



Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of the Managing Entities' Including a System of Care Analysis

Department of Children and Families
OFFICE OF
Substance Abuse and Mental Health
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Behavioral Health Managing Entities Review of Lead Agency Financial Position and Comprehensive System of Care Analysis

Specific Appropriation 374, of the General Appropriations Act (Chapter 2021-36, Laws of Florida) for State Fiscal Year 2020-2021, provides authorization for funds for the behavior health system of care. This appropriation included the following proviso language:

From the funds in Specific Appropriation 374, the department shall conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of the managing agencies and shall cover the most recent two consecutive fiscal years. The review must include a comprehensive system-of-care analysis. The department's review shall be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives by November 1, 2021.

This report provides information on the financial position and system of care analysis for FY 2020-2021, which concluded June 30, 2021. The Information within focuses on State FY's as specified in proviso. Statewide behavioral health funding data is shown for the past three fiscal years to provide historical context.

Managing Entities

The Florida Legislature found that a managing structure that places responsibility for publicly-funded behavioral health services in local entities would promote access to care and continuity, be more efficient and effective, and streamline administrative processes to create cost efficiencies and provide flexibility to better match services to need.¹ As a result, the Office of SAMH contracts with seven Managing Entities for the administration and management of regional behavioral health systems of care throughout the state. The Managing Entities are private, non-profit organizations responsible for planning, implementation, administration, monitoring, data collection, reporting, and analysis for behavioral health care in their regions. Managing Entities contract with local service providers for the provision of prevention, treatment, and recovery support services.

Procurement of the Managing Entity contracts is governed by both ch. 287, F.S., which applies generally to all state contracts, and s. 402.7305, F.S., which applies specifically to Department contracts. In accordance with both Florida and federal law, the contracts were competitively procured. In addition to the procurement requirements, the statutory authority for the Department to contract with Managing Entities provides for a fixed payment contract, with the equivalent of a two-month advance payment, and equal monthly payments thereafter.² The Managing Entity is also permitted to carry up to 8% of state general revenue from fiscal year to fiscal year, for the life of the contract.³

Consistent with the organizational structure of the Department, these contracts are executed, implemented, and managed by the Regional Managing Director and staff. In consultation with the Office of SAMH, the Regional SAMH Director ensures that each Managing Entity meets statewide goals and is responsive to the unique conditions in each community.

¹ S. 394.9082(1), Florida Statutes (F.S.).

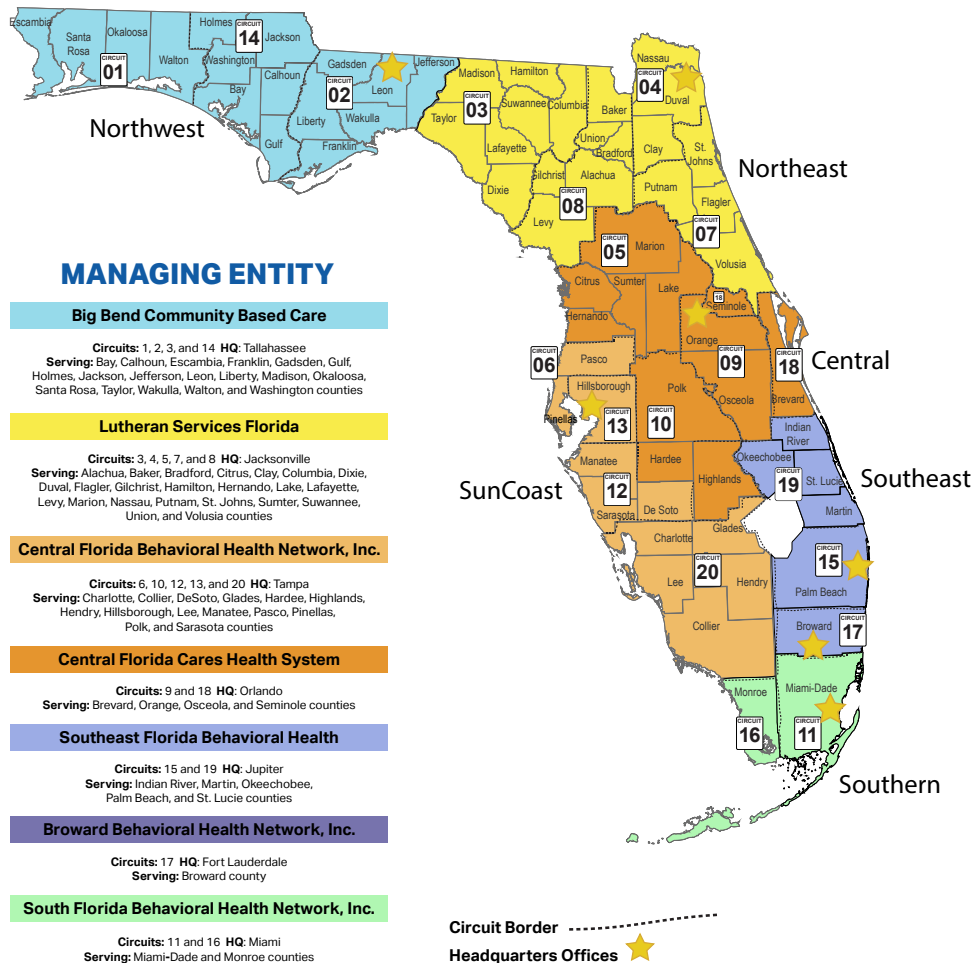
² hCh. 2013-47, L.O.F., and s. 394.9082(9), F.S.

³ Ibid.

Table 1. Number of Florida Counties by Managing Entity Region and DCF Region

Managing Entity	DCF Region(s)	Rural Counties	Non-Rural Counties	Total Counties
Broward Behavioral Health Coalition (BBHC)	Southeast Region	0	1	1
Central Florida Cares Health System (CFCHS)	Central Region	0	4	4
Central Florida Behavioral Health Network (CFBHN)	Suncoast & Central Regions	5	9	14
Lutheran Services Florida Health Systems (LSFHS)	Northwest & Central Regions	10	13	23
Northwest Florida Health Network (NWFHN) / Big Bend Community Based Care (BBCBC)	Northeast & Northwest Regions	13	5	18
South Florida Behavioral Health Network (SFBHN)	Southern Region	1	1	2
Southeast Florida Behavioral Health Network (SEFBHN)	Southeast Region	1	4	5
Entire State of Florida		30	37	67

Figure 1: Managing Entity Map



Revenues

The revenue for Managing Entity lead agencies largely consists of federal and state funds appropriated by the Florida Legislature. The federal funds include sources that are dedicated to mental health and substance abuse services including funds authorized by Title XIX, Part B of the Public Health Service Act (PHS) through the Community Mental Health Block Grant (CMHBG) and Substance Abuse and Prevention Treatment Block Grant (SAPPTG). Both block grants include state maintenance of efforts requirements. The SAPT also includes set aside requirements for targeted services such as early intervention services for HIV disease and primary prevention activities. Other federal grants include Temporary Assistance for Needy Families Block Grant (TANF) authorized by title IV-A of the Social Security Act, Social Services Block Grant (SSBG) authorized by title XX of the Social Security Act, State Children’s Insurance Program authorized by title XXI, Medical Assistance Program as well as other project grants. TANF funds require a commitment of state maintenance of effort funds while SSBG does not require state match.

Using the funds appropriated, the Department contracts with each Managing Entity to provide substance abuse and mental health services. Collectively, Managing Entities were appropriated \$775.6 million in SFY 2019-2020. This has grown to \$904 million in the SFY 2021-2022. The following table shows the total funds available by fiscal year. Including funds carried forward from prior years.

Table 2: Managing Entity Funds by State Fiscal Year			
SFY 2019-2020 through 2020-2021 (in \$ millions)			
DCF Contract Funds Available at Year End	FY19-20	FY20-21	FY21-22
ME Administrative Costs	\$21.8	\$21.8	\$22.4
Other ME Operational Cost	\$6.6	\$245.2	\$269.8
Core Services Funding			
Mental Health Core Services	\$246.0	\$245.2	\$269.8
Substance Abuse Core Services	\$183.1	\$183.1	\$219.7
Total Core Services	\$429.1	\$428.3	\$489.6
Funding not defined by Core Services Funding			
Mental Health Discretionary Grants	\$7.8	\$8.9	\$12.3
Mental Health Proviso Projects	\$8.7	\$13.8	\$20.2
Mental Health Targeted Services	\$162.1	\$174.3	\$169.8
Substance Abuse Discretionary Grants	\$59.1	\$63.1	\$44.9
Substance Abuse Proviso Projects	\$27.5	\$26.2	\$34.4
Substance Abuse Targeted Services	\$23.1	\$26.0	\$49.4
Carry Forward Balance from Previous Year	\$29.8	\$23.2	52.2
Total Funds Available	\$775.6	\$793.2	\$904.0
<i>Amount of non-recurring funding in total core services funding</i>	\$0	\$0	36.5

Expenditures

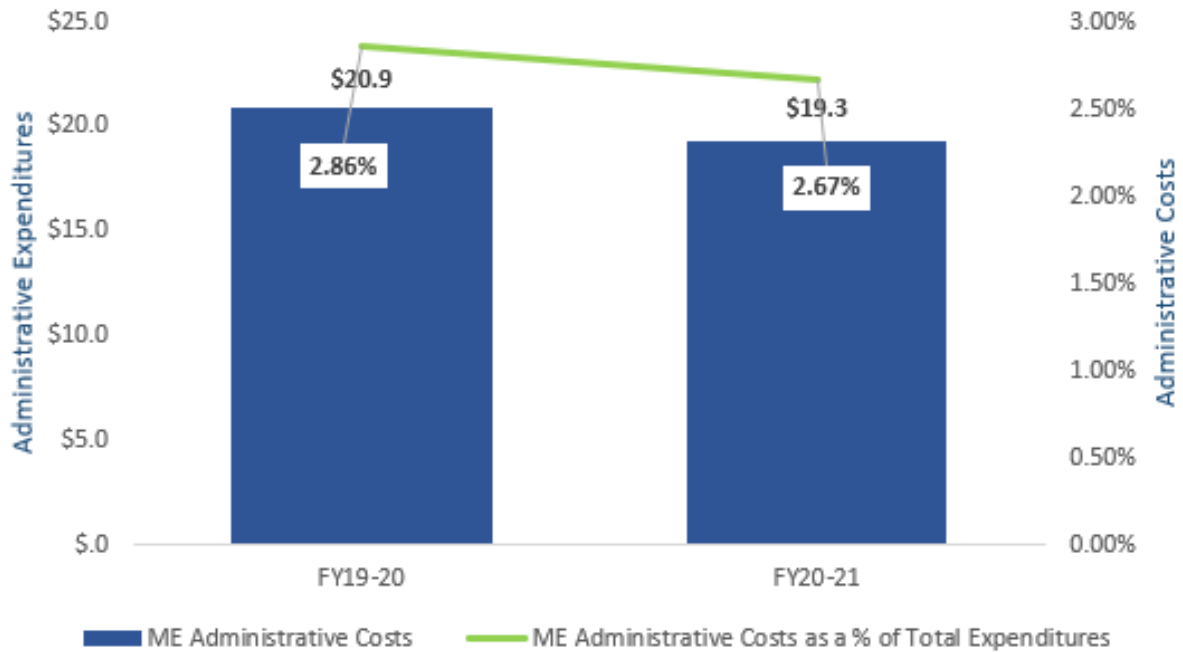
Managing Entity funding is categorized into administrative costs and operational costs. The funding for administrative costs is specifically appropriated in a separate line item in the General Appropriations Act (GAA) from appropriations for the direct services delivered by local SAMH providers. The other operational costs are from other funding sources that require additional implementation and coordination costs of the Managing Entity for the specific program or initiative. Table 3 shows administrative costs as a percentage of total expenditures for the past two fiscal years.

Table 3: Managing Entity Expenditures by State Fiscal Year SFY 2019-2020 through 2020-2021 (in \$ millions)		
Reported Expenditures by Fiscal Year (including Carry Forward Expenditures)	FY19-20	FY20-21
ME Administrative Costs	\$20.9	\$19.3
ME Administrative Costs as a % of Total Expenditures	2.86%	2.67%
Other ME Operational Cost	\$5	\$5.1
Core Services Expenditures		
Mental Health Core Services	\$246.3	\$243.7
Substance Abuse Core Services	\$180.5	\$179.2
Total Core Services	\$426.8	\$422.9
Expenditures not defined as Core Services		
Mental Health Discretionary Grants	\$6.7	\$6.6
Mental Health Proviso Projects	\$9.1	\$9.3
Mental Health Targeted Services	\$165.4	\$156.7
Substance Abuse Discretionary Grants	\$45.6	\$55.5
Substance Abuse Proviso Projects	\$27.4	\$25.5
Substance Abuse Targeted Services	\$24.1	\$21.4
Total Funds Available	\$731.0	\$722.3

Administrative costs declined between SFY 2019-2020 and SFY 2020-2021.

Chart 1: A two-year comparison of expenditures by category, which shows a trend in the aggregate data of Managing Entity expenditures being generally stable. The profiles by Managing Entity will show a slightly greater variation exists within some lead agencies. The following chart shows the same information as the table above with information shown as a percentage of the total expenditures per fiscal year.

Managing Entity Expenditures by State Fiscal Year With Percentage of Total Allocation



The percentage of funds spent in each category remained stable from SFY 2019-2020 to SFY 2020-2021. A 1%-2% change is seen between discretionary grants and operational costs only. The following charts focus on the expenditure patterns by Managing Entity for each of the past two fiscal years.

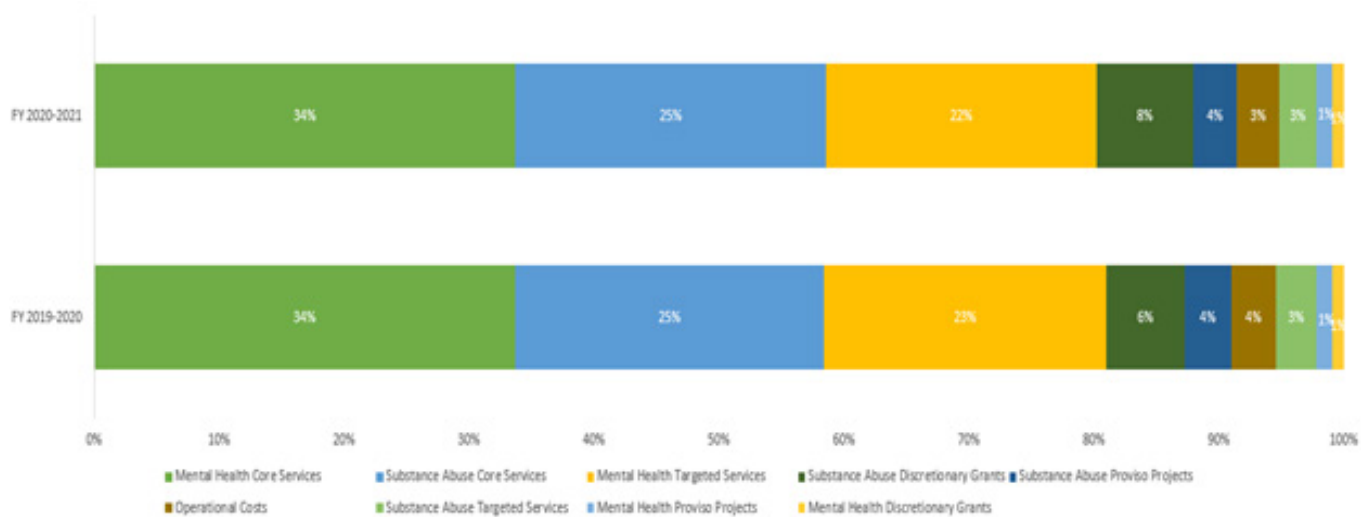
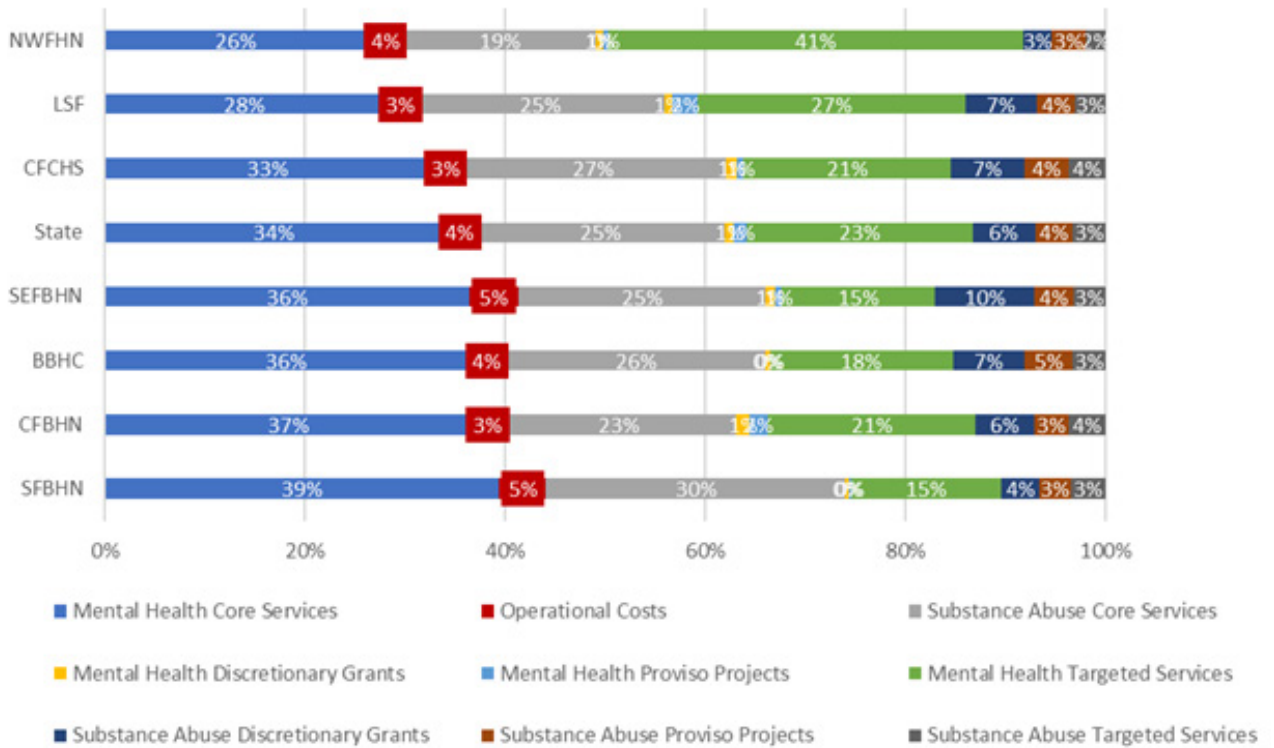


Chart 3: Managing Entity Expenditures by Category – SFY 2019-2020 by ME Lead Agency

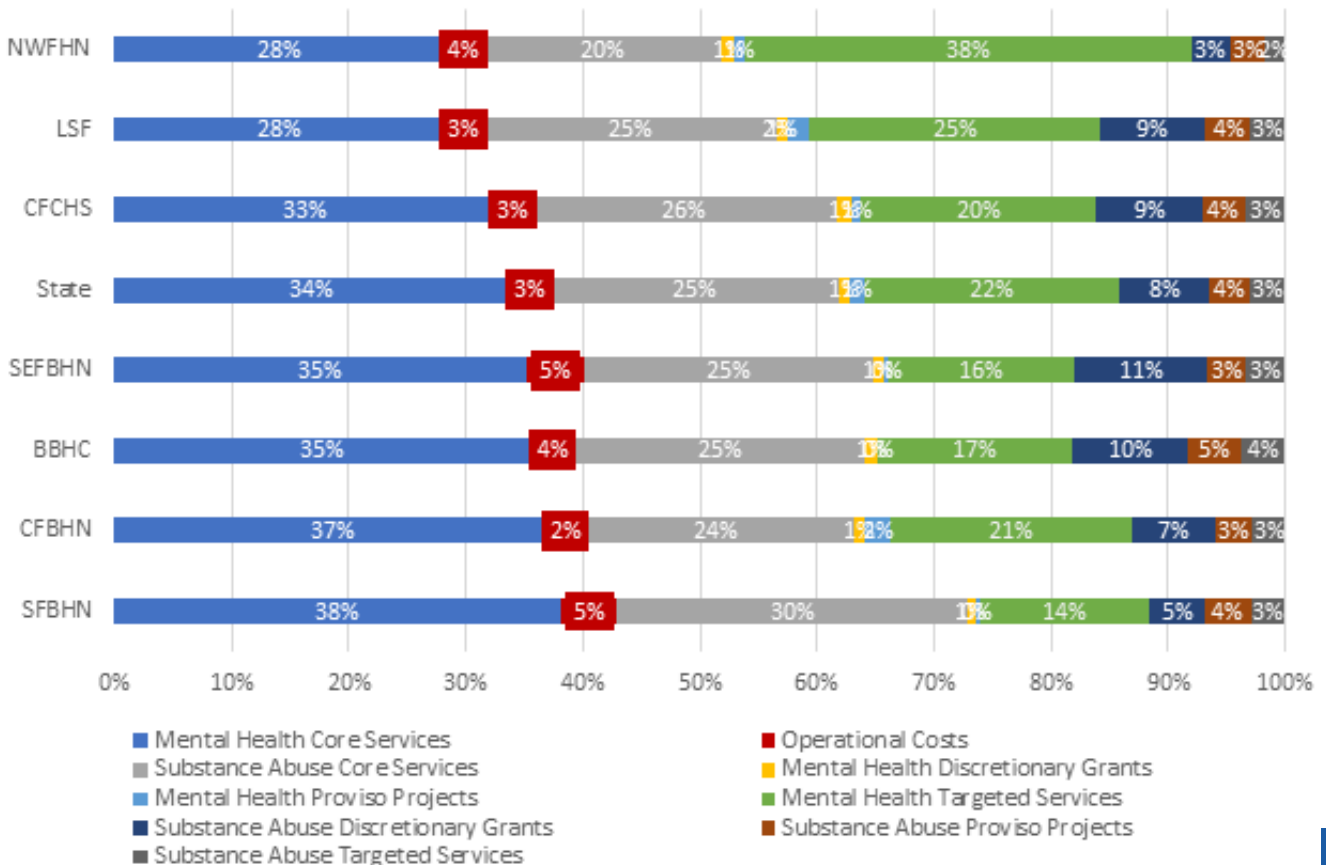


In SFY 2019-2020, Managing Entities varied in their expenditure patterns by category. For all Managing Entities, the largest category of expenditures were mental health core services with the percentage ranging from a high of 39% of expenditures by South Florida Behavioral Health Network to a low of 26% by Northwest Florida Health Network. In some cases, the use of core services may be influenced by the amount of funds allocated to targeted services, discretionary services and proviso projects.

In SFY 2020-2021, mental health core services continued to be the largest category of expenditures, with the percentage ranging from a high of 38% of expenditures by South Florida Behavioral Health Network to a low of 28% by Northwest Florida Health Network.

Table 4: FY 2020 - 2021 Managing Entity Exenditures							
Managing Entity	Allocated	Expended		Unexpended		Eligible for Carry Forward	
	\$	\$	%	\$	%	\$	% of Unexpended
Big Bend Community Based Care	\$79,861,496	\$70,563,958	88.4%	\$9,297,538	11.6%	\$6,388,920	68.7%
Broward Behavioral Health Coalition	\$68,013,646	\$62,991,003	92.6%	\$5,022,643	7.4%	\$4,392,394	87.5%
Central Florida Behavioral Health Network	\$218,609,289	\$200,485,345	91.7%	\$18,123,944	8.3%	\$16,562,812	91.4%
Central Florida Cares Health System	\$88,415,839	\$80,068,702	90.6%	\$8,347,137	9.4%	\$7,073,267	84.7%
Lutheran Services Florida	\$149,660,097	\$144,503,492	96.6%	\$5,156,605	3.4%	\$4,945,646	95.9%
Southeast Florida Behavioral Health Network	\$72,187,268	\$66,450,852	92.1%	\$5,736,416	7.9%	\$4,978,994	86.8%
South Florida Behavioral Health Network	\$92,975,390	\$83,176,664	89.5%	\$9,798,726	10.5%	\$7,438,068	75.9%
Total	\$769,723,025	\$708,240,015	92.0%	\$61,483,010	8.0%	\$51,780,101	84.2%

Chart 4: Managing Entity Expenditures by Category – SFY 2020-2021 by ME Lead Agency



The Department of Children and Families Substance Abuse and Mental Health System of Care

The Department of Children and Families (hereafter referred to as the Department) is the single state authority for substance abuse and mental health treatment services in the state of Florida. The Office of Substance Abuse and Mental Health (SAMH) within the Department develops standards for the provision of prevention, treatment, and recovery services in partnership with other state agencies that also fund behavioral health services.

In accordance with chapter 397, F.S., the Department is responsible for developing a comprehensive state plan and adopt rules for the provision and funding of substance abuse services. The Department provides, on a direct and contractual basis, public education programs and an information clearinghouse to disseminate information about the nature and effects of substance; training for personnel who provide substance abuse; a data collection and dissemination system, in accordance with applicable federal confidentiality regulations; and basic epidemiological and statistical research and the dissemination of the results. The Department also license and regulate substance abuse service providers, provide training and technical assistance other state agencies on substance use prevention and treatment to enhance information sharing and services, develop joint agreements with other state agencies, conduct background checks for service provider personnel, recognize a statewide certification process for addiction professionals, and designate addiction receiving facilities for the purpose of ensuring only qualified service providers render services within the context of a secure facility setting.

In accordance with chapter 394, F.S., the Department is responsible for planning, evaluating and implementing a comprehensive statewide program for mental health that is inclusive of community-based behavioral health services, receiving and treatment facilities, child services, research, and training as authorized and approved by the Legislature, based on the annual program budget of the Department. The department is also responsible for the coordination of efforts with other departments and divisions of the state government, county and municipal governments, and private agencies concerned with and providing mental health services. It is responsible for establishing standards, providing technical assistance, and exercising supervision of mental health programs of, and the treatment of patients at, community facilities, other facilities for persons who have a mental illness, and any agency or facility providing services to patients pursuant to this part.

Funding to support the substance abuse and mental health services implemented by the Department, through contracts with providers, is significantly derived from the Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grants administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the block grant funding is for the implementation of programs used for treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.

- **The Substance Abuse Prevention and Treatment Block Grant:** funds are used to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.
- **The Community Mental Health Services Block Grant:** funds are used to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances, and to monitor progress in implementing a comprehensive, community-based mental health system.

The Department is responsible for providing coverage to the uninsured and underinsured populations.

- **Uninsured** - Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- **Underinsured** - Fund priority treatment and support services not covered by Children's Health Insurance Program (CHIP), Medicaid, Medicare, or private insurance for low-income individuals.

Each block grant has specific funding earmarked for specific services tied to specific target populations. Below is a detailed outline of the target populations and service areas:

- **Substance Abuse Prevention and Treatment Block Grant:**
 - Target populations and service areas
 - Pregnant women and women with dependent children
 - Intravenous drug users
 - Tuberculosis services
 - Early intervention services for HIV/AIDS
 - Primary prevention services
 - Funds a comprehensive array of services, including outreach, assessments, case management, intervention, outpatient, residential, recovery support, supported employment, supportive housing, medication-assisted treatment, aftercare, etc.
 - SAHMSA requires that at least 20% of funds must be used for primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing substance use disorder treatment.
 - SAHMSA requires 5% of the award must be used for onsite HIV testing for individuals enrolled in treatment and associated early intervention services.
 - SAHMSA requires at least \$9.3 million per year in Substance Abuse Prevention and Treatment block grant or state funds must be used to serve pregnant women and women with dependent children.
- **The Community Mental Health Services Block Grant:**
 - *Target populations*
 - *Adults with serious mental illnesses*
 - *Children with serious emotional disturbances*
 - Comprehensive, community mental health services
 - Screening
 - Outpatient treatment
 - Emergency mental health services
 - Day treatment programs
 - For the Community Mental Health Services block grant, SAHMSA requires at least 5% must be spent on core crisis services:
 - Mobile Response Teams
 - Crisis call centers
 - Crisis stabilization services
 - Short-term residential treatment
 - Suicide prevention

- At least 10% of the Community Mental Health Services block grant must be spent on early serious mental illness.
- Funds *cannot* be used for inpatient hospital services, to supplant or replace nonfederal funding, or to purchase buildings or major medical equipment.

The Department is also required by the block grants to collect performance and outcome data for mental health and substance use, and to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. The block grant funds may also be used to support training and/or technical assistance, needs assessments, quality assurance activities, evaluations, and information systems.

Community-based behavioral health services are provided through contracts with the seven non-profit Managing Entities. The purpose of the behavioral health Managing Entities is to plan, coordinate, and subcontract for the delivery of community mental health and substance use services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services. Services are provided by a network of local behavioral health providers who receive funding from the Managing Entities.

Block grant funds are administered through the following process:

1. Substance abuse and mental health block grant funding is awarded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
2. The Florida Department of Children and Families receives block grant funds for assistance for individuals who are uninsured or underinsured.
3. The Florida Department of Children and Families through contractual agreements distributes funding to the seven Managing Entities across the state of Florida.
4. The Managing Entities establishes contracts with community behavioral health providers who offer services for prevention and treatment to Floridians.
 - a. Each managing entity has its own process for contracting services through providers, such as request for qualifications or procurement for services.
5. Community behavioral health providers serve Floridians by providing a comprehensive array of benefits.

Block grant funding is currently administered by both the Florida Department of Children and Families and the Managing Entities through contracts. SAHMSA requires no more than 5% of each block grant award can be spent on administration. Table 5 displays recurring block grant funding award amounts and estimates for federal fiscal years 2021 to 2023.

Table 5: Standard Block Grants Funding (Recurring)		
SFY 2019-2020 through 2020-2021 (in \$ millions)		
	Substance Abuse Prevention and Treatment Block Grant	Community Mental Health Services Block Grant
Award Year (Oct 1 - Sept 30)	FY19 - 20	FY20 - 21
Recurring 2021 (current)	\$111,389,890	\$47,760,577
Recurring 2022 (estimated)	\$111,389,890	\$47,760,577
Recurring 2023 (estimated)	\$111,389,890	\$47,760,577

*Note: Each standard block grant award has an allowable expenditure period of two years (based on Federal FY Oct – Sept).

Additional funding to support substance abuse and mental health treatment services are derived from general revenue dollars appropriated to the Department by the Legislature and additional Federal discretionary grants awarded to the Department by SAHMSA. In addition to state funding available through the Department, Florida's local governments have a statutory vehicle to support behavioral health services through a match requirement based on the state general revenue that a provider receives. This match may be satisfied through cash or in-kind contributions. The authorizing legislation has set this up as a community issue that is negotiated between local governments and providers. Furthermore, some local governments dedicate additional funding for behavioral health services, while others do not.

Pursuant to s. 394.674, F.S., the following priority populations for funding are established for contracts implemented through the Department:

- For substance abuse treatment services:
 - Adults who have substance use disorders and a history of intravenous drug use;
 - Persons diagnosed as having co-occurring substance use and mental health disorders;
 - Parents who put children at risk due to a substance use disorder;
 - Persons who have a substance use disorder and have been ordered by the court to receive treatment.
 - Children at risk for initiating drug use;
 - Children under state supervision;
 - Children who have a substance use disorder but who are not under the supervision of a court or in the custody of a state agency; and
 - Persons identified as being part of a priority population as a condition for receiving services funded through the CMHS and SAPT Block Grants.

- For adult mental health services:
 - Adults who have severe and persistent mental illness. Included within this group are:
 - Older adults in crisis;
 - Older adults who are at risk of being placed in a more restrictive environment because of their mental illness;
 - Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916;
 - Other persons involved in the criminal justice system;
 - Persons diagnosed as having co-occurring mental illness and substance use disorders; and
 - Persons who are experiencing an acute mental or emotional crisis.

- For children's mental health services:
 - Children who are at risk of emotional disturbance;
 - Children who have an emotional disturbance;
 - Children who have a serious emotional disturbance; and
 - Children diagnosed as having a co-occurring substance use disorder and emotional disturbance or serious emotional disturbance.

In SFY 2019-2020 and 2020-2021, approximately 80% of the population served by the Department was adults. In SFY 2019-2020, the Department served 48,798 children and 199,524 adults, and in SFY 2020-2021, the Department served 40,730 children and 185,197

adults (see Table 6). Most individuals are served by the Department within the community mental health service setting, followed by state psychiatric hospitals and residential treatment facilities (see Table 7).

Table 6: Individuals Served				
	07/01/2019-06/30/2020		07/01/2020-06/30/2021	
Population Served	Total	Percentage	Total	Percentage
Children	48,798	20%	\$47,760,577	18%
Adults	199,524	80%	\$47,760,577	82%
Total	248,322		\$47,760,577	

Table 7: Number of Unduplicated Individuals Served in the Community				
	07/01/2019-06/30/2020		07/01/2020-06/30/2021	
Service Setting	Total	Percentage	Total	Percentage
Community Mental Health	187,414	96%	185,937	96%
State Psychiatric Hospitals	4,448	2%	5,124	3%
Residential Treatment	2,440	1%	2,913	2%
Total	194,302		193,974	

Substance Abuse Services

Substance Abuse services in Florida are authorized by chapter 397, F.S., and regulated by chapter 65D-30, F.A.C. The Department is statutorily required to license certain substance abuse service components and approve credentialing entities for addiction professionals and recovery residences. Chapter 397, F.S., provides for a system of care that is community based, reflecting the principles of recovery and resiliency.

Section 397.305(3), F.S., requires a system of care that will *"provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the least restrictive environment which promotes long-term recovery while protecting and respecting the rights of individuals, primarily through community-based private not-for-profit providers working with local governmental programs involving a wide range of agencies from both the public and private sectors."* The system of care is comprised of the following broad categories of substance abuse services:

- Primary prevention services that prevent or delay substance use and associated problems, which include:
 - Information dissemination;
 - Education;
 - Alternative drug-free activities;
 - Problem identification and referral;
 - Community-based processes; and
 - Environmental strategies.

- Intervention services, which are structured services aimed at individuals at risk of substance abuse, focusing on outreach, early identification, short-term counseling and referral.
- Clinical treatment, which includes professionally directed services to reduce or eliminate misuse of alcohol and other drugs, such as:
 - Outpatient and intensive outpatient treatment;
 - Day or night treatment;
 - Medication-assisted treatment;
 - Residential Treatment;
 - Intensive inpatient treatment; and
 - Detoxification.
- Recovery support services are designed to help individuals regain skills, develop natural support systems, and develop goals to help them thrive in the community and promote recovery, such as:
 - Aftercare;
 - Supported housing;
 - Supported employment; and
 - Recovery support.

Within this service array, the Department is also implementing specialty programs aimed at the specific needs of certain populations, including:

1. Services for pregnant women and mothers through Specific Appropriation 370 of the General Appropriations Act and federal block grant funds;
2. Child welfare involved parents/caretakers through Family Intensive Treatment Teams; and
3. Individuals with opioid misuse and opioid use disorders through federal discretionary grants (i.e., the State Opioid Response grants).

Mental Health Services

Florida Statute requires that there be a system of care for persons with serious mental illnesses and serious emotional disturbances. Section 394.453, F.S., states that, *"It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders."*

As noted earlier, mental health services for children and adults are provided by network service providers through contracts with managing entities, managed care organizations, other state departments, and local governments. Individuals who require the most restrictive clinical setting are served in state funded mental health treatment facilities. The Department also has administrative responsibility for the Juvenile Incompetent to Proceed Program and the Behavioral Health Network. The Juvenile Incompetent to Proceed Program offers competency restoration for children with criminal charges who are found incompetent by a court to proceed due to mental illness, developmental disability or autism. The Behavioral Health Network is an intensive behavioral health program for children enrolled in the State Children's Health Insurance Program. Part III of Chapter 394, F.S., outlines the guiding principles for child and adolescent mental health services funded by the Department. Based on SAMHSA's System of Care principles, Florida has adopted a framework that requires services be individualized, culturally competent, integrated,

and include the family in all decision-making. These services should ensure a smooth transition for children who will need to access the adult system for continued age-appropriate services and supports. Services must be provided in the least restrictive setting available and the Department funds an array of formal treatment and informal support services in the home and community. For those children that require residential mental health treatment, the Department partners with the Agency for Health Care Administration (AHCA) to fund and oversee therapeutic group care and the Statewide Inpatient Psychiatric Program. The Statewide Inpatient Psychiatric Program provides residential mental health treatment in a secure setting with intensive treatment and serves children with severe emotional disturbances ages six through seventeen.

The system of care is comprised of the following broad categories of mental health services:

- Treatment services intended to reduce or ameliorate the symptoms of mental illness, which include psychiatric medication and supportive psychotherapies;
- Rehabilitative services, which are intended to reduce or eliminate the disability associated with mental illness and may include:
 - Assessment of personal goals and strengths;
 - Readiness preparation;
 - Specific skill training; and
 - Designing of environments that enable individuals to maximize functioning and community participation.
- Support services, which assist individuals in living successfully in environments of their choice. These include:
 - Income supports;
 - Recovery supports;
 - Housing supports; and
 - Vocational supports.
- Case management services, which are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. This includes:
 - Assessment of the person's needs;
 - Intervention planning with the person, his or her family, and service providers;
 - Linking the person to needed services;
 - Monitoring service delivery;
 - Evaluating the effect of services and supports; and
 - Advocating on behalf of the person served.

Assisted Living Facilities (ALFs) with Limited Mental Health Licenses (ALF-LMHL) are also a part of the housing continuum for adults living with mental illnesses. As a function of the Managing Entity contracts, each region submits a plan at least annually to ensure the delivery of services to those in an ALF with a mental health diagnosis. The plan addresses training for ALF-LMHL staff, placement, and follow-up procedures to support ongoing treatment for residents. The annual ALF-LMHL Regional Plans are kept on file at the Department. The Department is also working with the Florida Certification Board to create a training course for ALF owners and staff to replace the currently approved (and statutorily required) training.

Mental health services are also a covered service in the State Medicaid Plan. Mental Health services that are covered include modalities such as:

- Targeted case management;
- Behavioral health overlay services;
- Community behavioral health services (assessment, medical services, therapy, psychosocial rehabilitation, and in-home services up to age 20); and
- Inpatient services.

In addition to the Medicaid state plan services, managed care providers have an additional array of services they may choose to fund as long as they are utilized as “in lieu of” services for more restrictive and costly state plan services. Examples of these services include mobile crisis, recovery support, wraparound, and early intervention. Florida also has the first ever specialty managed care plan that specifically serves adults with serious mental illnesses and children with serious emotional disturbances.

The Department funds several team-based community interventions including 33 Florida Assertive Community Treatment (FACT) teams, 41 Community Action Treatment (CAT) teams, 5 Community Forensic Multidisciplinary teams, 39 Mobile Response Teams, and 23 Family Intensive Treatment (FIT) teams. The focus of these teams is to divert individuals with significant behavioral health conditions from residential or institutionalized care and support them in the community. They provide in-home services and supports, with heavy emphasis on community integration and bolstering family support systems.

Access to Local Crisis Call Centers

Every year, millions of individuals throughout the U.S. dial 2-1-1 for help with a variety of basic needs like food and shelter, as well as mental health crisis services. Florida 2-1-1 is a free, confidential service that connects Floridians with local community-based organizations offering thousands of different programs and services. Individuals can call 2-1-1 or search the Turn to 2-1-1 website for information on more than 40,000 different programs and services throughout Florida. The [Florida Alliance of Information and Referral Services](#) (FLAIRS) is the collaborative 2-1-1 association “responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.”⁵ FLAIRS provides a map of Florida’s 2-1-1 network which is comprised of 12 Contact Centers (see Appendix A below). Some centers offer multilingual services 24-hours a day, 365 days per year. Other providers operate more limited in-house schedules and route evening, weekend, and holiday calls to neighboring crisis providers. Some providers have enhanced capacity for web-based interactions and text, chat, or email supports. Local data dashboards, with details on call volume and the type of service requests received by Florida’s network of 2-1-1 Centers, are accessible at www.211Counts.org. In FY 19-20, Florida’s 2-1-1 Centers reported approximately 653,541 calls and 837,521 total requests.⁶ The [National Suicide Prevention Lifeline](#) (NSPL) is comprised of a nationwide network of over 180 local crisis call centers. Nine of the 2-1-1 Centers in Florida are “blended” members of the NSPL network, providing both crisis services and information and referral services. They are nationally accredited by the American Association of Suicidology and they answer calls to the NSPL from their local communities. In 2019, NSPL member call Centers operating in Florida reported 128,659 calls, up about 64% since 2016. The Department also commits funding to support the Crisis Center of Tampa Bay’s Florida Veterans Support Line www.MyFLVet.com.

The Florida Veterans Support Line was launched as a pilot program in 2014 and it has since expanded to every county in Florida. Veterans and their loved ones can call 1-844-MyFLVet and be connected

⁵ S. 408.918(3), F.S.

⁶ 211 Counts. (2021). Top Service Requests by All Florida Call Centers – Custom Date: July 1, 2019 through June 30, 2020. Retrieved on March 3, 2021 from www.211counts.org.

to a peer military veteran who has been trained to provide immediate emotional support, as well as VA and non-VA resources located throughout the community. Over the past year, 20,365 calls were received from veterans or their family members and 54,838 referrals were provided. Additionally, 4,523 veterans were linked to care coordination services.

Mobile Response Teams (MRTs)

Mobile Response Teams (MRTs) provide readily available crisis care in the community and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for hospital or emergency department utilization. The Managing Entities contract with providers for MRTs, with statewide access to this service across all 67 counties. There are currently 39 MRTs. A [map depicting the MRTs](#) is available on the Department's website. In 2020, House Bill 945 amended s. 394.495, F.S., to include MRT in the child and adolescent array of services, outline programmatic requirements, and expand MRT eligibility to include children that are served by the child welfare system and are experiencing or at risk of experiencing placement instability. The Department published a Guidance Document that identifies eligibility, roles and responsibilities, service components, and output measures.

MRT program requirements include:

- Reasonable access to MRT services among all the counties in the Managing Entity service region
- Establish response protocols with local law enforcement agencies, local community-based care lead agencies, child protective investigators, and the Department of Juvenile Justice
- Provide information about MRT services to foster parents
- Services must be available 24 hours per day, 7 days a week
- Access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner
- MRTs may triage requests to determine the level of severity and provide an in-person response within 60 minutes when clinical criteria for an immediate response is met. The in-person response may be face-to-face at the location of the crisis or via telehealth
- Provide an array of crisis response services responsive to individuals and their family including
 - Evaluation and assessment,
 - Stabilization services,
 - Safety and crisis planning, and
 - Brief care coordination with a warm handoff to another service provider as clinically indicated.

The Department began collecting data in July 2019 about the MRT services. For State Fiscal Year 20-21, the MRTs received 22,160 calls and responded either face to face or through telehealth to 16,651 of those calls. Of the 16,651 calls responded to, 3,145 calls resulted in an involuntary examination and 13,506 (or about 81%) were potentially diverted from an involuntary examination.

Availability of Short-term Crisis Receiving and Stabilization Centers

Crisis stabilization is an acute care service, offered 24-7, that provides brief, intensive residential treatment services that meet the needs of individuals experiencing mental health crises who would otherwise require hospitalization.⁷ Crisis Stabilization Units (CSUs) and Children's Crisis Stabilization Units (CCSUs) are residential facilities, serving as an alternative to inpatient hospitalization, that conduct voluntary examinations and involuntary examinations under Florida's Baker Act. In Florida, individuals that are involuntarily admitted for examination go to a network of "designated"

⁷ Section 65E-14.021(4)(e), Florida Administrative Code.

facilities, approved by the Department, that provide emergency screening, evaluation, and short-term stabilization.

There are 126 designated Baker Act Receiving Facilities in Florida, including 64 public facilities that have a contract with a Managing Entity and 62 private facilities. Designated Baker Act receiving facilities are facilities where involuntary examinations occur. These include hospitals licensed under Chapter 395 F.S., and CSUs licensed under Chapter 394 F.S. The Department designates all Baker Act receiving facilities regardless of type.

Service Eligibility

In order to be considered eligible to receive substance abuse and mental health services funded by the Department, applicants must be a member of at least one of the priority or targeted populations,⁸ have an annual gross family income at or above 150% of the Federal poverty Income Guidelines (or a sliding fee scale is applied), have no other payer source, or qualify for a service that Medicaid or other third party payor does not pay. Service providers are required to make reasonable efforts to identify and collect benefits from third party payers when applicable.

Managing Entities, by both statute and contract, are required to develop and manage an integrated provider network that meets the behavioral health service needs of the community in which they are located. The services are to be accessible and responsive to individuals, families, and community stakeholders. This includes:

1. All priority populations as defined in statute;
2. Mental Health residents of assisted living facilities;
3. Persons ordered into involuntary outpatient placement;
4. Eligible children referred for residential placement;
5. Inmates approaching the end of their sentences;
6. Individuals that are currently in civil and forensic state Mental Health Treatment Facilities; and
7. Individuals who are at risk of being admitted into a civil or forensic state MH Treatment Facility (including diversionary community treatment and services prior to admission).

Care Coordination

Care Coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. It is time-limited with a heavy concentration on educating and empowering the person served and it provides a single point of contact until a person is adequately connected to the care that meets their needs. For FY 2021-2022 the total program amount was \$5,500,000 (state). In January 2021, an additional \$7,000,000 was allocated with CARES Act funding (federal) for Care Coordination positions. This allocation was meant to increase the role of care coordination as it relates to children and parents in the child welfare system with behavioral health needs, as well as families with babies with Neonatal Abstinence Syndrome (NAS) or Substance Exposed Newborn (SEN) within each Managing Entity region.

Pursuant to s. 394.9082(3)(c), F.S., the Department has defined several priority populations to potentially benefit from Care Coordination. Managing Entities and provider agencies are expected to utilize at least 50% of allocated funds to serve the following populations:

⁸ S. 394.674(1), F.S.

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:
 - a. Adults with three (3) or more acute care admissions within 180 days, or
 - b. Adults with acute care admissions that last 16 days or longer, or
 - c. Adults with three (3) or more evaluations at an acute care facility within 180 days, regardless of admission.
2. Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.

The Department have identified and defined the following additional populations to benefit from Care Coordination:

1. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in s. 394.492, who require assistance in transitioning to services provided in the adult system of care.
2. Children and adolescents with a mental health diagnosis, SUD, or co-occurring disorders who demonstrate high utilization. For the purposes of this document, high utilization is defined as: children and adolescents under 18 years of age with three (3) or more admissions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days, including:
 - a. 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.
 - b. Children and adolescents who have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders.
3. Children not currently receiving services by a Community Action Treatment (CAT) Team.
4. Families with infants experiencing or at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.

The following populations may receive Care Coordination from the remaining balance of allocated funds with Department Regional Office approval.

1. Persons with a SED, SMI, SUD, or co-occurring disorders who are involved with the criminal justice system, including: a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
2. Caretakers and parents with an SMI, SUD, or co-occurring disorders considered at risk for involvement with child welfare.
3. Individuals identified by the Department, Managing Entities, or Network Service Providers as potentially high risk due to concerns that warrant Care Coordination.

Care Coordination primarily serves adult acute care high utilizers, individuals discharging from a state mental health treatment facility (SMHTF), and individuals awaiting placement in a SMHTF. Care Coordination utilization has been monitored for the past two fiscal years as one of the primary

opportunities to ensure the prevention of SMHTF hospitalization. Care Coordination also has an opportunity to support integration with the added populations listed above, including children, adolescents, and caregivers and to prevent individuals from admission or readmission into acute care facilities. In FY20-21 there were 3,204 individuals served by Care Coordination. This includes adult acute care high utilizers, individuals discharged from a SMHTF, and individuals awaiting placement in a SMHTF.

Florida Assertive Community Treatment (FACT) Teams

The FACT Teams utilize a transdisciplinary approach to deliver comprehensive care and promote independent, integrated living for individuals with serious mental illness. FACT Teams primarily provide services to participants where they live, work, or other preferred settings, and are available 24 hours a day, 7 days a week. FACT is recovery-oriented, strengths-based, and person-centered. FACT Teams provide a comprehensive array of services for program participants, such as: helping find and maintain safe and stable housing; furthering education or gaining employment; education about mental health challenges and treatment options; assisting with overall health care needs; assisting with co-occurring substance abuse recovery; developing practical life skills; providing medication oversight and support; and working closely with individuals' families and other natural supports.

The FACT program goals are to promote and incorporate recovery principles in service delivery by:

- reducing hospitalization;
- increasing days in the community;
- collaborating with the criminal justice system to minimize or divert incarcerations; and
- strengthening parenting skills for those who have children.

FACT is a self-contained team staffed with medical and behavioral health professionals, including:

- Clinical Team Leader,
- Psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN),
- Nursing Staff (x3),
- Peer Specialist,
- Substance Abuse Specialist,
- Vocational Specialist,
- Case Manager, and
- Administrative Assistant.

The Department currently funds 33 FACT teams that are currently serving approximately 3,300 individuals. Annually, approximately 55% of new admissions to FACT Teams come directly from state mental health treatment facility discharges. Approximately 50% of participants live independently in the community. The remaining participants remain in the community with family support or Assisted Living Facilities. FACT Teams engage participants to support competitive employment, community volunteerism, or pursue education. Table 8 displays a breakdown of CAT clients served by managing entity.

Table 8: FACT Clients Served

Managing Entity	FY19-20		FY20-21	
	Total	Percentage	Total	Percentage
Big Bend Community Based Care	233	7%	324	9%
Broward Behavioral Health Coalition	179	6%	153	4%
Central Florida Behavioral Health Network	1452	45%	1512	43%
Central Florida Cares Health System	219	7%	330	9%
Lutheran Services Florida	537	17%	579	16%
Southeast Florida Behavioral Health Network	325	10%	305	9%
South Florida Behavioral Health Network	259	8%	328	9%
Total	3204		3531	

Community Action Treatment (CAT) Teams

The Comprehensive Action Treatment (CAT) model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of young persons (and their family) ages 11 up to 21 with a mental health diagnosis and complex needs such as a history of hospitalizations, involvement with juvenile justice, or school challenges. It utilizes an in-home/on-site team approach and incidental funding to individualize services that assist young people and their families to improve functioning and manage their behavioral health conditions. In 2005, the Community Action Treatment (CAT) Team began as a pilot program in Manatee and Lee counties and has shown positive outcomes for keeping children with behavioral health conditions safely in their homes and communities. The anticipated length of involvement is six to nine months (based on the pilot model); however, providers should serve the individual for as long as needed to successfully complete treatment due to CAT services being extremely individualized.

CAT team services are one of the most intensive and uniquely designed community-based services available to families in Florida. The Florida Department of Children and Families requires that CAT teams under contract with behavioral health Managing Entities conduct the following services which may include any combination of the following:

- Crisis intervention and continual on-call coverage for 24 hours per day to assist with crisis intervention, referrals, or supportive counseling
- Case management
- Licensed psychiatric evaluation services to determine the need for psychotherapeutic medication/medication management
- Respite services providing short-term supervision
- Counseling, therapeutic mentoring and related therapeutic interventions in an individual,

group or family setting

- Transition services to an adult system of care
- Transportation to medical appointments, court hearing, or other related activities
- Tutoring and remedial academic instruction to enhance educational performance
- Substance use/abuse interventions and treatment services for co-occurring mental health and substance use disorders
- Training or coordination in parenting skills, behavior modification, family education and family support network development

The CAT team budget for FY 2021-2022 is \$34,500,000 General Revenue, including an additional \$3,750,000 from supplemental Community Mental Health Block grant funds for five new teams or expanding existing teams (two will be non-recurring). Most CAT teams are currently funded at \$750,000. There are currently 41 Department funded CAT Teams serving a total of 3,423 individuals.

CAT teams have shown good outcomes keeping young people 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. CAT is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health conditions. Upon successful completion, the youth and family should have the skills and natural support system needed to maintain improvements made during services.

Last fiscal year's outcome measures for the CAT teams, included in provider contracts, show:

- 98% of providers met targets for their clients attending school during FY 2020-21
- 93% of providers met targets for their clients improved level of functioning – based on several standardized assessments – during FY 2020-21
- 100% of providers met targets for their clients living in a community setting during FY 2020-21
- 98% of providers met targets for their clients improved family functioning during FY 2020-21

Table 9: CAT Clients Served

Managing Entity	FY19-20		FY20-21	
	Total	Percentage	Total	Percentage
Big Bend Community Based Care	478	22%	618	25%
Broward Behavioral Health Coalition	92	4%	81	3%
Central Florida Behavioral Health Network	575	26%	706	28%
Central Florida Cares Health System	461	21%	413	16%
Lutheran Services Florida	335	15%	224	9%
Southeast Florida Behavioral Health Network	249	11%	270	11%
South Florida Behavioral Health Network	30	1%	195	8%
Total	2220		2507	

Family Intensive Treatment (FIT) Teams

The Family Intensive Treatment (FIT) team model is designed to provide intensive services to families in the child welfare system with parental substance use. FIT team providers serve families referred by the child protective investigator, child welfare case manager or Community-Based Care Lead Agency. Providers and stakeholders working with child welfare families, such as engagement programs and the dependency court system, can also refer eligible parent(s)/guardian(s). The FIT team model goal is to ensure that every family involved in services is supported and engaged with one team and one common planning process so that the family will experience one community-wide system of care. Through the integration of child welfare and behavioral health practice models, FIT is designed to collaboratively engage and assess the entire family at an intense customized level, integrate care to the entire family unit, provide immediate access to services to treat behavioral health needs, and address diminished CPCs. Eligibility includes:

- FIT Team providers shall deliver services to parent(s)/guardian(s) who meet all the following criteria:
 - Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.; including persons meeting all other eligibility criteria who are under insured;
 - Meet the criteria for a substance use disorder;
 - Have at least one child between the ages of 0 and 10 years
- At the time of referral to FIT: A child in the family has been determined to be:
 - "unsafe,"
 - in need of child welfare case management, and
 - placed in shelter status.

Table 10: FIT Clients Served

Managing Entity	FY19-20		FY20-21	
	Total	Percentage	Total	Percentage
Big Bend Community Based Care	229	18%	218	16%
Broward Behavioral Health Coalition	59	5%	46	3%
Central Florida Behavioral Health Network	353	28%	484	35%
Central Florida Cares Health System	93	7%	95	7%
Lutheran Services Florida	328	26%	340	24%
Southeast Florida Behavioral Health Network	113	9%	90	6%
South Florida Behavioral Health Network	108	8%	127	9%
Total	1283		1400	

Primary Prevention of Substance Use

Florida, like all states, is required to spend at least 20% of the Substance Abuse Prevention and Treatment Block Grant award on primary prevention activities that are directed at individuals who do not require treatment for substance use disorders. All six strategies described by the Center for Substance Abuse Prevention are funded by the primary prevention set-aside. These strategies include information dissemination, education, alternative activities, problem identification and referral, community-based processes, and environmental strategies. The Department licenses providers of prevention services; identifies data-driven, statewide, strategic priorities; develops competitive applications for prevention grant funding opportunities; provides trainings on innovative prevention practices; leads data quality improvement initiatives; and collaborates with other state agencies on surveillance and resource coordination. The Department also manages the competitive review process for the Block Grant-funded, school-based, Prevention Partnership Grant (PPG) proposals, in partnership with the Department of Education and the Department of Juvenile Justice.⁹ The Department’s Statewide Prevention Coordinator also recently collaborated with nurses, counselors, educators, and Department of Education representatives on the development of standards in the Florida Administrative Code for mental and emotional health education and substance use health education for grades K-12. The Department also manages prevention specific appropriations from the Legislature, most recently in partnership with the Florida Alliance of Boys and Girls Clubs on a youth opioid prevention project.

Networks of prevention service providers, which include community-based organizations, like anti-drug coalitions, and behavioral health service providers, implement various evidence-based school-and family-based prevention programs throughout the state. The Department also funds a variety of campaigns throughout the state designed to prevent youth substance use.

These include different variations of Social Norms Campaigns, as well as Use Only as Directed, Know the Law, Talk: They Hear You, Friday Night Done Right, No One's House/Not in My House, We ID, Parents Who Host Lose the Most, Lock Your Meds, Be the Wall, and Safe Homes/Safe Parties. As many of these campaign names imply, they involve activities that address a variety of substances and behaviors, and include messages targeting parents and other adults that encourage responsible social hosting and supervision, restricting youth retail and social access to alcohol and medications, conveying disapproval of youth substance use, and modeling substance-free recreational activities.

The prevention system in Florida has a clear directive to be responsive to the needs of diverse racial, ethnic, and gender minorities, as well as American Indian/Alaska Native populations residing in the state. The Department's prevention partners are empowered with the flexibility to respond to local needs and conditions. The Department's Prevention Services Guidance Document requires data analysis to identify populations to be targeted through culturally appropriate, evidence-based prevention programs.¹⁰ Providers of prevention services are also required to use the planning process known as the Strategic Prevention Framework, which includes cultural competence as a cross-cutting principle that should be integrated into each step (assessment, capacity building, planning, implementation, and evaluation).¹¹ The Managing Entities monitor and address the needs of the diverse communities they serve in a variety of ways, including inclusive needs assessments that use demographic data throughout the process of writing, reviewing, and negotiating prevention contracts. Efforts are made to ensure that the prevention programs and strategies which are selected will be effective within diverse communities and providers are asked to demonstrate their effectiveness at reaching various demographics.

Data on prevention services is entered in the Department's Performance Based Prevention System, which is operated through a contract with Collaborative Planning Group Systems, Inc (CPGSI). In partnership with CPGSI, the Department helps identify and rectify data input errors through training and technical assistance provided to the Managing Entities and prevention services providers. CPGSI provides written recommendations for improvement on an account-by-account basis to each Managing Entity. The Performance Based Prevention System now includes a web training tab to house trainings on various topics, including strategic planning. Population-level data includes age of first use, future intentions to use, alcohol-related vehicle crashes, DWI rates, arrests, perceived availability, perceived harm, perceived parental disapproval, retailer citations, pills collected through drug take-back events, substance-related school suspensions, and lifetime and past 30-day prevalence rates for a variety of substances. Provider-level profiles and service records contain a variety of data elements and variables, including but not limited to, funding source, substance problem type, strategy type, activity codes, IOM targets, program/campaign names, counties of service, activity counts and descriptions, service recipient demographics (age, race/ethnicity, etc.) outputs types (i.e., media generated, services provided, training provided, community action/change, etc.).

⁹ S. 397.77, F.S. (School Substance Abuse Prevention Partnership Grants).

¹⁰ Florida Department of Children and Families. (2019). *Guidance 10 – Prevention Services*. Retrieved from www.myfamilies.com/service-programs/samh/managing-entities/2019/IncDocs/Guidance%2010%20Prevention.pdf.

¹¹ Substance Abuse and Mental Health Services Administration. (2019). *A Guide to SAMHSA's Strategic Prevention Framework*. Retrieved from www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf.

Conclusion

As detailed throughout this report, the Department’s substance abuse and mental health system of care is multi-faceted and comprised of various programs, models, frameworks, and services to serve uninsured and underinsured populations. The Department continues to work with the Managing Entities, community providers, key stakeholders, and other state agencies to identify opportunities for improvement within the Department’s substance abuse and mental health system of care. Needs assessments conducted by the Managing Entities, provider satisfaction surveys, client satisfaction surveys, Federal funding requirements, and data collected by the Department are all driving factors into the key programmatic focus areas of the Department. The Managing Entities are working within their respective regions across the state to ensure an adequate provider network, ease of access to behavioral health services, implementation of key programs, and transparency into fiscal expenditures of their funding and how the funding is disseminated to communities. The Department continues to work closely with the Managing Entities to provide oversight and management of the allocation of funding.

State Fiscal Year 2019-2020 and 2020-2021 Summary of Expenditures by Managing Entity

Statewide Summary				
Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$28,354,919	\$24,569,136	\$29,408,004	\$22,434,953
Mental Health Core Services	\$245,552,067	\$243,185,418	\$245,188,740	\$240,520,837
Mental Health Discretionary Grants	\$7,720,739	\$6,671,909	\$8,941,041	\$6,648,845
Mental Health Proviso Projects	\$9,144,112	\$8,767,522	\$13,764,112	\$8,960,405
Mental Health Targeted Services	\$162,123,481	\$155,327,653	\$174,254,423	\$151,274,839
Subtotal Mental Health	\$424,540,399	\$413,952,502	\$442,148,316	\$407,404,927
Substance Abuse Core Services	\$181,510,125	\$177,409,648	\$182,880,355	\$177,089,655
Substance Abuse Discretionary Grants	\$59,088,182	\$45,551,319	\$63,131,935	\$55,518,950
Substance Abuse Proviso Projects	\$29,131,497	\$28,279,904	\$26,177,500	\$24,779,659
Substance Abuse Targeted Services	\$23,126,915	\$21,676,846	\$25,976,915	\$21,011,872
Subtotal Substance Abuse	\$292,856,719	\$272,917,716	\$298,166,705	\$278,400,136
Total	\$745,752,037	\$711,439,354	\$769,723,025	\$708,240,015
Supp: FEMA Crisis Counseling Funds	\$1,540,733	\$1,115,900	\$10,632	\$5,131
Grand Total	\$747,292,770	\$712,555,254	\$769,733,657	\$708,245,147

AHME1 Big Bend Community Based Care

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$2,722,430	\$2,664,239	\$3,043,498	\$2,582,220
Mental Health Core Services	\$19,748,364	\$19,002,233	\$19,944,677	\$19,628,204
Mental Health Discretionary Grants	\$711,125	\$553,872	\$1,947,325	\$740,020
Mental Health Proviso Projects	\$450,000	\$361,182	\$1,018,232	\$562,182
Mental Health Targeted Services	\$28,845,484	\$28,358,812	\$30,319,501	\$27,232,476
Subtotal Mental Health	\$49,754,973	\$48,276,099	\$53,229,735	\$48,162,881
Substance Abuse Core Services	\$15,120,421	\$13,972,376	\$15,120,421	\$14,056,574
Substance Abuse Discretionary Grants	\$3,931,547	\$2,053,253	\$3,654,516	\$2,487,477
Substance Abuse Proviso Projects	\$2,460,904	\$2,414,407	\$2,309,357	\$1,991,885
Substance Abuse Targeted Services	\$2,025,969	\$1,387,539	\$2,503,969	\$1,282,920
Subtotal Substance Abuse	\$23,538,841	\$19,827,575	\$23,588,263	\$19,818,856
Total	\$76,016,244	\$70,767,913	\$79,861,496	\$70,563,958
Supp: FEMA Crisis Counseling Funds	\$1,540,733	\$1,115,900	\$10,632	\$5,131
Grand Total	\$77,556,977	\$71,883,813	\$79,872,128	\$70,569,089

EH003 Lutheran Health Services

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$4,739,942	\$4,627,915	\$4,987,910	\$4,649,581
Mental Health Core Services	\$41,270,122	\$41,261,161	\$41,035,670	\$40,907,529
Mental Health Discretionary Grants	\$1,230,833	\$1,210,852	\$1,356,583	\$1,356,583
Mental Health Proviso Projects	\$3,050,000	\$2,994,490	\$3,485,713	\$2,661,430
Mental Health Targeted Services	\$35,504,140	\$34,559,743	\$38,207,990	\$35,511,432
Subtotal Mental Health	\$81,055,095	\$80,026,247	\$84,085,956	\$80,436,974
Substance Abuse Core Services	\$36,040,598	\$34,955,041	\$37,340,598	\$36,441,613
Substance Abuse Discretionary Grants	\$12,048,475	\$10,546,513	\$13,114,228	\$13,102,979
Substance Abuse Proviso Projects	\$6,956,343	\$6,956,266	\$5,543,733	\$5,543,733
Substance Abuse Targeted Services	\$4,259,792	\$4,254,346	\$4,587,672	\$4,328,612
Subtotal Substance Abuse	\$59,305,208	\$56,712,165	\$60,586,231	\$59,416,937
Total	\$145,100,245	\$141,366,327	\$149,660,097	\$144,503,492
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$145,100,245	\$141,366,327	\$149,660,097	\$144,503,492

GHME1 Central Florida Cares Health Systems

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$3,055,226	\$2,407,472	\$3,136,476	\$2,440,769
Mental Health Core Services	\$26,345,787	\$26,234,623	\$26,190,982	\$26,094,849
Mental Health Discretionary Grants	\$975,867	\$882,350	\$1,097,750	\$1,020,041
Mental Health Proviso Projects	\$500,000	\$500,000	\$1,088,020	\$699,732
Mental Health Targeted Services	\$17,595,616	\$16,648,935	\$19,536,775	\$15,920,359
Subtotal Mental Health	\$45,417,270	\$44,265,908	\$47,913,527	\$43,734,980
Substance Abuse Core Services	\$21,465,975	\$21,366,688	\$21,465,975	\$20,904,696
Substance Abuse Discretionary Grants	\$7,255,961	\$5,895,032	\$8,864,653	\$7,336,630
Substance Abuse Proviso Projects	\$3,256,072	\$3,256,072	\$3,595,610	\$2,854,468
Substance Abuse Targeted Services	\$3,039,598	\$2,875,673	\$3,439,598	\$2,797,158
Subtotal Substance Abuse	\$35,017,606	\$33,393,465	\$37,365,836	\$33,892,952
Total	\$83,490,102	\$80,066,845	\$88,415,839	\$80,068,702
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$83,490,102	\$80,066,845	\$88,415,839	\$80,068,702

IH611 Southeast Florida Behavioral Health Network

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$3,471,473	\$3,334,506	\$3,494,534	\$3,301,035
Mental Health Core Services	\$24,922,910	\$24,690,023	\$24,987,127	\$23,306,219
Mental Health Discretionary Grants	\$876,333	\$690,739	\$887,050	\$577,466
Mental Health Proviso Projects	\$400,000	\$400,000	\$579,133	\$250,000
Mental Health Targeted Services	\$10,598,803	\$10,242,720	\$12,013,046	\$10,332,352
Subtotal Mental Health	\$36,798,046	\$36,023,482	\$38,466,356	\$34,466,038
Substance Abuse Core Services	\$17,137,774	\$16,731,935	\$16,908,004	\$16,621,313
Substance Abuse Discretionary Grants	\$8,392,437	\$6,744,384	\$8,591,902	\$7,617,466
Substance Abuse Proviso Projects	\$2,733,815	\$2,599,890	\$2,194,374	\$2,194,374
Substance Abuse Targeted Services	\$2,232,098	\$2,127,607	\$2,532,098	\$2,250,626
Subtotal Substance Abuse	\$30,496,124	\$28,203,816	\$30,226,378	\$28,683,779
Total	\$70,765,643	\$67,561,804	\$72,187,268	\$66,450,852
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$70,765,643	\$67,561,804	\$72,187,268	\$66,450,852

JH343 Broward Behavioral Health Coalition

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$2,985,875	\$2,430,473	\$3,164,208	\$2,134,272
Mental Health Core Services	\$23,927,938	\$23,513,165	\$23,808,919	\$22,228,510
Mental Health Discretionary Grants	\$325,000	\$325,000	\$692,595	\$692,595
Mental Health Proviso Projects	\$0	\$0	\$247,555	\$0
Mental Health Targeted Services	\$11,617,595	\$11,447,607	\$11,659,714	\$10,513,826
Subtotal Mental Health	\$35,870,533	\$35,285,772	\$36,408,783	\$33,434,930
Substance Abuse Core Services	\$16,197,516	\$16,149,050	\$16,197,516	\$15,778,309
Substance Abuse Discretionary Grants	\$6,087,722	\$4,758,402	\$6,575,252	\$6,275,606
Substance Abuse Proviso Projects	\$3,102,100	\$3,102,100	\$2,898,106	\$2,898,106
Substance Abuse Targeted Services	\$2,219,781	\$2,219,781	\$2,769,781	\$2,469,781
Subtotal Substance Abuse	\$27,607,119	\$26,229,333	\$28,440,655	\$27,421,802
Total	\$66,463,527	\$63,945,578	\$68,013,646	\$62,991,003
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$66,463,527	\$63,945,578	\$68,013,646	\$62,991,003

KH225 South Florida Behavioral Health Network

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$4,265,516	\$3,862,173	\$4,485,809	\$3,817,596
Mental Health Core Services	\$32,766,494	\$32,388,263	\$33,065,420	\$32,473,197
Mental Health Discretionary Grants	\$777,354	\$329,602	\$1,281,738	\$592,838
Mental Health Proviso Projects	\$755,000	\$636,942	\$817,384	\$349,930
Mental Health Targeted Services	\$13,079,790	\$12,304,377	\$15,501,992	\$11,606,806
Subtotal Mental Health	\$47,378,638	\$45,659,184	\$50,666,534	\$45,022,771
Substance Abuse Core Services	\$26,233,538	\$25,237,890	\$26,433,538	\$24,699,915
Substance Abuse Discretionary Grants	\$5,835,468	\$3,242,156	\$4,833,567	\$4,096,728
Substance Abuse Proviso Projects	\$3,495,204	\$3,013,022	\$3,270,911	\$3,203,511
Substance Abuse Targeted Services	\$3,090,911	\$2,699,072	\$3,285,031	\$2,336,143
Subtotal Substance Abuse	\$38,655,121	\$34,192,140	\$37,823,047	\$34,336,297
Total	\$90,299,275	\$83,713,496	\$92,975,390	\$83,176,664
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$90,299,275	\$83,713,496	\$92,975,390	\$83,176,664

QD1A9 Central Florida Behavioral Health Network

Schedule of Funds Group	FY19-20 Budget	FY19-20 Expenditures	FY20-21 Budget	FY20-21 Expenditures
Managing Entity Operational Cost	\$7,114,457	\$5,242,360	\$7,095,569	\$3,509,479
Mental Health Core Services	\$76,570,452	\$76,095,950	\$76,155,945	\$75,882,330
Mental Health Discretionary Grants	\$2,824,227	\$2,679,493	\$1,678,000	\$1,669,302
Mental Health Proviso Projects	\$3,989,112	\$3,874,908	\$6,528,075	\$4,437,133
Mental Health Targeted Services	\$44,882,053	\$41,765,459	\$47,015,405	\$40,157,588
Subtotal Mental Health	\$128,265,844	\$124,415,810	\$131,377,425	\$122,146,353
Substance Abuse Core Services	\$49,314,303	\$48,996,667	\$49,414,303	\$48,587,234
Substance Abuse Discretionary Grants	\$15,536,572	\$12,311,580	\$17,497,817	\$14,602,064
Substance Abuse Proviso Projects	\$7,127,059	\$6,938,147	\$6,365,409	\$6,093,582
Substance Abuse Targeted Services	\$6,258,766	\$6,112,828	\$6,858,766	\$5,546,633
Subtotal Substance Abuse	\$78,236,700	\$74,359,222	\$80,136,295	\$74,829,513
Total	\$213,617,001	\$204,017,392	\$218,609,289	\$200,485,345
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$213,617,001	\$204,017,392	\$218,609,289	\$200,485,345