

Please provide any comments and input to DCF's Block Grant Coordinator at Jeffrey.Cece@myFLfamilies.com. Any person can provide input both during the development of this Report and after submission to SAMHSA.

# Florida

## UNIFORM APPLICATION FY 2022 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
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Center for Mental Health Services  
Division of State and Community Systems Development

Please provide any comments and input to DCF's Block Grant Coordinator at Jeffrey.Cece@myFLfamilies.com. Any person can provide input both during the development of this Report and after submission to SAMHSA.

## A. State Information

### State Information

#### State DUNS Number

Number 604604350

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Department of Children and Families  
Organizational Unit Office of Substance Abuse and Mental Health  
Mailing Address 2415 North Monroe Street Suite 400  
City Tallahassee  
Zip Code 32303-4190

#### II. Contact Person for the Grantee of the Block Grant

First Name Erica  
Last Name Floyd Thomas  
Agency Name Florida Department of Children and Families  
Mailing Address 2415 North Monroe Street Suite 400  
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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2020  
To 6/30/2021

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date

Revision Date

#### V. Contact Person Responsible for Report Submission

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#### Footnotes:

Additional Person Responsible for Report Submission  
Name: Jeffrey Cece

NOT FINAL

## B. Implementation Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Priorities Identified by Managing Entities  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, ESMI, PWID, EIS/HIV, Other (Rural, Homeless)

**Goal of the priority area:**

Address the unmet needs identified by the seven Managing Entities.

**Objective:**

- (1) Draft and submit a legislative budget request to fund additional CAT team services.
- (2) Draft and submit a legislative budget request to fund additional short-term residential beds.
- (3) Draft and submit a legislative budget request to fund additional community forensic beds.
- (4) Draft and submit a legislative budget request to fund additional outpatient telehealth services.

**Strategies to attain the goal:**

Ensure that legislative budget requests are data-driven, compelling, and based on a collaborative approach.

**Edit Strategies to attain the objective here:**  
*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 2 out of 4 objectives  
**Second-year target/outcome measurement:** Achieve 4 out of 4 objectives.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Legislative Budget Requests (LBRs)

**New Data Source(if needed):**

**Description of Data:**

Written documents.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

# Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

## Reason why target was not achieved, and changes proposed to meet target:

### How first year target was achieved (optional):

The first year target (achieve 2 out of 4 objectives) is achieved. All four objectives (listed below) are accomplished. In September 2019, the Department submitted Legislative Budget Requests to fund Community Action Teams (CAT), short-term residential beds, and community forensic beds. The Department also repurposed \$2 million to install outpatient telehealth portals in public schools impacted by Hurricane Michael. For documentation, please see the attachment titled, "Budget Documents Supporting Performance Indicator 1 (Address Unmet Needs)."

Objectives:

- 1: Draft and submit a legislative budget request to fund additional CAT team services. (Achieved)
- 2: Draft and submit a legislative budget request to fund additional short-term residential beds. (Achieved)
- 3: Draft and submit a legislative budget request to fund additional community forensic beds. (Achieved)
- 4: Draft and submit a legislative budget request to fund additional outpatient telehealth services. (Achieved)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

## Reason why target was not achieved, and changes proposed to meet target:

### How second year target was achieved (optional):

All four objectives were achieved ahead of schedule during the first year (in September 2019), as previously reported in the first year update.

**Priority #:** 2  
**Priority Area:** Intensive Team-Based Services  
**Priority Type:** MHS  
**Population(s):** SED

## Goal of the priority area:

Provide intensive, team-based services to children with Serious Emotional Disturbance (SED).

## Objective:

Increase the number children served by Community Action Teams.

## Strategies to attain the goal:

Educating community partners on the eligibility, goals, approach to treatment, and location of current Community Action Teams to help generate more referrals.

## Edit Strategies to attain the objective here: (if needed)

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** The number of children with SED served by Community Action Teams.  
**Baseline Measurement:** In FY 18-19, the unduplicated count of children served was 3,081.  
**First-year target/outcome measurement:** Increase the number served by 50 (for a total of 3,131 children served).  
**Second-year target/outcome measurement:** Increase the number served by 50 (for a total of 3,181 children served).  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Numbers served as reported by providers in CAT monthly supplemental data reports.

**New Data Source(if needed):**

**Description of Data:**

This is the total number (unduplicated across all 41 CAT teams) of young people served.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

During the first year (FY 19-20), a total of 3,228 children were served (exceeding the target of 3,131). The second year target (3,181) has also been achieved ahead of schedule.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

During Fiscal Year 20-21, the CAT teams served 3,423 children, achieving and exceeding the second year target of 3,181.

**Priority #:** 3

**Priority Area:** Florida Assertive Community Treatment (FACT)

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Standardize and improve FACT team fidelity monitoring activities.

**Objective:**

- (1) Form a workgroup to review and improve FACT Guidance Document, including participants from the Managing Entities, FACT providers, FACT advisory council members, Block Grant Planning Council members, and other stakeholders as appropriate.
- (2) Provide a standardized set of instructions to the Managing Entities on how to monitor the fidelity of the FACT teams to the ACT model.
- (3) All 7 Managing Entities will provide a written status report to the Department documenting how recommendations from FACT advisory councils are being implemented.

**Strategies to attain the goal:**

Representatives from the Department’s Program Information Unit and Managing Entities will develop a plan to achieve the objectives within the specified timeframes.

**Edit Strategies to attain the objective here:  
(if needed)**

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 1 out of the 3 objectives.  
**Second-year target/outcome measurement:** Achieve 3 out of the 3 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Workgroup meeting minutes and written reports.

**New Data Source(if needed):**

**Description of Data:**

Written documents.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target calling for the completion of one of the three objectives (listed below) is achieved. Objective (1) was achieved through the convening of the FACT Workgroup, which held conference calls on 3/6/2020 and 3/13/2020. The FACT Workgroup Roster (attached) reflects participants from the Managing Entities, FACT providers, FACT advisory council members, Block Grant Planning Council members, and other stakeholders.

**Objectives:**

- 1: Form a workgroup to review and improve FACT Guidance Document, including participants from the Managing Entities, FACT providers, FACT advisory council members, Block Grant Planning Council members, and other stakeholders as appropriate. (Achieved)
- 2: Provide a standardized set of instructions to the Managing Entities on how to monitor the fidelity of the FACT teams to the ACT model.
- 3: All 7 Managing Entities will provide a written status report to the Department documenting how recommendations from FACT advisory councils are being implemented.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The second year target calling for the completion of all three objectives is not achieved. While Objective (2) was achieved with discussion and dissemination of information on the Tool for Measurement of ACT (TMACT) (on July 1, 2020), which contains instructions on how to deploy the TMACT for fidelity monitoring, unfortunately Objective (3) could not be completed. Objective (3) called for the Managing Entities to provide written status reports documenting how recommendations from FACT advisory councils are being implemented, but COVID-19-related barriers have delayed the recommendation development process. Travel restrictions and social distancing related to the COVID-19 pandemic created obstacles to conducting FACT advisory committee meetings where recommendations are typically generated and debated after the completion of informal fidelity reviews. The FACT advisory committees that represent each of the 33 FACT teams must meet quarterly, or more frequently as desired, but the pandemic presented challenges to conducting all of these meetings. To meet the target in the future, the Department's Statewide Coordinator of Florida ACT Teams will facilitate the provision of feedback and recommendations to the Managing Entities by consolidating it for presentation and discussion during quarterly FACT Statewide Virtual Meetings.

**How second year target was achieved (optional):**

**Priority #:** 4  
**Priority Area:** Services for Pregnant Women and Women with Dependent Children  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

Serve women earlier in their pregnancies.

**Objective:**

Increase the percent of women served through the Department's special funding allocation that are pregnant when they are engaged in services.

**Strategies to attain the goal:**

**Edit Strategies to attain the objective here:**  
*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The percent of women served through the Department's special funding allocation that are pregnant when they are engaged in services.  
**Baseline Measurement:** FY 18-19, 23.6% of women served through the Department's special funding allocation were pregnant when they were engaged in services.  
**First-year target/outcome measurement:** Increase the indicator by 3% over the FY 18-19 baseline.  
**Second-year target/outcome measurement:** Increase the indicator by 3% over the FY 19-20 performance.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The reporting instrument that monitors the Department's special appropriation for PWWDC.

**New Data Source(if needed):**

**Description of Data:**

Numerator is the number of women served who are pregnant. The denominator is the number of all women served.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

In FY 19-20, 19.9% of women served through the special funding were pregnant when they were engaged in services. This fails to reach the first year target of 26.6%. In order to meet the target in the future, the Department conducts quarterly calls with the Managing Entities to review and discuss performance data and barriers to engaging and enrolling pregnant women in services. While there were no barriers identified related to enrollment and engagement initially, there was a need to offer technical assistance on complete data submission. The Department will continue to hold quarterly calls to identify barriers related to enrolling and engaging pregnant women and offer



technical assistance. A few of the Managing Entities/Regions are meeting the target individually.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

In FY 20-21, 14.3% of women served through the special funding were pregnant when they were engaged in services. This fails to reach the second year target of 22.9%. Providers struggled to serve women earlier in their pregnancies. Identified challenges include stigma and fear of child welfare involvement, in addition to diminished capacity due to the COVID-19 pandemic. Quarterly calls will continue to be used as a venue for monitoring and improving outreach and engagement strategies. Strategies to address the identified obstacles in the future include the use of peer recovery support specialists, Plans of Safe Care, Relapse Prevention Plans, and streamlined enrollment processes. The Department is also prioritizing the expansion of Care Coordination as part of comprehensive, integrated treatment and recovery support services for pregnant women, including the involvement of Neonatal Abstinence Syndrome (NAS)/Substance Exposed Newborn (SEN) Care Coordination Coordinators. NAS/SEN Care Coordination facilitates access to the continuum of services for pregnant women with substance use disorders and strengthens linkages with OBGYNs and hospitals for early identification and warm handoffs to behavioral health specialists.

**How second year target was achieved (optional):**

**Priority #:** 5  
**Priority Area:** Coordinated Specialty Care (CSC) for Early Serious Mental Illness (ESMI)  
**Priority Type:** MHS  
**Population(s):** SMI, ESMI

**Goal of the priority area:**

Improve functioning or symptom severity among individuals served by CSC for ESMI programs.

**Objective:**

Maintain a high percent of individuals served that experience improvements in functioning or symptom severity.

**Strategies to attain the goal:**

Identify providers serving individuals that score relatively high on this measure and determine if there are best practices that could be shared with providers that serve individuals that score relatively low on this measure.

**Edit Strategies to attain the objective here:  
(if needed)**

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The percent of individuals served that experience improvements in functioning or symptom severity.  
**Baseline Measurement:** FY 18-19 baseline is pending.  
**First-year target/outcome measurement:** At least 80% of individuals served by CSC for ESMI in FY 19-20 experience improvements in functioning or symptom severity.  
**Second-year target/outcome measurement:** At least 80% of individuals served by CSC for ESMI in FY 20-21 experience improvements in functioning or symptom severity.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Baseline and subsequent assessments as reported by the CSC teams, and possibly FARS records in FASAMS in the future.

**New Data Source(if needed):**

**Description of Data:**

CSC providers use at least one of the following assessment tools: The Brief Psychiatric Rating Scale, the Basis-32, and the Functional Assessment Rating Scale.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target called for at least 80% of individuals served by Coordinated Specialty Care (CSC) teams for Early Serious Mental Illness (ESMI) to experience improvements in functioning or symptom severity. In FY 19-20, the seven CSC teams reported that 80.1% of individuals served improved, achieving the target. Each team's performance is as follows: Clay Behavioral Health (93.7%), Henderson Behavioral (88.2%), Life Management Center (87.5%), Citrus Behavioral (83.7%), Aspire Health Systems (83.3%), South County Mental Health (80.0%), and Success for Kids & Families (36.8%).

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (calling for at least 80% of individuals served by CSC teams to experience improvements in functioning or symptom severity) is achieved. In FY 20-21, the CSC teams reported that 80.1% of individuals served improved, achieving the target. Each team's performance is as follows: Henderson Behavioral (82.4%), Life Management Center (66.6%), Citrus Behavioral (94.5%), Aspire Health Systems (52.3%), South County Mental Health (88.8%), and Success for Kids & Families (82.0%). One provider (Clay Behavioral Health) is in the process of modifying their assessment instruments and was unable to provide FY 20-21 data, but they anticipate having full reporting capabilities for the FY 21-22 period.

**Priority #:** 6

**Priority Area:** Infectious Disease Control

**Priority Type:** SAT

**Population(s):** EIS/HIV

**Goal of the priority area:**

Improve the implementation of Florida's HIV Early Intervention Services set-aside

**Objective:**

- (1) Conduct an analysis of the specific HIV tests and testing processes used by HIV EIS providers, share the analysis with the Department of Health, and consult with them regarding ways to improve value or reduce costs.
- (2) Conduct an analysis of the impact of the new HIV EIS Guidance Document on the number of individuals tested and number of tests conducted using FY 16-17 as a baseline, FY 17-18 as a transition period, and FY 18-19 as a new target year to expect an overall increase.
- (3) Analyze the HIV testing policies, procedures, and processes used by the providers that spend less than \$100 per individual tested or per test conducted, identify best practices that contribute to their efficiency, and share them with the other providers.
- (4) Analyze the variation in positivity rates between HIV EIS providers and locations and attempt to identify relationships between positivity rates and methods of targeting individuals for testing.

**Strategies to attain the goal:**

The Department's Block Grant Coordinator will work with leadership on a plan to achieve the objectives in the specified timeframes.

Edit Strategies to attain the objective here:  
(if needed)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 2 out of 4 objectives.  
**Second-year target/outcome measurement:** Achieve 3 out of 4 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Written reports from the Department's Block Grant Coordinator.

**New Data Source(if needed):**

**Description of Data:**

Written reports.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target (achieve 2 out of 4 objectives) is achieved. All objectives are listed below. Objective 2 (conduct an analysis of the impact of the new HIV EIS Guidance Document) and Objective 4 (analyze the variation in positivity rates) are both accomplished. Please see the attached documentation titled, "Analysis of Impact of New HIV EIS Guidance Document, " and Analysis of Variation in Positivity Rates for Performance Indicator 6."

Objectives:

- 1: Conduct an analysis of the specific HIV tests and testing processes used by HIV EIS providers, share the analysis with the Department of Health, and consult with them regarding ways to improve value or reduce costs.
- 2: Conduct an analysis of the impact of the new HIV EIS Guidance Document on the number of individuals tested and number of tests conducted using FY 16-17 as a baseline, FY 17-18 as a transition period, and FY 18-19 as a new target year to expect an overall increase. (Achieved)
- 3: Analyze the HIV testing policies, procedures, and processes used by the providers that spend less than \$100 per individual tested or per test conducted, identify best practices that contribute to their efficiency, and share them with the other providers.
- 4: Analyze the variation in positivity rates between HIV EIS providers and locations and attempt to identify relationships between positivity rates and methods of targeting individuals for testing. (Achieved)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (achieve 3 out of 4 objectives) is achieved with the accomplishment of Objective 1 (Analyze the specific HIV tests and testing processes and consult with DOH regarding ways to improve value or reduce costs). The analysis is attached as the document titled, "Analysis of Specific HIV Tests and Processes and Associated Recommendations for Improvements."

**Priority #:** 7  
**Priority Area:** Infectious Disease Control  
**Priority Type:** SAT  
**Population(s):** PWID, EIS/HIV, TB

**Goal of the priority area:**

Improve access to behavioral health services among individuals with HIV or TB.

**Objective:**

- (1) Disseminate "access to care" phone lines (which regional Managing Entities established to help indigent and uninsured individuals access behavioral health services through their networks of publicly-funded providers) to County Health Departments, Medical Directors, Nursing Directors, Regional Nurses, Program Managers, and Social Service Managers.
- (2) Incorporate "access to care" lines into DOH's website, 211 Big Bend materials, and resource appendices in the DOH manuals for TB, Hepatitis C, Case Management, HIV Counselors, and STD Field Services, as appropriate.
- (3) Conduct a training for DOH staff regarding available behavioral health treatment resources, particularly Medication-Assisted Treatment for opioid use disorders, which involves the use of methadone, buprenorphine, and naltrexone medications.

**Strategies to attain the goal:**

The Department's Block Grant Coordinator will incorporate the objectives and timeframes into workplans.

**Edit Strategies to attain the objective here:**  
*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 1 out of 3 objectives.  
**Second-year target/outcome measurement:** Achieve 3 out of 3 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Emails and written documents.

**New Data Source(if needed):**

**Description of Data:**

Written documents.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

# Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

## Reason why target was not achieved, and changes proposed to meet target:

### How first year target was achieved (optional):

The first year target (achieve 1 out of 3 objectives) is achieved. All objectives are listed below. Objective 3 was accomplished when Department of Children and Families staff provided training on Medication-Assisted Treatment, harm reduction, and other behavioral health treatment resources to over 80 Department of Health staff at events in Tallahassee on 10/8/19, Orlando on 10/9/19, and Miami on 10/11/19.

Objectives:

1: Disseminate "access to care" phone lines (which regional Managing Entities established to help indigent and uninsured individuals access behavioral health services through their networks of publicly-funded providers) to County Health Departments, Medical Directors, Nursing Directors, Regional Nurses, Program Managers, and Social Service Managers.

2: Incorporate "access to care" lines into DOH's website, 211 Big Bend materials, and resource appendices in the DOH manuals for TB, Hepatitis C, Case Management, HIV Counselors, and STD Field Services, as appropriate.

3: Conduct a training for DOH staff regarding available behavioral health treatment resources, particularly Medication-Assisted Treatment for opioid use disorders, which involves the use of methadone, buprenorphine, and naltrexone medications. (Achieved)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

## Reason why target was not achieved, and changes proposed to meet target:

### How second year target was achieved (optional):

The second year target (achieve 3 out of 3 objectives) is achieved with the accomplishment of Objectives (2) and (3) via conversations and correspondence with representatives from the Florida Department of Health's Division of Disease Control and Health Protection. Specifically, the following information was conveyed on 1/19/2021 for inclusion into relevant DOH websites, materials, and manuals:

Background:

According to research reviewed by DOH and DCF staff, untreated behavioral health disorders, and unaddressed stressors like unstable housing, are common barriers to HIV medication adherence. To help improve access to behavioral health treatment and recovery support services, DOH staff recommended that DCF make various DOH stakeholders and partners aware of the resources available, particularly for indigent and uninsured/underinsured individuals with behavioral health needs, through the seven Managing Entities and their contracted provider networks. The Managing Entities operate phone lines that individuals can call for assistance accessing providers and programs.

About the Resources on the Get Help Webpage:

Under the "Find Local Services by County" heading, there is a dropdown menu of Florida's 67 counties. Upon selecting a county, a list of resources appears in a "Local Services" box, including the phone numbers for local Managing Entities, Community Action Treatment Teams, Florida Assertive Community Treatment Teams, and Mobile Response Teams. The Managing Entities can help individuals find providers that serve indigent and uninsured individuals with behavioral health needs. The Get Help page also contain a link to SAMHSA's Behavioral Health Treatment Services Locator, which identifies public and private drug and alcohol treatment programs throughout the United States.

Suggested Introductory Description of the Webpage:

If you or someone you know needs substance use or mental health services, you can use the resources available at the following website to find programs and providers in your county: [www.myflfamilies.com/service-programs/samh/get-help.shtml](http://www.myflfamilies.com/service-programs/samh/get-help.shtml)

**Priority #:** 8  
**Priority Area:** Primary Prevention  
**Priority Type:** SAP  
**Population(s):** PP  
**Goal of the priority area:**

Comprehensively describe of the evidence-base for primary prevention services provided in Florida.

**Objective:**

- (1) Classify 3 out of 6 prevention programs with inconclusive, mixed, or limited findings as either evidence-based or not.
- (2) Classify 6 out of 6 prevention programs with inconclusive, mixed, or limited findings as either evidence-based or not.
- (3) Publish a detailed descriptive report on all the Block Grant funded environmental prevention strategies currently being implemented.
- (4) Classify at least half of all the environmental strategies currently being implemented as either evidence-based or not.
- (5) Identify all the evidence-based drug prevention programs that have experimental evidence of effectiveness at preventing other mental, emotional, and behavioral problems (i.e., depression, anxiety, conduct disorders, suicidality, academic failure, school suspensions, family conflict).
- (6) Develop a list of untested prevention programs that need to be evaluated with an experimental design and prioritize them according to the volume of individuals they serve and funds they expend.

**Strategies to attain the goal:**

The Department's Prevention Coordinator and Block Grant Coordinator will work with the EBP Workgroup on a plan to achieve the objectives in the specified timeframes. Also, since SAMHSA replaced NREPP with an EBP Resource Center, the Department will consider consulting the Title IV-E Prevention Services Clearinghouse for objective 5, to identify relevant subdomains with favorable outcomes. Regarding classifying environmental strategies, the Department may consult standards established by the Society of Prevention Research in 2015 (Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation).

**Edit Strategies to attain the objective here:  
(if needed)**

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 2 out of 6 objectives.  
**Second-year target/outcome measurement:** Achieve 4 out of 6 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The Department's Prevention EBP Workgroup.

**New Data Source(if needed):**

**Description of Data:**

Written reports.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target (achieve 2 out of 6 objectives) is achieved. All objectives are listed below. Objective 1 (classify prevention programs as evidence-based or not) and Objective 6 (develop a list of untested prevention programs that need to be evaluated) are both accomplished. Please see the attachment titled, "Classification Recommendations and a List of Prevention Programs to Prioritize for Experimental Testing for Performance Indicator 8."

Objectives:

- 1: Classify 3 out of 6 prevention programs with inconclusive, mixed, or limited findings as either evidence-based or not. (Achieved)
- 2: Classify 6 out of 6 prevention programs with inconclusive, mixed, or limited findings as either evidence-based or not.
- 3: Publish a detailed descriptive report on all the Block Grant funded environmental prevention strategies currently being implemented.
- 4: Classify at least half of all the environmental strategies currently being implemented as either evidence-based or not.
- 5: Identify all the evidence-based drug prevention programs that have experimental evidence of effectiveness at preventing other mental, emotional, and behavioral problems (i.e., depression, anxiety, conduct disorders, suicidality, academic failure, school suspensions, family conflict).
- 6: Develop a list of untested prevention programs that need to be evaluated with an experimental design and prioritize them according to the volume of individuals they serve and funds they expend. (Achieved)

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (achieve 4 out of 6 objectives) is achieved. In addition to Objectives (1) and (6), which were achieved during the first year, Objectives (2) and (3) are now accomplished. The report associated with Objective (2) is attached as the document titled, "Classification Recommendations (Objective 2 for Performance Indicator #8)." The report associated with Objective (3) is attached as the document titled, "A Detailed Descriptive Report on Block Grant Funded Environmental Prevention Strategies."

**Priority #:** 9  
**Priority Area:** Primary Prevention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Improve the prevention workforce.

**Objective:**

Increase the knowledge, skills, and abilities of the prevention workforce in Florida.

**Strategies to attain the goal:**

The Department's prevention coordinator will work with the point of contact for workforce development contracts to ensure that appropriate prevention topics are identified and that trainings are scheduled in a timely manner.

**Edit Strategies to attain the objective here:**  
(if needed)

#### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	The number of prevention-related trainings conducted.
<b>Baseline Measurement:</b>	In FY 18-19, FADAA conducted 4 prevention webinars.
<b>First-year target/outcome measurement:</b>	Increase the number of prevention trainings by 3 (from 4 to 7).
<b>Second-year target/outcome measurement:</b>	Increase the number of prevention trainings by 3 (from 7 to 10).

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The Department’s programmatic lead on training contracts and Prevention Coordinator.

**New Data Source(if needed):**

**Description of Data:**

Prevention trainings are identified by topic title and date.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target (calling for at least 3 prevention trainings) is achieved. During FY 19-20, the Department conducted the following 5 prevention-related trainings:

1. Drug Usage Patterns & Trends Update (8/28/19 and 11/20/19)
2. Mental Health, Substance Misuse, and Suicide: Shared Risk and Protective Factors (12/3/19)
3. Intersection of Substance Use and Bullying (2/10/20)
4. Behavioral Health Among College Students: Substance Misuse (2/27/20)
5. Adverse Childhood Experiences (3/6/20)

Adding these 5 trainings from FY 19-20 onto the baseline of 4 trainings (in FY 18-19) brings the cumulative total up to 9 prevention trainings.

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (calling for at least 3 prevention trainings) is achieved. During FY 20-21, the Department conducted the following 6 prevention-related trainings/webinars:

1. Youth Coalitions – Toolbox by Youth for Youth: Strategies for Virtual Connection (10/20/2020)
2. Stigma, Drugs, and Policy: How Language Drives Change (12/1/2020)
3. Overdose Prevention and Harm Reduction (1/27/2021)
4. New Findings on Harnessing Parents’ Potential to Reduce Adolescent Substance Use Risk (3/31/2021)
5. Substance Use Trends Annual Update (4/30/2021)
6. Substance Use Trends Annual Report (6/30/2021)

Adding these 6 trainings from FY 20-21 onto the total from the prior year brings the cumulative total up to 15 prevention trainings.

**Priority #:** 10

**Priority Area:** Reducing Opioid-Related Deaths

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PWID, Other (Rural, Homeless, Individuals who use drugs and their loved ones)

**Goal of the priority area:**



Increase access to naloxone to prevent opioid overdose deaths.

**Objective:**

- (1) Increase number of Emergency Departments distributing naloxone kits upon discharge to patients at risk of experiencing an overdose.
- (2) Increase the number of Fire/EMS naloxone leave-behind programs.
- (3) Supply naloxone kits to all new Syringe Exchange Programs.

**Strategies to attain the goal:**

The Department's Overdose Prevention Coordinator will incorporate the objectives into strategic plans.

**Edit Strategies to attain the objective here:  
(if needed)**

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of objectives achieved.  
**Baseline Measurement:** Zero objectives achieved.  
**First-year target/outcome measurement:** Achieve 1 out of 3 objectives.  
**Second-year target/outcome measurement:** Achieve 2 out of 3 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

According to the Department's Overdose Prevention Coordinator, in FY 18-19, there were 10 Emergency Department sites participating in the Department's naloxone distribution program and there were 5 EMS/Fire naloxone leave behind programs in operation.

**New Data Source(if needed):**

**Description of Data:**

The number of participating Emergency Departments, EMS/Fire leave behind programs, and Syringe Exchange Programs are manually tracked by the Department's Overdose Prevention Coordinator.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target calls for the achievement of one out of the three objectives (listed below) associated with the goal of expanding access to naloxone. Objective (1) (increase the number of EDs distributing naloxone) and Objective (2) (increase the number of Fire/EMS programs distributing naloxone) are achieved. This accomplishes both the first year target and the second year target (ahead of schedule).

Regarding Objective (1): In FY 18-19 (the baseline year), there were 10 Emergency Department (ED) sites participating in the Department's Overdose Prevention Program. During the first year (FY 19-20), 15 additional hospital EDs distributing naloxone kits upon discharge to patients at risk of experiencing an overdose were enrolled in the Overdose Prevention Program. In summation, at the end of the first year, a total of 25 hospital-based emergency department naloxone distribution programs were enrolled, representing a 150% increase from the previous year.

Regarding Objective (2): In FY 18-19 (the baseline year), there were 5 EMS/Fire naloxone leave behind programs in operation. During the first year (FY 19-20), 5 additional Fire/EMS/LEO naloxone leave-behind programs were enrolled in the Overdose Prevention Program. At the end of the first year, a total of 10 leave-behind programs were enrolled, representing a 100% increase from the previous year.

Objectives:

1: Increase the number of Emergency Departments distributing naloxone kits upon discharge to patients at risk of experiencing an overdose. (Achieved)

2: Increase the number of Fire/EMS naloxone leave-behind programs. (Achieved)

3: Supply naloxone kits to all new Syringe Exchange Programs.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (achieve 2 out of 3 objectives) is achieved. In addition to Objectives (1) and (2), which were accomplished in the first year, Objective (3) ("Supply naloxone kits to all new Syringe Exchange Programs") is now accomplished. Four new Syringe Exchange Programs (SEPs) were established in 2021: Hope and Help Center of Central Florida (serving Orange County), the Tampa IDEA Exchange (serving Hillsborough County), the FLASH Exchange (serving Palm Beach County), and CARE Resource (serving Broward). All four are enrolled in the Department's naloxone distribution program.

**Priority #:** 11

**Priority Area:** Medication-Assisted Treatment

**Priority Type:** SAT

**Population(s):** PWWD, PWID, Other (Individuals with Opioid Use Disorders (OUDs))

**Goal of the priority area:**

Improve access to medication-assisted treatment.

**Objective:**

(1) Draft new contract provisions designed to ensure that Department-funded treatment providers are not imposing arbitrary counseling requirements on individuals with opioid use disorders in need of medication-based treatment services.

(2) Draft new contract provisions designed to ensure that Department-funded treatment providers are not inappropriately discharging individuals who continue to test positive for substance use.

(3) Draft new contract provisions designed to ensure that Department-funded treatment providers are not imposing arbitrary restrictions on the length of medication-based maintenance treatment services.

(4) Double the number of Emergency Departments that do onsite buprenorphine induction prior to discharge from 3 to 6.

**Strategies to attain the goal:**

The Department's Block Grant Coordinator and MAT Coordinator will incorporate the objectives into workplans.

**Edit Strategies to attain the objective here:**

*(if needed)*

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	The number of objectives achieved.
<b>Baseline Measurement:</b>	Zero objectives achieved.
<b>First-year target/outcome measurement:</b>	Achieve 2 out of 3 objectives.
<b>Second-year target/outcome measurement:</b>	Achieve 3 out of 3 objectives.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Draft contract provisions and surveys of Emergency Department practices through the Managing Entities.

**New Data Source(if needed):**

**Description of Data:**

Written documents, including survey results.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The first year target (achieve 2 out of 3 Objectives) is achieved. All objectives are listed below. All of the Medication-Assisted-Treatment-related contract provisions comprising Objectives 1 through 3 were drafted and effectuated, as documented on pages 37-38 in sections B1-5.2.3.6, B1-5.2.4, and B1-5.2.3.5 of document titled, "Managing Entity Contract Exhibit B1 – Federal Block Grant Requirements," available at the following location: <https://www.myflfamilies.com/service-programs/samh/managing-entities/2020/Exhibits/Exhibit%20B1%20Block%20Grant.docx>.

Objectives:

1. Draft new contract provisions designed to ensure that Department-funded treatment providers are not imposing arbitrary counseling requirements on individuals with opioid use disorders in need of medication-based treatment services. (Achieved)
2. Draft new contract provisions designed to ensure that Department-funded treatment providers are not inappropriately discharging individuals who continue to test positive for substance use. (Achieved)
3. Draft new contract provisions designed to ensure that Department-funded treatment providers are not imposing arbitrary restrictions on the length of medication-based maintenance treatment services. (Achieved)
4. Double the number of Emergency Departments that do onsite buprenorphine induction prior to discharge from 3 to 6.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target (achieve three objectives) is achieved. In addition to Objectives (1), (2), and (3), all of which were accomplished in the first year, Objective (4) is now also accomplished. With respect to Objective (4), by the end of the second year (FY 20-21) there were a total of 32 ED/hospital-based programs inducting patients on buprenorphine prior to discharge, far exceeding the target of 6 such programs.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

### MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2020	Estimated/Actual SFY 2021	Expense Type
\$39,659,772	\$50,752,520	\$50,657,831	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

NOT FINAL

**Community Mental Health Block Grant MOE and Children's Mental Health  
Threshold Reporting Methodology for SFY 2020-21**

Adult Mental Health Services

OCA	OCA Title	SFY 20/21 Expenditures
CFBAS	COMM FORENSIC BEDS - ADULT SVC	\$240,000
FSH00	FSH INDIGENT DRUG PROGRAM	\$4,374,319
MH072	ME MH COMM FORENSIC BEDS	\$13,928,227
MH073	ME MH FACT PROGRAM	\$25,413,424
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,170,002
MHTMH	ME MH TRANSITIONAL BEDS FOR MH	\$4,609,570
<b>Total Adult Services</b>		<b>\$50,735,543</b>

Children's Mental Health Services

OCA	OCA Title	SFY 20/21 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$8,729,018
9PRTS	PURCHASED RES. T'MENT-MED SVCS	\$9,000,000
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,781
MHCAT	CAT Teams	\$30,727,032
<b>Total Children's Services</b>		<b>\$50,657,831</b>

<b>Total Adult Services</b>	<b>\$50,735,543</b>
<b>Total Children's Set-Aside</b>	<b>\$50,657,831</b>
<b>Total Mental Health MOE</b>	<b>\$101,393,373</b>

NOT FOR PUBLICATION

## C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period (A)	Expenditures (B)	B1 (2019) + B2 (2020) 2 (C)
SFY 2019 (1)	\$100,929,616	
SFY 2020 (2)	\$101,079,219	\$101,004,418
SFY 2021 (3)	\$101,393,373	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2019	Yes	<u>X</u>	No	___
SFY 2020	Yes	<u>X</u>	No	___
SFY 2021	Yes	<u>X</u>	No	___

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

NOT FINAL

**Community Mental Health Block Grant MOE and Children's Mental Health  
Threshold Reporting Methodology for SFY 2020-21**

Adult Mental Health Services

OCA	OCA Title	SFY 20/21 Expenditures
CFBAS	COMM FORENSIC BEDS - ADULT SVC	\$240,000
FSH00	FSH INDIGENT DRUG PROGRAM	\$4,374,319
MH072	ME MH COMM FORENSIC BEDS	\$13,928,227
MH073	ME MH FACT PROGRAM	\$25,413,424
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,170,002
MHTMH	ME MH TRANSITIONAL BEDS FOR MH	\$4,609,570
<b>Total Adult Services</b>		<b>\$50,735,543</b>

Children's Mental Health Services

OCA	OCA Title	SFY 20/21 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$8,729,018
9PRTS	PURCHASED RES. T'MENT-MED SVCS	\$9,000,000
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,781
MHCAT	CAT Teams	\$30,727,032
<b>Total Children's Services</b>		<b>\$50,657,831</b>

<b>Total Adult Services</b>	<b>\$50,735,543</b>
<b>Total Children's Set-Aside</b>	<b>\$50,657,831</b>
<b>Total Mental Health MOE</b>	<b>\$101,393,373</b>

Please provide any comments and input to DCF's Block Grant Coordinator at [Jeffrey.Cece@myFLfamilies.com](mailto:Jeffrey.Cece@myFLfamilies.com). Any person can provide input both during the development of this Report and after submission to SAMHSA.