an involuntary examination. It provides an increased opportunity for diversion of those who do not need an inpatient setting, creating an opportunity for improved utilization of limited beds. Those with potential of diversion can be linked to appropriate community resources. Since the Central Receiving Facility will be staffed with nurses, medications ordered by physicians could be initiated immediately, if needed, to alleviate any medical or behavioral health symptoms, instead of the client having to wait to be admitted to one of the receiving facilities. Baker Act hearings could be held on-site at the Central Receiving Facility which

would provide enhanced confidentiality and minimize disruption to client care.

Other Advantages for Clients
By using a Central Receiving Facility, law enforcement officers can divert individuals in mental health crisis, who might have otherwise been arrested, to a clinically appropriate setting. Transfer of clients from an Emergency Department to a Baker Act Receiving facility are notorious for taking a long time. A Central Receiving Facility will have staffing and protocols in place to ensure timely transfer of clients. If more than one hospital is a partner with the Central Receiving Facility, the Central Receiving Facility can ensure the client is offered a choice of which hospital will serve that client.

Advantages for Law Enforcement
Most Central Receiving Facility models have reduced officer wait time to less than four minutes. Under the centralized model, all law enforcement agencies across the six-county service area would bring the individuals to the same location.

Advantages for Ascension Sacred Heart Bay and HCA- Gulf Coast Hospital:
The current system is inefficient, uses costly hospital emergency department resources, places the burden of arranging for transportation on hospital, and requires many clients who are already in emotional distress to spend hours waiting to be sent to the appropriate facility for admission. The Central Receiving Facility will reduce the use of more expensive emergency department resources and free medical facilities from the burden of securing transportation for clients to the receiving facility.

5. What specific measures will be used to document performance data for the project?

- Number of clients served Law enforcement wait time
- Number of individuals diverted from arrest
- Number of diversions from state mental health treatment facilities

Table 5.1

NWF Health Network Enhancement Plan FY24-25					
Priority 5	**Central Receiving Facility- Circuit 14**				
Action Plan					
	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through appropriation or internal budget shift	1/1/2025	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2025	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s) a. Ensure an adequate location is identified b. Ensure appropriate staffing c. Ensure appropriate procedures are in place	6/15/2025	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2025	Provider	ME	Services being provided

Table 5.2

NWF Health Network Enhancement Plan FY 24-25							
Priority 5	**Central Receiving Facility- Circuit 14**					**Total Budget:**	**$ 3,250,000.00**
Budget							
Program	**Payment Methodology**	**Covered Services** *(add rows to each Payment Methodology as necessary)*	**Proposed Rate**	**Available Service Capacity (Units)**	**Minimum Required Service Level (Units)**	**Operating Budget Allocation**	**Comments**
Central Receiving Facility	Availability- monthly fixed price	Project Code = A3 Central Receiving System				$ 3,250,000.00	Budget amount based on current budget from similar program within the network.

Appendix F: **Southeast Florida Behavioral Health Network's (SEFBHN)**

Fiscal Year 2024-2025 Enhancement Plan
Local Funding Request

Introduction

As a result of Senate Bill 12 passed in 2016, Florida Statute 394 related to Managing Entity duties were amended to include the development of annual Enhancement Plans. These plans are to identify 3-5 priority needs in the network service area and strategies for implementation of said needs. The following serves as Southeast Florida Behavioral Health Network's (SEFBHN) Enhancement Plan for FY 2024-2025. As in our previously submitted Enhancement Plans, the current plan supports our philosophy for a seamless, accessible, recovery-oriented system of behavioral health care. This is accomplished by ensuring that a full array of prevention and treatment practices are available within our five-county network that includes Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. SEFBHN's contracted network of service providers includes sixty-three (63) private and non-profit service agencies that offer a wide variety of science and evidence-based mental health and substance abuse services. These include Aftercare, Assessment, Behavioral Health Network (Title XXI, B-NET), Case Management, Crisis Stabilization, Substance Abuse Detoxification, Drop-in, Florida Assertive Community Treatment (FACT), Family Intensive Treatment (FIT) Teams, Community Action Treatment (CAT) Teams, In-Home On-site, Medical Services, Outpatient, Prevention, Residential (or Room and Board with Supervision), Supported Housing and Employment, Opioid Treatment services including Medication Assisted Treatment, support for Mental Health and Drug Courts and development of Children's Mental Health Systems of Care within the regional network.

The priorities identified in the Enhancement Plans have been informed by the Triennial Needs Assessment that MEs are also required to submit. SEFBHN contracted with the Health Council of Southeast Florida and partnered with the other MEs to conduct the most recent Triennial Needs Assessment, the first part of which was submitted in June 2022 and a final report was submitted in October 2022. The Needs Assessment for Southeast Florida Behavioral Health Network represents the results of qualitative and quantitative data collected across the five-county regional area from various sources, providers, systems, and stakeholders. The 2022 Triennial Needs Assessment included focus groups, key stakeholder interviews, provider and consumer surveys, and the analysis of key data points. Additionally, a Cultural Health Disparities Survey was completed in June 2022. The Cultural Health Disparities Survey examined socially vulnerable areas of the region, as pre-identified by the Centers for Disease Control utilizing the CDC/ATSDR Social Vulnerability Index (SVI). Areas of the region with socially vulnerable populations were extensively surveyed, and twenty-two focus groups were held to identify opportunities, areas of strength, and community feedback regarding the behavioral health

system. The synthesis of all this information helped to identify the priority areas of focus, which will be described below. While some are enduring priorities that serve to maintain individuals within the community, such as supportive employment and expansion of medication management, there are also some emerging priorities that have been highlighted since the Covid Pandemic began in 2020, including workforce stabilization and increased administrative funding for the Managing Entity budget.

The priorities identified for the SEFBHN Enhancement Plan for FY 2024-2025 include the following:

1. Expansion of supported and transitional housing.
2. Increased substance use funding for areas of prevention, nonresidential, and residential treatment.
3. Increased administrative funding for the ME budget.
4. Funding for Zero Suicide.

It is expected through the approval and funding of the Enhancement Plan that these priorities will be successfully addressed by SEFBHN and their collaborative partners.

Priority 1 – Expansion of Supported and Transitional Housing

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. Supportive and Transitional Housing was identified as an ongoing need which was highlighted by the challenges brought by the COVID-19 Pandemic, which include job loss and shortages, as well the increased costs of living for the region.

a. Please describe the problem or unmet need that this funding will address.

One of the most significant challenges faced by individuals with mental illness is the lack of available housing. Mental illness can have a domino effect, leading to precarious housing situations or even homelessness. However, having a safe and secure place to live is crucial for their recovery, enabling them to access necessary services and live independently to the best of their abilities. Stable housing is also vital for individuals with substance use disorders, especially in the context of SEFBHN's efforts to address the Opioid Crisis through Medication Assisted Treatment (MAT). For individuals who can receive outpatient treatment, stable housing is essential for maintaining contact with the consumer during the early stages of MAT. The lack of affordable housing options contributes to individuals resorting to more restrictive placements as a default, such as jails, crisis stabilization units, and residential mental health and substance abuse treatment facilities. It can also hinder the transition of individuals with severe mental

illness out of State Mental Health Treatment Facilities (SMHTFs). Finding and maintaining housing can be particularly challenging for individuals with mental health conditions or substance use disorders, especially for those who are economically disadvantaged. Renting an apartment may be financially out of reach for many. To highlight the need for stable housing, SEFBHN receives a significant number of monthly requests for transitional vouchers specifically for housing assistance. This demonstrates the urgent need for affordable housing options to support individuals with mental illness and substance use disorders on their path to recovery.

a. The proposed strategy and specific services to be provided.

SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with SMI and co-occurring disorders. The services provided would include:

1. Transitional housing beds. The individuals would be living independently, paying their own room and board but have access to a supportive living coach and be offered life skill and independent living training. The provider will also assist the residents of the home/apartment in applying for SOAR benefits, and food stamps and in identifying other resources in the community such as public transportation or supportive employment services. They also tend to have access to 24-hour crisis support services, although these services may not be available onsite. This level of supportive housing is intended to be transitional – allowing individuals a safe stable setting while they learn needed skills to eventually live in community-based housing.
2. An additional component is for these same Supportive Housing Services as noted in item (1), but for individuals who are already living on their own or looking to transition to a more independent setting (i.e., the adult who has been living with family but who want to or needs to find their own living arrangement).
3. An increase in funding for transitional housing vouchers for individuals with Substance Use Disorder – used primarily for 1-3 months' rent in a FARR certified Recovery Residence for individuals beginning MAT.

b. Target population to be served.

- Adults with SMI, and Co-occurring disorders
- Adults with substance disorders

c. County(ies) to be served (County is defined as county of residence of service recipients).

One (1) initial lead program within the 5-county network of Indian River, Martin, Palm Beach, Okeechobee, and St. Lucie.

d. Number of individuals to be served*:*

- 150 for transitional housing

- 100 for transitional housing vouchers

2. **Please describe in detail the action steps to implement the strategy.**

To address the need for supportive and transitional housing, SEFBHN would work with existing providers of residential services, and the provider network in general, to fund and enhance supportive and transitional housing programs.

3. **Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.**

$ 1,000,000 - Additional funding to enhance Supportive Housing Services for C15/C19.

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**

Supportive Housing is consistent with the principles of the Recovery Oriented System of Care in that it can result in:

- Reduction in the use of more restrictive placements (i.e. jail, CSU's and SMHTF's)
- Sustained Recovery for consumers receiving these services
- Increase in the consumers receiving these services living independently

5. **What specific measures will be used to document performance data for the project?**

The standard contract measures will be utilized to include

- Adults with SMI living in stable housing
- Reduction in number of adults arrested
- Adults with Co-Occurring disorders who live in stable housing
- Adults who successfully complete Substance Use Treatment

Priority 2 – Increased Substance Use Funding for Areas of Prevention, Non-Residential and Residential Treatment

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. Substance Use Prevention, Non-Residential and Residential programming was identified as an ongoing need which was highlighted during the COVID-19 Pandemic and has remained as an ongoing need within the region.

The need will be further highlighted due to the reduction in the current year's budget to fund these programs for the region.

a. What problem or unmet need will this funding address?

A significant challenge in combating substance use is the availability of an array of services that is targeted to the population at the various stages. Funding to continue prevention will allow for these evidenced-based programs to continue. Evidence shows that early prevention is key to combating the epidemic of substance misuse by providing education across systems. Providing treatment in non-residential and residential ensures treatment is available at all levels of care within the SEFBHN network. The reduced funding impairs SEFBHN from funding these services despite the growing demand in our communities. By restoring funding, SEFBHN can continue funding services at all levels of care and ensure access to services. Also, by restoring funding, SEFBHN can expand its outreach and impact within the network. This will lead to healthier communities and a reduction in the long-term costs associated with not having access to services.

b. The proposed strategy and specific services to be provided.

Continued supporting programs that are already established across the network.

c. Target population to be served.

- Children and Adult Substance Abuse (CSA, ASA)

d. County(ies) to be served (County is defined as county of residence of service recipients).

All five counties in the network – Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

e. Number of individuals to be served

- Number of individuals to be served for Residential and Non-Residential Programs: 500
- Number of individuals to be served for Prevention: 35,452

2. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.

$4,000,000

3. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The funding for these programs will:

- Allow for access to various levels of care across the network
- Reduction in the use of more restrictive placements (i.e. jail, CSU's and SMHTF's)

- Sustained Recovery for consumers receiving these services
- Increase in number of consumers receiving these services

4. **What specific measures will be used to document performance data for the project?**

The standard contract measures will be utilized to include:

- Prevention performance outcome measures
- Adults and Children who successfully complete treatment

Priority 3 – Increased Administrative Funding for the Managing Entity Budget

1. **Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. An increased Managing Entity administrative budget was identified as an emerging need, which has also been highlighted by the challenges brought on by the COVID-19 Pandemic, which include additional responsibilities assigned to the MEs and a need for more staff to oversee these new responsibilities effectively.

a. Please describe the problem or unmet need that this funding will address:

As stated above, additional responsibilities continue to be assigned to the Managing Entity without the corresponding administrative budget needed to affectively implement and administer these programs.

<u>Additional responsibilities and initiatives include</u>

- Statewide SOR funding to address the statewide Opioid Crisis
- Increase in CORE funding
- Increase in proviso project funding and responsibilities
- Increase in state opioid settlement dollars

Currently, staff are serving multiple roles and have limited time to devote to local community initiatives designed to increase resources. These same staff are also working to instill the principles of ROSC, Zero Suicide and other initiatives, and will require additional time during on-site contract validation reviews and completing chart reviews. The assignment of new contracts, including proviso agreements and addition of new programs impact all staff with additional training for providers, contracting responsibilities, data surveillance, and on-site contract validation reviews. Additionally, more staff is needed to assist with contracting, compliance, and general oversight.

b. The proposed strategy and specific services to be provided:

An increased ME administrative budget would help to eliminate barriers to effectively administering programs receiving both state and federal financial funding, as an assist with ME-level compliance and contractual oversight.

c. Target population to be served:

- Children and Adult Mental Health (CMH, AMH).
- Children and Adult Substance Abuse (CSA, ASA).

d. County(ies) to be served (County is defined as county of residence of service recipients):

All five counties in the network – Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

e. Number of individuals to be served:

The addition of ME Administrative funding will help to ensure that SEFBHN is able to effectively oversee all required initiatives and provide quality contractual oversight.

2. Please describe in detail the action steps to implement the strategy:

Plans for an increased ME administrative budget include:

- Submit enhancement plan identifying increase in administrative budget as a priority for FY 24-25.
- Hiring of additional SEFBHN staff to provide support to network providers and manage new contracts and initiatives.
- Arrange for trainings and coordination for ME and Network Provider staff on Evidenced Based Practices for Behavioral Health Care.

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.

Please identify any other sources of state and county funding that will contribute to the proposal.

$1,000,000.00: ME Operational Integrity to provide funding to manage increased program responsibilities.

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Beneficial results and outcomes associated with additional administrative funding for SEFBHN include:

- Ability to maintain and preferably increase service numbers from FY 22-23 levels.
- Increased ability to assist providers in meeting the Coordination of Care and Housing needs of our Priority Populations.
- Increased support at the ME-level for contracting, compliance, and general

oversight.
- Increased ability to provide support and technical assistance to subcontracted providers.

5. What specific measures will be used to document performance data for the project:

All standard outcome measures within SEFBHN's contract with the Department would apply to this priority.

Priority 4 – Zero Suicide Funding

1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

The foundational belief of Zero Suicide is that individuals under the care of health and behavioral health care providers is a preventable event. The Hanley Foundation Zero Suicide Initiative Program is a collaboration between the Department of Children and Families (DCF), Southeast Florida Behavioral Health Network (SEFBHN), and the Hanley Foundation. The goal of the Zero Suicide Initiative Program is to provide the communities and behavioral health agencies in the areas of Circuits 15 and 19 (Palm Beach, the Treasure Coast and Okeechobee) with trainings, education, and implementation opportunities to ensure safe, consistent suicide care management throughout the entire Southeast region. The Zero Suicide Initiative is a Substance Abuse and Mental Health Services Administration (SAMHSA) based initiative that utilizes evidence-based trainings and treatment modalities to save lives and empower behavioral health professionals with the knowledge they need to act effectively in a crisis. Another key component of Hanley Foundation's Zero Suicide Initiative Program is to provide general community outreach to increase awareness of the resources for suicide prevention and intervention, as well as educate the public regarding the risk factors and warning signs of a suicide crisis and how to utilize the SEFBHN-led behavioral health system for treatment and support.

In addition to providing trainings, education and outreach to the SEFBHN Provider Network and system partners, Hanley Foundation also utilizes data collection from the Florida Department of Health (FL-DOH), the Centers for Disease Control (CDC), SEFBHN/DCF and SAMHSA to look at the latest local statistics for suicide in order to specifically target individuals, communities and geographical areas that are presenting as more at-risk for suicide deaths than other areas in the region.

a. What problem or unmet need will this funding address?

The funding would address the ongoing need and support of suicide prevention detection and identification across the network. These programs will reduce the occurrence of suicide as well as detect and identify those at risk.

b. The proposed strategy and specific services to be provided:

The funding would be provided for the continued funding of The Hanley Foundation's Zero Suicide program and ensure ongoing training and support of providers across the SEFBHN network.

c. Target Population to be served:

- Children and Adult Mental Health (CMH, AMH)
- Children and Adult Substance Abuse (CSA, ASA)

d. County(ies) to be served (County is defined as county of residence of service recipients):

The 5-county network of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

e. Number of individuals to be served:

62 providers will receive ongoing training and support to implement Zero Suicide within their organization. Impacts will be seen throughout the network as all individuals receiving services will benefit from being assessed for depression, and risk of suicide.

2. Please describe in detail the action steps to implement the strategy.

SEFBHN will continue contracting with the Hanley Foundation as the program has already been established.

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.

Please identify any other sources of state and county funding that will contribute to the proposal.

$500,000

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Ability to continue to provide education, training and supports to providers across the SEFBHN network
- Increased ability to provide support and technical assistance to subcontracted providers.
- Identify and Reduce Suicide Risk amongst consumers receiving services.

5. What specific measures will be used to document performance data for the project?

All providers who receive SEFBHN funding will be required to participate in Zero Suicide education and follow Zero Suicide protocols.

Appendix G: South Florida Behavioral Health Network (SFBHN) DBA/Thriving Mind South Florida

Fiscal Year 2024-2025 Enhancement Plan
Local Funding Request

Process of Determining Unmet Need

Thriving Mind South Florida (South Florida Behavioral Health Network, Inc.; Thriving Mind), completed its 2022-2023 Triannual Needs Assessment on Oct. 1, 2022. Thriving Mind participated in a statewide needs assessment exercise and engaged the Health Council of South Florida (HCSF), a private, non-profit 501(c)3 organization serving as the state-designated local health planning agency for Miami-Dade and Monroe Counties, to conduct its portion of the comprehensive behavioral needs assessment and cultural health disparity report. Consequently, HCSF collected qualitative and quantitative data to conduct analysis and recommendations for prioritization of services. The results were driven by collected information obtained through data analysis, feedback from community forums, surveys, and interviews.

The process to complete the behavioral health community needs assessment included partnership with a combination of various key Thriving Mind groups, including board and advisory members, leadership, staff, and/or volunteers, as well as engagement with service providers, individuals served, family members, and caregivers. The resulting report was based on the latest data, focus group results, assessment outcomes, community forums, surveys (individual, peer recovery support, no wrong door, and stakeholder), and the integration of the Managing Entity (ME)-specific data sets. Also, the ongoing engagement between the ME, Network Service Providers (NSPs), individuals served, and other community stakeholders is integral to determining unmet needs.

Additionally, for FY 2022-2023, Gov. Ron DeSantis approved a $126 million per year increase for critical unmet needs. The allocation to our region addressed many previously reported enhancement needs. In addition to significant expansion of residential capacity and other new initiatives in the Southern Region, Thriving Mind used these funds to transform the region's crisis response system (who to call, who responds, where to go).

In addition to support for 988 and increased children's crisis beds, Thriving Mind now offers a robust mobile response team (MRT) network that manages many of the calls previously leading to law enforcement response and Baker Act. Most of these individuals, including children engaged by MRTs because of calls from the schools, are now diverted into treatment within the Department of Children and Families (Department)-funded system of care.

The unexpected ending of non-recurring funds in the current FY budget for the safety net organization for Miami-Dade and Monroe, Thriving Mind, is $17 million before our one-

year mitigation efforts largely using as-yet-unapproved carry forward. Detailed below, these reductions will:

- Reduce services in mental health treatment, FACT interventions, substance exposed newborn program.
- Eliminate programs in substance use treatment for adults and children.
- Eliminate housing coordinator at critical housing program.
- Eliminate prevention programs.

Thriving Mind mitigated the impact of the unexpected ending of non-recurring funds by using one-time, non-recurring carry-forward and supplemental residual balances to the total amount of $9.4 million. The region will still face significant challenges this year and in future years. In absence of additional applied carry forward (which is usually applied to "uncompensated service units"), there will be even larger budget reductions for services, and unmet needs will not be addressed.

Unmet need #1: Additional funding for housing

The problem or unmet need that this funding will address:
A great need exists for affordable housing in the Southern Region, comprised of Miami-Dade and Monroe Counties. For FY 2023-2024, a total of 1,942 individuals served were homeless at the time of admission into our services. Thriving Mind has continually advocated that housing measures are difficult to meet due to our region's higher cost of living compared to other parts of the state.

As of July 2024, the median sold price of a home in Miami-Dade County, Florida, was $541,100, which is a 10.7 percent increase from July 2023. In June 2024, the median price of a home in Monroe County, Florida was $925,000, which is a 4.6 percent decrease from the previous year.

The increased cost in housing is reflected in increased costs that roll down to our providers and individuals served. For Fiscal 2023-2024, a total of $315,318 was spent on Assisted Living Facility payments (152 payments for 19 individuals). This is up from $192,445 in FY 2022-2023 (113 payments for 22 individuals).

Additionally, each of our counties has unique needs: Monroe is rural, and Miami-Dade is urban. Thriving Mind continues to advocate for lowering the target in the housing measure. Despite our success in implementing the use of transitional vouchers to assist with housing needs, the lack of affordable housing units continues to be a huge barrier in both counties. Therefore, more funding is needed to sustain and increase the number of individuals Thriving Mind serves through transitional vouchers.

The proposed strategy and specific services to be provided

Thriving Mind will continue to implement its Housing Collaborative to address the housing needs in our community. Thriving Mind will continue to:

- Provide agencies with technical assistance in coding and meeting the state targets.
- Track agency progress toward meeting state housing targets.
- Partner with Homeless Trust of Miami-Dade County on innovative and new ways to offer housing to individuals served who are in both the behavioral health and homeless systems.
- Outreach to other system partners such as Veterans Affairs and housing developers.
- Strengthen relationships with local housing providers such as Carrfour Supportive Housing, Inc.
- Follow-up on housing recommendations based on Thriving Mind's Needs Assessment.
- Engage with Florida Housing and Finance for updates, funding availability, and resources.
- Continue to partner with Homeless Trust to assess the unduplicated count of homeless persons served across the network continuum, prioritizing services for persons identified as High Need/High Utilization (HNHU) program participants.
- Research best practices to support increased utilization of non-traditional services, increased involvement from community providers, increased feedback from affected individuals served and their families, decreased homelessness, and increased treatment compliance.
- Collaborate with the professional trade organizations as well as other organizations that are addressing Housing and Homelessness issues including, but not limited, to: Florida Behavioral Health Association, the National Housing Council, the Florida Housing Council, the Florida Coalition for the Homeless, the Florida Supportive Housing Coalition, the Florida Council on Homelessness, and the Florida Assisted Living Association.
- Consult with our provider network to cross-train clinical staff to complete Service Prioritization Decision Assistance Prescreen Tool (SPDAT) assessments for housing resource access.

Target population to be served

- Adult Mental Health adults who need housing or are at-risk of becoming homeless.
- Adult Substance Use Disorder adults who need housing or are at-risk of becoming homeless.

Counties to be served:

- Miami-Dade
- Monroe

Number of individuals to be served

- 150 adults in mental health treatment
- 60 adults in substance use disorder treatment

Please describe in detail the action steps to implement the strategy

- See attached excel workbook - Housing action plan tab

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $1.4 million - See attached excel workbook - Housing budget tab

Identify expected beneficial results and outcomes associated with addressing this unmet need.

Thriving Mind's goal is to develop nontraditional partnerships with community housing providers, organizations, and agencies to facilitate access to supportive housing resources for individuals who are challenged with a mental health diagnosis and/or substance use diagnosis. This Housing Collaborative identifies and develops supportive housing services that complement/facilitate access to those individuals currently in our residential system of care and/or those who have the skills to benefit from supportive housing.

What specific measures will be used to document performance data for the project

a. Thriving Mind will measure success by improvements in state housing targets by the network.
b. Decrease the number of individuals who are homeless in the system.

Unmet need #2: System level care-coordination

The problem or unmet need that this funding will address:

Care Coordination is the systematic management of the system of care to ensure that individuals with the highest level of need are linked to community-based care and provided the appropriate support to address their treatment needs. Care Coordination requires enhanced access to data about an individual's social determinants of health in addition to their clinical status to achieve safer and more effective care. As such, System-Level Care Coordinators review, analyze, trend, and report utilization data of individuals receiving behavioral health service to identify, recommend, and assist in implementing programmatic and system changes designed to further develop and improve the system by creating an enduring coordinated system.

Poorly managed care transitions for high-risk, high-need individuals from acute services to lower levels of care negatively affect a person's health and well-being, potentially causing additional utilization of acute, crisis services, avoidable re-hospitalization, or re-

arrest. System-level care coordination links individuals to provider-level care coordination and oversees coordinated care transitions to ensure warm handoff between levels of care. It also ensures that a person's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care.

Thriving Mind is committed to sustaining the value added to the system, and lives of many of those who require our services by the system-level Care Coordination team. System-level Care Coordinators have proven effective in ensuring that the system of care is accessible, effective, efficient, and appropriate for individuals and families seeking services.

The proposed strategy and specific services to be provided

Thriving Mind will continue to implement Care Coordination throughout our system of care. Since its inception, the care coordination process has changed to meet the needs of those identified to meet criteria and in congruence with Guidance Document 4. Based on the needs of the Southern Region, Thriving Mind adjusts its target populations, adding new ones to serve the needs of our community best. Thriving Mind rolled out the implementation of Critical Time Intervention (CTI), an intensive nine-month care coordination model designed to assist adults aged 18 years and older with mental illness who are going through critical transitions, and who have functional impairments that preclude them from managing their transitional need adequately. CTI promotes a focus on recovery and psychiatric rehabilitation and bridges the gap between institutional living and community services.

The Managing Entity is responsible for the following activities:

1. Identify, through data surveillance, individuals eligible for Care Coordination based on the priority populations identified.
2. Subcontract with Network Service Providers (NSPs) for the provision of Care Coordination using the allowable services. NSPs must demonstrate a successful history of:
    a. Collaboration and referral mechanisms with other NSPs and community resources, including, but not limited to, behavioral health, primary care, housing, and social supports.
    b. Benefits acquisition.
    c. Individual and family involvement; and
    d. Availability of 24/7 intervention and support.
3. Track individuals served through Care Coordination to ensure linkage to services and to monitor outcome metrics.
4. Manage Care Coordination funds and purchase services based on identified needs.
5. Track service needs and gaps and redirect resources as needed, within available resources.

6. Assess and address quality of care issues.
7. Ensure provider network adequacy and effectively manage resources.
8. Develop diversion strategies to prevent individuals who can be effectively treated in the community from entering State Mental Health Treatment Facilities (SMHTFs) or a Statewide Inpatient Psychiatric Program (SIPP).
9. Develop partnerships and agreements with community partners (i.e., managed care organizations, criminal and juvenile justice systems, community-based care organizations, housing providers, federally qualified health centers, etc.) to leverage resources and share data.
10. Provide technical assistance to NSPs and assist in eliminating system barriers.
11. Work collaboratively with the Department to refine practice and to develop meaningful outcome measures.
12. Implement a quality improvement process to establish a root cause analysis when care coordination fails.

Target population to be served

The Managing Entity will be focusing on the following target populations:

1. Adults with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services.
    a. For the purposes of this document, high utilization is defined as:
        i. a. Adults with three (3) or more acute care admissions within 180 days.
        ii. Adults with acute care admissions that last 16 days or longer.
        iii. Adults with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
2. Adults with SMI awaiting placement in a SMHTF or awaiting discharge from a SMHTF back to the community.
3. Adults involved with Jail Diversion Program and law enforcement.
4. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in s. 394.492, F.S. who require assistance in transitioning to services provided in 4 the adult system of care.
5. Children with a serious emotional disturbance (SED), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services.
    a. For the purposes of this document, high utilization is defined as:
    i. Children/adolescents with three (3) or more acute care admissions or assessments within 180 days.
    ii. Children with acute care admissions that last 16 days or longer.
    iii. Children with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
6. Children being discharged from Baker Act Receiving Facilities, Emergency

Departments, jails, or juvenile justice facilities at least one time, who are at risk of re-entry into these institutions or of high utilization for crisis stabilization.

7. Children waiting admission or to be discharged from a Statewide Inpatient Psychiatric Program (SIPP).
8. Children and adolescents who have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders.
9. Children involved with Law Enforcement. Families with infants experiencing or at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.
10. Individuals referred and enrolled in the Jail Diversion Program (JDP).
11. Individuals (youth and adults) referred by, or to, a Law Enforcement Agencies and followed by that Law Enforcement agency.
12. Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:
    a. Persons with a SMI, SUD, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
    b. Caretakers and parents with a SMI, SUD, or co-occurring disorders involved with child welfare.
    c. Individuals identified by the Department, MEs, or network providers as potentially high risk due to concerns that warrant Care Coordination, as approved by the Department.

Counties to be served

- Miami-Dade
- Monroe

Number of individuals to be served

- 210 adults and
- 40 children

Please describe in detail the action steps to implement the strategy

- See attached excel workbook - System-Level Care Coordination action plan tab

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $750,000 - See System-Level Care Coordination budget tab

Identify expected beneficial results and outcomes associated with addressing this

unmet need.

The long-term goal of care coordination in the Southern Region, when fully implemented, is to be able to utilize the data collected through this process to develop behavioral health treatment protocols like those that are currently used in the medical field. The development of these protocols will enable the system to better identify crisis indicators and improve early intervention services. Thriving Mind also seeks to provide care coordination to all target populations.

What specific measures will be used to document performance data for the project.

- Re-admission rates for individuals served in acute care settings.
- Length of time between acute care admissions.
- Length of time an individual waits for admission into a SMHTF or SIPP.
- Length of time an individual waits for discharge from a SMHTF; and
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.

Unmet need #3: Funding for Children's Respite Program

The problem or unmet need that this funding will address:

The responsibilities of caregiving can increase a family's risk for developing physical, mental, and financial problems. Requesting respite care for youth can help families maintain the caregivers' well-being and the family intact. It is not selfish or neglectful to take a break. Respite care offers the caregiver(s) and families time to self-care, bring a sense of normalcy back into the home. It also offers the child an opportunity to learn new skills and participate in planned activities which increases socialization and independence. Families have identified respite as a major service delivery gap in our community. Unfortunately, there are no respite programs that adequately serve this population.

The proposed strategy and specific services to be provided:

Thriving Mind would like to fund a respite program for youth. A respite program is a voluntary, short-term, overnight program. Respite provides community-based, non-clinical crisis support to help youth and families, by providing temporary relief, improve family stability and reduce the risk of abuse and neglect.

Although respite can be offered 24 hours per day in a homelike environment for support during time of crisis, Thriving Mind proposes to start a program that offers planned respite, Friday evening through Sunday afternoon/evening. Thriving Mind would like to staff and operate the respite program with caregivers with lived experience caring for, or recovering from, mental illness

and/or substance use disorder.

Target population to be served:

- Youth (14 to 17 years old) with a Mental Health disorder who are at risk of out of home placement who are receiving services from wraparound programs such as Community Action Treatment (CAT) teams, or Children's Crisis Response Team (CCRT), or have been staffed during Local Review Team meetings.

County to be served:

- Miami-Dade

Number of individuals to be served:

- 50 per FY

Please describe in detail the action steps to implement the strategy:

- See attached excel workbook - Children's Respite action plan

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $582,400 **-** See attached excel workbook - Children's Respite budget tab

Identify expected beneficial results and outcomes associated with addressing this unmet need.

A study of Vermont's 10-year-old respite care program for families with children or adolescents with serious emotional disturbance found that participating families experience fewer out-of-home placements than non-users and were more optimistic about their future capabilities to take care of their children (Bruns, Eric, November 15, 1999). A more recent study on Return on Investment in Systems of Care for Children with Behavioral Health Challenges found that communities in which a broad array of home and community-based evidence-informed services are available decreases inpatient psychiatric hospitalizations and out of home placements. (Stroul, B., Pires, S., Boyce, S., Krivelyova, A., and Walrath, C. 2014). Piloting an evidence-informed respite care program, which includes data on performance measures and return on investment, will reduce overall cost to the system of care by preventing out of home placements.

What specific measures will be used to document performance data for the project

- Decrease out of home placement
- Decrease child welfare involvement
- Improve productivity of the home
- Improve school attendance

Unmet need #4 Children's Crisis Unit in South Miami-Dade and Monroe County

The problem or unmet need that this funding will address:
More than 600,000 residents of the Southern Region are children/youth, and there is only one Crisis Stabilization Unit (CSU) in the region. The shortage of children's CSU beds affects mostly Monroe County and the southern end of Miami-Dade. Children from these areas needing stabilization at the CSU could travel as far as 159 miles, over a three-hour trip, to access the nearest children's Baker Act facility. For a child or adolescent who is undergoing a mental health crisis, having to travel (sometimes three hours) this long distance is an added layer of distress to their current situation. In addition, children are often transported to the nearest adult receiving facility. Dropping off children at adult crisis units places a security and financial burden on the adult unit that needs to assign one-one staff and coordinate/pay transport to an available children Baker Act-designated facility. Note that, at times, this transfer had to be made to Broward County, one county north of Miami-Dade. Potentially, a family from Monroe County will have to travel through their county and Miami-Dade County to support/visit their child at a crisis unit in Broward County. However, and most importantly, not having access to a nearby children's crisis unit delays access to appropriate treatment for the child.

Miami-Dade's southernmost adult CSU has tracked the number of children dropped off at their receiving site over the years. Below is a chart of the numbers they have kept track off. The documented decrease in the number of children dropped off at this adult CSU is the result of training and educating law enforcement agencies on the revised 2023 Transportation Plan. The 2023 transportation plan directs LEO to take to the most appropriate facility designated to serve minors.

Despite the positive response we experienced with our law enforcement partners, it is noted that traveling farther away from their district removes their presence for longer periods. Consequently, these law enforcement partners are unable to respond to other emergencies within their districts. It is also important to note that one of our contracted providers, Community Health of South Florida, will be inaugurating a 20-bed CSU at their south Dade location. This building offers the system of care the opportunity to fund children's crisis services to meet the community the identified needs.

This data in the chart below was tracked and provided by Community Health of South Florida (CHI).

Children from the Southern Region brought to CHI Adult Baker Act Facility	
Year	Number of Children
2017	336
2018	441
2019	599

2020	446
2021	363
2022	240
2023	185
2024	61 (Through August)

The proposed strategy and specific services to be provided:
Funding Network Service Provider (NSP) to provide crisis services.

Target population to be served:

- Children and Adolescents under the age of 18.

Counties to be served:

- Miami-Dade
- Monroe

Number of individuals to be served:
A 16-bed Children Crisis Stabilization Unit can potentially serve up to 1,900 children annually with an average length of stay of three days.

Please describe in detail the action steps to implement the strategy:

- See excel spreadsheet - Children's CSU action tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $2,920,000 for 16 beds**.** See excel spreadsheet - Children's CSU budget plan tab.

At the time of this report, an existing network service provider is building a facility at the southern end of county, close to the Monroe County line. The funds requested here could fund a 16 beds children crisis until, with no additional capital expenditure, that would meet the needs of both counties.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Reducing the amount of time from onset of crisis and initiation of treatment at the CSU will prevent further psychological distress in the individual.
- Increased parental involvement, and family treatment due to proximity of facility.
- Improved discharge planning

What specific measures will be used to document performance data for the project

- Decreased admissions at Baker Act facilities outside of Miami-Dade County.
- Serving children/youth closer to home and family support
- Improved discharge planning, better grasp on resources for after-care

Unmet need #5: Additional funding for Suicide Prevention Services

The problem or unmet need that this funding will address:

Suicide is one of the top 10 leading causes of death in the United States, with one death every 11 minutes. Suicide attempts also result in an even larger number of non-fatal, intentional self-harm injuries. Suicide risk persists from youth to older age. In the U.S., it is the second-leading cause of death for people 10 to 34 years of age, the fourth-leading cause among people 35 to 54 years of age, and the eighth-leading cause among people 55 to 64 years of age. In 2022, the age-adjusted rate per 100,000 population of Deaths from Suicide (All) in Miami-Dade County was 8.1 compared to Florida at 14.1 and to Monroe County at 17.0.[1]

Thriving Mind data for 988 services for FY 2023-2024 reported that 22,317 calls were received in the Region through the 988 Suicide and Crisis Lifeline. Of these, 71 were referred to the Mobile Response Team and 8,514 were referred to mental health services; 66 resulted in Voluntary Emergency Rescue; 89 in Involuntary Emergency Rescue, and 2,640 reported suicidal ideations.

Recognizing funding insecurity, Thriving Mind needs to establish a robust, sustainable, comprehensive suicide prevention strategy that addresses the needs of the community, provides effective services, and promotes long-term mental health and well-being using data and evidence-based programming. Proposed funding will support service enhancement:

- through effective data collection strategies to support programming and funding decisions.
- through continued expansion of successful suicide prevention programming with validated outcomes.

The proposed strategy and specific services to be provided

Thriving Mind proposes to expand youth and adult education programs, focusing on evidence-based services and research-based community awareness activities. These strategies are developmentally appropriate and culturally/linguistically competent prevention programs that fit within a comprehensive approach to suicide prevention. These include classroom curriculum, peer prevention programs, collaborations with local partners, participating in community events and fairs, campaigns in social media and the community, and engaging parents and families in prevention efforts.

Suicide prevention program services in the Region data show numbers served, below. Increase in numbers from one year to the next indicate need for additional services.

- More than 4,200 services were offered in FY 2022-2023 and FY 2023-2024 in Ending the Silence; Question, Persuade, Refer; Suicide Awareness, and other community events
- More than 8,500 individuals received services in FY 2022-2023 and in FY 2023-2024, through social media campaigns, mental health curricula, small group interventions, suicide prevention presentations and community outreach activities.
- More than 4,300 high risk youth and their families were identified as needing referral services in referral services for high-risk Youth and Families.

Based on identified need for suicide prevention services, Thriving Mind proposes specific services:

1. Expansion of Question Persuade Refer (QPR)
2. Expansion of End the Silence (ETS)
3. Expansion of Youth Prevention services in schools and community sites.
4. Participating in additional community events with collaborative partners for community education (Department of Health, schools, local service providers, businesses, etc.)
5. Our provider, Behavioral Science Research Institute (BSRI), will create a robust evaluation of services and data collection to support a comprehensive approach to suicide prevention in the Region, including Continuing to develop data sources for analytics.

Target population to be served

- Youth and adults

Counties to be Served

- Miami-Dade
- Monroe

Number of individuals to be served

- 345,318, total individuals served in EBPs (number does not include media campaigns).

It's well known/proven that early identification of risk factors will alleviate down-stream disease as well as cost. Programs are effective at identifying children/youth at high risk. Expansion of QPR will expand program to 5,000 a year; expansion of Ending the Silence will go to 3,000 a year, expansion of Youth Prevention services will increase high-risk youth to 50 a year; small group participants will go up to 50 a year; suicide prevention presentations will go up to 200 a year; referral services will go up to 6300 a year.

Additionally, we will create a robust evaluation of services and data collection to support a comprehensive approach to suicide prevention in the Region.

Please describe in detail the action steps to implement the strategy

See tab Suicide Prevention tab in attached on spreadsheet.

Identify the total amount of state funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- **$610,000 - See Suicide Prevention budget tab in attached spreadsheet.**

Identify expected beneficial results and outcomes associated with addressing this unmet need.

Millions of Americans, and data show youth between 10-34 years of age, seriously think about suicide, plan, or attempt suicide. Thriving Mind will use the enhance funding to collect and analyze data to drive funding and programming decisions in the Region. Program services will improve well-being and resiliency based on the best available evidence and research. Community education and awareness strategies, through a coordinated comprehensive prevention strategy, will bring attention to the risks and options for help those in crisis or thinking about suicide get the support and services they need. Stigma reduction programming will also assist individuals in starting positive conversations and getting the services they need.

What specific measures will be used to document performance data for the project.

The comprehensive evaluation of the system will produce process and outcome evaluation and performance measures. Those will include numbers served, reach through media, one Prevention Needs Assessment document with recommendations, outcome measures for QPR and ETS from matched pre-/post-tests, outcome measures for youth programming, types of services requested and referred to through problem identification and referral, increased awareness of suicide and services available, and other as determined throughout the evaluation process.

Return on Investment

The return on investment (ROI) for substance use prevention and suicide prevention programs is a critical aspect of public health economics. These programs can save money in the long term by reducing the need for more intensive and costly treatments, improving productivity, and lowering healthcare costs.

Various studies suggest that substance use prevention programs can yield significant returns. The National Institute on Drug Abuse (NIDA) reports that for every $1 spent on prevention, communities can save up to $10 in treatment costs and other associated costs such as lost productivity, healthcare, and criminal justice expenses.

For example, school-based programs can return $15 to $18 for every $1 spent. LifeSkills

Training has shown an ROI of $25 for every $1 spent, largely due to reductions in substance use and related criminal activity. Community-based programs can also be cost-effective. Coalitions and media outreach, including collaboration with community partners at events targeting multiple substance-use, has shown a return of $5 to $11 per dollar invested.

Suicide prevention programs also demonstrate positive ROIs, though the data is more variable due to the complexity of measuring the economic impact of preventing a suicide. However, the costs of suicide — including lost productivity, medical costs, and the emotional toll on families and communities — are substantial. The economic cost of suicide and nonfatal self-harm averaged $510 billion (2020 U.S. dollars) annually, the majority from life years lost to suicide. Working-aged adults (aged 25–64 years) comprised nearly 75 percent of the average annual economic cost of suicide ($356 billion of $484 billion) and children and younger adults (aged 10-44 years) comprised nearly 75 percent of the average annual economic cost of nonfatal self-harm injuries ($19 billion of $26 billion).[1]

The ROI for both substance use prevention and suicide prevention programs is generally positive, with returns ranging from $2 to $25 for every dollar spent, depending on the specific program and its implementation. These investments are not only economically beneficial but also save lives and improve quality of life, making them valuable public health strategies.

[1] https://www.sciencedirect.com/science/article/pii/S0749379724000813