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Assessment of Behavioral Health Services

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

Publication Date:
December 1, 2025

Contents

Introduction

The Florida Department of Children and Families' (Department) 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 behavioral health services in Florida.

In accordance with section 394.4573, Florida Statutes (F.S.), the 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). 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 area 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 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 nonprofit, community-based organizations known as 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 contending 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:

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

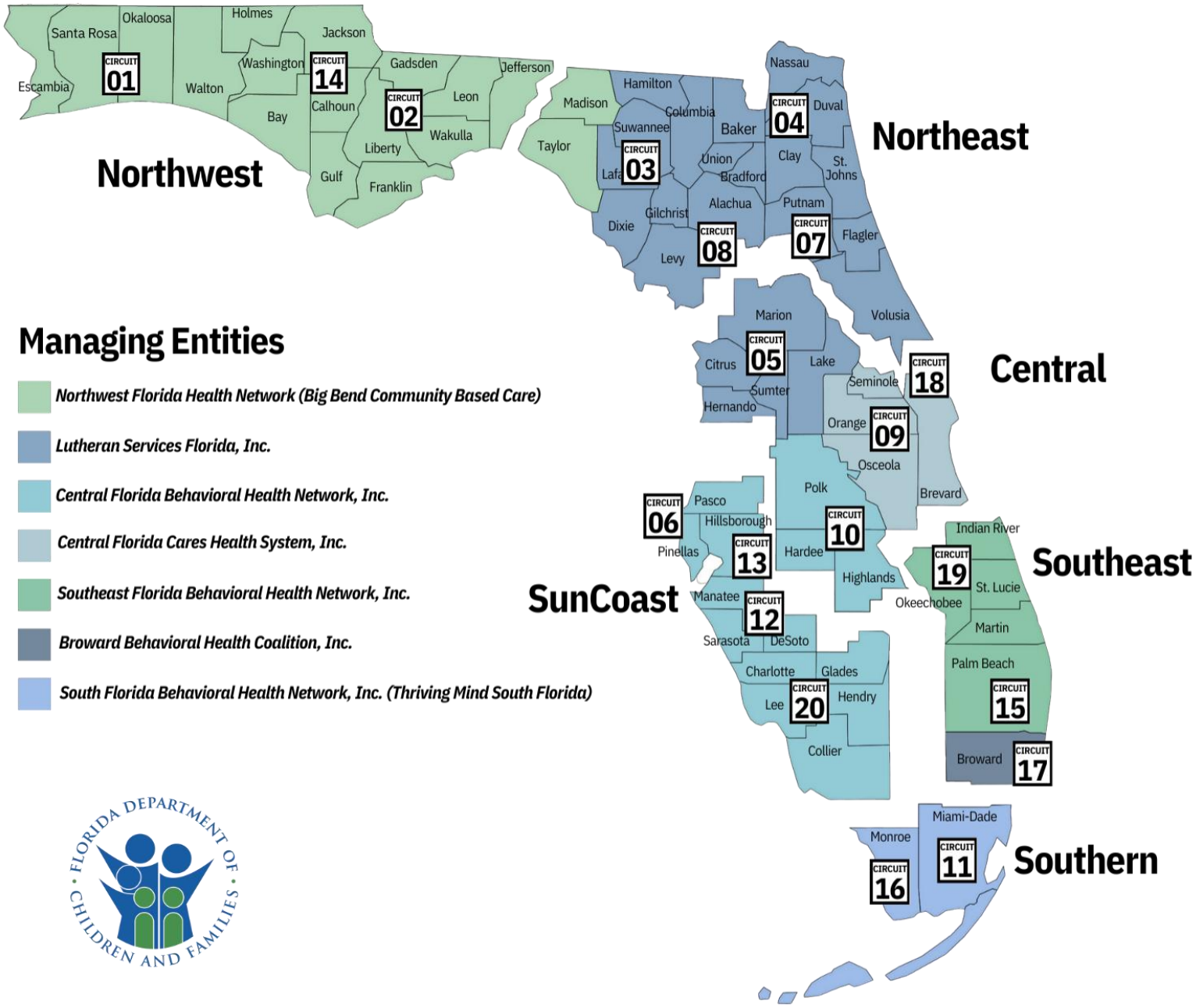
- Implement a coordinated system that facilitates prompt information sharing among providers, referral agreements, and shared protocols to ensure improved health outcomes.
- Collaborate with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
- Develop 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.
- Promote care coordination across the network and monitor provider performance to ensure compliance with state, federal, and grant requirements.
- Build and maintain relationships with local stakeholders, such as government entities (e.g., county or city commissions), community organizations, and the families of those served.
- Manage 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 (BBHC) - Contract JHME2**
  Serving Broward County.
- **Central Florida Behavioral Health Network (CFBHN). - Contract QHME2**
  Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties.
- **Central Florida Cares Health System (CFCHS) - Contract GHME2**
  Serving Brevard, Orange, Osceola, and Seminole counties.
- **Lutheran Services of Florida Health Systems (LSF Health Systems) - Contract EHME2**
  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 Behavioral Health Network (NWF Health Network) - Contract AHME2**
  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 (SEFBHN) - Contract IHME2**
  Serving Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties.
- **Thriving Mind South Florida (SFBHN) - Contract KHME2**
  Serving Miami-Dade and Monroe counties.

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

DCF Regions and Managing Entities



Managing Entities

- *Northwest Florida Health Network (Big Bend Community Based Care)*
- *Lutheran Services Florida, Inc.*
- *Central Florida Behavioral Health Network, Inc.*
- *Central Florida Cares Health System, Inc.*
- *Southeast Florida Behavioral Health Network, Inc.*
- *Broward Behavioral Health Coalition, Inc.*
- *South Florida Behavioral Health Network, Inc. (Thriving Mind South Florida)*

Identified Priority Areas

According to the most recently published estimates from the National Survey on Drug Use and Health (NSDUH), approximately 957,000 adults in Florida experienced a serious mental illness during the 2022–2023 reporting period. An estimated 2.9 million adults experienced a substance use disorder, and approximately 442,000 adults had co-occurring serious mental illness and substance use disorders.[1]

For Fiscal Year (FY) 2025–2026, SAMH remains committed to strengthening Florida's behavioral health system through targeted investments in prevention, treatment, recovery, and support services. Priority areas identified across the state reflect the need to expand access to behavioral health services, improve care coordination, increase housing supports, enhance forensic and jail-diversion initiatives, and sustain a comprehensive response to the opioid epidemic. SAMH is committed to advancing priorities that ensure access to mental health and substance use disorder services across Florida. A central focus is the continued expansion of community-based programs such as Community Action Treatment (CAT) teams, Family Intensive Treatment (FIT) teams, Florida Assertive Community Treatment (FACT) teams, Mobile Response Teams (MRTs) and Coordinated Specialty Care (CSC) programs, while strengthening the behavioral health system through a "no wrong door" approach and enhanced collaboration among stakeholders. Main goals and key objectives include improving prevention services, expanding access to care, enhancing substance use treatment, increasing housing supports, and strengthening both outpatient and residential options. By connecting individuals to the right services at the right time, SAMH aims to reduce the need for higher levels of intervention, shorten wait times, and achieve better outcomes for the communities served. The implementation of crisis services, such as MRTs and the 988 Florida Lifeline, to increase access to early interventions for individuals experiencing emotional distress, including suicidal thoughts, has contributed to a 20 percent decrease in involuntary Baker Act examinations from 202,598 in 2019 to 161,576 in 2023, demonstrating the importance of an approach that fosters team-based models, navigation, and cross-sector collaboration.

The Department recognizes the importance of incorporating the perspectives of individuals served in shaping and improving service delivery. As such, a central priority is to ensure that service planning and implementation are informed by the identified needs and experiences of those receiving care. Additional Departmental priorities include expanding timely access to services, increasing the availability of community-based interventions such as in-home and MRT services, and enhancing coordination through interdisciplinary teaming models to improve service integration and continuity of care.

The Department and MEs work together to identify the needs of the communities they serve, ensuring that priority areas guide planning for the upcoming year. Each ME has outlined its regional priorities and provided justification for areas requiring additional funding and oversight. This assessment highlights the most significant behavioral health needs across regions while also identifying statewide priorities. In accordance with statutory requirements, the following sections present 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 the Managing Entities (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 section 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

	Eleos	Pinellas
	BayCare	Pasco
	Peace River Center	Polk
	Lakeland Regional Hospital	Polk
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, St. Johns
	Halifax	Volusia
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.
- Increased 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 settings, SMHTFs—both civil and forensic—and from further forensic involvement.

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

Peer-based recovery support can increase treatment engagement, reduce substance use, and help address the workforce shortages in behavioral health.[2] Peer support services can also help improve relationships and quality of life, while reducing symptoms of anxiety or depression.[3]

Researchers used a longitudinal design panel to examine the impact of housing stability and peer support on long-term recovery and recidivism among individuals with justice involvement and substance use histories in Palm Beach County. Of 97 participants, only 14 percent experienced rearrest, while 76 percent achieved housing stability.[4] This study demonstrates the importance of peer support specialists, care coordination, and building community connections as ways to significantly support long-term recovery and reduce recidivism rates. According to a systematic review of nine studies evaluating the effectiveness of peer-delivered recovery support services for individuals with substance use and co-occurring mental health disorders, including randomized controlled trials and quasi-experimental designs with a combined sample of over 6,000 participants, peer support is associated with reductions in substance use and criminal justice involvement, improved treatment engagement and post-discharge adherence, decreased re-hospitalization, housing and health stability, and enhancements in overall psychosocial functioning and recovery capital.[5]

Recovery Community Organizations (RCOs) are independent, non-profit entities led by individuals with lived experience that offer peer-delivered recovery support services, community education, and outreach. A national study analyzed administrative data from 3,459 participants engaged with 20 RCOs across the U.S. Participants averaged 130 days of engagement, with nearly 9,000 brief check-ins and over 4,000 formal support sessions recorded. Recovery capital represents the internal and external resources that support an individual's recovery, such as stable housing, meaningful relationships, and physical health. The study found a statistically significant increase in these resources, participants' average recovery capital scores rose by 1.33 points from intake to follow-up. Multivariate regression models showed that increased follow-up sessions and completion of recovery goals were strong predictors of improvement. Participants also reported extremely low rates of substance use recurrence and emergency room visits. Overall, the study concluded that peer-based recovery supports delivered through RCOs are associated with measurable improvements in recovery capital and reductions in negative health events, reinforcing their role in supporting long-term recovery outcomes.[6]

Certified Recovery Peer Specialist Workforce

Florida has experienced substantial growth in its Certified Peer Specialist workforce. The number of individuals certified as Peer Specialists increased from 937 in 2023 to 1,320 in 2025, representing a 41 percent increase. In parallel, the number of Peer Specialists employed grew from 857 to 1,077, a 25 percent increase, and the number of community network service

providers employing Peer Specialists rose from 116 to 154, reflecting a 33 percent expansion. Peer Specialists now serve across a wide range of multidisciplinary teams within the behavioral health system, including Mobile Response Teams (MRT), Florida Assertive Community Treatment (FACT) teams, Community Action Teams (CAT), Crisis Stabilization Units (CSUs), and programs for Substance-Exposed Newborns (SEN). To further support this workforce, each region has a designated Regional Certified Peer Specialist responsible for implementing Recovery Oriented Monitoring (ROM), offering technical assistance, and guiding peer workforce development efforts statewide.

Recovery Housing

Oxford House is the prototypical model of recovery residences. They are peer-governed , self-supporting homes that admit residents on medications for opioid use, featuring access to 24-hour support from peers in recovery. Oxford House participants experience improvements in abstinence and earnings from employment, and reductions in incarceration.[7] Due to the Department's investments, 121 new Oxford Houses were established throughout Florida since December 2023, providing a total of 972 beds for men and women, with some homes structured to allow parents to live with their children. Research published in the *Journal of Benefit-Cost Analysis* in 2024 found that recovery housing programs in Florida are associated with a return on investment of $22.19 per dollar invested. The majority of these benefits stem from reduced risks of morbidity and mortality, with additional savings from avoided productivity losses, healthcare expenses, and criminal justice costs.[8]

Department-sponsored research recently documented substantial improvements in the acceptance of individuals on medications for opioid use disorder among recovery residences in South Florida. In 2022, according to an audit of certified recovery residences in Broward, Palm Beach, and Miami-Dade counties, only 16 percent of recovery residences fully accepted and housed individuals prescribed buprenorphine, while 31 percent allowed them with conditions, and 53 percent denied them admission.[9] On January 1, 2025, section 397.487(13), F.S., effectively prohibited certified recovery residences from denying individuals access to housing solely because they are prescribed medications that treat substance use disorders. Following the effective date of the new law, trained callers from Florida State University posed as patients prescribed buprenorphine who were seeking housing and contacted certified recovery residences in these same counties. Their findings revealed a notable shift toward greater acceptance of individuals on medications for opioid use disorder: approximately 46 percent of recovery residences reported fully accepting individuals on buprenorphine, 37 percent allowed them with conditions, and only 17 percent denied admission.[10]

Recovery Community Organization (RCOs)

Florida's network of Recovery Community Organizations (RCOs) has more than doubled, expanding from 13 in FY 2021-2022 to 28 locations by FY 2024-2025, an increase of 115 percent. These organizations have become integral components of the state's behavioral health system, serving as hubs for peer-delivered recovery support services. Across the regions, RCOs are leading innovative programming that strengthens recovery pathways and

builds community resilience.

Recovery Connections of Central Florida opened two new Recovery Community Centers in Osceola and Brevard Counties, bringing their total to four centers that provide drop-in services, peer navigation, and mobile outreach. In the Central Region, The RASE Project expanded its peer-led services through a partnership with the Cocoa Police Department, broadening support for both justice-involved individuals and the wider community. In the Suncoast Region, five existing RCOs increased their outreach capacity and enhanced service offerings by expanding access to Wellness Recovery Action Plan (WRAP) trainings. Additionally, EqualSRQ in Sarasota became Florida's first Red Cross-designated Resiliency Hub, delivering emergency training, peer-led recovery support, and preparedness resources to the local community.

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The Availability of Less Restrictive Services

Florida's behavioral health system provides a continuum of services designed to support youth, adults, and families in the least restrictive setting possible. A variety of outpatient intervention, treatment, and recovery support services are available and functioning as less restrictive modalities. These less restrictive services are contrasted with the most restrictive services on the other end of continuum, which include residential treatment, Crisis Stabilization Units that conduct involuntary examinations under Florida's Baker Act, inpatient hospitalization, and involuntary commitment in a secure State Mental Health Treatment Facility. Early crisis interventions such as the 988 Florida Lifeline and Mobile Response Teams (MRT), as well as evidence-based teaming models such as Forensic Assertive Community Treatment (FACT), Family Intensive Treatment (FIT), Community Action Treatment (CAT), and Coordinated Specialty Care for First Episode Psychosis (CSC) are also available statewide. As the needs of children and families have continued to evolve, advanced, community-based, in-home and onsite treatment services are increasingly necessary. Multi-year trends in unduplicated counts of individuals served, by covered service, are depicted in the tables that follow, based on provisional records extracted from the Department's Financial and Services Accountability Management System (FASAMS) on September 4, 2025.

Outpatient Services: Outpatient Services provide clinical interventions to individuals with mental health and substance use disorders, aiming to improve functioning, build coping skills, and support recovery. Common and core components of outpatient therapy include individual treatment planning, motivational enhancement approaches, relapse prevention planning, psychoeducational programming, medication management, and individual and group counseling using evidence-based and trauma-informed therapies rooted in cognitive behavioral interventions and family systems approaches. These services are typically provided on a regularly scheduled basis, with flexibility for unscheduled visits during periods of heightened stress or crisis. Care may be delivered individually or in group settings, with group sessions limited to a maximum of 15 participants. All services are provided under the supervision of a professional qualified by degree, licensure, certification, or specialized training. In Fiscal Year 2024-2025, outpatient services reached 68,953 adults and 15,260 youth through individual therapy, and an additional 10,483 adults and 639 youth through group therapy.

Table 2: Outpatient Services				
	Individual Therapy		Group Therapy	
Fiscal Year	Adults	Youth	Adults	Youth
2024-2025	68,953	15,260	10,483	639
2023-2024	70,817	16,804	10,814	685
2022-2023	63,148	15,067	9,335	671

Case Management: Case Management services are a critical component of the behavioral health system, designed to ensure that individuals with mental health and/or substance use disorders receive timely, coordinated, and effective care. These services involve a comprehensive set of activities, including assessing the recipient's needs, developing individualized service plans, linking individuals to appropriate providers and supports,

coordinating care across various systems, monitoring service effectiveness, and evaluating outcomes of the services received. Services must be delivered under the clinical supervision of a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. In Fiscal Year 2024-2025, a total of 102,980 individuals received case management services across Florida, including 83,662 adults and 19,318 youth, reflecting the broad impact and reach of this essential support in addressing complex behavioral health needs.

Table 3: Case Management Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	83,662	19,318
2023-2024	84,773	17,869
2022-2023	82,080	16,220

Intensive Case Management: Intensive Case Management services are designed to support individuals with complex behavioral health needs who are transitioning from acute care settings and require more frequent, hands-on professional support to remain in less restrictive environments. These services encompass the same core functions as traditional case management, including assessment of needs, individualized service planning, service linkage, coordination of care across systems, and monitoring of progress, but are delivered at a higher intensity and frequency with lower caseloads to ensure responsiveness to contingency needs. In Fiscal Year 2024-2025, a total of 986 individuals received Intensive Case Management services across Florida, including 918 adults and 68 youth.

Table 4: Intensive Case Management Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	918	68
2023-2024	792	125
2022-2023	733	134

Recovery Support Services: Recovery Support is a service made up of nonclinical, peer-delivered activities that help individuals and families recover from substance use and mental health conditions by building recovery capital, the personal, family, social, and community resources essential for long-term wellness. These services, which may occur before, during, or after treatment, include peer coaching, life skills training, recovery planning, system navigation, health education, and support using FDA-approved digital therapeutics. By strengthening natural supports and promoting community integration, Recovery Support empowers individuals to live, work, and learn successfully in the community. All services must be provided by a Certified Recovery Peer Specialist (CRPS) under Section 397.417, F.S., and supervised by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service, or by a certified peer specialist who has at least two years of fill-time experience as a peer specialist at a licensed behavioral health organization. This service plays a critical role in sustaining recovery, improving quality of life, and reducing

reliance on higher-intensity care.

Table 5: Recovery Support Services				
	Individual Therapy		Group Therapy	
Fiscal Year	Adults	Youth	Adults	Youth
2024-2025	12,652	1,099	3,639	274
2023-2024	12,292	1,009	3,512	31
2022-2023	10,553	720	3,309	32

Intervention: Intervention Services focus on reducing risk factors associated with the progression of substance misuse and mental health conditions by engaging individuals and families at the earliest possible stage. These services include early identification of persons at risk, basic individual assessments, and supportive activities that emphasize short-term counseling, brief intervention, and referral to appropriate care. In Fiscal Year 2024–2025, 31,340 adults and 5,671 youth received individualized intervention services, while an additional 529 adults and 720 youth were served through group-based interventions, demonstrating the program's critical role in providing early and targeted support across Florida's behavioral health system.

Table 6: Intervention				
	Individual Therapy		Group Therapy	
Fiscal Year	Adults	Youth	Adults	Youth
2024-2025	31,340	5,671	529	720
2023-2024	35,734	6,265	635	687
2022-2023	34,676	7,213	689	736

In-Home and On-Site: In-Home and On-Site Services provide therapeutic interventions and supports for individuals and their families in non-provider settings to ensure accessibility, continuity, and family-centered care. These services include early childhood mental health consultation and are delivered across a range of environments such as nursing homes, assisted living facilities, private residences, schools, detention centers, commitment settings, foster homes, daycare centers, and other community-based locations. By meeting individuals and families where they live, learn, and receive care, In-Home and On-Site Services reduce barriers to access, strengthen natural supports, and promote stabilization in the least restrictive setting. In Fiscal Year 2024-2025, a total of 2,205 adults and 2,525 youth were served through this model, reflecting its targeted role in extending therapeutic care directly into community and residential settings.

Table 7: In-Home and On-Site Services		
Fiscal Year	Adults Served	Youth Served
2024-2025	2,205	2,525
2023-2024	2,007	2,525
2022-2023	1,871	2,184

Supported Employment: Supported Employment is an evidence-based service model that assists individuals in achieving and sustaining competitive, integrated employment aligned with their strengths, skills, and personal preferences. Services may be delivered through a team-based approach and encompass the full spectrum of community employment opportunities. Individualized supports include job development, job placement, and long-term job coaching. SAMH fosters employment for individuals with behavioral health conditions predominantly through two employment models: Supported Employment and Mental Health Clubhouse services. Since 2021, SAMH has participated in a statewide initiative to expand competitive integrated employment and educational opportunities using the evidence-based Individual Placement and Support (IPS) model. In Fiscal Year 2024-2025, 1,721 adults and 42 youth received Supported Employment services.

Table 8: Supported Employment Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	1,721	42
2023-2024	1,919	34
2022-2023	1,624	12

Supportive Housing/Living: Supported Housing/Living is an evidence-based approach that assists individuals with mental illness and/or substance use disorders in selecting and maintaining permanent housing of their choice while providing the necessary supports to ensure stability, independence, and community integration. For adults, services focus on transitioning into independent living arrangements and sustaining tenancy through individualized supports such as case management, skill-building, and ongoing monitoring. For youth with behavioral health challenges, Supported Living emphasizes preparation for adulthood by assisting adolescents in selecting and maintaining housing while providing training in independent living skills and support for shared or roommate arrangements. In the context of substance use treatment, these services extend to individuals participating in non-residential programs, those completing treatment, and those requiring structured housing support within supervised or “live-in” environments. In Fiscal Year 2024-2025, 3,412 adults and 73 youth were served through Supported Housing/Living programs, underscoring the importance of housing stability as a foundation for recovery and long-term success.

Table 9: Supportive Housing/Living Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	3,412	73
2023-2024	3,326	136
2022-2023	2,983	98

Day Treatment: Day Treatment Services provide a structured schedule of non-residential interventions that support individuals in attaining the skills and behaviors necessary to function successfully across living, learning, working, and social environments. These services emphasize rehabilitation, therapeutic engagement, activities of daily living, and education, with multidisciplinary teams delivering coordinated academic, therapeutic, and family-focused supports. In Fiscal Year 2024-2025, 1,168 adults and 82 youth received Day Treatment

services.

Table 10: Day Treatment Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	1,168	82
2023-2024	1,260	76
2022-2023	1,065	61

Substance Abuse Outpatient Detoxification Services: Substance Abuse Outpatient Detoxification provides structured clinical services that assist individuals in safely withdrawing from the physiological and psychological effects of addictive substances. Services may include the use of medications, psychosocial counseling, or a combination of both, tailored to the individual's needs to ensure stabilization and engagement in ongoing treatment. Outpatient detoxification serves as a critical entry point into the recovery process, offering a less restrictive, community-based alternative to inpatient care while maintaining clinical oversight and support. In Fiscal Year 2024-2025, a total of 185 individuals received Substance Abuse Outpatient Detoxification services.

Table 11: Substance Abuse Outpatient Detoxification Services	
Fiscal Year	**Individuals Served**
2024-2025	185
2023-2024	139
2022-2023	73

Care Coordination: Care Coordination is a person-centered service that ensures individuals with behavioral health needs are effectively connected to the community-based care and supports necessary for long-term stability. Designed primarily for adults who are high utilizers of acute care services, or individuals discharging from or awaiting placement in State Mental Health Treatment Facilities (SMHTFs), the program bridges critical gaps across systems, behavioral health, primary care, housing, peer and natural supports, education, vocation, and the justice systems. By serving as a single point of contact during transitional periods, Care Coordination empowers individuals through education, support, and navigation assistance until they are fully connected to appropriate services. In FY 2024-2025, the program successfully diverted 93 percent of individuals served, from needing additional crisis stabilization services. Florida saves approximately $7,422,348 annually by providing Care Coordination services to individuals with behavioral health disorders. Over the past three fiscal years, Care Coordination has been a key strategy in preventing unnecessary SMHTF admissions. With expanded integration potential for children, adolescents, and caregivers, the program also supports prevention of admissions and readmissions across a broader population in need of acute behavioral health support.

Table 12: Care Coordination Services	
Fiscal Year	**Individuals Served**
2024-2025	5,402

2023-2024	5,281
2022-2023	4,557

Florida Assertive Community Treatment (FACT) Teams: FACT teams provide community-based behavioral health treatment and support to individuals with serious mental illness, helping prevent recurrent hospitalization and incarceration while improving overall quality of life. FACT Teams operate as a transdisciplinary service model, available 24 hours a day, seven days a week, and meet individuals where they live, work, go to school, or spend their leisure time. By incorporating recovery principles into service delivery, FACT Teams focus on reducing hospitalizations, increasing days spent in the community, diverting or minimizing justice system involvement, and strengthening parenting skills for individuals with children. In Fiscal Year 2024-2025, FACT Teams served 4,163 individuals, with 98.3 percent maintaining stable housing, 45.3 percent living independently, and 17 percent employed, enrolled in school, or volunteering in their communities. Notably, 10 percent of all referrals to FACT Teams came from SMHTFs, with 70 percent of those individuals successfully admitted. FACT Team services provide a less costly pathway to recovery and long-term stability compared to State Mental Health Treatment Facilities. The daily rate for FACT Teams is about $23.23, compared to $428.13 for State Mental Health Treatment Facilities, on average.

Table 13: Florida Assertive Community Treatment (FACT) Teams

Fiscal Year	Individuals Served	Waitlist
2024-2025	4,163	443
2023-2024	3,922	454
2022-2023	3,627	n/a

Community Action Treatment (CAT) Teams: CAT teams are an in-home intensive treatment model that work holistically with a family but focuses on the youth. Working together, these providers deliver community-based services to youth ages 11-21 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. CAT service eligibility is defined in Section 394.495 (6), F.S. In FY 2022-2023, the Department expanded access by adapting the CAT model into three new teaming models to serve children and families with risk factors who did not meet full eligibility for traditional CAT services. In addition to the 50 traditional CAT teams, there are five teams that focus on the youth population between the ages of zero to 10 years old, 13 teams with an in-home family treatment team approach which uses selected evidence-based programs to provide care to children to keep the safely with their families and out of foster care whenever possible, and four teams with a family crisis care coordination model to provide services to children and their parents or caregivers who are frequent utilizers of crisis stabilization units which increase the risk of family disruption and child out of home placement. CAT teams have demonstrated improved outcomes by helping youth remain at home and in the community, delivering individualized treatment and supports, supporting successful transitions to adulthood, and fostering natural community connections to sustain treatment gains. In FY 2024-2025 CAT teams diverted 96 percent of individuals served from Statewide Inpatient Psychiatric Program and 98 percent from juvenile justice involvement. This model is an 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 system needed to maintain improvements.

Table 14: Community Action Treatment (CAT) Teams		
Fiscal Year	**Individuals Served**	**Waitlist**
2024-2025	3,104	1,363
2023-2024	3,444	1,904
2022-2023	3,576	n/a

Family Intensive Treatment (FIT) Teams: The Family Intensive Treatment (FIT) Team model delivers intensive, community-based behavioral health services to families involved in the child welfare system where parental or caregiver substance misuse is a primary concern. A cornerstone of the FIT approach is its strong cross-system collaboration among the child welfare, judicial, and behavioral health systems, ensuring that families receive coordinated, timely, and effective support. FIT Teams provide comprehensive services, including assessment, parenting intervention and skills training, case management, care coordination, intensive in-home therapeutic services, and peer support. If parents require additional services, such as residential treatment or detoxification, and lack insurance or other funding is compounding the issue, FIT Teams can purchase those services on their behalf. The program's goals are to increase access to substance use disorder treatment, promote treatment retention, enhance child safety, strengthen parenting capacity, and reduce out-of-home placements by fostering safe, stable, and nurturing environments for children. To support accountability and communication, FIT Teams provide regular progress updates to child welfare case managers and hold multidisciplinary team meetings before discharge. Family Well-being Treatment teams can be distinguished from FIT Teams with their ability to assess and treat mental health conditions among families with child welfare involvement, compared to FIT Teams, which require a substance use disorder as an eligibility criterion. The Family Well-being Treatment teams feature more flexible eligibility, provide the same multidisciplinary approach, and can support Child Protective Investigators and child welfare case managers. As of FY 2025-2026, Florida operates 28 FIT Teams and six regional Family Well-Being Treatment Programs. In FY 2024-2025, FIT Teams served 1,738 individuals, with 68 percent of participants remaining engaged in services for 90 days or longer, demonstrating the model's effectiveness in supporting families toward recovery, reunification, and long-term stability.

Table 15: Family Intensive Treatment (FIT) Teams	
Fiscal Year	**Individuals Served**
2024-2025	1,738
2023-2024	1,689
2022-2023	1,467

Coordinated Specialty Care (CSC) Teams for First Episode Psychosis: Coordinated Specialty Care (CSC) for Early Serious Mental Illness (ESMI), including First Episodes of Psychosis (FEP), is a multi-disciplinary, evidence-based model designed to provide early

intervention services to adolescents and young adults, typically ages 15 to 35, who are experiencing their first symptoms of serious mental illness with psychotic features. CSC programs play a critical role in bridging child and adult mental health systems and eliminating gaps in care. Referrals are most often made by hospitals, care coordinators, and mobile response teams, ensuring timely access to services. CSC provides comprehensive, person-centered supports including intensive case management, individual and group therapy, supported employment, family education and support, and appropriate psychotropic medication. Florida currently funds 15 CSC-ESMI teams utilizing the NAVIGATE or OnTrackNY models. In 2023, children and adolescents represented 19.5 percent of Florida's mental health service population, with 21 percent, totaling 35,877 individuals, were in the 13 to 24 age range, underscoring the importance of early intervention. By reducing the duration of untreated illness, CSC significantly improves recovery outcomes, decreases reliance on crisis services, and prevents costly long-term residential placements. In FY 2024-2025, a total of 763 individuals were served across the 15 teams. Waitlist figures will be solicited from the CSC teams in the future through forthcoming modifications to reporting templates.

Table 16: Coordinated Specialty Care (CSC) for First Episode Psychosis	
Fiscal Year	**Individuals Served**
2024-2025	763
2023-2024	787
2022-2023	639

988 Florida Lifeline: The 988 Florida Lifeline is a free behavioral health support service, available 24 hours a day, 365 days a year, that connects Floridians experiencing suicidal thoughts, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. It provides a universal entry point to a modernized crisis response system, providing early intervention through active engagement, de-escalation, motivational interviewing, development of safety plans, referrals to MRT when necessary, and referrals to non-acute care and behavioral health resources in the community. There are 13 call centers in Florida, providing coverages for all 67 counties in the state. In Fiscal Year 2024-2025, the 988 Florida Lifeline served 144,981 individuals experiencing suicidal thoughts, substance use, or emotional distress. 96 percent of callers were diverted from a higher-level intervention, such as a psychiatric hospitalization or law enforcement involvement. During the same period, 1,364 calls involved suicide attempts in progress, and all resulted in the individuals being stabilized and transitioned to the next level of care.

Table 17: 988 Florida Lifeline	
Fiscal Year	**Individuals Served**
2024-2025	144,981
2023-2024	155,188
2022-2023	81,597

Mobile Response Teams (MRT): Mobile Response Teams (MRT) are available 24 hours a

day, seven days a week. In 2022, MRT eligibility was expanded to include individuals of all ages, ensuring broader access to crisis care in the community. These teams provide immediate intervention to stabilize individuals in the least restrictive setting and reduce unnecessary psychiatric hospitalizations or emergency department utilization. According to a retrospective cohort study, gaining access to crisis team services, either through the entry of a new mental health facility with a crisis team or an existing facility newly adding crisis team services, is associated with a seven percent reduction in the drug overdose mortality rate, while the closure of a crisis team is associated with a 13 percent increase in drug overdose mortality in the four years after closure.[11] There are currently 54 MRTs in Florida, available statewide across all 67 counties. In Fiscal Year 2024-2025, MRTs had an overall diversion rate of 78 percent, diverting unique individuals from emergency rooms, hospitals, and juvenile or criminal justice settings. In Fiscal Year 2024-2025, MRTs received 34,609 calls, 73 percent of which met the threshold for an acute face-to-face or telehealth response.

Table 18: Mobile Response Teams (MRT)	
Fiscal Year	**Individuals Served**
2024-2025	34,609
2023-2024	31,504
2022-2023	26,833

Comprehensive Community Service Teams: Comprehensive Community Service Teams (CCST) is a bundled service package designed to provide short-term assistance that guides individuals in rebuilding skills within their home, school, and community environments. These services engage natural supports, treatment services, and incorporate the assistance of multiple agencies when indicated to ensure continuity of care and promote recovery. The model emphasizes role restoration and skill development. In Fiscal Year 2024-2025, 1,181 adults and 342 youth received services through CCST programs.

Table 19: Comprehensive Community Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	1,181	342
2023-2024	990	433
2022-2023	701	381

Crisis Support/Emergency: Crisis Support/Emergency services provide immediate, non-residential intervention to individuals experiencing acute behavioral health crises. Available twenty-four hours a day, seven days a week, or during specified critical timeframes, these services are designed to rapidly stabilize individuals, reduce risk, and connect them to ongoing care. Interventions may include crisis screening, mobile response teams, telephone or telehealth-based crisis support, and emergency walk-in services. A longitudinal study using data from five states, including Florida, reported each additional facility offering walk-in crisis stabilization services is associated with a 2.8 percent decrease in the average rate of emergency department visits related to behavioral disorders.[12] In Fiscal Year 2024-2025, 23,189 adults and 6,816 youth received Crisis Support/Emergency services.

Table 20: Crisis Support/ Emergency Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	23,189	6,816
2023-2024	22,404	6,266
2022-2023	21,903	7,738

Short-term Residential Treatment (SRT): SRT provides care for individuals who are no longer experiencing a psychiatric emergency but require additional stabilization services before transitioning to the community. SRTs serve as a less restrictive alternative to State Mental Health Treatment Facilities (SMHTFs) for adults or statewide inpatient psychiatric programs for youth. These services allow for sufficient time to complete discharge planning following the examination period, including coordinating continued treatment in the community and addressing key treatment barriers such as housing and transportation. This planning is essential to preventing rapid readmissions to crisis stabilization services and may serve as an alternative to 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.

Table 21: Short-term Residential Treatment (SRT)		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	598	16
2023-2024	630	n/a
2022-2023	379	n/a

Despite the progress made in bolstering the community-based system of care, the need for outpatient services continues to exceed the capacity, as reflected in the high volume of individuals placed on waitlists. In FY 2024-2025, according to the Florida Association of Managing Entities (FAME), 166 adults were placed on a waitlist for outpatient substance use treatment compared to 96 in FY 2023-2024. Additionally, 466 adults and 353 children were placed on a waitlist for outpatient mental health treatment compared to 482 adults and 460 children waitlisted in FY 2023-2024. Waitlist figures reported directly by the Managing Entities to the Department through Block Grant Reporting Templates reflect a higher volume of waitlisted individuals. According to FY 2024-2025 figures provided directly by each of the seven Managing Entities, 718 adults and 1,024 children were placed on a waitlist for outpatient mental health services. Even when outpatient resources are readily available, navigating the online environment to connect with nearby qualified providers continues to be a challenge for many families.

Expanding the availability of less restrictive, community-based services, such as multidisciplinary teams that function like a hospital “without walls”, is essential to diverting individuals from involuntary inpatient care and alleviating the limited capacity within the Department’s six SMHTFs. Facility commitments increased by over 60 percent since FY 2019-2020 and facilities are now operating at or above 95 percent occupancy. The FY 2025-2026 bed capacity across all SMHTFs is 3,046 beds. As of September 17, 2025, there were 58

individuals on the civil waitlist and there were 734 individuals on the forensic waitlist. According to an analysis completed in January 2025, resulting from Senate Bill (SB) 330 (2024), the Department is projected to need between 770 and 934 new civil beds, and between 1,074 and 1,429 new forensic beds by 2029 to meet the anticipated need.

Children's Behavioral Health Ombudsman

Section 394.4915(4), F.S., requires the Office of Children's Behavioral Health Ombudsman to analyze any complaints received on the behalf of children and adolescents with behavioral health disorders receiving state-funded services. The Office of Children's Behavioral Health Ombudsman – established in 2024 by Senate Bill 7021 – began accepting inquiries and complaints in March of 2025. From March 2025 through September 2025, the Office received eighteen inquiries. The majority of these inquiries came from parents who were seeking help with identifying services related to managing their children's behavior, many of which involved children with other behavioral disabilities such as autism. Each individual was contacted for clarification of needs and then provided the appropriate resources to receive services in their area. The Office of Children's Behavioral Health Ombudsman recommends ongoing collaboration with the Office of Substance Abuse and Mental Health and other partners to share insights, provide outreach, and ensure resources are clearly listed on public-facing sites to increase awareness of available services.

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The Use of Evidence-Informed Practices

The Department requires evidence-informed 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 are defined as interventions, supported by peer-reviewed research, that have demonstrated effectiveness and generalizability across diverse settings and populations. The most commonly implemented evidence-based therapeutic approaches deployed by substance use disorder treatment providers throughout the state include cognitive behavioral therapy, motivational interviewing, and trauma-related counseling. Among mental health treatment providers, some of the most commonly implemented evidence-based services include case management and intensive case management, cognitive behavioral therapy, and trauma therapy. The MEs incorporate monitoring procedures into the provider network contracts to assess the feasibility and effectiveness of the programs in place.

1. **Case Management and Intensive Case Management:** Case management is a coordinated, person-centered approach that connects individuals with services tailored to their specific needs and goals. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), it supports a “no wrong door” philosophy, meaning individuals can access care from any entry point, such as an emergency room, shelter, or primary care visit, and be linked to the full range of needed services.[13] Case management has been shown through rigorous research to reduce psychiatric hospitalizations and improve outcomes for adults with serious mental illnesses, including enhanced quality of life, reduced psychiatric symptoms, and greater satisfaction with care.[14] Research on Intensive Case Management (ICM) also indicates that individuals with serious mental illness receiving ICM are more likely to remain engaged in services, gain employment, avoid homelessness, and experience shorter hospital stays, particularly among those with a history of long hospitalizations.[15] For individuals with substance use disorders, studies consistently find that case management improves treatment retention, linkage to care, and patient satisfaction.[16] Additionally, community-based case management models have been associated with reduced substance use and higher rates of treatment retention when compared to clinical case management or standard care.[17]

2. **Assertive Community Treatment (ACT):** The ACT model for individuals with serious mental illness produces significant improvements in functioning, housing stability, and quality of life, in addition to reductions in symptom severity and psychiatric hospitalizations.[18] The ACT model for youth also effectively reduces the severity of symptoms, improves functioning, and reduces the duration and frequency of psychiatric hospital admissions.[19] According to an analysis of ACT team services in Charlotte County provided to 51 individuals with co-occurring disorders and history of chronic homelessness, self-reported housing stability increased from 18 percent at baseline to 40 percent at 6-month follow-up. Participants also reported significant improvements in mental health symptoms and less frequent depression and anxiety.[20]

3. **Care Coordination:** Care Coordination is a time-limited service that provides a single point of contact to help individuals with behavioral health conditions transition from higher levels of care to community-based supports. By linking patients to behavioral health, physical health, housing, peer supports, and justice system resources, Care Coordination promotes stability and sustained engagement in treatment. Research using administrative claims data from 1,305 high-utilizer patients served by Thriving Mind South Florida found that those receiving Care Coordination had significantly lower re-admission rates, 9 percent versus 24 percent at 30 days, and 24 percent versus 42 percent at 6 months, and were nearly twice as likely to engage in outpatient or residential services within 90 days of discharge. Patients in Care Coordination also experienced greater reductions in acute care episodes, an 84 percent decrease compared to a 65 percent decrease in usual care. Overall, Care Coordination emerged as an effective strategy that improves outcomes by reducing re-admissions, increasing engagement in ongoing treatment, and supporting long-term stability for individuals with complex behavioral health needs.[21]

4. **Coordinated Specialty Care (CSC) Teams for First Episode Psychosis:** Coordinated Specialty Care (CSC) is a comprehensive, team-based treatment approach designed to support young individuals experiencing early psychosis. The program provides integrated services across clinical, functional, educational, and social domains to promote recovery and community reintegration. A prospective study of 325 participants aged 16 to 30 found that those enrolled in CSC experienced rapid and sustained improvements: education and employment rates doubled from 40 percent to 80 percent within six months, psychiatric hospitalization rates dropped from 70 percent to 10 percent by the three-month mark, and Global Assessment of Functioning (GAF) scores continued to improve over the course of one year.[22] These findings are further supported by a meta-analysis of ten randomized clinical trials involving 2,176 patients, which found that Early Intervention Services (EIS), including CSC and other comprehensive treatment models, consistently outperformed treatment as usual (TAU). Participants receiving EIS were less likely to discontinue treatment, less likely to experience psychiatric hospitalization, and more likely to be engaged in school or work. They also showed significant reductions in overall symptom severity, positive symptoms, and negative symptoms, with benefits sustained across six, twelve, and up to twenty-four months of follow-up.[23]

5. **Cognitive-Behavioral Approaches**: Outpatient behavioral health services rely on evidence-based approaches to improve outcomes for individuals with mental health and substance use disorders. Treatment in outpatient settings often includes therapies such as Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Interpersonal Therapy (IPT), all of which are scientifically validated to address conditions like depression, anxiety, and relationship challenges. These therapies can be delivered through individual, group, or family sessions and are frequently offered in flexible formats, including virtual care, to increase accessibility and engagement. The evidence-base for cognitive-behavioral models is rigorous and extensive. According to a systematic review of a sample of 269 meta-analyses of cognitive-behavioral therapy for various of problems, the strongest empirical support exists for the impact of CBT on anxiety disorders, somatoform disorders, such as(e.g., hypochondriasis and body dysmorphic disorder), bulimia, anger control, and general stress.[24] According to a systematic review and meta-analysis of 53 randomized controlled trials of various cognitive-behavioral interventions for substance use disorders reported statistically significant treatment effects relative to control groups, and

found that, on average, 58 percent of individuals receiving cognitive behavioral interventions fared better than individuals in control conditions.[25] A meta-analysis of 47 randomized trials of cognitive-behavioral interventions for co-occurring substance use and mental health disorders likewise reported significant reductions in substance use relative to controls, and found that between 65 percent and 79 percent of individuals treated with cognitive-behavioral interventions show improvement from baseline to follow-up on various consumption and recovery measures.[26]

6. **Trauma-Informed Care:** Trauma-informed care (TIC) is an approach that seeks to promote safety within multiple settings, including health care. According to SAMHSA, a trauma-informed program or system acknowledges the widespread impact of trauma, recognizes its signs and symptoms, integrates this knowledge into policies and practices, and works to actively prevent retraumatization. A 2024 systematic review of reviews and realist synthesis examined TIC implementation across 16 reviews representing health care systems. Results demonstrated that TIC strategies, mapped to SAMHSA's ten implementation domains, consistently improved patient, staff, and system outcomes. Patient and family engagement was associated with increased trust, satisfaction, and reduced hospitalizations. Workforce training and supervision led to decreased use of restraints, improved clinician empathy, and stronger organizational readiness. Cross-sector collaboration enhanced referrals, expanded access to culturally responsive care, and mitigated staff burnout. Trauma-informed screening and strengths-based interventions improved safety, cultural competence, and patient empowerment. Leadership commitment and policy alignment supported sustained organizational change, while investments in TIC training and culture shifts showed potential cost savings. The synthesis found that TIC implementation contributes to safer care environments, improved staff well-being, and greater system efficiency across health care contexts.[27]

7. **Motivational Interviewing:** Motivational Interviewing (MI) is a client-centered counseling approach designed to enhance motivation for behavior change by exploring and resolving ambivalence. A 2018 meta-analysis synthesized 58 reports representing 36 primary studies and 3,025 participants across a range of behavioral outcomes, including alcohol and drug use, gambling, poor diet, and other risk-related behaviors. Results supported the technical hypothesis of MI: therapist use of MI-consistent skills including open questions, reflective listening, affirmations, was significantly associated with more client change talk and, in proportion, greater likelihood of risk behavior reduction at follow-up. In contrast, therapist use of MI-inconsistent skills, such as confrontation and/or unsolicited advice was correlated with more sustained talk, which predicted poorer outcomes. The meta-analysis found that MI achieves its effectiveness primarily through technical mechanisms, enhancing client change talk and reducing sustain talk—thereby confirming the causal pathway of MI's efficacy.[28]

8. **Family Intensive Treatment (FIT) Teams:** The Family Intensive Treatment (FIT) program is a Florida-based, team-delivered intervention that provides intensive, wraparound services to families in the child welfare system affected by parental substance misuse. A 2024 statewide quasi-experimental evaluation compared 3,025 caregivers who received FIT with 2,976 matched caregivers in traditional services. Results showed that FIT caregivers were significantly less likely to have new allegations of maltreatment reports. Cox regression analysis confirmed this effect, indicating a 45 percent lower risk of repeat

reports for caregivers in FIT. In addition, FIT participants demonstrated significant improvements in protective capacities, daily living skills, parenting attitudes, and mental health functioning. Children of FIT participants also benefited, achieving permanency faster and at higher rates, and were 15 percent more likely to achieve permanency within 12 months compared to their counterparts. Taken together, the evaluation found FIT to be an effective intervention for reducing future maltreatment, strengthening caregiver well-being, and promoting family stability within the child welfare system.[29]

9. **Medications for Opioid Use Disorder (MOUD)**: Maintenance on methadone or buprenorphine**,** which may include psychosocial support as needed or desired, is the evidence-based standard of care used to treat opioid use disorder. These medications are superior to all other interventions at retaining individuals in care, reducing opioid misuse, and reducing opioid-related mortality, particularly overdose fatalities.[30] According to a network meta-analysis of 72 randomized controlled trials of medications for opioid use disorder, the average treatment retention across all studies was 64 percent for methadone, 54 percent for buprenorphine, 41 percent for naltrexone (Vivitrol), and 30 percent for nonpharmacological control groups which includes standard of care, usual care, treatment as usual, behavioral counseling, and placebo.[31] A retrospective analysis of 40,885 individuals with opioid use disorder analyzed the comparative effectiveness of different treatment pathways, including no treatment (comparison group), inpatient detox or residential, intensive outpatient or partial hospitalization, non-intensive outpatient, naltrexone (Vivitrol), and buprenorphine or methadone. Only treatment with buprenorphine or methadone effectively saved lives and was associated with a 76 percent reduction in overdose at three months and a 59 percent reduction at 12 months.[32] Since the launch of the Coordinated Opioid Recovery Network in 2022, nearly 16,000 individuals have received medications for opioid use disorder. Additionally, under the State Opioid Response (SOR) grant, over 11,000 individuals received medications for opioid use disorder in a single year, FY 2024-2025. In addition to its well-documented health benefits, investing in MOUD yields substantial economic returns. A systematic review of economic evaluations published between 2003 and 2021 estimated the average annual per-person benefit at $66,058 (2021 USD), with a range from $17,899 to $212,674. Among the most statistically significant contributors to this total were annual per-person reductions in criminal activity and criminal justice costs, averaging $34,519, and annual per person gains in employment and productivity, averaging $8,595.[33]

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Needs Identified by the Managing Entities

The following sections outline the priority needs identified by the MEs. Their needs assessments emphasized several areas requiring additional funding, including the expansion of services. The MEs continue to cite housing and housing coordination as a greatest need, as well as Care Coordination and case management, jail and forensic facility diversion, along with the expansion of behavioral health services. Depending on the region, each ME faces unique challenges and proposes specific solutions to overcoming them.

Table 22: Managing Entity Priority Needs

Managing Entity	Priority Needs	Associated Budget
Broward Behavioral Health Network (BBHC)	Ensure Recurrent funding for the Operational Integrity of the Managing Entity***	$ 1,865,665
	Community Treatment and Support Services - Broward Forensic Alternative Center	$ 3,727,672
	Community Treatment and Support Services - Short-term Residential Treatment (SRT) Services for Jail Diversion Persons Served	$ 3,727,672
	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
	BBHC Total	**$ 12,121,009.00**
Central Florida Behavioral Health Network (CFBHN)	Operations***	$ 3,900,000
	Housing	$ 1,030,800
	Prevention	$ 576,225
	Mental Health: Coordination of Care	$ 2,025,000
	CFBHN Total	**$7,532,025.00**
Central Florida Cares Health System (CFCHS)	Substance Exposed Newborn (SEN) Program	$ 350,000
	Family Stabilization Support Team	$ 1,511,806
	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	**$3,449,756.00**
Lutheran Services of Florida Health Systems (LSF	Workforce Recruitment, Retention, and Sustainability Plan	$ 5,516,528
	Housing: Care Coordination/Housing Coordination	$ 4,081,000

Health Systems)	Daysprings Village - State Mental Health Treatment Facility Discharge/Diversion Placement	$ 2,542,853
	Restore Block Grant Funded 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
	Expanding Behavioral Health Services: Youth Respite Program	$ 582,400
	Expanding Behavioral Health Services: Youth Crisis Stabilization Unit	$ 3,212,000
	Expanding EBP Programs: TIP model, Peer Recovery, DLA	$ 75,000
	Thriving Mind South Florida Total	**$5,269,400**
Southeast Florida Behavioral Health Network (SEFBHN)	Housing: Expansion of Supported and Transitional Housing	$ 500,000
	Increased Substance Use Funding for Areas of Prevention, Non-Residential and Residential Treatment	$ 4,000,000
	Funding for Zero Suicide	$ 500,000
	SEFBHN Total	**$ 5,000,000**
Northwest Florida Health Network (NWF Health Network)	Forensic Multidisciplinary Team (FTM)	$ 2,600,000
	SSI/SSDI Outreach, Access, and Recovery (SOAR)	$ 250,000
	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

Recognizing housing as a critical component of sustained recovery, the Department is committed to advancing strategies that promote residential stability for individuals with serious mental illness (SMI) and co-occurring substance use disorders (SUD). Stable housing plays a pivotal role in reducing reliance on shelters, inpatient psychiatric services, and the criminal justice system, while simultaneously supporting recovery and long-term engagement in treatment. All seven Managing Entities (MEs) have prioritized housing as a key focus for resource enhancement, especially in areas like Miami-Dade and Broward Counties where housing affordability and availability pose persistent challenges.

Thriving Mind South Florida proposes a targeted strategy to strengthen partnerships with housing providers, developers, and the Florida Housing Finance Corporation through the establishment of a Housing Collaborative. This initiative focuses on identifying supportive housing options for individuals currently in residential treatment settings or those ready to transition into more independent living. The approach complements the region's behavioral health infrastructure by creating direct pathways into housing. With a funding request of $1,400,000, Thriving Mind aims to serve 80 adults.

Northwest Florida Health Network (NWF Health Network) is proposing the launch of a Dedicated SSI/SSDI Outreach, Access, and Recovery (SOAR) Processor Pilot to address critical service gaps for individuals with serious mental illness and co-occurring substance use disorders. The region's rural geography presents persistent barriers to accessing benefits and support services, often leading to extended periods of homelessness, unmet health needs, and untreated behavioral health conditions. This initiative is designed to strengthen the current SOAR infrastructure by streamlining the application process, enhancing outreach activities, and expanding support for provider agencies assisting with benefit navigation. The primary goal is to increase approval rates for disability benefits, reduce processing times, and connect more individuals to the income supports necessary for housing stability and recovery. With a funding request of $250,000, the network anticipates serving 50 to 75 individuals annually through this approach.

Southeast Florida Behavioral Health Network (SEFBHN) is requesting support to expand Supportive Housing Services for individuals living with serious mental illness and co-occurring substance use disorders. The proposal includes transitional housing beds, an enhanced component for individuals who are either living independently or preparing to do so, and additional funding for housing vouchers specifically for those with substance use needs. To promote long-term stability, the provider will also assist participants in applying for federal benefits, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) through the SOAR model, as well as enrollment in the Supplemental Nutrition Assistance Program (SNAP). Other services include connection to transportation and access to supported employment resources. Based in the principles of a Recovery-Oriented System of Care, this initiative aims to decrease the need for more intensive

placements, support sustained recovery, and increase the number of individuals able to live independently. SEFBHN plans to serve 75 individuals in transitional housing and 75 individuals through voucher assistance, with a total funding request of $1,000,000.

Broward Behavioral Health Coalition (BBHC) continues to address homelessness through integrated care and housing coordination efforts. BBHC has identified the need for sustained, recurring funding to support oversight functions at the ME level, along with increased resources for implementation at the provider network level. To enhance its impact, BBHC proposes expanding specialized Care Coordination Teams at the provider level. Each team will include two Care Coordination Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator dedicated to assisting individuals experiencing or at risk of homelessness. These teams will help participants navigate various levels of care and overcome barriers to obtaining and maintaining stable housing. BBHC is seeking an additional $2,050,000 in funding to support this initiative, with the goal of serving 140 adults.

Central Florida Cares Health System (CFCHS) proposes to address housing instability by integrating a Housing and Employment Coordinator into its Substance Exposed Newborn (SEN) Program. This dedicated position will support individuals in securing safe, affordable housing while also promoting long-term housing retention and self-sufficiency. The coordinator will work closely with families impacted by substance use to remove barriers to stability, with a focus on sustainable housing solutions that align with recovery and wellness goals. CFCHS aims to serve 50 individuals through this initiative and is requesting $350,000 in funding to support the role and its implementation.

Lutheran Services Florida (LSF) Health Systems is seeking to enhance its Care and Housing Coordination capacity through a multi-step expansion plan. The proposed approach includes securing sustainable funding, onboarding additional ME-level staff, issuing an Invitation to Negotiate (ITN) to procure qualified service providers, executing contracts, and launching direct service delivery. This initiative is designed to reduce dependency on acute care services and criminal justice interventions by improving engagement, assessment coordination, and timely connection to appropriate services and supports. The goal is to improve the overall health, housing stability, and quality of life for individuals with serious mental illness, substance use disorders, or co-occurring conditions. LSF currently operates a community-based model staffed by five care coordinators across its 23-county region, covering Circuit 4, Circuit 5, Circuit 7, Circuit 3, Circuit 8, and the State Hospital. As some of the existing funding for this coordination model is non-recurring, the Managing Entity is requesting $4,081,000 to maintain and expand this critical infrastructure. For FY 2025–2026, Lutheran Services Florida Health Systems anticipates serving 500 individuals through this initiative.

Central Florida Behavioral Health Network (CFBHN) is proposing to expand access to housing through a combination of vouchers and supported housing services to help offset the shortage of affordable, adequate, and accessible housing in its region. The initiative targets individuals with complex behavioral health needs, including high utilizers of services and those engaged through Clubhouse programs. The proposed funding will support efforts in the Suncoast Region and Circuit 10, with a total request of $1,030,800. CFBHN anticipates serving an additional 270 individuals, aiming to promote residential stability and recovery for individuals with serious mental illness and substance use disorders.

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 23: 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	270	**$ 1,030,800**
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	**$ 500,000**
Thriving Mind South Florida (SFBHN)	Community Partnerships Housing Collaborative	80	**$ 1,400,000**

Care Coordination and Case Management

For individuals with mental health diagnoses and substance use disorders, lapses in care can lead to serious consequences. These may include admissions to emergency departments, inpatient facilities, or crisis stabilization units. In more severe cases, delays in receiving appropriate care at the right time can result in arrest or suicide attempts. Due to the critical nature of delivering prompt and effective services to individuals in need, care coordination and case management have been identified as priority areas for Managing Entities. Statutorily defined as involving “planned organizational relationships” to “ensure service linkage,” care coordination requires communication across providers, health insurers, and facilities to prevent gaps in care and promote the best possible behavioral health outcomes.

Five MEs have identified care coordination and case management as priority areas and are actively overseeing their implementation across regions. These MEs emphasize that recurring funding, along with additional appropriations, is essential to sustain these efforts.

Broward Behavioral Health Coalition (BBHC), serving Broward County, identified the need to sustain recurrent funding for existing care coordination teams, as well as increased funding to expand functions at the provider network level. Since housing is BBHC’s highest priority, continued investment in care coordination will directly benefit individuals who are experiencing homelessness or are at risk of homelessness. BBHC estimates that approximately 140 additional individuals would benefit from this expansion and is requesting $2,050,000 to support the initiative.

Lutheran Services Florida (LSF) Health Systems is seeking to enhance its Care and Housing Coordination capacity through a multi-step expansion plan. The proposed approach includes securing sustainable funding, onboarding additional ME-level staff, issuing an Invitation to Negotiate (ITN) to procure qualified service providers, executing contracts, and launching direct service delivery. This initiative is designed to reduce dependency on acute care services and criminal justice interventions by improving engagement, assessment coordination, and timely connection to appropriate services and supports. The goal is to improve the overall health, housing stability, and quality of life for individuals with

Serious Mental Illness, Substance Use Disorders, or co-occurring conditions. LSF currently operates a community-based model staffed by five care coordinators across its 23-county region—covering Circuit 3, Circuit 4, Circuit 5, Circuit 7, Circuit 8, and the State Hospital. As some of the existing funding for this coordination model is non-recurring, the Managing Entity is requesting $4,081,000 to maintain and expand this critical infrastructure. For FY 2025–2026, Lutheran Services Florida Health Systems anticipates serving 500 individuals through this initiative.

Central Florida Cares Health System (CFCHS) serving Orange, Osceola, Brevard, and Seminole Counties, contracted with the Health Council of East Central Florida in 2022 to conduct a behavioral health needs assessment. From this process, the S.T.R.I.V.E. Family Stabilization Program was identified as a priority initiative. S.T.R.I.V.E. was established to strengthen case management services for Orange County families with youth at risk of

involvement in the juvenile justice system. The program provides in-home services delivered by a team of clinicians, with a focus on families engaged in the child welfare dependency system. Services include connecting families to appropriate resources and equipping them with tools to improve the likelihood of reunification. The program has set a minimum target of serving 25 families per year with a total budget of $630,000.

In addition, CFCHS proposes establishing a Family Stabilization Support Team (FSST) co-located with Child Protective Investigator (CPI) units to strengthen child safety, improve outcomes, and reduce the number of children entering out-of-home care. The FSST will deliver trauma-informed prevention and intervention services by connecting families to resources, natural supports, and wraparound care to address behavioral health, mental health, substance use, and domestic violence challenges. Services will include care coordination, referral completion, service authorizations, mentoring, advocacy, and crisis support for families with open investigations. In addition, the FSST will manage a flexible funding budget, track family engagement in real time, and generate reports to ensure accountability and system improvement. The team is projected to serve approximately 100 families each month, with CFCHS requesting $1,511,806 to support this initiative.

Northwest Florida Health Network (NWF Health Network) has identified the expansion of Early Childhood Care Coordination (ECCC) as a priority. This need stems from increasing challenges related to serious behaviors that push children into the dependency system, the decreasing age at which youth are exhibiting significant behavioral disruptions, and the growing recognition of the importance of early intervention for behavioral health and developmental disabilities. Young children are particularly responsive to modest investments in supportive environments, positive relationships, and preventive interventions. ECCC provides early identification of needs and links families to community services. Parenting coaches collaborate with families and childcare agencies to develop strategies and interventions that promote age-appropriate behaviors.

At present, ECCC is available only in Okaloosa County (Circuit 1). With additional funding, NWFHN proposes to expand the program by adding four teams to serve the entire circuit—Okaloosa, Escambia, Walton, and Santa Rosa Counties. Annually, the initiative would serve 200 children, ages 0 to 5 with behavioral challenges identified by childcare providers, pediatricians, or child protective investigators, and is supported by a funding request of $860,000.

Central Florida Behavioral Health Network (CFBHN) is requesting $500,000 to establish two new Clubhouses in Charlotte and Collier Counties. These Clubhouses will provide supported employment, housing, and recovery services, with a goal of serving 200 individuals.

To support individuals transitioning out of incarceration, CFBHN is seeking $525,000 to expand community-based services, case management, supported housing, and employment for persons discharged from the Orient Road Jail Project. This initiative is projected to serve 341

individuals.

Additionally, CFBHN is requesting $1,000,000 to expand care coordination throughout the SunCoast Region and Circuit 10. This proposal will enhance support for high-need, high-utilizer populations, though the specific number of individuals to be served is still to be determined.

Ensuring care coordination, case management, and wraparound services for eligible individuals can significantly improve behavioral health outcomes. After discharge from an inpatient facility, individuals often require follow-up services such as outpatient therapy or psychosocial rehabilitation. Connecting them to appropriate providers is essential to reducing readmissions and preventing further crises.

By addressing gaps in care, Managing Entities can help relieve pressure on inpatient facilities while strengthening outcomes for individuals engaged in community-based services. These efforts directly support the Department's priorities of initiating treatment before a crisis occurs and expanding reliance on community behavioral health providers.

Table 24: 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**
CFBHN	Substance Use Disorder and Mental Health Care Coordination	541	**$ 2,025,000**
CFCHS	Family Stabilization Support Team	100+	**$ 1,511,806**
	S.T.R.I.V.E- Family Stabilization Program	25 families	**$ 630,000**
LSF Health Systems	Care Coordination/Housing Coordination	500	**$ 4,081,000**
NWF Health Network	Early Childhood Care Coordination	200	**$ 860,000**

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Jail and Forensic Facility Diversion

When individuals with serious mental illness or substance use disorders experience a crisis, law enforcement is often the first to respond. These encounters can lead to arrest, incarceration, or placement in a forensic facility. Such outcomes conflict with the Department's goal of reducing incarceration and inpatient admissions for this population. Florida is focused on preventing crises before they escalate. To support this, the MEs have identified key actions to divert individuals from local jails and state forensic facilities. These include innovative strategies and targeted efforts to address critical service shortages. Notably, two MEs have outlined specific measures that can help advance this goal.

Broward Behavioral Health Coalition (BBHC) has identified a distinct need in this area, noting that Broward County has one of the highest rates of civil and forensic commitments to State Mental Health Treatment Facilities in Florida. In collaboration with criminal justice partners, BBHC is committed to diverting eligible individuals from forensic settings through the proposed Broward Forensic Alternative Center (B-FAC). This initiative would offer a locked, secure residential facility as a cost-effective, community-based alternative to state forensic treatment. B-FAC is designed to serve up to 80 individuals deemed Incompetent to Proceed (ITP) who are charged with third-degree or non-violent second-degree felonies and do not pose significant safety risks. Participants will receive crisis stabilization, short-term residential treatment, competency restoration training, and life skills to support community reintegration. When clinically appropriate, individuals will be assisted in transitioning to less restrictive placements. BBHC is requesting $3,727,672 to implement this initiative.

In addition, BBHC proposes expanding Short-Term Residential Treatment (SRT) capacity by adding 20 beds to serve another 80 individuals who meet Baker Act criteria and require extended stabilization. This strategy offers a safe, cost-efficient alternative to civil and forensic state hospital placements. BBHC is requesting an additional $3,727,672 to support this expansion.

Northwest Florida Health Network (NWF Health Network) proposes adding two Forensic Multidisciplinary Teams (FMTs) in Circuit 1 to address the rising number of individuals with Serious Mental Illness and Substance Use Disorders entering the forensic system. One team would serve Escambia and Santa Rosa Counties, and the other would serve Okaloosa and Walton Counties, where forensic commitments have sharply increased. Operating 24 hours a day, seven days a week, FMTs provide intensive, community-based services to divert individuals from forensic facilities and promote collaboration among behavioral health and justice system partners. NWFHN aims to serve 90 individuals annually and is requesting $2,600,000 to implement this initiative.

These initiatives demonstrate a unified effort to reduce forensic involvement through community-based alternatives. By expanding diversion programs and treatment capacity, MEs can improve outcomes, lower costs, and advance the Department's goal of minimizing incarceration and inpatient admissions for individuals with behavioral health needs.

Table 25: Managing Entities' Proposed Jail and Forensic Facility Diversion Strategies			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
BBHC	Broward Forensic Alternative Center	80	**$ 3,727,672**
	SRT Services for Jail Diversion Persons Served	80	**$ 3,727,672**
NWF Health Network	Forensic Multidisciplinary Teams (FMT)	90	**$ 2,600,000**

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Expanding Behavioral Health Services

As part of the FY 2024–2025 needs assessments, the MEs identified a range of behavioral health services needed across their respective regions. These service expansions reflect both emerging priorities and persistent gaps in the system of care. Commonly identified areas include:

- Multidisciplinary Teams.
- SMHTF Reintegration Programs
- Care Coordination.
- Additional SRTs.
- Respite Programs.
- Increase in Children's CSU Beds.
- School Based Prevention Programs.

Broward Behavioral Health Coalition (BBHC) has identified a critical gap in services for young children and their families impacted by behavioral health challenges. To address, BBHC proposes the development of a Community Action Treatment Team specifically designed to serve children ages 0 to 10 and their families. The team would provide community-based services to families with a mental health or co-occurring substance use diagnosis, particularly those at risk of out-of-home placement and assessed as appropriate for in-home support. CAT for Ages 0–10 is intended to offer a safe and effective alternative to out-of-home placement. Upon successful completion, families will be equipped with the skills and support systems needed to sustain progress. Each team is expected to serve 35–45 children and their families annually, with BBHC requesting $750,000 to implement the initiative.

Central Florida Cares Health System (CFCHS) proposes implementing the Intervention Substance Use program in Osceola County to divert students from expulsion following level 4 disciplinary infractions. Referred directly by public schools, students and their families participate in structured intervention groups facilitated by trained counselors, offering psychoeducational support and individual sessions in lieu of alternative school placement. The program targets at-risk youth with behavioral and substance use challenges and is expected to serve at least 180 students annually. Anticipated outcomes include increased awareness of substance use risks, improved family communication and problem-solving skills, and stronger, healthier relationships, with the added benefit of keeping students engaged in their home schools. CFCHS is requesting $377,950.

Moreover, CFCHS proposes a school-based substance abuse prevention program targeting elementary and middle school students in Brevard, Osceola, and Seminole Counties. The program includes Universal Direct strategies such as weekly classroom lessons using the Botvin LifeSkills curriculum, Family Nights where parents are provided resources on family strengthening, staff trainings focused on conflict resolution, trauma-

informed care, and substance use prevention. Selective strategies involve small psychoeducational groups for higher-risk youth, while Indicated strategies provide individualized support for students showing signs of substance use risk. Universal Indirect strategies will promote community-wide awareness and protective factors through youth and family-focused campaigns. The initiative is designed to reduce the likelihood of substance use as a coping mechanism later in life and will serve all students in participating schools, with more intensive services reaching targeted subgroups. CFCHS estimates serving over 500 youths and is requesting $580,000 to implement and sustain this multi-tiered approach.

Central Florida Behavioral Health Network (CFBHN) proposes to address the ongoing gap in prevention services for the Suncoast region and Circuit 10 through a targeted strategy to expand access to behavioral health prevention programs. This initiative responds to the identified lack of prevention efforts for children and adults who are experiencing or at risk for substance use disorders. The proposed strategy aligns with the covered services outlined in Rule 65E-14, Florida Adminstrative Code, for Prevention Services. While the exact number of individuals to be served is still being determined, the initiative is designed to increase service accessibility through collaboration with existing network providers and stakeholders. Public education efforts will aim to reduce stigma and enhance readiness for change among individuals in need. The ME is requesting $576,225.

Lutheran Services Florida (LSF) Health Systems proposes increased funding for Dayspring Village, a specialized assisted living facility that supports individuals with Serious Mental Illness and those on conditional release transitioning from state mental health treatment facilities. Through its Phoenix, Sunrise, and Sunset programs, Dayspring provides comprehensive post-discharge care including supervision, benefit restoration, coordination with primary care, and support for daily living skills to promote independence and successful community reintegration. Due to rising demand and limited capacity in other regions, the facility served 43 individuals from outside the Northeast Region in FY 2024–2025, a 19 percent increase from the previous year, and incurred over $1 million in uncompensated care costs. Without additional support, Dayspring may be forced to reduce its capacity, leading to delayed discharges and increased risk of recidivism. To continue serving up to 36 individuals annually, LSF Health Systems is requesting $2,542,853**.**

Northwest Florida Health Network (NWF Health Network) proposes establishing two Forensic Assertive Community Treatment teams in Circuit 1, which includes Okaloosa and Walton Counties. These areas currently lack FACT coverage and face high demand for behavioral health services, including overcapacity at the local Crisis Stabilization Unit and elevated rates of emergency department visits related to mental health. There has also been an increase in individuals with co-occurring conditions entering the criminal justice system. By expanding access to outpatient and community-based care, NWF

Health Network aims to reduce reliance on costly forensic facility admissions and promote earlier intervention. Each team will serve 100 individuals annually, with a total funding request of $1,000,000.

Another high priority identified by NWF Health Network is the establishment of a Central Receiving Facility (CRF) in Circuit 14 to serve as the primary screening and assessment hub for individuals detained under the Baker Act. Covering Bay, Gulf, Jackson, Calhoun, Holmes, and Washington Counties, the CRF would improve clinical outcomes, streamline law enforcement processing, and reduce reliance on hospital emergency departments for behavioral health crises. The facility is expected to provide inpatient services to approximately 1,890 individuals annually. NWF Health Network is requesting $3,250,000 to develop and operationalize the CRF.

Southeast Florida Behavioral Health Network (SEFBHN) proposes expanding substance use services across prevention, outpatient, and residential care to strengthen access and reduce long-term costs. The initiative builds on existing programs and includes integration with crisis response systems, evidence-based prevention, trauma-informed training, and coordination with local governments. Serving children and adults across Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties, it is expected to reach 4,000 individuals annually and reduce reliance on restrictive placements. SEFBHN is requesting $4,000,000 to support this effort.

Thriving Mind South Florida plans to fund a respite program designed to serve 50 youth. This voluntary, short-term, overnight program offers community-based, non-clinical crisis support to help stabilize youth and families during periods of heightened stress. By providing temporary relief, respite care can strengthen family functioning, reduce the risk of abuse or neglect, and support caregiver well-being, ultimately helping families remain intact. The target population includes youth ages 14 to 17 with a diagnosed mental health disorder who are at risk of out-of-home placement and engaged in wraparound services such as Community Action Treatment teams or the Children's Crisis Response Team (CCRT) or have been reviewed through Local Review Team meetings. To implement and sustain this initiative, Thriving Mind is requesting $582,400.

Additionally, Thriving Mind proposes funding 16 Children's Crisis Stabilization Unit (CSU) beds in the Southern Region to address the lack of youth crisis services in Monroe County. Currently, children must travel more than three hours to access care in Miami-Dade County's only Children's CSU, creating barriers for families and delaying treatment. One of the region's contracted providers, Community Health of South Florida, is preparing to open a 20-bed CSU near the Monroe County line, offering a timely opportunity to expand access without additional capital costs. The 16 beds could serve up to 1,900 children annually, based on an average length of stay of three days. Thriving Mind is requesting $3,212,000 to support this initiative.

Furthermore, Thriving Mind proposes expanding evidence-based practices across its system of care in Miami-Dade and Monroe Counties, focusing on youth, adults, and peer support providers. The initiative includes implementation of the Transition to Independence Process (TIP) Model, peer-led recovery supports, and the Daily Living Activities-20 (DLA-20) assessment tool for child welfare programs. Each component addresses a distinct gap in service delivery, from early intervention and transition planning to long-term recovery support and functional assessment. A train-the-trainer model will be used to ensure sustainability and broad reach across the network. Expected outcomes include reduced reliance on high-cost services such as crisis units and state hospitals, improved care coordination, increased recovery retention, and enhanced service quality through standardized assessment and training. The initiative will serve around 265 individuals annually, with targeted support for underserved areas such as rural Monroe County. Thriving Mind is requesting $75,000 to implement this initiative.

Collectively, these proposals demonstrate a unified effort to strengthen Florida's behavioral health system through strategic investments in prevention, crisis response, care coordination, and recovery support. By closing regional gaps and expanding access to evidence-based services, the MEs can build a more responsive, equitable, and cost-effective continuum of care that serves children, families, and adults statewide while advancing the Department's priorities.

Table 26: 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	Increase Prevention Services	TBD	**$ 576,225**
CFCHS	School-Based Intervention Program	180+	**$ 377,950**
	School-Based Substance Abuse Prevention Program	500+	**$ 580,000**
LSF Health Systems	SMHTF Reintegration Programs	36	**$ 2,542,853**
NWF Health Network	Florida Assertive Community Team (FACT)	200	**$ 1,000,000**
	Central Receiving Facility - Circuit 14	1,890	**$ 3,250,000**
SEFBHN	Increased Substance Use Funding for Areas of Prevention,	4,000	**$ 4,000,000**

	Non-Residential and Residential Treatment		
Thriving Mind South Florida	Children's Respite Program	50	**$ 582,400**
	Increased Children CSU Beds	1,900	**$ 3,212,000**
	Expansion for EBP Programs: TIP model, Peer Recovery, DLA	265	**$ 75,000**

Conclusion

Pursuant to section 394.4573 F.S., this assessment of the behavioral health services in Florida includes 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. The assessment also considers the availability of and access to coordinated specialty care programs and identifies gaps in the availability of and access to such programs in the state.

Managing Entities in the state are both contractually and statutorily required per section 394.9082 F.S. to complete a variety of public and planning meetings. This includes participants who receive services in the behavioral health system of care, family members, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders. The ME Enhancement Plans are included in this assessment and shall be developed based on the outcomes of those meetings, data analysis, the regional expertise of the MEs, and guidance provided by the Florida Department of Children and Families, Office of Substance Abuse and Mental Health.

The Florida Department of Children and Families has evaluated and determined that the priorities submitted by all seven ME's align with Department mission and priorities.

Appendix A: Broward Behavioral Health Coalition, Inc. (BBHC)
Fiscal Year 2025-2026 Enhancement Plan
Local Funding Request

Introduction

During FY 2024–25, funding priorities were identified through Broward Behavioral Health Coalition, Inc. (BBHC)'s System of Care Committee, Provider Advisory Council, Consumer Advisory Council, and various community partnership forums. These included the Florida Department of Children and Families' (DCF) Forensic System Meeting, Baker Act and Marchman Act meetings to address implementation gaps, meetings with the Judiciary, State Attorney, and Public Defender, BBHC's Quarterly Provider Network Meeting, and other collaborative sessions. BBHC solicited feedback regarding the services provided by the BBHC network.

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 Substance Use Disorders (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. Broward County stepped in and provided $1,000,000 to expand the jail diversion program. These funds will help to 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.

During FY 2024-25 BBHC received funding to support the Involuntary Outpatient Placement Program that was implemented for Baker Acted Individuals in need of follow-up services. However, no other funding requested in the previous year's Enhancement

Plans was provided.

Currently, BBHC is in the process of completing a Triannual Needs Assessment. Affordable housing and other barriers to accessing treatment have been identified in the preliminary information gathered. Additionally, there is the need for additional beds to divert individuals 2 from the jails. As well as increasing the care coordination capacity to support individuals and families' access to care.

Priority 1: Community Treatment and Support Services
Funding Request: $9,505,344.00

A. Broward- Forensic Alternative Center
Funding Request: $3,727,672.00

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: $3,727,672.00
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. 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**

Number of individuals to be served:
140 individuals

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 Action Treatment (CAT) Team for Ages Zero to 10
Funding Request: $750,000.00

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).

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

Fiscal Year 2025-2026 Enhancement Plan
Local Funding Request

Introduction

The Central Florida Behavioral Health Network (CFBHN) Enhancement Plan outlines current priorities, informed by the most recent Needs Assessment and ongoing input from key stakeholders. These stakeholders include individuals and families served, community-based care lead agencies, local governments, law enforcement, and Network Service Providers (NSPs).

Following a comprehensive review of the current budget and the identified needs within the SunCoast Region, including Circuit 10, CFBHN proposes the allocation of an additional $7,532,025 to address regional priorities. This plan summarizes collaborative projects, details the allocation of any funds received through the most recent legislative session (where applicable), and outlines enhancements by priority area. It also includes specific action steps for implementation and performance measures that will be used to evaluate progress and impact.

Unmet Need Priorities

1. **Housing**
   Funding Needed: $1,030,800

   Problem 1.1: Lack of adequate, affordable, and accessible housing for individuals with behavioral health issues

a. Unmet Need: Housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes.

b. Proposed Strategy and Services to be Provided: 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 need.

c. Target population to be served: Individuals identified as having a high need for behavioral health services.

d. County(ies) to be served: The entire SunCoast Region and Circuit 10

e. Number of individuals to be served: Approximately 250 individuals

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request. Target population to be served

g. State Funds Requested/Brief Budget Narrative. $750,000: The funding needed is based upon 250 individuals/3 months of housing and rent expenses of $1000 per month. The 3 months are simply an estimate, whereas in reality, the length of housing may greatly vary from 1 month to 6 months.

h. Expected Beneficial Results and Outcomes: Will improve housing stability resulting in improved outcomes including reductions in readmissions and reincarcerations.

i. Measures Used to Document Performance Data: Improvements in transitions from acute and restrictive to less restrictive community-based levels of care.

Problem 1.2: Lack of housing available for Clubhouse Program Participants

a. Unmet Need: Housing needs of individuals with behavioral health issues who are members of the Clubhouse model in the Suncoast region

b. Proposed Strategy and Services to be Provided: 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: Individuals with behavioral health issues provided services by the Clubhouses that offer housing services

d. County(ies) to be served: SunCoast Region and Circuit 10

e. Number of individuals to be served: 20

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative: $ 280,800, 20 Individuals for 12 months at a monthly rental rate of $1,170.

h. Expected Beneficial Results and Outcomes: Improved coordination of housing services for individuals with behavioral health issues, allowing them more opportunities to seek employment and education.

i. Measures Used to Document Performance Data: Increased days in stable housing; Increased days in Transitional, Supported, or Independent Employment; Decreased hospitalizations, inpatient care, incarcerations, and homelessness

2. Prevention
Funding Needed: $576,225

Problem 2.1: Lack of Prevention Programs and Initiatives

a. Unmet Need: Lack of prevention programs and initiatives. The proposed strategy and specific services to be provided

b. Proposed Strategy and Services to be Provided: Outlined covered services in the Florida Administrative Code 65E-14 for Prevention Services.

c. Target population to be served: Children and adults experiencing substance use disorders or at risk of substance use disorder.

d. County(ies) to be served: SunCoast region and Circuit 10.

e. Number of individuals to be served: To be determined.

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request, additional grant dollars, or, where possible, internal budget shift.

g. State Funds Requested/Brief Budget Narrative: $576,225 This amount is intended to replace the funds that were reduced in the 24/25 Schedule of Funds for Prevention.

h. Expected Beneficial Results and Outcomes: Increase Prevention Services by collaborating with existing network service providers and stakeholders. Improved accessibility to services through public education efforts, reduction in stigma and improved readiness for change by persons in need.

i. Measures Used to Document Performance Data: Impressions of advertisements, Numbers served, and/or Pre-post test scores

3. Mental Health: Coordination of Care
Funding Needed: **$2,025,000**

Problem 3.1: Lack of Mental Health Clubhouse Services

a. Unmet Need: Clubhouse model is not readily accessible throughout the SunCoast Region and Circuit 10.

b. Proposed Strategy and Services to be Provided: CFBHN believes in the Clubhouse model and has a history of providing operational dollars for these projects. This would propose to provide funding for operational dollars to Clubhouses 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: Persons who are experiencing mental illness.

d. County(ies) to be served: Charlotte County and Collier County

e. Number of individuals to be served: 200

f. Detailed action steps to implement the strategy: Develop Clubhouse/Recovery through Work Programs in Charlotte and Collier counties

g. State Funds Requested/Brief Budget Narrative. $500,000, $250,000 for each of two new clubhouses.

h. Expected Beneficial Results and Outcomes: Increased access to employment services, mental health resources and social support for persons experiencing mental health challenges.

i. Measures Used to Document Performance Data: Increased number of individuals supported with employment services; Increased number of individuals provided with stable housing.

Problem 3.2: Lack of Treatment and Support for Those Released from Incarceration

a. Unmet Need: This request is to fund community-based services for persons formerly incarcerated and discharged from the 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 transitional housing support. This is a community stakeholder driven project including the Hillsborough County Health Plan, Sheriff's Department, Network Service Provider and CFBHN.

b. Proposed Strategy and Services to be Provided: Community-based services, case management, supported housing and supported employment.

c. Target population to be served: Persons with Mental Health & Substance Use Disorders who are transitioning out of incarceration.

d. County(ies) to be served: Hillsborough

e. Number of individuals to be served: 341

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative: $525,000 This is the proposed amount provided by Hillsborough County for a portion of this project.

h. Expected Beneficial Results and Outcomes: Reduced rate of overdoses among individuals served in the first 90 days post discharge from jail. Increased rates of stable housing upon discharge from jail.

i. Measures Used to Document Performance Data: Reduction in recidivism rate for individuals served in Hillsborough County Jail.

Problem 3.3: Need for Expanded Care Coordination throughout the Network

a. Unmet Need: 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. Proposed Strategy and Services to be Provided: Care Coordination

c. Target population to be served: Persons with Mental Illness and Substance Use Disorders.

d. County(ies) to be served: SunCoast region and Circuit 10

e. Number of individuals to be served: To Be Determined

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative. $1,000,000 This is based upon historical figures used to fund similar projects. Increase SRT beds in C13 to serve statewide needs.

h. Expected Beneficial Results and Outcomes: Improves services through care coordination for the high need/high utilization program population and reduced readmissions and incarcerations.

i. Measures Used to Document Performance Data: Improve transitions from acute and restrictive to less restrictive community-based levels of care. Increase diversions from state mental health treatment facility admissions. Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness.

4. Funding for ME Operations
Funding Needed: $3,900,000

Problem 4.1: Unmet Administrative Expenses of CFBHN

a. Unmet Need (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. (2) 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 line and we need additional resources to continue to operate at the level expected. The proposed strategy and specific services to be provided.

b. Proposed Strategy and Services to be Provided: Increase pay scale for identified positions within CFBHN that are below the competitive range for the marketplace as determined by the compensation survey. Add critical positions CFBHN identified as needing additional staff resources.

c. Target population to be served: All population categories for SunCoast Region

d. County(ies) to be served: All counties within the SunCoast region would be served by this enhancement

e. Number of individuals to be served: N/A

f. Detailed action steps to implement the strategy: (1) Conduct a compensation survey; (2) Develop revised pay scales with a priority focus on positions falling the farthest below the market. (3) Implement new pay scales for existing employees and for new employee recruitment. (4) Add employees based upon enhancement funds and identified priorities for additional positions.

g. State Funds Requested/Brief Budget Narrative: $3,900,000 total for ME Operations including personnel needs mentioned above.

h. Expected Beneficial Results and Outcomes: Improved capacity to move dollars out to providers more quickly and using methods more accommodating to network service providers such as bundled rates. 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.

i. Measures Used to Document Performance Data: Employee retention rate

Appendix C: Central Florida Cares Health System (CFCHS)

Enhancement Plan
Fiscal Year (FY) 2025-2026

ENHANCEMENT PLAN SUMMARY

Priority of Needs for Services	
Family Stabilization Support Team (Three Counties)	$1,511,806
Substance Exposed Newborn (SEN) Program	$350,000
S.T.R.I.V.E - Family Stabilization Program	$650,000
School-Based Intervention Program	$377,950
School-Based Substance Abuse Prevention Program	$580,000

Priority Needs for Services

Family Stabilization Support Team

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

In 2022, Central Florida Cares (CFC) 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.

CFC is also a member of the Community Alliance, which is responsible for identifying community- focused goals that supplement state objectives, promoting prevention and early intervention services, conducting community needs assessments, and discussing selected measures and outcomes related to the community-based lead agency.

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

In Orange County, one in three children live below 125 percent of the Federal Poverty Level while more than half of the families living in poverty in Orange County are white, other racial and ethnic groups experience a disproportional burden of poverty. Among the biggest areas of need identified are jobs with sustainable wages and benefits, accessibility to affordable housing, and childcare. There is also a need for healthcare services, particularly mental health services; drug rehab programs; comprehensive financial literacy; soft-skills training; and functional transportation as large gaps in

services to address poverty.

Osceola County, bounded by the Kissimmee River, is crossed by several partially accessible creeks, with its world-famous theme parks and exponentially growing population rates. Tourism and agriculture serve as Osceola County's main economic drivers. Osceola faces several challenges such as a lack of affordable housing, high use of opioids, communicable disease, and an increased number of homeless students.

Seminole and Brevard County make up Circuit 18 with shared governance of the judicial system/Chief Judge and DCF Operations Manager overseeing all investigations units. Some areas of priority recently identified in Seminole County's Five-Year Consolidated Plan include affordable housing, housing for the homeless, mental health, domestic violence and substance abuse treatment services, and childcare.

During fiscal year 2024-2025, 622 children were removed from their families after abuse allegations in the tri-county, the majority of the removals were in Orange County.

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

FSST would be co-located with Child Protective Investigator (CPI) units, to reinforce the Office of Child and Family Welfare priorities to improve outcomes for children and families, increase child safety, quality, and accountability, support frontline teams, reduce the number of children in out of home care and improve the financial health of the child welfare system.

This team provides prevention resources to divert children and families from entering the system by proactively enhancing support to equip parents and families with resources and support networks that address well-being needs, challenges, or barriers. Intervention measures are innovative, timely, trauma-informed, and identified through appropriate assessment and wrap around is used to reduce the number of children who enter out of home care.

Working hand in hand with the CPI, the team helps to promote social connections for the family through informal and natural support and provides care coordination for families with present danger. Families often present with complex behavioral health, mental health, substance abuse and/or domestic violence risk factors, the team assists to empower families in navigating these systems and to achieve resiliency and recovery. FSST completes community referrals, service authorizations and crisis intervention linkages to ensure family stabilization. The team also provides mentoring, support and advocacy to caregivers and children with open investigations and monitors/follows up on family's adherence to recommendations and monitors participation with service providers to track real time status of services referrals and level of family engagement. This includes links with Faith Based organizations,

community programs, and natural support. The team manages a Flexible Funding Budget, enters case activity into FSFN and produces necessary reports on utilization.

D. Target population to be served
Families involved with the child welfare system.

E. Please list the counties where the services will be provided.
Orange, Osceola and Seminole

F. Number of individuals to be served
Approximately 100 families per month

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	1/1/2026	CEO, CFO	DCF	Contract amendment
2	Work with current provider to expand treatment capacity	3/31/2026	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2026	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2026	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:	**Family Stabilization Support Team**		**Total Budget:**		**$1,529,805**
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse/Mental	Fee for service	Bundled			Orange County

Health			N/A	$350,000	
Substance Abuse/Mental Health	Fee for service	Bundled	N/A	$509,935	Osceola County

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

The average cost to serve a child per month in FSST is $734 while the minimum average cost to serve a child in Out of Home Care is $3163.00 per month.

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

- Cumulative Number of Families Served
- Cumulative Number of Children Served
- Primary Referral Reason
- Safety Determination at Closure
- Cumulative Percentage of Children Successfully Diverted from Removal

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 Florida 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 reflects 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 home 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 goal of the team 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	**Responsibilities**
SEN Care Coordinator (1.0 FTE)	• 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 & Employment Coordinator (1.0 FTE)	• 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 in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups. • 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.

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

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	1/1/2026	Chief Executive Officer, Chief Financial Officer	Florida Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2026	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2026	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2026	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:	**Substance Exposed Newborn (SEN) Program**		**Total Budget:**		**$350,000**
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse	Fee for service	Bundled	n/a	$ 350,000	

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

- 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
- Promote increased engagement and retention in treatment
- Increase affordable housing options for individuals
- Reduce the number of out-of-home placements when safe to do so
- Reduce rates of re-entry into the child welfare system

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 with substance abuse who live in a stable housing environment at the time of discharge

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 Florida Department of Children and Families (DCF) on maltreatment cases involving SEN intakes.

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

The Florida Department of Children and Families' 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 (STRIVE) program are enhanced family stabilization services designed to complement case management services by providing intensive in-home family engagement through supportive and therapeutic services, in order to successfully prevent removal and/or reunite youth with their families. The STRIVE 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 STRIVE 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 his or her 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 STRIVE 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 the goal of preventing 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	1/1/2026	Chief Executive Officer, Chief Financial Officer	Florida Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2026	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2026	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment

4	Begin providing services	7/1/2026	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**
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	1/1/2026	Chief Executive Officer, Chief Financial Officer	Florida Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2026	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2026	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2026	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	Bundled		$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, 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	1/1/2026	Chief Executive Officer, Chief Financial Officer	Florida Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2026	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2026	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2026	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	n/a	$ 580,000	

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 because of the program.
- School staff report positive changes in student's decision making because 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 ALCs
- 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. **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.

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 between fiscal year 2021-2022 and 2022-2023, based on available resources and 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. The past two years have been challenging due to reductions in funding resulting from the expiration of Supplemental Block Grant funds which were not replaced with State funds and new allocations of State funds restricted for very specific uses. We were unable to do rate increases in fiscal year 2024-2025 due to these funding changes. New contract requirements to increase the number of services provided and the number of network service providers in the face of reduced funding makes rate increases unlikely without additional resources. 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 seven key 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/ 108	$ 123,297.05	$ 126,260.00	$ (2,962.95)	-2%
Behavioral Health Technician/740	$ 32,234.74	$ 39,700.00	$ (7,465.26)	-19%
Case Manager Bachelor's Level/565	$ 39,391.66	$ 41,410.00	$ (2,018.34)	-5%
Licensed Counselor/110	$ 52,495.92	$ 61,627.00	$ (9,131.08)	-15%
Director/243	$ 81,138.76	$ 110,680.00	$ (29,541.24)	-27%
Licensed Practical Nurse/189	$ 50,570.35	$ 59,730.00	$ (9,159.65)	-15%
Non-Licensed Counselor/904	$ 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 2025-2026, LSF proposes 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 Florida Department of Children and Families provide additional recurring funding to begin in FY 2025-2026. LSF 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 Florida 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 2025-2026, 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, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam,
St Johns, Sumter, Suwannee, Union, Volusia

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 2025-2026): $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 percent 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 three 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 2025-2026 Enhancement Plan Performance Outcome Measure

Performance Outcome Measure	Evidence Methodology	LSF POM Lead
Increased salary	Comparison of FY 2024-2025, FY 2025-2026 and FY 2026-2027 salaries per position via the annual salary survey	LSF Data Analyst
Decreased hiring time	Comparison of post-to-fill rate of time between FY2024-2025, FY 2025-2026, and FY 2026-2027	LSF Data Analyst
Increased retention time	Comparison of retention rate of FY 2024-2025, FY 2025-2026 and FY 2026-2027 between dates of hire and pre- determined time periods	LSF Data Analyst

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**

For our system to function effectively and efficiently, a coordinated effort to connect high risk, high need individuals to appropriate services are critical. 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

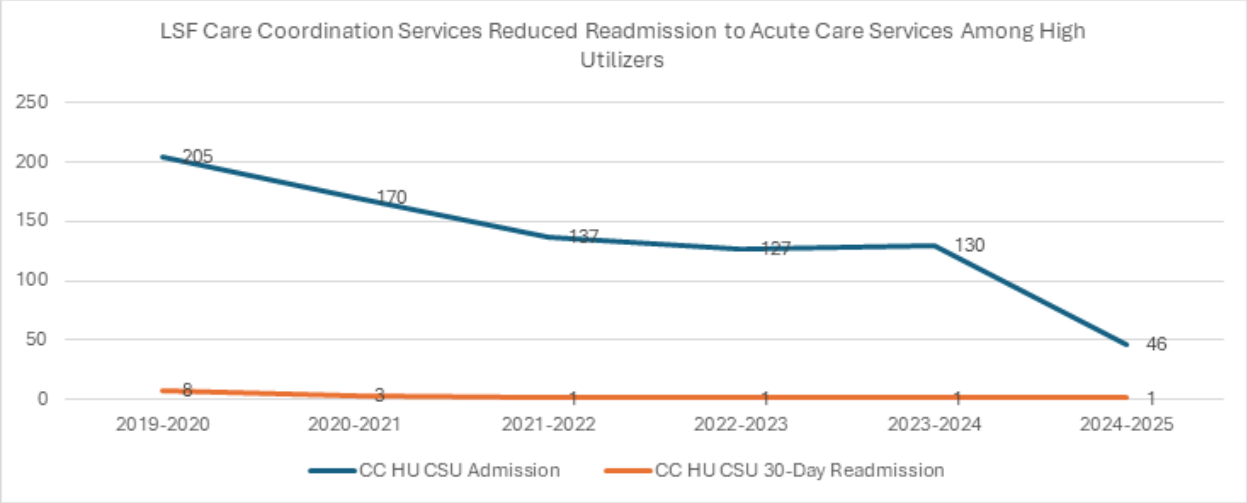
the right time can improve overall health, well-being, and quality of life for individuals experiencing serious mental illness (SMI), substance use disorder (SUD) or co-occurring conditions. Data shows that a robust care coordination and/or housing coordination program significantly reduces recidivism 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 fiscal years 2019-2020 through 2024-2025.

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

Fiscal Year	High Utilizers	High Utilizers Enrolled in Care Coordination		High Utilizers Enrolled in Care Coordination Services Admitted to Acute Care Services		High Utilizers Enrolled in Care Coordination Services, Discharged from Acute Care, and Readmitted within 30 Days	
2019-2020	1226	330	27%	205	62%	8	4%
2020-2021	906	273	30%	170	62%	3	2%
2021-2022	712	367	52%	137	37%	1	1%
2022-2023	680	370	54%	127	34%	1	1%
2023-2024	541	392	72%	130	33%	1	1%
2024-2025	544	448	82%	46	10%	1	1%

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



Over these six years, the number of high utilizers decreased each year, coinciding with a significant increase in their enrollment in care coordination services, rising from 27 percent in FY 2019-2020 to 82 percent in FY 2024-2025.

As more high utilizers participated in care coordination, the need for acute care services steadily declined. The percentage of these patients requiring acute care dropped from 62 percent in FY 2019-2020 to 10 percent in FY 2024-2025. Moreover, the effectiveness of care coordination is underscored by a consistent reduction in readmission rates, with only 1 percent of high utilizers needing readmission to crisis care within 30 days of discharge.

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. Reductions in funding for ME operations in FY2024-2025 resulted in a reduction in force, eliminating two positions from the Housing Department

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 2025-2026 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. Declining resources available to fund housing support positions and the decrease in available, affordable housing in the past five years has made it increasingly difficult to make the impact on decreasing homelessness that we would like. The FY 2024-2025
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	July 1, 2024-March 31, 2025
# of people assisted – LSF Admin Housing Care Coordinators	83
# of people assisted – SOR/MSTVS	12
# of total assistance instances	146
# Individuals Housed	55
# PATH Consumers Housed	68
# Property Manager/Rental owner/RE agent contacts/Housing Located	15

Table 7: Community Engagement

Meetings Attended	July 1, 2024-March 31, 2025	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019
Number of CoC meetings attended	341	482	366	311	241	255
Number Meetings with PATH staff	93	143	195	115	76	25
Number Meetings with Community Agencies and Housing Providers	468	684	678	798	339	200
Number Meetings with DCF and LSFHS contracted providers	266	719	397	245	312	118
Number Meetings related to SOAR	53	86	53	62	53	25
State Hospital Consumers staffed	21	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

Strengthening the Continuum of Care and Housing Provider Network

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

variety of 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 homeless 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. Housing Care Coordinators further provide annual training to case managers, discharge planners, care coordinators and other community partners to address safe, affordable, and stable housing opportunities, training 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 best practices.

The model also includes two Housing Resource Development Specialists to identify the availability of housing and resource options across the service area, focusing on areas with a dearth of options for a wide spectrum of consumers who are in need of independent housing to those with special needs such as skilled nursing care along with insight into transportation and employment in that area. Housing Resource Development Specialists assist providers in building rapport with ALFs, Nursing Homes, Adult Family Care Homes, Recovery Homes, (including identifying or recruiting accessible homes for individuals with disabilities, and independent landlords while keeping detailed and up to date 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 on its own 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 like 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)
Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St Johns, Sumter, Suwannee, Union, Volusia

e. Number of individuals to be served
500

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

b. 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.

c. 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.

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

- Percent of readmissions to CSU within 30 days
- 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

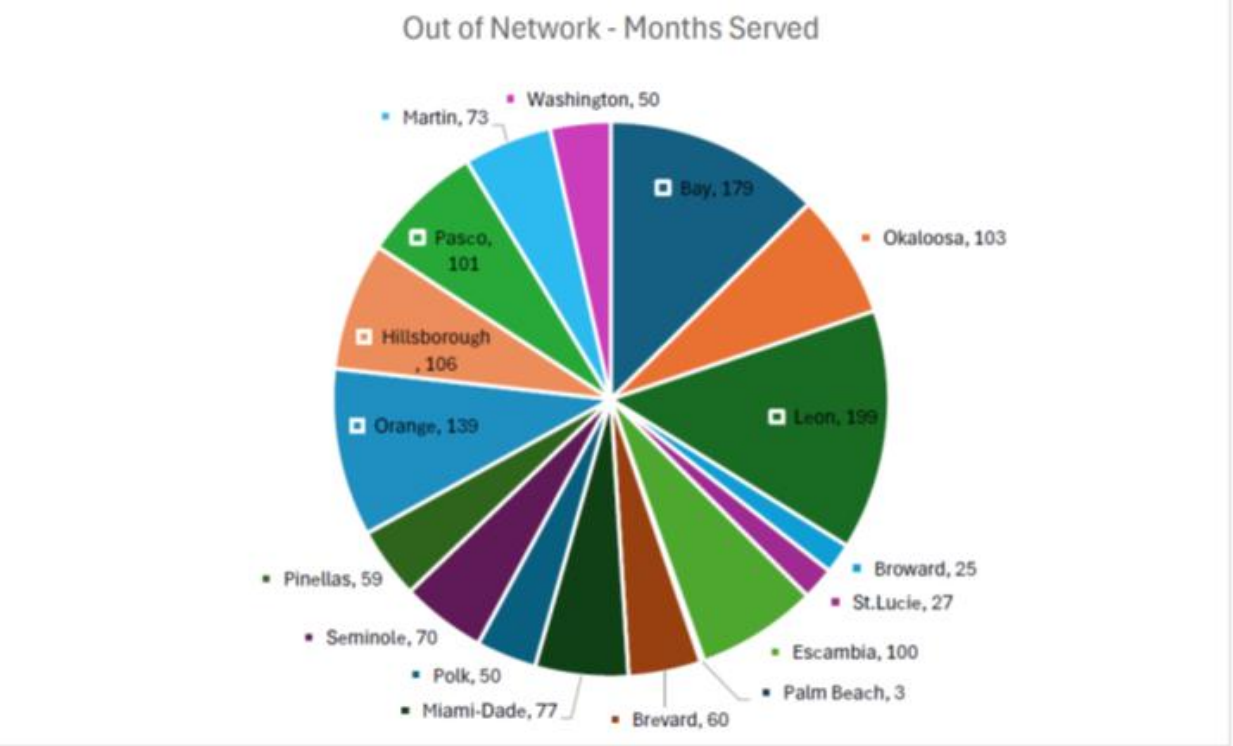
The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

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 manages complex cases that involve individuals under conditional plans of release, or medical complexity that at times require close observation. The program involves close coordination with the forensic case management team, discharge planning and benefit restoration. 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 like 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 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 fiscal year 2023-2024, and over $1M in Fiscal Year 2024-2025. Chart 2 shows the distribution of residents at Dayspring Village from outside the Northeast Region and the months of care provided. In fiscal year 2024-2025, 43 unique individuals from outside Northeast Region received services at Dayspring Village, compared to 36 individuals from outside the Region in Fiscal Year 2023-2024.



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, Daysprings 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)

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

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.

5.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. Please see the attached ME

Feedback Template that outlines the funding reductions by provider.

6.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
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

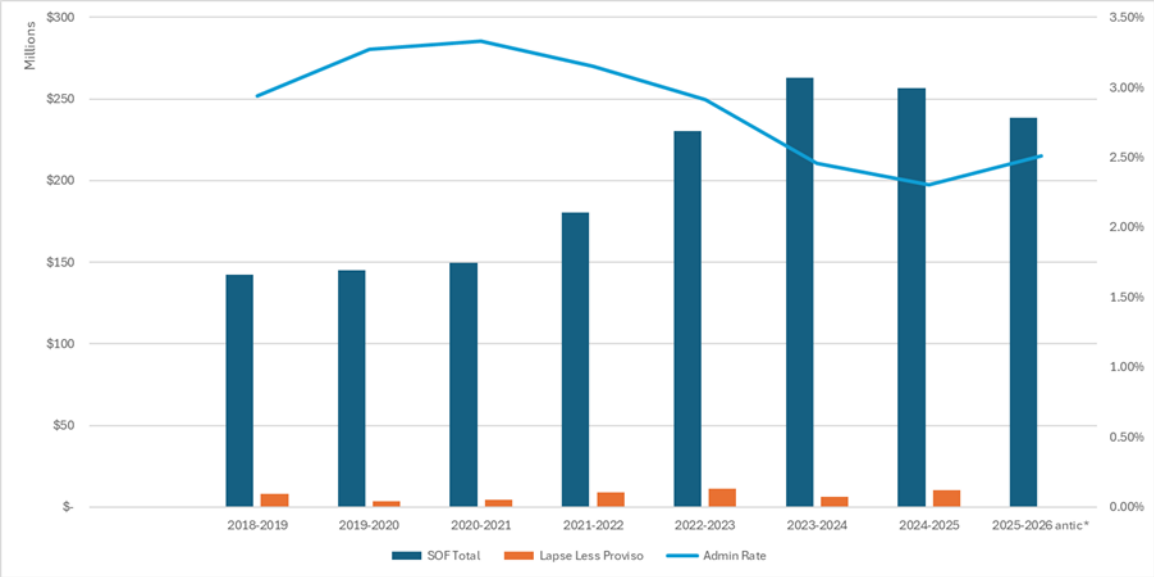
The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

2. Please describe:

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

As indicated in Chart 3, the services budget for LSF Health Systems has increased incrementally year over year. 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. With the drop off of some existing providers and the anticipated addition of new providers related to CORE expansion counties and other new initiatives we anticipate the number of providers in FY 2025-2026 to remain between 95 and 98.

Chart 3-Year over Year Budget, Carry Forward and ME operations admin rate



	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026 antic*
SOF Total	$ 142,277,408	$ 145,100,245	$ 149,787,977	$ 180,559,047	$ 230,278,790	$ 263,030,448	$ 256,490,586	$ 238,409,898
Lapse Less Proviso	$ 8,181,223	$ 3,678,331	$ 4,460,202	$ 8,758,259	$ 11,167,977	$ 6,363,084	$ 10,143,020	
% Lapse Less Proviso	5.75%	2.54%	2.98%	4.85%	4.85%	2.42%	3.95%	
Admin Rate	2.94%	3.27%	3.33%	3.15%	2.91%	2.46%	2.30%	2.51%

Chart 3 presents the year-over-year comparison between ME revenue, carry- forward and administrative rate. In the combined schedule of funds projected funding for FY 2025-2026 LSF Health Systems has $48,873,510 in funding with no attached resources for ME operations. At an administrative rate of 4 percent, which is modest, that would equate to $1,954,940 in resources to manage the additional workload. At a 2 percent administrative rate the unrealized resources would be $977,470. As workloads have increased, we have seen an unprecedented increase in staff turnover as employees seek positions with better work/life balance. The fiscal year 2025-2026 Schedule of Funds has a reduction of over $674,000 in ME operating funding as compared to fiscal year 2024-2025. A reduction in funding of almost $775,000 in fiscal year 2024-2025 required staff layoffs of seven positions including positions critical to the ability to fulfill all contractual obligations and precluded 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 Florida Department of Children and Families. This budget was presented as part of the Invitation to Negotiate (ITN) which resulted in the successful awarding of the Managing Entity contract to LSF Health Systems. The request would be to provide funding in addition to the current funding for ME Operations in the 2026-2027 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)

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

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 Florida 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 fiscal year 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 Florida Department of Children and Families.

Appendix E: Northwest Florida (NWF) Health Network

Enhancement Plan
Fiscal Year 2025-2026

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

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

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. 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 following problems will be addressed by the Forensic Multi-disciplinary team:

1. Diverting individuals who do not require the intensity of a forensic secure placement from the criminal justice system to community-based care,
2. Eliminating or lessening the debilitating symptoms of mental illness that the

individual experiences,
3. Addressing and treating co-occurring mental health and substance use disorders
4. Increasing days in the community by facilitating and encouraging stable living environments,
5. Reducing future admissions and readmissions to judicial settings
6. Reducing costs for the state of Florida
7. Improving Behavioral Health outcomes

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.

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

The FMT shall offer the following services:

a. Crisis Intervention and On-Call Coverage: This service shall be available 24 hours a day, seven days per week. The team must operate an after-hour on-call system at all times, staffed with a mental health professional.
b. 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:
    1. Psychiatric history and diagnosis, including co-occurring disorders,
    2. Stipulations from the individual's Court order(s)
    3. Mental status,
    4. Strengths, abilities, and preferences,
    5. Physical health,
    6. History and current use of drugs or alcohol,
    7. Education and employment history and current status,
    8. Social development and functioning,
    9. Activities of daily living, and
    10. Family relationships and natural supports.
c. Case Management and Intensive Case Management: These services include the provision of direct services, and the coordination of ancillary services designed to:
    1. Assess the individual's needs and develop a written treatment plan,

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

d. 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.
e. 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.
f. 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.
g. 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.
h. 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 6 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.
Escambia County: Escambia County is the westernmost and oldest county in the state of Florida. It is in the state's northwestern corner. At the 2020 census, the population was 316,691. Its county largest city is Pensacola. The county is 875 Square miles.

Okaloosa County: Okaloosa County is located in the northwestern portion of the U.S. state of Florida, extending from the Gulf of Mexico to the Alabama state line. As of 2021 census, the population was 213,255. Its county seat is Crestview. Other major communities within Okaloosa County are Fort Walton Beach, Destin, Niceville, Shalimar, and Valparaiso. The county is 1,082 square miles.

Santa Rosa County: Santa Rosa County is a county located in the northwestern portion of the state of Florida. As of 2020, the population is 188,000. The county seat is Milton, which lies in the geographic center of the county. Other major communities within Santa Rosa County are Navarre, Pace, and Gulf Breeze. The county is 1,174 Square miles.

Walton County: Walton County is located on the Emerald Coast in the northwestern part of the U.S. state of Florida, with its southern border on the Gulf of Mexico. The population (as of 2021) is 80,069. The county seat is DeFuniak Springs. Other major communities within Walton County are Santa Rosa Beach, Freeport, Miramar Beach, and Paxton. The county is 1,240 square miles.

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:

Table 1.1. See attached Action Plan

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.

Table 1.2. See attached Budget.

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:

- Providing judges, attorney, and forensic evaluators with an alternative to incarceration and commitment to SMHTF.
- Reducing the social costs of providing inappropriate mental health services or no services at all.
- 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 25-26

Priority 1	**Forensic Multidisciplinary Team (FMT) Services**				
Action Plan					
	Tasks	**Target Completion Date**	**Resource People**	**Other Resources**	**Success Indicator**
1	Ensure funding is available	3/30/2026	Budget Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2026	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2026	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2026	Provider	Manging Entity	Services being provided

Table 1.2

NWF Health Network
Enhancement Plan FY 25-26

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

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.

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

*Reference Table 2.1 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 2.2 for additional details

4. 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 — NWF Health Network Enhancement Plan FY 25-26					
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	1/1/2026	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2026	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	5/1/2026	Program Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Provide community outreach	6/30/2026	Program Manager	Provider, Operations Manaer	Community awareness; knowledge of referral processes.
5	Begin providing services	7/1/2026	Provider	ME	Services being provided

Table 2.2

NWF Health Network — NWF Health Network Enhancement Plan FY 25-26							
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 Florida 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: Escambia County is the westernmost and oldest county in the state of

Florida. It is in the state's northwestern corner. At the 2020 census, the population was 316,691. Its county seat and largest city is Pensacola. The county is 875 Square miles.

Okaloosa County: Okaloosa County is located in the northwestern portion of the U.S. state of Florida, extending from the Gulf of Mexico to the Alabama state line. As of 2021 census, the population was 213,255. Its county seat is Crestview. Other major communities within Okaloosa County are Fort Walton Beach, Destin, Niceville, Shalimar, and Valparaiso. The county is 1,082 square miles.

Santa Rosa County: Santa Rosa County is a county located in the northwestern portion of the state of Florida. As of 2020, the population is 188,000. The county seat is Milton, which lies in the geographic center of the county. Other major communities within Santa Rosa County are Navarre, Pace, and Gulf Breeze. The county is 1,174 Square miles.

Walton County: Walton County is located on the Emerald Coast in the northwestern part of the U.S. state of Florida, with its southern border on the Gulf of Mexico. The population (as of 2021) is 80,069. The county seat is DeFuniak Springs. Other major communities within Walton County are Santa Rosa Beach, Freeport, Miramar Beach, and Paxton. The county is 1,240 square miles.

e. Number of individuals to be served:

50 children to be served by each team

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

*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

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

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Table 3.1

NWF Health Network
Enhancement Plan FY 25-26

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	1/1/2026	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2026	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	5/1/2026	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Provide community outreach to DCF/CPI, Childcare organization, ELC and pediatricians	6/30/2026	Operations Manager	Provider, Operations Manaer	Community awareness; knowledge of referral processes.
5	Begin providing services	7/1/2026	Provider	ME	Services being provided

Table 3.2

NWF Health Network — NWF Health Network Enhancement Plan FY 25-26							
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 is 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 a 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.

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, an lessen the role of families and significant others in providing care.

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.

The individual must meet at least three of the following six characteristics: Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others. Examples of these tasks include:

- Maintaining personal hygiene,
- Meeting nutritional needs,
- Caring for personal business affairs,
- Obtaining medical, legal, and housing services, and
- Recognizing and avoiding common dangers or hazards to self and possessions.
- Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks
- and responsibilities),
- Inability to maintain a stable living situation (repeated evictions, loss of housing, or no housing),
- Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability,
- Destructive behavior to self or others, or
- High-risk of or recent history of criminal justice involvement (arrest and
- incarceration).

As long as the above admission requirements are met substance use disorders and mild intellectual disabilities, as defined in the DSM-5, cannot be used as a basis to deny FACT services. Individuals will continue membership with their Managed Medical Assistance (MMA) Program or Long-term Care (LTC) Program for provision of medical services. FACT will be responsible for coordinating behavioral health services and coordinating care with an individual's MMA or LTC Program.

d. Counties to be served:

Okaloosa County: Okaloosa County is located in the northwestern portion of the U.S. state of Florida, extending from the Gulf of Mexico to the Alabama state line. As of 2021 census, the population was 213,255. Its county seat is Crestview. Other major communities within Okaloosa County are Fort Walton Beach, Destin, Niceville, Shalimar, and Valparaiso. The county is 1,082 square miles.

Walton County: Walton County is located on the Emerald Coast in the northwestern part of the U.S. state of Florida, with its southern border on the Gulf of Mexico. The population

(as of 2021) is 80,069. The county seat is DeFuniak Springs. Other major communities within Walton County are Santa Rosa Beach, Freeport, Miramar Beach, and Paxton. The county is 1,240 square miles.

e. Number of Individuals to be served:
100 individuals per team

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

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 Florida 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 Florida Department of Children and Families.

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).

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 FY25-26				
Prority 4	**Florida Assertive Community Team (FACT)**			
Action Plan				
	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2026	Budget Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2026	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2026	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2026	Provider	ME	Services being provided

Table 4.2

NWF Health Network Enhancement Plan FY 25-26							
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:

1. 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**
2. 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
3. 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**
4. 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 Florida 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: Bay County is located on the Emerald Coast and based on the 2023 census; the population was 190,769. Its county seat and largest city is Panama City. The county is 1467 square miles.

Calhoun County: Calhoun County is bounded on the east by the Apalachicola River and bisected by the Chipola River. In the 2023 census, the population was 13,470. Its county seat is the city of Blountstown. The county is 574 square miles.

Gulf County: Gulf County, as of 2023, has a census of 15,693. Its county seat is the city of Port Saint Joe. The county is 562 miles of land and consists of 25.4 percent water.

Holmes County: Holmes County, as of the 2023 census, has a population of 19,944. The county seat is the city of Bonifay. The county is 489 square miles.

Jackson County: Jackson County is the only northern county that borders Georgia and Alabama. Based on the 2023 census, the population is 48,622. Its county seat is the city of Marianna. The county is 955 square miles.

Washington County: Washington County, as of 2023, has a census of 25,602. Its county seat is the city of Chipley. The county is 616 square miles.

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
*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**
*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 FY25-26					
Prority 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	1/1/2026	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2026	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	6/15/2026	Contract Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2026	Provider	ME	Services being provided

Table 5.2

NWF Health Network Enhancement Plan FY 25-26							
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 wtihin the network.

Appendix F: Southeast Florida Behavioral Health Network's (SEFBHN)
Fiscal Year 2025-2026 Enhancement Plan
Local Funding Request

Introduction

Over the past fiscal year, SEFBHN made measurable progress in advancing the priorities

outlined in the Fiscal Year 2024–2025 (FY 24-25) Enhancement Plan. Through strategic partnerships and targeted investments, we expanded access to supportive and transitional housing, increased availability of substance use prevention and treatment services, and strengthened administrative capacity to manage growing system demands.

Notably, SEFBHN is in the process of implementing the Daily Living Activities-20 (DLA-20) assessment tool across the provider network. This evidence-based tool will be used to evaluate client functioning, inform individualized service planning, and support performance monitoring aligned with recovery-oriented care principles.

In the area of suicide prevention, SEFBHN continued its partnership with the Hanley Foundation to expand the Zero Suicide Initiative, delivering training and technical assistance to providers across our network. This initiative has enhanced the system's ability to identify and respond to individuals at risk, while promoting a culture of safety and accountability.

These efforts reflect SEFBHN's ongoing commitment to continue building a responsive, data-informed, and person-centered behavioral health system. The FY 25-26 Enhancement Plan builds on this foundation, with continued focus on housing, treatment access, administrative infrastructure, and suicide prevention.

The following priorities have been identified for the SEFBHN Enhancement Plan for FY 25-26:

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.

With approval and funding of the Enhancement Plan, SEFBHN and its partners are positioned to successfully implement these priorities.

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.

Supportive and Transitional Housing was identified as an ongoing need for individuals with behavioral health needs, underscored by persistent economic pressures, limited affordable housing options, and rising costs of living across the region.

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

One of the most persistent challenges for individuals with serious mental illness (SMI)

and substance use disorders (SUD) is the lack of stable, affordable housing. Without a safe and secure place to live, individuals often struggle to engage in treatment, maintain recovery, or reintegrate into the community. Stable housing is especially critical for those receiving outpatient services, such as Medications for Opioid Use Disorders Assisted Treatment (MOUD), where consistent contact and continuity of care are essential.

The shortage of affordable housing options contributes to unnecessary use of restrictive and costly settings, including jails, crisis stabilization units, and residential treatment facilities. It also creates barriers to timely discharge from State Mental Health Treatment Facilities (SMHTFs), prolonging institutional stays and delaying recovery. Economically disadvantaged individuals with behavioral health needs are particularly vulnerable, as market-rate housing is often out of reach.

SEFBHN continues to receive a high volume of requests for transitional housing vouchers, underscoring the urgent need for expanded supportive and transitional housing options. Addressing this gap is essential to improving recovery outcomes, reducing system strain, and supporting individuals in achieving long-term stability and independence.

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

SEFBHN will contract for the delivery of Supportive Housing Services for individuals with Serious Mental Illness (SMI) and co-occurring disorders. The strategy includes:

1. **Supportive Services for Independent Living:** These services will be extended to individuals already living independently or transitioning from a family home to live independently. The specific services to be provided would include access to a supportive living coach and life skills/independent living training. Providers will also assist residents with applying for SOAR benefits, food stamps, and with identifying other resources in the community such as public transportation and supportive employment services. They may also 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 and stable setting while they learn needed skills to continue living in community-based housing.
2. **Transitional Housing Vouchers**: Funding will support short-term (average of 1-3 months) rental assistance in an increase in funding for transitional housing vouchers for individuals with Substance Use Disorders – used primarily for 1-3 months' rent in a Florida Association Recovery Residences (FARR) certified recovery residence for individuals with substance use disorders beginning MOUD.

c. Target population to be served.

- Adults with SMI, and Co-occurring disorders

- Adults with substance disorders

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

Network providers within the 5-county Managing Entity service areas of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

e. Number of individuals to be served*:*

In FY 25-26, SEFBHN is targeting 75 additional consumers for supportive services for independent living and 75 additional consumers for transitional housing vouchers.
In FY 24-25 there were 392 individuals served under supportive services for independent living. There were 25 individuals with co-occurring disorder(s) served under Transitional Housing Vouchers. To address the need for supportive and transitional housing, SEFBHN will collaborate with existing providers of residential services, and the provider network, to fund and enhance supportive and transitional housing programs.

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.

$ 500,000 Additional funding to enhance Supportive Services for independent living and transitional housing vouchers in Circuits 15 and 19.

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

- Ensure funding is available to support provider stabilization efforts in FY 2025–2026.
- Reengage providers who previously delivered services to restore their capacity and resume operations.
- Onboard new providers to fill service gaps and expand access.
- Initiate provider services

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

$4,000,000

4.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

5.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.

Additional responsibilities and initiatives include

- 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 Florida 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 Florida 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

Detailed action steps for implementing the strategy are provided in the attached Excel workbook under the *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.

A total of $750,000 in state funds is requested to support system-level care coordination. Additional details are provided in the attached Excel workbook under the *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 and 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:
The target population to be served are youth aged 14 to 17 diagnosed with a mental health disorder who are at risk of out-of-home placement and 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:
The program will serve Miami-Dade County.

Number of individuals to be served:
The program is expected to serve 50 individuals per fiscal year.

Please describe in detail the action steps to implement the strategy:
Detailed action steps for implementation are provided in the attached Excel workbook under the *Children's Respite 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.
A total of $582,400 in state funds is requested. Additional details are provided in the attached Excel workbook under the *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, 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 et al., 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

- Reduction in out-of-home placements.
- Reduction in child welfare system involvement.
- Improved functioning and productivity within the home environment.
- Improved school attendance rates.

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 three hours at times, 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 Placing children in adult crisis units creates both security and financial burdens, as the adult unit must assign dedicated staff and arrange, as well as cover the cost of, transportation to an appropriate Baker Act–designated facility for children. Note that, at times, this transfer had to be made to Broward County, one county north of Miami-Dade. Potentially, families from Monroe County may be required to travel through both Monroe and Miami-Dade Counties in order to support or visit their child placed in a crisis unit located 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 CSU has the capacity to serve up to 1,900 children annually, based

on an average length of stay of three days.

Please describe in detail the action steps to implement the strategy:
See attached Excel spreadsheet under the *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.
A total of $2,920,000 in state funds is requested to support the operation of 16 CSU beds for children. Additional details are provided in the attached Excel spreadsheet under the *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 could support the establishment of a 16-bed children's crisis unit within this facility, without the need for additional capital expenditures, thereby meeting the needs of both counties.

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

- Reduced time between the onset of crisis and initiation of treatment at the CSU, thereby preventing further psychological distress for the individual.
- Increased parental involvement and family participation in treatment due to the facility's proximity.
- Strengthened discharge planning to ensure continuity of care and effective linkage to ongoing services.

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

- Reduction in admissions to Baker Act facilities outside of Miami-Dade County.
- Increased provision of services to children and youth within their home communities and with family support.
- Enhanced discharge planning, including improved coordination and utilization of available after-care resources.

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, claiming one life 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. Nationally, it is the second-leading cause of death among individuals ages 10 to 34, the fourth-leading

cause among those ages 35 to 54, and the eighth-leading cause among those ages 55 to 64. In 2022, the age-adjusted suicide death rate per 100,000 population in Miami-Dade County was 8.1, compared to 14.1 statewide and 17.0 in Monroe County.[1]

During FY 2023-2024, Thriving Mind data for 988 services indicated that 22,317 calls were received in the Region through the 988 Suicide and Crisis Lifeline. Among these, 71 calls were referred to the Mobile Response Team, 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.

To address these ongoing challenges and in recognition of current funding instability, Thriving Mind seeks to establish a robust, sustainable, comprehensive suicide prevention strategy. This strategy will address community needs, expand access to effective services, and promote long-term mental health and well-being through data-driven, evidence-based programming. Proposed funding will support service enhancements:

- 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 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

A total of 345,318, individuals served in EBPs, excluding those reach though media campaigns.

Research demonstrates that early identification of risk factors reduces down-stream disease and associated costs. Current programs effectively identify children and youth at high risk, and planned expansions will further strengthen these efforts. Specifically, the QPR program will be expanded to serve 5,000 individuals annually; Ending the Silence will expand to 3,000 individuals annually; Youth Prevention services will increase outreach to 50 high-risk youth annually; small group participation will increase to 50 individuals annually; suicide prevention presentations will increase to 200 annually; and referral services will expand to 6,300 annually.

Additionally, a comprehensive evaluation framework and enhanced data collection processes will be implemented to support an integrated and data-driven approach to suicide prevention in the Region.

Please describe in detail the action steps to implement the strategy

See tab *Suicide Prevention* in the attached 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.
A total of $610,000 in state funds is requested to address the identified unmet need. Please refer to the Suicide Prevention budget tab in the attached spreadsheet for a detailed budget narrative.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Millions of Americans are affected by suicide, and data show that youth between the ages of 10 and 34 are particularly at risk, as many seriously consider, plan, or attempt suicide. Thriving Mind will utilize the enhanced funding to collect and analyze data to inform funding allocations and guide programming decisions within the Region. Program services will be designed to strengthen well-being and resilience,
drawing on the best available evidence and research.

Through a coordinated, comprehensive prevention strategy, community education and awareness initiatives will highlight risk factors and available resources, ensuring that individuals in crisis or experiencing suicidal thoughts receive the support and services they need. In addition, stigma-reduction programming will promote open, positive conversations and encourage individuals to seek the services necessary for recovery and well-being.

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 annually in 2020 U.S. dollars, with majority coming from years of life lost to suicide. Working-aged adults, ages 25 to 64, accounted nearly 75 percent of the average annual economic cost of suicide — $356 billion of $484 billion — and children and younger adults, ages 10 to 44, accounted for nearly 75 percent of the average annual economic cost of nonfatal self-harm injuries — $19 billion of $26 billion.

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.

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