



**Triennial Plan for the Delivery of Mental Health and  
Substance Abuse Services**

**State Fiscal Years 2023-2024 and 2025-2026**

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## Introduction

### **About the Department of Children and Families**

The mission of the Department of Children and Families (Department) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Its vision is to empower Floridians with opportunities that support and strengthen resiliency and wellbeing and work towards achieving the following goals:

- Enhance Program Effectiveness to Improve the Customers' Experience
- Build a System of Accountability, Transparency, and Alignment
- Establish a Culture of "We" through Engagement and Intentional Collaboration

### **About the Office of Substance Abuse and Mental Health**

Functioning under the 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, across six regions, that work with inpatient facilities, community behavioral health centers, and numerous other providers to ensure access and deliver coordinated care across multiple levels.

Working in coordination with the Department's Offices for Child and Family Well-Being and Economic Self-Sufficiency, SAMH functions as one element in a system focused on helping vulnerable individuals and families access support and services that can enable them to lead prosperous and independent lives. During the upcoming three years, the Department is striving to enhance integrated service delivery to directly impact its focus of preventing unnecessary utilization of intense levels of care and expanding access to mental health and substance abuse services.

In accordance with section 394.75, Florida Statutes (F.S.), the Department must complete a triennial plan once every three years that describes how the Department will finance and administer a statewide system of mental health and substance abuse care. As part of the requirements, the plan must provide the following:

- Proposed changes in statute or Department policy to enhance the quality of Florida's mental health and substance abuse services.
- Strategies for supporting children, adolescents, and adults who are at risk for developing mental health or substance abuse issues.
- Input from stakeholders, community partners, and individuals who receive state-funded mental health and substance abuse services.

For the forthcoming triennial period (2023-2025), the Department is engaging in multiple strategies to more effectively serve customers. These include deepening systematic collaboration to identify the most critical areas of service needs, identifying methods to prevent unnecessary utilization, and promoting appropriate care encounters at the right moment. These strategies contribute to the Department's goals of ensuring that individuals contending with mental health and substance abuse

issues receive the services and supports they need, including access to economic assistance and self-sufficiency.

Ensuring access to appropriate mental health and substance abuse services when combined with the tools necessary for economic self-sufficiency can promote a more prosperous population and reduce the number of vulnerable Floridians. During the next three years, the Department will be working to achieve these goals and address any new challenges that may arise. The following provides the Governor, President of the Senate, and Speaker of the House of Representatives the Department's triennial plan for mental health and substance abuse services for 2023 through 2025.

The Department will work to lower adverse behavioral health trends across the state. These trends are listed below:

- **Mental Health:** The National Survey on Drug Use and Health (NSDUH) provides important estimates of substance abuse, substance use disorders, and other mental illnesses at the national, state, and sub-state levels. Based on the 2020 published study, the NSDUH estimates that in Florida during 2018-2020:
  - 17 percent of adults experienced any mental illness.
  - 4.8 percent of adults experienced a serious mental illness.
  - 14.52 percent of children ages 12-17 experienced a major depressive episode.The U.S. Health Resources and Services Administration reported that as of June 30, 2022, Florida has 231 areas experiencing a shortage of mental health professionals and the percent of need met is 20 percent, compared to 28 percent for the entire U.S. As a result, identifying critical resources within local communities to increase capacity and access to necessary services, such as the use of expanded telepsychiatry, videoconferencing for patient evaluation, medication management, and therapy could help rural areas address the shortage by tapping into broader networks.
- **Baker Act:** The Baker Act is a Florida law that enables families and loved ones to provide emergency mental health services and temporary detention for individuals who are impaired because of their mental illness, and who are unable to determine their needs for treatment. Individuals who require the use of the Baker Act have often lost the power of self-control, and they are likely to inflict harm to themselves or others due to a mental illness. In SFY 2020-21, receiving facilities conducted 194,680 involuntary exams for 128,193 individuals, which marks a 3.91 percent decrease from FY 2019-2020. Data for the same time frame also show:
  - a 1.41 percent decrease in involuntary examinations for young adults ages 18-24.
  - a 7.32 percent decrease for adults ages 25-64.
  - a 10.15 percent decrease for older adults ages 65 and older.
  - 52.93 percent of the involuntary exams were initiated by law enforcement.
  - 45.02 of involuntary exams percent were initiated by a health professional.
  - 2.05 percent of involuntary exams were initiated by the court system.<sup>1</sup>
- **Suicide:** Provisional 2021 data from the Florida Department of Health reported 3,324 suicide deaths statewide. In Florida, suicide ranks 14th in leading causes of death with a crude suicide rate of 14.4 per 100,000 population. For children and adolescents under the age of 18, suicide was the fourth leading cause of death, with 74 suicides in this age group. To increase

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<sup>1</sup> Baker Act Reporting Center FY 2019-2020 Annual Report

collaboration between State agencies and stakeholders, the 2020-2023 Florida Suicide Prevention Interagency Action Plan was developed to guide suicide prevention efforts throughout the state. The Florida Interagency Action Plan identifies four focus areas (Awareness, Prevention, Intervention, and Caring Follow-up and Support). Additionally, the Action Plan identifies four goals and 11 strategies that can be replicated and implemented by communities and organizations.

- **Drug Overdose:** Drug overdose is the leading cause of unintentional injury death in the United States. In 2020, opioids caused 6,089 deaths in Florida. A comparison of Florida's mortality figures from 2019 and 2020 reflects a 55 percent increase in deaths caused by methamphetamine, and a 59 percent increase in deaths caused by amphetamines. Among drug-related decedents, these stimulants commonly appear alongside opioids like fentanyl, which caused a 63 percent increase in deaths.

In addition to the Department's Overdose Prevention Program and under the guidance of Governor Ron DeSantis and First Lady Casey DeSantis, the Department has partnered with other Florida agencies to battle the increase of drug overdoses. Efforts include:

- Launching the Hope for Healing Initiative.
- Deploying educational materials statewide on the signs of overdose and how to respond.
- Launching a new, piloted substance abuse and recovery network, Coordinated Opioid Recovery (CORe), the first of its kind in the nation.

The Department will continue to work on enhancing the following:

- Improving Access to Behavioral Health Services.
- Improving Data Collection.
- Interagency Collaboration.

## Improving Access to Behavioral Health Services

Floridians contending with mental health and substance abuse issues may face challenges with unemployment, food and housing insecurity, and criminal justice involvement; these social determinants of health increase the importance of having sufficient treatment capacity across the state to meet this population's needs and improve their outcomes. Presently, access to services, particularly residential and inpatient, is limited. The Department attributes this to causes such as high demand for pre-trial competency restoration, increase in population and prevalence of mental health and substance use disorders without a corresponding increase in service capacity.

During the next three years, the Department plans to work with the Managing Entities and key stakeholders to identify ways to implement less-intense services and use data to better inform decision making. By identifying strategies put forward in the Managing Entities' needs assessments and monitoring various data metrics, the office can develop new and expand existing strategies for improving access to inpatient and outpatient mental health and substance abuse services.

Thanks to Governor DeSantis and the Florida Legislature, in July 2022 the Department received over \$100 million to expand access to behavioral health services throughout the state and reduce waitlists for services that support children and families with complex needs through teaming approaches, treatment, residential services, and recovery supports. These additional funds will increase capacity for the behavioral health system of care in Florida and improve access to needed assessment and treatment for children and adults, as described below.

### **Behavioral Health Services**

The Department uses data to drive the development of services and resources that support individuals who engage with behavioral health services. Community resources include peer support services, outpatient therapies, residential services, crisis services, and training to ensure individuals receive the appropriate level of care. The Department is focused on improving access to behavioral health services available throughout the State, as well as develop more preventive services which will serve individuals earlier. The following information includes additional detail regarding behavioral health services in Florida:

**Mobile response teams:** Available 24-hours a day and 7-days a week to provide clinical and peer professionals to respond to schools or at home so that people don't have to go to a hospital or emergency room when they are experiencing mental health crisis. Teams are required to respond to calls within one hour to help de-escalate situations; identify coping strategies; and develop safety plans to keep someone from harming themselves and avoid an unnecessary hospital or emergency room visit.

According to a review of mobile response team data in Florida from 2019-2022, approximately 82 percent of engagements result in community stabilization rather than a Baker Act. After the immediate crisis is resolved, the mobile response team stays in contact until the person is connected to other services and supports. This could include routine outpatient services, care coordination, or other recovery support services. Historically, MRTs generally focused on individuals under 25-years old. Using additional state funding, 12 new teams will be created, and existing teams will be expanded to serve an additional 14,740 individuals of any age.

Care Coordination: Service for adults or children who need additional assistance accessing available services and resources within their communities. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems.

Community Action Treatment (CAT): A team services which is one of the most intensive and uniquely designed community-based services available to families in Florida. CAT teams under contract with behavioral health Managing Entities can conduct any combination of the following services and supports, including case management, crisis intervention, counseling, psychiatric services, tutoring, and parental supports. This year, the Department expanded the capacity of CAT teams through the traditional CAT team model and developed three new CAT team models as follows: teams serving youth ages 0-10; an evidence-based in-home family treatment team approach; and a family crisis care coordination model. During SFY 2022-2023, additional funding will be used to create 30 new CAT teams and expand six existing teams to provide more CAT services to approximately 1,680 families.

First Episode Psychosis care: A team-based model for adolescents and young adults experiencing symptoms of early serious mental illness. This evidence-based approach builds connections to services that are important to helping the young person and their family navigate this difficult experience and teach them to manage their symptoms. This can help reduce future crisis episodes, prevent disability, and promote full recovery.

Family Intensive Treatment (FIT): Community-based family intervention team model that provides intensive services to families with parental/caregiver substance misuse in the child welfare system. An important component of the model is the cross-system collaboration between the child welfare, judicial, and behavioral health systems. Capacity of FIT is expanding through five existing teams and adding five new teams to provide FIT services to approximately 825 more families.

Respite: Services that provide time-limited, temporary relief for the family or other primary caregiver, which has been shown to reduce entry into crisis services like the Baker Act. Overnight respite services will expand by 62 beds to serve 520 more individuals.

Florida Assertive Community Treatment (FACT): Teams that serve individuals with serious mental illness with the goal to prevent recurrent hospitalization and incarceration, as well as improve community involvement and quality of life for participants. FACT teams are an effective model for preventing the need for more intensive services and serve as a step-down from inpatient settings. 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. An additional 17 FACT teams will serve approximately 1,256 individuals.

Short-term Residential Treatment (SRT): A high level of care for those who are no longer experiencing a psychiatric emergency but who are still in need of additional around-the-clock inpatient treatment prior to community placement. This is one option that health care professionals pursue when an individual continues to need 24-hour psychiatric services after 72-hour Baker Act evaluation period. Additionally, SRT can serve as an alternative to Statewide Inpatient Psychiatric Treatment (SIPP); allow time to complete discharge planning by arranging continued treatment in the community, addressing treatment barriers, such as housing and transportation; and can be critical to preventing rapid readmission to crisis

services. The Department is funding additional short-term residential beds for children adding 70 beds to serve an estimated 296 children.

**Overdose Prevention Program:** Aimed to help reduce opioid overdose deaths and increase access to naloxone, the medication that reverses opioid overdose, throughout Florida. During State Fiscal Year (SFY) 2020-2021, an additional 63 providers enrolled, raising the total to 272. Providers include substance abuse and mental health treatment providers, opioid treatment programs, recovery community organizations, hospital emergency departments, harm reduction programs, federally qualified health centers, homeless shelters, and other community-based organizations that provide easy access to naloxone. During SFY 2021-2022, providers enrolled in the naloxone distribution program distributed 149,563 kits, an increase of 52,157 kits from the previous fiscal year. As a result, providers reported 9,713 overdose reversals; however, the total is likely higher given that many reversals went unreported. Additionally, trainings increased by 1,384 in SFY 2021-2022 to provide a total of 1,539 overdose prevention trainings statewide, educating 15,681 individuals.

**Opioid Overdose Prevention Awareness Campaign:** [I Save FL](#), which focuses on increasing awareness of naloxone and provided information about accessing the medication in Florida. The targeted audience for the campaign includes individuals at risk of opioid overdose and their friends and family. The Department expanded the campaign to include awareness on the risks of opioid misuse and primary prevention education among young adults and their parents and caregivers. During this campaign, there were 59,386,463 impressions, 71,979 website visits, 15,414,303 completed video views, and 28,799 individuals engaged to locate treatment and resources. This website remains active, and the naloxone locator assists individuals in finding local resources to obtain naloxone.

**Peer-to-peer for first responders:** In partnership with First Lady Casey DeSantis, the Department dedicated over \$12 million to expand peer-to-peer mental health services available for first responders to bolster existing prevention and intervention services for first responders and their families. These services will help to connect first responders and their families with peers who are trained in offering information and supportive counseling. As of October 2022, there were 2,792 referrals to behavioral health and community resources and 8,427 first responder peer navigator services provided.

The Department has agreements to partner with the following providers:

- **Florida Agricultural and Mechanical University:** Northwest Region
- **Lutheran Services Florida Health Systems:** Northeast Region
- **University Central Florida RESTORES:** Central Region
- **Crisis Center of Tampa Bay:** SunCoast Region
- **First Call for Help of Broward:** Southeast Region

In addition, Florida Agricultural and Mechanical University will develop a customizable statewide standardized resource toolkit for first responder departments. The Department's website has launched a [First Responder Resiliency](#) resource page. The page provides first responders with available mental health resources that they can call or access at any time.

During the next three years, the Department plans to continue promoting resources and strategies to combat opioid and drug overdoses. These consist of providing information, access to life-saving medications, and connecting individuals with providers.



## **State Mental Health Hospitals**

The Department is working with the Managing Entities to infuse community resources to help alleviate the need for state mental health hospital stays and improve the admission rates for those who need this level of treatment.

The Department is planning to improve the following programmatic areas for the state mental health hospitals during the upcoming three years that will result in increased access and enhanced quality.

- Perform within the top 10 percent of the nation's mental health hospitals on clinical quality measures.
- Ensure appropriate patients are referred for admission to a state mental health hospital.
- Provide high quality and individualized treatment that will foster competency restoration.
- Leverage and develop community resources to bolster and support therapeutic interventions that will prevent patients from returning to treatment facilities.

The primary factor for competency restoration is sufficient clinical care. Following innovative recovery-focused and trauma-informed services will aid providers in achieving top 10 percent outcome performance. To reach this goal over the next three years, the Department will partner with an array of behavioral health providers to update and improve existing clinical pathways and protocols.

Jail diversion is another approach to reducing state hospital admissions when appropriate. One example is co-responder models that pair 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 SFY 2018-2019, the model consists of one law enforcement officer and one master's level behavioral health provider that devote their time responding to calls involving people contending with mental illness or substance use. The purpose of the co-responder teams is to reduce arrests and crisis stabilization unit admissions.

To ensure improvement over the next three years, the Department will continue fostering an environment of education and support to community partners such as circuit courts, law enforcement to help streamline and expedite access to needed services. The Department will also work with its partners to identify and implement patient-focused solutions that most benefit those served. These consist of placement options that can promote successful reintegration back into the community.

## **Service Gaps and Needs**

Behavioral health services assessments, conducted in partnership with the Managing Entities pursuant to section 394.4573, F.S., describe the extent to which designated receiving systems function as no-wrong-door models, the availability of services that use recovery-oriented and peer-involved approaches, and the availability of less-restrictive services. Managing Entities identify top unmet system needs in a variety of different ways, including analyses of waitlist records, surveys, and focus groups with consumers, providers, and other community stakeholders.

For individuals contending with mental illness and substance use issues, a lapse in care can result in an admission to an emergency department, inpatient facility, or crisis stabilization unit. Receiving the right care at the right moment is critical. 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.

Ensuring care coordination and case management 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 during the next three years, the State can relieve pressure on inpatient facilities while freeing funds for other critical areas. This contributes to the Department’s priorities of initiating treatment before a crisis begins and relying more on community behavioral health providers.

The Department is taking steps to expand services that can prevent the use of intense-level treatments. These include adding more capacity for services including Community Action Treatment (CAT) teams, Family Intensive Treatment (FIT) teams, Florida Assertive Community Treatment (FACT) teams, and mobile response teams. During the next three years, expanding teams under these models can serve to diffuse crises before it results in incarceration or inpatient admission.

Another area in which the Department is working with the Managing Entities to improve, is supported housing for individuals who are homeless/ at-risk of becoming homeless and contending with serious mental illness and substance use issues. In their 2022 needs assessments, Broward and South Florida Managing Entities identified this area as their highest priority, with the latter reporting serving 1807 homeless individuals during SFY 2021-2022. Although supported housing does not appear as a traditional behavioral health service, it is integral to the Department’s goals of prevention and expanding access. When individuals have permanent and stable residences, they are less likely to have crises that require inpatient hospital or emergency department admissions. To accomplish this goal, the Managing Entities are exploring new partnerships with local homeless coalitions and hiring care coordinators who work exclusively with supporting housing.

## Improving Data Collection

As part of the Department's goals for improving prevention and access to care, gathering and analyzing data is integral for success. By enhancing how providers and the Managing Entities collect and report data, SAMH will be able to uncover gaps in services, spikes in demand, and rising areas of concern, both on regional and statewide levels. Improved data reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA), which can assist in grant performance and Florida qualifying for additional federal resources.

Through data analytics and review of national agency best practices, the Department can utilize benchmarking to foster accountability and drive decisions that will improve care provided across the state. The Department is developing a framework for key analytics and reviewing network management and oversight standards. The goal is to ensure tracking is focused on outcomes more than outputs. Partnership between the Department's regional offices, Managing Entities, and stakeholder groups is critical to identification of the right metrics and the impact on providing needed services. Categories of benchmarks include access to care, outcomes, system quality, quality integrated behavioral health medical care, and system integration.

## Interagency Collaboration

As part of the Department's strategies going forward for the next three years, receiving feedback and proposals from commissions and task forces is integral to developing novel methods for improving behavioral health services across Florida. Three such bodies, including the Commission on Mental Health and Substance Abuse, Suicide Prevention Coordinating Council, and the First Responder Suicide Deterrent Task Force, work to deliver evidence-informed ideas that can utilize best practices and innovations to guide how the State assists those contending with mental health and substance abuse issues.

### **The Commission on Mental Health and Substance Abuse**

In 2021, the Florida Legislature passed legislation, which Governor Ron DeSantis subsequently signed into law, to establish the Commission on Mental Health and Substance Abuse (Commission). Composed of 19 members, the Commission's tasks are to review and evaluate the current effectiveness of such services in the state, identify barriers to care, and make recommendations regarding policy and legislative action to implement improvements. In addition to conducting a review of the State's behavioral health and substance abuse systems of care, the Commission is also responsible for assessing priority population groups that can benefit from publicly funded care and proposing recommendations to manage the delivery of these services. Other tasks the Commission must perform include identifying gaps in behavioral health care and assessing current staffing levels and availability of services across Florida.

To complete its review, the Commission established four subcommittees and tasked them with evaluating specific aspects of the State's behavioral health and substance abuse systems of care. In addition to holding regular meetings, each prepared separate reports proposing recommendations. Focusing on their assigned areas, the following subcommittees developed strategies and ideas based on their assessments of how Florida delivers behavioral health services:

- **Subcommittee on Business Operations:** This team dedicated itself to evaluating how Florida's State agencies approach behavioral health services and where they can implement improvements to streamline delivery and reduce unnecessary bureaucracy.
- **Subcommittee on Criminal Justice:** Tasked with reviewing the Baker and Marchman Acts, this subcommittee worked on recommendations to improve services related to restoring competency, jail diversion, and reducing recidivism.
- **Subcommittee on Data Analysis:** Collecting data is a task all State agencies and entities engaged in delivering behavioral health services perform. This team focused on methods to improve and enhance data collection and reporting, as well as devised strategies for alignment and storage.
- **Subcommittee on Finance:** Funding for behavioral health services comes from a variety of payers, including Medicaid, federal grants, private insurance, and state and local revenues. This subcommittee explored current obstacles to funding, in addition to identifying potential new sources.

### **The Suicide Prevention Coordinating Council**

The Department's Statewide Office for Suicide Prevention (SOSP) works to develop initiatives and coordinate the state's suicide prevention efforts. The SOSP's tasks are include chairing the Suicide

Prevention Coordinating Council (SPCC), writing the [annual suicide prevention report](#), and developing the state plan for suicide prevention. The SOSOP also maintains [the suicide prevention website](#) and educates individuals and agencies on suicide prevention best-practices by providing presentations and sharing resources.

The SPCC has 31 voting members and one non-voting member representing a diverse suite of Florida state agencies, organizations, and suicide prevention stakeholders. For a full list of current SPCC membership, please see Appendix C.

The SPCC advises the SOSOP in the development of the statewide strategic plan for suicide prevention; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvement. The SPCC includes two committees—the Planning and Evaluation Committee and the Special Populations Committee.

The Planning and Evaluation Committee develops and evaluates the statewide strategic plan for suicide prevention, called the 2020–2023 Action Plan, and contributes to the Annual Report of the SPCC. This committee also conducts research of other state suicide prevention initiatives and reviews available suicide prevention grant opportunities. The objectives of the committee include (1) Develop a complete and detailed logic model to summarize goals; (2) Focus on available resources and priority needs in Florida; (3) Use current research to augment process and outcome measures; and (4) Collect and apply evaluation data to improve the implementation and effectiveness of the 2020–2023 Action Plan.

The Special Populations Committee discusses concerns related to special populations identified as at higher risk for suicide. The committee focuses on developing educational materials related to at-risk groups and implementing risk reduction strategies.

Materials developed in 2022 include resources for loss survivors, individuals who have experienced a disaster, military service members and veterans, adolescents, and men in middle years. Also, the committee collaborated with the Department of Elder Affairs for Older Americans Month. Materials are primarily disseminated through social media platforms (e.g., Twitter, Facebook, Instagram), newsletters (e.g., Florida Suicide Prevention Coalition), and employment-oriented online services such as LinkedIn.

### **The First Responders Suicide Deterrence Task Force**

The Florida Legislature established the First Responders Suicide Deterrence Task Force (Task Force) is comprised members from the SOSOP, nominated representatives from the Florida Professional Firefighters Association, the Florida Police Benevolent Association, the Florida State Lodge of the Fraternal Order of Police, the Florida Sheriffs Association, the Florida Police Chiefs Association, and the Florida Fire Chiefs Association, as well as stakeholders representing various aspects of fire, emergency medical services, law enforcement, crime scene units, support personnel, family members, academia, training, and behavioral health services. The task force’s purpose is to make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in the state.

Findings and recommendations for training programs and materials to deter suicide among active and retired first responders are reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives by July 1 each year from 2021 to 2023.

The Task Force's second report was published in August 2022. To view the published Annual Reports, visit [www.myflfamilies.com/suicideprevention](http://www.myflfamilies.com/suicideprevention) under the 'First Responders Suicide Deterrence Task Force' tab.

### **The Quarterly Behavioral Health Meeting**

The Department hosts quarterly meetings with behavioral health stakeholders and partners to support a behavioral health system of care that fosters integration of services across current systems and increases preventative strategies to improve the lives of families in Florida. The meetings are a focused effort to strategize action-oriented plans that will drive Florida's behavioral health system of care towards future goals of capacity building, interagency and stakeholder collaboration across the system, and integration of supports and services for Florida's children and families. Information about past and future meetings can be found on the [Department's website](#).