

- 2) Outsourcing – Negotiation of contracts to privatize housekeeping services and maintenance operations to a more efficient and cost effective operation and to enhance services; and
 - 3) Repurposing – Reevaluation of traditional services provided by the state mental health treatment facilities and undertaking new projects to better serve individuals with mental illnesses in local communities. Repurposing projects are designed to discharge complex residents, utilize vacant buildings and create employment opportunities.
- Advancing Recovery – The Department will work to provide state funded services to individuals in the most fiscally efficient and responsible manner, and provide services to individuals in the least restrictive and therapeutic setting. This will be done by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism.
 - Measuring Success – A Mental Health Facilities Metrics Group was convened to identify a group of critical performance measures. The group's membership consisted of representatives from each facility, including those publically and privately operated. It was facilitated by personnel from the Facilities and Data sections of the Headquarters Substance Abuse and Mental Health Program Office. The group came to consensus regarding metrics that would be meaningful to our customers, taxpayers, legislators, and the department.

The Department also held a public meeting on June 18, 2012 to discuss the proposed measures and solicit feedback. Both current and proposed performance measures were reviewed. Based on stakeholder input and department goals, the state mental health treatment facilities proposed performance measures that were meaningful and consistent with the department's values. Currently, there are ten performance measures related to the State Mental Health Treatment Facilities that are reported on a monthly basis to the Secretary and are published on the department's scorecard.

Interface with Forensic System

A priority domain for the SAMH Program Office is the interface between mental illness and the criminal court system. All individuals committed to the Department for involuntary treatment pursuant to Chapter 916, F.S., are charged with felony offenses. Forensic commitments increased by 16.2 % in FY 2005-06. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006. Because of this unprecedented increase, the Department requested and received additional funding to increase forensic residential capacity by 405 beds. This eliminated the forensic waiting list in May 2007. Since then the Department has continued to place individuals in state mental health treatment facility beds within the statutorily required 15 days. The number of individuals committed to the Department pursuant to Chapter 916, F.S., increased by 8.7% from FY 2010-11 to FY 2011-12. Eighty-two secure forensic beds had been closed on July 1, 2011, as commitments had decreased in the preceding fiscal years (FY 2009-10 and FY 2010-11). Ten (10) secure beds and six (6) step-down

beds were added at no cost to the State when contracts were renegotiated with the private provider and executed on August 24, 2012.

The Department continues to explore options to provide additional beds in the community to serve individuals charged with non-violent felonies and expects the Managing Entities to be key in managing the conditional release process. Increasing additional community beds insures that forensic mental health treatment facility beds are allocated to persons with the greatest need. By more effectively managing the forensic commitment process, the Department will avoid a return to a lengthy waiting list for forensic beds. Additional steps taken to better manage the forensic system include:

- Monitoring forensic referrals and forensic bed productivity;
- Where available, providing alternatives that include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail pending their hearing;
- Placing individuals on conditional release so they may participate in community-based programs, including community-based competency restoration programs;
- Working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility; and
- Evaluating legislative changes by reducing the timeframe for dismissing charges of individuals determined to be non-restorable from five years to three years for individuals charged with a crime other than a violent crime against persons. If the legislation passes as proposed, the timeframe would remain at five years for individuals charged with a violent crime against persons. Data for the past fourteen fiscal years (FY 1998-99 to FY 2011-12 and including a total of 14,481 individuals) shows that 99.6% of the individuals restored to competency in a state mental health treatment facility were restored in three years or less.

In response to recommendations from the Facilities Management Review Team, changes have been and continue to be made to strengthen the management of the treatment facilities, including:

- The appointment of a Director of Mental Health Facilities, as a result of reorganization of the SAMH Program.
- The streamlining/reduction of administrative positions in the three state operated facilities.
- Consolidation of Revenue Management functions for Florida State Hospital and Northeast Florida State Hospital at one facility (Northeast Florida State Hospital).
- Exploration of outsourcing of certain functions at Florida State Hospital - specifically Operations and Maintenance.

- Increased Focus on Performance Management across the state facilities.
- Continued exploration of consolidation of functions for several facilities at one facility (one facility having "lead").

The facilities continue to research and identify additional opportunities for improving efficiencies and reducing costs.

Improvements to the Involuntary Civil Commitment of Sexually Violent Predators Act

In 1998 the Florida Legislature enacted the Involuntary Civil Commitment of Sexually Violent Predators Act. The intent of Chapter 394, Part V, F.S., is to protect the public by identifying a "small but extremely dangerous number of sexually violent predators," and place them in a secure facility for long-term care and treatment. Since the inception of the program there have been 44,384 referrals to the Sexually Violent Predator Program for commitment consideration.

The Florida Civil Commitment Center (FCCC) houses both committed residents and pre-trial detainees. While the census has remained largely stable with no significant change over the past **four** fiscal years (census totals for FY 2008/09 – FY 2011-12: 674, 673, 677, **679**), the percentage of persons housed at FCCC who are now committed as part of the Sexually Violent Predator Act has shown a steady increase (percentages for FY 2008-9 – FY 2011-12: 66%, 71%, 77%, 81%). The percentage of committed persons participating in treatment has also increased, reaching 77% by end of FY 2011-12 (compared to 57% in FY 2008-09).

SAMH Priorities for the Next Five Years

Through its annual planning process, the SAMH Program Office identifies key trends and conditions relating to substance abuse and mental health, service capacity, funding, and systems management. Priorities for services and funding are then identified, based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or a need to ensure effective/efficient service management.

The trends and conditions described in the previous section of this plan also identify a number of key substance abuse and mental health service priorities, including, but not limited to, the following:

- Improving outcomes for children, youth and adults with substance abuse and mental health needs through the implementation of evidenced-based practices and data-driven decision making;
- Improving service collaboration and integration with primary health care;
- Improving services for individuals with co-occurring disorders through the integration of substance abuse and mental health assessment, treatment and recovery support services, and data/financing systems;
- Reintegrating individuals from the civil state mental health treatment facilities into the community, when appropriate;

- Improving the quality and use of data for advocacy and management purposes in order to achieve positive systemic and consumer outcomes;
- Developing health and recovery-oriented service systems of care for individuals with or in recovery from mental health and/or substance use disorders;
- Improving the forensic system to divert individuals from forensic treatment facilities to structured community placements or services;
- Gaining efficiencies by streamlining outsourcing and repurposing activities for state mental health treatment facilities;
- Advancing opportunities for recovery for state mental health treatment facilities' consumers by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism;
- Measuring success for state mental health treatment facilities by developing meaningful performance measures and indicators to describe outcomes;
- Reducing the prevalence of underage drinking;
- Preventing the development and reducing the impact of serious emotional disturbance and substance use disorders among children;
- Enhancing integration of Child Welfare and SAMH Services;
- Reducing prescription drug misuse and abuse;
- Improving access to clinical treatment and recovery support services for veterans and their family members; and
- Improving positive behaviors among children and youth.

The substance abuse and mental health initiatives to meet these priorities over the next five years include the following:

Initiative: Use Project Linking Actions for Unmet Needs in Children's Health (LAUNCH) Grant to build on the existing use and experience of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program. Project LAUNCH is a partnership between SAMH and primary care to prevent mental health and substance use issues in children of parents abusing prescription drugs. Primary care and behavioral health treatment will be coordinated through interagency agreements and fidelity to the SBIRT model will be ensured through training and quality improvement clinical reviews. Use of evidence-based Screening, Brief Intervention, Referral and Treatment (SBIRT) will be expanded through substance abuse service integration with primary health care, veterans' services, and the child welfare system.

Initiative: Use the LBR process to seek funds to assist over 130 persons in the civil State Mental Health Treatment Facilities who have been determined ready for community placement for 60 days or longer to be successfully reintegrated back into the community with appropriate treatment and necessary services. The funding will be utilized to develop the needed community resources to serve this population in the community for one year.

Persons who are identified as no longer needing state mental health treatment facility services will be offered services in a less restrictive environment. The state will be making strides to comply with the requirements based on the Olmstead decision and thereby decrease the risk of Department of Justice intervention. The Department will be ensuring rights of patients to live in the least restrictive setting are protected.

Initiative: Target veterans who are homeless or at-risk of becoming homeless with Department services (substance abuse, mental health, domestic violence, etc).

Initiative: Increase homelessness prevention efforts and expand supported transitional housing options to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions.

Initiative: Increase the number of children in the community and foster care system affected by severe emotional disturbances that regularly attend school and graduate from high school and post-secondary education through participation on the Department of Education's Statewide Steering Committee and Dropout Prevention Subcommittee.

Initiative: Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

The SAMH Program Office will continue to seek out alternative funding sources for clubhouse development through coordination with the Department of Vocational Rehabilitation (DVR), DCF Regional Offices, local providers, and local DVR staff. Furthermore, the SAMH staff will examine existing employment services funded by SAMH Program Office to assess the fidelity with the Supported Employment Toolkit and other evidence-based models.

Initiative: Continue to implement the use of National Outcome Measures (NOMs), evidence based practices and quality indicators as the standard for system performance measurement and accountability.

Data pertaining to NOMs for adult and children's behavioral health will continue to be reported in the Substance Abuse and Mental Health Information System (SAMHIS) and the results will be posted regularly on the Department's performance dashboard.

Initiative: Develop statewide and local community service frameworks that promote a "no wrong door" approach to care for individuals and families affected by co-occurring substance use and mental disorders, cross-training substance abuse and mental health professionals, and protocols/policies that are welcoming and engaging for these individuals/families.

Initiative: Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

The SAMH Program continues to increase the availability of SSI/SSDI Outreach Access and Recovery (SOAR) training across the state. Additionally, the SAMH Program Office is working with Regional SAMH Offices and the Managing Entities to build SOAR Community Initiatives in each region.

Existing housing programs funded by SAMH Program Office will be reviewed to determine the extent to which they are currently operating within the framework of the Supportive Housing Model endorsed by the SAMHSA Center for Mental Health Service (CMHS).

Initiative: Increase the diversion of people with substance dependence and/or mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

Initiative: Align the Department's mission to gain efficiencies, advance recovery and measure success for individuals in state mental health treatment facilities and those awaiting community placements.

Initiative: Continue to implement Managing Entity contracts throughout the state to promote a more efficient, locally controlled, responsive system of care.

Initiative: Integrate data from other Department programs (e.g., Family Safety, ACCESS) with the Substance Abuse and Mental Health Information System (SAMHIS).

Federal Grants

Name: Collegiate Success Initiative (CSI)
Award period: SFY 2010-2012
Purpose: The purpose of this grant is to raise awareness of alcohol and drug use among college youth. The grant is currently in the implementation phase.

Name: Florida Partnerships for Success (PFS)
Award period: FFY 2010-2015
Purpose: The purpose of this grant is to reduce past 30-day consumption of alcohol among 10-17 year-old youths. Other priorities include reducing use of other drugs such as cannabinoids, opiates, synthetic drugs, and illegal use of prescription drugs.

Name: Enforcement of Underage Drinking Laws (EUDL)
Award period: April 2012-September 2013
Purpose: The purpose of this grant is to reduce underage drinking in Florida.

Name: Project LAUNCH
Award period: FFY 2012-2017
Purpose: The purpose is to promote the wellness of young children from birth to 8 years by addressing the gaps in existing prevention and targeted prevention services and to strengthen the partnership between state and local agencies serving you children and their families.

Name: Projects for Assistance in Transition from Homelessness (PATH)
Award period: FFY 2012-2013 (Ongoing)

- Purpose:** This grant provides outreach and services to adults with serious mental illnesses and co-occurring disorders who are homeless or at-risk of homelessness.
- Name:** Children’s Mental Health System of Care (SOC) Expansion Implementation Grant
- Award Period:** FFY 2012-2016
- Purpose:** The purpose of this grant is to extend the work started with the first SOC grant statewide.
- Name:** Strategic Prevention Enhancement (SPE) Grant
- Award Period:** FFY 2007-2012 (Extended to February 2013)
- Purpose:** The purpose of this grant is to build capacity and infrastructure at the state level.
- Name:** Access to Recovery (ATR)
- Award Period:** FFY 2010-2014
- Purpose:** The purpose of ATR is to advance recovery for adults with substance use disorders through a voucher system.
- Name:** Jail Diversion Trauma Recovery Project
- Award Period:** FFY 2009-2014
- Purpose:** The purpose of this grant is to provide funding for veteran’s pilot sites to reduce criminal justice involvement and address trauma of returning veterans and their families.
- Name:** Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
- Award Period:** FFY 2012-2013 (ongoing)
- Purpose:** The purpose of the grant is to provide substance abuse prevention and treatment services throughout the state
- Name:** PPG Grant
- Award Period:** SFY 2012-2015
- Purpose:** The purpose of this grant is to provide Substance Abuse Prevention Services as a part of the SAPT Prevention set-aside.
- Name:** Community Mental Health Block Grant (CMHBG)
- Award Period:** FFY 2012-2013 (ongoing)
- Purpose:** The purpose of the grant is to provide community mental health services throughout the state

CHAPTER 5: FINANCIAL MANAGEMENT

Budget

Substance Abuse Program

In FY 2012-2013, the Substance Abuse and Mental Health (SAMH) Program Office was appropriated \$204 million for Children and Adult Substance Abuse Services and Executive Support and Leadership (staffing and administration). The table below depicts state and federal funding by program component.

Substance Abuse Program Appropriations Fiscal Year 2012-2013				
FUNDING SOURCE	Executive Support and Leadership	Child Substance Abuse	Adult Substance Abuse	Total
General Revenue	1,195,742	38,990,534	42,853,669	83,039,945
Alcohol, Drug Abuse & Mental Health Trust Fund	2,257,545	28873206	67394545	98,525,296
Tobacco Settlement Trust Fund	0	2,860,907	0	2,860,907
Federal Grants Trust Fund	4,373,926	0	6389766	10763692
Operations & Maintenance Trust Fund	0	85,779	1,942,754	2,032,533
Grants & Donations Trust Fund	0	1,125,000	0	1,125,000
Welfare Transitions Trust Fund	28,420	64,000	5,571,170	6,239,590
Total	\$7,855,633	\$75,575,426	\$124,155,904	\$204,586,963

The SAMH Program Office uses the Florida Youth Substance Abuse Survey (FYSAS) to calculate the number of children and adolescents in need of substance abuse services in each region. The FYAS is administered on an annual basis to middle and high school students throughout Florida to determine the prevalence of alcohol, illicit drug, tobacco, and prescription drug use. The alcohol and drug use rates are then applied against population figures by county to drive local service need figures.

The National Survey on Drug Use and Health (NSDUH) is conducted annually by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to identify alcohol and drug use among adults in the United States. The SAMH Program Office uses the state-specific prevalence estimates from the survey and calculates them against the adult population estimates for each county to derive the local prevalence numbers. As with the children’s prevalence figures, the adult figures are used in the determination of budget allocations to each region.

Mental Health Program

Statewide budget policies are governed by Chapter 216, F.S. During the 2009-2010 Legislative Session, all Mental Health Program activity was consolidated into a unified budget entity. The annual budget for the Mental Health Budget Entity is allocated to five

program components as specified in the Approved Operating Budget (AOB): Adult Community Mental Health, Children's Mental Health, Mental Health Treatment Facilities (including Civil Commitment and Forensic Commitment, Sexually Violent Predator Program and Executive Leadership and Support Staff and Administrative Services).

The annual allocation for each program component is based on the previous Fiscal Year's AOB. Any adjustments to that base are allocated according to specific budget issue instructions or proviso language contained in the annual General Appropriations Act, with one (1) exception. Any new funding received for the Behavioral Health Network (BNET), a Children's Mental Health service, is allocated according to the spending patterns of BNET lead agency contractors within each region for the prior fiscal year. The exception is made to support existing program enrollment levels and to address forecasted increases in regional enrollment levels.

Funding for each program component is further allocated to each of the Department's six (6) service Regions and to the SAMH Program Office based on the previous Fiscal Year's AOB, with three (3) exceptions. All SVPP funds are allocated to the SAMH Program Office to ensure unified implementation of the program. Funds for contracted Mental Health Treatment Facilities are allocated to the SAMH Program Office or to the Region in which a specific contracted facility is located. Funds for state-owned Mental Health Treatment Facilities are allocated directly to each facility. The following table presents the Fiscal Year 2012-2013 appropriations by funding source and program component.

In 2008 DCF purchased specific supplemental questions on the Behavioral Risk Factor Surveillance System Survey to gather information on adult perceptions of alcohol and other drug use.

Perception of Harm: Adults who believe that people take great risk when they:

Smoke 1 or more packs of cigarettes per day	80.9%
Smoke marijuana once a month	44.6%
Try cocaine, heroin, LSD, methamphetamine or other illegal drugs.....	85.3%
Use prescription drugs that are not prescribed for them	63.4%
Regularly use prescription drugs not prescribed for them.....	80.3%
Have one or two alcoholic drinks a day.....	28.9%
Have five or more drinks once or twice each week.....	49.6%

Disapproval: Adults who strongly disapprove of the following behaviors:

Smoking one or more packs of cigarettes per day	37.2%
Smoking marijuana regularly	40.5%
Having five or more drinks once or twice on a weekend	23.6%
Trying LSD, cocaine, methamphetamine, heroine, or other illegal drugs	62.6%

Perceptions and Prescription Pain Reliever Use (2010 BRFSS)

In 2010 DCF purchased specific supplemental questions regarding the following:

Perception of Harm: Adults who believe that people take great risk when they:

Have five or more drinks once or twice each week.....	50.3%
Smoke marijuana regularly.....	47.7%

Prescription Pain Reliever questions:

Past year use without a prescription.....	2.75%
Bought from or given to by family or friend (users only).....	52.5%

