Assessment of

Behavioral Health Services

State Fiscal Year 2022-2023

Contents

Introduction

Functioning under the Department of Children and Families (Department), the Office of Substance Abuse and Mental Health (SAMH) serves as the single legislatively designated mental health authority for the state. Working with behavioral health providers, SAMH administers the statewide system of care that provides services to individuals contending with mental illness and substance use disorder. The Department accomplishes this by contracting with seven Managing Entities (ME) that work with inpatient facilities, community behavioral health centers, and numerous other providers to ensure access and deliver coordinated care across multiple levels depending on severity. One Managing Entity oversees each region except for Southeast Florida, which has two administering its behavioral health services.

In accordance with section 394.4573, Florida Statutes (F.S.), the Department must submit an annual report to the Governor, President of the Senate, and Speaker of the House of Representatives that provides an assessment of behavioral health services in the state. This assessment must provide updates on the following for Fiscal Year (FY) 2021-2022:

- Extent to which designated receiving facilities function as no-wrong door models.
- Availability of treatment and recovery services that use recovery-oriented and peer-involved approaches.
- Availability of less-restrictive services.
- Use of evidence-informed practices.
- Availability of and access to coordinated specialty care programs.
- Identified gaps in the availability of access to behavioral health programs in the state.

Based on the annual needs assessments submitted to the Department by the Managing Entities, this assessment explains top priorities for each region, proposed strategies to implement, and resources required. As required by section 394.4573, F.S., each needs assessment is included as an attachment.

Managing Entity Overview

Floridians contending with serious mental illness and/or substance use disorder are among the most vulnerable of the state's residents. To promote better access to behavioral health services and care coordination across providers and levels of services, the Florida Legislature implemented requirements for the Department to contract with non-profit, community-based organizations[1] to work with providers on the local level to ensure that this population receives prompt services and avoids gaps in care. Designated as Managing Entities under section 394.9082, F.S., SAMH oversees the performance of these organizations, collects and collates their data, and identifies successes and areas for improvement.

With the Managing Entities overseeing behavioral health service delivery in one of the state's six regions, they are responsible for the following statutorily required functions:

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

[1] Section 394.9082, F.S., allows the Department to contract with for-profit managed behavioral health organizations in the event that no non-profit community-based organizations bid in a specific region.

- Implement a coordinated system of care that allows for the prompt sharing of information across providers, having referral agreements, and sharing protocols to ensure better health outcomes.
- Collaborate with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
- Create strategies to divert children and adults contending with mental illness and/or substance abuse issues from the criminal justice or juvenile justice systems, in addition to integrating behavioral health services with the Department's child welfare system.
- Promote care coordination activities across the network and monitor provider performance to ensure compliance with state, federal, and any grant requirements.
- Establish and maintain relationships with local stakeholders such as governmental bodies (e.g., county or city commissions), community organizations, and the families of individuals served.
- Managing funds and exploring additional third-party payment sources, such as grants and local matching amounts.

Among the statutorily defined duties, Managing Entities must also submit a triennial needs assessment to the Department once every three years that includes information required for this assessment, and identifies any gaps in services, along with recommendations for addressing them. Each needs assessment focuses specifically on the Managing Entity's geographic region.

Florida's Managing Entities

Coordinating, monitoring, and evaluating Florida's behavioral health services, the state's Managing Entities focus on their assigned regions and include:

- **Northwest Florida Behavioral Health Network (Northwest Florida):** This Managing Entity oversees and coordinates behavioral health services for the Florida Panhandle, starting in Madison and Taylor counties and ending at the western border of the state. This organization has reported success in establishing telehealth service delivery in schools and aiding in the recovery following Hurricane Michael in 2018.
- **Broward Behavioral Health Coalition (Broward):** Serving as a Managing Entity since 2011, this organization is the only one to oversee behavioral health services in a single county. Its numerous initiatives include working to further integrate primary and behavioral health care, enhance care coordination, and connect individuals discharged from state mental hospitals with peer support.
- **Central Florida Cares Health System (Central Florida Cares):** Coordinating behavioral health services for Brevard, Orange, Osceola, and Seminole counties, this Managing Entity oversees and connects individuals with providers throughout Central Florida.
- **Central Florida Behavioral Health Network (CFBHN):** Serving 14 counties spanning from the Tampa Bay area to Fort Myers and Naples, this organization administers a provider network that covers Southwest Florida.
- **Lutheran Services of Florida (Lutheran):** This organization administers and coordinates behavioral health services in Northeast Florida, including Jacksonville, Gainesville, Ocala, and Daytona Beach.
- **Southeast Florida Behavioral Health Network (Southeast Florida):** Serving five counties in South Florida from Indian River to Palm Beach, this Managing Entity has taken leadership roles

in programs such as the Palm Beach County Heroin Task Force and efforts to reduce homelessness in its region.

- **South Florida Behavioral Health Network (South Florida):** Overseeing Miami-Dade and Monroe counties, this organization administers the delivery of community behavioral health services for the state's largest metropolitan area.

Considering Florida's growing population and changing needs, the Managing Entities work continuously to meet new challenges, remedying existing issues, and prevent reoccurrences of past problems. This assessment identifies their top priority needs and evaluates how they are similar and different across regions. Given how Southwest Florida is contending with disaster recovery from Hurricane Ian, each Managing Entity faces unique challenges in how it approaches the coordination and delivery of behavioral health services.

The Department's Priority Areas

During Fiscal Year (FY) 2022-2023, SAMH is focusing on expanding community-based services to better support the vulnerable populations they serve. Such services include children's Community Action Treatment (CAT) teams, Family Intensive Treatment (FIT) teams, Florida Assertive Community Treatment (FACT) teams, and mobile-response teams (MRTs). All of these services have seen an increase in demand that includes having to maintain wait lists. Part of SAMH's goals for this fiscal year is to use its appropriation to increase these services to reduce wait times and improve access. By aiding people at the community level, the Department can reduce inpatient admissions, out-of-home placements for children, and involvement with the criminal justice system.

Another area where SAMH is focusing its resources is improving substance abuse services for pregnant and new mothers, as well as their newborns. These consist of increasing access to residential and outpatient treatment, detoxification services, housing support, child care, and post-partum case management. Additionally, the Department wants to ensure access to FIT teams for families where one or both parents contend with substance abuse. Through early intervention, implementing these services can further improve outcomes, reduce admissions and out-of-home placements, and accelerate reuniting families while helping to establish stable home environments for children as they grow and develop.

Considering that Florida's population continues to rise at a rapid rate, one of the opportunities that exists is the need for more affordable housing for individuals contending with mental health or substance abuse disorders. As one of the Department's priorities, aiding Floridians who are homeless, or at-risk of homelessness, is vital to not only provide sustainable living conditions, but also to prevent readmissions and recidivism. Such aid can also start individuals on the path to economic self-sufficiency, which is a goal pertaining to Hope Florida—A Pathway to Prosperity.

In addition to increasing access and expanding community-based services, SAMH remains committed to addressing mental health and substance abuse across the state. This includes working to treat before they reach a point that involves inpatient admissions or criminal justice involvement. Providing access to individuals at the community and outpatient levels can prevent more intensive and costly services. One of the Department's objectives is for individuals who are experiencing a mental health or substance abuse issue for the first time to not have their first encounter with behavioral health providers at an

inpatient setting. This is achievable through improved integration of physical and behavioral health services, better care coordination, and reducing gaps in treatment.

For FY 2022-2023, the Department is working with its Managing Entities to attain these goals. To aid with this process, each organization has identified its top priorities and strategies for the coming year. This assessment highlights and explains where the Managing Entities have the greatest need and specifies which needs are more regionally based or statewide. The following provides the Governor, President of the Senate, and Speaker of the House of Representatives the Department's annual assessment of behavioral health services needs for the forthcoming fiscal year.

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

Section 394.4573(1)(d), F.S., defines the No Wrong Door model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system." Florida's designated receiving systems (commonly referred to as central receiving facilities) function as no-wrong-door models for the delivery of services to individuals and families who have mental health and/or substance use disorders. Statewide, behavioral health care relies on service linkages through a coordinated system of care that allows individuals and families to enter from multiple entry points (i.e., primary care physicians, schools, justice systems, etc.) and be connected to treatment and supports to meet their needs.

To support the Department's "no-wrong-door" model, SAMH collaborated with the Managing Entities to provide policy guidance and implementation of subcontracts for Centralized Receiving Systems (CRS). A CRS serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization under chapters 394 or 397, F.S., or crisis services for an array of behavioral health services. They conduct initial assessments and triage while providing case management and related services for individuals with mental health and/or substance use disorders.

The target populations for CRS 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 sections 394.67(17) and (18), F.S.

Currently, 11 providers are implementing 5-year CRS grants across 25 Florida counties. Specific Appropriation 371 of the FY2019-2020 General Appropriations Act provided $19,878,768.00 in recurring general revenue funds for the CRS grant program. In addition, nonrecurring proviso project appropriations fund four other providers. Managing Entities also subcontract for services provided within county-designated CRSs with base funding that includes general revenue and federal Substance Abuse and Mental Health Block Grant. In FY 2020-2021, Meridian (Alachua County) and Circles of Care (Brevard and Seminole counties) established CRSs. The table below provides a listing of the CRS funded providers.

Table 1: CRS Funded Providers

Central Receiving Facility Funded Providers	County(s) Served	Managing Entity
Mental Health Resource Center, Inc.	Baker, Clay, Duval, Nassau, St. Johns	Lutheran Services Florida
Aspire Health Partners, Inc.	Orange	Central Florida Cares Health System
LifeStream Behavioral Center, Inc.	Lake, Sumter	Lutheran Services Florida
Centerstone of Florida	Manatee	Central Florida Behavioral Health Network

Mental Health Care, Inc. d/b/a Gracepoint	Hillsborough	Central Florida Behavioral Health Network
Osceola Mental Health Inc, d/b/a Park Place Behavioral Health Care	Osceola	Central Florida Cares Health System
Henderson Behavioral Health, Inc.	Broward	Broward Behavioral Health Coalition
SMA Behavioral Health Services, Inc.	Flagler, Volusia	Lutheran Services Florida
Apalachee Center	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla	Northwest Florida Health Network
Meridian Behavioral Health	Alachua	Lutheran Services Florida
Circles of Care	Brevard, Seminole	Central Florida Cares Health System

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.
- Increased coordination with stakeholders, such as law enforcement, specialty courts, hospitals, counties, substance use treatment providers, Continuums of Care for the homeless, 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 and state mental health treatment facilities (civil/forensic), as well as forensic involvement.

For FY 2022-2023, Escambia and Santa Rosa counties are planning to implement a CRS before December 2022. Local providers and other stakeholders anticipate improvements to their crisis system of care and increased bed capacity.

Crisis Stabilization Services for Children Who are High Utilizers of Services

House Bill (HB) 945, signed into law in 2020, required the Department and the Agency for Health Care Administration (Agency) to identify children and adolescents who are the highest utilizers of crisis stabilization services and jointly submit quarterly reports to the Legislature that list the actions taken to meet the behavioral health needs of these children through FY 2021-2022. The Department and the Agency defined high utilizers as children or adolescents under 18 years of age with three or more admissions into a crisis stabilization unit or inpatient psychiatric hospital within 180 days. HB 945 also required the Department to develop a model response protocol for schools, titled *Best Practices Response Protocol for Schools to Use Mobile Response Teams* to effectively use MRTs. This includes ensuring facilities provide contact information for MRTs to parents and caregivers of children and young adults up to 25 years of age, who receive safety-net behavioral health service.

The Department and the Agency implemented a process that provides linkages to programs that meet a child's individualized needs, including improved relationships with Medicaid managed care health plans by utilizing children's care coordinators to facilitate transitions. Ensuring that key stakeholders are engaged with a child's family, they provide ongoing support to reduce the need for high utilization services such as crisis stabilization and residential treatment. Children's care coordinators also participate in local staffing meetings and collaborate with CSUs, Statewide Inpatient Psychiatric Program facilities, children's CAT teams, and MRT providers to engage in efforts to reduce high utilization.

Although the requirement to submit formal written reports to the legislature ended in July 2022, the Agency and the Department continue to work together to complete project goals and objectives and utilize utilization data to identify children who may require further intervention.

The Availability of Less Restrictive Services

The needs of Florida's children and families have become more serious and difficult, requiring advanced prevention strategies and treatment approaches in community or home settings. The current behavioral health services for children and their families include community-based prevention programs, outpatient care, in-home services, crisis stabilization, and residential treatment. In addition, other services such as FACT, MRTs, FIT CAT, and Early Psychosis teams are available. However, families face challenges when understanding how to access the system of care, especially for residential services. The following are high-level SAMH strategies that increase access to less restrictive services through collaboration efforts across behavioral health providers:

Short-term Residential Treatment (SRT): SRT provides a high level of care for individuals who are no longer experiencing a psychiatric emergency but need additional stabilization services prior to community placement or admission to a state mental health treatment facility for adults or a statewide inpatient psychiatric program for children. SRT services also allow adequate time to complete discharge planning after the examination period, including arranging continued treatment in the community, and addressing treatment barriers, such as housing and transportation. These planning activities are critical to preventing rapid readmission to crisis stabilization services and can be an alternative option from longer term residential treatment. The Department is planning for additional SRT bed capacity for children through expanded funding and adopting rule changes to eliminate certain regulatory barriers.

Respite: Currently, the Department offers respite for day treatment and an overnight component in the Northeast Region for a few days to a few weeks. Due to the success of this program, other regions have identified this service as becoming an emerging need in their area. To test the strategy, the Department implemented an overnight respite pilot specifically for children, which has served 440 children since it was initiated in FY 2017-2018. This pilot provided a diversion from placing children in out-of-home foster care and served as a step down from long-term residential treatment. For children experiencing behavioral and/or social obstacles, respite provides an opportunity to temporarily disengage from their home environment in a healthy, safe, and nurturing atmosphere where they may reflect on their actions, identify stressors that have led to negative outcomes, and develop skills to make positive decisions in the future. The Department is currently collaborating with Managing Entities to expand overnight respite, by funding additional programs and revising administrative codes and contracts.

Community Action Treatment (CAT) Teams: CAT teams are an in-home intensive treatment model that works with a family but focuses on the child. Working together, these providers can provide community-based services to children ages 11-21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement. Also, CAT teams have shown improved outcomes, including keeping youth in the community, providing individualized treatment services and supports, assisting with successful transition to adulthood, and building natural supports within the community to help sustain gains made in treatment. This model is a safe and effective alternative to out-of-home placement for children with serious behavioral health conditions. Upon successful completion,

youth and families have the skills and natural support system needed to maintain improvements.

During FY 2020-2021, CAT teams served 3,423 families. The average cost per child and family served is approximately $8,983.35 (total allocation of $30,750,000 / number of families served). As a comparison, the rate for Medicaid-funded statewide inpatient psychiatric programs is $478.04 per day (length of stay 6-month average, totaling to $87,003.28). In addition to cost savings, CAT teams focus on keeping young people at home with their families and connected to their communities.

Family Crisis Care Coordination: The Department recently established a Family Crisis Coordination pilot in Duval County that has expanded to serve five circuits in the Northeast Region. This model focuses on non-traditional services, such as wraparound, peer support, and in-home services for families that have struggled to navigate the behavioral health system. Pilot participants include children and adolescents ages 5-17 who have not responded to clinical services and cycle into crisis stabilization units. The goals of the project include reducing recidivism in crisis stabilization units, increasing family engagement, and reducing trauma.

Behavioral Health Care Coordination: Consisting of initial and ongoing case reviews, coordination of services, collaboration with system partners, and prioritizing goals to aid in reducing admissions into crisis units, care coordination can significantly reduce gaps in care. Activities can include face-to-face visits for communication with the family, treating physician, and other providers, as needed, to address behavioral health needs. Department care coordinators differ from those employed by health plans because they can offer specific information and connections to behavioral health services outside of a health plan's network. Care coordination services can focus on varying populations depending on local need and be tailored to serve a broad spectrum of individuals from both system and provider levels.

Children's System of Care Expansion and Sustainability Grant: This grant seeks to strengthen the existing array of behavioral health services and integrate the system of care by employing a family-driven, youth-guided approach that expands and organizes community-based services and supports. The project will improve mental health outcomes of children and adolescents ages 5-21 contending with serious emotional disturbances (SED), as well as their families in St. Lucie and Martin Counties. Specific goals under the grant include the following:

- Decrease behavioral health disparities within certain populations.
- Increase access to services and supports for SED adolescents by establishing a coordinated entry system.
- Increase service utilization for SED adolescents and families while decreasing waitlists and gaps in available levels of care.
- Increase use of suicide care evidence-based practices by increasing trainings and providing workforce development in a Zero Suicide care pathway.

Care Coordination & Transitional Vouchers: Targeted for high-need/risk individuals who frequent inpatient settings, care coordination and transitional vouchers serve to reduce inpatient readmissions and homelessness. These efforts include a thorough assessment of needs, as well as connections with community services and supports. Care Coordination

assesses for behavioral health issues as well as medical, social, housing, and interpersonal needs that impact an individual's status. Throughout FY 2021-2022, the Managing Entities reported coordinating care for 4,652 individuals and utilizing transitional vouchers 4,371 times, primarily used for housing assistance and subsidies.

The Department increased funding resources for non-24-hour care services and supports. Tables 2 and 3 below outline estimated FY 2021-2022 allocations to the Managing Entities for less restrictive non-24-hour care services.

Table 2: Managing Entity Allocations	
Managing Entity	**Estimated Total Contracted for Less Restrictive Services**
Northwest Florida Health Network	$ 50,306,909.92
Broward Behavioral Health Coalition	$ 138,545,163.77
Central Florida Behavioral Health Network	$ 54,995,829.63
Central Florida Cares Health System	$ 124,004,831.17
Lutheran Services Florida	$ 55,442,624.70
South Florida Behavioral Health Network	$ 60,351,612.00
Southeast Florida Behavioral Health Network	$ 61,980,831.31
Non-ME Contracts	$ 36,054,325.32
Grand Total	**$ 581,682,128**

Table 3: Managing Entity Allocations	
Targeted Program	**Estimated Total Contracted for Less Restrictive Services**
Adult Mental Health	$ 259,176,232.88
Adult Substance Abuse	$ 150,007,203.86
Children's Mental Health	$ 107,552,530.97
Children's Substance Abuse	$ 64,946,160.10
Grand Total	**$ 581,682,128**

The Use of Evidence-Informed Practices

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

The Department has focused on ensuring that it is assessing the needs of the family unit. During previous needs assessments, the Department identified evidence-based programs and gaps in appropriate levels of care for families. Research demonstrates that just addressing the needs and emotional issues of the child without further discussion with other members of the family fails to ensure the most optimal outcomes.

The Department recently allocated funds to establish seven new teams to provide evidence-based, intensive in-home behavioral health services focusing on the entire family. In addition, the Department designed a new model to ensure this treatment focus becomes part of Florida's system of care. This model provides for family-centered services aligned with the goals of the Family First Prevention Services Act (FFPSA). Teams will adopt evidence-based practices supported by the FFPSA Clearinghouse, including parent coaching, child mentoring and education, case management, and traditional behavioral health interventions.

Additionally, the Department's FIT team model is a promising practice for the treatment of families in the child welfare system with parental substance use. The Department, in collaboration with the Casey Family Foundation, has contracted with the University of South Florida to complete multiple studies with the goal of the FIT team model being approved and listed by clearinghouses as an evidence-based practice.

Table 4: Managing Entity Priority Needs		
Managing Entity	**Priority Needs**	**Associated Budget**
Big Bend Community Based Care (BBCBC) dba **NWF Health Network** (NWFHN)	Central Receiving Facility	$ 2,500,000
	Forensic Act Services	$ 3,900,000
	Expanded Family Support Services	$ 4,515,789
	NWFHN Total	**$ 10,915,789**
Lutheran Services of Florida Health Systems (LSFHS)	Workforce Recruitment, Retention, and Sustainability	$ 4,800,000
	Care Coordination/Housing Coordination	$ 3,582,600
	Behavioral Health/Law Enforcement Co-Responder Teams (5 teams, $439,629/team, split evenly between SA and MH)	$ 2,198,144
	LSFHS Total	**$ 10,580,744**
Central Florida Behavioral Health Network (CFBHN)	Mental Health and Substance Abuse	$ 5,675,000
	ME Operations	$ 1,181,659
	School-based Prevention Programs	$ 966,641
	Housing and Supported Housing Options	$ 750,000
	CFBHN Total	**$ 8,573,300**
Central Florida Cares Health System (CFCHS)	Family Functional Therapy - 3 teams; $565,000 per team	$ 1,695,000
	Short-term Residential Treatment (SRT) - 10 beds	$ 1,384,664
	Wraparound Services	$ 837,362
	Telehealth Services	$ 750,000
	Peer Recovery Respite Center	$ 409,064
	CFCHS Total	**$ 5,076,090**
Southeast Florida Behavioral Health Network (SEFBHN)	Provider Stabilization for Core Outpatient Mental Health Services	$ 1,359,017
	Expansion of Medication Management and Medical Services	$ 500,000
	Expansion of Supported Employment Services and Mental Health Clubhouses	$ 450,000
	Increased Administrative funding for the Managing Entity Budget	$ 300,000
	House Bill 945: Primary Care and Behavioral Health Care Clinic	$ 75,000
	SEFBHN Total	**$ 2,684,017**
Broward Behavioral Health Coalition (BBHC)	Broward Forensic Alternative Center	$ 3,148,709
	Housing and Care Coordination Teams and Family/Peer Navigator	$ 2,650,000
	Multi-Disciplinary Treatment (MDT) Teams	$ 2,600,000
	Zero Suicide Initiative	$ 2,100,000
	Continuation of Short-term Residential Treatment Services	$ 1,889,225
	Housing/Care Coordination and the Operational Integrity of the Managing Entity	$ 1,610,002
	Stepping-Up Initiative for Jail Diversion	$ 1,026,155
	BBHC Total	**$ 15,024,091**
South Florida Behavioral Health Network (SFBHN) dba **Thriving Mind South Florida** (TMSF)	Housing	$ 1,455,000
	Case Management Enhancement	$ 1,438,992
	ME System Level Care-Coordination	$ 750,000
	Peer Led Respite Program	$ 549,744
	TMSF Total	**$ 4,193,736**
	Total	**$57,047,767**

Needs Identified by the Managing Entities

The following sections provide descriptions of the priority needs identified by the Managing Entities. In their needs assessments, the organizations reported areas requiring additional funding varying from expanding services to provider salaries. In addition, the quantity of identified needs varied between Managing Entities. One Managing Entity reported three priorities (Lutheran), while another listed seven (Broward). In addition, each section explains the needs that overlap across regions and what the Managing Entities listed as their highest priorities. For FY 2022-2023, more organizations cited housing and housing coordination as their greatest need. CFBHN, the Managing Entity overseeing Tampa, Fort Myers, Naples, Punta Gorda, and Sarasota, also listed this as an issue. However, Hurricane Ian likely exacerbated this problem due to flooding and wind damage displacing many who may have already had housing needs. Depending on the region, each Managing Entity faces unique challenges and proposes specific solutions to overcoming them.

Housing

Four of the seven Managing Entities identified housing as a priority area for additional resources, with two listing it as their highest (Broward and South Florida). Considering that Broward and Miami-Dade counties have some of the most expensive home prices and rents, in addition to shortages, the Managing Entities serving those areas see the greatest need. In its needs assessment, South Florida reported serving 1807 homeless individuals during FY 2021-2022.

South Florida's proposed strategies for utilizing additional funding is to improve collaboration with community partners and provide residential services to individuals who demonstrate the ability to benefit from supported housing. The goal is for these new community partnerships, primarily with local homeless coalitions, to help access supportive housing services and find affordable residences. South Florida aims to achieve this by implementing residential levels III and IV services that will serve 250 adults. The total funding request for this area is $1,455,000.00.

Broward and Lutheran are seeking to address homelessness through improved care/housing coordination. Currently, Broward is already implementing these services, but is requesting an additional $2,650,000.00 to establish care/housing coordination teams and provide vouchers that will serve 210 adults. The Managing Entity proposes creating teams that consist of two care coordination managers, two peer support specialists, and one housing/benefits coordinator. These teams will aid individuals who are homeless or at-risk of homelessness with navigating levels of care and addressing any barriers to sustainable housing. In addition, Broward is planning to use the remaining funds on family/peer navigators to further help those contending with these challenges.

Similar to Broward, Lutheran is also seeking to expand care/housing coordination. This proposal serves as a strategy to prevent homelessness, seeking to serve individuals who have had three acute inpatient admissions in 180 days or are about to be discharged from a state mental hospital. To implement, Lutheran proposes to add two housing coordinators (each oversees multiple circuits) and two housing resource development specialists. These staff, along with a data manager, will identify individuals that can benefit from housing coordination services that will include assessing needs, linking to appropriate supports, shared decision making, and providing vouchers to aid with initial expenses. For its entire care coordination plan, Lutheran aims to assist 1,053 individuals in Northeast Florida and requests $3,582,600.00 ($1,742,000.00 is tied to housing).

Unlike the other Managing Entities seeking to build community partnerships and provide housing coordination, CFBHN is requesting $750,000 to increase housing vouchers in Hillsborough County, an area that has an increased number of individuals contending with mental illness and substance abuse who face challenges in securing sustainable housing. Considering that this Managing Entity oversees the regions most affected by Hurricane Ian, sustainable housing for this vulnerable population will likely be a challenge in the forthcoming fiscal years, although the extent of that challenge remains unknown. For its current goals, CFBHN aims to serve 272 individuals and requests $750,000.00.[2]

These identified priorities directly correspond to the Department's goals of addressing the affordable housing crisis and preventing intensive behavioral health services, as well as recidivism. By providing

[2] CFBHN submitted its needs assessment to the Department prior to the September 28, 2022 landfall of Hurricane Ian.

eligible individuals who are homeless or at-risk of homelessness with sustainable housing, the Department can better aid them in a stable setting that will promote improved outcomes and potentially lead to stable employment.

Table 5: Florida's Managing Entities' Proposed Housing Strategies			
Managing Entity	**Housing Strategy**	**Number Served**	**Requested Amount**
Broward	Housing Coordination and Vouchers	210	$2,650,000.00
Lutheran	Housing Coordination and Vouchers	1,053	$1,742,000.00
Central Florida BHN	Vouchers	272	$750,000.00
South Florida	Community Partnerships and Residential Levels III and IV Care	250	$1,455,000.00

Care Coordination and Case Management

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

Four of the Managing Entities identify care coordination and case management as a priority and are already overseeing delivery across their regions. What they report is the need for recurring funds in addition to further appropriations to meet the demands of a growing population. Broward indicates that its providers deliver this service using block grant funds and is seeking recurring amounts through a legislative appropriation. Given that housing is this Managing Entity's highest priority, recurrent funding for care coordination will continue benefitting individuals who are homeless or at-risk of homelessness. Broward notes that up to 30,000 children and adults can benefit. In Northeast Florida, Lutheran reports that it lacks capacity to provide care coordination to all individuals who require it (455 total) and needs to expand its number. Working in alignment with housing coordinators, the 18 additional full-time employees (care coordinators and support staff) will work with the highest utilizers and link them to services that will serve to prevent inpatient admissions or commitments to a state mental hospital.

South Florida, which serves Miami-Dade and Monroe counties, identifies both care coordination and case management as two of its four priority areas. Seeking to serve 250 individuals with additional funds, this Managing Entity intends to not only reduce gaps in care and prevent readmissions but plans to use the data accumulated to inform treatment protocol development that will result in improved care coordination. Also, South Florida proposes to expand case management services to an additional 150 individuals. The Managing Entity reports that for those individuals who require long-term services and more intensive assistance than care coordination can provide, assigning them to a case manager can prevent future readmissions.

Considering that increasing or maintaining care coordination and case management lacks specific performance data, the Managing Entities propose measuring success by evaluating whether individuals receiving the services have decreased rates of admissions to acute care settings (e.g., hospitals, crisis stabilization units). This is in addition to comparing lengths of time between admissions and whether increased services reduce wait times and improve accessibility.

Care coordination and case management are not the only services available to advance the Department's goal of preventing intensive treatment. Wraparound services can also benefit families and individuals by offering care planning and support. In Orlando and its surrounding counties, Central Florida Cares reported that it lacks sufficient CAT teams to address all families that require assistance and requests funding to increase wraparound services to meet the demand. This expansion will serve approximately 47 families with minor children contending with serious emotional disturbance.

Ensuring care coordination, case management, and wraparound services for eligible individuals can have a drastic effect on improving behavioral health outcomes. Following discharge from an inpatient facility,

a person 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 can relieve pressure on inpatient facilities and improve outcomes for individuals that receive community-based care. This contributes to the Department's priorities of initiating treatment before a crisis begins and relying more on community behavioral health providers.

Table 6: Florida's Managing Entities' Proposed Care Coordination and Case Management Strategies			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
Broward	Recurring Funds for Care Coordination	30,000	$1,610,002.00
Lutheran	Expanding Care Coordination	455	$1,391,500.00
South Florida	Increase Care Coordination	250	$750,000.00
South Florida	Increase Case Management	150	$1,438,992.00
Central Florida Cares	Increase Wraparound Services	47 Families	$837,362.00
Central Florida BHN	Expanding Care Coordination	300	$1,000,000.00

Jail and Forensic Facility Diversion

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

Three of the Managing Entities have identified measures that can aid in achieving this goal. In Northeast Florida, Lutheran seeks to expand a co-responder model that pairs behavioral health providers with law enforcement to address crises on the scene and de-escalate situations. First introduced in Alachua County as a pilot in FY 2018-2019, the model consists of a team of two—one law enforcement officer and one master's level behavioral health professional. The team travels in a marked police or Sheriff's car and devotes their time responding to calls involving people contending with mental illness or substance abuse. When not in the field, the team attends high-utilizer staffing meetings. The purpose of the co-responder teams is to reduce arrests and crisis stabilization unit admissions. Lutheran reports that Alachua County wants to expand the pilot and that the Jacksonville Sheriff's Office also plans implementation. When fully executed, Lutheran estimates up to 2,000 people will benefit from this service.

Broward reports a different need in this category. Noting that its region has among the highest number of commitments to state mental health hospitals, particularly for individuals facing felony charges. What Broward proposes is to construct a secured forensic alternative center (B-FAC), specifically designed to treat those involved in the criminal justice system. The B-FAC will consist of 39 short-term residential beds, and will focus on restoring competency, teaching life skills, and preparing residents for community re-integration following release. Broward estimates that the B-FAC can serve up to 60 individuals each year and reduce the strain on state mental health hospitals that must house people deemed mentally incompetent to stand trial.

In the Panhandle and Big Bend areas, Northwest Florida seeks to employ a different strategy for reducing forensic facility admissions. Rather than establish an alternative center, this Managing Entity proposes establishing three additional FACT teams. Unlike the region's other teams, these new ones will focus exclusively on individuals involved in the criminal justice system, including those with charges for non-violent crimes or previous commitments. Because Northwest Florida administers behavioral health services across mostly rural areas where accessing providers is challenging, it plans to implement these new FACT teams in more populated areas such as Panama City, Pensacola, and Tallahassee. The goal is to divert up to 360 individuals from forensic admissions.

Another high priority is Northwest Florida's need to establish another Baker Act receiving facility in Escambia County. In November 2022, HCA-Florida West Hospital relinquished its designation, leaving just one facility to serve the area. To ameliorate this issue, Northwest Florida proposes to develop a new central receiving facility that will deliver inpatient services to approximately 794 adults and children (estimation is based on Baker Act admissions in the region between January 2022 and June 2022). With insufficient capacity, individuals requiring Baker Act admission will require transport to other facilities in Florida, straining their capacities.

Table 7: Florida's Managing Entities' Proposed Jail and Forensic Facility Diversion Strategies			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
Broward	Establish a Forensic Alternative Center	60	$3,148,709.00
Broward	Diverting Inmates to Behavioral Health Programs	800	$1,026,155.00
Lutheran	Expanding Co-Responder Teams	2,000	$2,198,144.00
Northwest Florida	Establishing 3 Additional FACT Teams	360	$3,900,000.00
Northwest Florida	Designating a Baker Act Facility for Escambia County	794	$2,500,000.00

Funding Staff Salaries and Operational Budgets

The Managing Entities have cited the rate of inflation and rapid rise in prices as major contributors affecting their ability to recruit and retain staff and support their provider networks. In addition, Amendment 2, passed during the 2020 election, mandates steady annual minimum wage increases through 2026. Florida Medicaid has also implemented a requirement where providers must pay staff a minimum of $15.00 per hour. Because of these rapid changes in the economy, four of the seven Managing Entities identified a need for increased funding to continue fulfilling their administrative responsibilities and ensuring adequate staffing and provider levels.

Table 8: Florida's Managing Entities Proposed Salary and Operational Budget Strategies

Managing Entity	Proposed Strategy	Number Served	Amount Requested
Broward	Increase Operational Function through Care Coordination	30,000 (Population includes those that will benefit from care coordination)	Tied to the $1,610,002.00 proposed for care coordination
Central Florida BHN	Increase Administrative Funds by 3.5%	Not Applicable	$1,181,659.00
Lutheran	Increase Provider Salaries	Not Applicable	$4,800,000.00
Southeast Florida	Increase Provider Salaries	Not Applicable	$1,359,017.00
Southeast Florida	Increase Operational Staff	Not Applicable	$300,000.00

Expanding Behavioral Health Services

Considering Florida's growing population, expanding the number of behavioral health providers and increasing the capacities of existing facilities is essential to meeting the state's needs. For FY 2022-2023, four Managing Entities identified this as a priority area with CFBHN identifying it as its highest. Ensuring adequate provider networks is critical to achieving the Department's goals of preventing crisis-level service utilization and allowing integration between physical and behavioral health care systems.

In its needs assessment, which CFBHN submitted prior to Hurricane Ian's landfall in September 2022, the Managing Entity indicated multiple categories requiring expansion. Because of the storm and resulting destruction, the need for behavioral health services will likely be exacerbated beyond what CFBHN has indicated, particularly in Lee, Charlotte, and Sarasota counties. Since the hurricane, the Department has worked with CFBHN to restore provider access and maintain continuity of care to the region as it rebuilds. To improve service delivery and meet rising demand, this Managing Entity reported the following categories that require expansion:

- Increase community behavioral health providers in all counties.
- Expand the availability and access to beds in short-term residential facilities in all counties.
- Add CAT teams in Lee County (Note: Hurricane Ian may have amplified this need).
- Increase funding for clubhouse and supported employment services in Hillsborough, Pasco, and Manatee counties.
- Provide community behavioral health services to individuals released from jail in Hillsborough County.
- Expand care coordination to individuals that do not qualify for FACT services, but are high need or high utilizers.

Two other Managing Entities, Broward and Central Florida Cares, also identified needing to increase access to short-term residential treatment. The former explains that expanding this service can further reduce forensic commitments, and the latter cites a shortage and having waitlists. In its Needs Assessment, Central Florida Cares notes that only one short-term residential facility is available to serve its region, and that the average number of individuals on a waiting list for a bed is 10. By having greater access to short-term residential treatment, Managing Entities can better transition people from crisis stabilization units into less-intensive care levels and reduce commitments to state mental health hospitals. Central Florida Cares reported that its short-term residential program diverted 19 individuals from commitment to a state facility.

Another Managing Entity that cited a need for increasing supported employment services is Southeast Florida. This service offers aid to individuals who are re-integrating into the community with finding suitable work and assisting them with job success. Southeast Florida reports that only a small percentage of those eligible for this service receive it and proposes expanding it via delivery through two of its clubhouse providers.

In their needs assessments, the Managing Entities identified a variety of other services requiring expansion. These ranged from increasing psychiatric services for those taking psychotropic medication (Southeast Florida) to introducing in-home supports for child welfare services (Northwest Florida). For the former, Southeast Florida reports that inadequate access to psychiatrists hinders medication management and can lead to relapses with addiction. Regarding in-home supports for child welfare

services, Northwest Florida indicates that increasing these can keep families intact and reduce out-of-home placements. Other service categories cited include school-based prevention programs (Central Florida BHN), multi-disciplinary treatment teams (Broward), and further integration of primary and behavioral health care (Southeast Florida), All serve to advance the Department's goals under SAMH.

Table 9: Florida's Managing Entities' Proposed Strategies for Expanding Behavioral Health Services			
Managing Entity	**Proposed Strategy**	**Number Served**	**Amount Requested**
Central Florida BHN	General Expansion of Behavioral Health Services	8,562	$5,625,000.00
Central Florida BHN	Increase School-Based Prevention Programs	1,210	$966,641.00
Broward	Expand Short-Term Residential Treatment Access	48	$1,889,225.00
Broward	Implement Additional Multi-Disciplinary Teams	595	$2,600,000.00
Central Florida Cares	Expand Short-Term Residential Treatment Access	10 additional beds	$1,384,664.00
Southeast Florida	Expanding Psychiatric Services	2,800	$500,000.00
Southeast Florida	Integration of Primary and Behavioral Health Care	800 children	$75,000.00
Northwest Florida	Implement In-Home Child Welfare Supports	225 families	$4,515,789.00

Attachment A

Broward Behavioral Health Coalition's FY 2022-2023 Enhancement Plan

Fiscal Year 2022-2023 Enhancement Plan Summary
Local Funding Request

Introduction

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

In this process, Broward Behavior Health Coalition (BBHC) and Broward Regional Health Planning Council gathered program data and held a series of surveys and focus groups from January through March 2022, involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. During FY 2021-2022, priorities for funding were identified via BBHC's System of Care Committee, Provider Advisory Council and Consumer Advisory Council, and various community partnership meetings such as the Department's Forensic System meeting, Baker Act and Marchman Act meetings to address gaps in implementation, meetings with the Judiciary, State Attorney and Public Defenders, and BBHC's Quarterly Provider Network Meeting.

BBHC solicited feedback from its network of providers regarding the services provided by the BBHC network via BBHC's Provider Advisory Council, the Clinical Quality Improvement (CQI) Committee, BBHC's Quarterly Provider Network Meeting, the Department's Forensic System Meeting, and Baker Act and Marchman Act meetings. Additionally, BBHC solicited feedback from the network's Recovery Oriented System of Care Committee, and through meetings with the Judiciary, State Attorney, and Public Defender offices. All stakeholders were asked to complete an online survey to assess their knowledge of the availability of services within the community and their awareness and use of the 2-1-1 resource, as well as to identify barriers consumers have encountered when accessing services.

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. There is a need for the implementation of the Stepping Up Initiative, a robust jail diversion program. These services will enhance BBHC's system of care to expeditiously identify, screen, engage, stabilize, and discharge these individuals from the jail to the community with appropriate levels of care and supports.

Overall, the COVID-19 pandemic has severely impacted the way of life and the provision of behavioral health services. We are still experiencing the effects of the pandemic and the State anticipates that this situation will continue to impact Florida through FY 2022-2023. This crisis has resulted in financial uncertainty, job loss, anxiety, and depression caused by the isolation and the loss of lives due to COVID-19, which has 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 has experienced a lack of access to Civil State Hospital beds due to forensic step-down, 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 young children and parents in the community.

Priority 1: Housing and Care Coordination Teams, and Family/Peer Navigator
Funding request: $2,650,000

The Legislature restored funding for the Housing and Care Coordination at the ME and providers level with the $126 million appropriation. However, $21 million of this funding is held back that should be funded recurrently for this very needed service. The recurrent funding must be released to be able to sustain the benefits attained through these interventions. 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 in 2016.

BBHC will fund 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 210 individuals.

The need for funding in Broward County is as followed:

- Care Coordination/Housing Teams (CCHT) at the provider level - $1,050,000, (three teams will serve 210 high utilizer individuals per year @ $350,000/per team).
- Voucher Funding for 210 individuals participating in CCHT- $1,000,000.

- Family Peer Navigators will be able to serve 300 families, depending on support needed - $600,000.

Priority 2: Ensure Recurrent funding for Housing/Care Coordination and the Operational Integrity of the Managing Entity
Funding request: $1,610,002

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. Of these funds, $21 million is being held back by the legislative staff. BBHC has identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level. BBHC's Care Coordinator Managers and Housing Coordinator facilitates the Care Coordination/Housing Initiative on a systems level, ensuring the teams have direct access to available resources.

Funds are also needed to maintain the sustainability of the ME's recurring funds. Currently, there is a shortage of funding in our ME recurring Operational Budget.

The Road to Recovery provided non-recurrent funding to MEs to for Care Coordination oversight. The Supplemental Block Grant funds are currently funding this initiative. We are requesting recurrent funding to support this important service. Losing this capacity will cause a lack of coordinated effort that will result in longer State Hospital stays, an increase in emergency room visits, an increase in crisis stabilization services, and substance abuse detoxification admissions resulting in increased readmissions to higher levels of care. This will negatively impact the current efforts to support integration and prevention.

Number of individuals to be served:
Service oversight for 30,000 individuals, including adults, youth, children, and families.

Priority 3: Broward Forensic Alternative Center
Funding Request: $3,148,709

Broward County has the highest number of commitments to State Mental Health Treatment Facilities in Florida. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities, but an available locked and secure facility is needed. 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 60 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 settings 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: 60

Priority 4. Fund Priority of Effort for Stepping-Up Initiative for Jail Diversion
Funding Request: $1,026,155

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

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

Number of individuals to be served:
Approximately 800 individuals are expected to be served.

Priority 5: Develop and Implement a plan for Zero Suicide Initiative
Funding request: $2,100,000

Broward County has been experiencing elevated levels of suicide during the past years. Broward Behavioral Health Coalition, Inc. (BBHC) identified this as an issue through a review of the Broward County Medical Examiner's Data on death by suicide. BBHC's Continuous Quality Improvement committee began a system-wide address regarding the issue of suicide screening throughout treatment, not only upon admission, as is currently suggested by best practice models. BBHC intends to use the Zero Suicide framework as a guide for implementation.

A multiagency group representing Broward County community stakeholders attended the American Suicidology Conference in Denver, Colorado to bring back best practice knowledge for suicide prevention, intervention, and postvention/treatment. This learning experience led to the creation of the Broward Suicide Prevention Coalition. The coalition developed an action plan that includes the formations of six (6) workgroups that meet regularly to continue progressing their goals.

The goals will be:

1. Continue implementation of the County-wide Suicide Prevention Action Plan.
2. Continue to provide system-wide capacity building.
3. Continue implementation and sustainability of services and 988 initiatives.

4. Continue continuous quality improvement to ensure fidelity to the EBP selected,

Number of individuals to be served:
At the community level: 750,000-1,000,000
At the provider level: 60 providers
At the individual/family level: 60 individuals
The number of individuals served will be determined by the recommendations in the County-wide Suicide Prevention Plan

Priority 6: Multi-Disciplinary Treatment (MDT) Teams
Funding Request: $2,600,000

Specific services to be provided will increase immediate access to substance use and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting, education, transportation assistance, and peer support. Funding will also assist with expenses such as security deposits for housing, and expenses related to obtaining employment. This will assist individuals in addressing their complex needs, achieve their identified goals on a long-term basis, and lead to self-sufficiency.

Number of individuals to be served:
The multi-disciplinary teams are as follows:

- **Additional Baby CAT Team to serve 35-45 children and their families per team- $750,000 (Children).**
- **Additional MRT Team to serve 450 individuals - $1,000,000.**
- **FACT Team to serve 100 adults - $850,000 ($510,000 based on a 40/60 split and $340,000 for incidentals).**

Priority 7. Fund Priority of Effort for Continuation of Short-term Residential Treatment Services
Funding request: $1,889,225

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

Number of individuals to be served:
12 SRT Beds to serve 48 individuals

Attachment B

Lutheran Services of Florida Heath Systems
FY 2022-2023 Enhancement Plan

LSF Health Systems (LSF) Fiscal Year (FY) 2022-2023 Enhancement Plan

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

1. **Process by Which Priority was Determined**

   In FY 2021-2022 (April and May 2022), we conducted a regionwide, triennial needs assessment among providers' internal and external stakeholders (e.g., administration, staff, clients). The chief executive officer (CEO) of the Managing Entity, *Central Florida Cares,* developed and implemented the triennial needs assessment process. In cooperation with this process, we distributed quantitative surveys and conducted qualitative focus group virtually and in person. The final report has been released; however, due to the urgency of the staffing crisis in behavioral health we decided to include workforce recruitment, retention, and program sustainability as a priority. We discuss the results in the *Problem Funding Will Address* section.

   Additionally, we conducted a salary study of more than 5,000 substance abuse and mental health (SAMH) related positions among 95 percent (61/64) of our providers. Salary data for three of the providers was not available at the time of the salary study. To determine position types and local salaries, we utilized the 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 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, 2022). If multiple sources were available, we calculated the average market rate salary. Finally, we created a salary dashboard within which we extrapolated data from 61 providers to 64 providers (please refer to the file: *LSF SAMH Provider Salary Study FY 2021-2022* for details).

a. Problem Funding Will Address

Among the findings was the emergence of a regionwide challenge in recruiting and retaining a consistent clinical and non-clinical workforce sufficient to provide some contracted services, as expected. Review of quantitative performance measures (e.g., Template 11) revealed COVID influenced data skewed the historical data trends downward (Munyon, 2022). Additionally, we hypothesized the increased counts of persons served in FY 2021-2022 may reflect COVID rebound data corrections (Munyon, 2022), but may also be muted due to workforce retention challenges. Qualitative interviews revealed that insufficient salary was part of the workforce challenge. 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 seldom had established a written succession plan for vacated positions of key personnel.

Recognizing workforce recruitment and retention as a top need among providers, and 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 percent difference between the service providers' average starting salaries and the average market salaries for each position. The definition of "market" for the purpose of 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. Across all positions the average starting salaries were found to be 12 – 22 percent below the market rate. We illustrate the salary compensation challenge in Table 1 and Figure 1.

Position	Average Local Starting Salary	Average Market Starting Salary	Difference in Average Local and Market Salaries	Percent Difference in Average Local and Market Salaries
Licensed Physicians	$205,048.11	$240,794.10	$(35,745.99)	-15%
Licensed Clinician	$47,808.46	$57,731.11	$(9,922.65)	-17%
Masters Level Clinicians	$41,281.90	$51,589.88	$(10,307.98)	-20%

Case Managers Bachelors Level	$36,636.53	$44,259.84	$(7,623.31)	-17%
Advanced Registered Nurse Practitioner	$103,540.18	$118,022.82	$(14,482.64)	-12%
Registered Nurses	$55,743.11	$71,055.09	$(15,311.97)	-22%
Licensed Practical Nurses	$43,921.20	$49,409.88	$(5,488.68)	-11%
Behavioral Health Technicians	$27,396.77	$34,462.50	$(7,065.73)	-21%
Peers	$31,116.93	$35,496.27	$(4,379.34)	-12%
Support Staff	$31,844.88	$39,575.25	$(7,730.37)	-20%

Table 1. Comparison of LSF providers' average starting salary and market starting salary across 10 positions.

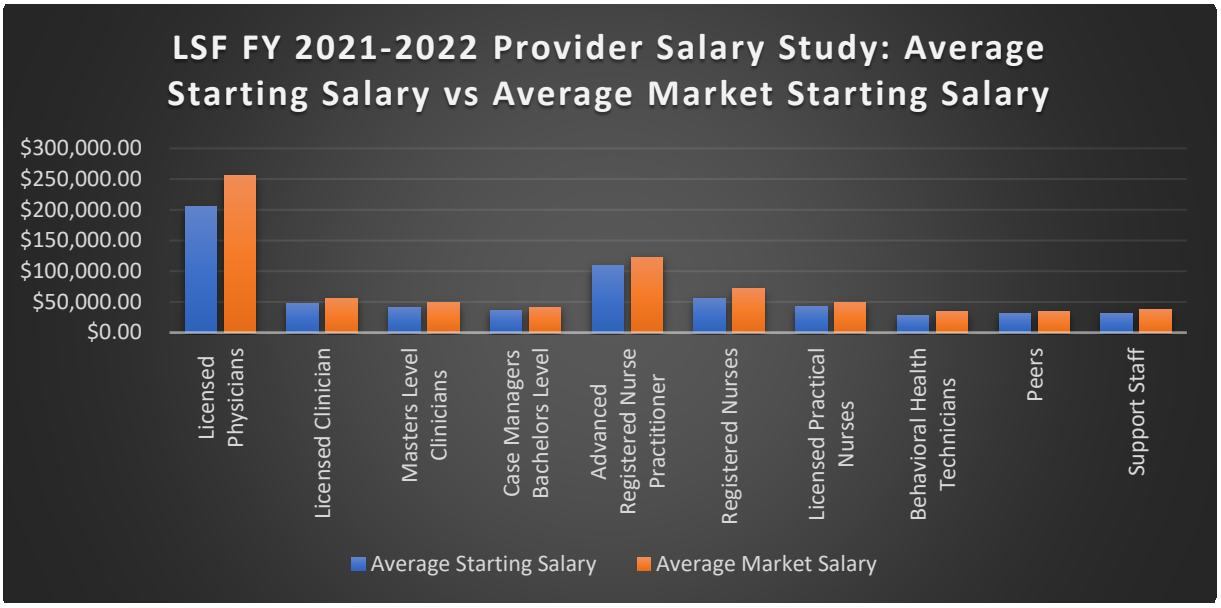


Figure 1. Comparison of LSF providers' average starting salary and market starting salary.

In this section, we discuss two strategies and related implementation steps. Table 2 includes data related to: (a) target population, (b) counties served, and (c) individuals served. We reported expended or proposed state funds within each strategy subsection.

Data Point	Description
Target Population	Direct: Individuals within LSF providers in the Northeast Region (NER) who currently fill (or will potentially fill) the 10 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 providers in the NER who currently fill (or will potentially fill) the 10 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).

Table 2. Target population, counties served, persons served.

Strategy 1: Organizational Evaluation

We have provided access to operational and financial strategic assessments and plans. For each provider, the MTM Consulting Group will review providers' applicable documents (e.g., policies, procedures, budget, salaries and compensation plans, performance evaluations, supervision models). Among the analyses that MTM will conduct with each provider are organizational, SWOT, environmental scan, and internal analysis. Using insights gleaned from the findings, MTM will produce for each provider individualized key performance indicators that will guide them to successfully achieve set goals, including recruitment and retention of qualified candidates for the positions discussed in this enhancement plan. Additional information about the MTM evaluations is available upon request.

Strategy 2: Compensation Support

In FY 2022-2023, we propose providers increase funding to all 10 positions to at least meet market rates. As we do not have the funding to support this proposal, we request the Department of Children and Families provide additional recurring funding to begin in FY 2022-2023. We will use the additional recurring funding to decrease the gap between current salaries and market rates per positions outlined in this enhancement plan. Nearly all providers operate

from various funding sources. As such, SAMH funding accounts for a varying percentage of each providers' budget, and, by extension, salaries. If the Department of Children and Families awards additional recurring funding, we will calculate, by provider, the percent of SAMH funding that supports salaries to determine each provider's allocation.

Proposed State Funds (FY 2022-2023): $4,800,000.00

Strategy 3: Recruitment, Retention, and Sustainability of Programs

In FY 2022-2023, 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 developed in collaboration with MTM. Ongoing reviews will be conducted to identify best practices for workforce development to ensure successful retainment of staffing capacity.

Expected Beneficial Results with Documented Performance Plan

In Table 3, 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.

Performance Outcome Measure	Evidence Methodology	LSF POM Lead
Increased salary	Comparison of FY 2021-2022 and FY 2022-2023 salaries per position via the annual salary survey	LSF Director of Data Analytics
Decreased hiring time	Comparison of post-to-fill rate of time between FY2021-2022 and FY 2022-2023	LSF Director of Data Analytics
Increased retention time	Comparison of retention rate of FY 2021-2022 and FY 2022-2023 between dates of hire and pre-determined time periods	LSF Director of Data Analytics
Return on investment	Enhancement Plan ROI Analysis	LSF AVP Network Management

Table 3. FY 2022-2023 Enhancement Plan Performance Outcome Measure

Local Funding Request 2: Care Coordination/Housing Coordination

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 Senate Bill 12 (2016), LSF Health Systems (LSFHS) completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing, and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSFHS Needs Assessment also included surveys of consumers, providers, and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with Department of Children and Families (DCF), Community Based Care Lead Agencies (Lead Agencies) and the Managing Entity (ME). The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

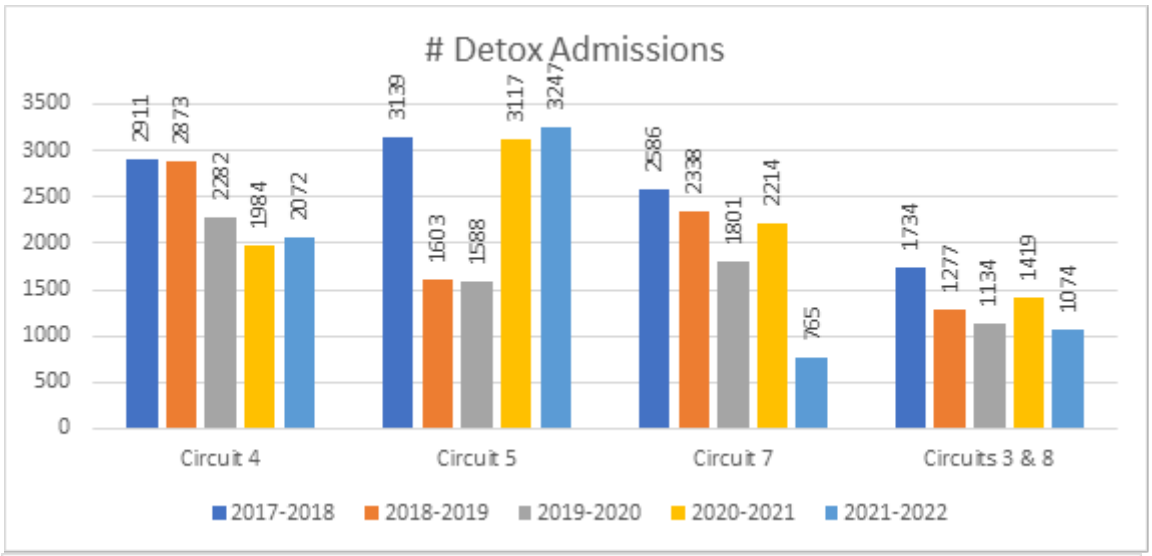
Beginning in March 2020, COVID-19 and its variants had a significant impact on the System of Care. Acute Care and Residential Treatment Facilities accommodated increased social distance and enhanced screening, which resulted in reduced capacity during peak periods of infections outbreak. In addition, State Mental Health Treatment Facilities closed to new admissions for extended periods. Though the System of Care has seen an increase in its service capacity over the past 12 months, it falls short of pre-pandemic levels due to continued challenges, such as staffing shortages. With increased interest rates, and high unemployment, safe, affordable housing has been in short supply. Community based care coordination, as well as safe, affordable housing are crucial factors to prevent deep end acute services.

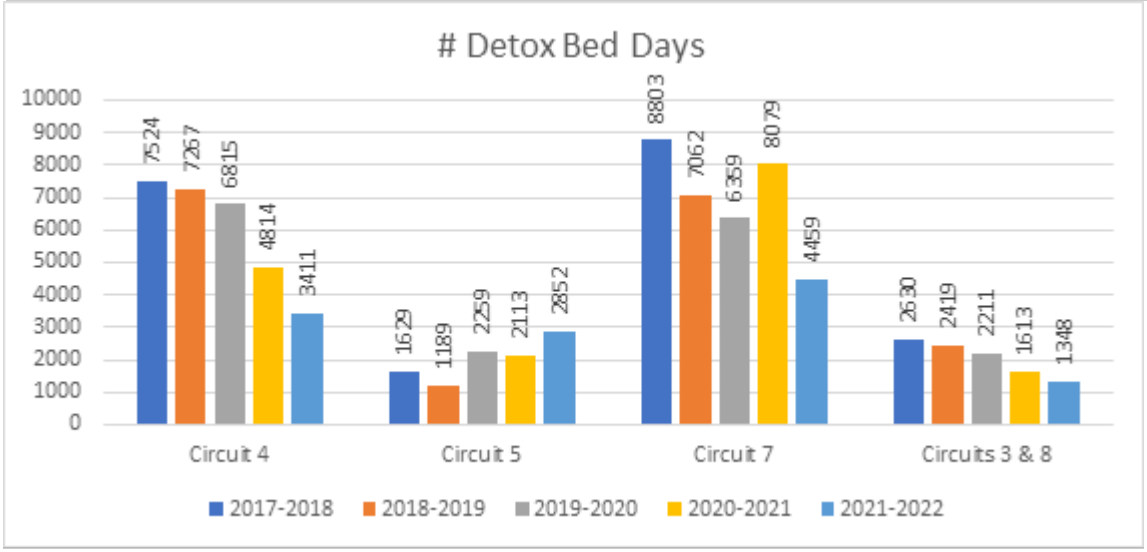
2. Please describe

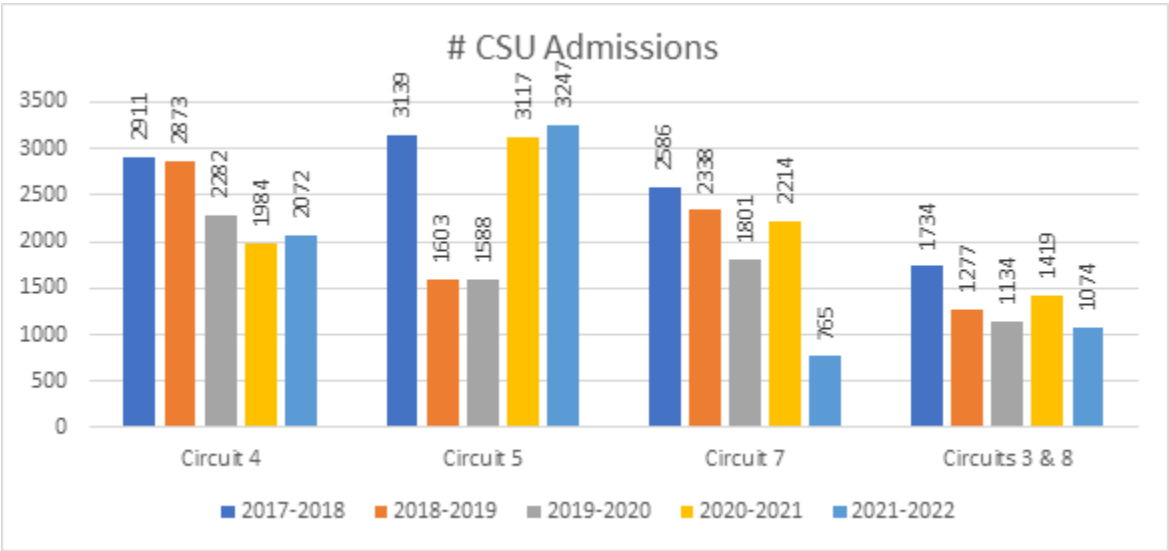
a. the problem or unmet need that this funding will address

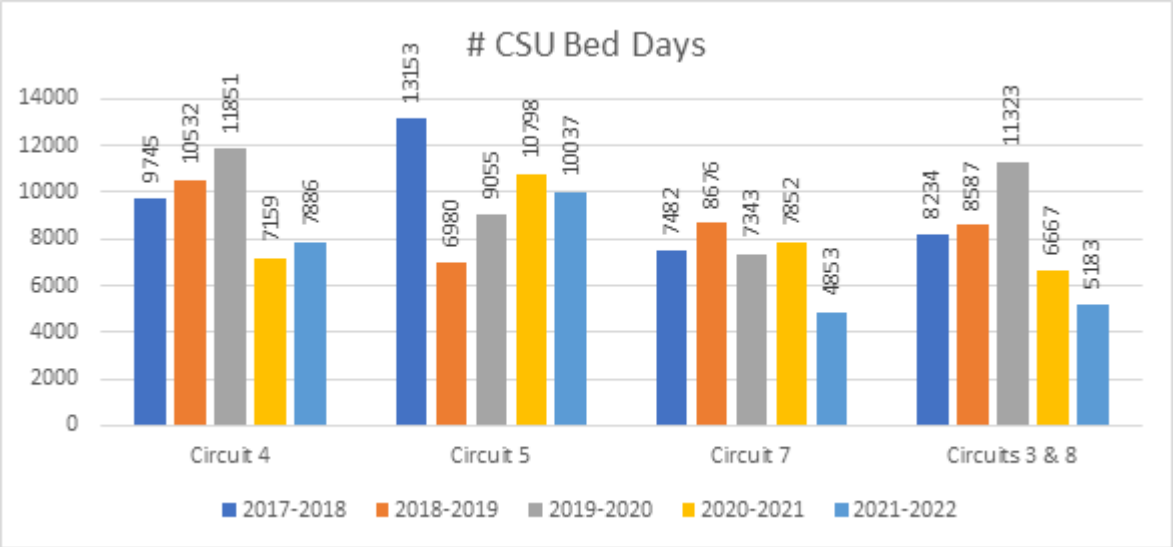
In order for our system to function effectively and efficiently, a coordinated effort to connect high risk, high need individuals to appropriate services is critical. Absent this coordination, individuals with a serious mental illness, substance use disorder or co-occurring disorders are prone to cycle 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. 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.

The following is data for acute care utilization for FY 2017-2018, FY 2018-2019, FY 2019-2020, FY 2020-2021, and FY 2021-2022.


Detox Admissions
3500
3000
2500
2000
1500
1000
500
0
2911
2873
2282
1984
2072
3139
1603
1588
3117
3247
2586
2338
1801
2214
765
1734
1277
1134
1419
1074
Circuit 4
Circuit 5
Circuit 7
Circuits 3 & 8
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022


Detox Bed Days
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
7524
7267
6815
4814
3411
1629
1189
2259
2113
2852
8803
7062
6359
8079
4459
2630
2419
2211
1613
1348
Circuit 4
Circuit 5
Circuit 7
Circuits 3 & 8
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022


CSU Admissions
3500
3000
2500
2000
1500
1000
500
0
2911
2873
2282
1984
2072
3139
1603
1588
3117
3247
2586
2338
1801
2214
765
1734
1277
1134
1419
1074
Circuit 4
Circuit 5
Circuit 7
Circuits 3 & 8
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022



Safe, stable housing is a critical piece of 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 wrap around supportive services for people experiencing homelessness, as well as other people with disabilities" (United States Interagency Council on Homelessness, 2016). DCF Priority of Effort (POE) data indicates insufficient community housing options as 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. Data from FY 2018-2019 indicates annual service costs can be as much as 50 percent less for housed vs unhoused individuals.

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. In order to obtain full benefit of 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. In order 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 for each Judicial Circuit and a single Care Coordinator for the State Hospital population. The LSFHS 23 catchment area requires 5 care coordinators, one each for Circuit 4, Circuit 5, Circuit 7, Circuits 3/8 and the State Hospital care coordinator. The current funding for Care Coordination and Housing Coordination at the ME level is non-recurring, putting in jeopardy the ability of the ME to continue to manage this critical process.

At the provider level, there are 10 providers who serve the majority of 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.
- 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 a number of 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 FY 2019-2020, 2020-2021, and 2021-2022 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 a large number of 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 15 people, with an average length of service of three months, one care coordinator can serve 60 individuals in a 12-month period.

Data for the LSFHS service area identifies 455 (see chart below) individuals in FY 2022-2023 that meet the criteria, taking into account areas with significant geography, the need for care coordinators at the provider level is 18 FTEs.

Provider Name	Circuit	Eligible CSU HUs	Eligible Detox HUs	Total Eligible HUs	Total Enrolled HUs
Baycare Behavioral Health	7	23	37	58	0

Epic Community Services	7	n/a	12	12	1
Flagler Hospital	7	15	n/a	15	3
Gateway Community Services	4	n/a	32	32	3
Halifax Hospital Medical Center	7	0	n/a	0	0
Lifestream Behavioral Center	5	52	5	55	7
Mental Health Resource Center	4	103	n/a	103	21
Meridian Behavioral Healthcare	3 & 8	58	18	71	4
Park Place Beh. Health	5	n/a	13	13	0
SMA Healthcare – Volusia County	7	41	55	84	19
SMA Healthcare – Marion County	5	50	19	60	8
Total		***326***	***176***	***455***	***61***

LSFHS has implemented a robust housing coordination initiative. The FY 2020-2021 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.

Individuals Housed

Housing Care Coordinator and Mental Health Court Outcomes	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019	FY 2017-2018
Number of people housed through Housing Care Coordination	109	101	265	158	75
Number of people housed by Marion County Mental Health Court Housing Care Coordinator	44	31	36	33	N/A
Number of people assisted / housed - Hernando County Drug Court	36	0	3	N/A	N/A
Number of people assisted / housed - SOR	239	22	27	N/A	N/A

PATH Outcomes	FY 2021-2022	FY 2020-2021
MHRC – C4	17	80
SMA – C7	12	43
UWSV – C3	4	59
Meridian – C8	33	12
Mid Florida – C5	17	36
Number of total people housed	83	176

Strengthen the Continuum of Care and Housing Provider Network

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

Trainings Provided	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019	FY 2017-2018
Number of people trained in **SOAR/ SSI/SSDI Simple 6**	89	24	9	14	74
Number of people trained in **Motivational Interviewing**	128	N/A	N/A	194	359
Number of people trained in **SPDAT/VI-SPDAT**	N/A	24	8	40	14

Number of people trained **LMH/ALF**	27	27	35	N/A	N/A
Number of people training in **Case Management**	39	N/A	N/A	N/A	N/A

SOAR Outcomes	FY 2021-2022*	FY 2020-2021	FY 2019-2020	FY 2018-2019
Number of approvals for SSI/SSDI (Initial and Recon)	73	85	91	107
Total Applications Submitted	113	170	140	163
Percent approval rate for SSI/SSDI	65%	54%	65%	65%
Average Days to Decision (Initial)	166	143	100	72
Total Collected in Retroactive Payments	$186,362	$183,354	$153,830	$155,767

*- Data for FY 2021-2022 is currently under review.

The proposed model to meet needs is community based following judicial circuits, and includes Two Housing Care Coordinators—one Housing Care Coordinator for Circuits 3, 5 and 8, 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 inclusion best practice.

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, 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, improve their ability to be self-sufficient, and reduce 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, and 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)

- Assessing needs, actively engaging with consumer and natural supports, sharing decision making, linking with appropriate services and supports, facilitating successful application for benefits through the SOAR model, and monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider).

- Housing Vouchers: By utilizing flexible vouchers similar to the Community Transition Voucher program underway in the LSFHS Region, providers would have the capacity to offer housing subsidies and support for related housing expenses to place individuals with serious SA and/or MH disorders in stable housing as quickly as possible. The vouchers may also be used to cover incidental expenses such as medications not covered by third party payers. Priority for the vouchers will be given to those individuals who are being discharged from state hospitals, jails, or prisons. Any remaining funds will be made available to SAMH consumers in the region in need of support to maintain housing stability and avoid repeat hospitalizations. Increased availability of flexible resources through transitional vouchers will enable the system to expand the reach of care coordination and housing coordination to be more proactive, reaching high risk, high need individuals sooner to reduce recidivism rates and improve quality of life outcomes.

c. Target population to be served:

- Adults with 3 or more acute care admissions within 180 days or acute care admissions that last 16 days or longer.

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

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

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

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

e. Number of individuals to be served

1,063

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.

See attached excel workbook - budget tab.

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

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

- Improved overall health, well-being and quality of life for individuals with SMI, SUD, or co-occurring conditions through improved engagement, coordination of assessment, and linking to needed services and supports.

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

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

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

   - Percent of 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. Behavioral Health/Law Enforcement Co-Responder Teams

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 Senate Bill 12 (2016), LSF Health Systems (LSFHS) completed the triennial needs assessment in October 2019. Generally, the health of a community is measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex determinants of health, the Behavioral Health Needs Assessment was driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. Data collected and analyzed included social determinants of health, community health status, and health system assessment. Social determinants of health included socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, unemployment rates, housing, and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care

expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

In addition to the extensive review of secondary data, the LSF Health Systems Needs Assessment also included surveys of consumers, providers, and stakeholders as well as focus groups in each Circuit. The data collected through these processes as well as LSFHS service utilization data were analyzed for trends and community priorities.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area, including, but not limited to, Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings, and collaborative meetings with DCF, CBC Lead Agencies, and the Managing Entity (ME). The needs assessment was also informed by the Prevention Needs Assessment, conducted by our partner Community Coalition Alliance.

Beginning in March 2020, COVID-19 and its variants had a significant impact on the System of Care. Acute Care and Residential Treatment Facilities accommodated increased social distance and enhanced screening, which resulted in reduced capacity during peak periods of infection outbreaks. In addition, State Mental Health Treatment Facilities closed to new admissions for an extended period. Though the System of Care has seen an increase in its service capacity over the past 12 months, it falls short of pre-pandemic levels due to continued challenges, such as staffing shortages. This highlights the need for Co-Responder and other community-based programs to provide early intervention and divert from deep end services and hospitalization.

2. Please describe:

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

A call to law enforcement is often the community response to individuals experiencing a behavioral health crisis due to mental health, substance abuse, or co-occurring conditions. These calls frequently result in involuntary admission to the Crisis Unit or jail when there are no other suitable community responses available. Beginning in November 2016, the Gainesville Police Department and Meridian piloted a small scale co-responder team that worked up to 4 hours per week in the Grace and Dignity Village homeless shelter, specifically in the area known locally as “tent city.” The team utilized a community engagement model, interviewing residents and developing rapport, using a questionnaire to help gather information to inform expansion of the pilot. The team interviewed 77 individuals of whom 33.7 percent stated they suffered from mental illness or had been diagnosed with a mental illness. This information was volunteered and not expressly asked in the questionnaire. Of the individuals interviewed, 35 percent

had been arrested by the Gainesville Police Department in the last five years. An additional 41.6 percent had other contact with the Gainesville Police Department.

In FY 2018-2019, through funding by a Gainesville Police Department and LSF Health Systems/DCF, a pilot was funded, which consisted of a team of a CIT trained officer and master's level mental health clinician to partner as a team to respond to calls for service involving persons with mental illness, a mental health crisis, and emotionally charged situations. The team will address issues at the Intercept 0 and Intercept 1 points in the Sequential Intercept Model, focusing on individuals identified as high utilizers of crisis stabilization units, emergency rooms and the Alachua County Jail, intervening in a proactive and preventive manner, either before a situation becomes a crisis or at the earliest stage of system involvement, thereby increasing jail diversion and crisis unit admissions. The team freed up other law enforcement officers to focus on more traditional police concerns. In FY 2019-2020, the team continued to be funded and funds were added to expand the pilot with a team housed with Alachua County Sheriff's Department. In FY 2019-2020, a team was funded with Mental Health Resource Center to partner with Jacksonville Sheriff's Office. Unfortunately, COVID-19 delayed implementation, but, beginning in FY 2020-2021, the team is functioning and producing fantastic results.

The attached infographic provided by Meridian highlight the most recent outcomes. Several communities have expressed interest in implementing a co-responder program and Alachua County would like to expand their program to build on their success.

b. The proposed strategy and specific services to be provided

The Co-Responder model includes two full time employees: a CIT trained officer and a master's level mental health clinician. The team rides together in a marked police vehicle and responds to calls for service involving persons with mental illness, a mental health crisis, substance use, and emotionally charged situations. 70 percent of the team's time is spent responding to calls in the community and conducting follow up visits as appropriate. The remaining 30 percent of the time is dedicated to leading and facilitating high utilizer case staffings, which include numerous multi-disciplinary community providers who have agreed to collaborate on solutions for individuals who are high utilizers of the criminal justice and behavioral health systems.

c. Target population to be served:

Individuals involved in law enforcement calls for service related to mental health and/or substance use

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

   Alachua, Clay, Duval, Volusia/Flagler

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

   2,000

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.**

   See attached excel workbook - budget tab

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

   Better coordination of care for individuals who have frequent interactions with law enforcement due to behavioral health conditions, resulting in fewer repeat calls, earlier engagement in services, reduced expense for jail days and crisis unit admissions.

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

   - Number of diversions from acute care and criminal justice systems.
   - Number of repeat calls.
   - Percent of individuals engaged in services.
   - System cost savings.

References

Holtom, B., Baruch, Y., Aguinis, H., Ballinger, G. A. (2022). Survey response rates: Trends and a validity assessment framework. *Journal of Human Relations, 75*(8), 1560-1584.

Munyon, M. D. (2022, August 25). *LSF Health Systems Performance Measure Predictions for FY.2022-2023* [Regional Presentation]. DCF-LSF Monthly Meeting August 2022, LSF Health Systems, Jacksonville, FL, United States.

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Attachment C

Southeast Florida Behavioral Health Network
FY 2022-2023 Enhancement Plan

Enhancement Plan Evaluation 2022/23
Southeast Florida Behavioral Health Network

Introduction

As a result of Senate Bill 12, passed in 2016, Florida Statutes 394, related to Managing Entity Duties, was amended to include the development of annual Enhancement Plans. These plans are to identify three to five priority needs in the network service area and strategies for implementation of identified needs. The priorities identified in the Enhancement Plans have been informed by the Triennial Needs Assessment that Managing Entities are also required to submit. The following serves as an evaluation of Southeast Florida Behavioral Health Network's (SEFBHN) Enhancement Plan for Fiscal Year 2022-2023.

As in the previously submitted Enhancement Plans, the current plan supports SEFBHN's philosophy for a seamless, accessible, recovery-oriented system of behavioral health care. This is accomplished by ensuring that a full array of prevention and treatment practices are available within their five-county network comprised of two circuits, Circuit 15 and Circuit 19, that cover Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. SEFBHN's contracted network of service providers includes forty-six (46) private and non-profit service agencies that offer a wide variety of science and evidence-based mental health and substance use disorder treatment services.

SEFBHN contracted with the Health Council of Southeast Florida, as well as partnered with the other Managing Entities, to conduct the most recent Triennial Needs Assessment, the first part of which was submitted in June 2022, and a final report to be submitted on or before October 1, 2022. The Needs Assessment for Southeast Florida Behavioral Health Network represents the results of qualitative and quantitative data collected across the five-county regional area from a variety of sources, providers, systems, and stakeholders. The 2022 Triennial Needs Assessment included focus groups, key stakeholder interviews, provider and consumer surveys, and the analysis of key data points. Additionally, a Cultural Health Disparities Survey was completed in June 2022. The Cultural Health Disparities Survey examined socially vulnerable areas of the region, as pre-identified by the Centers for Disease Control utilizing the CDC/ATSDR Social Vulnerability Index (SVI). Areas of the region with socially vulnerable populations were extensively surveyed and twenty-two (22) focus groups were held to identify opportunities, areas of strength and community feedback regarding the behavioral health system. The synthesis of all this information helped to identify the priority areas of focus that identified below. While some are enduring priorities that serve to maintain individuals within the community, such as supportive employment and expansion of medication management. There are also some emerging priorities recently highlighted by the ongoing COVID 19 pandemic, including workforce stabilization, and increased administrative funding for the Managing Entity budget.

Priority 1: Provider Stabilization for Core Outpatient Mental Health Services
Funding Request: $ 1,359,017.00

1. **Please describe:**
    a. **The problem or unmet need that this funding will address**
    As a result of the COVID 19 pandemic, provider agencies in Circuits 15 and 19 have reported a sustained and ongoing shortage throughout the behavioral health workforce. To be able to retain an engaged, educated workforce of behavioral health professionals who can deliver efficient and quality services, it is imperative for providers to increase salaries and wages, benefits (fringe and otherwise) and support recruitment efforts through a "*behavioral health employment pipeline*" in partnership with local businesses and schools. Additionally, the costs of operating have increased over time, specifically for residential and pharmaceutical services. Increased support for both staff employment and rising operating costs will allow SEFBHN provider agencies to continue to provide needed and beneficial behavioral health care services throughout the region.

    b. **The proposed strategy and specific services to be provided**
    To help providers maintain current operations and enhance their behavioral health workforce, SEFBHN will provide funding to specifically support provider stabilization and maintain the current operational capacity of core outpatient mental health services for adults and children. This funding will be braided into existing resources to equitably address increased operating costs associated with staff recruitment and retention, minimum wage increases, and increases in pharmaceutical and other related operating costs associated with outpatient client care.

    c. **Target population to be served**
        - Highly trained and skilled behavioral health professionals at SEFBHN Provider agencies.
        - Children and Adult Mental Health.

    d. **County(ies) to be served (County is defined as county of residence of service recipients)**
    Palm Beach, Indian River, Martin, Okeechobee, and St Lucie.

    e. **Number of individuals to be served**
    The entire universe of individuals served by the SEFBHN Provider Network that is met with the provider stabilization funds for core outpatient mental health services.

2. **Please describe in detail the action steps to implement the strategy**
    a. SEFBHN will help providers to identify and implement appropriate wage and salary increases across the behavioral health workforce.

b. Provide assistance and guidance to providers regarding staff recruitment efforts.
c. Require provider agency efforts to implement staff retention and employee assistance programs within their staff through Service Delivery Narratives.
d. Establishment of a regional "behavioral health pipeline" of employment by partnering with local high schools, colleges, and businesses to ensure sustainability of staff and to attract individuals to the field.
e. Support provider agencies in identifying increases in operating costs.

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.**
   Funding Request: $1,359,017.00 – This funding is based on a projected average of 15 percent increase over individual providers' currently documented operating costs.

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
   Greater funding for workforce and provider stabilization will provide higher engagement by individuals we serve, this in turn will lead to a reduction in acute care services and shorter lengths of crisis stabilization stays. It will also lead to less turnover in provider agencies, which will increase the quality of care being provided by mental health professionals of all levels.

5. **What specific measures will be used to document performance data for the project**
   a. Reduction in number of individuals served in Crisis Stabilization Units and/or Acute Care.
   b. There will be an increase in persons served satisfaction with the services they receive.

6. **Does the region recommend this priority?** Yes

7. **Are the priorities in agreement with Department priorities?** Yes

<u>Priority 2: Expansion of Medication Management and Medical Services</u>
Funding Request: $500,000.00

1. **Please describe:**
   a. **The problem or unmet need that this funding will address**
      Psychiatric and medical services, including medication management, are a critical aspect of behavioral health services. As part of an overall treatment plan, psychotropic medications are very effective at stabilizing individuals, allowing them to remain integrated within the larger community – living independently and maintaining employment. SEFBHN's network service providers have expressed concerns that they do not have enough psychiatrists and that, due to the shortage, the increased workload makes it difficult to maintain the ones they do have on staff. This shortage was compounded by the effects of the COVID-19 pandemic in 2020 and continues to be an issue throughout the region in FY 2022-2023. To address these issues, SEFBHN has worked diligently with providers to ensure that individuals

are linked with existing or new providers for medication management in a timely fashion, but the impact of this work shortage on providers cannot be overlooked. Monitoring psychotropic medications is a fine balancing act – blood work is required; dosages may need to be adjusted or the actual medication may need to be changed. Limited access to medication management to provide the level of monitoring needed can result in decompensation and the individual may have to be admitted to a crisis stabilization unit or ultimately need longer term, more expensive and more restrictive inpatient care. These types of crises and confinements may also result in the individual losing their employment, and possibly, their housing if they are unable to pay their rent. Increased access to medication management services will allow diversion from crisis supports, where appropriate, and for individuals to receive timely and efficient services before a crisis occurs.

b. The proposed strategy and specific services to be provided

Wraparound medication management services will be provided to uninsured adults being discharged from Baker Act receiving facilities who need medication management services. Upon discharge, there is a high risk of physical self-neglect within the severely mentally ill (SMI) population, these preventative services will help mitigate the negative physical and behavioral health risks to these individuals by providing needed and timely medication management services.

c. Target population to be served

Uninsured adults being discharged from Baker Act receiving facilities.
Adult Mental Health (AMH)

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

Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

e. Number of individuals to be served

2,800 additional individuals served.

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

To expand medication management and medical services, hiring additional psychiatrists is needed and would be a huge benefit to the community. The newly hired psychiatrists would be placed at identified provider agencies across Circuits 15 and 19 to deliver services; this would involve the following:

a. SEFBHN will work with existing community mental health providers on strategies for hiring and retaining psychiatrists to Palm Beach and the Treasure Coast.
b. Network Service Providers (NSP) will hire psychiatrists
c. The NSP psychiatrists will provide additional medical and medication management services to uninsured adults who need timely services.

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.**
   Funding Request: $500,000

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
   More prevalent access to medication management services will allow the individual more time to explain their symptoms to the psychiatrist who will also have more time to accurately diagnose the individual and prescribe the most appropriate medicines at the lowest doses. The individual will be stabilized, thereby reducing the need for interim appointments and inpatient crisis stabilization placements, and the psychiatrists have more time to treat additional consumers.

5. **What specific measures will be used to document performance data for the project**
   The standard contract measures will be utilized:
   - Adults with SMI who are employed.
   - Adult with SMI who live in stable housing.
   - Adults with SMI who improve their functioning.

   SEFBHN will also monitor these consumers to determine if there is a decrease in admissions to the CSU and/or other longer term residential treatment programs.

6. **Does the region recommend this priority?** Yes

7. **Are the priorities in agreement with Department priorities?** Yes

Priority 3: Increased Administrative Funding for the Managing Entity Budget
Funding Request: $300,000.00

1. **Please describe:**
   a. **The problem or unmet need that this funding will address**
      Additional responsibilities continue to be assigned to the Managing Entity without the corresponding administrative budget needed to affectively implement and administer these programs. These additional responsibilities and initiatives include:
      - Statewide SOR funding to address the statewide Opioid Crisis.
      - Increase in General Revenue funding.
      - Increase in Mental Health Block Grant funding.
      - Additional Family Intensive Treatment Teams funding.
      - Additional Community Action Treatment Team (CAT) funding, as well as an additional CAT Team for youth ages 5-11.
      - The Recovery Oriented System of Care (ROSC) Initiative – an ongoing major paradigm shift that requires training and additional consultation with providers to implement.
      - Additional Suicide Prevention funding and initiatives.
      - Addition of new Multidisciplinary Forensic Teams to C19 and C15.

- Addition of new Mobile Response Team funding, as well as program enhancements and expansion.
- Addition of ME-level Care Coordination positions and responsibilities.

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 requires additional time during on-site contract validation reviews when completing chart reviews. The assignment of new contracts 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 Managing Entity administrative budget would help to eliminate barriers to effectively administering programs receiving both state and federal financial funding and will 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

a. SEFBHN will submits their enhancement plan identifying increase in ME Administrative Budget as a priority for FY 2022-2023.
b. Additional SEFBHN staff will provide support to network providers and manage new contracts and initiatives.
c. SEFBHN will arrange for additional trainings (ROSC, Zero Suicide, etc.) 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.

Funding Request: $300,000.00: 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 2021-2022 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 network service providers.

5. **What specific measures will be used to document performance data for the project**
   All standard outcome measures within SEFBHN's contract with DCF would apply to this priority.

6. **Does the region recommend this priority?** Yes

7. **Are the priorities in agreement with Department priorities?** Yes

Priority 4: Expansion of Supported Employment Services and Mental Health Clubhouses
Funding Request: $450,000.00

- $300,000 for operational start up and Supported Employment services provided by two (2) new Mental Health Clubhouses.
- $150,000 to restore nonrecurring Supported Employment funding in one (1) provider.

1. **Please describe:**
   a. **The problem or unmet need that this funding will address**
      Despite the strong evidence base supporting this type of intervention, recent surveys of state mental health authorities indicate that only a small percentage of adults with serious mental health disorders have access to Supported Employment programs. Supported Employment is an important intervention that can enable people with mental health disorders to succeed in finding and maintaining employment. Supported Employment focuses on achieving outcomes by matching individuals to jobs best suited for their skills, strengths, interests, and capacities, and by providing continuous support during employment. More specifically, Supported Employment uses eight guiding principles, which distinguishes it from other vocational support programs:
      - Every person who wants to work is eligible.
      - Competitive jobs are the goal.
      - Supported employment services are integrated with mental health services.
      - Personalized benefit counseling is provided (to address concerns about potential loss of health benefits and disability payments).

- The job search starts soon after a person expresses interest in working (there is no requirement of readiness other than interest).
- Employment specialists build relationships with employers (individuals receive more than employment leads).
- Individualized job supports are time unlimited (before and during employment).
- Individual preferences are honored (this effectively focuses the job search on positions that use individual's strengths and skills and that are aligned with his or her interests).

Along with other formal supports, Supported Employment can play a key role in successful recovery. Moreover, Supported Employment can be the main motivating factor for which an individual with SMI seeks treatment; individuals may not be ready to admit that they have a mental health disorder, but if they are struggling with employment, they may accept help from programs that offer Supported Employment.

b. The proposed strategy and specific services to be provided

The proposed strategy for this priority includes Supported Employment services provided by two (2) new Mental Health Clubhouses in Circuits 15 and/or 19, as well as the restoration of nonrecurring funding for Supported Employment for one (1) SEFBHN provider agency. Supported Employment services are evidence-based community employment services in an integrated work setting which provides regular contact with co-workers and/or the public.

c. Target population to be served

Adults with SMI and Co-occurring Disorders.

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

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

e. Number of individuals to be served

Three (3) providers will provide services to 1000 consumers across the network, for both Circuits 15 and 19.

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

a. The Managing Entity will identify the location and provider agency to establish two (2) new Mental Health Clubhouses in C15 and/or C19.
b. For each Mental Health Clubhouse, hire a job coach and other Supported Employment staff to provide longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment.
c. Restoring nonrecurring Supported Employment funding in one (1) provider to be able to provide supportive employment services.

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.**
   Funding Request: 450,000.00 total for Supported Employment enhancements:
   - $300,000 for operational start up and Supported Employment services provided by two (2) new Mental Health Clubhouses.
   - $150,000 to restore nonrecurring Supported Employment funding in one (1) provider.
4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
   The addition of Supported Employment, as well as the new Mental Health Clubhouses, will provide an evidence-based program to the community that assists individuals in obtaining successful employment opportunities. Supported Employment and the Mental Health Clubhouses will help to provide individuals with programs that are responsive to their preferences using a ROSC and strengths-based approach promoting choice and community integration. Additionally, studies show that Supported Employment programs play a key role in prevention and reduction of relapses, re-hospitalizations, and the use of crisis supports.

5. **What specific measures will be used to document performance data for the project**
   - Adult with SMI who are employed
   - Adult with SMI who live in stable housing
   - Reduction in number of individuals in Crisis Stabilization Units and/or Acute Care

6. **Does the region recommend this priority?** Yes

7. **Are the priorities in agreement with Department priorities?** Yes

Priority 5: House Bill 945: Primary Care and Behavioral Health Care Clinic
Funding Request: $75,000.00

1. **Please describe:**
   a. **The problem or unmet need that this funding will address**
      One of the barriers to long-term treatment and the ongoing well-being of youth and families, as identified in the House Bill 945 Steering Committee, is the lack of integration between primary care and behavioral health services. As stated in SEFBHN's final House Bill 945 Implementation Plan, many children and youth who receive services through publicly funded providers are often faced with other challenges such as little or no income, minimal access to transportation, food insecurity and limited familial or other social supports. These challenges then contribute to their ability to access a full continuum of health care services and ultimately their ability to maintain a state of wellness.

Failure to recognize and appropriately treat behavioral health conditions has a significant impact on health outcomes and costs. Youth with these diagnoses use more medical resources, are more likely to be hospitalized for medical conditions, and are readmitted to the hospital more frequently. Some of these patterns are reflected in an analysis commissioned by the American Psychiatric Association (APA) that found spending for patients with comorbid mental health or substance abuse problems is 2.5 to 3.5 times higher than for those without such problems—with most of the spending going to general medical services, not behavioral health.

Integrated primary/behavioral health care has the potential to improve health outcomes for children and families and health care delivery within practices. "Behavioral Health integration is the care that results from a practice team of primary care and behavioral health clinicians, working together with children and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population." This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

b. The proposed strategy and specific services to be provided

Understanding that this is a process that will require a great deal of planning and working with community stakeholders and providers, SEFBHN is proposing to hire a consultant with expertise in this area. The consultant would be responsible for bringing the key stakeholders together to develop a plan and the strategies needed to open a truly integrated Primary/Behavioral Health Care Clinic. This will include identification of a community within the network to locate the clinic and the budget needed to run it. While state funding would be used to support the clinic, other sources of funding, such as Medicaid and local funding, will be required also. As noted in previous submittals of SEFBHN's enhancement plans, the funding request for this fiscal year is for the consultant's fees.

c. Target population to be served

- Children Mental Health (CMH)
- Children Substance Abuse (CSA)

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

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

e. Number of individuals to be served

When implemented, 800 children will be served annually by the Primary/Behavioral Health Care Clinic.

2. **Please describe in detail the action steps to implement the strategy**
    a. SEFBHN will hire a consultant to implement the planning process.
    b. A determination of the most appropriate location within the network to pilot a fully integrated Primary Care/Behavioral Health Care Site will be made. Actions to accomplish the identification of the pilot site will include data review, board, and network providers input via a Survey Monkey.
    c. SEFBHN will conduct meetings with providers, community stakeholders, and local health department representatives to start planning process for implementation of pilot.
    d. A budget will be developed to operationalize an integrated primary care/behavioral health clinic and identify sources of needed funding.
    e. SEFBHN will apply for the additional funding based on identified needs in conjunction with the consultant.
    f. The pilot program will be operationalized.

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.**
    Funding Request: $75,000 – cost of a consultant to assist with the planning process and to create a program and budget for the Primary/Behavioral Health Care Clinic.

4. **Identify expected beneficial results and outcomes associated with addressing this unmet need.**
    A truly integrated primary/behavioral health care clinic will lead to improved care and reduced costs as health problems will be identified at earlier stages when they are less expensive to treat, and the integrated care will increase the health care provider's ability to identify the root cause of the illness.

5. **What specific measures will be used to document performance data for the project**
    - School days attended by seriously emotionally disturbed children.
    - Children with Emotional Disturbance who live in a stable housing environment.
    - Children with emotional disturbances who improve their level of functioning.

6. **Does the region recommend this priority?** Yes

7. **Are the priorities in agreement with Department priorities?** Yes

Attachment D

South Florida Behavioral Health Network
FY 2022-2023 Enhancement Plan

FY 22/23 Enhancement Plan
Local Funding Request

Process of determining unmet need

South Florida Behavioral Health Network, Inc., d.b.a., Thriving Mind South Florida (Managing Entity), is in the process of completing its FY 2022-2023 triannual needs assessment that was due on October 1, 2022. The Managing Entity 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, the HCSF set out to collect qualitative and quantitative data to aid in the analysis and recommendation for prioritization of services. The results of the needs assessment were driven by the collection of information obtained through a combination of 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 South Florida 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 is based on the latest data, six focus group results, assessment outcomes, community forums, surveys (consumer, per recovery support, no wrong door, and stakeholder), and the integration of the Managing Entity-specific data sets. Details regarding the needs assessment process and detailed results will be available in that report once published. Also, integral to determining unmet needs is the ongoing engagement between the ME, network service providers, individuals served, and other community stakeholders.

Additionally, for Fiscal Year (FY) 2022-2023, Governor DeSantis approved a $126 million increase in behavioral health funding. The allocation to our region will address many of the previously reported enhancement needs. This plan addresses additional needs that were not addressed by the increased funding allocation.

Unmet need #1: Additional funding for housing

The problem or unmet need that this funding will address:
There is still a great need for affordable housing in the Southern Region which is comprised of Miami Dade and Monroe Counties. For FY 2021-2022, a total of 1807 individuals served were homeless at the time of admission into our services. The Managing Entity has continually advocated that housing measures are difficult to meet due to our region's higher cost of living in comparison to other parts of the State. In July 2022, the median cost of a home in Miami-Dade was $564.9 thousand, which has trended up 25.6 percent year-over-year (YOY). In Monroe county, affordable housing is at a crisis level with the median price of a home being $945 thousand, up 25.9 percent since last year.

Additionally, each of our counties has unique needs: Monroe is rural, and Miami-Dade is urban. The Managing Entity 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 use of transitional vouchers.

The proposed strategy and specific services to be provided:
The Managing Entity will continue to implement its Housing Collaborative to address the housing needs in our community. The Managing Entity intends to contract for Residential Level III and IV services to provide supervised residential alternatives for those that have developed moderate functional capacity for independent living. The Managing Entity will continue to:

- Provide agencies with technical assistance in coding and meeting the State targets.
- Track agency progress towards meeting State Housing targets.
- Partner with Homeless Trust (Miami-Dade County) on innovative and new ways to offer housing to individual served who are in both the behavioral health and homeless systems.
- Develop a relationship with the Monroe Homeless CoC to identify avenues for collaboration in Monroe County.
- Outreach to other system partners, such as Veteran's Administration, LINK, and housing developers.
- Strengthen relationships with local housing provider, such as Carrfour.
- Follow-up on Housing recommendations based on SFBHN's Community 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 individual 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.
- Consultation and training to be offered to 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

- AMH who are in need of housing or are at-risk of becoming homeless.

Counties to be served:

- Miami-Dade
- Monroe

Number of individuals to be served

- 250 adults

Please describe in detail the action steps to implement the strategy

- See attached excel workbook - 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.

- $1,455,000 - See attached excel workbook - budget tab.

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

It is the goal of the Managing Entity 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 is geared towards the identification and development of 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 incremental improvements from baseline in State Housing Targets by the network.
b. Incremental decrease from baseline the number of individuals that are homeless in the system.

Unmet need #2: ME system level care-coordination

The problem or unmet need that this funding will address:
ME Care Coordination is the systematic management and oversight 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 supports to address their treatment needs. Thriving Mind is committed to continue to add value to the system of care through system's level care coordination. ME system level care coordination develops and connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. ME system level care coordination links individuals to provider level care coordination and oversees coordinated care transitions to ensure warm handoff between levels of care. 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. Therefore, we would like the State to continue to support ME Level Care Coordination to be a part of the base budget of the ME to ensure sustainability.

The proposed strategy and specific services to be provided

- The Managing Entity would 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, the Managing Entity adjusts its target populations, adding new ones to best serve the needs of our community. The Managing Entity rolled out the implementation of Critical Time Intervention (CTI), an intensive 9-month care coordination model designed to assist adults age 18 years and older with a behavioral health condition (mental health and substance abuse) who are going through critical transitions, and who have functional impairments which preclude them from managing their transitional need adequately. CTI promotes a focus on recovery, psychiatric rehabilitation, and bridges the gap between institutional living and community services. CTI has provided a structured approach to meeting service benchmarks for the individual being served and the service provider. In addition, CTI has created teams that offer the benefit of multiple views to address an individual's needs that enhances the intervention.
- 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 for the provision of Care Coordination using the allowable services. Network Service Providers must demonstrate a successful history of:
     a. Collaboration and referral mechanisms with other Network Service Providers and community resources, including, but not limited to, behavioral health, primary care, housing, and social supports.
     b. Benefits acquisition.
     c. Individual served and family involvement.
     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 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 Network Service Providers and assist in eliminating system barriers.
  11. Work collaboratively with the Florida Department of Children and Families (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. For the purposes of this document, high utilization is defined as: Adults with three (3) or more acute care admissions within 180 days.
2. Adults with acute care admissions that last 16 days or longer.
3. Adults with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
4. Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.
5. Adults involved with Jail Diversion Program and law enforcement.
6. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in section 394.492, Florida Statutes, who require assistance in transitioning to services provided in 4 the adult system of care.
7. 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. For the purposes of this document, high utilization is defined as: children/adolescents with three (3) or more acute care admissions or assessments within 180 days.
8. Children with acute care admissions that last 16 days or longer.
9. Children with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
10. Children being discharged from Baker Act Receiving Facilities, Emergency Rooms, 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.
11. Children waiting admission or to be discharged from a Statewide Inpatient Psychiatric Program (SIPP).
12. 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 section 394.455, Florida Statutes, 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.
13. Children involved with Law Enforcement. Families with infants experiencing or at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.
14. Individuals (youth and adults) referred by, or to, a Law Enforcement agency and followed by that Law Enforcement agency.
15. Children and youth referred from the Children System of Care (CSOC) Expansion Grant.

Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:

1. 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.

2. Individuals identified by the Department, managing entities, 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
- 40 children

Please describe in detail the action steps to implement the strategy

- See attached excel workbook - action plan tab.

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

- $750,000 - See attached excel workbook, 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 use the data collected through this process to develop behavioral health treatment protocols similar to 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. The Managing Entity is also seeking to provide care coordination to all target populations.

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

- Readmission 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.
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.

Unmet need #3: Additional funding for enhancing Case Management

The problem or unmet need that this funding will address: Care Coordination is a time-limited service that assists individuals with behavioral health conditions who are not effectively engaged with case management or other behavioral health services and supports. Care Coordination also supports individuals' need to transition successfully from higher levels of care to effective community-based care. Care Coordination is not intended to replace case management. Based on the individual's needs and

wishes, case management may be a service identified in the individual's care plan for which they will be referred. Case management may be ongoing for those determined eligible for this service.

Individuals being discharged or diverted from admission into state mental health treatment facilities often present long term need for case management services to support and sustain successful community reintegration beyond the time limited support of care coordination.

Enhanced case management services would also allow us to serve individuals who do not meet the criteria for Care Coordination per Guidance 4 Document or those who have been identified locally to be served under care coordination.

The proposed strategy and specific services to be provided

- The Managing Entity will empower care coordination teams to assess the need for ongoing case management services for those individuals as they approach the end of their involvement in their care in congruence with Guidance Document 4.
- The Managing Entity will enhance education and cross training between Care Coordination and Case Management teams to make sure that eligible individuals, based on individualized needs, are referred to ongoing support through case management.
- The Managing Entity will ensure that individuals who are being discharged from Care Coordination will continue to benefit from on-going assessment, planning, facilitation, advocacy, monitoring, and evaluation are prioritized to access case management services to ensure continued community integration. The Managing Entity will educate the community to identify individuals who have at least two crisis admissions to be referred to case management.

Target population to be served

Adults and children who are not eligible for Medicaid funded case management who have completed care coordination services but are in need of additional long-term support.

Counties to be served:

- Miami-Dade
- Monroe County

Number of individuals to be served

- 150 individuals

Please describe in detail the action steps to implement the strategy

- See attached excel workbook - action plan.

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

- $1,438,992 - See attached excel workbook - budget tab.

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

Case management services will continue to provide the customized services, according to the individual's setbacks or persistent challenges and aid them to sustain their community reintegration and recovery. On-going case management services will divert individuals from returning to a cycle of readmissions and potential return to a state mental health treatment facility.

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

- Readmission 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.
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.
- Decrease the number of individuals that are homeless in the system.

Unmet need #4: Funding for Peer Led Respite Program

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

The proposed strategy and specific services to be provided:

The Managing Entity 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 to 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 enhanced risk/pre-crisis; the ME proposes to start a program that offers planned respite, Friday evening through Sunday afternoon/evening. The Managing Entity would like to contract and have the respite program with caregivers with lived experience caring for, or recovering from, a mental health and/or substance use disorder.

Target population to be served:

- Youth (14 – 17 years old) with a Mental Health disorder who are at risk of out of home placement who are receiving services from wrap around programs such as CAT, CCRT teams, etc.

County to be served:

- Miami-Dade

Number of individuals to be served:

- 50 - 150 per Fiscal Year

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

- See attached excel workbook - action plan.

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

- $549,744 **-** See attached excel workbook - budget tab.

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

A study of Vermont's 10-year-old respite care program for families with children or adolescents with serious emotional disturbance found that participating families experience fewer out-of-home placements than non-users and were more optimistic about their future capabilities to take care of their children (Bruns, Eric, November 15, 1999).

Respite care will reduce overall cost to the system of care by preventing out of home placement.

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

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

Attachment E

Central Florida Cares Health System
FY 2022-2023 Enhancement Plan

FY 2022-2023 ENHANCEMENT PLAN EVALUATION

Managing Entity: Central Florida Cares Health System

Evaluator(s): Amy Hammett, Contract Manager, Central Region Office of Substance Abuse and Mental Health, and Anne Sutherland, Director of Substance Abuse and Mental Health – Central Region

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

   The Enhancement Plan is an extension of the Cultural Health Assessment led by CFCHS. CFCHS contracted with The Health Council of East Central Florida, Inc., to survey individuals served and community stakeholders. The survey determined strengths and gaps in services provided to individuals in mental health substance abuse programs. Service areas identified:

   - Telehealth Services
   - Wraparound Services
   - Short-term Residential Treatment (SRT)
   - Peer Recovery Respite Center

   In response to HB 945, CFCHS developed and distributed a health needs questionnaire to assist in identifying gaps in children services and areas for improvement. In-home treatment was identified as a need for youth and families.

   - Family Functional Therapy (FFT) – HB945 behavioral health needs questionnaire.

   Please describe:

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

   Telehealth Services – At the onset of COVID, IMPOWER received funding through a SAMHSA COVID-19 Emergency Grant to provide behavioral telehealth services for uninsured/ underinsured and living below 150% of the Federal Poverty level. During the last two years, IMPOWER experienced a 39% increase in behavioral health referrals. With the SAMHSA grant ending March 2023, additional funding would address the ongoing need for timely access to mental health services.

Family Functional Therapy – The health needs questionnaire, completed by 159 respondents, identified In-home Treatment as a top five need for youth and families. The barriers in accessing behavioral health services were (1) availability of services, (2) limited funding/capacity, and (3) cost of treatment. Implementing a program to provide Family Functional Therapy would alleviate the identified gap, as well as address the barriers to accessing services.

Wraparound Services - The health needs questionnaire, completed by 159 respondents, identified Wraparound as one of the top five needs in Orange and Brevard Counties, for youth and families. The barriers in accessing behavioral health services were (1) availability of services, (2) limited funding/capacity, and (3) cost of treatment. Implementing Wraparound would address gaps identified as well as the barriers to accessing services. Wraparound would expand the team approach model within the current network.

Short-term Residential Treatment (SRT) - Within CFCHS's geographical area of coverage, there are nine service providers/hospitals designated as receiving facilities – 4 of which receive state funds. CFCHS' network currently has only one Short-Term Residential Treatment (SRT) program to serve its 4 covered counties. Waitlist in FY 2021-2022 averaged about 10 individuals. Expanding the SRT program to increase capacity will allow stepping down individuals from crisis stabilization units (CSU) from private and publicly funded facilities. It also provides an opportunity to serve an individual in an inpatient basis for a longer period, hopefully diverting from the need to admit to a state mental health treatment facility (SMHTF). Last year, CFCHS was able to divert 19 individuals from admission to SMHTF.

Peer Recovery Respite Center – Due to limited availability within Central Florida, CFCHS has identified the need to expand peer recovery support. Survey results showed the 38.1% of Recovery Support Specialist were not certified, and barriers to employment included limited employment opportunities and low salaries. In addition, there are no peer-staffed respite centers with the area. Supporting this unmet need of peer-delivered services results in individuals achieving personal goals of employment, education, housing, and social relations; increased use of primary care over emergency services; reduced psychiatric re-hospitalization; and individuals engaged in their own treatment.

b. The proposed strategy and specific services to be provided

Telehealth Services – IMPOWER's Telehealth program allows individuals to receive timely access to mental health and substance abuse treatment providing appointments for psychiatric services within two days. Services include Assessment, Case Management, Individual/Family Therapy, Psychiatric Evaluation, Medication Management, and access to medication as needed.

Family Functional Therapy – Is an evidence-based treatment approach for families of teens that focuses on engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus, and intervention strategies and techniques. FFT is short-term, with an average of 12 to 14 session over three to five months. BAYS Family Connections (BFC) is a program that provides FFT.

Wraparound Services - Last year, the CAT team average waitlist among all counties was 47 families. Wrapround Services may serve as another resource for families, avoiding being added to a waitlist for the CAT program. Wraparound Services are an intensive, individualized care planning and management process which aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process. The Wraparound team includes the Wraparound Specialist, who provides the Intensive Care Coordination and Case Management, and the Family Partner, who provides Intervention through peer support. The Wraparound Specialist and Family Partner maintain a caseload of 10-12 families, meeting with families at least once every other week. The Wraparound Specialist and Family Partner establish initial contact with the family within 2 business days of the referral being assigned to meet with the youth and family for an initial visit within 7 days of the referral, documenting exceptions in progress notes. A team is assembled within 30 days to develop the Strength and Needs Assessment and the Youth and Family Care Plan.

Short-term Residential Treatment (SRT) - The Short-Term Residential Treatment (SRT) program is an adult inpatient unit providing services to individuals with a mental health diagnosis and/or co-occurring substance abuse diagnosis. SRTs serve as a step-down for persons in crisis stabilization units (CSU), filling a service gap between CSUs and residential treatment facilities. The SRT also serves persons petitioned and awaiting admission to a state mental health treatment facility (SMHTF). SRTs focus on stabilization while providing a wide range of therapeutic and psycho-education activities.

Peer Recovery Respite Center - The peer-staff respite center will be located in Orange County offering daily support services and non-clinical activities, including the option of overnight respite care. Based on their unique self-defined needs, individuals can participate in various non-clinical activities (gardening, cooking classes, arts and crafts, karaoke, etc.). Additionally, they can receive one on one peer-support from a Certified Recovery Peer Specialist, develop a Wellness Recovery Action Plan (WRAP), receive assistance in finding behavioral health services, housing, and other community-based resources, and participate in peer-led support groups. Individuals may also be offered over-night respite services as additional support from Peers who have experienced similar challenges in life. Overnight respite care would be available for persons needing a safe space. Individuals would be able to stay for up to 7 nights, voluntarily, and spend that time bolstering their recovery in a self-directed way with a Certified Recovery Peer Specialist staff.

c. Target population to be served

Telehealth Services – Children six and older and adults over the age of 18 with an emotional disturbance or severe mental illness.

Family Functional Therapy – Youth, ages 11-18, with substance use/mental health disorders at risk of entering the child welfare system or the juvenile justice system, out of home placement with youth of family member with substance use identified that is affecting safety and placement status.

Wraparound Services – Children, ages 0-17, with serious emotional disturbance, emotional disturbance, or is at risk of emotional disturbance.

Short-term Residential Treatment (SRT) – Adults with severe and persistent mental illness.

Peer Recovery Respite Center – Adults with severe/serious mental illness.

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

Telehealth Services – Orange, Osceola, Brevard, and Seminole.

Family Functional Therapy – Osceola, Seminole, and Brevard.

Wraparound Services – Orange, Osceola, Brevard, and Seminole.

Short-term Residential Treatment (SRT) – The SRT facility will be located in Osceola County and serve residents from Orange, Osceola, Brevard, and Seminole.

Peer Recovery Respite Center – The center will be located in Orange County and open to serve residents of Orange, Osceola, Brevard, and Seminole.

e. Number of individuals to be served

Telehealth Services – Current funding has allowed Impower to serve 892 individuals, that would not otherwise qualify or have access to such services. Continuing to provide Telehealth Services would allow IMPOWER to serve approximately 855 individuals.

Family Functional Therapy – The program would serve approximately 50 families.
Wraparound Services – Wraparound would serve approximately 90 individuals.

Short-term Residential Treatment (SRT) – A minimum of 120 individuals to be served.
Peer Recovery Respite Center – Anticipate serving approximately 250 individuals.

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

Action steps for all service needs include ensuring funding is available through LBR or internal budget shift, working with current providers to expand treatment capacity, amending contracts, as needed, and to begin services by 7/1/2023.

10. 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.

Telehealth Services – $750,000 of state funding to support the program. The operating budget allocation would be cost reimbursement based on a bundled rate.

Family Functional Therapy - $1,695,000 of state funding, $565,000 per team for three teams.

Wraparound Services - $837,362 of state funding. The operating budget allocation would be cost reimbursement based on a bundled rate.

Short-term Residential Treatment (SRT) - $1,384,664 would support 10 beds.

Peer Recovery Respite Center – The operating budget would be $409,064. The budget allocation would be cost reimbursement based on a bundled rate.

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

Telehealth Services – beneficial results included improve mental health, physical health, quality of education, increase or improve economic activity and housing, and reduce substance abuse.

Family Functional Therapy - Evidence-based programs have been shown to successfully treat delinquent youth in the community and decrease out of home placement costs between $1,300 and $5,000 per family per year, while incarcerating just one youth will cost over $50,000 per year with the likelihood of poorer outcomes for both the youth & their family.

Wraparound Services – Empower families and youth to make informed decisions, increase the families' natural support system, reduce psychiatric hospitalization, and reduce out-of-home placement.

Short-term Residential Treatment (SRT) – diversion from admission to SMHTF, provide a safe environment for individuals needing more time to stabilize, increase capacity to transfer individuals petitioned to SMHTF from private hospitals.

Peer Recovery Respite Center – To implement the evidenced-based practice of community-based peer support utilizing a professional workforce of individuals who have achieved recovery from a mental health disorder. Primary goal to reduce readmissions and use of acute care services (CSU, Detox), improve quality of life, engagement, and satisfaction with services and supports, whole health, and reduce overall cost of services.

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

Telehealth Services – the following 11 Network Service Provider Performance Measures will be used to collect data:

- Average annual days worked for pay for adults with severe and persistent mental illness.
- Percent of adults with serious mental illness who are competitively employed.

- Percent of adults with severe and persistent mental illnesses who live in stable housing environment.
- Percent of adults in forensic involvement who live in stable housing environment.
- Percent of adults in mental health crisis who live in stable housing environment.
- 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) who 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) who live in a stable housing environment.
- Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment.

Family Functional Therapy – the following data points, unrelated to Network Service Provider measures, will be collected:

- 66% of FFT therapists will achieve a score of 3.0 or higher for adherence and competency six months after training is complete.
- 80% of client families served will be discharged as successfully completing FFT services, as specified.
- 90% of all successfully discharged client families will indicate a positive change in family functioning.
- 90% of all successfully discharged youth will report positive changes in youth functioning.
- 94% of families successfully discharged will live in a stable housing environment at the time of discharge.

Wraparound Services – the following six Network Service Provider Performance Measures will be used to collect data:

- 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) who 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) who live in a stable housing environment.
- Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment.

Short-term Residential Treatment (SRT) – the following data points, unrelated to Network Service Provider measures, will be collected:

- Number of adults with a serious and persistent mental illness served.
- Number of individuals stepped down to less restrictive environment.
- Number diverted from admission to SMHTF.

Peer Recovery Respite Center – the following data points, unrelated to Network Service Provider measures, will be collected:

- Number of adults with a serious and persistent mental illness in the community served.
- Percent of adults with serious mental illness who are competitively employed.
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment.
- Percent of adults with serious mental illness readmitted to acute services.

13. Does the region recommend this priority?

Yes

The Central Region does recommend and support the following services supported by the recent behavioral health needs assessment, in collaboration with The Health Council of East Central Florida, Inc., and the HB 945 behavioral health needs questionnaire:

- Telehealth Services
- Wraparound Services
- Short-term Residential Treatment (SRT)
- Peer Recovery Respite Center
- Family Functional Therapy

14. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)

Yes, the following priority services align with the Central Regions Tri-Annual Plan (November 2021). The Peer Recovery Respite Center will continue to support a Recovery-Oriented System of Care. Wraparound will provide additional support services that complements community action teams. Short-term Residential Treatment will help to improve the coordination of services for individual discharging from SMHFT as well as diverting individuals from SMHTF. Family Functional Therapy is a well needed evidence-based practice that can support children and their families; the expansion of telehealth services is an added bonus to supporting those who cannot travel or are unable by expanding the availability of services.

Attachment F

Central Florida Behavioral Health Network
FY 2022-2023 Enhancement Plan

Priority #1: Mental Health and Substance Abuse			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Growing Census	**Availability and Access to Short Term Residential Beds (SRT)**	**Waitlist and improvement in community integration as well as continued need for integration with LEO and schools.**
1b. The proposed strategy and specific services to be provided	Expand capacity to provide resources, behavioral health services for the community and develop additional recurring funding and programs to provide services to the growing population.	Work with David Lawrence Center, Charlotte Behavioral Healthcare, and SalusCare in C20 to increase SRT bed capacity. This may include a proviso project to build a new facility. This will ease the state hospital waitlist.	Work with local communities for additional CAT teams to reduce the waitlist and to subcontract for additional mental health services for children who are in need. CFBHN has a waitlist of in Lee Co. The ME wants to work more closely with the schools and local law enforcement to provide services for identified children and families.
1c. Target population to be served	General Population	Individuals needing SRT level of care.	Individuals needing CAT level of services
1d. County(ies) to be served (County is defined as county of residence of service recipients)	All counties in SCR	All counties in SCR	Lee County

1e. Number of individuals to be served	7,500	20	1
2. Please describe in detail the action steps to implement the strategy	Restore funding reduced in the 2021-2022 fiscal year (MS000 and MH000)	Procure service provider(s) and contract for services.	Work with providers and community stakeholders to initiate LBR's for areas in need to further ensure funding is available through LBR.
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:	$1,500,000	$1,200,000	$750,000
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Meet the need of the growing census	Increase SRT beds.	Reduction in waitlist and improved community integration. Improved integration with LEO and schools.
5. What specific measures will be used to document performance data for the project.	100% of funding is restored	Service provider(s) is selected to provide SRT beds/level of care.	Where possible, amend contracts to add one CAT team in Lee County and procure new services.
6. Does the region recommend this priority? Yes/No	TBD – once OCA information is received	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Same as for Growing Census	Same as for Growing Census

Priority #1: Mental Health and Substance Abuse			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Expansion of ROSC through work program models	**Jail recidivism due to behavioral health and need for improved community outcomes**	**Service improvement for high need/high utilizers to reduce readmissions and incarcerations.**
1b. The proposed strategy and specific services to be provided	CFBHN believes in the clubhouse/recovery through work model and have a history of providing operation dollars for these projects. Funding to provide operational dollars for the clubhouse in Hillsborough and Manatee counties. The funding will provide Supported Employment 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 an legislative budget request to present for consideration to the local legislative delegation.	This request is to fund the community-based services once discharged from the Orient Road Jail Project. These services are to be funded through, CFBHN, the Managing Entity contract. Funding breakdown $425,000.00 for community based services and $100,000.00 for incidental services. The strategy is to reduce the number of individuals released from jail returning to the jail by providing treatment and temporary housing. This is a community stakeholder driven project, including the Hillsborough County Health Plan, Sheriff's Department, services providers, and CFBHN. CFBHN, working with community stakeholders, has developed a legislative	This is to provide expanded care coordination services throughout the network. CFBHN staff strategy is to provide additional services for those who are not on FACT teams or in other intensive services to stabilize the individuals identified as HN/HU program participants within the communities.

		budget request to present for consideration to the local legislative delegation.	
1c. Target population to be served	Individuals in recovery	Individuals reintegrating into the community from jail	High need – high utilizers.
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Hillsborough, Pasco, and Manatee County	Hillsborough County	Suncoast and C10
1e. Number of individuals to be served	400	341	Additional 300
2. Please describe in detail the action steps to implement the strategy	Recovery through Work Program in Pasco and Hillsborough County	Work with providers and community stakeholders to initiate LBR's for areas in need to further ensure funding is available through LBR.	Work with providers and community stakeholders to initiate LBR's for areas in need to further ensure funding is available through LBR.
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:	$700,000	$525,000	$1,000,000
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Expands the recovery through work program to Hillsborough, Pasco, and Manatee counties. This is a model with proven success and promotes recovery through work.	Provides treatment and housing to prevent recidivism into the jail and improved community outcomes.	Improves services through care coordination for the high need/high utilization (HN/HU) program population and reduces readmissions and incarcerations.
5. What specific measures will be used to document	Amended contracts incorporating the new funding leading to	Amended contracts incorporating the new funding leading to	Amended contracts incorporating the new funding leading to

performance data for the project.	amended contracts for funding.	amended contracts for funding.	amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Same as for Growing Census	Same as for Growing Census	Same as for Growing Census

Priority #2: Prevention: Increase the number of school-based prevention programs			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increase capacity for prevention programs	**Increase capacity for school-based prevention programs**	**Increase capacity for school-based prevention programs**
1b. The proposed strategy and specific services to be provided	ACTS, Hillsborough County - Will increase prevention services for specific populations in Hillsborough County programs with the new allocation.	BayCare, Pasco County. This funding will provide prevention services in Pasco County for school-based programs.	C. E. Mendez Foundation, Hillsborough County - This will increase staff for the Hillsborough County for the Too Good for Drugs curriculum being administered to middle school students.
1c. Target population to be served	Children and adults	School-based children and adolescents	School-based children and adolescents
1d. County(ies) to be served (County is defined as county of residence of service recipients.)	Hillsborough County	Pasco County	Hillsborough County
1e. Number of individuals to be served	50	30	60
2. Please describe in detail the action steps to implement the strategy.	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift.	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift.	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift.
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and	$20,049. No other funding has been identified.	$12,995 No other funding has been identified.	$30,778 No other funding has been identified.

county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased Prevention Services	Increased Prevention Services	Increased Prevention Services
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.

Priority #2: Prevention: Increase the number of school-based prevention programs			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increase capacity for prevention programs with a focus on reducing the impact of opioid use	**Increase capacity for prevention programs with a focus on reducing the impact of opioid use**	**Increase capacity for prevention programs with a focus on reducing the impact of opioid use**
1b. The proposed strategy and specific services to be provided	Centerstone of Florida, Manatee County - These funds will be used to increase prevention services in Manatee County with a focus on reducing the impact of Opioid use.	Charlotte Behavioral, Charlotte County - These funds will be used to increase prevention services in Charlotte County with a focus on reducing the impact of Opioid use.	Coastal Behavioral, Sarasota County - These funds will be used to increase prevention services in Sarasota County with a focus on reducing the impact of Opioid use.
1c. Target population to be served	Children and adults	Children and adults	Children and adults
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Manatee County	Charlotte County	Sarasota County
1e. Number of individuals to be served	55	120	45
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and	$28,825 No other funding has been identified.	$69,562 No other funding has been identified.	$69,562 No other funding has been identified.

county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased Prevention Services	Increased Prevention Services	Increased Prevention Services
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.

Priority #2: Prevention: Increase the number of school-based prevention programs			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increase capacity for prevention programs with a focus on reducing the impact of opioid use	**Increase capacity for school-based and higher education prevention programs with a focus on reducing the impact of opioid use**	**Increase capacity for school-based prevention programs**
1b. The proposed strategy and specific services to be provided	David Lawrence, Collier County - These funds will be used to increase prevention services in Collier County with a focus on reducing the impact of Opioid use.	DACCO, Hillsborough County - this will provide funding for school-based prevention programs and some environmental strategies. In addition, it will provide substance abuse educational programming for senior and college age populations. Additional Opiate school technology-based program added, administered through tablets during 9th grade health classes to address the opioid crisis in Florida.	Drug Free Charlotte, Charlotte County - increase for the Life Skills program and environmental strategies throughout the community including school-based programs.
1c. Target population to be served	Children and adults	School-based children and adolescents and college students	School-based children and adolescents
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Collier County	Hillsborough County	Charlotte County

1e. Number of individuals to be served	150	300	20
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to:	$76,301 No other funding has been identified.	$248,736 No other funding has been identified.	$17,134 No other funding has been identified.
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased Prevention Services	Increased Prevention Services	Increased Prevention Services
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.

Priority #2: Prevention: Increase the number of school-based prevention programs			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increase capacity for school-based prevention programs	**Increase capacity for prevention programs with a focus on reducing the impact of opioid use**	**Increase capacity for prevention programs with a focus on reducing the impact of opioid use**
1b. The proposed strategy and specific services to be provided	First Step, Sarasota County - Provide funding for school-based programs and overall numbers served for youth programs in high schools in Sarasota County.	Hanley Center Foundation - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.	Inner Act Alliance - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
1c. Target population to be served	School-based children and adolescents	Children and adults	Children and adults
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Sarasota County	All of C20	All of C10
1e. Number of individuals to be served	175	55	30
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and	$172,334 No other funding has been identified.	$66,172 No other funding has been identified.	$37,981 No other funding has been identified.

county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased Prevention Services	Increased Prevention Services	Increased Prevention Services
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.

Priority #2: Prevention: Increase the number of school-based prevention programs			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increase capacity for prevention programs with a focus on reducing the impact of opioid use	**Increase capacity for school-based prevention programs with a focus on reducing the impact of opioid use**	**Increase capacity for prevention programs with a focus on reducing the impact of opioid use**
1b. The proposed strategy and specific services to be provided	Operation PAR, Pinellas County -These funds will be used to increase prevention services in Pinellas County with a focus on reducing the impact of Opioid use.	Tri-County, Polk, Highlands, and Hardee counties - Funding to provide school and community-based prevention programs for Polk, Hardee, and Highlands counties with a focus on reducing the impact of Opioid use.	Youth and Family Alternatives, Pasco County - These funds will be used to increase prevention services in Pasco County with a focus on reducing the impact of Opioid use.
1c. Target population to be served	Children and adults	School-based children and adolescents and community level individuals	School-based children and adolescents
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Pinellas County	Polk, Hardee, Highlands County	Pasco County
1e. Number of individuals to be served	50	30	40
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift
3. Identify the total amount of State funds requested to address	$58,886 No other funding has been identified.	$37,981 No other funding has been identified.	$41,601 No other funding has been identified.

the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased Prevention Services	Increased Prevention Services	Increased Prevention Services
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding.
6. Does the region recommend this priority? Yes/No	Yes	Yes	Yes
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.

Priority #3: Housing: Increase housing and supported housing options			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Housing capacity		
1b. The proposed strategy and specific services to be provided	This strategy is to increase housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes. This is to expand housing vouchers for consumers identified as HN/HU for SA and MH. CFBHN plans to use the vouchering system for these services.		
1c. Target population to be served	High need/high utilizers with Behavioral Health and Housing Needs		
1d. County(ies) to be served (County is defined as county of residence of service recipients)	Hillsborough County		
1e. Number of individuals to be served	272		
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through LBR, additional grant dollars, or, where possible, internal budget shift		
3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please	$750,000		

identify any other sources of state and county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Improved coordination of housing services for individuals with BH issues.		
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding from grant notification leading to amended contracts for funding		
6. Does the region recommend this priority? Yes/No	Yes		
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.		

Priority #4: Funding ME operations			
Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.	The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served.		
	Problems Identified		
	Increased ability for support and oversite of the DCF contract.	**FASAMS Support**	
1b. The proposed strategy and specific services to be provided	CFBHN provides contract oversite, training, and technical assistance to our provider partners and ensures the funding is spent in the most effective manner to support and improve the system of care. To ensure this quality of service, administrative dollars should be attached to all contracted services. 3.5% admin rate at CFBHN would ensure quality services.	CFBHN values our partnership with the Department of Children and Families and this funding will offset the costs incurred developing the FASAMS system. This provides funding for changes to meet the needs of the FASAMS system and to expand the current analytic and data capabilities.	
1c. Target population to be served	Various	Various	
1d. County(ies) to be served (County is defined as county of residence of service recipients)	All Suncoast region counties	All Suncoast region counties	
1e. Number of individuals to be served	N/A	N/A	
2. Please describe in detail the action steps to implement the strategy	Ensure funding is available through budget increase.	Ensure funding is available through LBR.	
3. Identify the total amount of State funds requested to address	$831,659	$350,000	

the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to:			
4. Identify expected beneficial results and outcomes associated with addressing this unmet need.	Increased ability for support and oversite of the DCF contract	Development of the FASAMS System.	
5. What specific measures will be used to document performance data for the project.	Amended contracts incorporating the new funding leading to amended contracts for funding.	Amended contracts incorporating the new funding leading to amended contracts for funding.	
6. Does the region recommend this priority? Yes/No	Yes	Yes	
7. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	Yes, including the Moments of Impact, Children's SOC Plan, and the No-wrong door plans.	

Attachment G

Northwest Florida Health Network
FY 2022-2023 Enhancement Plan

Enhancement Plan 2022-2023

Introduction

Northwest Florida Health Network (NWFHN) is the Managing Entity for all 16 counties in the Northwest Region, as well as two counties, Madison and Taylor, in the Northeast Region. The top three priorities for NWFHN are Central Receiving Facility, Forensic ACT Services, and expanded Family Support Services.

Central Receiving Facility:

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

    Communications from various community stakeholders in the Escambia and Santa Rosa County area.

    Please describe:

    a. **The problem or unmet need that this funding will address**
    On August 10, 2022, HCA - Florida West Hospital announced its intention to relinquish its Baker Act receiving facility designation on March 31st, 2023, leaving only one receiving facility serving Santa Rosa and Escambia County.

    b. **The proposed strategy and specific services to be provided**
    Assist in developing and funding a centralized receiving facility utilizing. The centralized receiving 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.

    c. **Target population to be served**
    Youth and adults being transported by law enforcement under involuntary Baker Act.

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

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

    Based on average of Baker Acts from the two receiving facilities from January 2022 to June 2022, total served will be 794 per month.

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

- **a.** Ensure funding is available through appropriation or internal budget shift.
- **b.** Procure service provider(s).
- **c.** Negotiate contract with providers and execute contract.
- **d.** Update Escambia County and Santa Rosa County transportation plans.
- **e.** Begin providing services by July 1, 2023.

17. 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.

Requested total of State Funds: 2,500,000 - no other funding sources

Payment Methodology: monthly fixed price

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

Clinical advantages include efficient and effecting processing for those providing transportation of all individuals in need of an involuntary examination, as well as provides increased opportunity for diversion of those who do not need an inpatient setting, creating an opportunity for improved utilization of limited beds and minimize disruption of client care. Other advantages include reduced wait times for law enforcement agencies, client choice regarding which hospital will serve them, and timely transfer of clients.

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

a. Number of clients served.
b. Law enforcement wait time.
c. Number of individuals diverted from arrest.
d. Number of diversions from state mental health treatment facilities.

20. Does the region recommend this priority? Yes/No

Yes

- **a. If no, please explain and what priority do you recommend if any instead and why?**

21. Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).)

Yes

Forensic Act Services

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

   Triennial Needs Assessment was completed in October 2019, which involved planning, data gathering and analysis, and completion of a Community Needs Assessment survey. In addition, there is continuous assessment of services through regular communication with providers and stakeholders.

   Please describe:

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

      Reducing the number of forensic commitments to state mental health treatment facilities remains a top priority for the Department and NWFHN. Current diversion efforts have maintained the average number of commitments from the Northwest Region over the past several years; however, the is a need to reduce the number of commitments.

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

      Develop and fund three Florida Assertive Community Treatment programs that will utilize the evidence-based ACT model but focus on a different population than the currently funding FACT teams. The populations will consist of people with mental illness involved with the criminal justice system. 1. People with non-violent felonies or misdemeanors who can be diverted from commitment (diversion); and 2. People who have discharged from a forensic commitment (prevent recidivism).

   c. **Target population to be served**

      The focus will be on two populations of people with mental illness involved with the criminal justice system. People with non-violent felonies or misdemeanors who can be diverted from commitment (diversion) and people who have discharged from a forensic commitment (prevent recidivism).

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

      Leon, Bay, Escambia, and Santa Rosa or Okaloosa

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

Total: 360 annually served by all three teams.

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

   a. Ensure funding is available through appropriation or internal budget shift.
   b. Procure service provider(s).
   c. Negotiate contract with providers and execute contract.
   d. Begin providing services July 1, 2023.

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.**

   Requested total of State Funds: $3,900,000.00 - no other funding sources

   Payment Methodology: Case Rate @1,000,000 per team and Cost Reimbursement for rent support of $900,000.00

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

   a. Individuals in this population would receive 24-hour treatment and support services that are delivered at least 75 percent of the time within homes, courts, jails, and community settings.
   b. The number of people committed forensically to SMHTFs would decrease.
   c. The number of psychiatric hospitalizations for this population would decrease.
   d. The number of arrests and rearrests for this population would decrease.
   e. The number of days this population spends in jail would decrease.
   f. The number of people on conditional releases would increase.
   g. Coordination of treatment services between the County and Circuit Courts and local law enforcement would increase.
   h. The amount of vocational training, safe and independent living, and number of days worked would increase.

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

   a. Average annual days worked for Forensic ACT participants.
   b. Percent of adults who live in a stable housing environment.
   c. Number of participants who have a psychiatric admission during the month.
   d. Percent of participants who have a psychiatric admission within 3 months of enrollment.
   e. Percent of participants who are readmitted to a SMHTF within 3 and 6 months of enrollment.
   f. Number of participants arrested during the month.

6. **Does the region recommend this priority? Yes/No**

   Yes

   a. **If no, please explain and what priority do you recommend, if any, instead and why?**

7. **Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s).**

   Yes

Expanded Family Support Services:

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

Triennial Needs Assessment was completed in October 2019, which involved planning, data gathering and analysis, and completion of a Community Needs Assessment survey. In addition, there is continuous assessment of services through regular communication with providers and stakeholders.

Please describe:

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

   While the number of out-of-home child welfare cases in the region has decreased recently. The number of in-home cases has increased. This presents a great opportunity to preserve the families and prevent child removals by providing family support programs that address individual/family trauma and teach new ways to function as a family.

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

   Provide funding and support the use of three evidence-based practices that will focus on keeping children safely with their legal family**.**

c. **Target population to be served**

   Children aged 15 and under at risk of being involved in child welfare or identified as having special service needs.

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

Multi-systemic Therapy (MST): one team in Circuit 1, Circuit 2, and Circuit 14.

Parent Child Interaction Therapy (PCIT): one team in Circuit 1, Circuit 2, and Circuit 14.

Family Functional Therapy (FFT): one team in Circuit 1, Circuit 2, and Circuit 14.

e. Number of individuals to be served

Multi-systemic Therapy (MST): 225 families across the region per year

Parent Child Interaction Therapy (PCIT): 225 families across the region per year

Family Functional Therapy (FFT): 150 families across the region per year

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

a. Ensure funding is available through appropriation or internal budget shift.
b. Procure service provider(s).
c. Negotiate contract with providers and execute contract.
d. Begin providing services 7/1/2023.

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.

Requested total of State Funds: 4,515,789.00 - No other funding sources
Payment Methodology: monthly fixed price
Breakdown per teaming model:

Multi-systemic Therapy (MST): $1,500,000.00
Parent Child Interaction Therapy (PCIT): 1,515,789.00
Family Functional Therapy (FFT): $1,500,000.00

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

It is expected that families enrolled in these services will have a lower rate of re-abuse, fewer child removals, less involvement with the justice system, and overall increased functioning as a family unit.

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

a. Percentage of families who stay out of child welfare or justice system.

b. Percentage of families which show functioning improvement based on the program's assessment tools.

c. Percentage of families who successfully complete the program.

d. Reduced rate of placement in out of home care.

e. Increased rate of reunification.

f. Reduced rate of use of crisis services.

g. Improved school attendance.

6. **Does the region recommend this priority? Yes/No**

   Yes

   a. **If no, please explain and what priority do you recommend if any instead and why?**

7. **Are the priorities in agreement with Department priorities? (For example, the Department's priorities are Prevention, Integration, Evidence Based Teaming Model(s)).**

   Yes