

Agency	# of Peer Positions	# of filled positions	# of vacant positions	Position Titles	Position Department
DISC Village	(1 certified)	4	0	Peer Group Facilitators	MHAOW does not have departments
Apalachee	17	9	8	Peer Specialist and Therapeutic Mentor (CAT program only)	Outpatient programs 14 positions; Residential

### Peer Positions Circuit 14

Agency	# of Peer Positions	# of filled positions	# of vacant positions	Position Titles	Position Department
Life Management Center	6 (2 certified)	3	3	Peer specialists	FACT Adult and child Outpatient Services CAT FITT
CARE	2 (1 certified)	1	1	Peer specialist	Care Coordination

#### E. Evidenced Based Practice Survey

*Section 394.4576, F.S., requires an assessment of services in the state that considers the extent to which designated receiving facilities use "evidence-informed" practices. The terms "evidence-based" and "evidence-informed" are often used interchangeably and the Department regards them as synonymous. The Department's standards for identifying evidence-based practices are contained in Guidance 1 - Evidence Based Guidelines. Please identify and describe the evidence-informed/evidence-based practices used within your system.*

Four (4) of BBCBC's network providers are designated receiving facilities: Fort Walton Beach Medical Center (Circuit 1), Lakeview Center (Circuit 1), Apalachee Center (Circuit 2), and Life Management Center (Circuit 14). Each designated receiving facility was asked to provide a comprehensive list of evidence-based practices as part of the required Needs Assessment and as required by FS 394.4573. Additionally, BBCBC requested providers explain how they are ensuring fidelity to that model, for each EBP identified.

#### Circuit 1

In Circuit 1, two (2) network providers are "designated receiving facilities": Fort Walton Beach Medical Center and Lakeview Center. EBPs used by each provider are summarized below.

##### Fort Walton Beach Medical Center

Fort Walton Beach Medical Center (FWBMC) utilizes the follow EBPs: SAFE-T, Guard One, Bert, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Crisis Prevention Intervention (CPI), Brocet, and Anger Assessment.

These practices are covered in an 8 hour mandatory training class FWBMC offers monthly. CPI is updated yearly and is a condition on which employment is based. The emphasis on verbal de-escalation (CPI and

BERT) is probably the most useful in the milieu; FWBMC also uses monthly staff meetings to reinforce the importance of these. FWBMC has nightly chart audits that track anger assessment and Brocets, and fallouts are reported to management. DBT is used in IOP/PHP and is best practice for Borderline Personality. Physicians and therapists use CBT for inpatient process groups and chart accordingly.

#### Lakeview Center

The EBPs provided by the Acute Stabilization Unit at Lakeview Center include but are not limited to Motivational Interviewing, Person-Centered Services, Solution-Focused Therapy, SAFE-T, Cognitive Behavioral Therapy, Coordination Treatment of Co-Occurring Disorders, Trauma-Focused Care, Wellness Planning, and Medication Management (use of Florida Medicaid medication guidelines).

### **Circuit 2**

In Circuit 2, one (1) network providers is a "designated receiving facility". Apalachee Center responded to requests for information on EBPs and fidelity. Their responses are summarized below.

#### Apalachee Center

Apalachee Center reports that social service staff members are trained in Motivational Interviewing and SBIRT (Screening, Brief Intervention, and Referral to Treatment). All staff members are trained in Non-violent Crisis Prevention Intervention. Apalachee Center also practices Trauma-Informed Care by screening for trauma history.

In order to avoid the use of seclusion and restraint, Apalachee Center asks all clients for their personal preferences (Personal Safety Plan) of how to manage crisis situations that may occur on the unit. One example of this is to allow the client to relax and decrease stimulation in quiet place by providing books or other activities that the client believes will decrease their anxiety and/or stress level. Apalachee Center also uses group materials based upon CBT and DBT principles; however, they do not implement the full program since their program is very short-term.

### **Circuit 14**

In Circuit 14, one (1) network providers is a "designated receiving facility". Life Management Center responded to requests for information on EBPs and fidelity. Their responses are summarized below.

#### Life Management Center

Life Management Center (LMC) reports utilizing the follow EBPs: CPI Non Violent Crisis Intervention. LMC employs certified trainers for this EBP and their staff recertify annually.

LMCs inpatient counselor utilizes Cognitive Behavioral Therapy (CBT) and Screeners use Motivational Interviewing.

## **F. Resident Travel**

*Within your network, please identify any services that require a resident living within your catchment area to travel more than hour.*

Within BBCBCs network, some residents may travel more than an hour for acute care services (e.g. CSU/Detox). CSU facilities are located in Escambia, Okaloosa, Bay, and Leon counties. Detox facilities are located in Escambia, Bay, and Leon counties. Residents in Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun, Gulf, Franklin, Liberty, Gadsden, Jefferson, Madison, Taylor, and Wakulla counties may have to travel more than 1 hour to reach these services.

Certain substance use disorder and mental health inpatient programs are similarly located in Escambia, Bay, and Leon counties where residents of other counties may have to travel more than one hour to receive services.

## **G. Unmet Needs Identified Through Care Coordination**

*What unmet needs have been identified through your coordination of care activities?*

### **Circuit 1, 2, and 14**

Housing remains as an unmet need for the majority of individuals who meet the identified care coordination populations. The need for housing includes, but is not limited to, affordable and permanent supportive housing, nursing homes, and assisted living facilities. In addition to housing options, residential treatment options remain an unmet need. There is a need for increased bed availability for residential substance use treatment as well as residential treatment facilities to serve as a step down for those individuals being discharged from a State Mental Health Treatment Facility. The lack of housing options impacts appropriate transitioning planning from the state hospitals and correctional facilities. Transportation has been identified as a common barrier and a need for individuals within the community. While the need for transportation is huge in the more rural counties within the region, even in the cities which have some public transportation there are areas in which the transportation does not serve. In regards to children, there appears to be a gap in services for children who do not qualify for Agency for Persons with Disabilities (APD) services, but who also do not qualify for State Inpatient Psychiatric Program (SIPP). Once community resources are exhausted for these children, there are limited residential options available for the child. This same type of gap exists for the elderly population who have dementia or another organic disease that can be mistaken for a mental health diagnosis. It is difficult to find assistance for these individuals in obtaining a public guardian, securing benefits and locating the correct level of care. Lastly, there is a need for more psychiatrists within the region.